

Chapter 2

What Is Resilience and How Does It Relate to the Refugee Experience? Historical and Theoretical Perspectives

Wade E. Pickren

Abstract In this chapter, the historical and theoretical foundations of the construct of resilience in North American social sciences are examined. Although the contemporary use of the term did not emerge until the 1960s, there is a longer tradition of theorizing on topics that are conceptually related to resilience. In the 1980s, research that shaped our contemporary understanding of resilience was conducted. Developmental scientists from various disciplines now dominate the field, resulting in a major focus on children and youth while leaving a noticeable gap in understanding resilience in adulthood. Implications for understanding refugee resiliency are discussed.

Keywords History of resilience concept · Culture and resilience · Resilience over time · Resilience and societal norms

The United States and Canada have continued to be primary destinations for refugees in the twenty-first century. Many refugees that have arrived in North America have demonstrated resilience and great adaptive skills, often in the face of negative expectations from the citizens of both countries. The editors and authors of this volume explore the multifaceted experience of refugees with an eye toward understanding and improving the resilience of refugees.

In this chapter, the historical and theoretical foundations of the construct of resilience in North American social sciences are examined. The historical analysis of resilience is then situated within the context of our rapidly globalizing world, in which millions of people, including refugees, are continually on the move. Such mass movement across cultural, national, and political boundaries makes it imperative that we broaden our approach to take into account the importance of cultural

I would like to thank my former students for their assistance in gathering materials for use in this chapter. Chanda Pundir's insights on family resilience were especially helpful. Nima Abdirizak, Sofia Puente, and Story Day were also helpful. I greatly appreciate their assistance.

W. E. Pickren (✉)
Center for Faculty Excellence, Ithaca College, 953 Danby Rd. I,
Ithaca, NY 14850, USA
e-mail: wpickren@ithaca.edu

dynamics. Understanding that the concept of resilience in North America emerged from the particular cultural values here should help us understand and use a cultural framework for the study of resilience today.

Although the contemporary use of the term resilience did not emerge until the 1960s, there is a longer tradition of theorizing on topics that are conceptually related to resilience. We examine the antecedents of the current construct of resilience, beginning with the “mind-cure” movement of the late nineteenth century, especially its expression in the work of William James. We then trace the utilization of related constructs in American psychology until the 1960s. Beginning at the time of cultural change and social upheaval, we move to a closer examination of the introduction of the concept of resilience and its rapid deployment in support of the emergence of the interdisciplinary field of developmental psychopathology. Finally, we problematize the current use of resilience, especially in relation to the absence of cultural considerations in a globalizing world. In that light, we explore the usefulness of the resilience construct in studies of refugees.

For psychology we can locate the intellectual and practical origins of the current understanding of resilience. More than a century ago, William James, the leading public intellectual of his day, wrote about what he termed “strenuousness,” by which he meant the virtues of activity as a way to resist sickness and ill health. From that starting point, there is a thread of theorizing and research related to human strengths and potential. For many years, the thread ran mostly through the writing of personality theorists, including Erich Fromm (“productive orientation,” 1947) Gordon Allport (“propriate striving,” 1955), Carl Rogers (“fully-functioning person,” 1951), Abraham Maslow (“self-actualization,” 1954), and Harvard personality theorist, Robert W. White (“competence,” 1959). In the 1980s, research that shaped our contemporary understanding of resilience was conducted by Norman Garmezy, Ann Masten, Dante Cicchetti, and Emily Werner. Developmental scientists from various disciplines now dominate the field, resulting in a major focus on children and youth while leaving a noticeable gap in understanding resilience in adulthood.

2.1 William James and the Religion of Healthy-Mindedness¹

In the late nineteenth and early twentieth centuries, a number of self-help approaches to health and wellness arose. Some of these approaches focused on diet, some on exercise, others on the mind, and yet others some combination of these and more. There were diverse sources for these approaches, including ancient alchemical beliefs, Native American traditions, and practices introduced by Africans brought in as slaves, among others (Albanese 2007; Harrington 2008).

The teaching and writing of the former clockmaker, P. P. Quimby, melded mesmerism, spiritualism, and mental therapeutics into what his followers came to call New Thought or mind cure. Quimby’s method of empathic rapport with the patient allowed him, he claimed, to see the false belief (about disease) that was the true

¹ William James, Lectures IV and V, *Varieties of Religious Experience*, 1902.

cause of the illness. This insight allowed Quimby to correct the false belief so that the person experienced healing. The resultant movement was a *mélange* rather than a focused set of practices. By the 1890s, along with Christian Science, the diverse practices of New Thought or mind cure was part of an even larger set of self-help practices embraced by millions of Americans. The popularity of these approaches lasted well into the twentieth century (Loss 2002; Taves 1999; Taylor 1999). Such popularity led the American psychologist and philosopher, William James, to call this the “religion of healthy-mindedness.” The enduring influence of this “religion” can be felt even in our own day, as the popular embrace of the importance of mind and body connections in health and disease laid the cultural foundation for later receptivity to the ideas that these connections could be studied scientifically (Harrington 2008).

Along with the philosophical/religious approach of New Thought, the nineteenth century was also a period when diet and exercise, along with other treatments designed to prevent or cure disease, flourished in the United States (Andrick 2012; Haley 1978; Whorton 1982). Health, its absence, its attainment, was the predominant concern of many nineteenth century Americans, with diet, exercise, sport, and fitness each thought to play a key role in a healthy life (Owens 1985; Park 1994). For example, this was the era of diet as a cure-all, with the prescriptions of John Harvey Kellogg (cereals) and Dr. Sylvester Graham’s advocacy of the salutary benefits of his cracker as part of the Graham diet (Whorton 1982). Each of these health practices, whether diet, exercise, or right thinking were pathways to healthy mental and physical functioning. The healthy person was one who was so in body, mind, and spirit.

Millions of Americans accepted the importance of mental and physical practices in the service of disease prevention and the maintenance of health (Whorton 2002). In this sense, these nineteenth century developments helped made the later direct involvement of psychologists possible (Harrington 2008).

Cognate to the discourse on health was a significant public discourse about the strenuous life in late nineteenth and early twentieth century America. Theodore Roosevelt coined the phrase, “strenuous life,” in 1899 and linked it to the superiority of American manliness and vital for American political and national life (Bederman 1995). In the age of Theodore Roosevelt, William James, like millions of other Americans, took to activity—hikes, camping, and other outdoor activities—as central to well-being (Bederman 1995). This, in James’s case, was despite other health problems. In this, James was like many of his fellow Americans and his writing about the “energies of men” was part of the popular literary conversation about male resourcefulness in the face of crises and danger. Like Jack London and Stephen Crane, among other popular writers, James sought to understand and explicate what was possible for humans in a difficult world (Dooley 2001). How, or under what conditions, James wondered, can a person be roused to extend themselves to reach a higher plane of life, despite the challenges faced? As he wrote in 1907,

The human individual lives usually far within his limits; he possesses powers of various sorts which he habitually fails to use. He energizes below his maximum, and he behaves below his optimum. In elementary faculty, in coordination, in power of inhibition and control, in every conceivable way, his life is contracted. . . . (James 1907a, pp. 17–18)

What then, is the route to strenuousness? James saw it in the reaction of individuals and groups to extraordinary difficulty. He used the San Francisco earthquake of 1906 as an example of human resourcefulness and strength:

Such experiences show how profound is the alteration in the manner in which, under excitement, our organism will sometimes perform its physiological work. The metabolisms become different when the reserves have to be used, and for weeks and months the deeper use may go on. (James 1907, p. 9)

There is no doubt that James saw the mind-cure or New Thought movement as one route to rousing human capabilities and energies to live fully despite risk, danger, challenge, or stress.

As he wrote in 1902,

The greatest discovery of my generation is that man can alter his life simply by altering his attitude of mind. The blind have been made to see, the halt to walk; lifelong invalids have had their health restored. The moral fruits have been no less remarkable. The deliberate adoption of a healthy-minded attitude has proved possible to many who never supposed they had it in them. (James 1902, p. 95)

Connected to this healthy-mindedness, James made clear, was the release of great, internal resources to meet the challenges of life. James's embrace of what he called the strenuous life reflected his desire to elevate the human experience in times of emergency, challenge, risk, and stress. Strenuousness had implications for health and recovery from disease, if needed.

We are just now witnessing—but our scientific education has unfitted most of us for comprehending the phenomenon—a very copious unlocking of energies by ideas, in the persons of those converts to 'New Thought,' 'Christian Science,' 'Metaphysical Healing,' or other forms of spiritual philosophy, who are so numerous among us to-day. The ideas here are healthy-minded and optimistic. . . . (James 1907, pp. 16–17)

Beyond James, the impact of the "religion of healthy-mindedness" was felt in every facet of American life. Fitness and physical hygiene became especially prominent in public discourse in the early twentieth century. Physical training, whether in the YMCAs or in public schools, was especially important for health, at least in the minds of many middle-class Americans. Thus, physical education became a regular part of the public school curriculum and gyms, playing fields, and specialized equipment became display symbols of the new emphasis (Park 1994).

Thus, we can see that from the late nineteenth century on, there was a new or renewed emphasis on the interrelation of mind and body in health and disease. The notion that physical activity, diet, and spirituality might be important for staying healthy and resisting illness took hold in the American imagination. The idea of human resourcefulness, or strenuousness, in the early twentieth century not only reflected the self-help ideology of the American past, it also foreshadowed later developments in psychology about how Americans could live a fulfilled life in a challenging world.

2.2 Personality, Stress, Lifestyle, and Well-Being in Post-War America

We have seen how psychological ideas about human strengths were related to a larger social context in early twentieth century America. In the post World War Two era, America had become an even more psychologically oriented society. This was the golden age of American psychology, with a flowering of new approaches to theory and practice (Pickren and Rutherford 2010). There were two threads of theory, research, and intervention that were important for later developments of research on resilience and its cognates. One thread was the new research on stress and lifestyle and their links to health outcomes. The other critical thread was the rich body of personality theory developed in the postwar period. We will begin with the work on stress and lifestyle and the historical context of social problems that could not be ignored in the 1960s and 1970s.

2.2.1 *The Emergence of Stress and Lifestyle as Health Factors*

Beginning in the 1930s, the endocrinologist Hans Selye developed a large and influential body of research on stress. The model he eventually promulgated, the General Adaptation Syndrome (GAS), linked stress with health outcomes and suggested an important role for personal reactivity in the stress process (Mason 1975; Selye 1950, 1956). In the extensive body of research that Selye conducted, he went well beyond the earlier work on psychosomatic factors in health that was so prominent in American medical theory and research from the 1930s to the postwar era (e.g., Dunbar 1935; Mittelman and Wolff 1942; Sparer 1956). By contrast, Selye's stress model of how stress was linked to health and disease was grounded in years of laboratory research. In Selye's GAS model, various stimuli could function as stressors. The crucial step in the syndrome is the organism's effort to adapt to the stressor in order to return to normal functioning. Neuroendocrinological reactions were part of the mobilization of the organism's defenses. Selye proposed that if the organism is unable to return to normal functioning then it became more likely that there would be negative health outcomes. This was especially likely if the pattern of stress and response occurred frequently.

To say that Selye's model was extremely influential is an understatement. Health care providers, as well as the general public, found the concept of stress useful in explaining a range of health outcomes. Because of the role of personal reactivity in Selye's model, there was a role for exploring psychological factors. One of the first major psychological models linking stress and health was the coping research of Richard Lazarus (1966), in which he and his colleagues proposed that cognitive appraisal is crucial in determining whether an event is stressful. By the 1970s, stress and coping research had become an important domain for psychologists, with strong links to health and disease. The role of cognitive factors, such as appraisal, and social

factors, such as social support, were important influences on the research of Suzanne Kobasa and Salvatore Maddi at the University of Chicago as they developed their work on hardiness. We examine their work below, after a brief discussion of lifestyle and health in historical context.

A new understanding of health emerged in American cultural life in the 1960s. For the first time on such a large scale, scientists and health care professionals began to link human behavior to health outcomes. A new term, *lifestyle*, appeared to indicate the multifaceted nature of how we live. The new President, John F. Kennedy, initiated a campaign in public schools to encourage children to exercise and become fit, as part of a broader initiative of Cold War preparedness. Americans were less fit than ever before, due in part to the differences in work that occurred across much of American life. Factory labor and farm work were increasingly mechanized. Even recreation had become more oriented to spectator sports, rather than active participation. In the Cold War era, when preparedness was at a premium, the lack of physical fitness was a cause for concern.

It was in this era, too, that researchers began to discover links between many diseases and behavior. Much of this research was funded by the government, who had a vested interest in reducing health care costs. In 1957, the U. S. Surgeon General's office claimed that there was a connection between smoking tobacco and lung cancer. The 1964 government report, *Smoking and Health: Report of the Advisory Committee to the Surgeon General*, provided evidence that cancer rates rose with every increase in amount of smoking. Furthermore, tobacco use was implicated in other diseases, including bronchitis and coronary heart disease. The advisory committee noted that smoking during pregnancy reduced the average birth weight of infants. For the first time, federal legislation was passed that forbade advertising for cigarettes and required a warning label on each package of cigarettes. In retrospect, these events signaled a policy change that now included the assumption that behavior was clearly important in health and disease. For medical and psychological researchers, it became necessary to rethink extant models of health and disease. Physician George Engel proposed a new model in the 1970s that has continued to find favor among many psychologists, as well. Engel proposed a "biopsychosocial" model that asserts the need to think about health in terms of biological, social, and psychological factors and their interrelations (Engel 1977). This model seemed to vindicate the role of psychologists in health research and health care, as well, since psychologists are the behavior experts.

More evidence linking mental and behavioral states to health and disease emerged in the 1960s, as it became clear that patterns for death and disability had changed from acute diseases—TB, polio, influenza—to chronic diseases—coronary heart disease, cancer, stroke, and accidents. In each of these chronic diseases, mind and behavior played important roles in both cause and treatment.

After President Kennedy's death, Lyndon Johnson continued the new emphasis on the nation's health. Under Johnson's leadership, the Federal government began to pour more money into medical research, with special focus on heart disease, stroke, and cancer. Johnson continued the initiative begun by Kennedy on the nation's mental health by establishing the national network of Community Mental Health Centers (Pickren and Schneider 2005).

By the end of the 1960s the contribution to health and disease of what was now termed “lifestyle” seemed to be well established. Despite this emphasis, most American psychologists and, certainly, the largest professional organization, the APA, appeared to be out of the loop, to use a Washington phrase. In an effort to catch up, APA asked a well-known clinical psychologist, William Schofield, to lead the effort to identify where and how psychologists could contribute to the new government initiatives on improving the nation’s health (Schofield 1969). In his review, Schofield found that the only domain of health research and practice where psychologists had a notable presence was in schizophrenia research, psychotherapy, and mental retardation. Astoundingly, psychologists did not appear to have a place in any of the areas of chronic disease research or intervention that had been identified as critical for the nation’s health: coronary heart disease, stroke, and cancer. As it turned out, it was schizophrenia research that led directly to our current research and understanding of resilience. Before exploring that further, we turn to an account of psychologists and social problems, for the two areas are linked.

2.2.2 Psychology, Society, and Social Problems: The Crucible for Resilience

The social unrest of the 1960s highlighted the differences among various APA factions on whether psychology and psychologists had any role to play in resolving social problems. Significant numbers of APA members wanted APA to stay out of such problems in the belief that scientists should stay neutral about them. Others felt just as vehemently that psychology as a science and a profession could make positive contributions to resolving social problems. The astonishing events of 1968—the assassinations of Martin Luther King, Jr. and Robert F. Kennedy, the police brutality toward demonstrators at the Democratic National Convention, as well as the dramatic confrontation of APA leaders at the San Francisco convention by the newly established ABPsi all served to make it impossible to pretend that psychology or any science was immune to social ills. This was so apparent that it was decided that the theme of the 1969 APA convention would be “psychology and the problems of society” (Korten et al. 1970).

Kenneth B. Clark, who with his wife, Mamie Phipps Clark, had conducted the “Doll Tests” that convincingly portrayed the damaging effects of racial segregation and which were so crucial in the 1954 U. S. Supreme Court decision, *Brown v. Board of Education* that made segregation by race unlawful in public schools, became a leader of APA during this time. He was called upon because of his use of social science for social justice (Phillips 2000). In his 1965 book, *Dark Ghetto*, Clark had explicated many of the factors that lay behind the destructive inner city riots then occurring. Clark conceptualized the riots as a form of resistance and protest of the structural inequalities of American life, the enduring racism toward Black citizens and the consequent lack of opportunities for progress. Clark was distressed by the bad results of the “good intentions” of well-meaning white folk:

The dark ghetto's invisible walls have been erected by the white society, by those who have power, both to confine those who have no power and to perpetuate their powerlessness. (Clark 1965, p. 11)

Clark believed that psychologists could and should use their science and their profession for social justice. He and Mamie Phipps Clark initiated several programs that did improve life for inner city children of all races, the most notable of which is the Northside Center for Child Development (est. 1946) (Markowitz and Rosner 2000).

While the Clarks were able for a period to move closer to mainstream of American psychology, at the same time a separate and equally powerful voice for psychology and social justice emerged, the Association for Black Psychologists (ABPsi) (Williams 2008). As noted above, ABPsi leaders like Joseph White articulated the strengths of Black communities as important resources in the face of 300 years of racism. The rich theorizing and interventions developed by ABPsi members provided evidence of human resilience, given the long history of racism and oppression in the United States (Nobles 1972; White 1972). The ultimate source of the strength of Black communities lay in the communalism of the West African tribal societies that were the origin societies for most of the human beings captured and sold into slavery in the U. S. Despite the oppression, the communalist ethos served as a survival resource for generations of African Americans and continued to do so in contemporary life.

An emphasis on strengths characterized Black psychology as it emerged in this period. To be certain, Black families and Black communities were typically mischaracterized in the white press and misunderstood by even well-meaning whites. Many whites considered Black children culturally deprived and Black families were characterized as a "tangle of pathology" (Moynihan 1965). ABPsi founder Joseph White, coined the term, Black Psychology, in a comment on such mischaracterizations written for *Ebony* magazine. White stressed the strengths of Black children and Black families:

Most psychologists take the liberal point of view which in essence states that black people are culturally deprived and psychologically maladjusted because the environment in which they were reared as children lacks the necessary early experiences to prepare them for excellence in school, appropriate sex-role behavior, and, generally speaking, achievement within an Anglo middle-class frame of reference. . . . Possibly, if social scientists, psychologists, and educators would stop trying to compensate for the so-called weaknesses of the black child and try to develop a theory that capitalizes on his strengths, programs could be designed which from the get-go might be more productive and successful. The black family represents another arena in which the use of traditional white psychological models leads us to an essentially inappropriate and unsound analysis. Maybe people who want to make the Black a case for national action should stop talking about making the black family into a white family and instead devote their energies into removing the obvious oppression of the black community which is responsible for us catchin' so much hell. (White 1972, pp. 43–45)

As articulated by the leaders of ABPsi, Black Psychology was about the strengths and resilience of Black folks and Black communities. Black Psychology was an articulate vision substantiated by solid scholarship and a commitment to community involvement.

It was in this atmosphere of highly visible social problems and the need to address the role of mind and behavior in health that the research on resilience emerged.

2.2.3 Theories of Human Potential and Fulfillment in the Post-War Era

Theories and interventions from humanistic and existential psychologists suggested a large capacity or reservoir of potential in humans. Such approaches have been called “fulfillment” theories of personality (Maddi 1980). In fulfillment models, there is one basic motivating force and that force moves the person to seek the full unfolding or maximal expression of innate potentialities. Not surprisingly, each of these theories focused on the individual, thus reflecting the intense individualism of American culture (McLaughlin 1998). However, for our purposes, they are worth noting, as they posited human personality as a potential source of strength for dealing with adversity.

The neo-Freudian Erich Fromm contrasted what he called a “productive orientation” with a non-productive one. A productive orientation, according to Fromm, was a “mode of relatedness in all realms” (Fromm 1947, p. 85) and being in this mode made it possible for the person to fulfill his potential. Crucial to the productive orientation was the capacity to love on every level, including a healthy love of self (Fromm 1947) that could serve as a resource in difficult times. American personality psychologist Gordon Allport wrote about propiagate striving, by which he meant the capacity to fulfill one’s potential (1955).

Carl Rogers and Abraham Maslow were the best-known theorists of humanistic psychology in the United States in the post-war era. Carl Rogers formulated a new approach to counseling that he called client-centered psychotherapy, which was not predicated on the medical model of psychiatry and psychoanalysis (Rogers 1951; Sarason 1981). Abraham Maslow, after earning his doctorate studying sexual aggression in primates at Wisconsin, became interested in studying what humans could do and become rather than focusing on human deficits (Maslow 1954). His early attempts to develop such a psychology suggested a hierarchy of needs that moved from the biological upward to full self-expression as the highest level of human development. To describe the motivating force, he borrowed the term self-actualization from the neurologist, Kurt Goldstein, and the depth psychologist, Carl Jung (Pickren 2003). In many ways, the work of Rogers and Maslow adumbrated the development of positive psychology at the end of the twentieth century.

The rich theoretical formulations of Harvard personologist, Robert W. White, were a more immediate influence on the development of research related to personality and health, including resilience (Kobasa 1979; Ouellette 2012). Ironically, Robert White’s work is now considered somewhat outside the mainstream of American personality research. It is ironic given that White and his first mentor, Henry Murray, were the most important pioneers of a distinctively American approach to personality conceptualizations (Murray 1938). White’s orientation in his mature theorizing focused on the whole person. He argued that we must understand each life in the context of the full life, thus, for each person a personality description was always incomplete, as the person was still in the process of becoming. In the 1950s, Robert White began writing about what he called competence, by which he meant,

“an organism’s capacity to interact effectively with its environment” (White 1959, p. 297). The child learned competence through interaction with a stimulating and varied environment, one that presented appropriate challenges and risks. White believed that it was crucial that the child had opportunities to actively effect change in a constantly dynamic environment through the child’s own actions. In doing so, the foundation for competence was established.

Salvatore Maddi and his student, Suzanne Kobasa (now Ouellette), expanded Robert White’s notions to articulate the viability of what Maddi called authentic living. Kobasa coined the term *hardiness* in her studies of the relationships between personality and health (Kobasa 1979; Maddi 2002). She suggested that hardiness stemmed from personality dispositions and experiential learning. Kobasa (Ouellette) built on this early research to conduct nuanced studies of critical life stances, such as religious belief, in response to stress and disease and became a major contributor to narrative approaches to understanding life choices (e.g., Ouellette et al. 1995; Rodriguez and Ouellette 2000). Maddi, who supervised Ouellette’s doctoral dissertation work on hardiness, has continued the empirical research and application of hardiness (2002).

It was popular misconceptions about stress that led Kobasa and Maddi to begin the studies that eventuated in the construct of hardiness. The proximate stimulus for it was the restructuring of Illinois Bell Telephone (IBT) in the wake of its parent company, AT&T, being required to divest itself of many of its subsidiaries. Kobasa initiated a retrospective survey of IBT managers’ responses to the restructuring, which included significant layoffs. She found that the stress of the events had widely differing effects that varied by personality. For many of the managers there was little connection to illness or other negative effects. Kobasa suggested that certain attitudes or personality traits may have moderated the effects of stress (1979). She and Maddi and their research team followed up these earlier studies and found that these attitudes, along with social support and physical exercise, seemed to provide protection against stress-related health problems. Hardiness was the word they coined to describe these traits or attitudes, thus echoing William James in his use of *strenuousness*. Hardiness, Kobasa and Maddi posited, consisted of three attitudes: commitment, control, and challenge. Commitment referred to an orientation of involvement with others and with the events of life, and was contrasted with detachment or isolation. Kobasa suggested that control meant seeking to influence and shape one’s life, rather than being passive, while challenge indicated that the person wanted to learn from life experiences, even when these were not positive. With this conceptualization, Kobasa, and later, Maddi, drew upon Robert White’s concept of competence.

The other major theoretical orientation from this period that cannot be overlooked comes from the research and writing of a new generation of African American psychologists. As we noted above, beginning in the late 1960s, Joseph White and his colleagues emphasized the strengths of the Black community in the face of centuries of oppression, coining the term *Black Psychology* to describe their approach (Nobles 1972; White 1972). Black Psychology, as it developed, was a psychology of resiliency and strength situated in a sense of community.

Refuge and Resilience

Promoting Resilience and Mental Health among
Resettled Refugees and Forced Migrants

Simich, L.; Andermann, L. (Eds.)

2014, XVIII, 226 p. 3 illus., Hardcover

ISBN: 978-94-007-7922-8