

Resilience: A Qualitative Meta-Synthesis

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## Abstract

Resilience has become an increasingly investigated phenomenon in the field of mental health studies involving children confronted with some form of distress. Despite this heightened level of attention, little consensus among researchers, clinicians, and evaluators seems to exist regarding what the term resilience truly encompasses. Utilizing the qualitative methodology of meta-synthesis, this study analyzes, deconstructs, and synthesizes several predominate qualitative studies surrounding the issue of resilience in an attempt to provide a more explicit and meaningful understanding of the concept and in the hopes of delineating it from other recovery oriented terms and phenomena. The findings suggest the presence of eight prevailing features of the resiliency process, including an internal locus of control, a reconstruction of the narrative, altruism, acceptance, flexibility, an optimistic outlook, interpersonal effectiveness, and social support. The implications of the research and areas for future inquiry are considered and discussed.

## Resilience: A Qualitative Meta-Synthesis

The concept of resilience, particularly within the domain of children's mental health, has continued to receive an ever increasing amount of attention from researchers and clinicians alike. As clinicians, researchers, and sources of funding heightened their focus on recovery from external stressors, such as abuse, neglect, disaster, or poverty, as opposed to from internal mental illness, they began to inquire as to why certain individuals recovered from these traumas while others did not. With adults and parents of mental health service consumers themselves beginning to advocate for the importance of resilience in mental health policy and practice, even the federal government has begun promoting mental health care focused on "building resilience" (US Department of Health and Human Services, 2003; Walker, 2005). Yet, despite this increase of attention and these calls for action, as more literature continues to emerge about resilience, it becomes increasingly clear that no consensus exists regarding the scope and true definition of the term resilience within a mental health context. In Ungar's 2004 article on resilience, he points out the "definitional ambiguity in the resilience construct" (Ungar, 2004). While a great number of theories and conceptualizations of resilience have been developed, the variance among these constructions of resilience have led some clinicians and researchers to recognize the need for a more widely agreed upon and workable definition of resilience (Ungar, 2004; Walker, 2005; Walker & Friesen, 2005). Before beginning to establish a new synthesized construct of resilience, it seems pertinent to review the history and more prominent theories and conceptualizations of resilience. By understanding the root of the term and some of history of its use within the field of psychology, clinicians may begin to better recognize the development and present uses of

resilience. Moreover, through a brief overview of several of the competing notions of resilience, mental health professionals may not only come to an enhanced understanding of the nuances between constructs, but also garner a greater appreciation of the need to foster some unity around the terminology.

The term resilience is believed to have originated between 1620-30 C.E. from the Latin root “resiliens,” meaning to “spring back” or “rebound,” which is remarkably similar to what seems to be the present most widely understood definition, “to bounce back from adversity” (Friesen, 2005; Luthans, Vogelgesand, & Lester 2006; Online Etymology Dictionary, 2008). Within the field of psychology, resilience began to develop as a prominent construct and area for research in the 1970s following the movement to identify “stress-resistant” individuals, a label used to identify those children who were able to follow positive developmental trajectories despite the presence of high-risk conditions or adversity (Luthar & Zigler, 1991). The topic of resilience continued to receive mounting attention in the 1980s as researchers began studying the children of mothers with schizophrenia and how some children who seemingly did not always receive adequate parenting were still able to thrive in the face of adversity (Luthans et al., 2006; Luthar, Cicchetti, & Becker, 2000; Masten, Best, & Garmezy, 1990). Inquiry into resilience has been understood as following three waves of research, “resilient qualities,” “the resiliency process,” and “innate resiliency” (Richardson, 2002). The first wave of resilience research, “resilient qualities,” denotes the initial movement to provide phenomenological descriptors of these qualities within individuals and the broader system that might predict individual and social success (Richardson, 2002). This initial wave seemingly sought to identify those traits and qualities that may be associated with a

triumph over adversity and thus connote resilience. In the second wave of resilience, “the resiliency process,” researchers began to view resilience as a dynamic process of disruption and reintegration as individuals go about acquiring resilient qualities (Richardson, 2002). This wave of resilience research highlighted what often appears to be more fluid and state-like aspects of resilience within individuals as well as the potential for continuing growth and adaptation. A third wave of resilience research, “innate resilience,” has sought to identify the motivational forces within all individuals that drive them to “resiliently reintegrate from disruptions” (Richardson, 2002). This most recent postmodern push seems to coincide with a more constructionist understanding of resilience as compared to a more ecological representation of resilience (Richardson, 2002, Ungar, 2004). These three primary waves of research highlight the major movements within the resilience literature as well as the major tensions and debate that still exist within the field. A debate persists as to whether resilience is simply a list of traits with which individuals are innately born or rather a more fluid state that can be applied within various contextual demands. Another debate goes on regarding whether resilience can be learned or if it is a characteristic that falls along some spectrum for each and every individual. A dispute even continues as to whether resilience requires the presence of some adversity or stressor to overcome. By further understanding each of these positions within the debate, mental health professionals might help contest the perceived intangible nature of the resilience construct and allow resilience to become a more practical tool in their work with children.

Initial models of resilience generally sought to identify particular traits or characteristics of individuals that helped them to survive some form of adversity. These

identified factors have commonly been referred to as protective factors or developmental assets (Richardson, 2002). Perhaps the most seminal study within the trait model of resilience involves the Kauai Longitudinal study conducted by Werner which began in 1955 as a study of 700 children who met at least four major criteria of high-risk within their environment. Despite these risks, one third of the children were able to grow into competent adults without significant problems that could be identified (Werner, 1982; 2005; Werner & Smith 1992). Werner was then able to go back through and categorize those qualities that helped to differentiate these resilient children such as sex (female), tolerance, achievement orientation, good communicator, altruism, self-efficacy, future orientation, high expectations, and having good self-esteem, to name a few (Werner, 1982; 2005; Werner & Smith 1992). This set the stage for numerous researchers to begin developing exhaustive lists of individual, family, and broader environmental traits and protective factors which would help to identify resilient children. Mrazek and Mrazek (1987) identified 12 skills and abilities, or psychological characteristics, in resilient children consisting of a rapid responsivity to danger, precocious maturity, disassociation of affect, information seeking, formation and utilization of relationships for survival, positive projective anticipation, decisive risk-taking, conviction of being loved, idealization of aggressor's competence, cognitive restructuring of painful events, altruism, optimism, and hope. In more recent years, the advancement of the field of positive psychology, which has led to increasing research into strengths, individual characteristics, and virtues as they pertain to mental health, have led to new associations of these attributes or "resilient qualities" to resilience (Richardson, 2002, Seligman & Csikszentmihalyi 2000). These have included resilient qualities such as happiness, faith,

creativity, and morality (Baumeister & Exline 2000; Buss 2000; Myers 2000; Simonton 2000). Many researchers and mental health professionals continue to view resilience as the personal traits or attributes of an individual. However, while the trait aspects of resilience remain important, many of these same pioneers have since begun to consider the more dynamic processes that encompass aspects of the family environment and other contextual factors which appear to influence the development of resilience.

As the literature regarding resilience increased, the scope of the term continued to broaden as well to move beyond individual characteristics to encompass larger contextual factors that contribute to resilience. The incorporation of these broader contextual factors in conjunction with individual characteristics have led researchers to view resilience as more of a dynamic developmental process reflecting positive adjustment despite some form of adversity (Friesen, 2005; Tedeschi & Kilmer, 2005). In addition to individual resilient qualities, researchers have further begun to explore the nature of protective and risk-factors by tying these into a dynamic resiliency process. The Minnesota Risk Research Project identified a “triad of resiliency” consisting of an individual’s personality disposition, a supportive family environment, and an external support system while still creating their own more exhaustive lists of characteristics such as self-discipline, internal locus of control, good problem-solving skills, critical thinking skills, and humor as indicative of resilient children (Garmezy 1991; Garmezy, Masten, & Tellegen, 1984). At the same time, proponents of individual traits like Werner (2005) have begun exploring protective factors within the family and community, such as a close bond with at least one competent person, structure and rules, a model for identification, and caring adult figures in the community. A multitude of other researchers have further

advocated the role of family environment and broader contextual variables in resilience, such as good parenting, stability, positive extra-familial support, extended support networks, effective schools, mentors, and pro-social organization involvement (Alvord & Grados, 2005; Chuang, Lamb, & Hwang, 2006; Luthans et al., 2006; Murry & Brody, 1999; Shorey & Snyder, 2005; Tedeschi & Kilmer, 2005). Additional dynamic models of resilience have sought to identify resilience factors as compensatory, challenging, or protective. Compensatory factors are identified as those aspects of an individual or environment that neutralize exposure to risk in the first place, such as faith or having a positive disposition (Zimmerman, Bingenheimer, & Notaro, 2002; Ungar, 2004). Challenging factors are manageable risks that promote resilience by enhancing an individual's adaptive abilities over time, such as a loss or disruption (Ungar, 2004). Protective factors are those that reduce the potential for negative outcomes and may even be understood as mechanisms of growth, such as parenting style and coping strategies (Ungar, 2004). Through this ever expanding definition of resilience, the concept begins to reflect the dynamic interaction between social, situational, and individual difference variables that either decrease or increase the probability that an individual will have a negative reaction to a stressful life event (Smith, Smoll, & Ptacek, 1990). As research has expanded the definition of resilience and the numerous contextual factors that contribute to its expression, resilience has been transformed from a trait to be expressed into a state that is either developed or elicited within particular contexts and through the dynamic interaction of these various factors (Lussier, Derevensky, Gupta, Bergevin, & Ellenbogen, 2007). With the advancement of resilience as a state-like construct, so came the notion that resilience may not simply be something innate to an individual or a

particular set of circumstances but rather something that might be fostered, developed, and learned.

In many ways, the literature expounding upon the contextual factors that foster resilience was by its very nature insinuating that resilience was something that could be developed and learned. However, a new area of resilience research emerged surrounding the notion of resilience as a learned construct that would only further expand the boundaries of the original term. Initial research efforts into resilience as an area for potential development focused primarily on how interventions could be designed to enhance protective factors while minimizing the risk-factors (Alvord & Grados, 2005; Lussier et al., 2007; Murry & Brody, 1999; Ungar, 2004; Zimmerman et al., 2002). As more practice-based and applicable models of resilience began to emerge, the domain of competence was brought under the broader umbrella of resilience in an effort to explain how resilience may be learned through intervention. Researchers identified the enhancement of social and emotional competence, positive coping skills, and the suppression of antisocial behaviors as the major factors in the development and internalization of resilience (Alvord & Grados, 2005; Gillham, Reivich, Freres, Chaplin, Shatte, Samuels, Elkon, Litzinger, Lascher, Gallop, & Seligman, 2007; Lussier et al., 2007). In this way, resilience was seen as having active behavioral components and factors both outside and inside the individual which needed to be considered in its enhancement (Johnson, 1995). With resilience now understood as a construct that could be fostered and learned in individuals who were not previously viewed as “resilient,” the concept began to be seen by some as a personalized growth-building process (Newman, 2005). The notion that resilience can be fostered, developed, and learned also seemed to

highlight the antiquity of the previous black and white view of resilience in which individuals either had it or they did not and instead envisioned resilience as something falling along a continuum that may be continually enhanced (Cairns-Descoteaux, 2005). Some researchers have even begun to question the necessity of what many view as a cornerstone of true resilience, the presence of some form of stressor or adversity.

As research has continued to expand the breadth of resilience while identifying associated factors and pointing to the importance of adaptability, flexibility, and competence in resilient youth, some have begun to wonder whether the resilience spectrum holds a place for those individuals who are not actively facing a clinically defined adversity. Some studies have begun to discuss the observation that children identified as resilient do not generally appear to differ significantly from their same low-risk peers who have not been identified as facing some clinically significant adversity (Lussier et al., 2007). Moreover, comparison groups between youth confronted with varying degrees of adversity have pointed to higher correlations of resilience factors in children facing fewer instances of risk and adversity (Flores, Cicchetti, & Rogosch, 2005). While these findings clearly make logical sense, they also draw into question the true meaning of the construct of resilience. Should resilience simply require the triumph over some clinically significant adversity, or rather encompass those factors correlated with a positive developmental outcome? Or perhaps as other models have advocated, resilience should attempt to incorporate both at the same time; however, these do not always seemingly represent a unitary construct. At the same time, other researchers have stated that the literature suggests that resilience is more likely to be present than not barring the failure of important adaptive systems such as cognition or parenting prior to

or as a result of some adversity (Friesen, 2007). These types of questions have led to reactionary measures by certain researchers, challenging the scope of the resilience construct and its utility in various contexts.

Clearly, resilience has begun to embody a varied number of sometimes competing constructs which has led many professionals to view resilience as an obtuse and intangible concept with limited utility in the practical world. Nonetheless, this ever expanding scope of resilience has led some researchers to begin a reaction against the term, which has created an expansive new vocabulary to label phenomena that have often been considered aspects of resilience. Certain researchers have begun to use qualifiers to help narrow the scope of resilient concepts, such as “ego-resiliency,” which is identified as a personality construct pertaining to those persons able to adapt flexibly, persistently, and resourcefully to stressful situations in an integrated manner (Smeekens, Riksen-Walraven, & Bakel, 2007; Chuang et al., 2006). Through the use of these terms, researchers have sought to more exclusively identify particular occurrences under the resilience umbrella. In one such study by Smeekens (2007) involving ego-resiliency, the researchers utilized this term as a means to identify the innate personality traits within individuals that pertain to resilience as they demonstrated that children with low ego-resiliency showed increases in cortisol (a stress hormone) during negative interactions as compared to ego-resilient children. At the same time, other authors have cautioned against the use of the term “resilience” in isolation, instead suggesting qualifiers such as “educational resilience,” “emotional resilience,” or “behavioral resilience” to more accurately connote the types of factors that are being discussed (Lussier et al., 2007). Others still have sought to outline their own understandings of resilience that incorporates

various aspects of the literature or simply to acknowledge the broader nature of the construct and its tendency to overlap with other mental health concepts. The suggestion by Friesen (2007) to utilize the term “resilience and recovery” recognizes the vast overlap between the constructs, but certain views in children’s mental health make it difficult to utilize either in isolation. While studies such as Tedeschi and Kilmer’s (2005) exploration of resilience and posttraumatic growth (PTG) identifies resilience as successful adjustment despite adversity, any instance of “transformative growth” through struggles with adversity are identified as PTG, a new construct believing any growth to be beyond the scope of mere resilience (Tedeschi & Kilmer, 2005). Conversely, certain researchers have acknowledged the broad nature of resilience, recognizing it as a “family of processes that scaffold successful adaptation,” while concepts of recovery become special instances of this larger construct (Egeland, Carlson, & Sroufe, 1993). The ambiguity of the construct has opened the door for more broad and inclusive constructionist discourses on resilience but has also begun to jeopardize the true meaningfulness of the term altogether.

In many ways, the application of resilience to children’s mental health remains in its conceptual infancy. Certain researchers have already pointed out the tendency of the three major types of resilience research (epidemiological, life course development, and recovery after instances of trauma) to disregard the innate “definitional ambiguity in the resilience construct” (Ungar, 2004). This acknowledgement has led particular authors to suggest the utility of a more constructionist definition recognizing that resilience may no longer be seen as objective fact but rather dependent on individuals and their social constructions of well-being and their successful negotiation for health resources

(Johnson, 1995; Ungar, 2004). Ungar (2004) has pointed out that qualitative methods may be ideally suited in the exploration of resilience while providing a means to address some of the shortcomings of past research. He explains that qualitative research has the ability to discover unnamed processes, can attend to contextual specificities, will provide equal attention to otherwise marginalized voices, can produce deep enough descriptions to transfer between contexts, and will challenge researcher bias that may otherwise orient findings to an adult-centric perspective (Ungar, 2004). With some researchers already advocating the abandonment of the term resilience entirely, the present time appears to be an opportune moment for qualitative inquiry in the hopes of coalescing resilience into a meaningful construct or risk losing any practical significance altogether.

## Methodology

### *Qualitative Tradition: Meta-synthesis*

The chosen methodology for this inquiry into resilience was qualitative meta-synthesis. First coined by Stern and Harris (1985) as a phrase to denote the combination of a group of qualitative studies, the technique of qualitative meta-synthesis shares some similarities to quantitative meta-analysis, involving an overview of research; however, meta-synthesis seeks to understand and explain the phenomenon as opposed to simply examining a cause and effect relationship as in meta-analysis (Walsh & Downe, 2004). Meta-synthesis operates under the tenants of qualitative research, viewing reality as a multiple construct and emphasizing the importance of openness and transparency in the reflection of real-life processes (Jensen & Allen, 1996; Walsh & Downe, 2004).

Qualitative meta-synthesis involves the comparison, translation, and analysis through a process of deconstruction, translation, and reconstruction of each original qualitative study (Jensen & Allen, 1996; Zimmer, 2006; Thorne, Jensen, & Kearney, 2004). Through this process the synthesist develops new interpretations and a “fuller knowledge” of the construct being examined (Jensen & Allen, 1996; Zimmer, 2006). The process of interpretative synthesis (meta-synthesis) accentuates the need for hermeneutic and dialectic approaches, portraying individual constructions accurately and faithfully to the original author as well as comparing and contrasting these individual constructions to one another (Jensen & Allen, 1996). Meta-synthesis involves the use of translation to create ideas, metaphors, and themes that are not necessarily literal, but preserve the meaning of the original studies (Brittain, Campbell, & Pope, 2002; Walsh & Downe, 2004). Hence, meta-synthesis stresses the significance in maintaining credibility, auditability, and

fittingness (Jensen & Allen, 1996). Credibility highlights the “truth value” of a meta-synthesis in its ability to remain faithful to the original qualitative research in addition to the human experience at the foundation of all qualitative research (Jensen & Allen, 1996). Auditability recognizes that the same or similar conclusions might be drawn by other researchers given the available data (Jensen & Allen, 1996). Fittingness involves the broader generalizability of the meta-synthesis in whether the finding might fit into contexts outside of the studies at hand and are grounded in both “typical” and “atypical” life experiences (Jensen & Allen, 1996). While qualitative meta-synthesis has begun to be applied across numerous research domains, it remains a relatively new methodological approach with limited consensus and rigor in its application (Walsh & Downe, 2004).

#### *Inclusion Criteria*

The initial origins of the present study were rooted within a much broader inquiry into the relationship between resilience, recovery, and systems of care in children’s mental health (DeRoche et al., 2008). Hence, the initial search for literature encompassed all available literature within both qualitative and quantitative domains focusing on the primary themes of resilience and children. In order to identify studies that were pertinent to the topic at hand, the PsycARTICLES (49 journals from 1988 to the present), Psychology: A Sage Full-Text Collection (34 journals from 1970 to the present), PsycINFO (1500+ journal and documents from 1872 to the present), and Sociology: A Sage Full-Text Collection (29 journals from 1982 to the present) databases were searched utilizing combinations of the terms “resilience,” “resiliency,” “child,” “children,” “adolescence,” “adolescent,” “psychology,” and “mental health” with no specific time restraints or periods implemented other than those of the databases themselves. Following

each query, the results were reviewed for their relevance and papers were initially included for more in-depth analysis if resilience proved to be a major theme of the paper with studies being excluded if studies only marginally focused on the topic (e.g. when resilience was a subcomponent of some broader study). Following an exhaustive search, 41 potentially relevant articles were found, highlighting the limited nature of the available research given the scope of the query. These identified articles were then further scrutinized for methodology, with non-qualitative papers being removed from the meta-synthesis cohort. Upon the elimination of inappropriate studies, nine qualitative studies with an emphasis on resilience remained for synthesis. Due to the limited number of qualitative articles, qualitative studies of varying methodologies were incorporated into the meta-synthesis. Despite the concerns of some authors regarding the comparability of differing qualitative approaches, others have suggested that meta-synthesis is uniquely positioned to integrate these various studies by accounting for the philosophical foundations of the methods within the interpretation and synthesis (Jensen & Allen, 1996; Zimmer, 2006). Though not included in the present study, some researchers have even begun to explore the incorporation of both qualitative and quantitative methods into a singular synthesis, seemingly recognizing the qualitative component of quantitative research in its dependency on a given researcher's ethnographic experiences to create meaning through the collection of data and design of the study (Voils et al., 2008). Furthermore, it may be argued that only by incorporating these divergent approaches may qualitative meta-synthesis truly become a practical and meaningful way of synthesizing qualitative research (Zimmer, 2006).

*Analysis*

The relationships between qualitative studies can be broken down and described in numerous different ways within a meta-synthesis (Noblit & Hare, 1988). During the present study, a “line of argument” approach was employed in which statements about the particular phenomenon of interest, in this case resilience, are constructed from the selected studies (Noblit & Hare, 1988). In this way, the fundamental data for the meta-synthesis were the core concepts espoused in each of the individual studies. Through a process of deconstruction, translation, and reconstruction, these constructs were compared and contrasted between the studies to develop a new synthesis of interpretations. This new synthesis seeks to clarify the meaning and scope of the resilience construct within the field of mental health in a manner that is both practical and applicable in both the clinical and research domains. The creation of this meta-synthesis involved two primary stages of the identification of pertinent literature followed by the analysis and interpretation of this literature, both of which warrant some further description.

In order to organize the literature and begin the process of data analysis and interpretation, a grid was constructed. The main points of each study were compiled in a separate chart, in the form of both paraphrases and direct quotes from the authors, seeking to maintain the original meaning of the paper. These main points were then translated into common and divergent concepts which could be grouped together on the grid in an initial outline of the main findings across the various qualitative studies. Once on the grid, the main concepts were synthesized through interpretation and the establishment of relationships among the studies within the grid, thus, allowing for the

establishment of a more expansive explanatory structure for the resilience construct, which may then be applied to practical mental health contexts.

### Findings

The meta-synthesis included nine qualitatively based papers focused on the issue of resilience. The nine studies included Bogar, C., Hulse-Killacky, D. (2006); Bosworth, K., Earthman, E. (2002); Eisold, B. (2005); Grossman, F., Sorsoli, L., Kia-Keating, M. (2006); Hines, A., Merdinger, J., Wyatt, P. (2005); Kidd, S., Davidson, L. (2007); Rak, C. (2002); Retzlaff, R. (2007); and Williams, N., Lindsey, E., Kurtz, D., Jarvis, S. (2001). As might be expected given the review of literature already provided, there was a limited amount of consensus among the articles regarding the necessary conditions of resilience. Nonetheless, the synthesis of these findings did reveal some interesting consistencies in views on individual and contextual attributes of resilience along with protective factors and coping strategies. Moreover, the results of the synthesis helped to identify eight predominant features within resilient individuals, including an internal locus of control, a reconstruction of the narrative, altruism, acceptance, flexibility, an optimistic outlook, interpersonal effectiveness, and social support.

### *General Features of Resiliency*

As one article so aptly put it, “the vagueness of the resiliency concept in research literature has translated into a variety of definitions and approaches” (Bosworth & Earthman, 2002). Indeed, the body of qualitative literature utilized within the synthesis reached little agreement regarding the preconditions of resilience with very few of the researchers providing any true insight into the phenomenon within their actual results and instead adopting preconceived notions of conditions such as the presence of some threat

or adversity and the achievement of some positive developmental outcome despite this adversity (Bogar & Hulse-Killacky, 2006; Eisold, 2005; Hines et al., 2005). Others incorporated the use of several types of resilience, in addition to that already identified, including simply competent functioning in the presence of some stressor as well as the recovery from trauma (Rak, 2002). At the same time, one study sought to further widen the scope of resilience by simply seeking to identify those things which allowed youth to keep going and get by (Kidd & Davidson, 2007). The remaining articles seemed more inclined to merely allow their own qualitative findings of the aspects of resilience to speak for themselves. These divergent views on the prerequisites of resilience allowed for a more in-depth exploration and examination of the fundamental components that appear to be present in the vast majority of resilient individuals.

#### *Individual versus Contextual Attributes*

Several of the studies within the meta-synthesis were acutely aware of the definitional struggle within the resilience literature surrounding attributes innate to the individual, such as personal characteristics, compared to environmental or contextual factors and how each of these may or may not be acknowledged to play a role in the resiliency process. The study by Bosworth and Earthman (2002) provided the most direct insight into this issue through their qualitative examination of the resilience construct with school administrators. The inquiry highlighted the large continuum of resiliency definitions from those strictly focused on individual characteristics to those widely incorporating contextual factors that strengthen resilient functioning throughout the environment (Bosworth & Earthman, 2002). However, the authors recognized that the vast majority of definitions involved a combination of both individual and contextual

attributes in a reflection of the complexity of the resilience construct (Bosworth & Earthman, 2002). Instead, resilience could best be understood as focusing on strengths, instead of weaknesses, within both of these domains (Bosworth & Earthman, 2002; Kidd & Davidson, 2007; Rak, 2002). The identification of resilience as related to environmental components, in addition to individual attributes, proved throughout many of the studies to be an important concept that allowed members of the broader system to view resilience as a critical component of the broader environment and something that could be facilitated through this domain (Bosworth & Earthman, 2002; Hines et al., 2005; Kidd & Davidson, 2007; Retzlaff, 2007; Williams et al., 2001). Nevertheless, as several of the studies point out, it often appears to be the individual attributes of a particular youth that ultimately allow him or her to take advantage of these broader environmental influences (Hines et al., 2005; Williams et al., 2001). Hence, the process may best be viewed as a bidirectional and dynamic interaction between the individual and the broader environment, as in developmental contextualism and developmental systems (Lerner, 2001).

#### *Protective Factors and Coping Strategies*

The various protective factors associated with resilience have received a significant amount of attention from the research community, which has resulted in the development of exhaustive lists of various protective mechanisms present in resilient children. A number of the qualitative studies within the meta-synthesis also included many of these protective factors in their results, with others identifying some of these similar themes as individual coping strategies (Bogar & Hulse-Killacky, 2006; Eisold, 2005; Hines et al., 2005; Rak, 2002). These studies identified commonly recognized

protective factors such as intelligence, resourcefulness, patience, empathy, humor, steady disposition, self-regulation, and dexterity (Bogar & Hulse-Killacky, 2006; Eisold, 2005; Hines et al., 2005; Rak, 2002). Nonetheless, while also identifying these protective factors that have so frequently been cited by past research, some of these same studies along with several others in the synthesis began to recognize the insufficient nature of these lists of factors in explaining the truly dynamic nature of resilience. Moreover, many of the individuals examined in the various studies lacked the traditionally defined protective factors that had been identified as key to resilience but still exhibited successful developmental outcomes, highlighting the underlying nuances of resilience and the fact that simple lists of traits could not entirely capture these (Eisold, 2005; Rak, 2002; Williams et al., 2001). Such recognitions helped many of the researchers recognize the uniqueness of resilience, particularly through its relationship to the idiosyncratic coping strategies of particular individuals.

In many ways, the process of resilience may best be understood as a uniquely individual narrative through which people may organize their own experiences and develop a perspective and approach especially tailored to their needs. Thus, the process of resilience may almost always be seen as context specific with resilience sometimes limited to particular domains (Hines et al., 2005; Williams et al., 2001). As many of the studies point out, such a view of resilience helps to explain how certain coping strategies or protective factors may be resilient and effective within certain contexts while these same mechanisms may become destructive and limiting in other situations (Bogar & Hulse-Killacky, 2006; Eisold, 2005; Grossman et al., 2006; Rak, 2002; Williams et al., 2001). Examples of such strategies may include things such as idealization, narcissistic

views of oneself, depersonalization, self-blame, substance use, along with other, more personalized strategies as those developed by a number of participants in several of the qualitative studies which might otherwise be viewed as odd or interfere in particular socio-cultural contexts (Bogar & Hulse-Killacky, 2006; Eisold, 2005; Grossman et al., 2006; Rak, 2002; Williams et al., 2001). Under this view, nearly every psychological symptom may be recognized as an obsolete coping strategy that had once served as a solution. Ultimately, the research suggests that no “one size fits all” approach to resilience exists and instead of an exhaustive list of universal protective factors it may best be understood as anything individuals have been able to utilize as a buffer against stressors as well as strengths employed in the coping process (Grossman et al., 2006; Rak, 2002).

#### *Eight Features of Resilience*

*Internal locus of control.* The notion of an internal locus of control seeks to encapsulate a number of more specific themes pertaining to resilient individuals’ sense of self. Almost all of the studies within the meta-synthesis identified attributes surrounding an internal locus of control as pivotal to the resiliency process. Moreover, this sense of self-efficacy represented what may be the most crucial aspect of resilience through which many of the remaining features of resilience may be realized. A large number of the studies identified a sense of “self-competence,” “mastery,” “potency,” and “self-sufficiency” as primary features of what might be identified as an internal locus of control (Bogar & Hulse-Killacky, 2006; Grossman et al., 2006; Hines et al., 2005; Kidd & Davidson, 2007; Retzlaff, 2007; Williams et al., 2001). Resilient individuals were able to garner a sense of their own ability to enact change over their own world. With this

ability for change also comes the notion of choice, through which resilient persons are able to shed any sense of helplessness and become conscious of their power to create change, ultimately developing their own intrinsic motivation for change (Eisold, 2005; Hines et al., 2005; Kidd & Davidson, 2007). This issue of choice is brilliantly illuminated through metaphor in the question “the blue pill or the red pill?” highlighted in one of the studies to emphasize the sense of empowerment youth conveyed in exercising some decision-making capacity (Kidd & Davidson, 2007). In relation to an internal locus of control, as well as the other subthemes already identified, resilient individuals display a heightened sense of “independence” and “autonomy” as they begin to find strength within themselves (Bogar & Hulse-Killacky, 2006; Hines et al., 2005; Kidd & Davidson, 2007; Rak, 2002; Williams et al., 2001). Coupled with this increased level of autonomy and sense of efficacy comes an enhanced level of “self-esteem” and “self-image” which may allow resilient individuals to develop a sense of trust in themselves that can foster a sense of “assertiveness” and “self-regard” which may allow for better self-care behaviors along with an outright rejection of any past tendency to see oneself in the victim role (Bogar & Hulse-Killacky, 2006; Eisold, 2005; Kidd & Davidson, 2007; Williams et al., 2001). These are of course not new findings, but instead further reflect and confirm the importance of an internal locus of control as has been discussed in Ellis’ cognitive theory and research with female victims of sexual assault who fared better upon assigning behavioral self-blame (Ellis, 1975; Janoff-Bulman, 1979). With the establishment of each of these aspects of an internal locus of control regarding their life experiences, individuals may begin to realize the other dimensions of resilience.

*Reconstructing the narrative.* While it may require an initial sense of control to be brought into fruition, the creation of meaning and development of an identity represents a centerpiece of any successful human developmental outcome (Adler, 1931). Throughout all but one of the qualitative studies within the meta-synthesis, the issue of finding purpose and meaning repeatedly emerged as a major component of the resiliency process. Many of the studies emphasized the nature in which individual's narratives were seemingly reconstructed by the person into a more effective manner of organization that allowed the individual to derive some sense of meaning and integration out of the experience (Bogar & Hulse-Killacky, 2006; Eisold, 2005; Grossman et al., 2006; Kidd & Davidson, 2007; Retzlaff, 2007). The authors often discussed how the reconstruction of meaning, particularly of past unjust experiences, allowed for changes in worldview and perspective that fostered adaptation through the development of a new set of values (Bogar & Hulse-Killacky, 2006; Eisold, 2005; Grossman et al., 2006; Kidd & Davidson, 2007; Retzlaff, 2007; Williams et al., 2001). The reconstruction of this new meaning might involve rage towards those who mistreated an individual in the past, the use of thought and reason to understand the dynamics operating in the past, the use of creativity to express these past wrongs, or perhaps the development of some philosophy or spiritual understandings (Bogar & Hulse-Killacky, 2006; Grossman et al., 2006; Kidd & Davidson, 2007; Williams et al., 2001). The main feature of all of these components was to simply provide a greater sense of purpose or connection with meaning in the individual's life in each person's journey to "figure out who I am" (Kidd & Davidson, 2007). In this way, the essential aspect of the reconstruction of the narrative involves resilient individuals' search for an adaptive identity which might fit their set of individual

circumstances and sense of who they are while providing an overarching meaning and value to their lives. Through this identity development, individuals might “determine to be different,” adopt an “I’ll show you attitude,” or achieve some “closure” that allows them to “refocus and move on” with their lives in a meaningful way (Bogar & Hulse-Killacky, 2006; Hines et al., 2005; Rak, 2002; Williams et al., 2001). With the reconstruction of their own unique narrative, individuals may generate their own sense of appreciation for their life, including both their past experiences as well as their future. This seems to closely mirror Schafer’s (1994) argument for psychoanalytic principles as a means through which people may develop useful narratives.

*Altruism.* Perhaps stemming from the development of purpose and meaning, the resilient quality of altruism was repeatedly identified within the examined studies as an independent aspect of the resiliency phenomenon. A plurality of the studies identified a sense of social responsibility and altruism present within resilient persons. Certain individuals found meaning through a self-sacrifice and devotion to others in which the pain they had endured existed so that others who they cared about might be spared the same suffering (Eisold, 2005). Others developed a sense of pride in their compassion and giving to others, as conveyed through the quote “I feel better about myself when I know that I am helping someone else” (Kidd & Davidson, 2007). As a whole, the vast majority of the studies which addressed the issue of altruism indicated that these values of commitment and service to others allowed resilient individuals to derive purpose in their own struggles while garnering a better sense of perspective and appreciation for their own triumphs (Eisold, 2005; Grossman et al., 2006; Hines et al., 2005; Kidd & Davidson, 2007; Rak, 2002; Williams et al., 2001). Moreover, this altruistic intent might also simply

reflect many of the other features commonly identified in resilient individuals surrounding compassion, community involvement, and a more positive or optimistic disposition (Grossman et al., 2006; Rak, 2002; Williams et al., 2001). Whatever the case may be, a sense of social responsibility and philanthropy represent a repeatedly identified and significant component of resilience within the identified studies, paralleling Adler's (1931) assertion that effective coping strategies foster "the useful side of life" by being beneficial to others.

*Acceptance.* In a further expansion of both the internal locus of control and reconstruction of the narrative, the issue of acceptance also warrants its own discrete recognition as a predominate feature of resilience. With the development of self-efficacy and the ability to enact change also comes the responsibility to recognize those things over which persons may effect change and those things which must learn to be accepted. Furthermore, the development of particular worldviews or beliefs may also incorporate the notion or philosophies of acceptance. Several of the qualitative studies within the meta-synthesis identified the ability of resilient individuals to accept those conditions beyond their control and the tendency of this to promote more positive developmental outcomes (Kidd & Davidson, 2007; Retzlaff, 2007; Williams et al., 2001). One of the studies particularly recognized the "life goes on" view embraced by resilient individuals in which life is viewed as increasingly normal despite continued adversity (Retzlaff, 2007). Furthermore, individuals may acknowledge the likelihood of continued hardship and challenges though they may come to accept this as an aspect of life, embracing a view of life as perpetual difficulty or suffering (Bogar & Hulse-Killacky, 2006; Kidd & Davidson, 2007; Retzlaff, 2007). The utilization of "humor" is identified by several of the

studies as a major coping mechanism towards the end of acceptance (Kidd & Davidson, 2007; Williams et al., 2001). Also incorporated into the notion of acceptance within several of the studies is the idea of forgiveness. A pair of the studies identified forgiveness as a type of acceptance; it is an acknowledgement that the past may not be changed, and it can be employed as an instrument for seeking meaning and closure (Bogar & Hulse-Killacky, 2006; Rak, 2002). Through an acceptance of those things over which persons had no control, individuals are more effectively able to move beyond past stressors in a resilient fashion. This concept of acceptance appears to closely resemble the recent movement of Acceptance and Commitment Therapy (ACT) along with broader Buddhist philosophies (Hayes, Strosahl, & Wilson, 1999).

*Flexibility.* Given the already identified dynamic and ever changing nature of the resiliency process, it should come as no surprise that a flexible and adaptable personal style helps to create the ideal conditions for resilience. The ability to allow for flexible roles and dynamic adaptation while maintaining a sense of one's own individuality and interests has been identified as a major feature of resilience (Eisold, 2005; Hines et al., 2005; Retzlaff, 2007). The flexibility to learn from past experiences along with the ability to incorporate and consider multiple perspectives on particular issues as well as oneself represent another area identified by the studies as crucial to the resiliency process (Kidd & Davidson, 2007; Williams et al., 2001). Such a posture allows individuals to embrace a posture of continuous growth and development in which new and more functional behaviors may be easily adopted as the need arises to permit continued resilient performance (Williams et al., 2001). Nonetheless, at least one study within the meta-synthesis did serve to slightly contradict the feature of flexibility as a component of

resilience. This study recognized that certain individuals identified as resilient may sometimes display a significant degree of rigidity, making it difficult to find balance within their lives and integrate new ways of functioning (Hines et al., 2005). This may be related to an overinvestment in another aspect of resilience, such as the construction of some narrative, perhaps determining to be so different, that this then impedes an individual's degree of flexibility and instead creates a rigid and narrow focus. The development of such rigidity does not however appear to be an innate feature of the resiliency process and may instead hinder its further development as flexibility appears to be a vital constituent of resilience.

*Optimistic Outlook.* Perhaps one of the more pervasive elements of resilience, which seemingly permeates into many of the other identified features of resilience, is that of hope and optimism as well as a broader future orientation as a whole. As one of the studies so eloquently puts it, "Resilience is more than an attitude... it is the result of experience that life... can be fulfilling and rich..." (Retzlaff, 2007). This seems to capture the essence of the hope and optimism so engrained in the resiliency process, though sometimes this "experience" may even be indirect in nature. Several more of the synthesized studies identify the recognized "potential for the future," "high expectations," "desire for family formation," "desire for household," "optimism in relationships," along with a general sense of simply "hope" as other major beliefs held by resilient individuals surrounding the theme of hope and optimism (Hines et al., 2005; Kidd & Davidson, 2007; Rak, 2002; Williams et al., 2001). Moreover, one of the studies argues that in addition to a focus on strengths, maintaining hope and optimism are the most important features when taking a lifelong perspective on resilience (Bogar & Hulse-Killacky,

2006). Simply stated, without some form of hope or optimism allowing individuals to orient themselves to some positive future at least or granting some temporal perspective in which setbacks do not appear to be permanent outcomes, then there presumably could not be any resiliency process.

*Interpersonal Effectiveness.* By its very nature, interpersonal effectiveness implies a relational component that would require the investment or presence of some outside individual. However, when speaking about interpersonal effectiveness, the studies within the meta-synthesis seek more to identify the relational skills within the individual which work to promote resilient functioning. In this vein, the findings from the studies emphasize an individual's "need" and "struggle" for connection with and understanding from others (Eisold, 2005; Hines et al., 2005; Kidd & Davidson, 2007; Rak, 2002). Furthermore, resilient individuals are more interpersonally skilled in their ability to interact positively and effectively with others while forming emotionally intimate relationships (Bogar & Hulse-Killacky, 2006; Rak, 2002). This ability to form emotionally intimate relationships also pertains to the issue of effective attachment and attachment theory which was accentuated by several of the qualitative studies. These studies suggested that at the very core of resilience was a style of adaptation that emerged out of early childhood exchanges and attachment between child and parental figure, without which resilient functioning would not be possible (Eisold, 2005; Hines et al., 2005; Rak, 2002). Resilience is viewed as a personality organization that develops through a strong relationship and identification between a child and positive parental figure that allows for the development of motivational attitudes and behaviors related to resilience (Eisold, 2005; Hines et al., 2005; Rak, 2002). In addition to this attachment

view of resilience, several studies recognized the importance of an open, trusting, and accepting posture towards relationships in which individuals are able to receive help and support (Bogar & Hulse-Killacky, 2006; Hines et al., 2005; Williams et al., 2001). While interpersonal effectiveness clearly represents a critical facet of resilience, these abilities in and of themselves are not enough to create the relational success demanded of resilience. A certain degree of social support from outside the individual is required to make use of any individual social aptitudes.

*Social Supports.* With the importance of interpersonal effectiveness and attachment already identified, these pieces of the resilience puzzle require the involvement of some external social body outside of the individual to at least allow for their initial development and ultimate utilization. Thus, nearly all of the qualitative studies included in this inquiry identified the importance of some means of social support within the resiliency process whether from the family, community, or broader social environment (Bosworth & Earthman, 2002; Eisold, 2005; Hines et al., 2005; Kidd & Davidson, 2007; Rak, 2002; Retzlaff, 2007; Williams et al., 2001). Many advocate for quality and supportive help, caring, and compassion from friends, mentors, relatives, partners, or professionals as necessary for resilience (Hines et al., 2005; Kidd & Davidson, 2007; Retzlaff, 2007). As previously discussed, a number of the studies suggest that the presence of at least one quality parental figure is required in order for the skills surrounding resilience to be developed (Eisold, 2005; Hines et al., 2005; Rak, 2002). Furthermore, both the educational system and foster care system were identified as two alternative outlets and opportunities for positive relationships to foster resilience when no other social supports exist through an increase in pro-social bonding and

opportunities for meaningful social participation (Bosworth & Earthman, 2002; Hines et al., 2005). Supportive and trusting relationships that meet individuals at their level of need and relational ability from some social system must evidently be present at some point in individuals' lives in order to allow for the realization of resilience (Williams et al., 2001).

### Discussion

The purpose of this meta-synthesis was to develop a more meaningful understanding of the construct of resilience as employed by the mental health field. The synthesized results of the nine studies highlighted eight core processes of internal locus of control, reconstruction of the narrative, altruism, acceptance, flexibility, optimistic outlook, interpersonal effectiveness, and social support in resilience. These identified components may be seen as fundamental aspects of what is being identified through the use of the term resilience on an individual level. As each of these features was identified in a majority of the studies under examination, each separate feature had its own foundation and supportive consensus within the literature. Moreover, despite some of the relationships between these components, they were each recognized to provide some significant contribution to the broader concept of resilience. While each component is explored separately, they may be interrelated to one another.

This new substantive theory supporting an eight factor model of resilience helps to enhance the meaningfulness and utility of the term resilience by providing a more precise and potent understanding of the underlying individual processes within resilience. In many ways, these findings were not necessarily surprising. They demonstrated a great deal of overlap and congruency with some of the individual, contextual, and more

dynamic theories of resilience explored within the introduction. However, contrary to many of those models, the meta-synthesis underscored the most essential features of resilience which seemingly apply across various environmental domains. Furthermore, the meta-synthesis sought to move beyond the use of broad and exhaustive lists of correlational protective factors and individual characteristics of resilience so heavily researched in the literature. This research had an immeasurable impact on the development of resilience models and strengths based approaches; however, their sheer breadth had begun to significantly dilute the meaningfulness of the term resilience, with each new study purporting a novel and more expansive definition that soon meant the end to any common language of resilience. In the end, this qualitative meta-synthesis sought to narrow and refocus basic connotations of resilience in the hopes of creating a more widely accepted and consequential definition of resilience. Interestingly, the eight underlying components identified within the study seem to be consistent with much of the past research and while these help to better focus the concept of resilience they do not acutely exclude many of the themes in the broader literature; thus, the findings may perhaps be more readily embraced by current professional perspectives. Moreover, these identified characteristics bear a remarkable resemblance to developmental growth models of mental health.

Based on the eight features of resilience established through the meta-synthesis, there appears to be a direct relationship between resilience and mental health. Utilizing a developmental and growth model of mental health, as opposed to a medical model focusing on the absence of symptoms, all of the processes identified within the present study highlight developmental progression towards growth. An oft-cited feature of

adversity, which many researchers believe necessary for resilience, helps delineate between mental health in a developmental sense or asymptomatic sense. As Karson (1980) points out, individuals who do experience symptoms may be developmentally unhealthy or simply be capable and healthy enough to endure this distress. The relationship between resilience and mental health is further elucidated through the consideration of Shedler, Mayman, and Manis' (1993) investigation of personality inventories' failure to properly distinguish between genuine and illusory mental health. This study highlights the unreliable nature of self-report in determining mental health through measures dependent upon self-report, but perhaps more importantly the study recognizes the tendency of many individuals to live under an illusion of mental health. This state of illusory mental health seemingly lacks those resilient qualities identified as genuine mental health, which might only be identified through a careful consideration of the resilient qualities identified through this meta-synthesis or through their expression in the face of some adversity. In the end, it should merely be noted that the present meta-synthesis revealed a conception of resilience that closely resembles the developmental tradition of growth as mental health. Nevertheless, this construction of resilience through meta-synthesis was not without its own set of problems.

### *Limitations*

While qualitative meta-synthesis has a great number of strengths as an inductive method of theory and construct development through the combination of other qualitative studies, it is also limited by some of these same features. The synthesis is ultimately limited in nature by its dependency on those studies which were chosen to be included. Although the meta-synthesis attempted to employ wide ranging criteria in the search for

relevant studies, only nine qualitative studies that met the inclusion criteria could be located. Furthermore, the variance within this cohort of nine studies also had an impact on the ease of translation among and between the studies. Many of the studies utilized differing qualitative methodologies or focused on different populations or aspects of resilience. While this diversity made some aspects of the meta-synthesis more difficult and less coherent, it may also be seen as a strength in that the results that could be arrived at through consensus are all the more meaningful given the heterogeneity within the synthesis cohort. Ultimately, this will hopefully mean that the conclusions derived from the synthesis will have more universal appeal and applicability to past and future resilience literature. Still, a more homogenous group of qualitative studies may have allowed for greater depth of analysis. One other concern surrounding the use of qualitative meta-synthesis in this study pertains to the issue that this methodology has no formal approach or procedure, which means that the results are often heavily dependent on the researcher conducting the synthesis. Hence, a different researcher may have arrived at a total separate set of conclusions.

#### *Future research*

When beginning to consider future avenues of inquiry, the broader implications for the field of mental health and the limited scope of the present study become readily apparent. Many questions remain surrounding the further delineation of the resilience construct from other related concepts such as recovery and systems of care. While this study has hopefully worked to more clearly define the boundaries of resilience, it may be helpful to carry out a similar process with these other concepts so as to avoid continuing definitional ambiguity among these. Additionally, although many of the qualitative

studies included in the meta-synthesis incorporated diverse populations into their research and addressed some multicultural issues, the vast majority seemed to take a Western perspective on mental health that may limit the utility of the derived eight components. This applicability of these eight features across diverse populations and cultural groups may warrant some further exploration. Furthermore, it may be helpful to examine how diversity issues surrounding stigma, resources, and cultural bias might impact the development of these resiliency mechanisms. Hopefully the present study has simply provided an initial foundation for greater clarity surrounding the use of resilience within the mental health field while further encouraging the development resilience research and practice.

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