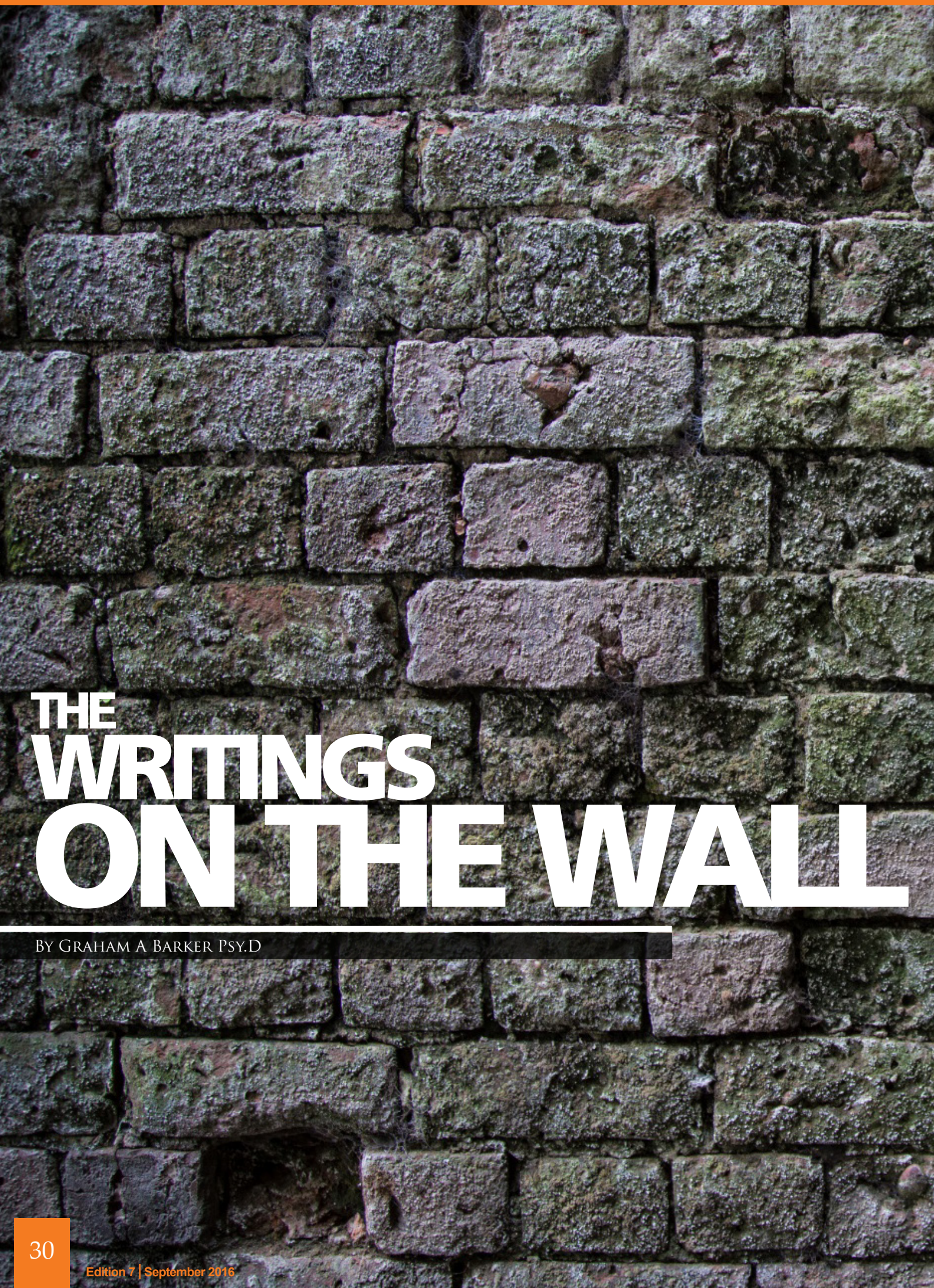
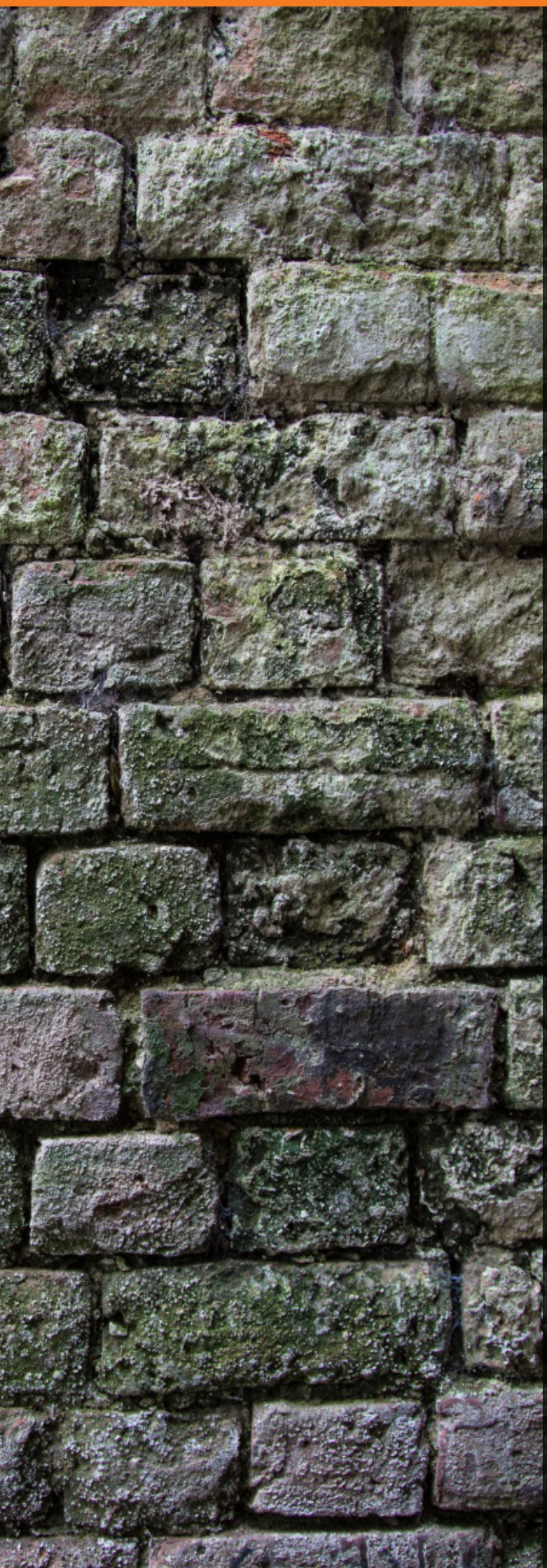


THE WRITINGS ON THE WALL

By Graham A Barker Psy.D



Quite recently I was taken by the current "Quote of the Week" on the wall at my local gym. It read as follows:

> ***"It is the same boiling water that softens a potato and hardens an egg. It is not the circumstances but the substance within that determines the outcome."***

The concept behind the quotation prompted my thinking about the dynamics of resilience. Is it a question of "nature" or "nurture" or is it a combination of both? When two individuals are in "hot water", what factors, determines whether one will be affected more than the other?

The theme of this journal edition implies that resilience has a positive correlation with relationship and therefore the further implication is that the individual with the healthier relationships will possess greater resilience that will either "protect" them, "support" them or enable them to "bounce back" from the threat of "hot water" depending on which definition one holds.

Resilience has had quite a chequered history and until recently was the domain of psychopathological and child researchers in particular. More recent foci has been on the place of resilience within the context of threat, trauma and stress but then the construct itself has been under threat due to fragmented definitions and conflicting terminology. This paper will attempt to navigate the turgid waters of the construct and make tentative links between resilience, the "nurture" factors of early childhood attachment and the nurturant possibilities of therapy.

The focus on resilience seems to have taken a three pronged approach:

The initial focus of resilience research appears to have been on its "protective" nature. Included in the research that followed this theme is that which investigated the premorbid functioning of "least severely disturbed" schizophrenics. The researchers were intrigued by the dramatic deleterious changes observed when the disease progressed. Luther, Cicchetti and Becker (2000) note that "By the 1970s, researchers had discovered that schizophrenics with the least severe courses of illness were characterized by a premorbid history of relative competence at work, social relations, marriage, and capacity to fulfill responsibility". Subsequent studies into the functioning of the children of those adults in the schizophrenic study found a remarkable capacity to thrive in spite of their vulnerable circumstances.

These studies birthed the construct that resilience is a cluster of "protective" features that developed within the individual that somehow inoculated them from the full impact of adversity. Out of these studies arose the perception of the "invulnerable" or "resilient" individual whose accumulated confrontations with adversity created a protective emotional shield that allowed them to sustain inordinate stress. The behaviourists reading this will smile as they recognise the desensitisation process imbedded in this approach.

A second approach represented by the likes of Masten & Garmezy, (1985) portrayed resilience as the product of external factors that in various ways "support" the individual during the times of threat, abuse or trauma. Subsequent research along this line by Werner & Smith, (1992) led to the "delineation of three sets of factors implicated in the development of resilience":

1. Attributes of the individual themselves,
2. Aspects of their families and friends and
3. Characteristics of their wider social environments.

Further consideration of such factors found that factors (2) and (3): supportive family members, healthy school environments, and connections with functional members within the community are highly correlated with later evidence of resilience. These findings suggest that resilience itself is a more likely to be a healthy cognitive/gestalt response to the external offsetting positive messages and support offered the individual when under threat (Rutter, 1990).

The third approach is that of the "relational" model espoused by Moore, Marriner and Cacioli (2014); Simeon, Yehuda, Cunill, Knutelska, Putnam and Smith (2007) and others that equates resilience with the ability to "bounce back" from adversity because of a secure attachment base. These authors postulate that "individual development is coherent and that there is a direct link between early care experiences and future social and emotional development." Simeon, et al. (2007) found that attachment and resilience have a positive correlation of r = .55 that indicates a strong connection between the two.

Attachment is a somewhat ethereal concept but I perceive it to be the emotional bond that is formed between objects in order to establish a sense of security and safety. (Barker, 2010) The prototype of attachment is the mother-infant emotional bond. Attachment relationships provide:

- A safe haven that promotes a feeling of security even in times of distress.
- A secure base that fosters confidence in one's ability to actively explore the wider world.
- A structured schema that promotes the ability to make sense of mental states such as desires, feelings, and beliefs in oneself and others.

Attachment theory began to take shape in the 50's with the work of English psychiatrist, John Bowlby, and American psychologist, Mary Ainsworth (Bowlby, Ainsworth, Boston, & Rosenbluth (1956). Attachment theory is based on the belief that the mother-child (or caretaker) bond is the primary force in infant development. Bowlby's premise was that the relationship between infant and the primary caretaker is responsible, among other capabilities, for the development of: the ability to rebound from misfortune, what we now term "resilience" (Barker 2010).

There is a definite psychodynamic emphasis in this approach and I will expand on this further: Friborg, Hjemdal, Rosenvinge, and Martinussen (2003) identified five dimensions of resilience: personal competence, social competence, family coherence, social support and personal structure. It is suggested by Simeon, et al. (2007) that many of these elements are seen in people with a "secure" attachment style. They also found that a secure attachment style also leads to the development of high levels of self-esteem and an internal locus of control that are not found in those individuals with less secure attachments.

Secure attachment entails a sense of confidence that an attachment object will respond in a positive manner when needed in times of distress. The form of attachment will establish the template with which a child will construct their sense of security about exploring the world as well as their resilience to adversity.

So, what are the dynamics behind a secure attachment style that promotes the formation of a more resilient individual? This author proposes that it is the dynamic of "evocative object constancy". Before those non-dynamic readers among you turn the page to the next article let me explain this dynamic.

"Object constancy" is a psychodynamic term for the mind's ability to retain a "constant" emotional relationship with oneself and/or another in spite of changing circumstances. Put another way, the individual with sound object constancy has the ability to hold simultaneous conflicting thoughts and feelings about themself and another in tension without yielding to either. An illustration

may help clarify these ideas:

If an infant without object constancy has hunger pains and is not fed within a reasonable time they will unconsciously tend to believe they are either neglected by the "bad" caretaker or they are "bad" themselves and deserve to go unfed ("either-or" thinking) and respond with an inappropriate emotional response. In contrast, the child with sound object constancy will be able to hold these thoughts and feelings in tension and not respond negatively to one or the other. In other words, this child has the ability to retain their original emotional connection with themself and their caregiver in spite of the delayed feed and therefore not respond with the emotionally charged negative thoughts.

So, when Simeon et.al (2007) refer to the ' high levels of self-esteem and an internal locus of control" associated with securely attached individuals they are expressing the dynamics of an individual with sound object constancy whose sense of self is determined by their consistent internal view of self, not the hot water of the external circumstance.

Up to this point I have stated that there are various theoretical approaches to the construct of resilience that reflect various theoretical bases. I have presented my proposal that the "relational" approach to resilience has a firm foundation in psychodynamic attachment theory and that the underlying dynamic is the developmental construct of object constancy. I also agree with Mikulincer and Shaver, (2009) whose contention is that those individuals that possess a sound object constancy

will have the mental and emotional capacity to sustain a stable emotional stance in adverse conditions because they can perceive the situation contains more of a challenge than a threat. This also reflects the research by Mahler, Pine and Bergman (1975) who found "attached" infants with advance object relations ventured further from mothers for longer periods as they expanded their comfort zones and saw separation from the parent as a challenge rather than an obstacle.

However, this does not discount the contribution of the "protective" or "supportive" approaches to the discussion but highlights the congruence of the developmental model with its concept of object constancy that helps differentiate those individuals who demonstrate resilience in adversity from those who struggle to so do.

Fortunately, (or "providentially" to use a more theologically correct term), the aetiology of resilience offers a template with which a therapist can assist her or his clients develop this essential personal quality if it is lacking.

Again, for those for whom psychodynamics is anathema, stick with me here as the keys gleaned from psychodynamics are applicable to "most" forms of therapy. I originally wrote "all forms" but altered it in deference to my beloved behaviourist colleagues.

I contend that the key to resilience is a secure attachment style based on the development of a sound sense of object constancy. In order for a client to develop a sound sense of object constancy in the therapy room the therapist needs to construct a safe and consistent space within which the less resilient client can construct or reconstruct a secure attachment style. This "safe and consistent" space for the psychodynamic therapist means creating a space where the client can attach to the therapist as a significant safe "other" with whom they can explore their past adversities and transference relationships and be exposed to an corrective emotionally experience that reduces their fears of abuse, abandonment and neglect. In so doing the therapist models the "good parent" who can contain (absorb) the client's negative thoughts and emotions towards themself and others, including the therapist. When the therapist consistently responds in an empathic manner to the client's negative emotions and transference the client begins to integrate new patterns of perception and response through their amazing network of neurological systems.

Each of these neurological systems varies somewhat with regard to function, synaptic structure, neurotransmitter network, and regional localization. They all do however, obey similar molecular rules mediating development, changes in response to chemical signals, and storage of information. One capacity created by this process is the formation of our perception of the strength of the security of our environment. It is this capacity to perceive and compare that allows the brain to respond appropriately to the external and internal environment. A healthy response to adverse situations depends on the stored response mechanisms

from which the individual draws. The most important mechanism is the ability to maintain object constancy. The safe, consistent therapist provides the necessary experiences with which the neurons design new patterns. The more frequently a positive pattern of neural activation occurs, the more indelible the internal representation becomes and the individual's resilience demonstrates more improvement.

In summary, the therapist can increase their client's resilience by providing a secure and safe space where the client's attachment deficits are rectified through improved object relations and thereby the client's own neurological activity can activate new response patterns to support the healthier view of self others and adversity as demonstrated in this short case study:

Ruby was a victim of extensive childhood sexual abuse and, as is so often the case, distrusted adult males and her own capacity to make wise decisions since in the past this capacity had eluded her. Her initial year of therapy was a time of deconstructing her negative self perceptions. Her second year was a time of neutralising her automatic fear of men as she tentatively attached to her male therapist. Over subsequent years as a more secure attachment developed she was better able to regulate her emotional responses by consciously differentiating her therapist from the male figures from her past and identifying him as a safe person. As therapy progressed her therapist provided a safe, non-judgmental crucible where her emotions were externalised and explored. The therapist's unexpected accepting responses to her vitriol challenged Ruby's early templates of distrust and disgust and enabled her to develop a healthier view of self and males. This in turn laid the foundation for a more secure attachment style and improved object constancy and resilience. Ruby found she could now tolerate her conflicting emotions and self doubts..

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