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**FROM RISK TO PSYCHOSOCIAL RESILIENCE: CONCEPTUAL MODELS
AND AVENUES FOR FAMILY INTERVENTION¹**
**DO RISCO À RESILIÊNCIA PSICOSSOCIAL: MODELOS CONCEITUAIS E INDICAÇÕES DE AÇÃO
COM AS FAMÍLIAS**
**DEL RIESGO A LA RESILIENCIA PSICOSOCIAL: MODELOS CONCEPTUALES Y INDICACIONES
DE ACCIÓN CON LAS FAMILIAS**

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KEYWORDS: Family. Negligence. Risk.

ABSTRACT: This paper aims to compare the structuralist and phenomenological approaches to psychosocial risk and propose an integration of those two perspectives. The first section defines the concepts of risk, vulnerability, protection, and resilience from a structuralist perspective. The second section describes the concepts of experience of vulnerability and experience of resilience from a phenomenological perspective. The last section proposes a comprehensive model of intervention for at-risk families.

PALAVRAS-CHAVE: Família. Negligência. Risco.

RESUMO: O objetivo deste artigo é comparar e propor uma integração de duas perspectivas conceituais de risco psicossocial, uma estruturalista e outra fenomenológica. A primeira parte apresenta os conceitos de risco, vulnerabilidade, de proteção e de resiliência segundo uma perspectiva estruturalista. A segunda parte apresenta uma descrição dos conceitos de experiência de vulnerabilidade e de experiência de resiliência segundo uma perspectiva fenomenológica. A última parte propõe um modelo integrador que permite pensar as ações em termos de promoção do bem-estar e de saúde dos indivíduos e das famílias, a prevenção de problemas associados as condições de risco psicossocial, e intervenções para conter os efeitos concretos destas situações de risco.

PALABRAS CLAVE: Familia. Negligencia. Riesgo.

RESUMEN: El objetivo de este artículo es comparar y proponer una integración de dos perspectivas conceptuales de riesgo psicosocial: una estructuralista y la otra fenomenológica. La primer parte presenta los conceptos de riesgo, vulnerabilidad, de protección y de rescindir según una perspectiva estructuralista. La segunda parte presenta una descripción de los conceptos de experiencia de vulnerabilidad y de la experiencia de rescindir según una perspectiva fenomenológica. La última parte propone un modelo integrador que permite pensar las acciones en términos de la promoción de bienestar y de la salud de los individuos y de las familias, la prevención de problemas asociados a las condiciones de riesgo psicosocial, y las intervenciones para enfrentar los efectos concretos de estas situaciones de riesgo.

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INTRODUCTION

The concepts of risk, vulnerability, protection and resilience in the field of the human sciences originate in Western ways of thinking over the last three centuries. These concepts are particularly associated with the development of government initiatives to manage and control populations, the advent of prevention in the field of medicine and efforts to predict human behaviour using mathematical models.

These concepts took on their initial meaning within the structuralist perspective that has largely dominated the advancement of knowledge in the human and social sciences in general, and particularly the study of family and child development. According to structuralism, it is the relationships between behaviours and the facts/events that make up the life of individuals or groups (families, for example) that constitute the main objects of knowledge. Other perspectives that approach or problematize the study of the family and the development of individuals in a different manner have enhanced our understanding of situations of risk and resilience. Here it is important to note the relevant contribution of the phenomenological (or experiential) approach that focuses on the experience that individuals may have when they are exposed to these facts/events or when they display the kinds of behaviours focused on in structuralist research. There has been little integration of the knowledge gained from these two perspectives and at times they have even been described as contradictory.

The objective of the present paper is to compare and propose an integration of these two conceptual perspectives, structuralist and phenomenological, of psychosocial risk. It is based on the hypothesis that the segregation of knowledge about the family and the psychosocial development of individuals acquired from these two approaches interferes with the development and deployment of coherent actions aimed at bringing about changes on both the individual and collective levels. The first section of the paper defines the concepts of risk, vulnerability, protection and resilience from the structuralist standpoint and brings out the strengths and limitations of these definitions. The second section describes the concepts of experience of vulnerability and experience of resilience from the phenomenological perspective and addresses the strengths and limitations of these concepts. The last section of the paper proposes an

integrating model designed to think through and develop actions aimed at promoting the health and welfare of individuals and families, prevention of the problems associated with conditions of psychosocial risk, and interventions to counter the proven effects of these conditions.

RISK, VULNERABILITY, PROTECTION AND RESILIENCE

Over the past decade, the concepts of risk, vulnerability, protection and resilience have taken on clear-cut meanings within the structuralist perspective. These concepts have been the subject of a multitude of studies on child development and psychopathology.¹⁻⁵ Based on this empirical research, the concepts are briefly described below.

Risk

Risk is defined as that which predisposes an individual or a group (a family, for example) to a negative or undesirable event/result in the future. It should be noted that the modern definition of risk is intended to go beyond a simple acknowledgement of the correlation between a particular event or circumstance and the presence of problems in the functioning of an individual or group. It is more a question of opening the black box of the processes and mechanisms that bring together a particular risk and a specific problem. In fact, in this context talking about risk means that two questions must be answered: "a risk of what exactly?" and "depending on what course of events?".

As they observed the differences between risk-based predictions and the actual results obtained by individuals researchers came to realize that three distinct occurrences were involved: Firstly, certain individuals exposed to a given risk will manifest a problem more frequently, earlier, longer or more severely than the average individual exposed to the same risk. Secondly, other individuals exposed to the same risk will not manifest a problem, or will manifest it to a lesser extent (less severely, less frequently or later) than the average individual exposed to risk. Thirdly, other individuals will not only not manifest the problem anticipated, but will develop behaviours that reinforce their functioning when they are exposed to risk. These three occurrences evoke vulnerability, protection and resilience.

Vulnerability

Vulnerability is defined as that which increases the probability (in terms of incidence, severity, duration,

etc.) of an individual or group developing a specific problem in the presence of a given risk. It is a factor or mechanism that interacts with the risk and in doing so accentuates the impact of that risk on the individual or group. Generally speaking, a vulnerability factor is not in itself a risk factor. For example, exposure to harsh parenting is an important risk factor in the development of aggressive behaviours in pre-school children.⁶ However, when exposed to this condition of risk, boys are more vulnerable than girls.⁷ They display aggressive behaviours more frequently and more intensely than girls.

Protection

A protection factor can be defined as that which decreases the probability (in terms of incidence, severity, duration, etc.) of an individual or group developing a specific problem in the presence of a given risk. Like vulnerability, it is a component that interacts with the risk, but instead of accentuating it moderates the impact of the condition of risk on the individual or group. It is important to emphasize that a protection factor is not just any condition that produces positive results in the functioning of individuals or groups regardless of conditions of risk. The protective nature of an element in the life of an individual or group manifests itself in the presence of risk. For example, studies have shown that social support acts as a protection factor, especially in situations where a parent is exposed to stressful events.⁸

Protection factors or mechanisms generally act in three specific ways.⁹ A combination of these actions can occur within the same factors. Firstly, protection mechanisms may act by decreasing an individual's or group's exposure to risk (for example, quality childcare services reduce the time a child spends with parents who have dysfunctional behaviour). Secondly, they may act by decreasing the impact that risk has on an individual or group (for example, the parent of a child who obtains failing grades at school acts in ways to reinforce the child's self-esteem in other areas of his/her life). Thirdly, protection mechanisms may act by enabling an individual or group to develop effective strategies for facing risk (for example, children who are physically abused in their family environment may learn to be attentive to other adults in a position of authority in order to win their approval and support).

Resilience

From the structuralist perspective, resilience is defined as that which increases the probability of a

specific positive result in the presence of a given risk. Resilience is, in fact, the term used to characterize the process and the result of the particular action involved in the third form of protection mechanism described earlier. Resilience must not be defined as the simple absence of negative results in the presence of a given condition of risk.¹⁰ It must emphasize the presence of positive developmental results in the functioning of an individual or group (for example, the presence of secure attachment relations with the mother for children living in extreme poverty and with a teenage mother).

Strengths and limitations of the structuralist approach to risk

Over the past fifty years, the concepts of risk, vulnerability, protection and resilience have led to an important advancement in knowledge that explains (or predicts) why certain individuals manifest a particular dysfunction relating to their health, development or psychosocial adaptation. More importantly, these concepts, particularly protection and resilience, have led to discussion of the question: "Why does an individual or group not become dysfunctional in the presence of a situation of risk?" In North America and Western Europe, this knowledge has influenced the creation and implementation of policies, intervention programs and professional practices aimed at improving objective living conditions and the behaviours of individuals and groups and at reinforcing their potential for action in the face of adversity.

There is, however, another trend in research and professional practice that explores vulnerability and resilience from a different perspective, namely the phenomenological or experiential approach.¹⁰⁻¹² Structuralists see risk in terms of taking an "objectifying" look at individuals or groups from the outside and run the risk (!) of misreading the nature of the potential and challenges that constitute the *experience* of vulnerability or resilience gone through by the individuals themselves.

Experience of vulnerability and resilience

From the phenomenological perspective, risk is viewed as an occurrence experienced by the individual. It involves taking a "subjectifying" look, i.e. one that focuses on the individual's experience in situations of vulnerability and resilience and on the relationship with self and others that risk generates in such situations. The experiential approach thus enhances our understanding of the "landscapes" of actions and identity of individuals in situations of vulnerability

and resilience. These experiences of vulnerability and resilience are described below.

The experience of vulnerability

From the experiential perspective, psychosocial vulnerability refers to situations in which the “rules of the game” are not (or no longer) clear and social norms are not (or no longer) coherent. Three related aspects form the basis for this incoherence.¹³

1. Deterioration of the landscapes of action and identity that leads to uncertainty and unpredictability. The social universe is not only perceived and experienced as being saturated with constraints, but to make things worse these constraints are unpredictable. It is difficult for individuals to predict the results of their actions and the reactions of others, resulting in a profound loss of confidence. Each action taken becomes *risky* as to the results that will follow.

2. A dissipation of applicable and mobilizable resources that results in the individual experiencing an absence of resources adapted to each new event or context and experiencing an absence of resources that are immediately mobilizable prior to taking an action.

3. The impossibility of acting **on** the actual situation or context in order to change it. The individual becomes a prisoner of the “game” in which he/she is participating and does not have the power to change the rules.

Thus, the experience of vulnerability does not imply that it is impossible to act *in* the situation (or psychological or social paralysis), but rather weak action, a relationship to time, space, and social and symbolic worlds that is confined or restricted.¹³ Over and above a state of stress, lack (of capacity, of acknowledgement, of feedback, etc.) and suffering on the physiological, psychological or social level, the ability of individuals to act in situations of vulnerability entails three distinct processes: “local knowledge” that enables them to survive adverse conditions, to organize their life and to make the most of the resources available; physical, psychological and social efforts to actively deal with the stress, lack and suffering; and efforts to remove themselves from an identity saturated with the situation of vulnerability and to develop an identity that is coherent with values that are buried and kept out of range of scenarios of vulnerability. All experiences of vulnerability therefore presuppose the active presence of behaviours for adjusting and adapting to adversity. Individuals learn to “work around” difficult circumstances, to come up with little

ways of dealing with constraints (do-it-yourself, ingenuity, cunning) and even sometimes to “work against” difficult situations, i.e. to not bend, to not back down in the face of adversity (resistance, rage).¹³

The problem with “working around” and “working against” behaviours is that the internal or external resources that they mobilize are wasted away in the actual situation. Everything is consumed, there is nothing left. It’s back to square one for each new situation. Individuals simply become more skilful in using the same methods (local knowledge).

The experience of resilience

From the phenomenological standpoint, resilience is necessarily something else (or something more) than a simple adjustment or simple adaptation to adversity. This adjustment or adaptation to adversity is an integral part of an experience of vulnerability without resilience. The experiential approach says that situations of resilience refer to the *coupling* of the three action processes involved in the situations of vulnerability described earlier and certain conditions in the person’s or group’s immediate environment that enable their efforts to be recognized, validated, reinforced and reinterpreted. In fact, experiences of resilience comprise a form of relationship with the environment and with oneself. They imply that the person is now in the position to face up to the situation of adversity.

“Facing up to” implies a commitment in a posture of reflection that enables individuals to become involved in two processes that are fundamental to the experience of resilience. The first process is designed to develop a new narrative experience of themselves and of the conditions in which the experience occurs. It means that children, adolescents or adults, in verbalizing and constructing a “thick description” of their own history, their path through life and the means they have used to sustain and maintain their ability to take action. This new narrative experience facilitates the **conversion** (rather than a simple mobilization) of resources: a **revitalization** of latent and therefore untapped resources, a **rehabilitation** of resources that were discredited, set aside and therefore unused, and an **actualization** of previous resources so that they take on another meaning in a new context.¹³ Consequently, this initial process of resilience is necessarily identity-based.

The second process that is fundamental to the experience of resilience consists of the persons in a

situation of vulnerability developing a relationship with their own needs that enables them to articulate personal goals and projects and no longer simply deal with the adversity. Two levels of goals are possible in situations of resilience:

a) pulling through: this “pre-strategic” goal is part of the actual situation of vulnerability. It does not go beyond the situation. It involves the person getting past the problematic nature of the situation and giving it new meaning;

b) going elsewhere: this “strategic” goal depends on the person getting past the actual situation of vulnerability. It is linked to a true project (personal, family, etc.).

Strengths and limitations of the phenomenological approach to risk

The phenomenological perspective of risk problematizes practices designed to assist and support individuals in situations of vulnerability by emphasizing the meaning of these practices for the individuals themselves. This approach supports the development of empowerment-based intervention models. It is therefore important to define what composes these experiences of vulnerability and resilience. The goal of the practices inherent in empowerment models is therefore to promote experiences of resilience in individuals or groups living in situations of vulnerability. The phenomenological perspective of risk has led to the development of programs and practices that are focussed on individuals or families and their strengths and needs rather than on health professionals and the services they offer.

One limitation of the phenomenological approach is that it does not adequately take into account the objective conditions in which psychosocially vulnerable individuals find themselves. That fact that it does not properly address the context that generates the vulnerability can result in an over-estimation of the ability of individuals to act and an underestimation of the impact of extra-individual factors on the formation and development of their subjective experiences.

Integration of the two approaches

Integration of the structuralist and phenomenological approaches to risk would provide a key conceptual framework for developing policy, programmes AND professional practices designed for individuals or families living in psychosocially at-risk

situations. The *structural* approach to risk would incorporate the objective reality of these persons and families: the constraints, lack (of support, of resources, of education, etc.) abuse, deficits, consequences, sequelae and costs, but also the resources, courage and strengths at work. It would also address (individually and collectively) the reality that there is a socially unequal distribution of resources and risks and that the propensity to be exposed and trapped in situations of vulnerability is not the same for everyone. Certain individuals in a community are exposed to a greater extent.¹⁴ The structuralist approach would give rise to policies and programmes and consequently planning and implementation of socio-political and community actions aimed at improving the objective reality of these families (for example, better access to housing, health services, education, employment, work/family reconciliation, etc.). It is ultimately within the structuralist approach to risk that one can scientifically demonstrate the validity of fundamental values such as self-determination, participatory democracy and distributive justice. It provides a basis for the operative nature of these values.

When referring to the structuralist approach to risk, the main audience we are addressing is not the actual individuals in at-risk situations, but persons who, because of their position in society, can make a difference in the lives of vulnerable families (politicians, public decision-makers, community leaders, the media, researchers, etc.). The main pitfalls of the structural approach to risk are the distancing of health professionals and the objectivation of vulnerable individuals. These two elements can easily drive intervention (or specifically, professional practices) to become focused on the administration and management of risk rather than on providing help to vulnerable individuals.

In a conceptual integration of the two perspectives, the phenomenological approach to situations of risk would deal precisely with understanding how health professionals can become relevant for these families. It is based on that form of experiential understanding that practices must be developed aimed at reaching and assisting these families. According to the phenomenological approach, such assistance would, for example, translate into paying particular attention to the manner in which health professionals converse with vulnerable individuals: conversations that focus on the externalization or contextualization of the multiple problems these individuals encounter (the problem is

the problem!) rather than conversations focussed on the internalization or personalization of problems (the problem is the person!). The phenomenological approach to risk also brings out the “political” aspects of professional help: the authentication and joint construction of a parent/child identity that is “problem-saturated”, the normalization of conducts as an implicit objective of most professional practices aimed at families and the more or less involuntary participation of health professionals in the very social mechanisms that dispossess, subjugate or oppress individuals living in a situation of vulnerability.

CONCLUSION: AVENUES FOR INTERVENTION

In order to enhance aid and support for at-risk families, health professionals are faced with, at the very least, three challenges: 1) direct actions that target the families themselves and their individual members designed to support their efforts not to adapt but to get past their situation of vulnerability. This does not simply mean helping families to “work around” or “work against” the situation, but rather to face up to the adverse conditions that plague them. It means developing and reinforcing the power of these individuals and families to take action; 2) actions that target local communities that represent the pool of potential resources available to families so that they can properly carry out their primary *raison d'être*, i.e. to provide an environment aimed at meeting the primary and developmental needs of its members. This means developing and reinforcing the power of communities to take actions by facilitating community organization and the development of social networks; 3) actions that target the socio-political structures that contribute to creating conditions of vulnerability for families and their members. This means viewing social development not merely from the standpoint of the relationship between the State and its citizens, but also in terms of the social ties between the citizens themselves (that is, non mediatized by State intervention). In fact, many of the socio-political structures that contribute to weakening individuals and groups are not associated with direct intervention of the State (even though the State may nevertheless play a role in changing such structures). It is no coincidence that the most vulnerable members of society are children, women and the elderly. The nature of the relationships between men and women, adults and children, and adults and their elderly parents plays an important role in the generation of vulnerabilities.

It is practically impossible for a health professional to act alone in the face of these three challenges. That is why intervention in (and for) at-risk families must be thought through as a “process of collectively distributed intelligence”. One of the greatest obstacles in developing effective policies, program and practices for psychosocially at-risk families is the isolation of those who are seeking to help these families. Conditions of isolation among caregivers such as social service or health professionals gives rise to situations involving stress, lack and suffering that, while not as intense, resemble those experienced by the vulnerable families. Such isolation also results in reactions that lead professional helpers to define the needs of vulnerable families essentially in terms of what they are able (or have the mandate) to provide in responding to those needs.

Lastly, aid to vulnerable families should be based on an ethical reflection on the role that professionals (including researchers) should play in assisting such families. There has always been “politics of help” (as well as “politics of knowledge”) based on the ability of a society to perceive these chains of suffering and misfortune and then take action. One can legitimately ask the following question: what role do professionals (and researchers) play in the “concealment” of social misery and distress rather than actually transforming these realities?

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