Received: 12 August 2023 | Accepted: 21 August 2023

DOI: 10.1111/inm.13220

International Journal of Mental Health Nursing

COMMENTARY

The problem with resilience

Jane Fisher | **Emma Jones**

University of Central Lancashire, Preston, UK

Correspondence
Jane Fisher, School of Nursing and Midwifery, University of Central Lancashire, Brook Building, Preston PR1 2HE, UK.
Email: jfisher9@uclan.ac.uk

Abstract

The term 'resilience' has become a fashionable buzzword infiltrating mental health services globally. This latest ad nauseam has become both an irritation and insult to service users and mental health professionals alike. We argue resilience is a flawed Western theory of suffering aligned with neoliberal ideology. It is a double-edged sword indiscriminately yielded at both service users and staff. This paper examines the origins and evolution of resilience, and how mental health services have morphed resilience into a meaningless slogan, causing iatrogenic harm. We call for mental health professionals to consider their use of language and the intended or unintentional meaning behind their choice of words.

KEYWORDS

lived experience, mental health services, neoliberalism, resilience

INTRODUCTION

Mental health services have cultivated their own set of problematic language, jargon, phrases and buzzwords. Timms (2017) argues that when mental health services adopt words and phrases, their meaning starts to dissolve. He terms (Timms, 2017) weasel words that carry covert meanings, or overtones of meaning intended to confuse. We propose that resilience is such a weasel word. Such terms are used because of their novelty and lack of clear definition. Language use and choice of words in clinical practice and documentation can be toxic and cause iatrogenic harm. Here, we explore some key concerns over the use of the term *resilience* in mental health care.

RESILIENCE AS A HISTORICAL CONCEPT

Resilience did not begin its existence within mental health services. The word resilient is derived from the Latin word 'resilier' meaning to rebound or spring back. It has undergone substantial lexical evolutions over time; however, the Latin root continues to inform the core essence of the term. In its early usage, resilience was primarily used in the context of engineering to describe the structure of materials. Resilience subsequently underwent a semantic shift, transcending disciplinary boundaries. It gained usage in ecology, social sciences, politics and more recently psychology. The current dictionary definition describes a power or ability to recover from, or bounce back, from adversity. It describes returning to the original form after being compressed, damaged or stretched (Oxford English Dictionary & 'resilience', n.d.). At face value, resilience seems a benign and innocuous phrase. One may agree that elastic has an impressive ability to spring back into shape. How has elasticity devolved into a contentious assault on mental health service users and staff?

RESILIENCE AS APPLIED TO MENTAL HEALTH

When resilience refers to individuals suffering from extreme distress and turmoil, rather than the plight of inanimate materials, the phrase morphs into something decidedly more uncomfortable and sinister. Within the context of mental health care, resilience is posited as adapting well in the face of adversity, trauma or significant sources of stress (Schwarz, 2018). However, its exact meaning remains elusive, with no fully agreed definition. Foster et al. (2019) argues it is not clearly defined in the evidence base regarding its use for people accessing mental health services. When a

concept is vague, robust research is problematic. In addition, it is difficult to explain to service users what even resilience is. This makes it even more abstract and mysterious. An elusive elixir marketed as a cure all for mental illness and an all-round solution to a happy life.

RESILIENCE AS A CHARACTER TRAIT

Schwarz (2018) proposes that resilience has developed in response to positive psychology. The movement marketed qualities such as resilience, as positive character traits to counter the impact of adversity. Not without criticism, this global concept that happiness and suffering are found within us has infiltrated mental health services. Service users are increasingly hearing the word 'resilience' endorsed as a weapon against mental illness, or armour protecting one from further incidents of illness.

Viewing resilience as a positive character trait is problematic. Resilience has been construed to direct blame upon individuals, rather than powerful social or political forces. It represents a shift from accepting that mental illness is multifaceted with no one clear ontological cause. When mental strength is viewed as originating within an individual, any external sources of oppression or suffering are excused or disregarded.

RESILIENCE AS A NEOLIBERAL IDEOLOGY

By empathizing personal strengths and internal resources, the dominant discourse around resilience places the responsibility of 'recovery' (another weasel word) with the individual. This aligns with neoliberal ideologies, which promotes individualism and self-reliance. The intersection of resilience, neoliberal ideology and mental health is complex and multifaceted much beyond the remit of this paper. However, when emphasis and value are placed on individualism and independence, it leads to reduced social safety nets. Resilience is seen as something akin to a personal strength, or a positive character trait. It excuses structural causes of distress.

For people living with severe and enduing mental illness, being told they must be resilient, or more resilient is both insensitive and damaging, with the potential to cause iatrogenic harm (Kingsmith, 2022). Service users, and psychiatric survivors, have crafted a vast and rich literature detailing their contention of the concept. Many more lived experience accounts are available which we encourage readers to access. When people are told they 'need to be more resilient', it minimizes a multitude of complex external factors such as poverty and interpersonal relationships. It displaces blame onto the individual, ignoring any factors contributing to mental health challenges that are outside someone's control.

RESILIENCE AS A WESTERN CONCEPT

A further criticism of resilience surrounds it being a Euro-American theory, not readily transferable to other cultures. Resilience is predominantly a Western construct, not sensitive to cultural factors (Dhar & Dixit, 2022). The criteria for determining what constitutes resilience are ethnocentric. They are biased towards Western and individualistic perspectives and values. The dominant discourse surrounding resilience overlooks the diverse cultural and contextual factors that influence adversity.

The Western concept of resilience assumes a tacit universal understanding of adversity and strength. This disregards cultural nuances and diverse perspectives and reinforces ethnocentric biases. We by no means claim to understand the unique intersectionality between mental illness, race and culture. Nevertheless, we do wish to draw attention to this significant criticism of Western resilience.

RESILIENCE AS A MEANINGLESS SLOGAN

Despite no one agreeing on a clear definition of resilience, we have already established that meanings evolve around concepts such as 'bouncing back'. This is a questionable and problematic concept to apply to mental illness. Public campaigns around destigmatizing mental health challenges could potentially be undone by telling people with mental illness to 'bounce back'. One may argue this has damaging undertones of 'get over it'. This minimizes severe and enduring mental illness to something that one should be able to easily bounce back from. For people living with mental health challenges, this is a dangerous rhetoric to hear.

RESILIENCE FROM A PERSONAL PERSPECTIVE

Personally, I (Jane) have been sold resilience as a cure all elixir. I have been advised by mental health services to develop more resilience to manage mental health challenges. I have a care plan stating my goal is to acquire resilience to prevent relapse of mental illness. Ignoring the thorny issue of whose goal this may be, mine or mental health services, it begs the question of how this may be achieved? Services remain somewhat elusive about how I can develop such resilience. It has been presented as a character trait that I should have. This gives evidence to the intangibility of the concept. The term is a buzzword, meaninglessly spouted by (hopefully well meaning) mental health professionals. Based on my (Jane) personal lived experience of severe and enduring mental illness, the strength and courage required to survive is irreducible to such a trite slogan.

RESILIENCE AS A DOUBLE EDGED SWORD

There is an additional irony to mental health services adoption of the term resilience. It is a double-edged sword yielded at both service users and mental health professionals. Resilience, defined as the capacity to recover quickly from difficulties, is often seen as a desirable trait for nurses working in challenging environments. However, we voice our concern over the nature of using the term 'resilience' in mental health nursing, focussing on the tendency to place the burden of resilience on individual nurses rather than addressing systemic issues within the profession.

Numerous studies have explored the notion of resilience in nursing, and they consistently recommend organizations to reduce stressors and provide adequate support for nurses (Delgado et al., 2022). However, despite these recommendations, there is a prevailing tendency to blame individual nurses for their lack of resilience. This blame places an unfair burden on the nurse to develop resilience without considering the impact of the work environment. It ignores that the responsibility for resilience should lie not only with the individual nurse but also with the organizations and systems that shape the working conditions.

Using the term 'resilience' in mental health nursing oversimplifies the complexities of the profession and places an undue burden on individual nurses. It is essential to recognize that the responsibility for resilience lies not only with the nurse but also with the organizations and systems that shape the work environment. To truly support mental health nurses, it is crucial to proactively reduce stressors, increase support and create healthier and more sustainable working conditions. By addressing the systemic issues and providing adequate resources and support, we can create an environment where nurses can thrive and deliver the highest quality of care to patients.

RESILIENCE AND THE FUTURE

Buzzwords or jargon are taught to student mental health nurses and newcomers into the field. They are adopted as part of the language, and the use of this language signifies belonging to the profession. Timms (2017) states that the new (students and members of staff) feel a need to use language to be an authentic part of the profession. This ensures the longevity of such idiosyncratic use of language.

There are alternative options to the word resilience. However, ad nauseums, such as resilience, merely reflect the underlying systemic attitudes of mental health services. These are not going to be easily overhauled by the giving a new word to the same underlying concepts associated with resilience. The notion of self-responsibility and neoliberal values will merely be disguised under another term.

Mental health services have a history of turning innocent and benign words into overused cliches, for example the term 'recovery'. (see Recovery in the Bin movement). It is our argument that resilience has now reached this status as the latest buzzword or cliché. Both overused and devalued by mental health services, it has become a weapon to add further hurt and distress to service users, and staff. Whatever the alternative language is for resilience, this too will be at risk of corruption and misuse. According to Timms (2017), new words will simply turn into jargon, or 'weasel words'.

RESILIENCE AS A CALL FOR ACTION

Mental health professionals need to be self-reflective and self-aware of the use of language. By paying attention to language, communication can be more meaningful (Timms, 2017). We ask those who support people in mental healthcare settings or services to question their use of the term *resilience*. Ask yourself: for whose benefit is the term being used? What implications may using the term have on the person? Have you clearly defined what you mean by *resilience?* Is another word/ phrasing more person-centred? Have you considered what term/ phrasing the person would prefer? What exactly do we mean when we use the term resilience? Are we referring to courage? Or bravery? Are we acknowledging the devastating impact of external factors beyond someone's control, and their ability to continue living?

RESILIENCE AS A REVOLUTION

We have established that resilience is a double-edged sword, yielded at both service users and professionals alike. It is a weasel word deserving of a place in Timm's Devils Dictionary for mental health (Timms, 2017). It is predominantly a Western concept, not sensitive to cultural factors (Dhar & Dixit, 2022). It masquerades as a meaningless slogan, deviant of any true reflection of strength and courage. It negates social and political structures from their contribution to well-being (Kingsmith, 2022). We have argued that frontline mental health clinicians who are told they need to be resilient, are also damaged by the assumption of self-responsibility (Delgado et al., 2022).

If mental health professionals are offended by being told they need to be more resilient to survive in underfunded, under-resourced services, then they may begin to consider things from the perspective of service users. This is a call to reconsider use of language and adopt more clear communication, free from jargon and buzzwords. Perhaps this is also a call for frontline mental health professionals and service users to unite. Both

wounded by the impossible expectations of bouncing back from adversity in a society and system that promotes neoliberal ideologies and unrealistic expectations. This is a call for a revolution of language.

AUTHOR CONTRIBUTIONS

All authors listed meet the authorship criteria according to the latest guidelines of the International Committee of Medical Journal Editors, and all authors are in agreement with the manuscript.

ACKNOWLEDGEMENTS

None.

CONFLICT OF INTEREST STATEMENT

No conflicts of interest.

DATA AVAILABILITY STATEMENT

Data sharing not applicable to this article as no datasets were generated or analysed during the current study.

ORCID

Jane Fisher https://orcid.org/0000-0002-8422-1315
Emma Jones https://orcid.org/0000-0002-2153-2781

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How to cite this article: Fisher, J. & Jones, E. (2023) The problem with resilience. *International Journal of Mental Health Nursing*, 00, 1–4. Available from: https://doi.org/10.1111/inm.13220