Suffering, trauma, coping and resilience in life

Pierre Tap [1]

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This book is about the suffering experienced by older people and how they cope with it. In this chapter I would like to broaden the issues by discussing the *mental and social health processes that take place over the course of the entire life span.* I will focus more on psychological suffering but after showing its links with the body and social vulnerabilities.

Introduction

The many concepts used to describe and explain these processes are most often valid for the different phases of life: accidents or events, illnesses, experiences of loneliness, physical and psychological suffering, abuse, trauma, risks and protection, fear of death (of oneself or of others), stress, coping, resilience, social bonding (or 'reliance').

This implies an *effort to theorise* mental activities and behaviours, which are real, concrete, even if they are not always visible, observable. This effort is reflected in the way we clearly define and articulate some of the concepts listed.

Everyone agrees that life is a succession of happy and unhappy events, predictable or not, and that everyone appreciates them differently, according to

[1] Honorary Professor of Psychology (University of Toulouse-Jean Jaurès).

the classic metaphor of the same bottle, perceived as half empty by some or half full by others.

We will therefore have to take into account the effects of emotions and feelings (the "feeling"), the meaning attributed to life and time, the optimistic or pessimistic attitude towards the future, the importance given to self-care or the positive or negative role of people, close or more distant, on the values that the subject concerned adopts. All things that in our Laboratory[2] we called 'personalisation', i.e. the adapted and creative development of the person, and that many today call 'resilience'. Historically, we will return to this last notion, which has become a 'catch-all', in order to give it its proper value, either as 'resistance' or as 'resumption of a type of development' after a trauma and in adverse circumstances.

1. Psychological suffering".

Three themes are currently being debated and researched:

- The question of the "passage" from (physical) pain to psychological suffering, the question of their overlap or their differences, in the relationship to time and space;

- The debate about the origin and intertwining of the three types of suffering: a) "psychic suffering", b) "psychiatric" suffering, c) "social suffering";

- The place of the Other in the emergence and dynamics of psychological suffering.

1.1. From (physical) pain to psychological suffering

[2] Laboratory "Personnalisation et changements sociaux" which I co-directed and then directed between 1978 and 1994. University of Toulouse-Le Mirail (now Toulouse-Jean Jaurès).

Even among experts, the difference between pain and suffering is subject to discussion. Initially, pain was attributed to the somatic and suffering to the psychic (in the image of the body/soul or psyche dualism). Freud himself intervenes in this debate: "In whatever way philosophy sets about ignoring the abyss that separates the corporeal from the psychic, this abyss exists in our experience first and foremost and even more so in our practical efforts" (1926, The Question of Lay Analysis, reprinted in 1985, p. 134).

In terms of practical efforts, Fiorella Febo (2004) gives a significant example, based on research conducted with burn victims interviewed and tested at two different times: during their hospitalisation, i.e. when the physical pain was most intolerable, and one year after the fire accident. [3]

Another way of differentiating between pain and suffering is to associate the former with "**having pain**" and the latter with **"being in pain".** In academic work, it is said differently. Thus, Claude Cloës (2007) [4]writes "pain is attached to the register of having and suffering to the register of being. Suffering is a more general and complex phenomenon than pain' (p. 37). It would therefore be associated with **'ill-being'.**

Didier Anzieu rightly defined psychological suffering as "*a diffuse sensation of ill-being, a feeling of not inhabiting one's life, of seeing one's body and thought functioning from the outside, of being the spectator of something that is not one's own existence". Of* course, this notion of ill-being can be discussed. As Sarano (1965) rightly said, "Evil is not a being, it is a defect of being" (p.180). In other words, psychological suffering enters into a complex relationship with

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[3] "While people remain preoccupied with concerns about the physical body and its damage, *they hold on to positive thinking by making every effort not to be subjectively affected by what they are going through.* It seems to be a question of ensuring that physical reality does not 'contaminate' the psychic life. The emphasis is on a way of finding a way to restore oneself narcissistically and to keep the boundary between inside and outside watertight. (Fébo, 2004, 25-33)

[44] Interesting thesis in clinical and psychoanalytical psychology (University of Strasbourg), which we will discuss later in relation to the Other in psychological suffering.

feelings of identity through the effects of lack or loss. Paul Ricoeur (1994) proposes the expression "*I suffer, I am*" with the elimination of the "therefore" of the Cartesian expression "I think, therefore I am". "Between suffering and identity, there is a paradox: "On the one hand the self seems intensified in the vivid feeling of existing, or better in the feeling of existing vividly. "I suffer-I am"; no ergo as in the famous *cogito ergo sum*. Immediacy seems irremediable; no room for some Cartesian "methodical doubt". Reduced to the suffering self, I am a living wound"... He adds "Suffering touches, not the limits of the body, but the very limits of life" (p. 160)

According to him, the term *"pain" will be reserved "for affects felt as localised in particular organs of the body or in the whole body", while that of "suffering" will be reserved "for affects open to reflexivity, language, the relationship to oneself, the relationship to others, the relationship to meaning, to questioning"*. (1994, p.59) But he immediately evokes the necessary overlap between physical pain and psychological suffering: "pure, purely physical pain remains a borderline case, as is perhaps the suffering supposedly purely psychological, which rarely goes without some degree of somatisation.

Of course, many authors accentuate the overlap, if not the confusion. For example, Le Breton (2009) states that "Pain is not that of an organism, it is not confined to a fragment of the body or to a nerve pathway, it marks an individual and overflows towards his or her relationship with the world, it is therefore suffering. Pain before meaning does not exist because it would then have to be conceived without content, without a subject, a pure nervous phenomenon without an individual to experience it. There is no common measure between the degree of alteration of an organ or a function and the pain felt. [5]

[5] "The IASP (International Association for the Study of Pain) definition erases all ambiguity, overcoming dualism by making pain an unpleasant sensory and emotional experience associated with actual or potential tissue damage. This definition insists on the subject's feelings, adopting his or her point of view and validating his or her words. *Pain is no longer just a sensation, but also an emotion, thus allowing the question of meaning*

1.2 Faced with "changes in society", the intertwining of three types of suffering: psychological, psychiatric and social.

Given the evolution of society and the changes in daily life, both public and private, many authors have come to show that psychological suffering is ultimately "social suffering". A 2001 ministerial report [6]entitled "From Psychiatry to Mental Health" indicates that 1 in 4 French people suffer from "mental disorders". The CREDS has observed *a 6-fold increase in the number of depressions declared in 30 years,* in both the public and private sectors.

This massive increase in depression (or psychological suffering) suggests an evolution in the nature of these disorders. Alain Ehrenberg shows that *'traditional' depressions* were characterised by a major conflict between individual desires and 'moral', family, 'class' or social prohibitions. *Modern" depressions* are characterised differently by three "defects": lack of a project, lack of motivation and energy, and lack of communication (which leads to the person concerned taking responsibility for these "internal" defects). The depressed person is in a way "the other side of our socialisation norms" (1998, whose conclusion ends with this image: "the deficient man and the compulsive man are the two faces of this Janus"). According to this author, we have switched from a society organised by discipline and obedience, by transgression and guilt, to a society organised by the cult of performance, the valorisation of autonomy, freedom and surpassing oneself. [7]

But the individual, torn between his spirit of conquest and his psychological suffering, will eventually use doping (addictions) to avoid narcissistic collapse.

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to emerge, and beyond that it is perception, i.e. the activity of deciphering oneself and not the transfer of a somatic alteration" (Le Breton 2004, 2009)

[66] Pielt & Roelandt (2001)

[77] The three books by A. Ehrenberg: "The Cult of Performance" (1991), "The Intertain Individual" (1995) and "Self-Fatigue" (1998) successively present the dimensions and processes at work in these changes.

The depressed person has "a very strong sensitivity to psychological suffering, of which depression and addiction are both symbols and prototypes". We have entered the "*culture of intimate unhappiness"* (Ehrenberg) and we should set up an anthropology of "afflictions" (Fassin, 2004b). The collapse mentioned would correspond to the defects of the four levels of efficiency proposed by Ricoeur in his book "Soi-même comme un autre" (1990): the impotence to say, to do, to tell oneself (to construct or reconstruct one's identity) and to value oneself.

This "mass vulnerability" becomes a political and cultural issue. Psychological suffering" is referred to as "a particular way of suffering through the social, of being affected in one's psychic being by one's being in society" (Fassin D. 2004a). We ourselves have undertaken research (Franco-Portuguese) on the supposed links between socio-economic insecurity and psychological vulnerability (Tap and Vasconcelos, 2004).

Should we talk about the "psychiatricisation of the social" or the "socialisation (public health) of psychiatry"? Should we make a distinction between psychiatric suffering (linked to a proven mental illness: psychosis, etc.) and psychological suffering? These questions remain very topical, including in relation to the elderly.

1.3. The Other in psychological suffering and the issues of passion.

In order to analyse suffering, Ricoeur proposes to take into account two orthogonal dimensions: the first is "**the act of doing**" insofar as suffering consists in the diminution of the power to act (Spinoza). The second concerns the "**relation between self and other**" or how "suffering is given jointly as an alteration of the relation to oneself and the relation to others" (1994).

Let us first note that "pâtir" means to undergo, to suffer, to experience, and that it then comes into consonance with "passions" (Gori, 2002, Cloès, 2007).

"Passio" means suffering and passions are affective states that trouble and torment the soul.

According to Levinas, suffering is a call for help, a call for consolation, a call for compassion (1994). "Suffering together" certainly, but not in the "alter ego" mode (the other as another self) but in the respect of its profound difference (otherness). The author proposes what is called the "ethics of suffering". But criticisms have been made about the ethical possibility in suffering. When suffering is extreme, the ego collapses, the subject experiences a "tear", in an "abyss", in a "disaster" with a total loss of meaning (Blanchot, 1980). There is an "indisposition in suffering", *the unbearable* excess that strikes us, the state that condemns us to *passivity*, and the reduction of the power to act to the point of *impotence.* How, in this situation, can the being **suffer with the other**, and even more, **suffer, be there for the other**? "I am not well, I am reduced to nothing and yet I have hope because I can welcome others? (Smadar Bustan, 2010). According to this author, the work on the ethics of suffering is based on the belief in the inexhaustible resources of man in his worst moments of incapacity.

In a more social orientation, Douville (2004) analyses "psychic suffering and the weight of the social". He prefers "suffering psyche" to "suffering psyche", i.e. "waiting for addressees and therefore for interpreters". (p.169). Psychic suffering involves the Other as a necessity. In suffering, it is the link to the Other (absent or lost) that must be questioned. "It is, more than at any other time, pegged to the social and the medical".

In "The Discontent in Culture" (1929, reprinted 2002), Freud mentions three sources of human suffering: our body, the external world (overpowering nature) and the relations between people (social suffering). Culture is a means of fighting against this suffering.

For clinicians, "Pain is only pain against a background of love, because psychic pain[8] is the pain of separation from the loved object. In fact, psychic pain is not caused by the loss of the beloved object but by the effects in itself of the absence" (Nasio, 1995, p.23). The author agrees with Freud who wrote "We are never so badly protected against suffering as when we love" (1929).

For Cloès (2007), psychological suffering becomes a "suffering of existence", a true passion of being. "The Other would be chosen as an object of passion for the suffering subject and the psychological suffering referred to another borrowing a passionate logic' (e.g. the mother in relation to her child: it would be too much love that would make her suffer). The examples of therapy presented by this author would have in common the following three observations: 1. the excess of psychic suffering[9], 2. the exclusive presence of another as the cause of the suffering, 3. the repetition of this discourse as a sign of the jouissance at work. (p. 363). Of course, this logic of passion (e.g. in Gori, 2002) uses the three passion figures proposed by Lacan: love versus hate with the phase of *hainamoration*, and ignorance (Lacan, 1994).

2. Psychological trauma. [10]

Psychological trauma (or psycho-trauma) is the psychological process caused by a dramatically experienced event or by any form of violence experienced physically and morally. The Greek word "traumatismos" means "the action of hurting". It implies the 'transmission of a shock exerted by an external agent on the psyche, causing psychopathological disturbances (transitory or definitive)' (Crocq, 2012, p. 273). The author adds that trauma should not be confused with either the agent that provoked it or its after-effects (traumatic neurosis, for

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8 The term "psychic pain" used by Freud is to be taken here in the sense of "psychic suffering".

9 "Suffering is not limited to being, but to being in excess. To suffer is always to suffer too much" (Ricoeur, 1994, p. 68)

10[10] There are of course physical traumas (e.g. spinal, thoracic, abdominal, pancreatic, etc.). I will limit myself to psycho-traumas.

example). [11]

In fact, it is not so much the characteristics of the potentially traumatic event that constitute the trauma, by its exceptional, sudden, violent, life-threatening, physical or mental integrity aspect, but it is 'the lived experience of fear, horror, powerlessness, absence of help in an *unexpected confrontation with the reality of death'* (Crocq, 1999, 2012). Drawing on the phenomenological vision of Claude Barrois (1988, 1998), Crocq analyses the clinical experience, the upheaval of the being, the radical change in personality, the profound alteration of temporality, the impossibility of attributing meaning to things and even an experience of meaninglessness including the feeling of the nothingness of origins and the nothingness of tomorrows, after this real 'return from hell' (Crocq, 2000).

With regard to the diversity of traumas, there are two ways of classifying them:

2.1. The nature of the acts that produced the trauma :

Three categories of acts or events have been defined:

a. loss of a loved one, rape, sexual abuse, bullying, domestic violence, indoctrination, alcohol victimisation;
b. wars and other mass violence, earthquakes, volcanic eruptions, tsunamis ;
c. socio-economic vulnerabilities and their effects: poverty, verbal abuse, humiliation.

2.2. The two types of trauma

Terr (1981, 1991) proposed to differentiate two types of "psycho-traumatic

[11][11] The traumatic theory of hysteria is due to Charcot. Freud adopted it. Then he mentioned the fact that in some cases the (potentially traumatic) event could have been the result of a fantasy. We will not enter into this debate.

disorders" in children. The proposed distinction seems to have been adopted for adults of all ages as well.

Type I trauma occurs as a result of a *single*, sudden, unexpected, dangerous, short-term *event* (crime, rape, accident, tsunami, etc.)

Type II trauma occurs as a result of *repeated or sustained deleterious events, intentionally inflicted through abuse.*

But De Tychey and Lighezzolo-Alnot (2012) point out that according to the DSM IV[12], *a traumatic event only occurs if the person is 'the object of, or direct witness to, a threat to life or physical harm or threat, and if he or she experienced fear, helplessness, horror, or dread in this situation*' (p. 294). (p. 294).

Trauma, like psychological suffering, can be presented as a symptom of today's society and culture. This is particularly the case of Claude Barrois' intervention in the Revue Francophone du Stress et du Trauma (2010).

How do individuals, their families and the health services react after such events?

3. Coping and Resilience

I had the opportunity to hear (or read) that the model based on stress concepts and coping tactics or strategies had been abandoned in favour of the resilient model! Having worked and had many researchers work on these concepts for years, I of course reacted emotionally, but it did not become a traumatic event! It is only necessary to react to inaccurate statements!

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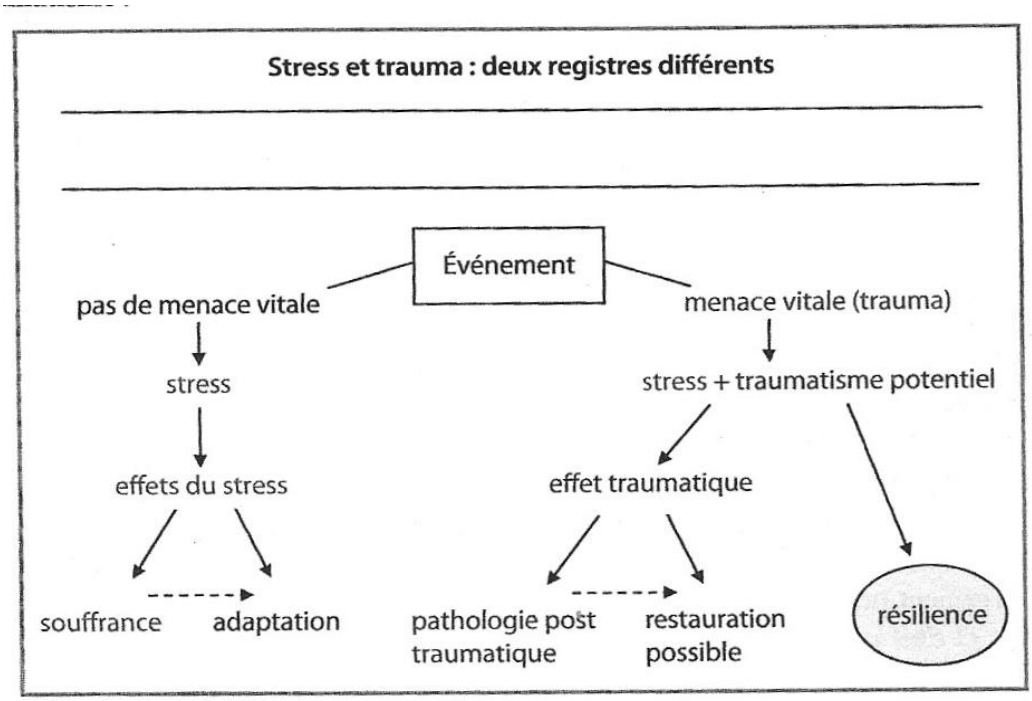
[12] DSM IV (-TR) Diagnostic and Statistical Manual of Mental Disorders (1994-2000) American Psychiatric Association Masson.
French psychiatrists have often been very critical of the concept of "Post Traumatic Stress Disorders" as proposed by the Americans in the DSM IV and ICD 10. This was particularly the case of Claude Barrois (1996).

Coping strategies have an adaptive function on individual (or collective) behaviour. From the outset, it is necessary to agree on **adaptation** (Tarquinio and Spitz, 2012; Tap and Sordes-Ader, 2012). "The term "adaptation" is not to be limited to the necessities of taking into account external conditions and pressures and transforming oneself accordingly (cf. Piaget: *accommodating* = conforming, imitating, transforming oneself according to contexts). It also implies the reverse possibility of acting and transforming these conditions or fighting against these pressures (*assimilate* = transform the environment according to internal schemas and projects), (Tap and Vinay, 2000, p.117).

To move forward through this historical review, I will use the diagram proposed by De Tychey and Lighezzolo-Alnot (op.cit.) (figure 1)



(Coping/Defences) Both resiliencies? ***(I add!)***

Figure 1: Difference between stressful and traumatic episodes, after De Tychey and Lighezzolo-Alnot (2012, p. 294).

We can thus highlight three different registers in terms of psychological suffering, stress and trauma:

a) The *"stressors, stress and coping" model,* which we will present in parallel with the psychoanalytical model of *ego defence mechanisms*[13], to explain the dynamics by which the individual reacts to stressful situations but which do not involve a vital threat, and which therefore concern most people.

b) The *resilience model associated with the 'risk, protection and resilience' trilogy*, with two variants:

- *Fluid resilience*. The individual 'holds on' in a difficult situation, despite having undergone a potentially traumatic event.

- *Resilience lasts*. The individual, faced with the same type of event, "falls but bounces back" (Tap, 2010)

In 1998, I spoke at the Fourth Biennial of Education and Training, at the invitation of Boris Cyrulnik[14] and Jean-Pierre Pourtois[15], about the relationship between the adolescent and his family. This intervention was enlarged and published, with the collaboration of Aubeline Vinay, specialist in attachment, in 2000[16]. In it we already present the two trilogies (coping and resilience) (p.133-140) according to the research undertaken at the time. But this subsequently allowed us to develop the effort to articulate coping, resilience, attachment, empowerment and personalisation, in multiple international collaborations, in

[13] Coping strategies are proposed by cognitive-behavioural therapists, while defence mechanisms are a basic psychoanalytical model. The former are therefore more focused on conscious and more or less controlled behaviours, whereas the latter are largely pre-conscious or unconscious.

[14][14] On this occasion, President of the Colloquium "Transdisciplinary views on parent-child relationships

[15][15] President of AIFREF (Association Internationale de Formation et de Recherche en Education Familiale).

[16][16] Tap, P. and Vinay, A. (2000) Dynamique des relations familiales et développement personnel à l'adolescence. In J.P. Pourtois and H. .Desmet Le parent éducateur. PUF. p. 87-157. See also Vinay, Esparbès-Pistre and Tap (2000)

particular with colleagues from Canada (8th AIFREF Congress, St Sauveur les Monts 2001), Belgium (Mons, Liège) and Italy (Padua, Milan, Bologna).

4. Coping with stress (coping) without life threatening situations

A great deal of research has been undertaken on stress and coping[17], since Lazarus' first proposals in 1966. The concept was defined by Lazarus and Folkman (1984) as "the set of cognitive and behavioural efforts to cope with specific external and/or internal demands (requirements) that are assessed as taxing or exceeding the person's resources" (and thus causing stress). Initially, two "coping strategies" were identified: l. The *strategy focused on the emotion*, on the stress provoked by the event; 2. The *strategy focused on the event* and aimed at *solving the problem* between the subject and the environment. Other strategies were then uncovered and studied: active coping, planning, suppression of competitive activities, seeking social support (help) at the instrumental (practical) or emotional level, disengagement (behavioural or emotional), positive reinterpretation, denial, acceptance to avoid resignation, conversion. All these strategies are active until old age.

Our team has developed the Toulouse Coping Scale (Tap et al. 1996, Sordes-Ader et al. 1997, etc.)[18], which analyses the interaction between three fields of behaviour (action, information, emotion) and reveals four differentiated strategies: 1. *Control* (through action, information, emotions); 2. *Withdrawal* (behavioural and social withdrawal, withdrawal into the imagination, conversions, emotional invasion, expressive alexithymia[19], addictiveness); 3. *Social support* (distractive cooperation, informational support, emotional support); 4. *Refusal* (withdrawal, retention/resignation, mental

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[17][17] In popular English, to cope (with) is similar to the popular French expression "système D" ("savoir se débrouiller")

[18][18] see www.pierretap.com n° 111b, 111c, 112, 126, 127b, 140, 149, 152b,

[19][19] a-lexi-thymia: not being able to "read" one's own emotions (thymias) and having difficulty expressing them.

withdrawal/denial, numbing alexithymia, humour)[20]. After an adolescent version, studies are undertaken in adults of all ages.

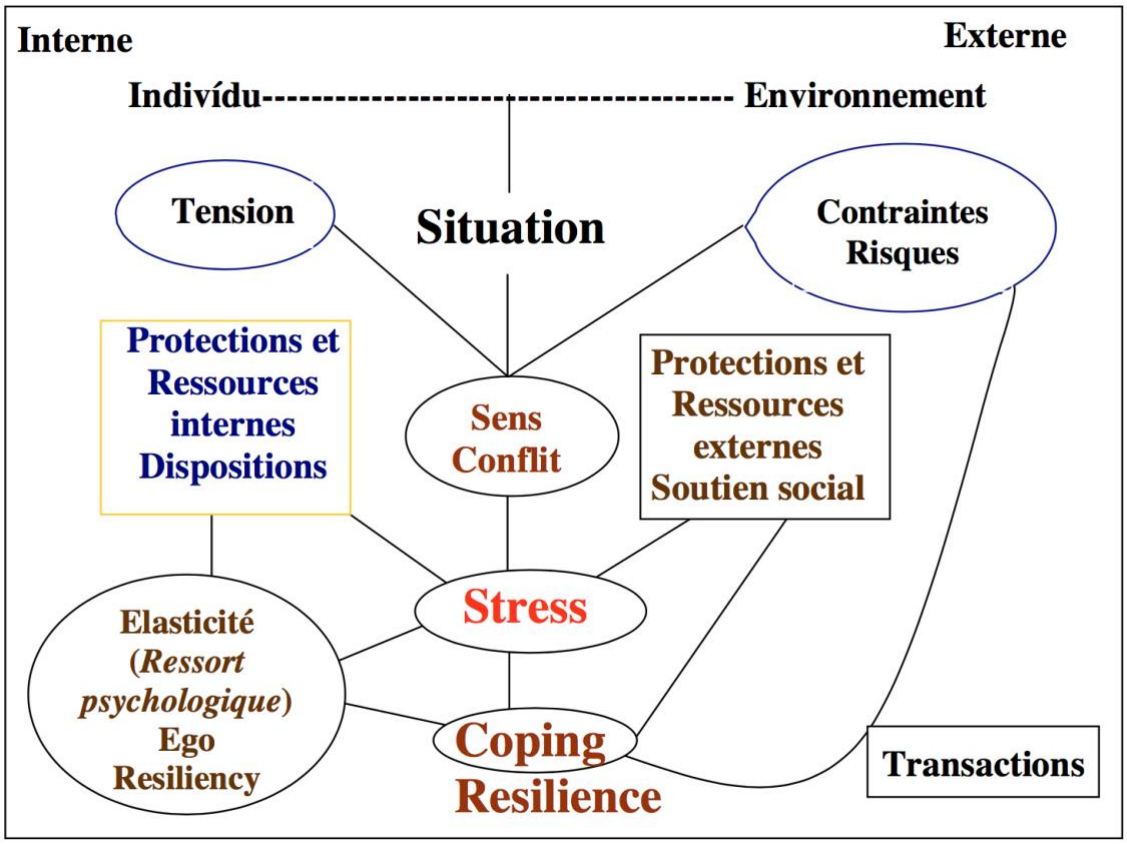

Figure 2. Internal and external risks and safeguards in stress/coping/resilience

There is only real stress insofar as the situation in question is meaningful for the person, particularly if it causes a conflict due to the strength of the risks and the weakness of the individual's (internal or internal) protections and capacities. Furthermore, coping can only be implemented in relation to other people in transactions and negotiations. These processes can be more or less fluid, elastic and facilitate the resolution of problems. On the other hand, it can be blocked by the rigidity of the processes involved. Whether there is an "internal resiliency", as Gustave Fisher (1994) puts it, or an "ego resiliency" (Block and Block, 1980) is still open to debate. These authors use the 'internal' capacities of 'permeability'

[20][20] The scale has been validated in Portugal: Tap, Costa, Alves (2005)

and 'elasticity' (proposed by Lewin, 1959) to justify these notions.

The major difficulty with coping models is that the process analysed is limited in time, associated with situations that are also limited and specific. It is therefore important to carry out longitudinal research in order to verify whether the coping strategies uncovered are of a lasting or temporary nature, and whether they evolve from one phase of life to another.

"Few models have sought to describe the processes of coping change in a developmental approach. To our knowledge only three models have attempted to explain what this evolution might be" (Lemétayer and Nader-Grosbois, 2012, p.114).

These three models are

1. Kenny's (2000) *transgenerational model*, which places importance on the influence of others on the child's coping (attachment, early social interactions that can be passed on to future generations);

2. Skinner and Zimmer-Gembeck's (2007) *model of multilevel coping* proposes three types of coping referred to as three levels of developmental complexity: interactional (real-time), episodic (stressful) and adaptive (long-term).

3. *The coping model of resilience* is based on the notion of *successful development* [21] during stressful situations, proposed by Leipold and Greve (2009). Successful development refers to the ability to cope over time (life span), whereas coping is the ability to cope in a given situation in the short term. Resilience would allow the transition from coping to successful development.

5. **Ego defence mechanisms without vital threat**

The cognitive-behavioural concept of stress/coping is often contrasted with

[21] The notion of 'successful development' (close to the more general resilience) was proposed by Baltes and Smith (2003)

the psychoanalytic concept of defence mechanisms. However, efforts have been made on both sides to make the link between conscious strategies and the unconscious processes that accompany them.

Defence mechanisms are "*unconscious psychic processes* aimed at reducing or cancelling the unpleasant effects of dangers, real or imagined, by reshaping internal and/or external realities" (Ionescu et al. 1997, p. 27).

Henri Chabrol's team in Toulouse[22] has been interested in the adaptive functions of these mechanisms. Of course, Ana Freud (1936) referred above all to their function of defence against the 'drives'. It is necessary to prevent the impulse from becoming conscious. The symptom appears when the defence fails. Every symptom is the conflicting product, the compromise between drive and defence.

But as Laplanche and Pontalis (1967, p. 108) state, these mechanisms have the function of suppressing *anything that might endanger the integrity and constancy of the individual'.* DSM IV defines ego defences as 'automatic psychological processes that protect the individual from anxiety or awareness *of dangers or stressors, internal or external'* (1994, p. 751, cited in Chabrol et *al.* 2012).

The relevance of the classification of mechanisms into three categories (mature, intermediate or neurotic and immature defences) has been questioned in favour of a continuum from the most immature to the most mature defences. We will not discuss the 7 levels proposed by the DSM IV, but only

a. the most adaptive mechanisms (level 1): anticipation, affiliation, altruism, humour, self-assertion, self-observation, sublimation-repression. affiliation (recourse to others).
b. the most immature mechanisms (neurotic, other levels): idealisation, depreciation, omnipotence, narcissistic defences, denial, projection,

2222 Chabrol et *al (2012);* Chabrol and Callahan (2004).

rationalisation, cleavage, acting out, apathetic withdrawal.

Of course, the use of a defence mechanism depends on the context and the state of the person at a given moment. It can therefore sometimes become negative, even if it is supposed to be mature, and conversely be more positive, even immature, under certain other conditions (Chabrol and Callahan, 2004).

"Defence mechanisms and coping are complementary and constitute a major component of psychological functioning and an important dimension of personality. When they are mutually dysfunctional, when they contribute significantly to suffering, their joint consideration becomes necessary (Chabrol et al. 2012, p.140).

6. What is resilience?

At first, many authors were sceptical: is resilience a myth or a reality? (Manciaux, 1998). I also wondered.
As I have shown elsewhere[23], 'to consider a child resilient implies first and foremost that he or she has experienced an *extreme situation, a high risk dysfunctional event, a* high stress *abuse* with generally disruptive effects' (Tap, 2010, p. 26).

But this child is by definition resilient only if he or she has been able to get through this situation, to survive this event without any disruptive effects on normal psychological development. So evoking his unusual 'resilience' does not exempt us from answering the question: 'what is normal development? (For him as for the 'non-resilient').

[2323] Tap, P. (2010) Abuse and resilience. Published by the Instituto Piaget (Lisbon) Aprendizagem Desenvolvimento, Volume X - N° 41-42 but written in 2004 (remained for a long time in typescript in my website www.pierretap.com) n° 298

In 1943, Bruno Bettelheim published an article entitled "Individual and Mass Behaviour in Extreme Situations", which was to be included in the book "Surviving and other essays" (1952), translated into French in 1979 ("Survivre"). In it, he recalls his years 1938-1939 in the camps of Dachau and Buchenwald... He specifies what is meant by "extreme situation" and "surviving" there!

Of course, 'there are sources of external violence that are inherently traumatic regardless of the subjectivity that is confronted with them (general breakthrough of a frightening affect)' (De Tychée & Lighezzolo-Alnot, 2012, p. 293).

As Michael Rutter remarked: "If Auchwitz had lasted six months longer, there would have been no (resilient) survivors left!

Many authors today talk about resilience for non-extreme events (without threat of death). For example, we need only read the Fondation pour l'enfance's book 'La résilience: le réalisme de l'espérance' (2001) or Lejeune's book 'Vieillissement et résilience' (2004). It becomes difficult to contrast resilient strategies with coping strategies, and processes of resistance with defence mechanisms. For example, Lecomte states: "It would be difficult to draw the line at which abuse begins. There are also misfortunes, "ordinary" suffering that is often chronic" (2004, p.27).

We can only agree! But why mention the 'resilience' of Emmy Werner's 'invulnerables'? She did not use the term for her children, but she did write: "Vulnerable but invincible"! (1982). On the other hand, Anthony and Cohen consider these children to be "invulnerable", in the title of their collective work in English! (1987).

Boris Cyrulnik presents this quest by Emmy Werner (and Ruth Smith)[24]: "Since 1955, Emmy has been following the fate of 698 children on an extremely disadvantaged Hawaiian island. Thirty years later, she found that children who, from the ages of 10 to 18, had been severely impaired physically, psychologically and, of course, socially, had, by the age of 30, been able to repair much of their damage" (2001). 30% of these children would be considered resilient.

7. Resilience: A 'resistance' or a 'rebound' after a fall?

So what is true 'resilience': that which 'holds up' or that which 'allows you to bounce back after a fall'?

Strangely enough, the term 'resilience' has two etymologies which correspond to the two processes described:

1. The word resilient, originally French, has come back to us in English. In metallurgy, resilience is the capacity of a material (steel in particular) to absorb energy when it is deformed by an impact (*resilientia*). But this material *"holds up"* and is apparently unchanged. This etymology helps to explain why Anthony, Chiland and Koupernik (1982) proposed the metaphor of the three dolls. "The subject is represented by a doll which can be made of glass, wool or paper; the aggression is represented by the fall, characterised by its intensity (height) and the quality of the ground (concrete or sand). The glass doll breaks, the woolen or rubber one deforms. The steel one (invulnerability) resists, even if it falls on concrete, provided that the height is not too high, (Tomkiewicz, 2001, p. 47).

[24] I specify Ruth Smith, co-author of the research with Emmy Werner and yet systematically forgotten by the media!

2. But the term comes from further back. In Latin, *resilio, resilire* means "to jump back, to bounce, to be pushed back, to spring up". The prefix "re" indicates repetition, resumption. To resiliate is to bounce back, to move forward, after having suffered a shock or a trauma. It is also to terminate (cancel) a contract with adversity" (Poilpot, 2001, p. 10)

Is it necessary to decide between the two versions of resilience: 'holding on' or 'falling and leaping'?

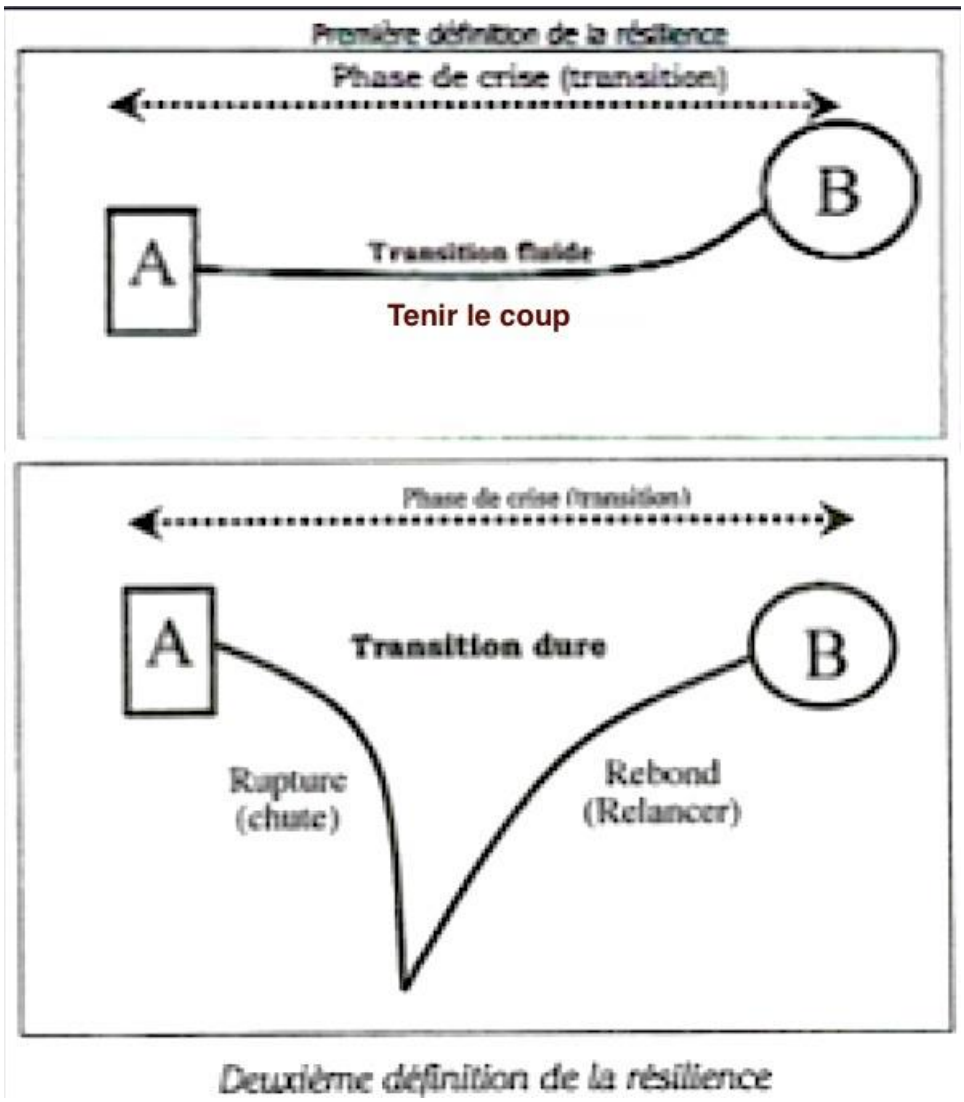

Figure 2 The two definitions of resilience (holding up/bouncing back) (Tap,

2010, pp.29-30).

Mancini and Bonano (2006) consider that there is a danger in confusing resilience with restoration (recovering normal functioning after a depression). On the contrary, General Crocq[25], a military doctor, considers that many people wrongly confuse resilience with resistance. He quotes Rutter (1985, 1993) according to whom the capacity of the human psyche is twofold: "either to resist a traumatic aggression (what could be called *primary resilience)* or, above all, to free oneself from the effects of a trauma in order to recover a *satisfactory balance* (*secondary resilience*). "In our opinion, only this secondary resilience deserves the name resilience with its implications of rebound. Primary resilience is not resilience because there has been no prior trauma: it is only resistance' (Crocq, 2012, p.280).

These major discrepancies require a closer analysis of the current notion of resilience with its two vectors of resistance/restoration-recovery.

8. The Paradox of Resilience Assessment: External Risks and Protections and the Intrinsic Design of Resilience.

In the context of mental health, the notion of 'resilience' has led to the calculation of people's situation in terms of 'risks' and 'protections', and the evaluation of the supposed 'weight' of each of these risks and protections. For example, for *the Canadian Mental Health Association, 15 risks and 17 protections were* selected.

Risks include: poverty, homelessness, unemployment, family mental health problems, drugs, alcohol, racism, mental or physical illness, low literacy, leaving care, *low self-esteem, anti-social behaviour*, neighbourhood crime[26].

2525 Specialist in post-traumatic debriefing and traumatic neurosis.

2626 We know how important and problematic 'psychosocial risks' (suicides of workers in their own workplace) have subsequently become, cf. Antunes (2010), Tap and Anton (2014)

Most of these risks are external.

Protections include problem-solving skills, good mental health, stable employment, stable housing, academic success, good social support, community involvement, good peer groups and friends, social service intervention. These protections are internal or external.

When the risks are high and the protections low, the child is likely to end up on the 'loser' side (sorry, the losers) ... except for a few, as we will show 20 years later by analysing what happened to these children as adults!

It is understandable that in the immediate future, Mental Health is classifying children as future winners or losers with the obvious danger of official stigmatisation!

The problem is complicated by the assumption that 'resisting' the weight of external 'risks' is fundamentally dependent on internal characteristics of children (especially when talking about Ego-resiliency... a trait for the miracle?!). Those who will make it will do so without any external help. The ones who are going to fall in, on the other hand, do not have the strength within themselves to get out of it (too bad for them?).

All this is, of course, open to discussion. As Cyrulnik (1999) reminds us, it doesn't take much for everything to fall apart, but all it takes is one point, one hand held out like a lifeline, to emerge, rebuild, regain a taste for life and hope again. Elsewhere, he adds, "These deficient children are so eager for identification that there is little that can be done to give them a line of development" (1998, p.74).

But what about development in resilience?

9. The drift of Resilience: from survival to personalisation and

recognition/notoriety

Stanislas Tomkiewicz (2001) has done a good job of analysing the progressive transformation of resilience on three levels

9.1. Survival and empowerment

The resilient is a "survivor" (avoiding the threat of death), coping in society autonomously, "without having been psychiatrized, imprisoned or assisted" (amoral/social behaviour). "A street child must know how to steal, run from the cops, even kill! (p.53).

9.2. *Build positively as a person*

For most authors today 'it is not enough to survive and be autonomous... you have to become a moral, even oblative human being[27], doing good, interested in others... the American version: to be socially correct, adapted to the ethos of the Middle class' [28](p. 54). This ties in with our work on 'personalisation'.

9.3. *To be recognised. Becoming famous and a role model for others*

"To deserve the label of "resilient", it is no longer enough to be "politically correct", you have to be able to bounce back and bounce high, you have to do better than the average person and serve as a model for the amazed population. (p.55). This would be an exaggeration by notoriety of the important need for recognition.

There is no doubt that the resilience model needs to be resituated in relation to the theorisation of human development, without confusing itself with, but respecting, political or religious ideologies and beliefs.

However, there are sometimes problems! For example, the "ugly duckling"

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[27][27] "Oblative" (other-centred, donor) as opposed to "possessive".

[28][28] .. "The morality of the middle classes"!

has been used to explain the feeling of strangeness that an abandoned child can have in his foster family. I have just seen on the internet the story of the eagle's egg falling into a henhouse. The egg is incubated by the hens and the new one tries to fit in. But it has a dream: to fly. The desire to fly increases when he sees the eagles in the sky. The commentator advises him to follow his dream... otherwise he will die like a chicken, "in a chicken graveyard" (!) without having been able to realise "what he is" . He could thus become the predator that responds to his nature (identity)!

In this regard, I would like to point out that personalisation can be applied to any situation in which a person discovers a new meaning to his life. Malrieu (2003) shows that the process of personalisation was at work in an SS who had left his previous condition and found in his fascist commitment a means of social valorisation and personal coherence. Passion can be the motor of personalisation. This could also be said of Saddam Hussein. Faced with a violent stepfather, he became close to his uncle, a fervent anti-British nationalist, who pushed him towards a messianic ambition. He developed a self-adoration, transferring the violence he had suffered onto others. Resilient he undoubtedly was, and perverse too!

Michel Hanus[29], proposes to answer the question "Resilience, at what price? Surviving and bouncing back" (2001) He presents a series of observations of children in difficult situations who resist. "Everyone has hidden resources that can be mobilised in these traumatic circumstances, and the worst is never certain. However, one should not underestimate the reality of the underlying emotional wound that is not yet healed.

The question of the relationship between perversion, narcissism,

[29] Hanus, specialist in the effects of bereavement and separation on mental health (1998).

personalisation[30] (construction of the person), identity and the personal project is important. But perhaps it can be answered without introducing "differences in "overpowering" linked to differences in race (ducks-swans; chickens-eagles) between the protagonists. (All-powerfulness associated with the infantile imagination? certainly, but it can create serious problems in the relationship to powers in the adult).

10. The tree and the pirogue (Melanesian myth): from identity to self-project and back (identization)

In his thesis on "The foundations of a Melanesian identity", Joel Demaison[31] evokes the myth of the island Vanuatu "the tree and the pirogue". Every man is torn between two contradictory and yet major needs:

- the need for the pirogue, that is to say, for movement, for travel, for *breaking away from oneself, from one's community;*
- the need for the tree, i.e. the rooting of identity, *the attachment to one's community.*

Men constantly wander between these two needs, sometimes giving in to one, sometimes to the other... *until one day they understand that it is with the tree that the dugout canoe is made.* (I would add that the dugout can also travel to save the tree.) "The tree is a metaphor for man, the man who stands upright in his 'place' plunges with it into the sacred ground of depth. Depth takes

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3030 Personalisation is constantly linked to the socialisation of the subject. This psychosocial process "involves all the acts that institute the person, by which the subject can orientate or reorientate himself, give or give new meaning to his practices and beliefs, build or relaunch projects... Individuation, defined as access to autonomy and primary singularisation, prepares and introduces the personalisation process" (Tap and Vinay, 2000, p. 87). The same is true of identization. With the emergence of projects in the child. But this process does not concern a single individual, but a 'social being' active in multiple social networks! (Not only the virtual networks of the internet!).

3131 Joël Demaison, geographer at Orstom. Thesis at the Sorbonne, 1985 published in 1986 (Volume I) and 1987 (Volume II),

precedence over breadth. The tree-man lives only through the pirogue-group. From the 'founding journey' of arrival on the island, Melanesian society 'asserts itself as much as a society of roots as of journeys'" (1986, p. 518).

The same metaphor can be found in Michel Serres, a peasant from the plain of the Garonne (like his father) but also a sailor. But both the farmer and the sailor can only leave through the top. "Gliding towards the vertical remains the only possible direction" (1983, p. 28-29).

This metaphor also applies well to the concept I have proposed to call 'identization', the dynamic construction of identity between primary attachment and the self-project (articulated to collective projects). [32]

Steven and Sibil Wolin (1993) proposed a model with 7 resiliencies (or skill systems). They studied the evolution of these skills from childhood through adolescence to adulthood in people who had experienced family dysfunction. (Tap, 2010).

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[32][32] Esparbès-Pistre, S. and Tap, P (2000), 'Identization' in Wikipedia, 'Empowerment' in Tap and Oubrayrie-Roussel (2004).

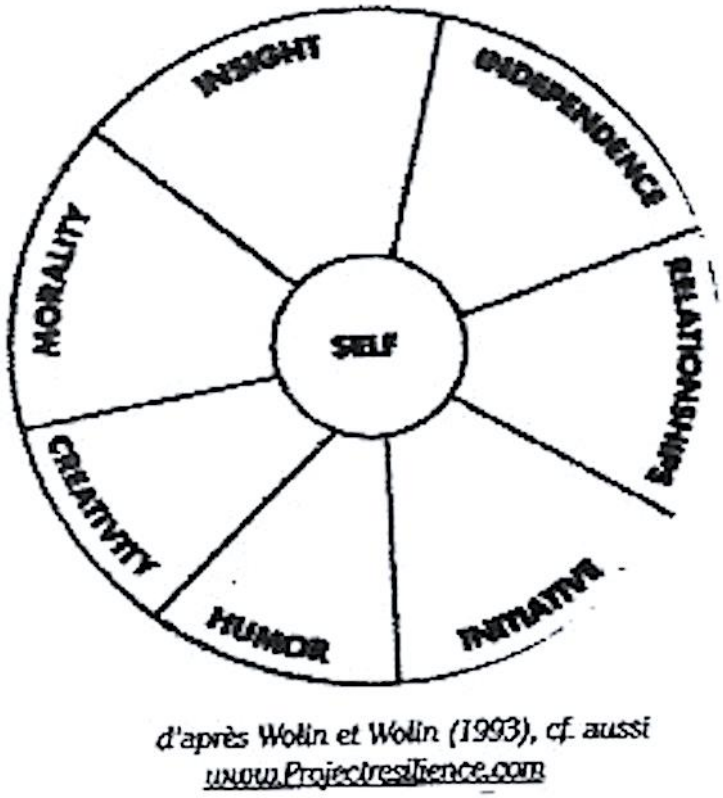

Figure 3 Wolin and Wolin's 7 Resiliencies Model [33]

It is an interesting model in that it is based on the comparison between *children, adolescents and adults* in each of the domains. The child *explores,* experiments by trial and error in the physical world. The adolescent *works*, solving problems and other goal-directed behaviours in relation to a wide range of activities. The adult acquires the ability to *generate* projects with enthusiasm and to take on challenging situations, etc.

However, this model is based on a conception of idealised competences of the person which can be applied to any individual, whatever his or her relationship with external adversity. Moreover, how do the seven competences relate to each other in a developmental dynamic, in the course of life?

Conclusion

[33] Insight, independence, relationships, initiative, creativity, morality, humour.

From all the proposals and discussions mentioned, I will retain that resilience is a positive adaptive behaviour (Garmezy, 1996) and, at best, a positive developmental process which is organised at all ages around the relationship between future and past selves, around the articulation of identity and project (identization). The corresponding theory (Rutter and Garmezy, 1983) is based on a psychobiological aspect of the individual, his robustness, his ability to 'hold up' under any circumstances, his endurance and his capacity for commitment (Kobasa et al. 1982) in risky situations. In this process, identifications play a crucial role, "for resilient children seem to be especially adept at actively recruiting surrogate parents even if they are not kin" (Durning, 1995: 158). They actively seek out people to lean on, "developmental tutors" (Loutre du Pasquier, 1981). In terms of spatial and historical identities, they also seek out structuring "docking" zones (Lemay, 1998) to which they can cling, "anchoring zones" to which they can put down roots (Baubion-Broye et al. 1987).

There is much to be said for the general tendency to associate resilience with 'capabilities'. We should at least associate it with the 'capabilities' proposed by Amartya Sen[34]. I have also been critical of the translation of 'empowerment' as 'capacitation'. For me, it is equivalent to *access to power*, which obliges me to introduce here again the importance of the relationship with others, insofar as there is no access to power without exchanges and negotiations

Evoking the resilient process is not contradictory with the presence of psychological suffering, the presence or not of trauma (childhood or not) insofar as it would be linked to *the* fact of *succeeding in living and developing positively in a socially acceptable way*, despite stress or adversity that normally carries the serious risk of a negative outcome (Vanistendael, 1998). This "maintenance of a normal developmental process despite difficult conditions"

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[34] Tap, P. (2008) "Freedom, Capabilities and the Psychology of Action" reprinted in Conference Turin 2012 (www. Pierretap.com) in Italian: N° 296c, in French N° 296d

(Guedeney, 1998, p. 24) therefore requires a developmental model that is applicable to all, but which takes into account the complex relationships of the person with his or her environment, the spaces that constitute his or her "anchoring zone", and the risks and protections that evolve to prevent or help him or her to organise his or her present and future life.

It should be noted, however, that the reversal of perspective from negative (pain/suffering/trauma) to positive (belief in the human capacity to overcome adversity) can lead us to minimise psychological pain or suffering, the remnants of past or current traumas.

Bettelheim did analyse what he experienced in the concentration camps (1938-1939), but it took him more than 4 years to publish an article on this "survivor" experience (1943), and more than 12 years to detail it in a book (1952). Let's not mention the fact that this book was only translated and published in France in 1979 (40 years after the events!!).

But Bettelheim committed suicide in 1990 (aged 87), without having previously expressed his reasons for his last act. At the time, a link was established between his death, the death of his wife and his anguish over his deteriorating health. Then a polemic was triggered by some of his staff or patients. He was reproached for his mistreatment, his harshness, his despotism. What was the cause of his death? Only he could have said so, but he left when his suffering decided it.

But I can't end my remarks on this problematic point. In any case, Albert Camus was right when he said that ageing implies the passage from passion to compassion. One day I was talking to a former Portuguese student of mine who had just enrolled in Madrid for a thesis in gerontology. She wanted to study the relationship between self-esteem and the project in the elderly. Her future supervisor got angry and said that older people want to feel good and have

nothing to do with self-esteem!

Of course, the search for "well-being" (as opposed to ill-being) is a necessity at all ages. But how can we achieve it if we are in a position of loss of identity and self-esteem, if we are reduced to our "silence/quietness/laissez-aller"?

I have heard a rather similar speech about the difficulties of employees and managers in the face of suicides linked to "psycho-social risks"! It is therefore necessary to constantly defend and promote Empathy, Human Rights and Respect for people through Humanitude[35]!

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[35] Tap, P. (2015) La Maison de retraite entre le domicile et le mourir (The retirement home between home and death)" see p. 20 on the "propulsive" meaning of this notion of Humanitude ... to give back more humanity to the places where life ends! I am not yet in a retirement home, but I know quite well the efforts of certain teams to move in this direction!

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