

# The resilient subject: Exploring subjectivity, identity and the body in narratives of resilience

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## Abstract

International research and policy interest in resilience has increased enormously during the last decade. Resilience is now considered to be a valuable asset or resource with which to promote health and well-being and forms part of a broader trend towards strength based as opposed to deficit models of health. And while there is a developing critique of resilience's conceptual limits and normative assumptions, to date there is less discussion of the subject underpinning these notions, nor related issues of subjectivity, identity or the body. Our aim in this article is to begin to address this gap. We do so by re-examining the subject within two established narratives of resilience, as 'found' and 'made'. We then explore the potential of a third narrative, which we term resilience 'unfinished'. This latter story is informed by feminist poststructural understandings of the subject, which in turn, resonate with recently articulated understandings of an emerging psychosocial subject and the contribution of psychoanalysis to these debates. We then consider the potential value of this poststructural, performative and embodied psychosocial subject and discuss the implications for resilience theory, practice and research.

## Keywords

identity, narratives, poststructuralism/postmodernism, resilience, subjectivity

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## Introduction

International research and policy interest in resilience has increased enormously in the last decade. Public health policy in the United Kingdom cites resilience as a valuable resource with which to promote health and well-being (Darzi, 2008; Marmot Review, 2010) and it has become central to discussions on health inequalities, being part of a broader trend towards asset as opposed to deficit models of health. Thus an individual's capabilities and resourcefulness to respond to problems, or people's ability to generate active solutions are now seen to be central to any planned interventions (Bartley, 2006; Wilkinson and Pickett, 2009).

We take this interest in resilience and health as our starting point in order to explore the resilient subject and associated notions of subjectivity, identity and the body. The resilience literature offers valuable findings to inform theory and practice and there is growing acknowledgement of the normative limits to this concept (Bottrell, 2009; Ungar, 2004). There is however relatively less discussion of the nature of the subject at the centre of resilience discourses. Drawing on feminist poststructuralism, we explore the potential for making the subject and related notions of subjectivity, identity and the body more visible in resilience theory and research.

Categorizing what is a vastly expansive research field into three stories of resilience inevitably simplifies what is overlapping and complex. We wish to avoid simplistic caricatures of what could be described as modern and postmodern accounts of the subject in these three stories and readily accept a complexity of positions exists across the field, theoretically and politically and where possible, attempt to acknowledge this. This complexity reflects the concept's disciplinary foundations with their respective ontological, epistemological foundations and associated methodologies together with the broad scope of health-related research agendas. However, our focus in this article is to provide an outline or map of the field with which to navigate what is a constantly expanding body of work and research in order to explore the particular conceptualizations of the subject; we do this by drawing upon two previously recognized positions within the field and extend these by suggesting the value of a third position or story of resilience.

The article is divided into three sections. First, we briefly review two epistemological positions previously noted within resilience research. These are commonly referred to as ecological and constructionist (Ungar, 2004, 2010); following Rorty (1999), we name these positions of resilience as 'found' and 'made'. We note the conceptualizations of the subject and the key features and the potential strengths and limits of each. We then move on to suggest the potential of a third narrative of resilience as 'unfinished' in order to explore the potential of a feminist poststructural or psychosocial subject for this expanding field of inquiry.

## Definitions

Resilience is now a term that is arguably part of everyday popular cultural discourse. It is a word associated with inner strength or resourcefulness and an ability to bounce back following adversity or trauma (Hart and Blincow, 2007). The concept originally emerged in engineering, but its earliest use in the health arena was in medicine, where it was used

to describe patients' recovery from trauma. This was subsequently followed by its entry into psychology and especially child development and psychiatry (Boyden and Mann, 2005). Resilience also resonates with concepts found in public health or sociology such as salutogenesis, a sense of coherence and social capital (Almedom, 2005; Bourdieu, 1990; Lundman et al., 2010).

Despite the ongoing debates over conceptual clarity or theoretical usefulness (Luthar and Brown, 2007), core to any definition of resilience is the ability to react and adjust positively when things go wrong; that is, resilience occurs in the presence of adversity (Ungar, 2005, 2008). This has been further categorized as good outcomes despite high risk status, or sustained competence under threat, or recovery from trauma (Boyden and Mann, 2005). With its disciplinary base in clinical psychology, children and young people have become the subject of much resilience research, especially those with complex needs, or deemed to be at risk of developing psychosocial symptoms. This tends to include those with behavioural, psychological or neurobiological problems, or those having experienced traumatic events in childhood or adolescence (Luthar and Brown, 2007; Masten, 2001; Rutter, 2007). Stories One and Two broadly share these aforementioned definitions and understandings of what resilience is, and who the subjects of resilience are, but where resilience resides, how it is achieved and why, both overlap and differ.

### **Story One: resilience found**

Initially, resilience research identified what were thought to be special innate attributes belonging to the remarkable few but two broad trends are discernible in Story One; first is the move from resilience as exceptional to normal; and second the shift from innate to ecological understandings of resilience. As Masten (2001) has argued, after two decades of research into children growing up in disadvantage, the great surprise has been to discover the ordinariness of the phenomena of resilience. Resilience is then the capacity to negotiate ordinary developmental tasks in the face of mounting adversity and is associated with a combination of risks and protective factors and processes, either in the child or environment (Masten, 2001; Rutter, 1993, 2007). Initially, what were taken to be internally generated traits have additionally included externally derived or located assets or protective processes. These processes and assets include attachment and access to supportive relationships with caring, competent adults, either in the family or community, and individual attributes, such as positive self-esteem and motivation. This recognition of the role the environment or ecology plays draws attention to the quality of social relationships, processes, networks and communities and the mutuality and circularity of such (Luthar and Brown, 2007). These understandings of resilience seek to build on and conserve children's and young people's own assets and resources for promoting change (Goldstein and Brooks, 2006: 6) and have led to more practically focused interventions like Resilient Therapy (Hart and Blincow, 2007).

Together, this research represents what has been called the classic epistemological position of resilience, drawing as it does on systems theory and/or biomedical or psychological models of child development (Bottrell, 2009; Ungar, 2004). This is a story of resilience found mainly within individuals as an a priori psychological state, even when viewed as arising from repeated interactions between a person and their environment.

Premised upon positivism or postpositivism, informed by developmental psychology and mainly researched through quantitative, although sometimes qualitative or mixed methods, this is a story of resilience where knowledge of it is assumed to be accessible through measurement or observation and tends towards predictive, casual relationships and macro explanations and protective or transactional processes that cause or promote resilience (Ungar, 2004). Though these are considered to be dominant features of this discourse (see Ungar, 2004), it is possible to discern understandings of resilience that use combinations of psychological and sociological theories. For example, interventions such as resilient therapy are premised upon a mix of developmental psychology, critical realism and critical social theory (Hart and Blincow, 2007).

However, in the main Story One's account of the subject tends to privilege a notion of the subject who has resilience as a natural or normal psychological essence or attribute found inside individuals. This understanding is premised upon a familiar discourse, originating as it does from within modern biomedicine or the 'psy' science disciplines. Psychology is known to construct or invent and privilege a particular conception of the individual, even when recognizing the influence of the social (Burman, 2008; Rose, 1998). This is the Cartesian subject, in possession of a unified coherent identity, whose actions are the result of individual agency and rational choice and whose behaviours are taken as evidence of a priori psychological states acting as causal mechanisms. This subject is the psychological norm. The normal resilient subject reflects these capacities or potentialities; to be resilient is to be independent, exercising rational choices, acting in one's own best interests and whose internal states are reflected in external behaviours. Hence much resilience research stays focused on the individual and their personal capacities and responsibilities to adapt, cope or succeed (Bottrell, 2009). In this story individual identity or subjectivity or a sense of self is conceived similarly, as belonging to an individual, as something possessed or innate, an essential, relatively stable and evolving self who develops a chronologically appropriate and coherent biography. The Cartesian body–mind split further reinforces an irrelevance towards corporeal concerns and produces disembodied understandings of the resilient subject.

One important consequence of these definitions is how the non-resilient subject is then conceived in opposition to this psychological norm. As Frost and Hoggett (2008: 439) suggest, subjects of welfare are commonly defined in opposition to this norm, being viewed as deficient or lacking in one or more of the 'normal' or 'natural' attributes, which positions them as 'invariably dependent, unpredictable, and unable to act in their own interests'. They then become the target of psychological interventions.

When resilience is taken as a given good and assumed to be devoid of, or detached from interests or values, the ideological justifications for interventions and the consequences of its normative foundations are overlooked (Ungar, 2005, 2010). The powerful role societal norms play and the authority of experts to control and regulate what constitutes normal, healthy or good outcomes (Ungar, 2008) means normative understandings of the resilient subject potentially further serve to repress or exclude difference. This critique of resilience is premised on a different story, where resilience is not naturally or normally occurring but is culturally and socially produced (Ungar, 2005).

## Story Two: resilience made

Resilience made is the constructionist story of resilience, whereby resilience is not something we have, but something we do (Ungar, 2004, 2005, 2008, 2010). Drawing on a Foucauldian analysis, Ungar (2005) argues that resilience becomes more than a description of reality, it becomes a social practice, a form of action reproducing or potentially challenging the dominant social order. Thus, an important consequence of understanding resilience as 'made' is to question the power to define what becomes a risk, or a protective factor, or a resilient outcome. This then draws attention to the social construction of difference.

Drawing on a constructionist lens, the International Resilience Project explores these different and diverse understandings of resilience across cultures and contexts (Ungar, 2005, 2008; Ungar et al., 2007). The project demonstrates both the heterogeneous and homogenous features of resilience across diverse contexts and cultures. Resilience is found to be diverse, chaotic, complex, fluid, relative and material; located in particular contexts and generated, nurtured and sustained through actions and relations (Ungar, 2008, 2010). Well-being and resilience are therefore argued to result from the ongoing iterative and interactive navigations and negotiations between selves, communities and environments.

In this story, defiance and oppositional stances, subverting and resisting normatively constrictive labels, sustain agency and well-being (Bottrell, 2009; Munford and Sanders, 2008; Theron and Malindi, 2010). This is resilience as resistance where individualized notions of risk are not manifestations of individual vulnerability or moral failing, but of social disadvantage and inequalities. For example, Bottrell (2009) found young women from an inner city public housing estate actively resisted normatively or socially ascribed identities and doing so was central to their resilience. Similarly, Munford and Sanders (2008) demonstrate how marginalized young women use socially disruptive or challenging behaviour to create their own spaces to share and build supportive relationships, develop their own sense of gendered subjectivity and, in so doing, resist normative understandings of the self. Likewise, when resilience is viewed as plural and diverse as this, other manifestations may become visible, such as living with a long-term condition or illness, or during major life transitions such as mid-life or menopause (Broom and Whittaker, 2004; Hyde et al., 2010; Lindenmeyer et al., 2008), or at times of distress and depression (Dorwick et al., 2008).

However, Story Two's account of resilience rarely explicitly explores the conceptualization of the subject upon which it is based. This is a socially constituted subject, whose sense of self is multiple, and who is determining and determined by discourses such as those of resilience, health and well-being. This story tends to draw on both weaker or stronger versions of social constructionism, with the latter accounts reflective of postmodern theorizing (see, for example, Ungar, 2004, 2008, 2010). Weaker versions tend towards understandings of the self as socially situated and generated and connected to the social world, where the focus is on individual meaning making and experiences generated through interactions and relations with others. These accounts, evident in the use of social psychology or symbolic interactionism and naturalistic approaches to research, overlap with those accounts in Story One drawing upon critical realism and its

postpositivist assumptions of reality as both found and made and rarely totally objective. Yet like earlier versions of social constructionism, such accounts tend to retain modern understandings of the subject and understand experiences, events and facts as existing independently of the terms used to describe them (Blaikie, 2007). Stronger versions of social constructionism radically question understandings of this modern subject of Story One. As Ungar (2005: xxiv) states, 'to say I am resilient is to be mistaken – the "I" of which we speak is a cultural artefact, a product of history and as such is socially, politically, and relationally constructed'. However, this subject is rarely directly referred to in the resilience literature. This diverse, fragmented subject is never fully or explicitly debated or explored but is alluded to when questions of fluidity or identity are found to be significant (Bottrell, 2009; Munford and Sanders, 2008; Ungar, 2008, 2010).

Valuable though the social constructionist story of resilience is, one key limitation is its inability to fully account for the instability or flux suggested by difference. As Lloyd (2005) argues, a social constructionist perspective is helpful for understanding contemporary forms of identity and the subject, but it tends not to explore the particular mechanisms or processes that generate the subject as unstable and open to re-articulation.

Furthermore, while constructionist accounts re-politicize narratives of resilience and recognize the socially constituted subject, in empirical work there is little recognition of the subject as embodied and there can remain a tendency to externalize differences and leave untroubled foundational categories. Thus much research retains the binaries of individual and society, culture and nature (Gergen, 2009). This leaves the focus of theory and research on an inner and a social outer world, offering a causal template for human action which shapes resilience and the resultant resilient subject, rather than that inner and social world being theoretically articulated as a relational ontology (Gergen, 2009).

Moreover, recognizing and validating difference in resilience does much to challenge or disrupt the dominant or normative discourses and criteria and gives voice to marginalized stories. However, philosophically, difference often represents the 'Other', or that which is excluded or treated as an inferior, transient or variant of a taken for granted dominant norm or unity (Butler, 2004a; Seidman, 1997). To valorize difference – as in a 'same but different' strategy – is known to be inherently limited, leaving as it does an intact linguistic binary which positions that considered the same as normal, natural and superior to an assumed inferior difference. This means to be fully recognized or included, difference has either to claim sameness with the dominant norm, through assimilation for example, or remain excluded and thus marginal to what remains the dominant normative order (Seidman, 1997; Weedon, 1996). Additionally, McNay (2008) argues constructionist accounts' preoccupation with the meaning given to behaviour means a corresponding lack of attention to the unthought, unspoken, unthinkable and unspeakable. Thus a potentially valuable expansion to Story Two may be found in feminist poststructural and psychosocial understandings of the subject (Frosh, 2003; Frost and Hoggett, 2008; Stenner and Taylor, 2008).

### **Story Three: resilience unfinished**

To view resilience as unfinished is to place the subject under critical scrutiny. While Stories Two and Three agree resilience is socially constructed, Story Three privileges a

reflexive self, generated relationally, whose subjectivity is negotiated through embodied, affective and historically and culturally situated biographies (Butler, 1990, 2004a, 2004b; Lloyd, 2005; McNay, 1999, 2008). This poststructural or psychosocial subject is ambiguously conceived, being imbued with agency, but equally constrained, subjected to broader discourses or forces from elsewhere (Frosh, 2003; Weedon, 1996). This discursively constituted subject is produced through complex psychic, personal and collective identifications and dis-identifications, shaping and shaped by stories, narratives, networks, unconscious processes, governance, interpellation and performativity (Lawler, 2008). Thus the subject is the site of competing and conflicting forms of embodied subjectivity privately experienced, but which are relationally and collectively lived (Burr, 2003; Lawler, 2008).

Recent articulations of a psychosocial subject suggest similar resources for rethinking the resilient subject. Stephen Frosh (2003) suggests such an approach offers the capacity to theorize subjectivity in provocative and unique ways and provides a framework for rethinking and dissolving simple separations between the social and individual (Frosh, 2010). This is more than an additive approach of bio-psychosocial, or social adjustment or interpersonal relations. Using psychoanalysis, with its developed vocabulary for theorizing subjectivity, it aims to suture together these divides to understand further how forces act to construct the subject (Frosh, 2010). This suggests the possibility of moving beyond pointless, endless debates and divides in psychology and sociology about the individual versus social, which broadly speaking, reflect the key differences between Stories One and Two. As Frosh (2010) argues, both psychology and sociology risk reducing one to the other and each treat the divide as real. Likewise, privileging one or other story of resilience may present similar risks. In response, both disciplines have turned more recently to psychoanalysis in an attempt to suture together a human subject, normally theorized separately, as one constituted in and through its social formations, yet still granted an agency and internality. These understandings of the subject resonate well with feminist theorizing and their use of performativity, recognition and embodied subjectivity to which we turn next.

### *Identity and performativity*

The notion of performativity (Butler, 1990, 2004a) provides resilience theory and research with an understanding of the subject who is not an external expression of an internal essence, but is a self 'manufactured through a sustained set of acts' (Butler, 1990: xv). This is a gendered subject who is the product of a complex interplay of discourses, norms, power relations, institutions and practices. Butler suggests performativity is understood as an embodied, citational practice. This is a practice composed of daily bodily behaviours, gestures or acts requiring repetition over time, which introduces a temporal dimension to considerations of subjectivity or identity. The reiterative power of discourse in our daily re-engagement with, or re-experience of gender norms already socially established, produces the phenomena of a gendered identity.

Thus gender identity is not a stable identity it 'is an identity tenuously constituted, instituted in an exterior space through stylised repetition of acts' (Butler, 1990: 140). Therefore subjectivity is never a description of experience but an expression of a

normative, regulatory ideal. Butler's example of 'girling the girl' usefully shows the multitude of practices, customs, and norms from birth, through which gender identity is performed (Butler, 1990: 111). The subject's agency to resist or subvert norms is located in the compulsion to repeat and in the variations of those repetitions or citations. As Lloyd (2007) suggests, the performativity that produces a gendered subject is also the site where a critical agency becomes possible. It is this instability of performativity that opens up possibilities for destabilizing or subverting the dominant regulatory order. In attempting to understand the paradoxical nature of power and its relationship and role in the subject's formation, Butler's theory of agency draws upon Freud, and Lacan but specifically Foucault's concept of *assujétissement*. A subject is produced and results from a subjection to disciplinary power, but equally, this at the same time produces or constitutes a becoming. The gendered subject is an effect of power, but in order for power to persist it must be reiterated and the subject is the site of this reiteration (Butler, 1997). It is this process of activation which produces a subject who can act either to resist, or submit, or even become passionately attached to subjection (Butler, 1997).

If the resilient subject is re-imagined as performative rather than as stable or socially constituted, then this subject and their resilience becomes unfinished, always in a process of remaking or becoming. This is achieved through embodied, individually and collectively lived biographies, identities and emotional and unconscious processes. The resilient subject becomes someone who at any given time, across their biography or lifespan identifies, or misidentifies in complex ways with demands to be resilient, as children or teenagers, as mothers or as workers, or as gay, disabled or old. This is a resilient subject who in turn can comply or collude, subvert or resist discourses of resilience governing and disciplining arenas like health and social care.

A performative understanding of the resilient subject, as a manifestation of a normative, regulatory ideal, requires us to explore critically how a subject is constituted by the broader discursive fields in health and welfare; for example, through the discourses of positive psychology or public health and the policy focus on health and well-being. Additionally, the concept of performativity offers theoretical tools for exploring the micro or mundane; the everyday ways in which resilience is generated; the detailed talk, feelings and behaviours, activities and relationships experienced through particular bodies. It leads to an exploration of how subjectivity or individually experienced identities relate to other socially or publicly available identities like those of welfare client, patient, or as an individual or 'family at risk', or how these interact with other citational practices, like those of ethnicity or age or class.

When the resilient subject is viewed as 'unfinished' or constantly in a process of becoming or remaking, a critical space is created for exploring resilience's temporal dimensions. This offers radically different theoretical grounds, than say those of psychology, which views resilience and ageing developmentally and chronologically. This understanding of the subject and subjectivity provides further grounds for exploring not only how, but also why subjects express resilience differently, as resistance for example, and indeed why this might be so necessary. In queering resilience, Brown and Colbourne (2005: 264) relate the lived experience and life stories of young lesbian, gay and bisexual (LGB) people. They show how young people realize their resilience by actively locating personal and community resources to maximize their



life opportunities in a society predicated on homophobia and heterosexism (Brown and Colbourne, 2005: 272). Queering resilience, they argue, results in a focus on the non-normative, on challenging the expectations, assumptions of hetero-normativity. It also demands we pay attention to the fluidity or as we would argue, the performativity of resilient identities and practices.

### *Subjectivity and recognition*

A performative resilient subject, who comes to understand their self only through and in relation to others, is linked to recognition. This draws attention to the psychic, cultural and material processes involved in achieving recognition. As Butler (2004a) suggests, while we are produced through norms of recognition, we are never completely determined by such. She reminds us how easily subjects are misrecognized or 'undone', where they go unrecognized or where lives are lost to disadvantage and poverty. This undoing is brought about by a lack of recognition. Only when we experience recognition are we constituted as socially viable beings, being accepted or included. In other words, recognition becomes a site of power where some are recognized, while others are not. Furthermore, a preoccupation with meaning given to behaviour, evident in most resilience research, means there is a corresponding lack of attention to the unthought, unspoken, unthinkable and unspeakable. This attention to subjectivity and the psychic or unconscious extends conventional accounts of resilience to be inclusive of a gendered subjectivity and the Other.

The concept of the unconscious in psychoanalytical theories is now considered to be both in and outside the subject, neither owned, nor completely separate as is evident across a complex range of positions, from Klenian, relational or inter-subjectivity, to Lacanian, poststructuralist and discursive constructionism (Frosh, 2010). Recent application of these ideas to welfare is argued to bring together questions of doing, being, acting and feeling to understandings of the welfare subject and to the operation of formal and informal relations of welfare and care (Stenner and Taylor, 2008). Its potential value for understanding the resilient subject and resilient practices of doing, being, acting and feeling resilient appear equally valuable but require further exploration.

One relevant application of psychosocial studies and psychoanalysis to theorizing resilience has been to understand why and how responses to inequality and social injustice arise. Drawing on Winnicott, Jessica Benjamin's (1995, 1998) account of recognition and gendered subjectivity examines this response in terms of the Other and its constitutive role in human subjectivity (Frosh, 2010). This psychoanalytical account of gendered subjectivity works with a processual notion of the subject and draws attention to the constant tension between recognizing the Other and asserting the self (Benjamin, 1995: 38). As she suggests, from a psychoanalytical viewpoint exclusion is always already an illusion (1998: 102). To exclude means to relocate, and what psychically gets relocated is always a repudiated, or unacceptable part of the self in order to shore up an individual's identity. For Benjamin, this relation between the self and the Other is not to become overcome, nor is the Other to be appropriated, or colonized; instead it is to understand the Other as always inter-subjectively related and constitutive of the self (Benjamin, 1998). This subject-subject recognition allows both participants to maintain

a subjecthood by allowing difference while appreciating similarity (Frosh, 2010). However, merely recognizing the existence of the Other is not enough; we need to understand the relatedness involved in this relationship, especially as the dominant liberal democratic tendency is towards the removal of difference often through assimilation or exclusion (Frosh, 2010). Health and social care practitioners are often reminded of the need to recognize and value otherness, for example in their ethical practices or through professional codes (Aranda and Jones, 2010), but rarely are they encouraged to recognize the relatedness and connectivity to the other, and what is, as Butler (2004a) argues, our shared vulnerability and dependence.

This desire for recognition is argued to be so fundamental to self-realization and self-esteem that misrecognition is implicated in continuing disadvantage and lives lost to social injustice. In their dialogue over recognition and redistribution, both Fraser and Honneth (2003) show just how important these processes are to understanding how inequalities arise and are sustained. For Honneth (1995: 92), recognition is culturally institutionalized in three distinctive spheres of love, rights and solidarity. Primary recognition is achieved in the love, affection and care normally found within the family and friendships and other intimate or erotic relationships, which he argues form the basis of stable subjectivity. Legal and social or status recognition is found in the mutual recognition of rights and equality before the law, and solidarity or self-esteem, from the valuing of self by others. However, these three spheres of recognition work in complex and uneven ways. Misrecognition in the personal sphere may not give rise to social struggle, but misrecognition in the legal and social spheres can; often as a political resistance to dominant ideas of inclusion. All three forms of recognition are argued to be essential for a positive self-identity.

In contrast to these discursive, psychic accounts of desire and subjectivity, Fraser argues recognition arises from the unequal distribution of material resources (Fraser and Honneth, 2003). She suggests psychoanalytical and cultural accounts remain individualistic and apolitical; they perpetuate a misrecognition and disregard of the material inequalities shaping subjectivity and recognition. She argues misrecognition or devaluation, evident in patterns of subordination and exclusion, originate from and cannot be disaggregated from material inequities and theories of redistribution need to be included with cultural theories of recognition. Similar processes of recognition are clearly demonstrated in a study of empowerment and mothers with children with disabilities (Fisher, 2008). Here the risk agenda, with its overzealous surveillance and tendency to see needs as personal failings, is found to perpetuate a culture of misrecognition and material inequity at a time when, ironically, people are being encouraged to become recognized as empowered consumers of healthcare (Fisher, 2008). This is not dissimilar to the moral imperative to be resilient, with similar consequences in terms of surveillance and personal responsibility to be resilient. Dominant understandings of empowerment in neo-liberal welfare are argued to be imbued with understandings of the modern subject and individualistic notions of well-being and the mothers subverted these dominant discourses by asserting their right to recognition through their insistence on alterity. This was articulated as a right to difference in their lived relations with their children, families and care providers and through re-negotiating the tragedy model of disability. As Fisher

(2008) suggests, to do so is to come into conflict with, but radically challenge, the normative order of health and social care.

### *The body and resilience*

Recognition is also based on a shared corporeal vulnerability (Butler, 2004b) and this provides a further theoretical resource for understanding resilience. Resilience research tends to ignore or deny the body, or assumes it to be natural, fixed and stable. Yet considerable work now exists which theorizes and empirically demonstrates the significance of the body in relation to moral or ethical concerns over what makes for a good life, and specifically in relation to health, illness and care (Butler, 1993, 2004a, 2004b; Davis, 1997; Foucault, 1980; Grosz, 1994; Shildrick, 2002; Shilling, 2003; Turner, 2008; Williams, 2003). Concepts of embodiment draw attention to the relationship between the physical body and subjectivity and the irreducible fusion of mind and body. Indeed the centrality of the body to our sense of self, our experiences and relationships and practices are now understood to be continuously shaped by our ongoing bodily engagement with the world. To view the resilient subject as embodied, as poststructural accounts do, draws attention to the ways in which identity, subjectivity and bodies are intimately connected but never neutral. They are always, already inscribed or marked with particular meanings of difference such as class, race, gender or ability and age (Adkins and Skeggs, 2004; Einstein and Shildrick, 2009; Shildrick, 2002). Evidence also shows how the body is monitored and controlled to serve social control functions in and outside of medicine, health or education settings (Rose, 2007; Williams, 2003).

In Julia Twigg's (2006) comprehensive review of the body in health and social care the significance of the cultural turn towards the body is clearly evident. She shows how concepts of the body, embodiment, bodywork and body care are central to the enterprise of health and social care. By exploring various states of health, illness, disability and age, or in particular places or spaces and encounters with medicine, nursing or social care, she documents the centrality of the body. One key example cited is in relation to age and disability. Here Twigg (2006) shows how an analysis of the body in age reveals how particular meanings are inscribed on ageing and disabled bodies and how this along with a politics of appearance become key to understanding processes of inclusion and exclusion or stigma and shame (2006: 171).

Those unacceptable bodies, or bodies which fail to achieve contemporary corporeal norms, are not dissimilar to those bodies which are unthinkable. As Rudge and Holmes (2009) suggest, practitioners rarely openly express disgust and repulsion felt when, for example, caring for certain bodies. This they suggest not only represents the unsayable, or unthinkable but also the presence of the abject other. As Shildrick (2002) reminds us, the monstrous body is easily dismissed when extreme, but most often feared when there is some resemblance or recognition with our self. This indeterminate status, neither wholly self, nor wholly other, is that which we find most deeply disturbing. Significantly for resilience theory and research, Shildrick proposes a problematic ethical relationship between the monstrous and the vulnerable body and the self. The link arises from what she argues is a permeability of boundaries guaranteeing the normative embodied self, so that encounters with the Other are never secure or discrete events, never ontologically

separate, but are always mutually constitutive of us and always a constant condition of our becoming (2002: 1). She critiques assumptions of vulnerability as a failing or inability to fulfil normative standards of self-care, which in liberal welfare states give rise to special ethical claims to care from others. She shows how this approach does little to empower those deemed vulnerable as such responses more often reaffirm others' own sense of agency and own capacity as moral agents to act to make good a perceived lack (2002: 76–77). Rather than setting the perfect against the imperfect or the independent against the dependent, Shildrick argues for an understanding of vulnerability as a shared risk of ontological uncertainty for us all. She suggests we need to retheorize the taken for grantedness of the body by drawing on both material and discursive theoretical resources (2002:76–79). Given that much resilience research and policy focuses on those most vulnerable, excluded, disadvantaged or those deemed socially challenging or unacceptable, an exploration of the psychic defence of abjection, and the related monstrous and vulnerable body may offer significant resources for developing resilience theory and research.

To expand understandings of resilience in this way clearly challenges dominant theories of the subject found in Stories One and Two. However, the limits of Story Three are important to note. The radical epistemology of poststructuralism, its tendency to ignore the material in its focus on the cultural and linguistic, is argued to be more problematic in policy arenas in health and social care (Twigg, 2006). The abstract or discursive nature of these theories and apparent neglect of a material world of disadvantage are key concerns (Bottrell, 2009). But equally, these theories suggest the impossibility of direct knowledge of the world and so undermine the rationale of empirical evidence. This is incompatible with the policy world, which continues to be constituted by enlightenment values of truth, progress and rationality and a knowable reality. Any research informed by such perspectives is therefore potentially marginalized in key debates and interventions in public policy (Twigg, 2006). Furthermore, these perspectives represent mostly western or European theories and concepts. There is obviously a need to question the relevance of such when researching resilience within other cultural contexts.

## Discussion and conclusion

Deconstructing stories or narratives of resilience in order to explore the relevance of the subject, subjectivity, identity and the body questions taken for granted assumptions. It challenges the notion that resilience is intrinsically or inherently good, or that its promotion is a benign or beneficent activity. As Ungar (2008, 2010) notes, to reveal the normativity of much resilience research means continually asking resilience for whom and for what purpose (Ungar, 2008, 2010). Much resilience literature fails to recognize or engage with these normative aspects, there is also little acknowledgement of the inherently conservative nature of resilience; requiring as it does an adaptation to established systems or forms of power, which go unquestioned or remain unchallenged (Bottrell, 2009; Leach, 2008). Contemporary interest in resilience may indeed be a response to broader socio-cultural narratives of fear, anxiety and powerlessness (Leach, 2008: 14) and a further manifestation of neo-liberal

welfare's disciplinary logic. Governing the healthcare subject through a clinical gaze, this dominant discourse reinforces personal responsibility for fostering resilience, arguably in similar ways to current discourses of self-management or self-care (Broom and Whittaker, 2004; Taylor and Bury, 2007). As Bottrell (2009: 334, emphasis in original) suggests, resilience within a neo-liberal framework of individualism may mean the emphasis shifts from 'positive adaptation despite adversity to positive adaptation *to* adversity'. Reframing resilience to engage directly with normative concerns requires therefore some connection to critical discussions of power and justice. This commitment requires that we revise or reimagine justice and modern, liberal democracy's core concepts, and reinscribe them with understandings of equality and justice; not as achievable end points, but as a constant horizon, always becoming. Such understandings of equality as continuing, evolving set of processes of inclusions and exclusions requires spaces for dialogue where constant challenge and critique can develop (Mouffe, 2005; Yeatman, 1994).

Our argument for a third story of resilience unfinished may be well timed, as it builds on several critical and oppositional trends present in social theory and psychology and resilience research. As a lead advocate of a postmodern approach to resilience, and drawing on Foucault, Ungar (2010) has recently advocated the use of epistemological innovations in sociology, ecology and cross-cultural psychology. He explores resilience in relation to contemporary family forms and argues the aforementioned theoretical developments allow us to understand resilience and families as fluid and in flux, not tied to places or spaces. Likewise, the critical or discursive turn in psychology and libertarian or community psychology are indicative of similar trends. Taking a starting point in opposition to biomedical or positivistic psychology, this theoretical work is explicitly political and addresses questions of power and justice through a commitment to work in inclusive and egalitarian ways to privilege contextually situated understandings of local or indigenous communities in order to generate health and well-being (Watkins and Shulman, 2008).

Finally, telling what is a third similar and different story of resilience is a political act and therefore resistance, rejection and challenge are, as Mishler (2005) suggests, expected and encouraged. We need to engage actively with dissent and recognize the provisional nature of all stories, but we also need to mediate and negotiate, rather than impose or dominate, or suppress our disagreements, conflict or tensions. This means maintaining a critical engagement with the normative fixing of meaning so that all stories of resilience remain under critical scrutiny and in dialogue with each other.

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