

From adversity to success: Four life experiences around resilience

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Abstract: Despite high rates of educational exclusion of adolescents and young adults with disabilities reported by Colombia's Ministry of Health and Social Protection, 3.7 % of disabled people have reached some level of education. The process of adaptation to the school environment led them to the successful completion of this phase of their training. They confronted adverse conditions and registered some important achievements, notwithstanding adversity. This invites us to think of 'resilience' in this population group as a process that 'arises from' adversity and not 'in spite of' it. Resilience is a transactional process between individuals and their context, a process with strong roots in the individual's history. This qualitative study emerged in order to understand what happens with disabled young people in Bogotá, Colombia. It was developed using oral life history as a method. Prominence is given to the subjectivity of the collaborator, the social and cultural context and its vision of process, rather than the result. This study seeks to identify and describe the process of adaptation and resilience in schools, as lived by a group of four people with disabilities during their adolescence and young adulthood. The results are presented as suggestive material to design strategies to support students at secondary level. The participants' own voices, perceptions and expressions were the focus of the study.

Introduction

The experience of disability and social inclusion is unique to each disabled individual. There is a complex combination of factors that influences this experience, which is why we must address it as a biopsychosocial phenomenon that affects the whole person, going far beyond the concrete

manifestation in the body, or behaviour (Zola, 1982). It is important to note that disability can no longer be conceived of as a purely biomedical phenomenon that begins and ends in the body of individuals. Perhaps its most visible aspect is manifested in the biology of people, but the said biological or functional impairment only reaches the 'status' of disability when in contact with the material, social and attitudinal characteristics of the environment which prevents the implementation of daily activities and social participation. For these complex reasons, it is possible to say that disability and social inclusion are multi-determined and multi-determinant phenomena which leave effects at the social, family and individual levels. Educational inclusion as part of social inclusion is also determined by multiple factors involved in the process of adaptation to the school environment and the success of children, adolescents and young people with disabilities.

Most programmes of educational inclusion in the Colombian context are aimed at children with disabilities (MEN, 2014). Even when they grow up, programmes remain the same, ignoring what adolescence and adulthood mean. Because of these shortcomings, it is still very common to hear testimonies of individuals and families who must confront stigma and discrimination, often stemming from the institutions themselves responsible for the social inclusion programmes that do not yet take into account inclusive narratives and practices in their bureaucratic, pedagogical and organizational processes (Correa and Castro, 2016). It is also because of these situations that many teenagers and young people with disabilities still have problems accessing basic education and also why they cannot aspire to job training in line with their interests and abilities, still less can they aspire to enter university.

The Registry for the Location and Characterization of Persons with Disabilities (RLCPD), under the Ministry of Health and Social Protection (2016) has found that in Colombia, up to July 2016, 7.55% of the population of people with disability are between 10 and 18 years old. In the group of 10 to 14 years, i.e., the expected section for admission and attendance at a basic secondary education level, 34% of adolescents do not attend an educational institution, a figure that rises to 37% in the group 15 to 18 years, i.e., the expected age to attend vocational secondary education and enter higher education. Among those not attending educational institutions, 69% admit not studying, or not having studied because of their disability. This evidence suggests that when talking about the attributed absences on account of disability, we are not only talking about the differences in anatomy, physiology, or individual functionality, but also about the result of disabled people's interaction with the characteristics of the educational system in the architectural, educational and attitudinal dimensions (Moreno, 2011).

Despite high rates of educational exclusion of adolescents and youth with disabilities reported by the RLCPD, the same record suggests that of the 1,265,328 persons with disabilities registered in the country, 3.7% have attained a level of technical, technological college, or graduate education. Without taking into consideration those within this small group who would have acquired disability after school age, the evidence invites one to consider what are the factors inherent in individuals, their families, their immediate social environment and in the process of adaptation to the school environment that led them to the successful completion of this phase of their training, especially considering the fact that they faced adverse conditions equivalent to those that did not achieve such success. This invites us to identify the characteristic of resilience in this population group (Cárdenas and Moreno, 2014).

Resilience and disability

The term resilience comes from the Latin *'resilire'*, which can be translated as 'to jump, or bounce back'. This concept was originally used in the field of physics to characterize the resistance of a body to shock and its ability to retain its structure despite the impact (Colmenares, 2002). From the psychosocial point of view, it can be defined as 'the set of social and intrapsychic processes that enable access to the psychosocial wellbeing, despite adversity' (Melillo, Soriano, Mendez, & Pinto, 2004: 23).

Authors like Waller (2001) and Manciaux (2003) have established that resilience is not absence of vulnerability, nor is it a characteristic of personality, but rather an interactive, dynamic and evolving process between individuals and their environment. Resilience is the result of risk factors and protection, but often this distinction is artificial because the same factor may be 'risk' or 'protection', depending on the context, nature and intensity of stress of the person and the stage the life each individual has reached. It should be remembered that resilience does not mean a lack of risk or total protection (Manciaux, 2003). Throughout its history, research into resilience has maintained a strong inclination toward the individual level of analysis which is the predominant trend today.

However, there is growing recognition that resilience is multi-dimensional and multi-determined, and can be best understood as a product of transactions between multiple systemic levels over time (Walsh, 2005). The relationship between humans and adversity, and their source of resilience is neither linear, nor unidirectional. This perspective is relatively new in the study of resilience, and invites the interdisciplinary effort to explore the link between psychological processes and those of a non-psychological environment (Waller, 2001).

Understanding resilience requires an analysis of the impact that adversity and protective factors, arising from the different systemic levels, have on people. For this reason, it is necessary to consider the risk and protective factors that may arise from single systems (chronic, biological disease, psychological anxiety, cognitive skills), family (overprotection, flexibility in roles), community (unsafe neighborhoods, community support groups) and social factors (poverty, affirmative action). These risk factors and protection within a given ecosystem are dynamic. They are not fixed attributes and their effect is only evident in the context of the interaction and meaning that each individual gives to a certain factor (Waller, 2001).

The detection of such a wide variety of factors that influence the development of resilience is only possible if it is part of a theoretical model to organize knowledge about the interrelationship and interdependence between individuals and social systems, observe the phenomenon and then use the results both for science and for public policy (Bronfenbrenner, 2002).

From the perspective of the ecology of human development, proposed by Bronfenbrenner (2002), development is conceived as a continuous process of adaptation and mutual accommodation between individuals and their physical, social, class and cultural environment. The environment is defined as something that extends far beyond the immediate situations that affect the developing person to include interconnections between these environments and external influences emanating from the wider environment. Thus, topologically, the environment is conceived of as a serial arrangement of concentric structures, in which are contained the following dimensions: a microsystem, a mesosystem, an exosystem and a macrosystem.

This study seeks to determine identity and describes the process of adaptation and resilience in an educational setting experienced by a group of four persons with disabilities during their adolescence and youth, with special emphasis on factors like self image, perception about disability, social relations with relatives, interactions with other people and school peers. Additionally, personal protection, social and family strategies that facilitated their process, were also observed. These factors come into the analysis as Bronfenbrenner (2002) suggested. We presented this conceptualization in the next section.

Applying to resilience the hypotheses that Bronfenbrenner (2002) poses about development in relation to the mesosystem, we could argue that the potential to promote resilience by the environments is increased if there is a person binding between both environments and if their roles, activities and relationships stimulate the emergence of mutual trust, a positive orientation, a consensus of goals between environments and a growing balance of power.

Relational processes can be understood as the activities, roles and relationships that people experience in their immediate environments (Bronfenbener, 2002), especially the family, which are sustained on the basis of communicative processes and organizational norms influenced by beliefs and cultural practices (Walsh, 2005). The influence of both intra- and extra-family relationships on the development of resilience, is marked by some properties of relations: reciprocity, balance of power, and emotional relationship.

Another determining aspect, which in turn is determined by relational processes, are roles. These are often identified with labels that are used to designate different social positions in a culture, and generally differ according to age, sex, relationship, occupation or status (Brohenbrenner, 2002)

A person's social position, and therefore their role, can be defined in response to the question 'who is that person?', from the perspective of someone who knows her and the social context in which she or he is located.

About social support

Today, it is recognized that health, both mental and physical, depends to a large extent on the social factors that characterize the living conditions of people. However, exactly how these factors operate remains the question that guides current research on social support (Reblin & Uchino, 2008). In general, it has been shown that when people feel well supported, they also show other favorable characteristics, such as increased self-control, better coping strategies, greater self-efficacy, less depressed mood, better adjustment and well-being in stressful situations (Schmitz, 1998 cited by Schwarzer, Bäßler, Kwiatek, Schröder & Zhang, 2003). Studies have also repeatedly found that those receiving the highest levels of social support enjoy improved health and well-being, increase their satisfaction with life, and show less solitude (Chalise, Saito, Takahashi and Kai, 2007).

After decades of study in the area the need to conceptualize social support has been evidenced, and has been used interchangeably along with other terms such as social networks and social integration. According to Schwarzer et al. (2003), social networks refer to the number of people or possible support givers in an individual's environment. On the other hand, social integration refers to the structure and quantity of social relations, that is, to the size of networks and the frequency of interaction, while social support would refer to the function and quality of social relations, such as the availability of perceived help or support currently received, which occurs within an interactive process and is related to altruism and the perception of reciprocity. Rob (1990, cited by Schwarzer et al., 2003) argues that health and well-being are not only the result of the current support provision but the

consequence of participation in a meaningful social context. Receiving support gives meaning to people's lives, because it gives them a reason to give back, to feel committed and attached to their ties.

However, it has become clear that the nature of the perception of social support is more complex than the simple recognition that support is received. Dunkel-Schetter and Bennett (1990, cited by Chalise et al., 2007) argue that this is a multifactorial process. If support is desired, if it is sought or received passively, and if the recipient is satisfied with it, they are critical factors in determining the effects of social support.

Coping processes

Based on the results of the stressors' evaluation process and the resources available to address them, individuals implement a 'series of actions that arise from those constantly changing cognitive and behavioral efforts that are developed to handle the specific internal and/or external ones that are evaluated as surplus or overflowing with the resources of the individual' (Lazarus & Folkman, 1984: 86). These efforts are part of what the authors have called the coping process. From this definition, it is possible to differentiate between coping and dominance, since the former implies implementing strategies such as avoidance or minimization, without them leading subjects to dominate the situation.

Coping with a problem has common characteristics with problem solving. The first one encompasses a set of broader strategies that include those that refer to the interior of the subject, while the resolution of the problem implies an objective, an analytical process directed mainly to the environment.

The second role of coping, that is coping with emotion, can be divided into three main groups: one that seeks to reduce the degree of emotional distress, which includes strategies such as minimization, avoidance, detachment, selective attention, positive comparisons and extraction of positive values from negative situations; A second group that includes self-punishment and self-reproaches, aimed at increasing the degree of emotional upheaval, as some individuals need to first experience an intense emotional disorder before they become better; And third are those who use emotional alterations to rush themselves into action.

The theoretical approaches of Richard Lazarus and his collaborators are largely dominated by a process vision rather than by the assumption of basic stable structures such as personality traits; Which implies that the coping is changing, that is to say that the individual modifies its strategies as it changes its relation with the environment (Knox, 2002).

Individual processes

Individual processes are defined as the individual-level biopsychosocial characteristics that interact with the characteristics of the environment 'to allow the manifestation of resilience' (Polk, 1997: 8). Given its importance in relation to resilience, we will then address the emotional aspects, especially the positive emotions.

According to Vera (2006), experiencing positive emotions leads to mental states and modes of behavior that indirectly prepare the individual to successfully face difficulties and adversities to come. Multiple studies have shown that positive emotions have a wide range of effects on individuals (Lyubomirsky, King & Diener, 2005; Pressman & Cohen, 2005, cited by Ong, Bergeman, Bisconti & Wallace, 2006). Theoretical and empirical studies indicate that positive emotions promote flexibility in thinking and problem solving, counteract the effects of negative emotions, facilitate coping, build social resources, and improve well-being. Often positive emotions can co-occur along with negative emotions, even in the midst of significant stress events. One of the ways positive emotions can play a central role in adaptation has been proposed by Zautra et al. (2001, cited by Ong et al., 2006) in their dynamic model of affection. This model predicts that under normal conditions, positive and negative emotions are relatively independent, whereas during stressful situations, an inverse correlation can increase markedly, making it more likely that positive emotions will decrease negatives in days of high stress.

Methodology

Design

This qualitative study was developed using four life histories (Meihy, 2005). The characteristics of this method, including the prominence that is given to the subjectivity of the collaborator, the social and cultural context and vision of process rather than result is included, made it appropriate for the description of the processes of adaptation and resilience, since as has been discussed above resilience is a *transactional process between individuals and their context, a process with strong roots in the individual history*. Additionally, the method of four phases of Madeleine Leininger was used as a strategy of qualitative data analysis (Meihy, 2005).

Participants

The participants in this study were four disabled people. One of them with mental health issues, and the other three with sensory impairments (2 blind people and 1 hearing impairment). All of them have access to education, as well as to work activities. All of them belong to the National University of

Colombia, as students, or as alumni. All attended primary, secondary and higher education in the regular classroom. They had a good academic performance and adequate social integration during their adolescence. They were included and shared work, social and emotional processes with people of a similar age group, and did not attend special programmes. The researchers have a social relation with them. They were the only people invited to participate in the study, as volunteers. All of them accepted to participate without reluctance.

In Table 1, the sociodemographic characteristics are presented. Real names are changed for another names.

	<i>Midgard</i>	<i>Alejandro</i>	<i>Andrés</i>	<i>Ana Isabel</i>
<i>Age</i>	<i>27</i>	<i>24</i>	<i>27</i>	<i>40</i>
<i>Disability</i>	<i>Mental health issues</i>	<i>Visual</i>	<i>Visual</i>	<i>Hearing</i>
<i>Profession</i>	<i>Social Sciences</i>	<i>Philosophy</i>	<i>Antropology</i>	<i>Linguistics</i>

Instruments

The study was based on oral histories. A list of questions was prepared which included: self image, perception about disability, social relations with relatives, interactions with other people and school peers. As shown earlier, this categorial list comes from the theoretical approach of micro, meso, exo and macrosystem.

Procedure

Eight interviews were conducted. Each of them took between one and two hours and each participant had between one and three sessions. All interviews were recorded, and a consent letter was signed before the interview. The consent letter was read for the participant with visual impairment. The questionnaire for the deaf person was presented in a printed format, which she preferred. The interview was conducted orally, because she felt much better with this medium.

Following the method proposed by Meihy (2005) each interview was transcribed verbatim, that is every word spoken during the interview was written down. On average, every recorded hour resulted in 8 hours of transcriptions. A transcription assistant supported us in this activity. This process was very rigourous and systematic. Based on transcripts, the next phase was the construction of the written documents into a textualized oral

history. Textualization consists in reorganizing the chronological sequence, identifying the central themes of the narrative and incorporating both into the story, allowing participants' voices to be heard as a 'first person' history (Meihy, 2005). The final stage in the creation of written oral histories is that of transcreation, which is based on the principles of translation (Meihy, 2005). It is committed to building a totally recreated text. At this stage, circumstances that were not considered during interviews become registered and included in the transcription by participants.

Given the leading role that the participants played throughout the construction process of their own oral histories, they revised the version and approved, or disapproved the end product of the transcreation. Participants removed, added, modified or negotiated phrases during transcreation.

Results and discussion

About the microsystem

The main themes that emerged from the histories were of the participants' self-image, sense of humour, social interactions with peers and relatives. According to the data analysis, the results showed that the main factors associated with the resilience process were found at the microsystemic level (Bronfenbrenner, 2002). In this sense, the closer the context to the participant, the greater the resilience exhibited. Analysis is presented by any of the categories of our conceptual framework based on Bronfenbrenner (2002).

Self-image

As for the so-called personal processes, the findings reveal that participants have high self-efficacy, that is, a high level of confidence in the resources available to enable them to achieve the proposed goals (Bandura, 1977; Maddux, 2002). Also collaborators show a heightened sense of hope (Snyder, Rand & Signon, 2002), which throughout their lives helped them to generate future expectations, which, in turn, largely have enabled them to achieve the performance levels that have been achieved in today.

I would like to find answers to all my questions, and don't find them, it is like the problem is still here, I have to find the solutions myself because I am unhappy with what I have now. I must find new ways. I feel like my life is consumed in just searching for new ways towards difficult paths, for me and for other Deaf people. Not only thinking in an individual feeling, but in a collective feeling. There is a force that drives me to continue working, to give more, to go an extra mile, not to conform to what I have for myself, I must be unhappy and by thinking that out there, there is much more to do. (Ana Isabel)

Of particular importance has been the privilege that collaborators had assigned to their personal interests and that goes far beyond what is strictly academic or work related. Among them is Alejandro's sport.

Compared to my school days, perhaps in the year 1999, I began to play in the football club for visually impaired, which is for blind people. At the time I played representing the Bogota team. I went to play in other cities and that was something that I really enjoyed very much. I felt a fascination for the sport. Before I knew I liked it, but now with all that experience I could say that I became a faithful fan of football. Thanks to this sport, I had the possibility to travel a lot. In 2001, I had a chance to go to Sao Paulo, and in the year 2002, I went to Rio de Janeiro to play representing our team at the World's Visually Impaired Football Championship, and we managed to achieve fourth place. It was well done. Then last year we became champions, at the National Paralympics Game. (Alejandro)

Social interactions with other people

Social relations and interactions play an important role in the participants' lives. All of these interests have served as protection factors for both of these participants. Additionally these factors have been converted into the means for strengthening their resilience strategies, for example in the consolidation of the social support network. They also constructed a favorable concept of independence, with all the positive consequences in which, each one of these processes have for the integral development of their life's project.

I believe that I have two strategies that have helped me to solve all situations that I had been through: one is music and the other one is to share with other people. Let's say that it has been successful in the sense that today, I have started to live on my own. I am working and I finished my studies with honours. It means that all of these interests really work! (Midgard)

A sense of humour

Another important factor for strengthening the resilience of the participants is a good sense of humour, that is developing a capacity to laugh at and about their own circumstances. This has allowed them to see their disabilities in perspective, emotionally distancing themselves from their difficulties and helping to generate a strategy to create more effective solutions (Cohen 1990 cited by Dowling, Hockenberry & Gregory, 2003).

Even though I have a strong character, the majority of my time I am joyful, with a smile in my face and making someone else smile. (Alejandro).

In Cyrulink's words (2002), a good sense of humour has allowed the collaborators to empower themselves and look beyond their own situation and to stop themselves from being dominated by a sense of their sufferings. At the same time, a good sense of humour and the recounting of narratives of their adversity and their stories in a joyful way has worked in their favour when establishing social harmonious relationships, as suggested by Rodriguez (2001).

Independence, autonomy and decision-making

In good measure, the collaborators' resilience is related to their tendency to overthrow norms and social patterns of conduct which society expects of people with disabilities (Cardenas, 2008; Cárdenas and Moreno, 2013). This is shown in Ana Isabel's story, once she left her parental home.

I was the first one to say goodbye, and I left my home to search for a job in another city. It was the moment in which I was making a decision to renounce to my small city and to go aiming to study a higher degree, a master's degree. My family was surprised. "You are you going, yes"? "And how are you going to work?" "How are you going to live?" "How are you going to pay the rent?" "How are you going to pay for your studies? That is very expensive." Then I said to myself: "I don't know, but I am going. I will manage it". Then my parents said to me: "Well. You know, it is your decision, if you think that is the best, it is up to you." For everybody it was a surprise, but I went. Now they don't ask me anything. They only ask me to tell them where I am and ask me to inform them where I am, nothing else. They have learnt that I was taking my own decisions and now they understand that I am able to make my own decisions and for this reason I can count on them. (Ana Isabel)

From Alejandro, after he escaped from his home, in order to go school:

To be honest I got fed up of being housebound, so I ran away. I had a great advantage, which was that the school was located just across the street from my house, I had to go around, but anyway it was very close. The day I ran away from home, I met some friends and then I went to register again, after having been suspended. Fortunately I had all my documents in order, so the next day I began to study. From the start, I did settle my position with my family. The reason for which I ran away, was in order to go back to school, and it was somehow a way of telling them: "I know what are you doing to me. It is being

done with the best of your intentions, but not necessarily in the best way.” (Alejandro)

And, from Midgard, at the time she wanted to claim her rights instead of the absolute subjugation that is imposed on a patient in a psychiatric clinic.

The positive side of living in a psychiatric clinic is that you develop a ‘thick skin’, as some people say. You are forced to become stronger. In some ways my life hadn’t led me to the point of saying an overwhelming ‘NO!’. But this experience helped me to improve my character and to present a bigger challenge to all situations in which you aren’t being taken into account. One learns how to become autonomous after being subordinate. For example, if you don’t want to take the drug! Awful!! Don’t take it! Why do they have to oblige you? Somehow I have managed to gain recognition of my rights. (Midgard)

Experiences make them stronger and let them to grow up, even against relatives’ expectations, as we can see in the next section.

Relations with relatives

Following with the microsystemic level, it has been found that for the participants, the family was a source of protection and a drawback at the same time. This is clear for both Alejandro’s and Ana Isabel’s families. Alejandro’s extended family did not notice his condition, because they were more concerned about the whole family crisis. Ana Isabel’s family was dealing with the diagnosis, and did not accept the condition. They had difficulty dealing with the initial complex approaches to disablement, given that they were faced with a completely unexpected situation. Nevertheless, the uneasiness made an important impact on the perception of both collaborators, since they felt it, from the very beginning.

My parents were upset with the situation that I was going through and they had a tendency to protect me, which sometimes I rejected. I did not like it that they were seeing me as very special, or different, from my brothers, or simply that they would spoil me, just for being a deaf person. My brothers and I were very young and sometimes we ended up having difficult relationships. For example, when watching TV I used to ask what they were saying but their reply was, “Ssh, or shut up. Let us listen to it!” So then I used to leave and go away to a quiet place where I could be on my own. Then I began to be less communicative with everybody. I ended up only answering with a “Yes”, or a “No”, just because I felt like I was bothering others. Finally I decided to remain silent. (Ana Isabel)

The traumatic situations experienced by Midgard about his parents' death in a car accident, were very important in his psychological development and become risk factors for his wellbeing.

However, families have also been vital for adaptation and the creation of resilience in family members with disabilities. This is evident in the story of Andrew, and the ways his family managed the visual impairment both from the emotional and the educational perspectives.

My mum has gathered a collection of stories on cassette tape which was wonderful. I remember for example the tale of a girl named Lili who was lost in the forest of Australia. Then a kangaroo rescued her and helped her find her mum and her dad because the kangaroo herself had lost her little son. So I had to ask my mom issues like "Well, what is a kangaroo?" or "What is a platypus?" because in the story mentioned a platypus too. She thought: "How can I respond to that?" Then she tried to get some animals with different scales and found some miniature animals that helped me to understand them. (Andrés)

One might wonder at what point in the life cycle stage of both disabled individuals and their family are affected by the condition of disability. Each family is affected by this situation in different ways. Some of them perceived disability as a punishment, some others as an opportunity to be more spiritual.

With regard to the school microsystem, it was apparent that the family is here also both a risk factor and a protective unit. In principle, the reluctance of educational institutions to admit students with disabilities was a factor which enhanced the fears and maladaptive management techniques of families, and also impacted on the self-esteem and self-image of disabled students and therefore also on their frame of mind. These factors are explored further in the next section.

About the exo and mesosystem

The relations and interaction with context were very important for these four disabled people. They recognize that the context was part of their inclusion or exclusion process.

I attended a big school with 1300 students. I was the first blind student that they accepted, and I experienced a lot of resistance from different people. Some of them even recommended that I would be better looked after in a special education school. There was a lot of ignorance and

opposition to my inclusion. One day a teacher told my mom that she could not explain algebra to me because, to explain something like, for example, what a line was to me, she needed to catch a steel rod or hook, straighten it completely and sanding it to show that it was a line. I found this explanation exaggerated and from that day Mrs. P wasn't nice to me. (Alejandro)

All of them were attending institutions without any previous experiences in inclusion, so they were part of a trial-and-error process. Their teachers had no training and all activities and practices were based on intuition.

My classmates laughed at me. I shouted. My teacher was angry because I did not understand what she was talking about, and I didn't understand school rules, or the exam questions. (Ana Isabel)

However, the institutions took up the challenge and, very importantly, they developed curricular and methodological adaptations for each particular case, following simple adjustments. This process was facilitated, in part, because of the small number of students with disabilities in each school, but also because there was sympathy for the students.

I started off with a very cool (i.e. good) relationship with the teachers, so much so that by time, they even decided to let other kids with visual disability attend the school. And it became a more welcoming school for this disabled population. In my case, they took up the challenge and we advanced smoothly. It was not rushed, or traumatic. Just going step by step to see how things were going to develop. We were looking for tools for each other and I tried to do my best within my possibilities to show them that I could do things. An example of this was algebra classes. The teacher had difficulties at the beginning because mathematics is very graphic, but later on we became very close, and she asked to be my teacher from the 8th to 11th grades, and the whole process was quite interesting. (Alejandro)

As we can see in these quotations, individual and peer interactions determine many outcomes in terms of support, successful and self esteem.

All I have comes from my family. As it comes from the family there were not so many things to demand from school, or even university. My needs were rather few and they were very specific and easy to solve. For example, an agreement with my teachers at the school was to be evaluated through oral presentations and invent a different way of doing different things. If my peers were drawing, I was also drawing with a needle. (Andrés)

Families become even stronger and promote empowerment of teachers, who learn about disability issues and become aware of challenges of inclusion, not only at the academic level, but also at the social activities.

During my school life inclusion in the regular classroom was beneficial to me not only because of the possibility of having the same training, but also because I had contact and social ties with non-disabled peers. (Ana Isabel)

Something difficult for me was that I did not practise sports, like my other classmates, or not being part of the football team and all those things that seemed very attractive. But just in my physical activity class I was very active and tried always to do everything the teacher asked of us. Everything was done: such as jumps, or running ten laps to school. (Alejandro)

Inclusion must be understood in a broader sense: not only for learning academic content at school, but also for social participation and community engagement.

About the macrosystem

For all participants social relations are a source of protective factors for them, but structural issues were determinant.

On leaving home I became surrounded by many people; not my family, but my friends. I got closer to them and the social networks I developed were important because they helped me understand that the situation was not unique, but that if people accept one, it's because I really want it to happen and when you want it people make a commitment. I think for that reason the relationship with my lifelong friends did not change much. They supported me pretty well. My college room-mates were also super-supportive. In the College of Human Sciences, it is very rare to have close friends because I was a kind of different person. They had no money but I collaborated with their support. For example, one of them stayed in my house supporting me and so they became very important. (Midgard)

Here is something very important: when I was in the seventh grade I started having contact with the deaf community in the capital city of the department, it was part of the Association of the Deaf. For me, it was very important to see what was happening in that community, in that group. I began to realize I had many things they did not have: my ability to study, to learn, my use of spoken Spanish, to write, to express myself, to communicate with other people. They did not have

that. That also gave me the strength to continue studying, because I had a purpose, I wanted to study to help them. I wanted to give back the good things that I was getting. I thought I could help improve the situation in some way. (Ana Isabel)

Conclusion

If resilience is a set of social and physical processes that enable people to achieve wellbeing, even against adversity, so this study identified processes in the micro, meso and macro levels from an ecological and transactional perspective.

Findings suggest that, at the micro-systemic level, the most resilient processes are based on a high level of self-efficacy, promotion of autonomy as well as affective relations with disabled and non-disabled people.

Self-efficacy was recognized for all stories. These four disabled people became self confident and found out that they managed to face more challenges that they had expected or were prepared for. In promotion of their autonomy, the role of the families were determinant. In some ways a kind of negation of disability becomes an impulse to promote their independency.

The relations with non-disabled people were very positive. They came into strong relationships with peers and humour played an important role in the daily interactions.

Findings show us that at the meso level, relations have been established among microsystems: school, family, other organizations. School let them make connections with others' experiences and peers that show them another view of life. Family is a link with others, but can also be the barrier to be part of the daily life, because of overprotection and control. Organizations, such as university, provide the social networks, friends and challenges. They have enabled the implementation of joint coping strategies aimed at achieving successful processes in different environments.

At the exosystem level, the analysis was much more difficult. The structures of the environment, the social representations about differences, the culture of normalcy and stereotypes about being normal affected the whole environment, but was not explicit in the stories of our four participants. It can be considered for further studies focusing on this level.

At the macrosystemic level, regulatory and institutional structures related to disability in the country become simultaneously a protective and risk factor. We found that the existing normative development about inclusive education was positive and influenced the educational culture. Schools recognized that

inclusion was mandatory and that students' right to education must be considered.

Following the Salamanca Statement in 1994, Colombia promoted Education for All and eliminated special education at the educational public system. Normative advances in inclusive education in the Colombian context are recognized at the regional level, as one of the most significant advances. So all students with disabilities were attending public schools under the mainstreaming model. However, there are still some attitudes of paternalism within public policies for disabled people.

As a result of transactions between multiple levels of socio-cultural factors, through time the collaborators have achieved their targets for expected development through the different stages of life and in so doing they have overcome the adverse factors associated with disability and sometime even reaching levels higher than those of their non-disabled peers in the academic, professional and social level performance. All these findings were very meaningful in order to understand how resilience can play an important role in disabled people's lives.

References

- Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York: Freeman.
- Bronfenbrenner, U. (2002). *La ecología de desarrollo humano*. Experimentos en entornos naturales y diseñados. Barcelona: Paidós Editorial.
- Cárdenas, A. (2008). *Resiliencia ante la vejez, la discapacidad y la pobreza: Historia oral de vida*. Tesis de Maestría en Salud Pública. Bogotá: Universidad Nacional de Colombia.
- Cárdenas, A. & Moreno, M. (2014). *De la adversidad al éxito. Voces de la resiliencia desde la discapacidad*. Bogotá: Universidad Nacional de Colombia.
- Chalise, H., Saito, T., Takahashi, M. & Kai, I. (2007). Relationships specialization amongst sources and receivers of social support and its correlations with loneliness and subjective well-being: A cross sectional study of Nepalese older adults. *Archives of Gerontology and Geriatrics*, 44, 299-314.
- Colmenares, M. E. (2002). Resiliencia: sus valores psicológicos y socioculturales. En *Resiliencia: responsabilidad del sujeto y esperanza social* (segunda reimpresión). Cali, COUNTRY: ceic-Casa Editorial Rafue.
- Correa, L. & Castro M, M.C. (2016). *Discapacidad e Inclusión Social en Colombia*. Informe alternativo de la Fundación Saldarriaga Concha. Bogotá: Fundación Saldarriaga Concha.
- Cyrułnik, B. (2002). *Los patitos feos*. Barcelona: Gedisa
- Dowling, J., Hockenberry M. & Gregory, R. (2003). Sense of humor, childhood cancer stressors, and outcomes of psychosocial adjustment, immune function, and infection. *Journal of Pediatric Oncology Nursing*. 20 (6), 271-292.
- Lazarus, R. y Folkman, S. (1986). *Estrés y procesos cognitivos*. Barcelona: Martínez Roca.
- Lyubomirsky, S., King, L., & Diener, E. (2005). The Benefits of Frequent Positive Affect: Does Happiness Lead to Success? *Psychological Bulletin*, 131, 803-855. <http://dx.doi.org/10.1037/0033-2909.131.6.803>

- Maddux, J. (2002). Self-efficacy. In: C. Snyder & S. Lopez (eds). *Handbook of Positive Psychology*. 277-287. New York, NY: Oxford University Press.
- Manciaux, M. (2003). (Ed). *Resistir y rehacerse*. Barcelona: Gedisa. Pags. 17-24.
- MEN (2014). *Orientaciones educativas para los estudiantes con discapacidad*. Bogotá: Ministerio de Educación Nacional.
- Meihy, J. (2005). *Manual de historia oral*. Sao Paulo: Loyola.
- Melillo, A., Soriano, R., Mendez, J. & Pinto, P. (2004). Salud comunitaria, salud mental y resiliencia. En Melillo, A., Suarez, E. y Rodriguez, D. (Comp.). *Resiliencia y subjetividad. Los ciclos de la vida*. Buenos Aires: Paidós.
- Ministerio de Salud y Protección Social. (2016). *Registro para la localización y caracterización de las personas con discapacidad*. Bogotá: Ministerio de Salud y Protección Social.
- Moreno, M. (2011). *Infancia, políticas y discapacidad*. Bogotá: Editorial Unilibros
- Ong, A., Bergeman, C., Bisconti, T & Wallace, K. (2006). Psychological Resilience, Positive Emotions, and Successful Adaptation to Stress in Later Life. *Journal of Personality and Social Psychology*, 91(4), 730-749.
- Polk, L. V. (1997). Toward a Middle-Range Theory of Resilience. *Advances in Nursign Science*, 19(3), 1-13.
- Rodríguez, D. (2001). El humor como indicador de la resiliencia. En: Melillo & Suarez (Comp): *Resiliencia: Fortaleciendo las propias fortalezas*. 24-37. Buenos Aires: Paidós.
- Reblin, M. & Uchino, B. (2008). 'Social and emotional support and its implication for health'. *Current Opinion in Psychiatry*. [Vol] (21) (pp. 201-205).
- Schwarzer, R., Bäßler, J., Kwiatek, P., Schröder, K. & Zhang, J. X. (1997). The assessment of optimistic self-beliefs: Comparison of the German, Spanish and Chinese versions of the general self-efficacy scale. *Applied Psychology*, 46 (1), 69-88.
- Snyder, C. R., Rand, K. L., & Sigmon, D. R. (2002). Hope theory: A member of the positive psychology family. In C. R. Snyder & S. Lopez (Eds.) *Handbook of positive psychology*, pp. 257-276). New York: Oxford University Press.
- Waller, M. (2001). Resilience in ecosystemic context: Evolution of the concept. *American Journal of Orthopsychiatry*, 7 (3), 290-297.
- Walsh, F. (2005) *Fortaleciendo a resiliencia familiar*. Sao Paulo: Roca.
- Zola, I. (1982) *Missing pieces: A chronicle of living with a disability*. Philadelphia, PA: Temple University Press.