



Encyclopedia of Trauma: An Interdisciplinary Guide

Resilience Bolstering

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The term resilience has been used in many contexts and with multiple intents. It is often used synonymously with hardiness, robustness, and other terms indicating a psychologically healthy response to stress. Literally, the English word resilience stems from the Latin, *resiliens*, meaning “to rebound, recoil.” In the physical sciences, this is defined as the maximum extent to which a material can absorb external energy causing it to become deformed before reaching the point at which it will be unable to return to its normal state.

In addition to referring to the ability to bounce back from a stressful episode, the uses of the term resilience in psychology have also included the ability to resist stress, to cope with stress and adversity, and to become stronger because of one's experience. In attempting to determine why some people are more psychologically resilient following a stressful experience, researchers examine a variety of influences, including genetic, racial, cultural, upbringing and early childhood experiences, education, and skills developed specifically to enhance resilience.

Resilience to Stress

Theories of resilience differ from many theories in psychology in that theories of resilience consider positive factors that lead to resistance to or recuperation from stress, not just the negative consequences of stress. Pioneers such as Walter Cannon in the 1930s, followed by Hans Selye in the 1950s, described positive outcomes that occur in response to stress. Selye used the term eustress to denote positive responses to a challenge, as distinguished from distress, which leads to more unhealthy outcomes. In the face of transient stress, sympathetic activation of one's autonomic nervous system is highly adaptive. Further, we require environmental challenges to continue to adapt and grow. Thus, a challenge is often beneficial to us when we rally to meet the challenge and downregulate once the challenge has subsided. However, in the case of trauma, the challenge can be so overwhelming that one is unable to adapt to the situation and downregulate following the cessation of the event. Physiological studies that followed have shown the detrimental effects on one's brain and body of ongoing stress response to trauma mediated by hyperactivation of the hypothalamic-pituitary-adrenal axis (HPA) without sufficient restorative recuperation. Current research shows that long-term dysregulation of the HPA axis is associated with initial high levels of cortisol and alterations in hippocampal and limbic morphology. This leads to increased risk of heart disease, diabetes, substance use disorder, chronic pain syndromes, and emotional dysregulation such as depression and anger. Therefore, skills that assist in balancing autonomic activity are important for maintaining a healthy mind and body.

Richard S. Lazarus and his colleagues explored behavioral and attitudinal variations in people's responses to stress, distinguishing between adaptive and maladaptive enduring personality styles and more context-specific coping strategies that might be uniquely employed in response to specific situations. This line of research has led to some psychologists studying the effects of comprehensive enduring personality styles (such as neuroticism, extroversion, openness, etc.) through the use of personality measures including the Minnesota Multiphasic Personality Inventory (MMPI), the Sixteen Personality Factor Questionnaire (16PF), and the NEO Personality Inventory, whereas others focus on strategic responses to specific situations (using active-passive, internal-external, cognitive-emotional approaches) with such instruments as the Ways of Coping Questionnaire.

The study of resilience has also included historical, sociocultural, and psychosocial factors that contribute to the way one responds to stress. Although factors that lead certain persons to respond to stressors in a more or less adaptive way have been investigated over the decades across a number of groups facing varying degrees of stress in their lives, the study of those exposed to war have provided the most data. Most recently, the wars in the Middle East have provided the most comprehensive perspective because of the high priority many governments have placed on understanding posttraumatic stress disorder (PTSD) in an effort to treat PTSD and other negative sequelae and to find ways to improve war fighter resilience to prevent such negative consequences and maintain a healthy fighting force.

Resilience to Traumatic Experiences

Exposure to a life-threatening experience such as combat is a major risk factor for developing PTSD and other

psychological consequences. Indeed, the 2008 Department of Defense–sponsored Military Health Behavior Survey found a direct positive correlation between degree of combat exposure and likelihood of developing PTSD, depression and suicidal thoughts, and heavy drinking. However, many of those who undergo such an experience do not subsequently develop PTSD and other psychological problems, or else more easily recover once developing such problems. The following resilience factors appear to protect the individual from many of the harmful outcomes and may encourage healthy post-traumatic growth and development.

Factors Influencing the Development of and Resilience to Trauma-Based Symptoms

The ability to resist the development of PTSD symptoms or recover from symptoms of PTSD appears to be related to biological factors, early childhood experience, exposure, and current skills.

Factors Thought to Influence the Development of Resilience to PTSD

Biological:

- Genetic
- Neuroendocrine reactivity
- Race
- Age
- Sex

Upbringing:

- Family of origin
- Culture
- Education
- Early childhood experiences
- History of mental disorder

Exposure:

- Single exposure
- Multiple exposures
- Ongoing exposure

Current psychological functioning:

- Current mental disorder
- Guilt over event
- Social support
- Coping style
- Psychophysical regulation
- Attitude stemming from the context within which the event occurred
- Meaning stemming from belief about the effects of the event on one's future

Demographic Factors

Minority, low-income, and lower educated groups and females have been found to be more likely to develop PTSD.

Genetics and Biological Factors

Although being a member of a minority group and female gender has been found to be associated with

increased risk of developing PTSD, it is unclear if this is because of genetic predisposition or because of developmental factors. For instance, minorities who live in lower income areas are more likely to be exposed to violence, to have less stable family structures, less educational opportunities, and fewer resources for recovery. Even in combat, minorities are more prevalent in junior enlisted ranks, which encounter more combat exposure. Nonetheless, although the research is in its infancy, growing evidence indicates that genetics does appear to play a role in resilience to PTSD. For instance, certain individuals have hormonal and neurochemical levels that rebound faster than do those of others following an episode of extreme stress. These protective mechanisms have been found in special warfare operators and in elite athletes. The consistent finding of women having higher rates of PTSD could result from differences in neuroendocrine functioning compared with men, or such differences could result instead from differences in exposure to and practice in semi-violent situations, such as contact and competitive sports, or even because of socialized beliefs of what is appropriate activity for females compared with males. Male victims appear just as likely to develop PTSD following sexual assault as are females. However influential the role of genetics turns out to be, there is nothing one can do following a stressful incident to change one's genetics. Yet determining genetic factors that sensitize to or protect one from the harmful effects of PTSD could be useful in the future for screening candidates who may be placed in harm's way, such as emergency first responders or infantry. In addition, we are rapidly learning more about what environmental factors cause genes to express or become active, versus inhibiting their expression through environmental manipulation, so that in the future, genetic augmentation to bolster resiliency may be possible.

Early Development

Life experiences have also been shown to be sensitizing or buffering for the development of and recovery from PTSD. Those with a history of abuse and mental illness are more prone to develop PTSD following an index event. However, those who have gone through a difficult event and come out of it feeling stronger may have developed some degree of resistance to the development of PTSD. Those with healthy, reliable, and available social connections with caregivers are said to have secure attachment, which appears to buffer the development of many types of psychosocial disorder. Once again, after experiencing a life-threatening event as an adult, there is not much one can do about one's earlier life experience. However, awareness of one's dispositions might help one seek earlier support given such predispositional factors. This would be akin to someone with a history of early onset diabetes in the family making every effort to keep weight in check and exercise when approaching middle age. However, some evidence also supports the view that attachment processes can be developed in adults through social connectedness enhancement.

Current Attitudes and Behaviors

One's current life situation, attitudes, and skills also can be sensitizing to or buffering for the ill effects of trauma. Low social support, substance abuse, and negative outlook are consequences of having developed PTSD and are predictive factors for its development. This is known from assessing warfighters before deployment and then subsequently assessing the risk of developing PTSD in theater. Alternatively, those with good social support, especially having someone in one's life with whom one can share intimate emotional feelings and thoughts, has been shown to be protective against the development of PTSD.

Meaning

Similarly, if one frames a situation, such as a combat mission, in positive terms (here to protect one's country or the civilian inhabitants of a foreign country), one stands a better chance of resisting the onset of PTSD than if one has negative attitudes toward the event. For instance, if a soldier perceives the chain of command as incompetent, there is a greater likelihood of developing PTSD following a traumatic event than if the chain is viewed positively. Therapists therefore need to be careful to balance challenging cognitive distortions and existential exploration of one's beliefs with the protective effects of having protective schema surrounding a life-threatening experience, especially in the acute phase. The meaning a traumatic event has for one's future can also influence the development of PTSD symptoms. If being raped leads to a belief that one is forever outcast from one's social group and family, the consequences will be very different than for a rape survivor

who feels her life will have greater meaning, purpose, and value if she becomes a rape crisis counselor. Therefore, making sense of one's trauma in a way that leads to taking positive action can be very effective in one's recovery. The meaning one derives from a situation and the agency one undertakes as an extension of that meaning is a complex matter that is the result of genetics, upbringing, social context, and many other factors. Increasing evidence indicates that a person's religious or spiritual beliefs are associated with structures of meaning that appear to buffer the experience of trauma and facilitate recovery.

Coping Styles

Feeling a sense of control of one's situation is a buffering factor as well. Patients with PTSD often describe feeling helpless about what was happening to them or another person in peril. Guilt is also a factor that makes it difficult to rebound from the stress arising from a traumatic event. Finally, avoid-ant coping is associated with perpetuation of trauma symptoms whereas an active engaging coping style has proved effective in overcoming PTSD. Learning coping strategies to break the cycle of intrusive thoughts stimulating negative emotions that in turn stimulate intrusive thoughts is one of the benefits from learning active coping strategies. Therapy focusing on helping the patient improve their sense of control of their present situation that directly addresses feelings of guilt and that helps directly address the event that one tends to avoid has the best chance of helping sufferers with trauma symptoms to overcome their distress and engage in more fully functional lives.

Social Support

Research is increasingly confirming what has been suspected for decades: Social support buffers the ill effects of trauma and improves resilience. Social support can come in many forms, the extent of one's social contacts (social network), the support one can expect if one needs to rely on others in an emergency (functional support), affiliation with a religious or fraternal organization (group membership), and close emotional support. Emotional support is emerging as the most important type of support, especially feeling understood by someone who cares for you. Indeed, having someone with whom one can share intimate thoughts and feelings in a meaningful way has been found to be protective for a variety of physical and psychological illnesses. Social support is often an early victim of trauma, but fostering such support can also provide a way back to health.

Promoting Resilience in those at Risk

Although the factors discussed have been shown to be associated with the development of or protection against PTSD, a number of factors have been identified that can be enhanced in those already affected by trauma symptoms to promote their resilience (secondary prevention). These include boosting coping strategies, such as actively engaging with one's trauma, focusing on being in the moment, actively solving problems rather than being overwhelmed by failure, controlling one's physiological reactivity, developing good social support, finding appropriate areas of one's life where one can exert healthy control, and finding productive meaning arising out of the tragedy.

Boosting Resilience

Social support:

- Sharing intimate feelings and thoughts with others who are supportive of your situation

Positive attitude:

- Finding ways to not feel guilty about the tragedy
- Discovering positive aspects and outcomes whenever possible
- Focusing on the future rather than the past

Active coping:

- Confronting rather than avoiding the traumatic memories
- Finding areas one can control in one's life

Healthy lifestyle:

- Regular exercise, eating, sleeping
- Recuperating through restful and healthy activities rather than with drugs and alcohol

The American Psychological Association (APA) focuses on maintaining a positive attitude in the face of adversity to boost resilience, including making efforts to avoid seeing crises or stressful events as unbearable problems, accepting circumstances that cannot be changed, developing realistic goals and moving toward them, taking decisive actions in adverse situations, looking for opportunities of self-discovery after a struggle with loss, developing self-confidence, keeping a long-term perspective and considering the stressful event in a broader context, maintaining a hopeful outlook, expecting good things, and visualizing what is wanted. In addition, APA recommends taking care of establishing good social relationships and taking care of one's mind and body, exercising regularly, paying attention to one's own needs and feelings, and engaging in relaxing activities that one enjoys. Learning from the past and maintaining flexibility and balance in life are also cited.

Preventing the ill effects of distress in those who have not yet experienced extreme trauma involves having healthy parenting, having good social networks, experiencing successfully overcoming mild to moderate challenges, and establishing good self-esteem and a positive outlook on life. Recovering from trauma can be facilitated by encouraging close relationships and sharing of one's intimate feelings and thoughts, finding ways to increase control of one's life, directly confronting the memories of the traumatic incident in a therapeutic setting, and challenging oneself to tolerate situations that would otherwise be avoided because of reminders of the trauma.

Various therapeutic modalities can help boost resilience, including stress inoculation training (SIT). SIT involves learning about one's strengths and areas that could benefit from improvement, learning skills to boost deficient areas, and practicing those skills within contextually rich environments. For instance, if a woman has been sexually assaulted in the past, she may be worried about being alone with a male. Focusing on one's strengths (friendly, confident in other areas) and as well as one's deficiencies (becoming tense and nervous around any male) can lead one to practicing relaxation skills alone, in a group of mixed gender, and then eventually when in a safe environment with a single man. Cognitive behavioral therapy (CBT) focuses on challenging underlying or habitually conditioned beliefs that one has developed, initially resulting from a legitimate event (having been raped), but then became overgeneralized (all men are threats). Behavioral therapies, including exposure therapy, have a person directly confront one's fears (repeatedly describing the rape event, in detail, until associated arousal has extinguished). SIT, CBT, and exposure therapies all promote the importance of taking action to overcome one's fears, such as engaging in real-life (in vivo) participation of formerly avoided activities (going to a party and speaking with a man).

Conclusion

One's resilience to traumatic stress is a multifaceted phenomenon, stemming from genetics, early childhood experiences with one's cultural attitudes and family relations, and mental health history, as well as one's current social support, current attitudes, and coping skills. Most of those experiencing PTSD can overcome these symptoms by actively engaging in corrective therapy and healthy activities. However, continuing to succumb to passive attitudes, avoid-ant behaviors, and unhealthy lifestyle is more likely than not to maintain a poorer quality of life than would otherwise be possible. One cannot always avoid traumas in one's life, but one can take positive actions to become increasingly resilient to the potentially negative effects of trauma.

- post-traumatic stress disorder
- resilience
- trauma
- social support

- genetics
- rape
- coping

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See Also

- [Brain and Trauma](#)
- [Childhood and Adolescent Trauma: An Overview](#)
- [Cognitive Behavioral Therapy](#)
- [Posttraumatic Stress Disorder](#)
- [Social Support and Trauma](#)
- [Spiritual Intelligence and Posttraumatic Growth](#)
- [Stress Inoculation Training](#)

Further Readings

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