



Encyclopedia of Trauma: An Interdisciplinary Guide

Resilience, Growth, and Thriving

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In defining resilience, dictionaries describe the tendency to bounce back or recover from setbacks, buoyancy, and elasticity. Resilience researchers such as Emmy Werner and Michael Rutter have related resilience to personal strengths, such as the ability to adapt well to stressful circumstances, coping and functioning well in life, maintaining emotional equilibrium, overcoming adversity, preventing mental illness amid hardship, flexibility, and growing. Combining these, we can define resilience comprehensively as

the strengths of an individual, both innate and developed, that enable one to adapt well to adversity, including the capacities to: maintain and improve mental health; function optimally (calmly, competently, flexibly); prevent the development of stress-related psychological problems (such as posttraumatic stress disorder, depression, anxiety, substance use disorders, suicide, and domestic violence); and overcome the damaging effects of adversity, should they occur, by minimizing the number and severity of symptoms, speeding recovery, and protecting against relapse. In short, resilience is the ability to bounce back and thrive. (Glenn R. Schiraldi, 2011a, p. 13)

This definition encompasses the concepts of resistance to, recovery from, and resourceful responding to adversity—or extremely difficult life stressors, including trauma. Resistance refers to the preventative dimension of resilience. Recovery refers to the elasticity dimension (some people never seem to seriously stumble psychologically, others stumble but later recover). Resourceful responding implies adapting flexibly to changing circumstances, applying coping skills and judgment, and drawing upon needed mental, spiritual, emotional, physical, financial, social, and environmental supports. To survive is to simply get through adversity. To thrive is to come out the other side of adversity having coped well and even having discovered and/or grown inner strengths.

Resilience is a relative concept. No one is invulnerable, but each is capable of functioning at one's best possible level in any given situation. Resilience can vary within an individual depending on factors such as experience, training, sleep, nourishment, physical conditioning, or the nature of the adversity.

Why is Resilience Important?

Nearly half of all U.S. adults will experience a stress-related mental disorder at some point in their lives. Prevalence rates are especially high in the United States and are increasing globally. Among high-risk populations (e.g., firefighters, military, police, and other emergency responders) are seen higher than expected rates of posttraumatic stress disorder (PTSD), depression, substance use disorders, anxiety, sleep disorders, suicide, domestic violence, and divorce. Furthermore, the demand for mental health professionals to treat these problems far outstrips the supply. Many who need treatment will fail to obtain it because of stigma, inability to pay for treatment, ignorance of treatment options, and so forth. Thus, the need for preventive efforts is apparent, and resilience training is a promising approach to prevention. Second, growing evidence suggests that traumatized populations experience a wide range of medical symptoms. Resilience training conceivably might mitigate medical consequences of traumatic exposure, while complementing trauma treatment efforts. Third, growing resilience will likely enhance mental health and performance, and possibly increase career retention in stressful occupations. Theoretically, resilience enhancement could benefit all individuals, from combatants to athletes, students, parents, teachers, employees, leaders, and trainers.

The Special Relationship between Resilience and PTSD

PTSD is sometimes defined as the exhaustion of resilience, and resilience is sometimes defined as the failure to develop PTSD following exposure to a traumatic event. The treatment of PTSD can increase resilience through the acquisition of coping skills and the enhancement of personal strengths. PTSD is highly comorbid. That is, it tends to occur along with any of a large number of mental and medical disorders. Resilience likely affects a mechanism common to these disorders and might lessen the disproportionate use of medical services by PTSD sufferers.

Resilience, Risk, and Protective Factors

Originally, researchers studied risk factors related to PTSD and other forms of stress-related dysfunction. These included external factors, such as the severity of the trauma and the absence of social support (poor leadership, societal, and family support) and internal factors, such as preexisting mental health, difficulty remaining calm under pressure, negative attitudes about expressing emotions, and the inability to manage or tolerate strong negative emotional reactions to stress. However, a number of researchers began to notice that about two thirds of survivors of extreme adversity were resilient—either never significantly stumbling psychologically or else recovering fairly rapidly or, perhaps, later in life. Researchers highlighted more than a dozen strengths or protective factors that characterize resilient individuals, such as a sense of autonomy (e.g., able to separate from family dysfunction, determination to build a better life), calm under pressure, optimism, and good health habits (sufficient sleep, regular exercise, no immoderate alcohol use, avoidance of harmful drugs, etc.). These strengths, which appear to be more important in predicting adaptability than are external risk factors, have become the focus of resilience training, which has been shown to improve resilience as measured by standardized scales or by the reduction of psychological symptoms in at-risk populations. Consequently, resilience training has been adopted by the U.S. and Australian armies, and studied in various other at-risk groups.

Enhancing Resilience

Resilience is considered innate and capable of being enhanced through training that includes the application of coping skills. Ideally, resilience training takes place in a small-group format, targets modifiable risk and, especially, protective factors, and follows Donald Meichenbaum's stress inoculation training model, which devotes the majority of the time to learning and applying coping skills. The skills are categorized as universal skills, which are applicable to everyone, and specific skills, which are especially relevant to high-risk groups. In practice, many of the skills that are relevant to prevention are also relevant to promoting optimal performance, adaptation, rebounding, and growth both under duress and across the life span. The elements of resilience training are outlined here.

Universal Resilience Skills

- Optimizing brain health and function. Because of brain plasticity, brain health, size, and function can be enhanced through healthy nutritional, exercise, and sleep practices; the avoidance of harmful substances (e.g., tobacco and pesticides); the treatment of certain medical and psychological conditions; recreation and lifelong learning; protecting the brain from head trauma; maintaining gum health; and managing stress.
- Developing calming skills. Physical, mental, and emotional arousal appear to be common deleterious factors in the so-called diseases of arousal, which include anxiety, depression, and substance use disorders. Calming skills include breath control, systematic relaxation practices (such as progressive muscle relaxation and meditation), heart coherence, and replacing common irrational thoughts.
- Managing highly distressing emotions, such as strong fear, grief, anger, sadness, or shame. Distress management skills include calmly confronting—rather than avoiding—troubling emotions, confiding or expressing troubling secret wounds in writing, and managing distressing dreams, which can trouble those who are exposed to traumatic events for years if unresolved.
- Developing wholesome self-esteem and realistic optimism skills. Self-esteem is defined as a realistic and appreciative opinion of self based on the foundation of (a) recognition of unconditional human worth, (b) unconditional positive regard and acceptance, and (c) growth. Skills address each of the three foundational areas. Optimism skills are based on attribution theory.
- Developing happiness skills. Happiness is the ability to generally experience positive emotions on a regular basis, while feeling overall satisfaction with oneself and the course of one's life. Happiness correlates strongly with resilience, self-esteem, and optimism, while correlating strongly and inversely with anxiety, depression, hostility, tension, guilt, and other indicators of psychological dysfunction. Barbara Fredrickson's broaden and build model explains that the presence of positive emotions helps one to see more coping options. As new options are applied, one's coping repertoire expands.

A large proportion of happiness derives from intentional activities, such as enhancing gratitude, altruism, and bonding humor.

- Having moral strength. The character strengths that are valued in virtually all cultures include courage, honesty, integrity, respect, fairness, loyalty, trustworthiness, responsibility, kindness, sexual integrity, and tolerance. Completing a nonjudgmental inventory of present strengths and making a plan to practice specific strengths is one approach to building moral strength.
- Taking the long view of suffering (i.e., finding growth opportunities in suffering). Resilient people see suffering as a double-edged sword. Exposure to trauma is correlated with a variety of medical, psychological, and social problems. However, many survivors of traumatic exposure also indicate that suffering has made them stronger. Cultivating a broader view of suffering includes recognizing pitfalls that keep people stuck in suffering, such as blaming, dwelling on how the suffering could have been avoided, condemning the self for imperfect functioning, denying pain, and clinging to unworkable spiritual assumptions (e.g., only bad people suffer). Resilience survivors accept that growth and distress typically coexist. The greater the distress, the greater the potential for growth. Suffering can help one realize what is most important in life; commit or recommit to cherished values; become open to new directions and opportunities; discover or acquire strengths, such as self-discipline, wisdom, compassion, self-confidence, spirituality; and become more authentic and less materialistic.
- Exploring religion and spirituality. Many studies have explored the relationship between religion and health. The vast majority document religion's positive effects, such as greater happiness, optimism, resilience, altruism, mental and physical health, and satisfaction with marriage; and fewer risky or self-destructive behaviors (drugs, suicide, etc.). PTSD can blunt one's sensitivity to spiritual feelings; effective treatment might help survivors be open to feelings again. Although many find that trauma can strengthen faith, about 30% initially find it weakened—feeling numb, angry, cynical, and/or abandoned. Survivors might realize that spiritual growth is not simple, quick, or necessarily linear. Individuals can explore ways to enhance religion and/or spirituality (the search for the sacred), such as by making time for religious practices or reading sacred writings, seeking comfort in faith communities (allowing that all congregants might not relate to trauma survivors), and exploring ways to alleviate guilt and forgive self and others.
- Finding meaning and purpose. Like spirituality, meaning and purpose can be destroyed by traumatic exposure, or rediscovered or strengthened. One can recommit to finding meaning in suffering such as by using newly acquired compassion to help others suffering in similar ways, using warrior skills to preserve peace and restrict needless violence, turning personal weakness discovered in adversity into strengths, experiencing life's wholesome beauties and pleasures, or turning a mundane job into a vocation that lifts others.
- Using social intelligence. Social intelligence includes the ability to apply people skills in diverse situations quickly and effectively and includes empathy, leadership skills, basic interpersonal skills, forgiving skills, and couples and family skills.
- Using mindfulness meditation. Meditation has been effectively used in the treatment of PTSD and a wide range of other mental and medical disorders. Mindfulness meditation practice also appears to improve brain/cognitive function, performance, empathy, mood, and calmness, equanimity, and situational awareness. Ultimately, mindfulness helps us embrace even intense distress with a calm equanimity.
- Cultivating creativity and flexibility. These are cultivated by calmly observing the situation and available resources, starting problem solving early—allowing time to incubate ideas, persevering, lifting the mood, and accessing the synergy of others.

Specific Resilience Skills

- Precrisis job performance preparation. Realistic self-confidence derives from experience, the ability to regulate arousal, and the security to risk and possibly fail. Self-confidence is built by realistic training that gradually introduces expected challenges, causes one to practice arousal regulation, and allows participants to process successes and failures. Mental rehearsal (mastery and coping imagery) can effectively complement actual training.
- Emotional preparation. Emotional preparation for crises goes beyond preparing one tactically to

preparing one for the emotional aftermath of traumatic exposure. For example, combatants might explore reconciling with having to kill, be wounded, or see a buddy or civilian seriously hurt; war zone integrity; emotional inoculation for difficult situations; and honoring or reclaiming the honorable warrior identity that is often disowned following combat.

- Preparation for postcrisis stress symptoms. This involves understanding, normalizing, and managing dissociation, panic, and guilt, as well as anticipating relationship challenges.
- Early treatment readiness. This means knowing that early treatment is vital and effective, destigmatizing treatment, and replacing distortions that complicate recovery.

Future Directions

Future research will attempt to further refine resilience risk and protective factors and determine which elements of resilience training most efficaciously impact health and performance.

- resilience
- post-traumatic stress disorder
- mindfulness meditation
- mindfulness
- trauma
- meditation
- substance use disorders

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See Also

- [Brain and Memory](#)
- [Brain and Trauma](#)
- [Growth, Posttraumatic](#)
- [Meditation](#)
- [Protective Factors in Childhood Posttraumatic Stress Disorder](#)
- [Psychological Responses to Trauma](#)
- [Resilience](#)
- [Resilience Bolstering](#)
- [Spiritual and Religious Growth](#)
- [Spiritual Intelligence and Posttraumatic Growth](#)
- [Stress Inoculation Training](#)

Further Readings

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