

Resilience: Facing Adversity, Living Life Well

Irit Felsen, Ph.D.
Yeshiva University
(www.iritfelsen.com)

July 2, 2015
Jackson Hole, WY

Definitions of Resilience

- “The process of adapting well in the face of adversity, trauma tragedy, threats or even significant sources of stress” (APA, 2014, p. 4)
- Resilience can be seen as a *trait*, a process and *style of coping*, or the *outcome* (good adaptation and high functioning after an adverse life event)
- It is also easy to view resilience dichotomously, as present or absent, the person “is” or “is not” resilient.
- In fact, resilience more likely lies on a continuum, someone can be resilient at different degrees across multiple domains
(Soutwick et al., 2014; For a discussion, Southwick, Douglas - Palumberi and Pietrzak, 2014).

Trauma Exposure: Normal/ Abnormal

- At one time, trauma was considered an abnormal experience (DSM –III, 1968).
- This view has been proven wrong by epidemiological studies of samples from the general population *across the globe* (Norris and Slone, 2013).

Trauma is not Uncommon in USA

- The **first** National Comorbidity Study (NCS) Presented with a list of 11 types of traumatic experiences and a 12th “other” category.
- **60.7%** of men and **51.2%** of women reported experiencing at least one trauma in their **lifetime**
(Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995).

Exposure to Multiple Trauma

The NCS also found that individuals often experienced **multiple** traumatic events (Kessler, 2000).

Number:	1	2	3	4<
MEN	26.5%	14.5%	9.5%	10.2%
WOMEN	26.3%	13.5%	5%	6.4%

The most Common Trauma in NESARC

(The National Epidemiologic Survey on Alcohol and Related Conditions)

#1 Serious illness or injury to someone close 48% w/out PTSD

66% of those w/PTSD.

#2 Witnessing someone badly injured or killed, 24% w/out PTSD;

43% of those w/PTSD

(Pietrzak, Goldstein, Southwick, & Grant, 2011)

Most Common in the World

Across the world, according to data from the World Health Organization (WHO) surveys, which includes the NCS and NCS replication (NCS-R) and surveys from 20 other countries, the most commonly reported traumas are the

1 **death of a loved one** (30.5%)

2 **witnessing violence to others** (21.8%)

3 **experiencing interpersonal violence**
(18.8%)

(Stein et al., 2010)

How Common Are Posttraumatic Reactions?

- Prevalence rate of PTSD , USA general population is about 8% -10% (Breslau, 2009; Kilpatrick et al., 2013)
- Women more than twice as likely as men to have the disorder during their lives (about 10% of women and 5% of men).
- High risk populations within the USA have much higher rates of PTSD.

Consequences of Sexual Assault

- Sexual assault is more likely than most other types of trauma to result in PTSD (see reviews in Ullman & Filipas, 2001).
- A meta-analytic study (Chen and colleagues, 2010) found that sexual abuse in childhood or adulthood was associated with **more than three times** the risk for an anxiety disorder compared with individuals who had no such history; **more than twice** the risk for depression, an eating disorder, or PTSD; and **more than four times** the risk for suicide attempts.

Political Violence and Torture

- Rates among refugees from conflict zones (Molica et al., 2002; De Jong, 2001) as high as 80-90%
- Meta-analysis of research on trauma and traumatic stress among refugees and others exposed to mass conflict and political violence, of all the experiences evaluated, torture was associated with the greatest increase in PTSD risk, more than doubling the odds of having PTSD (Steel et al., 2009) .
- Torture associated with rates of PTSD as high as 90% (Johnson and Thompson, 2008)

Recently Returning Veterans

- 19.1% -26% prevalence of Mental Health problems in returning veterans
- PTSD predicted lower marital satisfaction in recent returning veterans.
- Over 50% domestic violence among returning veterans
- 40% report “feeling like a guest” and 25% report children act afraid or not warmly towards them.
- Avoidant, withdrawn and anxious symptoms related to difficulties regaining spousal and parental roles

(Sayers et al., 2009; Price and Stevens, 2014; Goff et al., 2007)

Conceptualizations of Resilience

- Absence of symptoms under stress
- Positive adaptation during and after exposure to stress
- The capacity to harness resources to sustain well-being
- Enhanced psychological capacity to modulate the stress response
- Re-integration of self and a *conscious* effort to move forward in an insightful, integrated, positive manner as a result of an adverse experience.

(Southwick, Pietrzak, Tsai, Krystal and Charney, PTSD Research Quarterly, 2015, 25 (4); Southwick, Bonanno, Masten, Panter-Brick and Yehuda, 2014, Europ.J. of Psychotraumatology.)

Posttraumatic Growth (PTG)

- PTSD is positively associated with PTG (Dekel, Ein-Dor, Solomon, 2012).
- Growth as an outcome of distress ([Tedeschi and Calhoun, 2004](#)). The **emotional struggle in the wake of trauma** pushes forward PTG rather than mere exposure to traumatic events. Distress triggers meaning-making efforts targeted at making sense of the event and its philosophical and existential consequences ([Janoff-Bulman & Frantz, 1997](#)), allowing for subsequent growth ([Joseph & Linley, 2006](#)).
- PTG is a marker of “significant beneficial change” ([Tedeschi et al., 1998](#), p. 3).

Changes in Resilience Research

- Focus on individual or personal traits
- Focus on coping mechanisms and processes
- Trying to identify Risk Factors and Protective Factors, shifting the focus to environmental factors that the individual is embedded in
- Manifestation of resilience can be:
 - Present at different degrees, along a continuum
 - In single or across multiple domains
 - At a particular time, not at another time

5 Categories of Protective Factors

- **Personality factors** (e.g., hardiness, internal locus of control, autonomy)
- **Affect regulation** (ability to modulate strong emotional responses)
- **Coping skills** (e.g., active problem-solving skills)
- **Ego defenses**
- **Ability to mobilize and use resources** (e.g., social support).

Internal Protective Factors

- Resourcefulness; Interpersonal abilities (e.g., social skills, problem-solving skills, impulse control)
 - Internal locus of control
 - Secure attachments ; Trust
 - Cognitive flexibility
 - Self-efficacy ; Self-sufficiency ; Sense of mastery
 - Self-esteem ; Optimism ; Sense of humor
 - Capacity to regulate emotions
- (Southwick & Charney, 2012; Ahmed, 2007)

Interpersonal Protective Factors

- Sense of safety in one's relationships
- Religious affiliation
- Strong role models
- Emotional sustenance (i.e., receiving from others understanding, companionship, a sense of belonging, positive regard)

(Ahmed, 2007)

Determinants of Resilience

- Genetic, epigenetic, developmental, demographic, cultural, economic and social and cultural factors that interact with one another to determine how one responds to stressful experiences.
- Specific determinants show *weak predictive power* by themselves with one exception:
- Childhood protective factors - healthy attachment relationships with at least one adult who is functioning well and is able to be protective
- Mastery motivation driving to learn, grow and adapt to the environment, and hope.

Ecological Model of Resilience

- Current research considers resilience as embedded in the wider social environment.
- Increasingly, transactional models acknowledge resilience as an interrelated and complex set of cumulative risk and protective factors involving the individual, his/her family and environment (Barankin & Khanlou, 2007).
- Resilience is seen as changing over time and life circumstances, not as fixed or global (Luthar, Cicchetti, & Becker, 2000; Brown, Kallivayalil, Mendelsohn and Harvey, 2012).

Psychological Correlates of Well-being

- **Purpose in Life:** Meaning, purpose, direction
- **Autonomy:** Living in accordance with personal convictions and values
- **Personal Growth:** Using talents and personal potential
- **Environmental Mastery:** Managing life's situations
- **Positive Relationships:** Depth of connections
- **Self Acceptance:** Knowledge and acceptance of self, including strengths and limitations.

(Ryff, 2013, Psychotherapy and Psychosomatics, 83 (1): 10-28)

Well Being Research Findings

- A body of studies examining the relationship between well-being to physical health, biological regulation and neuroscience.
- Growing evidence shows that having purpose in life, self-realization and personal growth, and insightful positive self-regard are *empirically relevant* to how well and how long people live.

Aging and Well-being

- Aging: those with higher purpose at baseline had reduces risk for Alzheimer's and for cognitive impairment despite organic pathology (evidenced postmortem)
- High purpose in life predicted reduced rates of mortality 7 years later
- Increased purpose in life was linked with reduced risk of a stroke and myocardial infarction among those with coronary heart disease (Ryff, 2013).

What is Living a Good Life ?

- **Empirical findings** show that pursuit of meaning and engagement were robustly associated with higher life satisfaction and lower depression, while the pursuit of pleasure was only marginally correlated with these measures.
- The greatest benefits are experienced by those who use meaning-making to transform the perception of their circumstances from unfortunate to fortunate.

A Paradigm Shift

- Mental health is not simply the absence of pathology
- Traditionally, concepts of psychological well-being, quality of life and optimal functioning have been neglected; symptom reduction was the focus.
- Health is not equated with the absence of illness, rather with the presence of health.
- Positive Psychology focuses on building positive emotions, character strengths and meaning to counteract symptoms and buffer against future recurrence of symptoms.

Positive Psychology

- Over 100 years the assumption was that people talking about their problems in psychotherapy is curative.
- The assumption of positive psychology is that building positive emotions, character strengths and meaning-making, counteract negative symptoms and buffer against their future recurrence.
- The focus is on expanding positive dimensions of functioning rather than directly targeting symptoms.

Survival and Negativity Bias

- Evolutionary bias towards noticing and remembering the negative and expecting the worst.
- Negative emotions are driven by negative memories, attention and expectations
- Depressed people exaggerate these tendencies, gravitating towards the most negative aspects of their lives.

(Seligman, Tayyab, Parks, 2006)

Training Our Attention Control

- Fear is an adaptive danger signal, but the cognitive appraisal of the perceived threat is critical for adaptive choices
- Modifying our appraisal of threat and adversity is a ‘learnable’ process.
- View the “optical Illusion” picture on the next slide to see an example of intentionally shifting focus and perception.



7/2/2015

Irit Felsen, Ph.D., Renaissance Weekend,
Jackson Hole

28

Exercises in Positive Psychology

- Cognitive : shift in attention, memory and expectations away from negative and catastrophic towards positive and hopeful, from embittering experiences to savoring the good experiences.
- Behavioral:
 - Awareness of signature strengths, encouraging approaching tasks differently.
 - Having more “flow” can lead to increased engagement, positive emotion.
 - Responding actively and constructively to others improves relationships.

Some Useful Ideas From Training in Resilience (Reivich, Seligman & McBride, 2011)

- **ABC:** Learn to differentiate between:
Activating event, **B**eliefs about it;
Consequences of these thoughts
- Learn your own explanatory styles and “thinking traps”:
 - Identify the thoughts that are triggered by activation events (stressors)
 - Identify reactions driven by these thoughts

“Icebergs” in the Deep

- “Icebergs” are deeply held beliefs (positive and negative) and core values. Once the iceberg is identified, it should be re-evaluated against the following questions:
 - Is it still meaningful to me?
 - Is it accurate/appropriate for this situation?
 - Is it overly rigid?
 - Is it useful, does it enhance my functioning and that of others around me?

Identify Your Preferred Energy Management

- Meditation, positive imagery
- Controlled breathing; progressive muscle relaxation
- Exercise
- Sex
- Laughter
- Sleep

Identify Character Strengths

- Identify signature strengths: take the quiz <http://www.viacharacter.org/www/Character-Strengths/VIA-Classification>
- <https://www.authentichappiness.sas.upenn.edu/user/login?destination=node/434>
- What did you learn about yourself?
- How are you using your strengths?
- What are the “shadow” sides of them?
- Identify strengths in those around you.

How do you use them, help them use them?

Strengthening Relationships

- Active, Constructive Responding (ACR)
- Identify less constructive styles of responding :
Passive constructive, passive destructive,
active destructive.
- How can you use your strengths to respond actively and constructively?
- What factors interfere with your ability ?
- Give specific, authentic praise
- Be aware of verbal and non-verbal communication: tone, body language, pace.

Couple Work

- Our past is present in the way we react every day
- Identify it, think about it as a form of emotional learning in a certain context where it made sense.
- Re-evaluate whether it still makes sense in the current context; allow corrective feedback.
- Don't expect the other to 'fix' past hurts, their job is to be a good partner in the present.
- Identify strengths, yours and the partner's, use them well, work as a team, communicate constructively.
- Sexual intimacy is often a casualty of trauma.
- The couple is a powerful system for mobilizing and sustaining healing; restoring emotional and sexual intimacy enhances individual and family resilience.

Cultivating Resilience

- **Find and identify with a resilient model:** someone who has experienced adversity and navigated it successfully: Modeling, internalization and support.
- Establish a supportive social network: contributes to emotional strength and to cognitive components of resilience; helps maintain optimism and positive self-regard.
- Behavioral components: encourages self-care behavior, provides support

(Iacoviello and Charney, 2014.)

Identify, Utilize and Foster Your Character Strengths

- We all have our strengths and weaknesses; identifying them might help capitalize on the strengths when facing stressful situations, and working on the weaknesses.
- Fostering strengths and particularly changing weaknesses takes commitment, time and consistency.

Face Your Fears Instead of Avoiding

- When we feel fear or anxiety we tend to avoid the situation that gives rise to this response.
- Fear is an adaptive human response to inform us of **potential** danger.
- While it is important to listen to this emotion to identify true danger, avoidance should not be an automatic reaction.
- Accepting the reality of fear and anxiety and pushing through them can promote well being as well as resilience to future traumatic experiences.

Interventions to Enhance Well-being

- Keeping daily diaries of positive experiences that become the focus of therapy
- People learn to avoid/prevent premature curtailing of positive experiences as well as how to enrich and extend them.
- Example: if the entry pertains to a social interaction, the clinician expands on the meaning of it and broadens the patient's thinking about what good interpersonal relationships entail (Ruini and Fava, 2009).

The Role of Denial in Resilience

- Individuals need to change “inner models” or schemata following traumatic life events to create a congruence with the new reality.
- The mind tends to maintain one’s inner models of self and of the world.
- Serious life events will eventually change inner models, but the change is generally slow. The discrepancy evokes powerful emotions.
- Denial slows down the recognition process and is adaptive because it prevents the individual from being totally overwhelmed; it provides ‘tolerable’ doses of new information and emotional responses
- Inner models eventually conform with the new reality (Janoff-Bulman & Timko in Snyder & Ford, 1987)

Adapted from **Positive Psychotherapy**
Martin E. P. Seligman, Tayyab Rashid,
and Acacia C. Parks, *Am. Psychol.* Nov, 2006

Table 1
Week-by-Week Summary Description of Group Positive Psychotherapy Exercises

Session	Description
1	<i>Using Your Strengths:</i> Take the VIA-IS strengths questionnaire to assess your top 5 strengths, and think of ways to use those strengths more in your daily life.
2	<i>Three Good Things/Blessings:</i> Each evening, write down three good things that happened and why you think they happened.
3	<i>Obituary/Biography:</i> Imagine that you have passed away after living a fruitful and satisfying life. What would you want your obituary to say? Write a 1–2 page essay summarizing what you would like to be remembered for the most.
4	<i>Gratitude Visit:</i> Think of someone to whom you are very grateful, but who you have never properly thanked. Compose a letter to them describing your gratitude, and read the letter to that person by phone or in person.
5	<i>Active/Constructive Responding:</i> An active-constructive response is one where you react in a visibly positive and enthusiastic way to good news from someone else. At least once a day, respond actively and constructively to someone you know.
6	<i>Savoring:</i> Once a day, take the time to enjoy something that you usually hurry through (examples: eating a meal, taking a shower, walking to class). When it's over, write down what you did, how you did it differently, and how it felt compared to when you rush through it.

Note. VIA-IS = Values in Action Inventory of Strengths.

For Additional Exercises see: Seligman, Tayyab and Parks, 2006, table 4.



“I’m not ready to improve my life.
I’m still in the complaining stage.”

© andrewgenn - Fotolia.com

The Decision to Move Forward

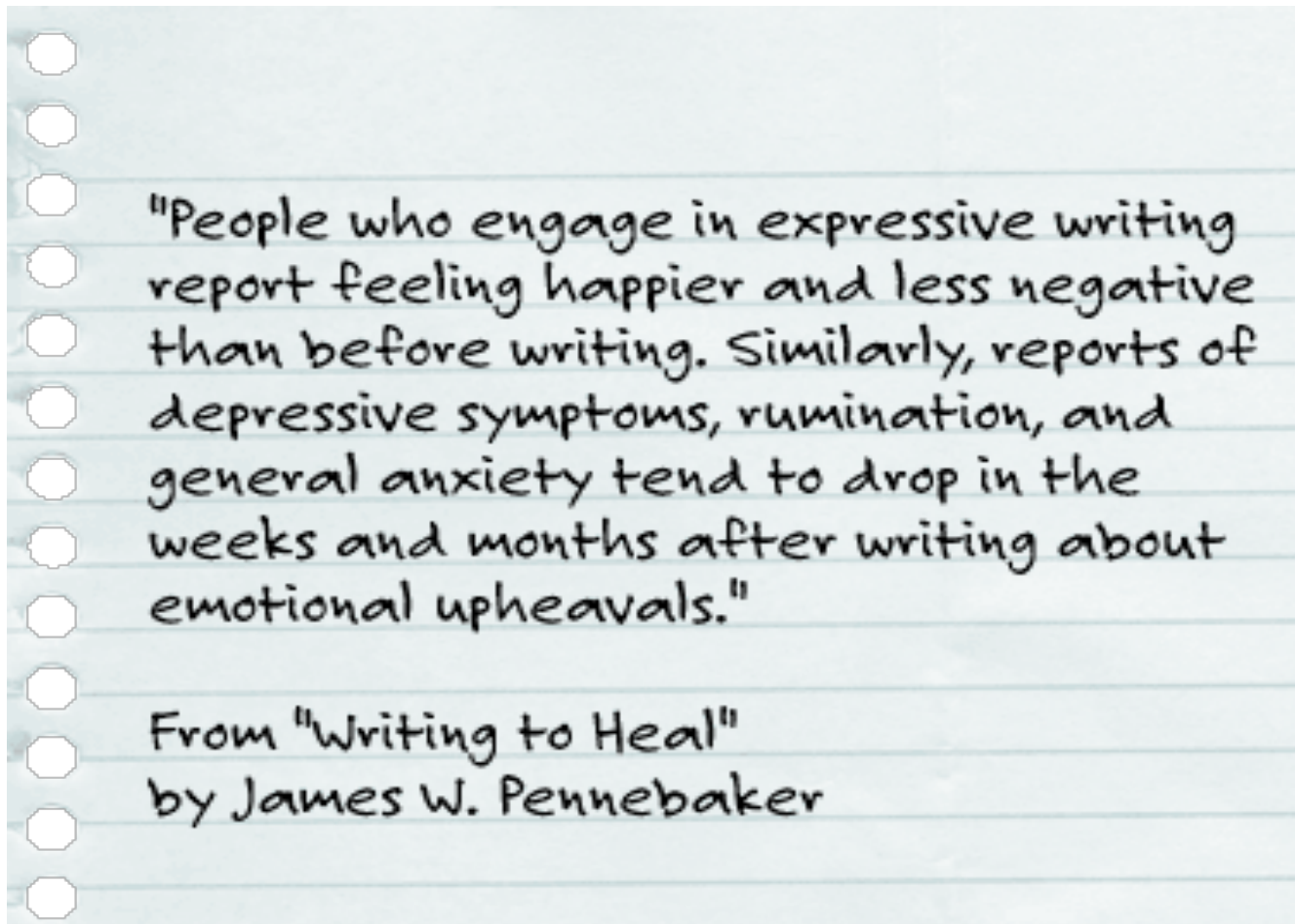
- Resilience involves an active decision that must be intentionally re-confirmed, like sobriety, to move forward.
- The decision to fight back against adversity is a complicated one, that some people have the remarkable capacity to make.

(Yehuda, in Southwick et al., 2014)

Expressive Writing and Trauma

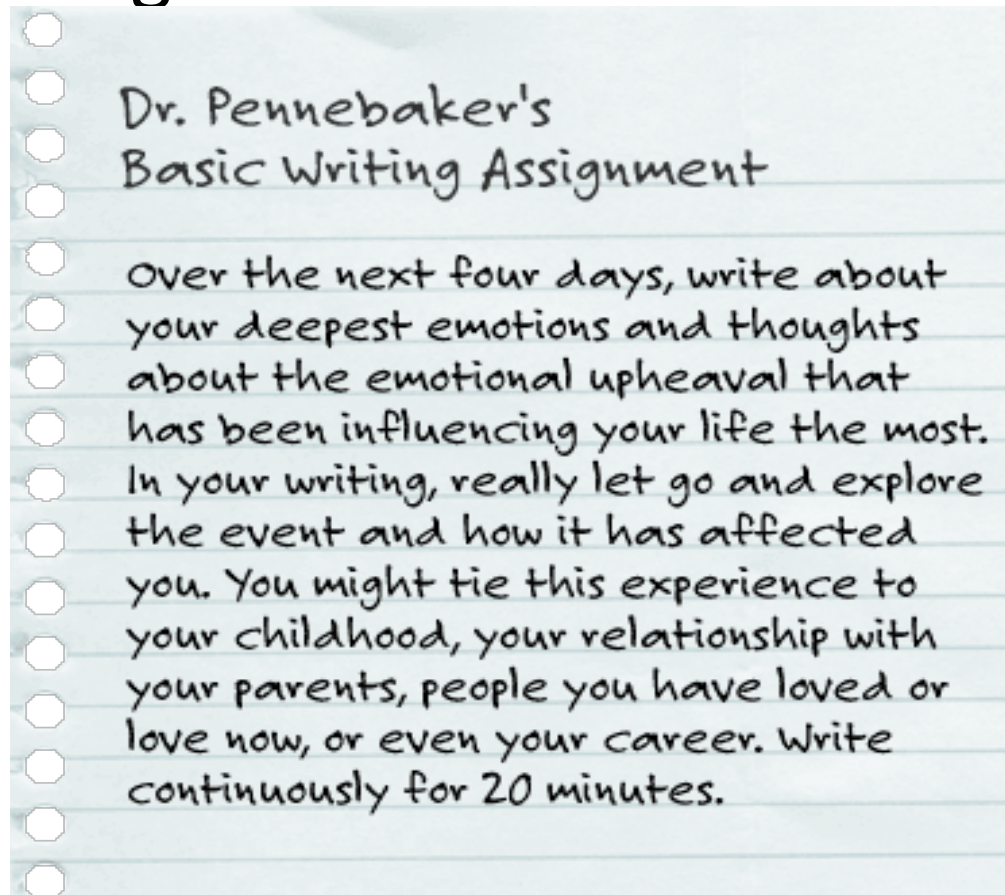
- Research suggests that expressive writing might be very helpful for achieving a more integrated and coherent self-narrative and greater sense of well-being after a traumatic experience.
- Pennebaker developed several exercises that can be found on his website, some of which are to be found in the next slides:

Empirical Studies Support the Benefits of Expressive Writing (but not for all)

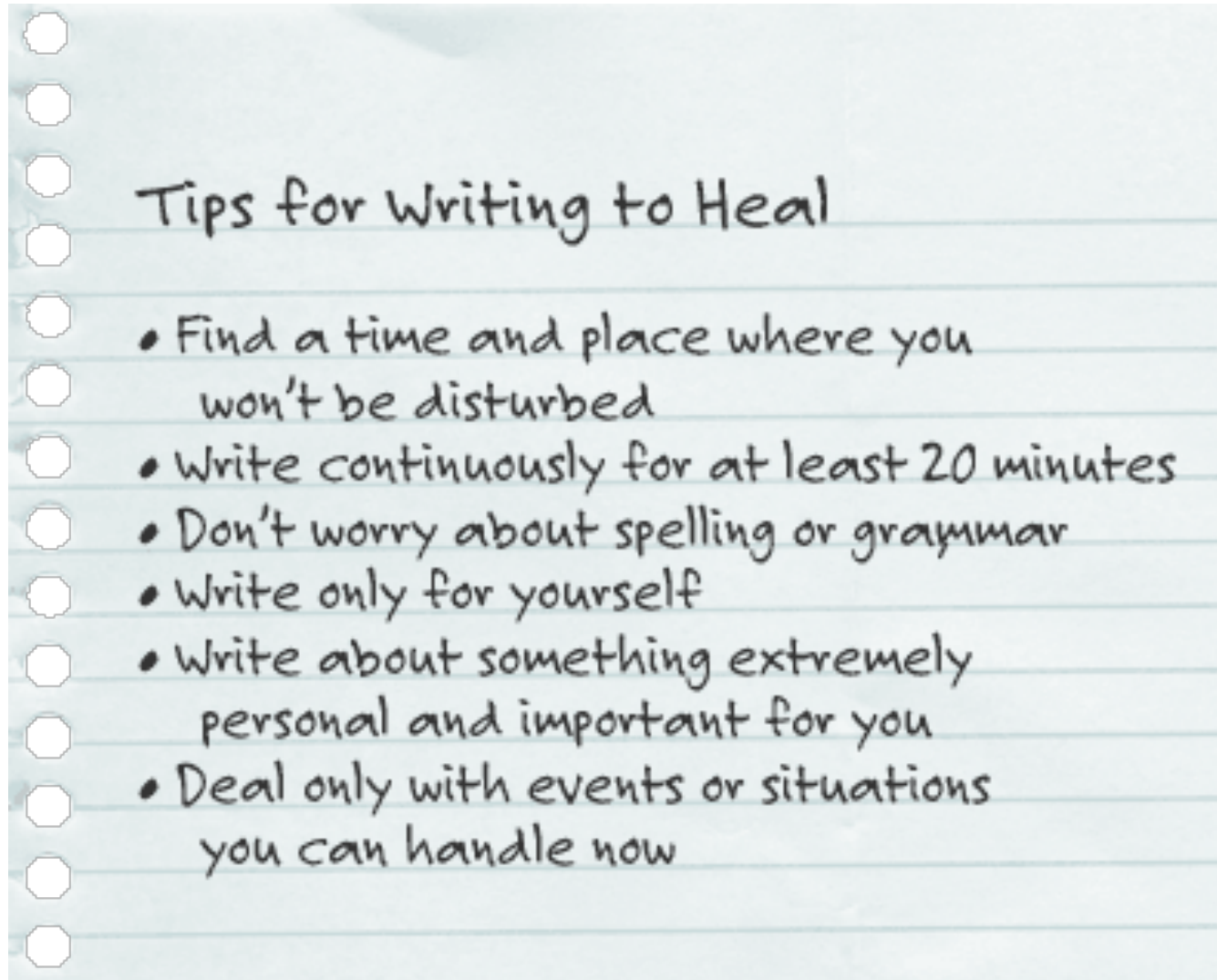


Writing to Heal: James Pennebaker

- <https://www.utexas.edu/features/archive/2005/writing.html>



Tips for Writing to Heal



Concluding Comments

- Resilience is the capacity to bounce back from adversity.
- The capacity to overcome trauma or stress depends on a complex interactions between internal traits and interpersonal characteristics
- The individual's resilience is embedded in the environment, in the resources available after the trauma and in the accessibility of such resources.
- Our capacity to perceive and utilize resources can be enhanced by intentional, conscious focus on finding purpose, meaningful engagement and strengthening relationships.