Resilience in the Aftermath of Adverse or Traumatic Events

Ann Kaiser Stearns, Ph.D.

Like the people we serve, psychologists need to remember that we do not live or work in a world of level playing fields. We all come to life's challenges and inevitable losses with different degrees of vulnerability. Just as police officers and rescue workers, we can be traumatized or weakened over time by personal history, biological vulnerabilities, and accumulation of stressful experiences. Fortunately, we know that risk factors influence but do not determine destiny. Emmy Werner, a research psychologist and author, points out that across the lifespan "There is a shifting balance between stressful events that heighten vulnerability and protective factors that enhance resilience" (Werner, 1989).

University of Minnesota psychologist Ann S. Masten disputes the notion that resilient people typically possess "extraordinary strength" or are somehow invulnerable. She summarizes resilience research with the words "Ordinary Magic." Resilience is generally a common phenomena when a person's "adaptational systems" are working well. For example, with prenatal care and needed interventions to prevent premature births, promote healthy brain development, and encourage positive caregiver-child relationships, "development is robust even in the face of severe adversity" (Masten, 2001).

There are two most consistently identified positive factors impacting adaptation when children grow up in circumstances with very few advantages and a great deal of exposure to adverse life events. The first is effective parenting where the parents exercise their authority appropriately and monitor and support the child. The second is the presence of intellectual skills commonly associated with competence, especially in an academic environment (Masten, 2001). Emmy Werner and Ruth Smith's highly regarded, ongoing study of birth to midlife baby boomers report that as risk factors or stressful life events increase, there is a need for more factors to counterbalance the negative aspect's of a child's life to ensure a positive developmental outcome.

Those who received better parenting and had better cognitive skills as children continue to be resilient in adult life (Werner & Smith, 1992). The children who experienced clear advantages (1) had at least one competent parent who valued his or her child; (2) received support from other caregivers; and (3) grew up in a family with fewer than five children spaced at least two years apart. Other protective factors include having an easygoing, sociable temperament, a positive self-concept, and the ability to self-regulate and plan ahead. Despite perinatal stress, impoverishment, psychopathology in parents, and family discord, people were able to achieve a positive midlife adaptation. They had good problem-solving skills, were able to articulate expectations and goals, and usually had a supportive spouse and/or at least one or two close friends. Many saw themselves as "loners," especially men. Resilient woman identified faith and prayer as a source of strength in hard times (Werner & Smith, 2001).

In the face of acts of cruelty, senseless violence, natural disasters, gruesome accidents, or the unexpected, gut-wrenching loss of a loved one, what must be worked though is not just "Why did this happen?" but "Why did this happen to me?" For healing to occur, a sense of control, self-worthiness, and security must be found in a world where events that were previously inconceivable have happened to oneself (Janoff-Bulman,1992). A "sense of coherence" must be established in order for the individual to cope successfully with an extreme stressor (Antonovsky, 1990).

According to Bessel van der Kolk: "Being able to engage in competent social relationships has been shown to be an important predictor of successful recovery from traumatic experiences" (van der Kolk et al., 1991; Ford, Fisher & Larsen, 1997). In Israel, the expectation of going back to work within 48 hours is said to

make combat-fatigued, trauma-wearied soldiers feel part of their unit, get back in control, and maintain self-esteem before they have had time to see themselves or be seen by others as victims. This approach fits with Freud's view that "work is the closest thing to sanity." Reestablishing a routine and being useful to others is part of how one's positive self-concept and equilibrium are regained (Stearns, 1988). However, expecting all traumatized soldiers to resume their responsibilities after just two days seems unrealistic. People need differing amounts of time to get beyond seeing themselves as frightened, helpless, or weak. Trauma survivors heal when they learn to observe their feelings and reactions and accept them.

Psychiatrist Arieh Shalev has treated hundreds of psychological casualties in the aftermath of suicide bombings in Israel. He states that anti-anxiety medication taken within two to eighteen days after trauma can strengthen one's ability to cope. It is an immediate necessity for people suffering an uncontrolled dissociative state. However, when taken longer, to the point of dependency, "Anti-anxiety drugs impair learning. Learning is how healing occurs" (Shalev, 2002). Anti-depressant medication, on the other hand, plus supportive counseling often are needed to *enable* trauma survivors to make sense of their experiences. How events are interpreted ultimately determines their impact.

As John Violanti has written, mental health professionals and critical incident debriefing teams must take care not to "script" people into "traumatic symptoms" or a "passive sick role." Self-disclosure in a group setting often does mitigate stress, when it is voluntary. However, police officers, firefighters, emergency and disaster workers, and incident survivors should be encouraged to expect growth, not illness. Most police trauma units or shooting teams are set up to help an officer deal with presupposed trauma (Violanti, 2000).

Drs. Sybil and Steven Wolin conducted studies that dispute the "risk bias" and "Damage Model thinking" view that children of alcoholics (COAs) are destined to be psychologically wounded, repeating the destructive patterns of their parents. Their "Challenge Model" was developed after observing that people who reframe their troubled family life as challenging will, in fact, rebound and develop strength (Wolin & Wolin, 1995).

Characteristics of people I've come to call "Triumphant Survivors" include: (1) realizing that one has been victimized but deciding to not remain a victim; (2) finding new meaning and purpose in life, often by helping others who have suffered a similar trauma; (3) developing survival strategies, to include dealing with pain in small segments; (4) having an irrefutable anchor such as faith in God or a network of caring, supportive persons; and (5) taking action by accepting help from friends, one's community, a support group, medication, stress debriefing sessions, or a therapist (Stearns, 1988; American Psychological Association/Discovery Health Channel, "AFTERMATH: The Road to Resilience," Public Service Program, 2002).

Resilient people are apt to consider their "personal competence and determination to be their most effective resource in dealing with stressful events" and tend to be highly achievement oriented, conscientious, and dependable (Werner & Smith, 2001). They often engage in behaviors such as writing in a journal to express and clarify feelings and to reexamine values and priorities (Pennebaker, 1990; Stearns, 1995). Many meditate to visualize a positive future or engage in physical exercise to grow mentally and physically stronger. Even in the aftermath of extreme adversity, people who will eventually move forward find within themselves a thankful heart. They recognize and are deeply touched by the extraordinary kindnesses and acts of courage shown by others (Stearns, 1988; 1995; "AFTERMATH: The Road to Resilience, 2002). People who grow in resilience also grow in hopefulness. Triumphant survivors gradually affirm the wisdom of the Indian poet Rabindranath Tagore: "Misfortune is great, but human beings are even greater than misfortune."