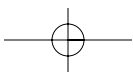
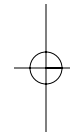
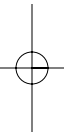


PART I

What We Can Learn From Resilient People



CHAPTER 1

Understanding Resilience

This book on resilience takes stories of and from resilient people and evaluates key elements of the stories that appear to explain why some people cope so well with highly traumatic and disturbing life experiences while others don't. The stories of resilience are presented as I received them, with a minimum of editing or changes, although some changes were necessary to protect confidentiality and to keep stories anonymous. In several cases, the stories were told to me and I wrote them, but then I shared stories with the individuals to check for accuracy. You will be alerted to it when others' stories were written by me. Although I asked for narrative stories, some people sent back poems and short stories. You may wonder if stories done in formats that suggest a fictionalized account are accurate and true. In each case, I received assurances that all of the stories were absolutely accurate and that more creative forms of conveying the story to the reader were used because it felt more impactful to write a short story or a poem. I tend to agree, and I urge you to approach stories with an open mind even when they don't appear to suggest resilience or when they are written in dramatic forms. The writers are successful people trying to cope with serious life issues. If a story doesn't appear to convey resilience, the section following the story, entitled "Lessons to Be Learned From This Story," will, I hope, fully serve to clarify the story and suggest reasons why the person in the story is resilient and why the story should matter to us.

The primary purpose of this book is to analyze stories of resilience so that we might apply what is learned from resilient people to our own practice. A second purpose of the book is to help practitioners who want to use a wellness or strengths model to develop practice philosophies that use what we know about people who cope well with traumas and apply that knowledge to those who cope less well. Two of my prior books (Glicken, 2004a, 2005b) have discussed ways of helping therapists work more effectively by using the strengths perspective and evidence-based practice (EBP). Much of the research found for those two books points to the existence of resilience in explaining why some people cope well with traumas while others don't. Because resilience plays such a crucial role in well-being, and since the research on

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resilience is limited, I believe that a book of stories from resilient people will help us understand why they've done so well. In addition to the stories, I've included current and seminal research on resilience to lend support to or offer disagreement with the stories' perspectives. I've also included a critical evaluation of each story to determine why the subjects have dealt so well with traumas. In each case, I've asked the storyteller why he or she was able to cope so well with such a serious trauma. This information is reported in direct written statements by the storyteller, in conversations between the storyteller and myself, and in my analysis of the story.

In writing this book, I'm mindful that a bias sometimes exists among some practitioners favoring the use of a pathology model. The information in my book on evidence-based practice (Glicken, 2005b) convinces me that many long-held beliefs in the helping professions lead to ineffective practice. Practitioners often make serious errors in diagnosis, often stemming from racial, ethnic, and gender biases. Helping approaches are chosen that support the practitioner's bias rather than the existing evidence confirming that an approach will work with a specific client. Helping approaches are often chosen in support of existing mythologies rather than best evidence. Few therapists do even the most elementary form of evaluation to determine whether clients have been helped and, if so, why.

Because our work isn't always effective, increasing numbers of people reject professional help, opting instead for self-help groups using wellness approaches that often lead to clients feeling more optimistic about the future. Natural healing in addictions and in traumatic events suggests that resilience exists in many people, permitting them to cope with serious problems on their own and without professional assistance. Seeing this information unfold has convinced many third-party payers and policy analysts that therapy isn't especially helpful, which has resulted in limited numbers of paid therapy sessions or, in some cases, a complete elimination of payments for therapy. In its place, there is an increasingly unsupported and sometimes dangerous use of psychotropic medications.

If we are to develop the new models of helping that might improve our level of effectiveness, then we should study healthy people who overcome terrible life tragedies with the same intensity that we've studied people who develop pathologies and who require the best help possible. The knowledge gained from studying successful ways of coping with traumas might then be applied to troubled people in treatment. If we can utilize what we know about resilient people and apply it successfully to people who are not doing well, then perhaps we will have begun to overcome the lack of success that seems to be so evident with a variety of client problems, and we can then move therapy to a new level of efficacy.

Definitions of Resilience

Walsh (2003) defines resilience as "the ability to withstand and rebound from disruptive life challenges. Resilience involves key processes over time that foster the ability to 'struggle well,' surmount obstacles, and go on to live and love fully" (p. 1). Gordon (1996) defines resilience as "the ability to thrive, mature, and increase competence in the face of adverse circumstances" (p. 1). Glick (1994) writes, "'Resilience'

is the ability to ‘bounce back’ from adversity, to overcome the negative influences that often block achievement. Resilience research focuses on the traits and coping skills and supports that help kids survive, or even thrive, in a challenging environment” (p. 1). Henry (1999) suggests that the notion of resilience was created to help explain why some children do well under very troubled circumstances. Resilience describes children who grow up in highly unfavorable conditions without showing negative consequences. Henry (1999) defines resilience as “the capacity for successful adaptation, positive functioning, or competence despite high risk, chronic stress, or prolonged or severe trauma” (p. 521). In a further definition of resilience, Abrams (2001) indicates that resilience may be seen as the ability to readily recover from illness, depression, and adversity. Walsh (2003) says that “the concept of family resilience extends our understanding of healthy family functioning to situations of adversity. Although some families are shattered by crisis or chronic stresses, what is remarkable is that many others emerge strengthened and more resourceful” (p. 1). Anderson (1997) reports that resilient people have been described as being

socially, behaviorally, and academically competent despite living in adverse circumstances and environments as a result of poverty (Werner & Smith, 1982), parental mental illness (Beardslee & Podorefsky, 1988), interparental conflict (Neighbors, Forehand, & McVicar, 1993), inner-city living (Luthar, 1993), and child abuse and neglect (Farber & Egeland, 1987). Resilient children who are functioning well despite enduring hardships often do not receive treatment services because they find ways to be successful despite their troubled environments. (p. 594)

Mandleco and Peery (2000) are concerned about the inconsistent meaning of the term *resilience* and wonder if it has begun to mean whatever the person writing about it wishes it to. For example, resilience has been described as a personality characteristic not related to stress; a characteristic of some children from at-risk environments; the absence of psychopathology in a child whose parents have serious emotional problems; success in meeting societal expectations or developmental tasks; characteristics which help children to succeed who were expected to fail; the ability to restore equilibrium and adapt to life situations. The authors note that Polk (1997) tried to synthesize a model of resilience suggesting that “resilience is a midrange theory with a four-dimensional construct, where dispositional, relational, situational, and philosophical patterns intermingle with the environment to form resilience” (Mandleco & Peery, 2000, p. 100). The result of these various definitions of resilience is that while a “commonsense universal definition is assumed, when one attempts to identify specifics affecting resilience, these definitions are inadequate and confusing” (Mandleco & Peery, 2000, p. 100).

Attributes of Resilient People

A consistent finding over the last 20 years of resilience research is that most children from highly dysfunctional families or very poor communities do well as adults. This

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finding applies to almost all populations of children found to be at risk for later life problems, including children who experience divorce, children who live with step-parents, children who have lost a sibling, children who have attention deficit disorder or suffer from developmental delays, and children who become delinquent or run away. More of these children make it than don't. Furstenberg (1998) and Wilkes (2002a) reviewed the research and found that almost 75% of children at risk do well in later life, including children born to teenage mothers, children who were sexually abused (Wilkes, 2002b), children who grew up in substance-abusing or mentally ill families (Werner & Smith, 2001), and children who grew up in poverty (Vaillant, 1993). Even when children had experienced multiple risks, Rutter (2003) found that half of them overcame adversity and achieved good emotional and social development.

Masten (2001) believes that resilience is part of the genetic makeup of humans and that it is the norm rather than the exception:

What began as a quest to understand the extraordinary has revealed the power of the ordinary. Resilience does not come from rare and special qualities, but from the everyday magic of ordinary, normative human resources in the minds, brains, and bodies of children, in their families and relationships, and in their communities. (p. 9)

We tend to think that traumas will generally lead to malfunctioning behavior in children and adults, but often this isn't the case. A good example of how well people actually cope with trauma may be seen in the response to the World Trade Center bombings. Gist and Devilly (2002) report that the estimates of posttraumatic stress disorder (PTSD) after the 9-11 attacks dropped by almost two thirds within 4 months of the tragedy. The authors concluded that "these findings underscore the counterproductive nature of offering a [treatment] with no demonstrable effect, but demonstrated potential to complicate natural resolution, in a population in which limited case-conversion can be anticipated, strong natural supports exist, and spontaneous resolution is prevalent" (p. 742). In other words, resilience to severe traumas exists when people heal on their own and when they have strong social and emotional supports. Introducing treatment too early in the process may actually interfere with resilience.

Mandleco and Peery (2000) describe one effort to understand resilience by focusing on the self-righting tendencies that propel children toward normal development under adverse circumstances. This work identifies common dispositions and situations that describe resilient behavior in children and seem crucial in their ability to respond to stress and adversity while still maintaining control and competence in their lives—even when challenged by physical handicaps, a pathological family environment, or the adverse effects of poverty, war, or dislocation. Mandleco and Peery (2000) note that "these commonalities generally have been organized into three categories: personal predispositions of the child, characteristics of the family environment, and the presence of extra familial support sources" (p. 101).

Werner and Smith (1982, 1992, 2001) identify protective factors that tend to counteract the risk of stress. Protective factors include genetic factors (e.g., an

easygoing disposition), strong self-esteem and sense of identity, intelligence, physical attractiveness, and supportive caregivers. Garmezy, Masten, and Tellegen (1964) note that there are three protective factors in resilient children: dispositional attributes of the child, family cohesion and warmth, and availability and use of external support systems by parents and children. Seligman (1992) believes that resilience exists when people are optimistic; have a sense of adventure, courage, and self-understanding; use humor in their lives; have a capacity for hard work; and possess the ability to cope with and find outlets for emotions. Findings by Luthar and Zigler (1991) indicate that resilient children are active, humorous, confident, competent, prepared to take risks, flexible, and, as a result of repeated successful coping experiences, confident in both their inner and outer resources. Luthar (1993) suggests that resilient children have considerable intellectual maturity.

Other factors associated with resilience include the finding by Arend, Gove, and Sroufe (1979) that very curious children are more resilient than less curious children. Radke-Yarrow and Brown (1993) associate resilience with children who have more positive self-perceptions. Egeland, Carlson, and Sroufe (1993) and Baldwin, Baldwin, Kasser, Zax, Sameroff, and Seifer (1993) found a relationship between resilience and assertiveness, independence, and a support network of neighbors, peers, family, and elders. In their 32-year longitudinal study, Werner and Smith (1982) found a strong relationship among problem-solving abilities, communication skills, and an internal locus of control in resilient children. As Henry (1999) notes, "Resilient children often acquire faith that their lives have meaning and that they have control over their own fates" (p. 522). Tiet, Bird, and Davies (1998) add that resilient children also have higher educational aspirations, better physical health, and healthier mothers or female caretakers than less resilient children.

In her work on resilient infants and toddlers and the relationship between early signs of resilience and resilience in later life, Gordon (1996) reports the following:

1. Resilient infants and toddlers are energetic, socially responsive, autonomous, demonstrative, tolerant of frustration, cooperative, and androgynous, among other characteristics.
2. Their environments are nurturing, responsive, and indicate a strong bond between the caregiver and the child.
3. Early signs of resilience relate directly to later life resilience and are strongly tied to early indications of an internal locus of control, social skills, and the social support of mothers.
4. Resilience may be enhanced in very young children through social policies and practices that provide social and economic support for the family and improved caregiver education.

Henry (1999) suggests five major themes that derive from her research on resilient children: (1) loyalty to parents, even when they are abusive; (2) the child's desire to perceive the home as normal; (3) the child's attempt to make himself or

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herself invisible to the abuser; (4) a strong sense of self-value; and (5) the child's focus on the future, with its positive potential for happiness. There are two themes here that should be clarified. The theme of loyalty to parents suggests that even though parents are mistreating the child, the child attempts to understand the reasons for the abuse, making it possible to continue to feel loyalty and love for the abusing parent. The theme of invisibility to the abuser refers to the child's attempt to vacate the home or to hide when a parent becomes abusive. It may also refer to the child's attempt to feel invisible even while being abused. Invisibility allows the child to negate the brunt of the abuse and to feel control over it.

Anderson (1997) believes that the recognition of resilience as an important factor in the mental health of traumatized children came from concerns that children at risk might develop adult pathologies (Byrd, 1994). Anderson (1997) indicates that the term *resilient* originally referred to children who were thought to be "stress resistant" or "invulnerable" because they not only coped with adverse childhood traumas, but they seemed to thrive under very dysfunctional and stressful situations (Kauffman, Grunebaum, Cohler, & Gamer, 1979).

Resiliency research originally tried to discover the characteristics of at-risk children who coped well with stress (Werner, 1989, 1996). Over time, however, resiliency research has focused less on the attributes of resilient children and more on the processes of resilience. As the research has attempted to understand the processes associated with resilience, one important finding suggests that rather than avoiding risks, resilient children take substantial risks to cope with stressors, leading to what Cohler (1987) calls "adaptation and competence."

In a review of the factors associated with resilience to stressful life events, Tiet and colleagues' (1998) findings show that the following have been identified as protective factors that allow a child to cope with stressful events: (1) a high IQ, (2) a high quality of parenting, (3) a connection to competent adults other than the child's parents, (4) an internal locus of control, and (5) excellent social skills. According to Tiet and colleagues (1998), protective factors are primary buffers between the traumatic event and the child's response. When a child's response to stress has a positive effect on the resilient child, whether the risk to the child is low or high, the authors' term this a *resource factor*, although the literature also uses the terms *assets* and *compensatory factor* (Tiet et al., 1998). Tiet and colleagues (1998) also believe that both protective and resource factors are crucial in understanding the way resilience protects people. However, certain situations may make resilience inoperable in even the most resilient people, and current research efforts are attempting to find connections between the type of adverse event (i.e., whether it is controllable or uncontrollable) and its risk factors to resilient people. Tiet and colleagues (1998) write, "To understand resilience, it is essential to identify protective factors that buffer the detrimental effects of risk factors. However, it is also important to identify resource factors because they predict good adjustment at both high and low risk and therefore become critical in the design of preventive efforts" (p. 1191).

Tiet and colleagues (1998) indicate that even resilient children respond inconsistently to stressful events and that another way to look at resilience is to show the relationship between the specific traumatic event and the response. For example, in

many of the maltreated children studied for resilience, school-based outcomes have been used that include grades, deportment, and the degree of involvement in school activities. However, Luthar (1993) notes that while resilient children do well on many school-based outcomes, many of these same children suffer from depression. Interestingly, however, even though many of the maltreated children studied showed signs of depression, they still did well on behavioral outcomes measures, including grades and school conduct. Tiet and colleagues (1998) believe that the key reason resilient children cope well with adversity is that they tend

to live in higher-functioning families and receive more guidance and supervision by their parents and other adults in the family. Other adults in the family may complement the parents in providing guidance and support to the youth and in enhancing youth adjustment. Higher educational aspiration may also provide high-risk youth with a sense of direction and hope. (p. 1198)

This leads one to believe that resilience doesn't negate vulnerability to all outside stressors, but that it provides primary coping mechanisms that permit high levels of functioning even in the midst of emotional side effects, including depression. Rind and Tromovitch (1997) acknowledge this in a controversial review of the impact of child sexual abuse (CSA) on adult functioning by concluding that a child's temperament may affect his or her response to sexual abuse. The Rind and Tromovitch study will be discussed in more detail in Chapter 7 on resilience and child abuse, but in its meta-analysis of studies showing a strong relationship between child sexual abuse and adult malfunctioning, the authors conclude that the effect of such abuse has been greatly overexaggerated. This certainly supports the belief that either resilience is a characteristic that is widespread among many people or the authors have done a gross disservice to the many unfortunate victims of child sexual abuse.

To be fair to Rind and Tromovitch, they do suggest that coping with sexual abuse may have a great deal to do with a number of factors, including the child's temperament and the degree of force used in the sexual molestation. However, a conclusion that child sexual abuse appears to cause damage in just a small number of adults seems highly unlikely. The authors report that the renowned researcher Martin Seligman (1994) believes that CSA is a "special destroyer of adult mental health" (Rind & Tromovitch, 1997, p. 232). In their literature review of studies showing the negative impact on CSA on adult functioning, Rind and Tromovitch's (1997) report that the psychological problems identified by other researchers include "anger, depression, anxiety, eating disorders, alcohol and drug abuse, low self-esteem, relationship difficulties, inappropriate sexual behavior, aggression, self-mutilation, suicide, dissociation, and posttraumatic stress disorder, among others" (p. 232). The authors note that the literature supporting a view that CSA appears to be the cause of these problems, that the problems are generally severe, and that socioeconomic class, education, and other factors do not serve to lessen the impact of the symptoms. According to Rind and Tromovitch (1997), "Results of analyses of the national samples show that such characterizations are exaggerated at the population level. This exaggeration may stem from our culture's tendency to equate

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wrongfulness with harmfulness in sexual matters” (p. 253). The reader may want to read the original article and compare these findings with those of other researchers who find a great deal of resilience among CSA victims but also social and emotional problems related to the abuse that point to its considerable harm.

In conversations with survivors of the Holocaust, Tech (2003) found the characteristics of those who survived to include a desire for mutual cooperation to cope with survival. This included caring for ill concentration camp inmates, sharing rations that were minute to begin with, and forming “bonding groups” that kept inmates optimistic and positive. Tech also points out that concentration camp inmates who were emotionally flexible were more likely to survive. Inmates who were very traditional in their outlook on life or who felt that they had lost a considerable amount of status were often unable to cope and frequently perished before other, less healthy, inmates did. However, many severely ill inmates who had a positive view of their lives survived against all medical odds. Tech (2003) reports that survivors she interviewed were filled with compassion and sadness and that “conspicuously absent were expressions of hatred or hostility” (p. 345) toward their captors. She writes that even though conditions in the camps were dreadful, “many inmates created for themselves make-believe worlds—a blend of dreams, fantasies, friendships and resistance—as an antidote” (p. 351). Prisoners found these fantasies very gratifying, and “such escapes into fantasy may have improved the prisoners’ hold on life. . . . Prisoners created bonding groups which, however illusory, forged links with the past and the future” (Tech, 2003, p. 351).

There are many similarities between the recollections of the survivors Tech interviewed and more scientific studies of survivors of the Holocaust. Baron, Eisman, Scuello, Veyzer, and Lieberman (1996) report that many clinicians who first interviewed survivors of the Holocaust believed that they would be very troubled parents and that their children would suffer from a range of emotional difficulties. However, studies of children of survivors have shown no pattern of maladjustment or psychopathology. Those who have maintained the traditional religious beliefs of their parents have done particularly well socially, financially, and emotionally (Last, 1989). In studies of the development of symptoms of PTSD following a traumatic event, Ozer, Best, Lipsey, and Weiss (2003) report that those most likely to develop PTSD have a lack of psychological resilience, which can be seen as a cluster of prior social and emotional problems that include prior loss, depression, poor support from others, prior traumas, and a family history of pathology. According to Ozer and colleagues (2003),

It is tempting to make an analogy to the flu or infectious disease: Those whose immune systems are compromised are at greater risk of contracting a subsequent illness. Similarly, this cluster of variables may all be pointing to a single source of vulnerability for the development of PTSD or enduring symptoms of PTSD—a lack of psychological resilience. (p. 71)

What the authors fail to answer is why some people who have had all the earlier signs of coping poorly with a new trauma cope surprisingly well. Most resilient

people have had prior traumas and loss, an absence of family support, and episodes of depression but still cope well enough with new traumas to avoid serious social and emotional malfunction.

Perhaps Tiet and colleagues (1998) help answer this question by noting that in their research on resilience, resilient children and adolescents live in better functioning families, receive supervision and guidance from parents or other adults, have higher educational aspirations, and have higher IQs, which the authors believe help in problem solving and in seeking unique solutions to difficult social and emotional problems. However, resilience is often more than just individual attributes and includes external processes or buffers that help increase resilience.

One of the continuing beliefs in the helping professions is that the greater the social and emotional risk to an individual, the more likely pathology will develop. But resilience research suggests that risk factors are predictive of some types of dysfunction for only 20% to 50% of a given high-risk population, suggesting high levels of resilience in the majority of those at risk (Rutter, 1979, 1990, 2003). In contrast, "protective factors," the supports and opportunities that buffer the effect of adversity and enable development to proceed, appear to predict positive outcomes in 50% to 80% of high-risk populations. According to Werner and Smith (1992),

Our findings and those by other American and European investigators with a life-span perspective suggest that these buffers [i.e., protective factors] make a more profound impact on the life course of children who grow up under adverse conditions than do specific risk factors or stressful life events. They [also] appear to transcend ethnic, social class, geographical, and historical boundaries. Most of all, they offer us a more optimistic outlook than the perspective that can be gleaned from the literature on the negative consequences of perinatal trauma, care giving deficits, and chronic poverty. (p. 202)

In summarizing our current understanding of resilience, Mandleco and Peery (2000) argue that it still is not possible to know which attributes of resilience are most significant for a particular person. They write that "there is often marked variation in an individual's responses to stress, suggesting the presence of any specific factor does not always produce resilience if the person is particularly vulnerable or the adversity too great to overcome" (Mandleco & Peery, 2000, p. 101). The authors continue by noting confusion over the following factors: "(a) the age domain covered by the construct, (b) the circumstances where it occurs, (c) its definition, (d) its boundaries, or (e) the adaptive behaviors described" (Mandleco & Peery, 2000, p. 102). An additional problem with resilience research is that it fails to include a broad population of people by race, gender, age, and ethnicity. It also tends to incorrectly generalize findings to all people experiencing trauma from specific populations, including children and the mentally ill, creating the illusion that we know much more about resilience than can be justified by the evidence. And, according to Mandleco and Peery (2000), the definition of resilience is still vague and continues to affect research results.

Coping With Stress as an Additional Aspect of Resilience

Courbasson, Endler, Kocovski, and Kocovski (2002) define coping as “one’s efforts to reduce the impact of a difficult or stressful situation.”(p. 35). They go on to say that “this transactional process involves both cognition and behavior” (p. 35). Endler and Parker (1999) indicate that there are three primary styles of coping with stress: task-oriented, emotion-oriented, and avoidance-oriented coping. Task-oriented coping involves attempting to solve or limit the impact of the stressful situation. Emotion-oriented coping involves trying to limit the emotional impact of stress rather than resolve the stressful situation. Avoidance-oriented coping involves using distraction and diversion unrelated to the stressful situation to reduce stress. Courbasson and colleagues (2002) found that a task-oriented approach benefits people under great stress more than the use of other coping strategies and note that “task-oriented coping is associated with problem resolution or amelioration more often than the use of other coping strategies. Alternatively, both emotion and avoidance-oriented coping strategies may exacerbate the problematic situation” (p. 37).

Miller and Smith (2005) suggest that there are different types of stress, each with its own attributes, symptoms, duration, and treatment: acute stress, episodic stress, and chronic stress. These three types of stress are described as follows:

1. Acute stress is the common type of stress we all feel when something goes badly or makes life temporarily more complicated. Acute stress is time limited and goes away when the situation rectifies itself.
2. Episodic stress is experienced by those who place themselves in stressful situations. Being late or continually placing oneself in situations leading to crisis might be examples of episodic stress. People who experience episodic stress often lack the ability to order problems or to deal with them in pragmatic and rational ways, creating situations in which crisis is continual.
3. Chronic stress “is the grinding stress that wears people away day after day, year after year. Chronic stress destroys bodies, minds, and lives. It wreaks havoc through long-term attrition. It’s the stress of poverty, of dysfunctional families, of being trapped in an unhappy marriage or in a despised job or career. . . . Chronic stress kills through suicide, violence, heart attack, stroke, and, perhaps, even cancer. People wear down to a final, fatal breakdown” (Miller & Smith, 2005, p. 1).

Coping with stress has been thought to be a dimension of resilience, although there is disagreement in the literature about the definition of coping. Some researchers see coping as a dynamic process, but they measure its existence by considering a person’s disposition or by viewing it as something triggered by a life situation (Parkes, 1984). According to this definition, coping is a fluctuating or

transitory state. Other researchers see the ability to cope with stress as a permanent and enduring personality trait (Carver, Scheier, & Weintraub, 1989; McCrae, 1984; Parkes, 1986), a definition of coping that sounds much like the definition of resilience. Still other researchers view coping as a set of positive and negative modes of behavior. People with positive coping skills are described as using “more mature, flexible, purposive, future-oriented, reality-based, and metered approaches to combating stressful and anxiety-provoking situations, whereas those with negative coping skills are viewed as rigid, past-propelled, reality-distorting, and generally real adaptive processes” (Livneh, Livneh, Maron, & Kaplan, 1996, p. 503).

Lazarus (1966) believes that coping (1) serves to reduce the impact of harmful events and enables one to maintain a positive self-concept; (2) includes situational factors such as the availability of resources, coupled with individual factors that include one’s belief system and other physical and emotional skills; (3) includes an appraisal of a situation and how that situation may affect one’s well-being, including the options and limitations of alternative approaches to the situation; and (4) includes very basic options such as seeking more information, asking others how they might resolve a stressful situation, and direct action.

In a slightly different vein, Billings and Moos (1981, 1984) and Pearlin and Schooler (1978) believe that there are three alternative strategies individuals use to cope with stressful situations: (1) attempting to control the negative effects of the situation; (2) trying to modify the seriousness and the meaning of the stressful event; or (3) responding directly by trying to change the stressful event through the use of strategies that may have worked in the past.

Livneh and colleagues (1996) found three active styles of coping that resemble notions of resilience: (1) a style of coping that utilizes planning and seeking help from others; (2) a style of coping that seeks a support group to help with the stressor rather than passively putting it in the hands of fate; and (3) a style of coping that utilizes direct techniques to deal with stressors rather than such indirect techniques as denial or using other activities to temporarily try and forget about the stressor. Interestingly, the authors found that placing a problem in the hands of God or using prayer almost exclusively as a way of resolving a stressful situation was not a particularly effective way of coping and suggested an external locus of control. The more active the coping approach, the better subjects in their study were able to cope.

In determining whether treatment with substance-abusing patients would improve the type of coping approach used, Courbasson and colleagues (2002) treated 71 substance-abusing clients in an outpatient setting 3 full days a week, using anger management, relaxation techniques, stress management, changes in diet, leisure activities, assertiveness training, drug education, goal setting, and help with relationships and intimacy, as well as group psychotherapy using a client-centered orientation. Following treatment, the authors found that therapy had the following impact: (1) Task-oriented coping increased significantly, and consequently there was a large decrease in anxiety and other stress-related symptoms; (2) The use of emotion-oriented coping decreased; (3) The use of avoidance-oriented coping didn’t change; and (4) The coping skills used to try to resolve stressful situations improved, resulting in sustained improvement in the clients’ psychological distress.

EXAMPLES OF RESILIENT RESPONSES OF TRAUMATIZED ADOLESCENTS

Kristine Schwarz: My name is Kristine. I'm a marriage and family therapist. I work with children, I work teens, I work with children. I work primarily with domestic violence. And I live in California, and we're here working with Catholic Charities on a new project that deals with trauma, which we're going to talk about.

Cliff Mazer: My name is Cliff and I am a psychologist in Atlanta. We're trying to learn about trauma. Every person in this room has experienced traumas in life. Traumas are events that can affect you in negative ways because there are things which challenge a person to be able to keep going. The quality of being able to have bad things happen to you in your life and still be able to keep going is called resilience. Some people have one or two big traumas in their lives, while some people have many traumas in their lives. You would expect that the people that have the most traumas in their lives are the ones that don't survive as well. But it's not always true. In fact, some of the people that have the most traumas in their lives are the people that survive the best and become the most successful people. And that's a very interesting thing. So the question is, Who knows best about what helps a person survive and keep going in life?

The problem with most of the past studies and research is that it's mostly just people in universities making up all kinds of interesting theories. But hardly anybody has been asking you guys how you survived. Hardly anybody has asked you what specifically is it about you that may have helped you to keep going when other people gave up. Sometimes people give up because they get depressed. Sometimes people give up because they just can't handle life. Sometimes people kill themselves. Some people just get killed. That happens. Some people lose a mother. My kids lost their mother; I lost my wife. She died of lung cancer. I have three teenage sons.

All of those things are undeniably bad things. They're undeniably difficult hardships. The question is, Why do people bounce back, and how do they bounce back? What is it about them? What is it about each of you that helps you to keep going? Is it because of who you know? Is it because of who you are? Is it because of certain kinds of strengths you have? One thing we *do* know—it isn't always the strongest person. It isn't always the physically strongest person that survives. Just like on the football field or basketball court, it's not always the tallest player, it's not always even the most accurate player that is the best player. There's something else about those people that makes them as good as they are. So, that's why we're here and that's why we're asking you, and that's what makes you guys special. I'm very respectful of the fact that you came, and I appreciate your coming.

The following examples of resilience are taken from the transcript of a focus group on the nature of resilience, which was held on December 3, 2003, at the Alisos Institute in Santa Barbara, California. The only changes to the transcript were made for readability; some commas and a few bridging words were added, some sentences were shortened, and the group members' responses were numbered. The moderators were Kristine Schwarz, MSW, of the Alisos Institute, and Cliff Mazer, PhD, a clinical psychologist in private practice in Atlanta, Georgia.

THE QUALITIES THAT HELP ADOLESCENTS SURVIVE

Cliff Mazer: When you say who you are, one of the things that's different about this group is that we don't want to know what's wrong with you, we want to know what's right with you. We want to know what you think is a good quality of yours, maybe even one of the qualities that helps you to be a good survivor. Maybe it helps, maybe it doesn't. But the point is, you probably know a few good things about yourself that you consider to be your better qualities. And I'm not just talking about intelligence. You know, sometimes there're different kinds of intelligence, right? Like, knowing what's going on, like being able to—

Group member: Like street smarts?

Cliff Mazer: There's a different kind of intelligence, right? There's street smarts, but there are also other qualities, like being patient, being determined, never giving up. There are tons of different qualities. As a matter of fact, you can just throw out a couple of qualities so we know what we're talking about. And then I'm going to ask you questions. The first question I'm going to ask you is, What are the good qualities you have that help you survive?

Group members: (1) Being open and not close-minded; (2) Being able to express yourself and have good language skills to verbalize what it is you're trying to say; (3) Adapting to environments rather than having everything the same way everywhere else you go; (4) I have discipline for myself, I refuse to be a quitter. I can't stand to fail. If I fail, I'd just drop out of school; (5) Compassion; (6) Being mentally strong and physically strong; (7) What I can say about me is, the good part about me is how I understand and never give up whatever challenge I face; (8) Be oriented to the future, not to the past; (9) I used to do bad in school just because, like, thinking about my dad all the time. But I'm over it though. Once I just sit down and think about stuff or I can figure out stuff, I just thought about it. Like, people just kind of go sometimes. You know, everybody gotta go. It's just their time. I give myself an explanation. When I was little I didn't understand why my mom died. As I got older, I just gave myself the explanation that everything happens for a reason. And I believed it, and that's the way I was taught from when I was little. And every foster home that I've been in, they believe that God makes things happen for a home. Now I don't even wonder why my mom died. If I go to Heaven, or whatever, I'll understand why I did when I'm dead; (10) My mother passed in 2001. I really didn't know her that well, but I knew her well enough to know that she loved me. How I dealt with it was a lot of people used to talk to me, and still a lot of people talk to me, and they're telling me, you know, I'm sorry to hear that [your mother died], but stuff happens. So I look at that because that has made me a stronger young man as far as what I used to be. Because now I have to be mature, even though my mom isn't with me anymore; (11) I really like the point that these two made because a lot of people don't understand that living in America is so good, because living other places where people are less fortunate, I mean, people in America don't take that very seriously, I don't think. I mean, what we're going through is not things that they are going through because we read stories about different people, no disrespect, we read different stories from different countries and places in Africa and they are going through torture. I mean, serious torture. And we are not. I mean we go through the things of mom, dad. We're not going through the torture that

they go through. So I think many of us need to take the time out to just thank God and realize that even though we've got our trauma, that we are blessed.

HUMOR

Cliff Mazer: Some people who are [resilient] call it having a sense of appreciation and a sense of perspective about things. As bad as you think it is for you, it could be worse. It always could be worse. And that kind of helps us to keep going and to be strong. Is that a true statement for some of you? Can I say something else? You guys are smart, but you're also funny. And I wonder if sometimes keeping a good sense of humor is important, too. To get through life and to get through challenge and trouble, you better have a good sense of humor.

Group members: (1) Crying heals you from the inside; (2) A lot of people put up a front, too. A lot will laugh in front of you, and then go home and cry; (3) I use my sense of humor for little kidding stuff, like, when people talk about me I just make a joke out of it. And sometimes people don't get it. Like, when they talk about me and I make a joke about myself and laugh with them, they don't really get it that I don't think what's happening to me is funny, I just want them not to know how I feel about it. But that's just my way of doing something.

A PAST, PRESENT, OR FUTURE ORIENTATION TO LIFE

Cliff Mazer: Do you tend to be oriented to the future, not to the past? If something bad happened in your past, do you have your mind dwelling on it and staying there in the past?

Group members: (1) I'm not saying that it's all bad to think about the past because my mom died when I was five. And it's still times that I think about my mom, you know, the memories she had of me laughing and laying on the couch and all this stuff. But the thing about it is I get don't stuck on it. If I get stuck on it and I just keep into myself, why did my mom have to die? Why did she leave? Why did she do this? Why did she do that? And that's not going to get me nowhere. It's good to think about the memories, but you can't stay stuck on all the good memories because sooner or later you're gonna say, why did God do this, or why did this happen? And you're going to get stuck. And at one point, you're just not going to be able to push forward for what you want for yourself; (2) I think it's like, if a person's ever been through anything in their life, they should be confident. If they fall or stumble somewhere along the way, or in their future, they shouldn't go back to the past and say, well, look what I've done in the past because the past is only bringing you back to the past. If you try to get to the future, there's no way if you keep looking at all the bad things that happen to you.

RELIGION AND SPIRITUALITY

Cliff Mazer: Another question. Some of you use church as a way of dealing with life. What was it about going to church that may have helped change you?

Group member: I joined the gang. And after that I find out that the only way out of a gang is through death. So I died in Christ. We went to church after

a big gang fight, and I guess the sermon was directed towards me. The guy was talking about violence. And this sermon opened up my eyes, and instead of fighting a guy I was mad at, I went up to him and I shook his hand. The Bible has a lot to do with it because there are words in there that express what you feel, and what you think, and what's going on around you. Like, certain passages. If you believe in Heaven, you believe that you can start over, because it tells you that. If it gets inside you, it goes through your head and it's going to stick like a match strike on gas. It lights, and it's a feeling that's inside of you. And that feeling will never leave if you keep it in there.

EMPATHY

Cliff Mazer: They say that people who survive hardship and trauma are people who are optimistic people. And people who are pessimistic and negative don't survive as well. When one of your friends comes to tell you that something bad happened to them, what do you do?

Group members: (1) Listen; (2) Encourage them; (3) Try to give them positive feedback; (4) Say something funny; (5) Try to get them to lighten up. Just laugh or something; (6) Brush it off, because then they're going to look at you and they're going to see, like, that doesn't even affect that person. Then they're going to think, how does that look on me to be bothering that person? That person's stronger than me and they want to build their self up to be like you.

Cliff Mazer: There are different kinds of ways that people can hurt. They can get hurt physically and they can get their feelings hurt.

Group members: (1) I've got something to say, like to add on today. If you get in a fight and you get beat up, then I think it's not a good thing for you to fight anyway, because if you get beat up you're going to say, oh, you're down, you're hurt and that might be how you look at other situations that may not be true. So I don't think it's a good thing for anyway, because I used to think like that; (2) And either way you're going to get talked about. If you whoop somebody's butt, you're going to get talked about and if you get beat up, you're going to get talked about.

Cliff Mazer: It seems like you're saying that fighting in that way is sort of a trap; it's like being a gunslinger, you know. There's always somebody else that wants to have it with you.

Cliff Mazer: Can you name other kinds of situations that make your friends worry?

Group member: I met a girl and we hit it off, I mean, we really did. We became the best of friends. And we never hooked up, but I told her I was always there for her. So she caught me one day and she said, "Me and this guy, we just broke up." I said, "He hurt your feelings," and she said, "Yeah." And she said, "It feels some days like I don't want to live no more." So I had to talk to her about that. So I stopped somebody from killing them self. How'd I do that? Well, first, I made her laugh, just to take her mind off the situation she was going through. Then I got serious with her. I said, "You mean to tell me that this guy is that important for you to take your life?" So I cheered her up and she was like, "Well, when you look at it, he was a dog anyway."

Cliff Mazer: So, actually, you mixed it up. At first you got her laughing, and then you got her serious to give her that perspective. The big picture, like, come on, is it worth killing yourself over?

Group member: A guy can't be that important, you know.

SEEKING OTHERS FOR HELP AND COMFORT

Cliff Mazer: Another question. Who do you go to when you're most stressed out, for help and comfort, to talk?

Group members: (1) God; (2) My momma; (3) My teacher; (4) I go to God first, then I go to my friend.

Cliff Mazer: Do you think it's important that [a person you seek help from] be a certain kind of person, like, compassionate, or loving, or on your level, or someone you can relate to? Or do you think you could get help as good from a book or a manual or something?

Group members: (1) In some ways it is [important], and some ways it's not. Because you can have tough love and you can have love. You can go in a book and find it. Any source that you get it's still the same information; (2) It's better if you get a person because then you'll rely on them, but with a book you'd say, this is just a book. But if a person takes their time to talk to you, you'll really feel like you're special for some reason; (3) If I go through certain situations, I don't always run to the person that is, you know, kind and loving, because there's some situations where I have run to my brother and my brother is not exactly the best person. He's been in jail and been shot. But, I mean, it's just depending on the situation. I mean, you can't always run to the best person that you think will handle the situation. You've got to try different things. You've got to mix up what you do. You've got to trust the difference though; (4) It's good to have a therapist and all. My therapist took me to the fair up there at River Oak. You know, that was the first time that I had talked about my sister, and my grandma, and my family. I sat there and I talked for two hours, just things, just feelings that were coming out. And I still had more to say. But it's good to be able to know that somebody's there, at least one person that you can really sit down, and they'll listen, and hear you out, and give you knowledge.

TALKING ABOUT TRAUMAS AND OTHER BAD EXPERIENCES

Cliff Mazer: What do you think is the hardest thing about speaking about bad experiences and traumas that you've had?

Group members: (1) Being embarrassed that you've gone through it; (2) I don't care what people think about me. You know, I'm not here to please no one. I'm not; (3) Thinking people will see you as a crybaby; (4) Coming up as a young man, I had, still have, a lot of anger inside. But I don't let it show. I used to fight all the time. Every day at school I used to fight. When I was mad, when I fought, that was fun for me because beating a person up gave me an adrenaline rush. And when I'd get through fighting, it's gone. You don't feel, and then you feel sorry; (5) In my situation, I just moved into the house and I made friends, and you've got to explain to them, well, I'm a foster child, my momma died. And it's, like, they don't understand that because they have their mom and their parents, and they don't understand, and they think you're like the outside person.

I like to go in my room and looking at a mirror of myself. I do. The best thing about being a foster child is I go home, and in my room I shut the door and I look at myself in a mirror. And I think about it. I have a mom just like they do. I have a house now, just like they do. I go to school, just like they do, so I'm no different from them.

Cliff Mazer: How can helping adults, like a teacher, counselor, principal, minister, or parent speak to people your age that are trying to get over a bad experience?

Group members: (1) First approach us like they're on our level; (2) This principal I knew once, he was more down to earth with us. He knew what we were going through, and he had more knowledge because he also went through what kids that had the same problem went through, and how they learn to bounce back.

FINDING PEOPLE WHO HELPED

Cliff Mazer: Do you all have memories of somebody during a bad time who helped you? Who are they?

Group members: (1) Ministers; (2) Friends; (3) Teachers; (4) Principals; (5) Peers; (6) A bus driver who died. My grandma talked to me about her because she knew her very well; (7) My mother helped me get through lots of hard times, because my granddaddy died when I was six or five and he gave me anything I wanted. Mostly, I think back and I cry sometimes about it. But my momma tells me that when somebody dies, then it's their time to go to Heaven or Hell. But I've got to be the one to make a good decision so I can go to Heaven and see my grandfather again; (8) Before I got involved with Catholic Charities, I wouldn't care. I'd drop my backpack, throw it down in the hallways, and I wouldn't care. But I had this lady that helped me, my counselor, to understand that you can't go off fighting everybody or anybody who comes your way or looks at you wrong. Because it used to be if you looked at me wrong, I was about to whoop your booty. But now I've gotten to where I kind of think about it and I don't fight.

HANDLING STRESS

Cliff Mazer: So, it's not always a therapist or a psychologist that is able to get through to you at those times when you really need help. It can be sometimes a teacher or a principal, a mother or grandmother. When I think about getting over traumas, one message is that you've got to make changes inside yourself. Another message is you've got to reach out and use the help of other people who can support you. Which message works best for you?

Group member: You've got to mix the two together. You can't expect to do it all with inside yourself. You've got to go to people to help you and you've got to help yourself. If you're not helping yourself, nobody else is going to help you. If you go to someone for help, it would be somebody who's patient enough not to try to drag everything out of you.

Kristine Schwarz: How can you tell when a friend's having a bad experience?

20 WHAT WE CAN LEARN FROM RESILIENT PEOPLE

Group members: (1) They stop eating or they eat too much; (2) They can't focus; (3) They sleep too much.

Cliff Mazer: Of all the things that we've been talking about that have to do with stress and trauma and getting over it and that have to do with the change you need to make inside yourself or the help you need to get from other people, is there anything that we haven't mentioned at all?

Group members: (1) You should recommend that they should start reading the Bible every day, go to church and all that stuff, but it can't be forced; (2) Like Jeremiah said in the Bible, it felt like fire on the inside of me. And, well, it was fire shut off up in my bones. It's like a feeling, you know; (3) You could be a Christian and not go to church like you said because if God wants you to see a certain point, He will, I mean, He'll reveal it to you; (4) I mean, you might think that I'm bad at this, but I don't believe in everything that the Bible says because actually half of the stuff, it's like, you know, if you kill yourself you're going to Hell. I'm sorry, I don't believe that because if you're in so much pain, I don't believe it. I'm just saying that I disagree with a lot of stuff that is in the Bible. And, you know, if you don't agree with me, that's fine; (5) I don't think you have to go to church or, you know, praise God every day; (6) It's piece by piece. You could be a Christian and not go to church, like you said, because if God wants you to see a certain point, He will, I mean, He'll reveal it to you.

Summary

This chapter on resilience discusses the many factors that define resilience. The chapter provides definitions of the term *resilience* and the attributes of resilient people. It also discusses the relationship between coping with stress and resilience. A discussion of resilience by youth in crisis provides a way of understanding how traumatized resilient youth understand their unique ways of coping with life stressors.