

underserved populations). Meta-analyses of clinical trials have confirmed that PE produces a significant decrease in PTSD symptoms as well as diminishing symptoms of depression, anger, and anxiety among trauma survivors.

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See also Cognitive Behavioral Therapy; Cognitive Restructuring and Trauma; Evidence-Based Practice; Posttraumatic Stress Disorder

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PROMOTING RESILIENCE IN THE TRAUMATIZED

Resilience, or resiliency, is an inherent human quality. Resilience emphasizes human strengths and potential and is a significant part of the recovery process from a traumatic experience. Human beings have exhibited and demonstrated resilience from the beginnings of humankind: overcoming natural disasters, tribal conflicts, civil and international wars, and personal struggles and strife. These are some of the many instances in which human beings have shown, time and time again, that as a species, we possess an innate drive to prevail and get through challenging times and experiences.

This entry provides a fundamental introduction to resiliency and the ways in which it can be promoted within an individual. It also focuses on some of the components that are necessary to promote resilience in the traumatized.

Defining Resilience

In its simplest definition, *resilience* refers to an individual's ability and potential to develop significant psychological and emotional skills, as well as the ability to use familial, social, and external support, to better deal with stressful life events or experiences. From a psychological perspective, resilience is more than just the absence of psychopathology, and it includes the capacity for transformation and positive affect. In addition, resilience is a process, and over time, it has been found that individuals are able to bounce back and heal from the devastating effects of trauma. As a concept in itself, however, the definition of *resilience* varies in outcome: Some researchers define *resiliency* as the absence of negative outcome or pathology, other researchers define *resilience* as the presence of positive outcome, and others still understand *resilience* as a combination of both.

Anette Quale and Anne-Kristine Schanke state that resilience is a two-dimensional construct. This implies that resilience consists of the following: exposure to adversity and the positive adjustment outcomes to the adversity. Thus, to experience resilience, the result of a traumatic or adverse situation must be constructive and positive.

A more formal definition of resilience is given by George Bonanno, who proposed that resiliency is the ability of individuals

in otherwise normal circumstances who are exposed to an isolated and potentially highly disruptive event such as the death of a close relation or a violent or life-threatening situation to maintain relatively stable, healthy levels of psychological and physical functioning, . . . as well as the capacity for generative experiences and positive emotions. (2004, pp. 20–21)

This is a comprehensive definition because it clearly states that no matter the varying levels or degree of trauma an individual is faced with, he or she still has the capacity to develop a positive outcome despite the adverse experience(s). But what contributes to a positive outcome? What enables an individual to bounce back from a traumatic experience, sometimes even to the point of significant personal growth and transformation?

The following section provides an outline of some of the significant factors that result in resiliency.

Promoting Resilience

Most theorists and researchers believe that resilience is ordinary, not extraordinary. Furthermore, being resilient does not imply that a person does not experience difficulties or distress, but that the person can create and experience positive outcomes even in the face of trauma. Anyone can learn and develop resilient behaviors, thoughts, and actions.

It is not uncommon for people who have gone through traumatic events or major catastrophes to experience resilience. Research supports the notion that, if given enough support and encouragement, people can develop attitudes and behaviors that will contribute to resiliency, even in the most traumatic instances. In a study, Quale and Schanke interviewed 80 participants. All 80 participants had suffered multiple traumas, including physical injuries and spinal cord injuries. The researchers found that of the 80 participants, more than 50% of the sample population displayed a trajectory of healing characterized by resilience. These participants were able to overcome and work through their trauma, and they were able to gain profound insight and awareness into their experience.

As mentioned previously, although it is not impossible to develop and exhibit resilience in the face of trauma, it must be acknowledged that such an act is a process that requires time and is unique to any given individual. However, given adequate support and encouragement, whether on a social, emotional, psychological, spiritual, or cultural level, an individual will be able to develop the skills and abilities to spring back to a state of normalcy, however which way he or she defines it.

Several factors may affect the individual's capacity to harness the potential required to experience resiliency. These include but are not limited to the following:

1. *Optimism*: This refers to individuals' capacity and beliefs of expecting positive events and experiences to occur in their lives. This also includes the motivation and willingness to pursue one's goals and aspirations even in the face of adversity.

2. *Positive affect*: Having positive affect lends itself to enabling an individual to garner the psychological and emotional resources that are needed for dealing with a traumatic experience or adverse situation. This also enables a person to maintain

and regulate negative affect or intense feelings that may emerge, thereby contributing to one's ability to process one's experience.

3. *Communication*: This skill is extremely important in promoting resiliency. Communication refers to one's capacity to express oneself as fully as possible, while being provided empathy, compassion, and positive regard by the listener. This most likely will allow an individual to feel heard and understood, thereby providing a more secure container for processing the trauma and promoting resilience.

4. *Social support*: This refers to the support received from an individual's spouse, partner, family, and friends, or from the person's immediate community. It could also refer to religious and spiritual support. Cultural and environmental resources, such as a collective tolerant attitude toward individuals who have experienced trauma, also fall within this category.

5. *Emotional support*: This kind of support occurs when an individual is close to or has social or familial relationships with other people. Having emotional support enables a person to feel connected with other people, and it allows an individual to work through the trauma but not feel isolated during the process. Furthermore, activities and personal interactions that increase supportive and empathic relationships provide a sense of belonging for an individual and contribute to resilience.

6. *Identifying individual strengths*: Because resilience is inherent in every individual, identifying individual strengths is a key factor in promoting resilience. Human beings differ from each other based on cultural, social, religious, psychological, and political backgrounds and experiences. Thus, to promote resilience, individuals must identify strengths and capacities that are unique to them and that may be particularly well suited to them and their worldviews. For instance, a person from an Asian cultural background may find her or his immediate family to be a primary source of strength, whereas someone of western European origin may prefer to rely instead on a resource outside the family circle, perhaps a psychologist or psychiatrist.

7. *Meaningful engagement*: As human beings, we are constantly trying to make meaning of our

experiences. This idea is even more pertinent when it comes to individuals dealing with trauma. Perhaps this is because making meaning or making sense of an experience is a way of finding closure or resolution to what we have experienced as individuals. Being involved in activities that provide meaning and purpose is said to contribute to resiliency. Such meaningful activities include things such as helping others through volunteering, engaging in community service, spending time in advocacy efforts, and so on. Such activities may allow a person to feel that he or she is needed in the community and, as a result, may not lose hope of recovering from the trauma.

8. *Modifying cognitive distortions*: Our thoughts and beliefs certainly affect our emotions and behaviors. Examining and modifying our cognitive distortions can greatly lead to the promotion of resiliency in an individual. Following is a list of cognitive distortions that people have found helpful to pay close attention to and modify while working through their traumas. These include but are not limited to the following:

- a. *Overgeneralization*: When an individual views a single event as part of a never-ending pattern of defeat.
- b. *Discounting positives*: This occurs when one insists that one's accomplishments or positive qualities don't count in overcoming adversity.
- c. *Jumping to conclusions*: This consists of making assumptions or arriving at conclusions without any factual evidence. This can occur in two ways: *mind reading*—assuming people are reacting or will react negatively to you, and *fortune telling*—arbitrarily predicting that things will turn out badly.
- d. *Personalization and blame*: This cognitive distortion occurs when one blames one's self—or others—for something for which they were not responsible. In such a case, the individual's tendency is to find fault instead of solving the problems.
- e. *Undue guilt*: This refers to feeling guilty or responsible for events or situations caused by others or by conditions beyond an individual's control. Undue guilt may also surface when a person feels that he or she was unable to exert any choice or action in a situation.

9. *Reducing stigma*: Stigmas are attached to certain instances or types of traumas. In some cultures, for instance, sexual abuse or rape has a very strong social stigma for women, who may be perceived as tainted and/or not worthy of bearing a child following rape. Having a psychiatric illness that deeply impairs an individual's level of functioning also carries a stigma in most cultures. Any type of stigma can be a barrier to resilience because it often reduces an individual's options for coping and adaptation. More often than not, individuals who are stigmatized do not have opportunities or access to the same resources to resilience as others. This in turn can play havoc with an individual's self-esteem, which in turn can have a debilitating effect on the way individuals perceive themselves and their traumas, as well as the ways they cope with or bounce back from devastating experience(s).

Benefit Finding and Resilience

A newly emerging concept being recognized as a vital part of resilience is *benefit finding*. Benefit finding developed out of positive psychology, a branch of psychology that emphasizes the importance of focusing on the positive traits and potentials of a human being and the human experience. Benefit finding, as defined by Howard Tennen and Glenn Affleck, is the recognition and identification of positive qualities or benefits from negative experiences or adversities, including a variety of chronic illnesses and traumatic events. Other terms that are similar to the concept of benefit finding are *posttraumatic growth*, *stress-related growth*, and *adversarial growth*.

It is believed that benefit finding is closely related to resilience, in which case, the more involved and successful an individual is in the process of benefit finding within a traumatic experience, the greater the likelihood that he or she will achieve increased skills and awareness that are required to develop and promote resilience.

In the last decade or so, several studies and research have been conducted, the results of which suggest that there is a correlation between benefit finding and resiliency, irrespective of the type of trauma or adversarial conditions. Literature on this topic has covered the relationship between benefit finding and resiliency with several kinds of populations such as people with chronic physical illness,

people with chronic mental illness, victims of fire, bereaved individuals, disaster victims, mothers of acutely ill newborns, and so on. To illustrate, a long-term study of men who survived a first heart attack found that 58% of the sample population reported benefits of their initial heart attack, such as lessons on the importance of health, positive changes in their lifestyles and life philosophies, and increased enjoyment. Eight years later, the follow-up study indicated that those men who reported the benefits of their heart attack experienced better cardiac health and were less likely to have another heart attack.

Resilience: Some Cautions

While promoting and developing resilience as a means of working through trauma and crisis is vital, it is also important to be cautious while encouraging resilience in an individual. Pauline Boss, a noted clinical researcher on trauma and resiliency, states that there are certain areas to consider when working with trauma and outlines several reasons as to why this is so.

First, it is not always healthy for an individual(s) to stay resilient, especially if it is always the same people who are expected to bounce back from adverse situations. For instance, people who are not in positions of power and privilege are expected to be malleable and are constantly expected to adapt to the demands of people who are in power. More often than not, such individuals tend to comply without causing any waves or upheavals, whether on an individual, social, cultural, or systemic level. In such cases, resilience may dampen the psychological and emotional makeup of an individual, thereby suggesting that being resilient is not always the ultimate goal. Boss suggests that in such cases, it may be worthwhile to resist or fight back and deal with the ensuing crisis, rather than simply giving in and enduring the injustice. She goes on to further state that individuals in such circumstances should be supported and that we should be cautious about constantly embracing a resilience model that simply maintains the status quo of any given individual(s) or situation(s).

Second, Boss also warns that in our desire to promote resilience, be it in the capacity of a psychologist, a physician, or a trauma specialist, we must not disregard symptoms that require medical attention or psychiatric treatment. It is therefore important to rule out any organic causes or factors that are responsible for a trauma before we begin to work

with an individual. A medical or psychiatric consultation would be helpful in eliminating any possible physical or psychological element(s) that may be the cause of an individual's (traumatic) symptoms.

Third, resilience should not be confused with or misunderstood as the ability to find solutions or closure with regard to one's situation or experiences. This is not to say that resilience does not include these ideas. However, being resilient also means that individuals are comfortable with uncertainty; with their not having the answers or the closure for the events that have deeply affected them and their lives. Going a step further, being resilient also refers to one's ability to thrive in the realms of uncertainty, knowing that perhaps they may never find a solution or a complete understanding of the trauma they have experienced.

Conclusion

Despite definitional and conceptual inconsistencies within the literature of resiliency, promoting resilience is an important part of enabling individuals to work through and overcome the trauma(s) that they have confronted in their lives. However, more research on promoting resilience in the traumatized needs to be conducted. George Bonanno and Anthony Mancini note that only a handful of studies have been undertaken examining resiliency among trauma populations. Future research may pave the way to better understanding and defining *resilience* and the ways in which it manifests itself in an individual's life.

On a final note, promoting resilience requires an individual to assess and evaluate strengths and capacities that are unique to him or her to use them as leverage in working through trauma and perhaps gaining deeper insight, awareness, and even personal growth from these experience(s).

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See also Posttraumatic Growth Among Asylum Seekers and Other Immigrants; Recovery From Trauma; Resilience; Resilience Bolstering; Resilient Posttraumatic Adjustment in Childhood and Beyond

Further Readings

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PROTECTIVE FACTORS IN CHILDHOOD POSTTRAUMATIC STRESS DISORDER

Most people will likely experience at least one traumatic event (witnessing, exposure to, or incurring a severe injury, natural disaster, neglect, violence, or abuse) during their lives. For millions of individuals around the world, this often occurs at some point during childhood. The potential psychological effects of these adverse events can cause far-ranging complications in many aspects of one's functioning throughout one's life span (social, cognitive, physical, and psychological). Children can be particularly vulnerable to such negative effects because they may lack the appropriate coping resources needed to successfully process and recover from these situations. Despite the increased risk, some children are able to effectively negate some or all of these potential

consequences or not be as adversely affected. For example, it has been estimated that because of various protective factors 10% to 20% of children exposed to a traumatic event do not experience the strong negative and adverse effects that can hinder functioning. It has been estimated, however, that 5% to 18% (depending on type, duration, and frequency of trauma) of children exposed to a traumatic event develop actual posttraumatic stress disorder (PTSD). The children who are able to bypass PTSD and other negative side effects of trauma are labeled as *resilient* because they seem to be able to cope with the stress and adapt to the adverse events.

Resiliency is an outgrowth of protective factors, which are characteristics that promote the development of healthy outcomes and personality traits. Understanding the protective factors that construct resiliency is crucial for the future growth of trauma treatment. By exploring how children cope and thrive in the face of adversity, we can develop more effective prevention and treatment strategies for PTSD. This entry explores some well-known protective factors according to two different groupings: internal (individual characteristics) and external (environmental or contextual characteristics) factors.

Internal Factors

Children react to their environments in many different ways. Gender, age, race, sexuality, ethnicity, values, and religion are just some of the variables that contribute to these individual differences. Research has shown that those children who have more positive outlooks and are able to interpret their traumatic experience as something they can overcome and successfully traverse will be less likely to have future adverse effects. Also, children who experience more positive emotions and laugh more often are better able to cope with their circumstances and foster favorable relationships and responses in others.

Similarly, the way children view themselves and their ability to cope with a traumatic experience is important. Children who have high self-esteem are more likely to see themselves as survivors and not as victims. Because of this, they have a more hopeful outlook of the future in realizing that they can get through their experience and have a better tomorrow. In addition, children who believe that they can control events that affect them (i.e., internal locus of control) feel as though they have command over their lives and can create their own path. This is