



Building Resilience in a Turbulent World

Gina Stepp

“I know that I need to deal with it to heal,” says a woman we’ll call Ramona. “But sometimes I just have to take a step away from it too. I have experienced very painful flashbacks. The memories get so vivid; I literally, physically feel the pain again.” Ramona suffers from depression and has also been diagnosed with PTSD (posttraumatic stress disorder), the result of childhood experiences she prefers not to describe. Though Ramona often feels alone, according to the World Health Organization she is not. Far too many others are caught in the same struggle.

In its 2007 World Health Statistics report, the WHO calls depression “an important global public health problem” by virtue of both its prevalence and its far-reaching effects. Even worse, the WHO insists there is new research to establish that PTSD occurs more often and carries far more serious consequences than was previously believed. Such reports feed the widespread perception that stress- and anxiety-related depression has skyrocketed in recent decades.

To complicate matters, terrorist attacks have affected Western nations more directly than ever before, and governments and media do not seem terribly reluctant to play on resulting public fear.

Because of such considerations, communities would love to know how to prepare people for psychologically stressful events and to increase the potential for recovery. Researchers, in turn, are busily working to find out what traits are shared by those people who demonstrate a greater capacity to cope, in the hope of helping

others to become more resilient to stress, trauma and depression.

But is it really possible to effect human resilience? Aren’t some personalities naturally just more optimistic than others? Can anything be done on the individual level to promote robust emotional health in an increasingly turbulent world?

It’s true that some people are born with a naturally positive outlook, and that optimism is seen as a key factor in resilience. But researchers now know that new experiences and supportive relationships can literally change brain structure. This has led psychologists to understand that optimism and resilience can be built, and that adults as well as children can, in effect, be inoculated against depression—at least to some extent.

Despite this good news, however, building resilience is not as personally heroic an achievement as Western individualist culture and these new discoveries may lead us to believe. One doesn’t become the type of person who can weather adversity simply by adopting a fiercely independent resolve to single-handedly pull oneself up by a pair of bootstraps. In fact, say researchers, building resilience is nearly impossible outside of the protective influence of positive interpersonal relationships.

Louis Cozolino, author of *The Neuroscience of Human Relationships*, concurs. “For most of the past, people lived in groups of 50 to 70 and there were multiple generations and multiple people we were interconnected with,” he told *Vision*. “But in societies like our own, the emphasis is on individualism. I suspect that the increase of mental illness that we’re seeing is related to that factor. It’s hard to prove it because we can’t go

back in time, and we can only guess that there really is more depression today than there used to be. But we can make a compelling case for it.”

In addition to Western individualist ideals—or perhaps because of them—there are other factors that contribute to the perceived rise in the prevalence of depression and PTSD.

Many aspects of John Bowlby’s speculations about infant attachment and its effects on brain development, as published in 1969, are now being confirmed by neuroscientists. Just as humans need nourishing food in infancy to develop healthy adult bodies, we also need nourishing relationships in infancy to develop a healthy mental outlook. “Optimal sculpting of the prefrontal cortex through healthy early relationships,” writes Cozolino, “allows us to think well of ourselves, trust others, regulate our emotions, maintain positive expectations, and utilize our intellectual and emotional intelligence in moment-to-moment problem solving.”

In contrast, when these areas of the brain have not developed properly, we are particularly likely to have problems controlling depression, negativity and fear, because regulation of fear circuitry relies heavily on the attachment process. Cozolino sees a direct cause-and-effect relationship in his practice: “When you have inadequate attachment—and society isn’t really set up to allow people the time and the space to be present with their children in order to establish that attachment—then I think kids are more vulnerable. I don’t get a sense that there’s a lot of attachment security, certainly not in the people that I work with.”

Considering these factors, it’s easy to see why positive *early* relationships help determine how resilient we will be as adults. But early

attachments are not the only ones that affect psychological resilience. Among other close adult ties, bonds such as marriage can have a similar effect to that of childhood attachments, say sociologists. In fact, Cozolino remarks, “research shows that if someone with an insecure attachment marries someone with secure attachment, then after about five years or so there’s a shift in their attachment pattern to a more secure profile.”

While sociologists acknowledge that even ties to colleagues, friends and the wider community can benefit the mental health of those suffering from stress, in the ideal situation the cradle of resilience would be the family unit—an individual’s first source of attachment, affectionate support and clear behavioral examples. But if parents are unavailable or unable for whatever reason, other close relationships—grandparents, aunts, uncles, even older siblings—can fulfill this need and contribute to restoring a pattern of resilience.

Froma Walsh is a professor of both social services administration and psychiatry at the University of Chicago. Her areas of expertise include family studies and family therapy, and she has written extensively on the subject of resilience. In her 2006 book, *Strengthening Family Resilience*, she notes that “we’ve come to understand resilience as an ongoing interaction between nature and nurture, encouraged by supportive relationships. . . . Interpersonal connections play a significant role in shaping neural connections in the emerging mind.”

Walsh says there are several ways in which family relationships in particular shape the foundations of resilience in times of stress or trauma: “Shared belief systems transmitted through family interactions are powerful

influences in resilience. Children's adaptation to crisis events and disruptive transitions is influenced by the meaning of the experience, which is mediated by parental understanding and communication."

The shared belief systems Walsh considers key to family resilience encompass three widely studied areas: making meaning of adversity; maintaining a positive outlook; and finding purpose beyond self, family and trouble through spiritual convictions. As simple as they may sound, each of these topics is worthy of deeper exploration.

MAKING MEANING OF ADVERSITY

"A traumatized subject can be so overwhelmed and submerged by information that he or she cannot respond to a confusing world," says French psychologist Boris Cyrulnik. "Senseless violence means that death is never far away. Molehills look like mountains and the world loses its clarity. . . . So long as the trauma has no meaning, we are shattered, stupefied and confused by a whirlwind of contradictory information. . . . But, given that we are obliged to give a meaning to the phenomena and objects that 'speak' to us, we do have a way of clearing the fog that comes rolling in when we experience a psychotrauma—and that is by means of narrative."

Narrative, or the mental story we construct to explain our adversities to ourselves and others, has long been recognized by psychologists as an important step in overcoming them. This is primarily why people are encouraged to talk about the things that happen to them—not simply to get them "off one's chest," or to demonstrate some kind of emotional dependence—but because vocalizing our

traumas forces us to place them in context and give them meaning.

Not all narratives can be shared with other people, Cyrulnik admits. "Sometimes the witness exists only in the imagination of the injured subject, who is talking to a virtual listener as he tells himself his story."

However and to whomever the narrative is told, there are certain ingredients the story needs in order to facilitate resilience. According to researchers at the Hadassah University Hospital in Jerusalem, these include continuity and coherence, creation of meaning and self-evaluation. In their 2004 study of the use of narrative in coping with trauma, the researchers (all six of whom were based at the hospital's Center for Traumatic Stress) found that "when the narrative was well built, with a coherent story, significance, and a positive self-image, levels of Post Traumatic Stress Disorder symptoms were lower."

By "positive self-image," the researchers were not referring to the simplistic, unfounded ego-stroking that characterizes much of the popular self-esteem movement of the last half century. The study's definition of positive self-image is more concrete and involves assessing one's own role in the adversity in terms of degree of control, feeling guilty or responsible, and being active or passive.

This brings up an important distinction that must be made between the popular version of self-esteem and the kind of positive self-evaluation that gives meaning to our adversities. In the words of psychologist Martin Seligman, it is a matter of "feeling good versus doing well." In his book *The Optimistic Child: A Proven Program to Safeguard Children Against*

Depression and Build Lifelong

Resilience, Seligman notes that “there is no effective technology for teaching feeling good which does not first teach doing well. Feelings of self-esteem in particular, and happiness in general, develop as side effects—of mastering challenges, working successfully, overcoming frustration and boredom, and winning. The feeling of self-esteem is a byproduct of doing well.”

This aspect of “doing” that Seligman sees as foundational to self-esteem is also reflected in the Hadassah University Hospital study. The researchers noted that an important factor in coping with trauma involves some degree of active control: “Those who were able to feel their agency and mastery, during the event and afterwards, coped better and processed the events in a more productive way.”

Walsh recognizes this and places self-evaluation in the context of family resilience when she adds that the best kind of meaning is based on an understanding of human limitations. “No one is completely helpless or all-powerful in any situation,” she says. “Self-esteem comes from achieving relative competence, rather than absolute control, in dealing with a challenging situation.” In fact, when individual family members can be realistic about their own strengths and limitations, as well as those of others in the family, the shared story that emerges from their adversity is likely to be more meaningful.

MAINTAINING A POSITIVE OUTLOOK

A realistic view of one’s strengths and weaknesses may not at first seem compatible with the second key to family resilience: maintaining a positive outlook. The word

optimism may evoke images of the classic children’s book *Pollyanna* and its main character’s persistently positive “glad game.” But according to Seligman, the right kind of optimism is neither blindly applied nor unrealistic. Instead, he recommends what he calls “flexible optimism,” to be practiced with a healthy dose of reality and common sense, and when the cost of failure is low.

For instance, if you’re considering wading across an alligator-infested swamp, it’s probably foolish to base your decision on the optimistic hope that the reptiles will be taking their afternoon nap just then. However, in a family’s dialogue after adversity, optimism is perfectly appropriate. Taking the view that a situation is not hopeless is unlikely to hurt anyone and almost certainly will help. When optimism is firmly rooted in reality, in fact, it allows us to acknowledge setbacks and see them as opportunities for growth. For example, someone with flexible optimism might say to himself, “My wife didn’t like something I said, and now I’ve learned to avoid that kind of statement in the future,” rather than “My wife is unfair and it’s impossible to please her.”

The latter theory of reality is rooted in the kind of thinking that sees the causes of adversity as permanent and pervasive. If it’s “impossible” to please someone, we are off the hook; we have no motivation to change our actions, because we don’t believe that changing our actions will make a difference, now or ever. Therefore we don’t experience the sense of mastery that could help us bounce back from difficulties, and we become more susceptible to depression.

On the other hand, Seligman says, when we believe the causes of bad events are temporary, we have a foundation on which to build hope that the future will be better, no matter what we

may be going through at the moment. We also have the motivation to make whatever changes are necessary to ensure that the future is better. The self-mastery that results when we make these changes feeds the right kind of self-esteem, and we spiral up instead of down.

Another dimension of optimism relative to family resilience involves how (and on whom) blame is placed. Accepting blame for setbacks or even for traumatic experiences can be a helpful coping mechanism, but it is only therapeutic if the victim really did have some control. Undeserved self-blame is terribly destructive, especially in the form of global and sweeping generalities, such as “This happened because I’m stupid; I’m not worth anything.” It is just as destructive to assign this kind of global blame to others: “I failed because everyone is out to get me. They don’t want me to succeed and they’ll never let me.” Families also limit their collective resilience when they define *each other* with sweeping generalizations: “Joey never finishes what he starts,” or “My husband can’t hold down a job.”

In contrast, Walsh observes, “resilient families show strikingly little blame, personal attack, or scapegoating. Members take responsibility for their own feelings and actions and acknowledge their contribution to difficulties.” As they also recognize the strengths and positive contributions of each other, the family’s shared belief that they are not helpless is reinforced. As a result, the motivation to persevere through adversity is enhanced because the belief that change is possible encourages people to try repeatedly to achieve it. When these attempts succeed in producing growth, it becomes easier for family members to view the adversity as resulting from many temporary contributing variables rather than one simple cause, which

can strengthen optimism and, along with it, the resolve to continue the struggle.

If optimism is our personal inward approach to adversity, encouragement will be the way it is manifested outwardly as we help others. But in the same way that our optimism is empty if it isn’t based on reality, our encouragement to others is empty unless it has a realistic basis, and our optimism must be at work internally if we hope to effectively encourage others. As Walsh points out, “the word ‘courage’ is embedded in the word ‘encouragement.’ Personal courage is strengthened by the encouragement of family, friends, and community.” Positive relationships are as foundational to developing personal optimism as they are to other aspects of resilience, then.

FINDING PURPOSE OUTSIDE ONESELF

The last of the three shared belief systems that Walsh sees as key contributors to family resilience is that of finding purpose outside oneself through beliefs that transcend the limits of personal knowledge.

“A transcendent value system,” she writes, “. . . enables us to define our lives and our relationships to others as meaningful and significant. Just as individuals prosper within significant relationships, families thrive when connected to larger communities and value systems.” Why? Walsh says we handle the risks of our relationships better when we have the hope that comes from continuity and purpose outside our own experience. “Without this larger view, or moral compass,” she says, “we are more vulnerable to hopelessness and despair.”

Dennis Charney, professor of psychiatry and neuroscience at Mount Sinai School of Medicine, agrees. In a 2006 article in *Primary Psychiatry*, Charney, who has made significant contributions to the understanding of the psychobiological mechanisms of resilience to stress (among other related subjects), concludes that “having a moral compass or a set of beliefs that few things can shatter can get a person through very tough times. Faith or spirituality has some overlap with a moral compass, and for some people can be comforting and provide a sense of optimism and hopefulness in the face of difficult situations.”

Charney and Yale professor of psychiatry Steven Southwick conducted studies among groups of Vietnam POWs, women who had suffered severe traumas including sexual abuse, and patients who had bounced back from severe medical problems. Those who exhibited resilience—in some cases becoming stronger rather than simply rebounding—were found to share many of the same traits, which were revealed through interviews combined with neuropsychological tests that included neuroimaging. Many of these traits could be considered aspects of the two keys of resilience we have already explored. In addition, however, Charney found that traits like altruism and the use of role models and heroic figures contributed considerably to resilience—and, of course, these traits are common elements of transcendent belief systems.

“Having a mission or goal larger than oneself can provide a long-term view that helps keep daily frustrations, losses, or problems in perspective,” Charney writes in his 2004 book, *The Peace of Mind Prescription*. “Helping others appears to bolster one’s own capacity to withstand stress or trauma.”

Charney also points out that people don’t really need armies of therapists to descend on them in the aftermath of a major trauma. What helps increase resilience most is maintaining already established, close, meaningful, *confiding* relationships among family and friends. Even when literal family isn’t available, many people gain this type of support through transcendent belief systems, not only by their involvement in the accompanying social networks but also through private activities like prayer and meditation.

Transcendent belief systems are most powerful when they inspire creative personal change and growth rather than blame. After all, suffering is sometimes the result of injustice and senseless violence. Religion and spirituality offer a glimpse of a promising future beyond a difficult present, which can provide a valuable boost toward healing and the building of resilience.

“Resilient persons believe that it’s a waste of time and energy to be preoccupied with regret or bound up in retribution or nursing old wounds,” Walsh asserts. “Learning from adversity, resilient families believe that their trials have made them more than what they might have been otherwise.”

In fact, this concept of gathering wisdom from the past and looking ahead to a changed future may be the common thread among resiliency traits. Blame, bitterness, helplessness, vengefulness and fear are all characterized by a backward focus. In contrast, the traits of resilience—creativity, relationship building, change, growth, mastery, optimism, altruism, narrative, a moral compass, goals and missions—all demand that we look forward. And together they produce another compelling trait: hope.

“In the wake of devastating loss or trauma,” says Walsh, “we need to help families regain hope to invest in rebuilding their lives and revising lost hopes and dreams. Hope is a future-oriented belief; no matter how bleak the present, we can envision a better future.”

Developmental psychologist Erik H. Erikson also spoke of the psychological importance of this trait: “Hope is both the earliest and the most indispensable virtue inherent in the state of being alive. Others have called this deepest quality *confidence*, and I have referred to *trust* as the earliest positive psychosocial attitude, but if life is to be sustained hope must remain, even where confidence is wounded, trust impaired. Clinicians know that an adult who has lost all hope, regresses into as lifeless a state as a living organism can sustain.”

This wounded, regressive state is very familiar to sufferers of depression and PTSD, but there is certainly hope to be offered. Change is possible, the future very promising—especially for those willing to allow that even our worst experiences may contain the seeds of our greatest growth.

Ramona, the woman with whom we began, sums up the personal struggle to regain hope that must be faced by those with depression and PTSD: “There is evil, very horrific evil in the world,” she says. “But I know that it doesn’t help to expect it. Even if some people are that way, other people can help—and are helping me to change my way of thinking.”

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