

I wrote the following article for my website ([www.drrobertbrooks.com](http://www.drrobertbrooks.com)), February, 2004. Other articles are posted on the website.

### **Resilience: A Common or Not-So-Common Phenomenon?**

In my last article I discussed the emergence of “positive psychology” as an area of research and practice that focuses on human strengths and virtues rather than on weaknesses and pathology. This past week I read a thought-provoking article by Dr. George Bonanno of Columbia University Teachers College that appeared in the January, 2004 issue of the journal *American Psychologist*. The article, titled “Loss, Trauma, and Human Resilience: Have We Underestimated the Human Capacity to Thrive After Extremely Aversive Events?” raises important questions about commonly held views of pathology and resilience. It also supports a basic tenet of positive psychology, namely, that the potential for individuals to handle adversity may be far greater than has previously been recognized.

At this beginning of his article, Bonanno makes an important distinction between the concepts of resilience and recovery. He notes that *recovery* is best understood as a process in which “normal functioning temporarily gives way to threshold or subthreshold psychopathology (e.g., symptoms of depression or posttraumatic stress disorder--PTSD), usually for a period of at least several months, and then gradually returns to pre-event levels. By contrast, *resilience* reflects the ability to maintain a stable equilibrium. . . . Resilience to loss and trauma, as conceived in this article, pertains to the ability of adults 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.”

Bonanno then emphasizes, “A further distinction is that resilience is more than the simple absence of pathology.” While the process of *recovery* involves the presence of symptoms occasioned by the loss or traumatic event, “resilient individuals, by contrast, may experience transient perturbations in normal functioning (e.g., several weeks of sporadic preoccupation or restless sleep) but generally exhibit a stable trajectory of healthy functioning across time, as well as the capacity for generative experiences and positive emotions.”

This distinction between *recovery* and *resilience* is an important one, especially if one appreciates the assumptions of normality that dominated the fields of psychology and mental health for many years. In reviewing the literature, Bonanno observes that many practitioners believed that losing a significant loved one or enduring a traumatic event necessitated clinical intervention. He writes, “Trauma theorists have focused their attentions primarily on interventions for PTSD. Nonetheless, trauma theorists and practitioners have at times assumed that virtually all individuals exposed to violent or life-threatening events could benefit from active coping and professional intervention.”

This viewpoint of the need for “universal” professional intervention may have arisen in the context of a “skewed distribution,” that is, it is often people who are suffering the most who eventually seek therapy. Thus, therapists are most likely to see individuals who are experiencing the most intense problems coping with adversity. All too often we can fall prey to generalizing from a “clinical” population to all individuals.

In the process, we lose sight of the many individuals who are faring rather well without professional help. Those who are resilient, who maintain a psychological equilibrium even when encountering loss or trauma, typically do not seek treatment. However, I have heard the argument that many who do not seek treatment may actually require psychological intervention; they are seen as engaged in denial, a form of coping that leaves them vulnerable to a “delayed reaction” that will emerge at some future point to disrupt their lives.

Bonanno suggests that it is only a small subset of people who require professional help, “most likely those struggling with the most severe levels of grief and distress.” He contends, “Resilience to the unsettling effects of interpersonal loss is not rare but relatively common, does not appear to indicate pathology but rather healthy adjustment, and does not lead to delayed grief reactions.” In addressing trauma, he notes, “Although chronic PTSD certainly warrants great concern, the fact that the vast majority of individuals exposed to violent or life-threatening events do not go on to develop the disorder has not received adequate attention.” Bonanno supports this position by citing the results from different research studies including those that indicate the large percentage of New York City residents who rapidly returned to effective functioning following the terrorist attacks of September 11, or body handlers in the aftermath of the Oklahoma City bombing who demonstrated “unexpected resilience.”

Bonanno certainly recognizes that there are individuals who in the face of loss and trauma require professional assistance. He notes that while there is an absence of evidence for the existence of delayed grief during bereavement, “delayed PTSD does appear to be a genuine, empirically verifiable phenomenon. Nonetheless, delayed PTSD is still relatively infrequent. . . and applies at best only to a subset of the many individuals who do not show initial PTSD reactions.”

The implication of Bonanno’s work is much more far-reaching than my brief summary may capture. It challenges the assumption that only “rare individuals with exceptional emotional strength are capable of resilience.” It highlights the inner resources that most people possess (a subheading in Bonanno’s article reads “resilience is common”) and questions any position that emphasizes the limitations of individuals to respond to adversity. It also resonates with the work I have done with my close friend Dr. Sam Goldstein, prompting us to identify the qualities that resilient individuals possess—such as a “resilient mindset”—that contribute to their maintaining a sense of equilibrium in their lives. Bonanno describes different pathways of resilience to loss and trauma including becoming “stress hardy” as well as using positive emotion and laughter (the reader is referred to my April, May, and June, 1999 website articles about the concept of stress hardiness; my January, February, and September, 2003 articles about “personal control”; my January, 2002 article about humor and negative scripts; and the book I co-authored with Sam Goldstein, *The Power of Resilience*).

For example, Bonanno observes, “Historically, the possible usefulness of positive emotion in the context of extremely aversive events was either ignored or dismissed as a form of unhealthy denial. Recently, however, research has shown that positive emotions can help reduce levels of distress following aversive events both by quieting or undoing negative emotion and by increasing continued contact with and support from important people in the person’s social environment.”

As I read Bonanno's article I could not help but think of one of the most devastating moments of my and my family's life, when my brother Irwin, an officer in the Air Force, lost his life. I was entering my senior year of high school at the time. A terrorist placed a bomb on his plane and all of the crew was killed when the plane exploded. One feature of the response of my parents could easily be seen as maladaptive, and I must admit that for a period of time I interpreted it as such. For several years following Irwin's death they had difficulty talking about him or even using his name. When I became a psychologist I remember thinking that if a therapist had consulted with my parents after Irwin's death, he or she would have suggested that they talk about him and their loss since their reactions were not helping them or the rest of the family to deal with their grief.

Yet, as the years have passed and as I have adopted a more strength-based approach, I now question whether my parents' response was pathological. I believe my initial assessment was too narrow and failed to consider the strengths demonstrated by my parents in their daily existence. My parents had a great deal of love for each other and had a network of relatives and friends who were very supportive. While they could not talk about Irwin's death for several years (eventually, they were able to do so), they found pleasure in my brother Henry's three children and later in my brother Michael's three children and my two sons. They relished the achievements of their sons (I remember fondly their joy when I received my Ph.D. and their delight in the publication of my first book, which was released just a month before my mother's sudden death).

Irwin's death understandably diminished my parents' happiness, but in their day-to-day functioning they continued to live, to love, and to add meaning to the lives of others. While I may have wished that they could have discussed Irwin's death in a more prompt and comfortable manner, they discovered their own timetable and while doing so they ensured that love would permeate their relationship with their family and friends. I slowly came to appreciate the magnitude of their resilience.

In the March, 2001 issue of the *American Psychologist*, Dr. Ann Masten, a psychologist at the University of Minnesota and one of the foremost researchers in the area of resilience in children, wrote an article that parallels the conclusions reached by Bonanno in his research with adults. The title of Masten's article, "Ordinary Magic: Resilience Processes in Development," captured her strong belief that "resilience is made of ordinary rather than extraordinary processes."

Masten writes, "The message from three decades of research on resilience underscores central themes of the positive psychology movement. Psychology has neglected important phenomena in human adaptation and development during periods of focus on risk, problems, pathology, and treatment. . . . Resilience does not come from rare and special qualities, but from the everyday magic of ordinary, normative resources in the minds, brains, and bodies of children, in their families and relationships, and in their communities. . . . The conclusion that resilience emerges from ordinary processes offers a far more optimistic outlook for action than the idea that rare and extraordinary processes are involved. The task before us now is to delineate how adaptive systems develop, how they operate under diverse conditions, how they work for or against success for a given child in his or her environmental and developmental context, and how they can be protected, restored, facilitated, and nurtured in the lives of children."

Experiences from both my personal and professional life have taught me that within each person there is a capacity for resilience. For some, it is highly accessible. For others, particular biological givens and environmental experiences make it less available, but as Masten and Bonanno note it is imperative that we understand the processes that may either nurture or diminish resilience. While we must never minimize or deny the impact of stress, pressure, and adversity on each person's functioning, we must not lose sight of how effectively so many adapt to the day-to-day challenges that they encounter. We must expend an increasing amount of our time and effort in the task of identifying and reinforcing those factors that reinforce a resilient mindset and allow each person to thrive and experience the power of ordinary magic.