

## Resilience in adults: Current definitions and research findings

Author: Gerrit van Wyk, Michelle Owen & Caroline Duff-Riddell

Email: [gerritvw@traumaclicnic.co.za](mailto:gerritvw@traumaclicnic.co.za)

### **Course outcomes:**

When you have completed this course you will have an understanding of:

- The current ways in which resilience in adults is defined
- How the definition is operationalised for research
- The latest research findings under each definition
- The strengths and weaknesses of each definition and its related research.

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# Resilience in adults: Current definitions and research findings.

## A note on the learning and teaching approach

This course is built on the principles of supported open learning pioneered by the UK Open University and developed by South African Institute for Distance Education (SAIDE) and The SACHED Trust. Course participants (Students) are asked to do all the tasks as they appear in the text in order to take full value from the course. There are two kinds of task:

*Fact check* – to memorise key knowledge items

*Reflection and analysis* – to take time to actively engage with the ideas in the course

## 1 OVERVIEW

In this course we will look at some of the emerging ideas around the concept of resilience. Firstly, we look at the work of Astier Almedom and her research in Eritrea. Almedom adopts a salutogenic approach and defines resilience in terms of sense of coherence.

Secondly, we go onto the work of George Bonnano who introduced the idea of looking at resilience, not only at a moment in time but also examined it as a trajectory of symptoms over time. In particular we look at some of his research done on populations exposed to the World Trade Centre disaster.

Thirdly, we look at the work of Stevan Hobfoll and the development of his Conservation Of Resources theory (COR). We also present results of research done on populations exposed to the World Trade Centre disaster, as well as the effects of ongoing terrorism of Jews and Arabs in Israel.

Lastly, we address the area of posttraumatic growth. We draw primarily from the work of Tedeschi and Calhoun and their research into cognitive processing. The related findings of others have also been included.

## 2 AUTHOR: ASTIER M. ALMEDON

For years, anthropologist Astier Almedom has been investigating how communities and individuals cope with natural and manmade calamities and still manage to function normally, or even thrive. Most of her research findings discussed below stem from her work in Eritrea.

### 2.1 Definition

Almedom's definition of resilience is influenced by the concept of health promotion. The World Health Organisation (WHO) defines health as "a state of optimal physical, mental and

social well-being, and not merely the absence of disease and infirmity". Antonovsky thereafter developed the theory of salutogenesis, which has its roots in health, as opposed to pathogenesis, which focuses on disease (Antonovsky, 1996).

Out of this framework Almedom compares resilience to health, and PTSD to sickness. Just as health is not defined as the absence of disease, so resilience cannot be defined as the absence of PTSD (Almedom, 2008).

Almedom (2008) defines resilience as:

*"a dynamic and multi-dimensional process of adaptation to adverse and/or turbulent changes in human, institutional, and ecological systems across scales"* (p S5).

*"It is the capacity of individuals, families, communities, systems and institutions to anticipate, withstand and/or judiciously engage with catastrophic events and/or experiences; actively make meaning with the goal of maintaining normal functioning without fundamental loss of identity"* (p S1).

Human resilience, at an individual level, is defined as a normal and common response to adversity. Resilience, in terms of ecosystems or integrated systems of people and their natural environment, is given three defining characteristics:

- The amount of change a system can undergo while still retaining control of function and structure
- The amount of self-organisation within the system
- The ability to increase its capacity for learning and adaptation

Resilience is a complex state that cannot be measured in isolation. When measuring resilience the context of resources, including social support, needs to be taken into consideration. In terms of family or community resilience, functioning is mediated by:

- Types
- Timing and
- Levels

of social support.

## **2.2 Operationalisation**

Almedom, Tesfamichael, Mohammed, Mascie-Taylor, & Alemu (2005) operationalise resilience in terms of sense of coherence - a construct defined by Aaron Antonovsky.

Sense of coherence is defined as *"a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that (1) the stimuli deriving from one's internal and external environments in the course of living are structured and predictable, and explicable; (2) the resources are available to one to meet the demands posed by these stimuli; and (3) these demands are challenges, worthy of investment and engagement"* (p 92).

Antonovsky (1996) found that people manage stress and stay healthy according to their sense of coherence. He created the Sense of Coherence scale (SOC), also known as the Orientation to Life Questionnaire. This scale (and its shortened form, SOC-13) includes three components:

- Meaningfulness – the extent to which one feels that life makes sense emotionally, and has the motivation to see some problems or demands as challenges worthy of engaging with and investing energy into
- Comprehensibility – the extent to which one understands confronted stimuli or challenges, and perceives information as ordered, consistent, structured and clear.
- Manageability – the extent to which one believes that there are resources available which are adequate to allow them to cope with the demands of stimuli

Sense of coherence is a generalised view of the world as coherent (or incoherent) and has become the measurement scale for resilience in Almedom's research.

### **2.3 Research Findings**

Almedom et al (2005) conducted studies in Eritrea in order to assess the resilience in this historically oppressed and debilitated nation. Eritrea had survived and maintained its identity against all odds. Despite their experiences, the people of Eritrea had become more resourceful, more self-reliant and had increased in social cohesion. Some of her findings, discussed below, include commitment and cohesion, positivity and forward thinking, meaning and hope, and support.

- Commitment and cohesion
  - Antonovsky speaks of “cohesive commitment” and “control commitment” in cohesive communities. Cohesive commitment describes a sense of belonging to and being part of the community. Control commitment describes an ideological commitment to a common goal or aspiration (Antonovsky, 1974).
  - Almedom adopted these ideas about cohesion in terms of her research in Eritrean society, as she believed that cohesive commitment and control commitment both contributed to their strength in the face of ongoing oppression and hostility.
  - On a commitment – alienation continuum, it was expected that Eritrean society would fall towards the alienation end, especially due to ethnic diversity and sparse population density.
  - However, social cohesion grew and majority of people reported concern and commitment to rebuilding their community.
  - This commitment was driven by both personal and collective experiences, rather than by social or political manipulation (Almedom et al, 2005).
  - In terms of social cohesion, Almedom maintains that pulling together, sharing norms and values that build trust in a community, are important factors of resilience. It is important for people who experience a disaster to draw on the trust they have in one another (McNeil, 2010).

- Positivity and forward thinking  
Eritrea's approach to goals as challenges, with a positive state of mind and a focus on success rather than failure, played an important role in achieving their renewed identity and independence as a nation (Almedom et al, 2005).
- Hope and meaning making  
Hope is defined by WF Lynch as *"the fundamental knowledge and feeling that there is a way out of difficulty, that things can work out...that there are solutions...hope is the sense of the possible"* (1965, p. 32). Hope is a key factor in building and maintaining resilience. In turn, meaning making was found to contribute to hope and spirituality found to play a critical role in meaning making in Eritrea.

In the Eritrean research (Almedom et al, 2005), associations were found between meaningful, satisfying daily activity and hope. Daily activity (not necessarily income generating) played an important role in increasing hope. In particular:

- Mothers reported that it was meaningful for them to focus on surviving adversity. They reported satisfaction in their daily work of caring for and raising their children.
- Men reported that daily activity generating income, as well as their status in the community, provided satisfaction and fulfilment for them.

Almedom links religion and spirituality to meaning and hope. From a spiritual framework, people are more likely to find ways to interpret adversity, to gain something positive from a negative event. Resilience is strengthened by having a hope for this life, but also for an afterlife – believing something greater is still to come, seeing a bigger picture (McNeil, 2010).

In the New Orleans research, after Katrina, support was found for the premise that spirituality contributes to both meaning making and resilience. In particular, people maintained their resilience in part through their religious affiliations (McNeil, 2010).

- Support  
Factors of support include social support, displacement, restriction, and humanitarian assistance. The following findings were taken from Almedom's research in Eritrea.
  - Social support  
In Eritrea, social support did not exist in terms of psychosocial programmes to assist the people. However, there were active community-based mental health services, as well as traditional social support systems. Thus the supportive community culture was shown to promote resilience. It was found that women who give, rather than receive, social support are also likely to experience increased stress levels and lower resilience (Almedom et al, 2005).
  - Displacement  
Displacement was found, in some cases, to have compromised individual and/or collective resilience in women, despite social support. Displacement lead to economic hardship and made it unlikely for women to have the opportunity for rest after childbirth (Almedom et al, 2005).
  - Restriction  
In men, resilience was lowest amongst those who experienced restricted travel and ultimately lost trade opportunities (Almedom et al, 2005).

- Humanitarian assistance  
Humanitarian assistance, according to Almedom, can either set people on the path to recovery or to long-term dependency – depending how it is provided. If assistance is given entirely from outsiders the communities may become reliant on this external support. It is important that they receive assistance, but maintain and build on their pre-existing resilience.  
*“Promoting and building resilience begins with a fundamental recognition that those affected by disasters want to stand on their own feet and we can help them on their terms, with long-term prospects in mind”* (McNeil, 2010).
- Recommendations  
This study suggests international psychosocial support to nations in similar situations. Organisational provision of adequate resources, material support or funding is also indicated in order to promote existing self-determination and enhance resilience. Resilience, in communities attempting to rebuild themselves, may also be promoted by bringing the people’s attention to their own psychosocial well-being and increasing awareness of their sense of coherence, in order to affirm their positive traits (Almedom et al, 2005).

## 2.4 Strengths & Weaknesses

### 2.4.1 Strengths

Almedom’s framework is grounded in theory of salutogenesis (origins of health) as opposed to other theories that are rooted in theory of pathology (origins of disease). The claim that resilience is not the absence of posttraumatic stress disorder (PTSD), any more than health is the absence of disease is important.

Resilience is seen in a multidimensional light, taking psychological, sociocultural, historical, political and economic contexts into account.

### 2.4.2 Weaknesses

Almedom et al. do not provide much in terms of relationship between resilience (sense of coherence) and PTSD.

#### Fact check

##### Question 1

Antonovsky and Almedom work largely from a pathogenic framework. True / False

Resilience, as a characteristic, can be measured in isolation. True / False

Resilience is the ability to function normally, maintaining a healthy state of being without PTSD symptoms in the face of a life challenging circumstances. True / False

##### Question 2

Give three defining characteristics of resilience in terms of ecosystems.


**Question 3**

Describe the three components of the SOC scale.


**Reflection and analysis**

Discuss the concepts of cohesion, hope and meaning, and support in raising resilience levels, consider your own views as well.


### 3 AUTHOR: GEORGE BONANNO

George Bonanno has been a leading researcher in resilience for the last 20 years. His work covers resilience in adults to trauma and loss.

#### 3.1 Definition

Bonanno (2004) defined resilience as:

*“...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...” (p21-22).*

After much criticism by colleagues for the lack of recognition of salutogenesis, the following was added (Bonanno & Galea, 2007);

*“...as well as the capacity for generative experiences and positive emotions.” (p671)*

Bonanno was one of the first researchers to analyse resilience over time by defining trajectories of symptomology over time after the traumatic event. Four different trajectories are defined (Bonanno, 2004):

- Chronic:

Individuals which show a chronic behaviour trajectory show disruptions in normal functioning immediately after the traumatic event and for an extended period (2+ years) thereafter.

- Delayed

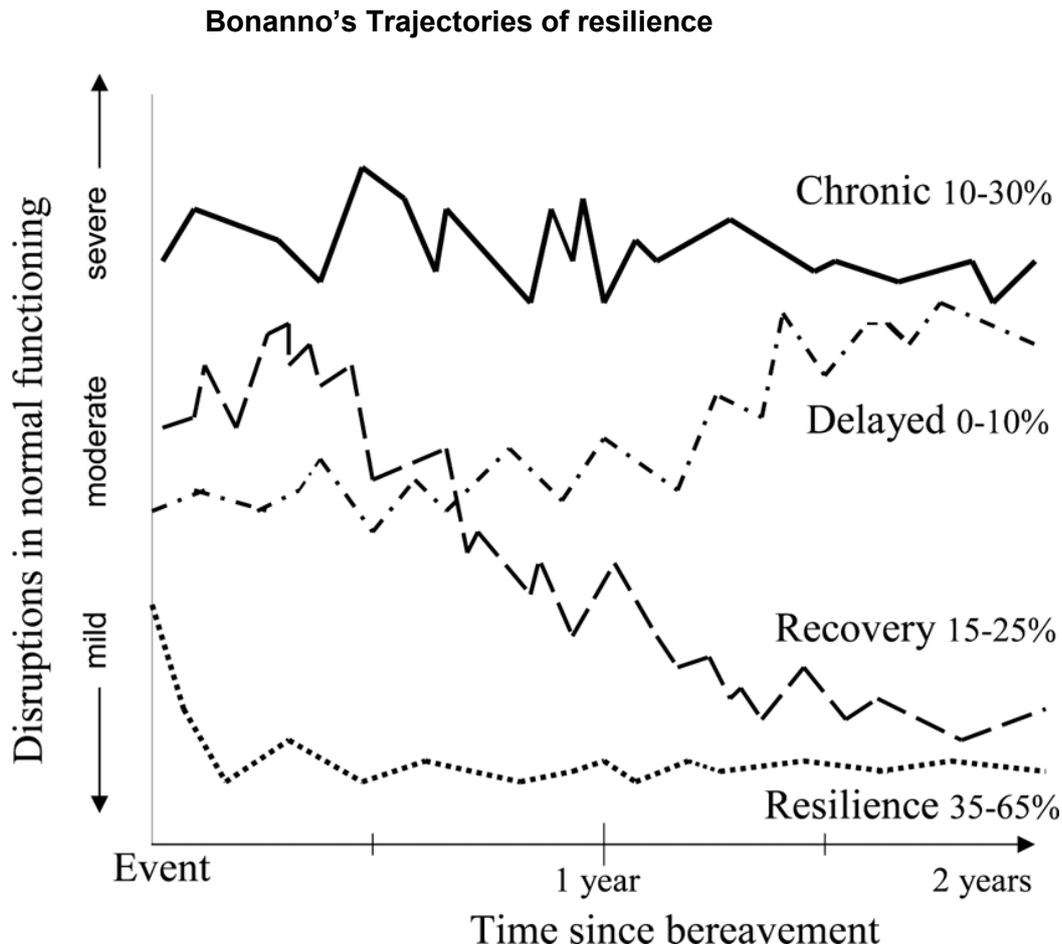
Individuals who show a delayed behaviour trajectory experience no disruption in behaviour immediately after the traumatic event but symptoms start to emerge after a certain amount of time.

- Recovery

Individuals who show a recovery trajectory experience disruptive symptoms immediately after the event but return to, and maintain, normal functioning within a year.

- Resilience

Resilient individuals experience few or no disruptive symptoms. Those symptoms which are experienced are transient and quickly disappear.



A particular feature of Bonanno's (2004) work is that he specifically differentiates between recovery and resilience. Whereas resilience implies the ability to maintain certain levels of physical and psychological equilibrium, recover refers to a trajectory overtime during which equilibrium is regained after a temporary loss of normal functioning.

**Fact check**

**Question 1**

What are the three main elements of Bonanno's definition of resilience?

1.
2.
3.

**Question 2**

Name and define the four trajectories of symptomology after a traumatic event.

1.
2.
3.
4.

### 3.2 Operationalisation

In his research, Bonanno defines resilience as absence of depression and absence of PTSD. Absence of depression is defined as a maximum of one depressive symptom as per the DSM IV definition while absence of PTSD is defined as a maximum of one symptom as per the DSM IV.

#### *Fact check*

#### **Question 1**

Resilience is operationalised in terms of absence of \_\_\_\_\_ and \_\_\_\_\_.

### 3.3 Research Findings

#### *3.3.1 World Trade Centre Research*

One of the main findings emerging from Bonanno's findings in his research after the World Trade Centre (WTC) debacle was that resilience is the norm rather than the exception. Bonanno, et al. (2007), found that 50% of their researched populations showed a resilient outcome. Even amongst those research participants exposed to extreme stresses, the proportion of participants showing a resilient outcome never dropped below one third.

#### *3.3.2 Protective Factors*

Bonanno (2004) asserts that there are "multiple and sometimes unexpected pathways to resilience", (p25). In his earlier work much of the focus was on personal characteristics which contribute to a person's ability to demonstrate resilience in the face of trauma. Factors identified as promoting resilience are:

- Hardiness
  - A commitment to finding a meaningful purpose in life.
  - The belief that one can influence surroundings and outcomes of life.
  - The belief that one can learn and grow from both positive and negative experiences.

Hardy people see traumatic events as less threatening and thus minimise the stressful effects of such events. Such individuals also tend to be more confident. They also use more active coping methods and are better able to utilise that social support which is available to them (Bonanno, 2004).

- Self-Enhancement

While self-enhancement has been associated with negative characteristics such as high levels of narcissism and creating a negative impression, self-enhancers have been shown to be better adjusted. In particular, self-enhancers cope well with bereavement and have more active social networks. Furthermore, research measuring self-enhancers' cortisol levels indicate low levels of stress reactivity (Bonanno, 2004; Gupta & Bonanno, 2010).

- Repressive Coping

As opposed to hardiness and self-enhancement which are cognitive processes, repressive coping operates through emotionally focussed mechanisms such as dissociation. Originally thought to be entirely maladaptive, repressive coping methods have been shown to have certain benefits.

Repressive copers demonstrate lower levels of distress in the face of trauma and show better adaptation to extreme adversity. Women who experienced sexual abuse in childhood who used repressive coping have shown better adjustment as adults than other survivors.

Although repressive coping has been thought to be associated with delayed somatic and health problems, research has not supported this hypothesis (Bonanno, 2004).

- Positive Emotion and Laughter

One of the primary ways in which repressors cope is through the use of laughter and positive emotion. Research shows that laughter and positive emotions do reduce stress by quieting or even undoing negative emotion. A positive outlook and laughter can also ensure continued social contact and support.

Rather than focussing on resilience as a personality trait, Bonanno et al. (2007) focus on the impact that other variables such as demographics, social and material resources and additional life stressors, have on a person's ability to be resilient in the face of trauma.

The study carried out after the September 11, 2001 terrorist attack, which included a large population (N=2,752) of people who had varying levels of exposure to the event, gave rise to the following findings.

- Females showed lower levels of resilience in the aftermath of the event.
- Younger adults (18-24) were more vulnerable while older adults (>65) were the most resilient.
- Ethnic minority groups showed lower levels of resilience. It has proved difficult to separate race from income status and education level.
- Studies show conflicting results about the effects of education on resilience.
- High levels of social support are associated with a resilient outcome, however involvement in affinity groups and organizations was unrelated to resilience.

### 3.3.3 Risk Factors

The following risk factors were identified in the study carried out after the WTC attack.

- Resilient individuals are less likely to smoke cigarettes or marijuana. However, there does not appear to be an association between general drug use and resilience.
- High levels of depression were strongly associated with lack of resilience.
- Loss in income is a predictor experience of PTSD and depression.
- The existence of chronic illness renders a person more vulnerable to depression and symptoms of PTSD after a traumatic event.
- Past and prior traumatic events reduce the likelihood of a resilient outcome, as does the experience of subsequent traumatic events.

### Fact check

#### Question 1

Resilience is an unusual outcome after the experience of a traumatic event. True/False.

#### Question 2

List four personality factors which enhance resilience?

1.
2.
3.
4.

#### Question 3

List four demographic factors which promote resilience and four which decrease likelihood of resilience.

1.	1.
2.	2.
3.	3.
4.	4.

### 3.4 Strengths & Weaknesses

#### 3.4.1 Strengths

The definition of the resilience trajectories is a new and innovative way of looking at resilience (Bonanno, 2008).

#### 3.4.2 Weaknesses

Although Bonanno himself states that resilience is “more than the simple absence of psychopathology” (Bonanno, 2004, p20), the majority of his research resilience is operationalised in terms of lack of symptoms of PTSD and depression thus effectively reducing it to lack of pathology (Almedom, 2007).

#### Question 1

What is the main weakness in the research carried out by Bonanno?

#### Reflection and analysis

Discuss the difference between personality factors and demographic factors in terms of their impact on resilience.




The definition of psychological stress within the model is drawn from the abovementioned tenets.

“*Psychological stress* is defined as a reaction to the environment in which there is (a) the threat of net loss of resources, (b) the net loss of resources, or (c) a lack of resource gain following investment of resources. Both perceived and actual loss or lack of gain, are envisaged as sufficient for producing stress.” (Hobfoll, 1989, p 516).

Thus, it can be seen that resources are an important unit in the understanding of stress.

#### 4.1.1 Resources

The model defines four types of resources:

- Object resources which are valued for either
  - their physical nature e.g. a house provides shelter.
  - their function in acquiring status e.g. a huge mansion gives added status.
- Conditions such as being employed or married are resources insofar as they are valued and sought after.
- Personal characteristics such as a positive self image or the view that one can master difficulties can help a person resist the effects of stress.
- Energies such as time, money and education are useful in that they help a person to acquire other resources.

Social support is not seen as a resource in itself but rather as a catalyst through which resources may be acquired or lost (Hobfoll, 2002; Hobfoll, 1989).

#### 4.1.2 Loss

The idea that loss is central to psychological stress is a basic tenet of the conservation of resources model. While other models have suggested that positive events may also cause stress this model states the opposite that is, resource gain will buffer, rather than aggravate, the effects of stress. Thus the model states that:

- Stress arises when loss is experienced.
- Challenge or change in itself is not stressful.
- Loss spirals can develop when people do not have adequate resources to replace those that have been lost.

#### 4.1.3 Resource Replacement

Losses may be offset by use of other resources. Resources may be replaced either directly or indirectly via symbolic replacement.

- Direct replacement occurs when one resource is directly replaced by a similar resource. For example, after a divorce the lost spouse is replaced by a new one by remarriage.
- Indirect or symbolic replacement of resources occurs when it is impossible to replace the lost resource with a similar resource.

The model predicts that where people have lost resources and do not have the resources required to replace the losses, high risk loss-control strategies will be attempted. These strategies often have little chance of success and a large chance of failure (Hobfoll, 1989).

#### **4.1.4 Appraisal of Resources**

The definition of psychological stress indicates that stress may be experienced equally whether the loss is actual or perceived. To account for this the COR model makes allowance for the role of appraisal of resources. The normative way in which a person values resources and decides what constitutes loss affects the degree to which a person would be vulnerable to stress. Two ways in which assessment of losses can mitigate detrimental stress effects are through:

- Shifting the focus of attention where a threat is reinterpreted as a challenge.
- Re-evaluating resources where the resources lost are devalued. For example, after a school failure education is deemed worthless.

#### **4.1.5 The expectation of a net gain of resources**

The COR model suggests that when people are not currently in a stressful environment they are motivated to gather new resources. Thus they invest existing resources in the expectation of growing their existing resource pool. The COR model predicts that if such investment of resources does not result in the expected gain this will be experienced as a loss. The loss experienced is the loss of expectation of new resources.

#### **4.1.6 Principles of COR Theory**

There are three basic principals of the COR theory:

1. Loss of resources has a disproportionately larger impact on psychological stress than does resource gain.
2. In order to protect against resource loss people must invest in resources to provide a buffer against the loss.
3. In terms of psychological stress, resource gain is more important in terms of the role it plays in the context of resource loss.

From these principals the following predictions should follow:

- People with more resources are less vulnerable to loss and have a greater capacity for building new resources.
- People with fewer resources are more vulnerable to loss.
- Those with fewer resources and have less capacity to generate new resources to buffer themselves against loss.
- Once loss starts, a cycle begins which can develop into a spiral of increasing loss.

#### **Fact check**

#### **Question 1**

What are the three components of psychological stress?

1.

2.

3.

**Question 2**

Describe the four types of resources.


**Question 3**

How does loss create stress?


**Question 4**

What is the difference between Bonanno's and Hobfoll's trajectories?



## 4.2 Operationalisation

Three research papers are reviewed in this course. The first, Hobfoll, Tracy and Galea (2006), looks at the impact of loss of resources and traumatic growth on PTSD and depression following the terrorist attacks on the World Trade Towers. The other two papers investigate the effects of ongoing trauma among Jews and Arabs in Israel (Johnson, Canetti and Palmieri, 2009; Hobfoll, Palmieri and Johnson, 2009). The first of these papers was a prospective study of resilience factors associated with PTSD and depression while the second investigated trajectories of resilience.

In all these papers resilience is operationalised in terms of lack of PTSD symptoms or depression. Posttraumatic stress (PTS) symptoms were assessed using the 17-item PTSD Symptom Scale. Depression was measured using a 5-item measure of depressive symptoms from the Patient Health Questionnaire.

### 4.2.1 Trajectories of resilience

In research carried out by Hobfoll, Palmieri & Johnson (2009), trajectories of resilience were defined in a similar way to that of Bonanno (2004). The four trajectories defined are:

- The resistance trajectory, where the individuals never develop symptoms of stress or depression. This is equivalent to the resilience trajectory of Bonanno (2004).
- The resilience trajectory, where individuals develop symptoms shortly after the stressful event but recover over time. This is equivalent to the recovery trajectory defined by Bonanno (2004).
- The chronic distress trajectory, which is equivalent to the chronic trajectory defined by Bonanno (2004).
- The delayed distress trajectory, which is equivalent to the delayed trajectory defined by Bonanno (2004).

### Fact check

#### Question 1

What are the similarities in operationalisation between the work of Bonanno and Hobfoll?

--


### 4.3 Research Findings

When people are expected to give support when they themselves are in need of support they experience increased psychological stress.

#### 4.3.1 *World Trade Centres*

This research confirmed the relationship between resource loss and posttraumatic stress and depression hypothesised by the COR theory. In fact resource loss was a strong predictor of PTS even when other factors such as peri-traumatic panic attacks, prior trauma and subsequent experience of other trauma were controlled for. On the other hand resource gain was shown to have little effect in its ability to mitigate the impact of resource loss (Hobfoll, Tracy and Galea, 2006).

Since all measures of resource loss were self reports, the resource loss measured is the perceived loss rather than and actual, true, material loss (Hobfoll, Tracy & Galea, 2006).

#### 4.3.2 *Prospective study of ongoing effects of bombing in Israel*

Terrorism and political violence weakens psychological and economic resources and concomitantly causes psychological distress (Johnson et al., 2009).

Women showed higher levels of posttraumatic stress which was explained by the fact that women started with fewer resources than men (Johnson et. al., 2009).

Older adults (particularly among the Arabs) experienced higher levels of posttraumatic stress than their younger counterparts (Johnson et al., 2009).

A higher level of PTS was experience by Arabs who are Israeli citizens even though they were not targets of the terrorism. This was explained by the history of discrimination against this group. They are often blamed for the violence and they are not able to travel freely as they are often subjected to searches and roadside interrogation which is both frightening and humiliating (Johnson et al., 2009).

#### 4.3.3 *Trajectories*

In his research on Israelis and Arabs (Hobfoll et al., 2009), twenty two percent of people demonstrated a resistant trajectory while only 13.5% showed a resilient trajectory. The chronic distress trajectory was the most commonly experienced (54%); while 10.5% showed the delayed distress trajectory.

The lower levels of resistance and resilience found in this group, as opposed to the research on those who experience the trauma of the world trade towers, may be explained in terms of the COR theory as follows:

- Chronic exposure to repeated attacks leads to
  - Ongoing loss
  - Insufficient time and energy to recoup losses
  - Losses becoming cumulative
- The one time attack on the World Trade Centre did not directly affect resources in the long term.

Loss of resources was shown to be negatively associated with the resistant and resilient trajectories while having access to a larger resource pool (e.g. higher income, majority status, greater support from friends and family) contributed to ability to maintain a resistant or resilient trajectory. Lower levels of resistance and resilience were found among the ethnic minority group, namely Arabs (Hobfoll, et. al., 2009). These findings support the principals of the COR theory.

The delayed stress trajectory was associated with higher levels of loss of psychosocial resources (Hobfoll et al., 2009)

### Question 1

Why may Arabs have experienced lower levels of resilience than Israelis?


### Question 2

What were the findings about loss and resource gain with regard to the COR model in the WTC research?


## 4.4 Strengths & Weaknesses

### 4.4.1 Strengths

The COR model explains behaviour in stressful circumstances and therefore it is testable (Hobfoll, 1993).

### 4.4.2 Weaknesses

The researchers themselves identified the following weaknesses in their research.

The studies do not reflect in-depth clinical judgement and therefore other disorders may be present and undetected. Furthermore, there may be other symptoms or predictors of trauma, related distress or depression that have not been identified (Hobfoll, Tracy & Galea, 2006).

The PTSD concept is defined with the idea that people who had lost people have been directly exposed to a specific traumatic event. Thus there are limitations to the use of the PTSD concept when individuals have not been directly exposed to trauma (Hobfoll, Tracy & Galea, 2006).

Other researchers have pointed out the following weaknesses in the conceptualisation and operationalisation of resilience.

Resilience is sometimes equated with growth which may not necessarily be the case (Westphal & Bonanno, 2007).

The use of non-experience of PTSD or depression to operationalise resilience begs the question of defining exactly what resilience is (Almedom, 2007).

### Fact check

#### Question 1

What is the main strength of the COR model?

### Reflection and analysis

Discuss the difference in definition and findings between Bonanno's and Hobfoll's research with regard to the resilience trajectories.





## 5 AUTHOR: TEDESCHI AND CALHOUN

In the 1980's the possibility of growth from trauma became a point of scholarly interest. Yet still today we know very little about the processes involved in this phenomenon. Tedeschi and Calhoun describe this concept of posttraumatic growth, as well as some supporting evidence.

### 5.1 Definition

Tedeschi and Calhoun speak about posttraumatic growth described as:

*“the experience of positive change that occurs as a result of the struggle with highly challenging life crises”.*

This positive psychological change occurs when fundamental assumptions about an individual's world are severely challenged by a trauma. Posttraumatic growth occurs in a wide range of people facing an array of experiences.

Posttraumatic growth can manifest itself in many ways, such as in more meaningful personal relationships, a richer spiritual outlook or an increased appreciation for life. It is suggested that posttraumatic growth is an ongoing process, rather than a static outcome (Tedeschi and Calhoun, 2004).

It is important that the process of posttraumatic growth is not seen as a pleasant process. Traumatic events and major life crises are disturbing and produce high levels of distress. Yet these crises, the same processes that may result in psychiatric disorders, are also those that may produce growth experiences. In fact, growth appears to occur concomitantly with continuing distress.

Posttraumatic growth is not seen as a type of survival or coping mechanism, nor a return to “baseline” after a trauma. It describes an experience of improvement and transformation, of profound changes that go beyond what existed for the person before the crisis/trauma. Tedeschi and Calhoun propose that the experience of the struggle with trauma is the critical event for posttraumatic growth to occur (Tedeschi and Calhoun, 2004).

### Fact check

#### Question 1

Define and describe characteristics of posttraumatic growth.

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## 5.2 Operationalisation

Tedeschi and Calhoun developed the Posttraumatic Growth Inventory in order to operationalise posttraumatic growth. They produced a 21-item scale with five factors covering the major aspects of posttraumatic growth, identified from literature reviews on responses by those who had experienced life crises and loss. These include:

- Greater appreciation for life and changed sense of priorities

A typical experience of people who have struggled with traumatic events is to attribute meaning and value to even the smallest of things, to appreciate what they do have, recognise that which may have been overlooked before. Simply the hug of a friend or the smell of a flower may be given greater importance.

- Warmer, more intimate relationships with others

Development of deeper relationships is also a part of posttraumatic growth. Tedeschi and Calhoun found that those who lost loved ones cherished their families more as a result, and experienced more compassion for others. They also found that less meaningful relationships fell away, when people realised who their “true friends” were.

- Greater sense of personal strength

Findings show correlations between having experienced a sense of vulnerability and identifying strength. The knowledge that people have been through terrible events and survived encourages strength for the future. They are strengthened in the belief that if they handled this experience they can handle others. Smaller things are not taken so heavily and people feel they are better able to cope with life.

- Recognition of new possibilities

Another aspect recognised in posttraumatic growth is that of identifying new paths or opportunities in life. Often those who go through a traumatic event find light in providing assistance to others who experience similar traumas - something they may never have considered before. Others may feel that what they have been doing until now has very little meaning in light of what they have been through and seek out new pathways.

- Spiritual development

Existential growth is another positive change that is not limited to those who were already religious. The struggle with trauma and loss often leads to questions about meaning of life, existence of God etc. Out of doubt and answer-seeking a stronger faith can emerge. People may look back at how they survived and acknowledge that only God could have brought them through it all.

It is crucial to note that this development of growth does not necessarily mean that distress and pain have ended. There is a paradox in that through disruption and loss there can be gain (Tedeschi and Calhoun, 2004).

### **5.3 Research Findings**

Tedeschi and Calhoun have looked at the findings of other researchers and compared their own findings with regard to posttraumatic growth (PTG).

#### **5.3.1 Posttraumatic growth and apparently related variables**

Characteristics that may increase likelihood of people experiencing positive change after a traumatic event appear to be extraversion and openness to experience. Tedeschi and Calhoun found a positive relationship between optimism and posttraumatic growth scores, yet correlation was not high suggesting optimism and PTG are independent concepts.

Interestingly, research also shows that there are few relations between posttraumatic growth and well-being. There also appears to be a lack of relation between posttraumatic growth and low levels of depression and low levels of neuroticism. Findings here are incompatible. Some researchers have found higher levels of growth to be associated with lower levels of distress, yet others have found no reliable relation. Indeed PTG is not the same as well-being or lack of distress. Tedeschi and Calhoun state that growth and distress are separate elements and, as mentioned above, growth does not end distress.

#### **5.3.2 Posttraumatic growth and cognitive processing**

There is a large body of evidence that shows a relation between recurrent thinking and negative affect and depression. Indeed research shows that regret and repeated counterfactual thinking of how the trauma could have been avoided appears to be related to negative effects and higher levels of distress. Perhaps in the long-term this type of cognitive activity is ultimately useful for making sense of the event, but further research will be needed. Yet persistent cognitive processing has also been related to growth (Tedeschi and Calhoun, 2004).

Other studies also suggest that repetitive thoughts and persistent cognitive processing are related to growth. The experience of and struggle with traumatic events can lead to a revised life story. Cognitive processing seems to be promoted by self-disclosure of survivors to others in a supportive environment, while social constraint, or blocking of self-disclosure, is related to depression. Cognitive processing, and thus growth, appears to be inhibited when friends and family do not wish to hear about their experiences. Thus active disclosure of thoughts to empathic others is important in developing posttraumatic growth. However,

private journaling (deliberate cognitive processing) has also been associated with higher posttraumatic growth scores (Tedeschi and Calhoun, 2004).

Some studies found a relationship between amount of intrusive thoughts and posttraumatic growth. Initially, trauma survivors experience highly distressing intrusive thoughts and images. These replays may be the brain's attempts at comprehending the events. This process may eventually lead to disengagement from previous goals and assumptions. This comprehensibility may be a transitional step to growth, as the old way of living becomes inappropriate and new schemas and life narratives must be developed. On the other hand, Tedeschi and Calhoun looked at different types of cognitive processing in bereaved parents. They found that intrusive thoughts, both soon after the event and at a later stage, were unrelated to posttraumatic growth. However, nonintrusive repetitive thoughts occurring immediately after the death, as well as attempts at meaning making, were associated with posttraumatic growth, whereas this was not the case at a later stage. Positive reinterpretation soon after a child's death was not related to posttraumatic growth, but at a later stage it was. Different aspects of growth may be related to particular kinds of cognitive processing at different times after the event (Tedeschi and Calhoun, 2004).

### 5.3.3 Posttraumatic growth and social change

Traumatic events affect not only individuals but also groups and societies. Widely shared traumas can challenge social mindsets and meaning. Especially when leaders transform their own experiences whole communities, even countries, can be changed. South Africa has the wonderful example of Desmond Tutu and Nelson Mandela whose own moral convictions and determination lead to the breaking of Apartheid and formation of the Truth and Reconciliation Commission. This allowed for stories to be shared and for people's understanding and outlook to be changed.

#### Fact check

#### Question 1

What were the findings with regard to intrusive and non-intrusive thoughts and posttraumatic growth? Discuss the discrepancies.


## 5.4 Strengths & Weaknesses

### 5.4.1 Strengths

The concept of posttraumatic growth is rooted in positive psychology and, like Almedom's theory of resilience, has the strength of salutogenesis at its core. It poses the possibility of life improvement and enhancement.

### 5.4.2 Weaknesses

Other researchers have described the concept of PTG as an emotional coping that leads to a false sense of positive expectations, especially in the context of war and ongoing terrorism, and may be more detrimental. PTG has been criticised for being an ineffective attempt at claiming resilience by trying to find meaning (Hobfoll et al., 2009). Tedeschi and Calhoun state that their model of PTG does not see trauma survivors as seeking out meaning or attempting to find benefits from their experiences, rather they are attempting to survive. Posttraumatic growth and positive change is a consequence of the process, not a conscious goal (Tedeschi and Calhoun, 2004).

While Tedeschi and Calhoun describe the process of posttraumatic growth, there is a lack of attention on the details and measurement of the associated cognitive processes and more extensive research and analyses are required.

### *Reflection and analysis*

Describe five manifestations of posttraumatic growth and reflect on your experiences and personal examples where possible.




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