

Trauma and Resilience

At some point during our lives we are faced with and must emotionally manage one or more traumatic events. Generally emotional trauma is related to bereavement. However, exposure to violence or a life threatening situation outside the range of normal human experience is common (Ozer, Best, Lipsey & Weiss, 2003; Bonanno, 2005). A person's resilience to trauma is the capacity to sustain physical and psychological functioning with the absence of psychopathological symptoms (Bonanno, 2004). Resilient individuals may however experience brief functioning difficulties such as loss of sleep but remain generally healthy and optimistic (Bonanno, Papa & O'Neil, 2001). Resilience has been empirically shown to be a separate coping outcome than recovery (Bonanno, Rennie & Dekel, in press).

The coping response to trauma varies substantially (Bonanno, Galea, Bucciarelli & Vlahov, 2006) as does the duration and intensity of symptoms with people experiencing minimal or no reactions and others experiencing a range of disabling psychological symptoms (McFarlane & De Yehuda, 1996; Norris, Friedman & Watson, 2002). The absence of psychological reaction or resilience to traumatic events is commonly reported to appear in those with extraordinary emotional and physical strength (Tucker, Pfefferbaum, Doughty, Jones, Jordan & Nixon, 2002) to be a pathological or dysfunctional form of grief (Bonanno, 2004) or absent or defensive denial (Bowlby, 1980). Conversely, traumatic situations may invoke several reactions (Silove & Steel, 2006), commonly Post-Traumatic Stress Disorder. PTSD is one of the most prevalent Psychiatric disorders in the U.S.A (Silove & Steel, 2006) and symptoms have been found to be diverse across age, gender, ethnicity and culture (Harvey & Tummala-Narra, 2007).

Psychological resilience is a relatively prevalent multidimensional phenomenon (Bonanno, 2004; Harvey & Tummala-Narra, 2007). However knowledge of resilience is poorly understood as a protection factor to trauma (Bonanno, 2005). Much of the psychological research on reaction to traumatic events comes from people seeking professional help (Bonanno, 2004). In addition, trauma resilience has focused on either disadvantaged children or death of a spouse. Research shows that there is a high prevalence of children in exceptionally poor socio-economic conditions resilient to trauma (Masten, 2001; Taylor, Kemeny, Reed, Bower & Gruenewald, 2000). However in traumatic events, such as September 11 attack; children have a greater propensity to show more extreme reactions (Bonanno & Kaltman, 1999). Older adults are reported to be more resilient than younger adults (Bonanno, Galea, Bucciarelli, Vlahov, 2007), though many studies focus on the death of a spouse, with major emphasis on PTSD symptoms (Bonanno et al., 2006).

The key difference between severe psychological symptoms and resilience shown through meta-analytic studies point to clear predictors of vulnerability being: lack of education and social support, psychiatric illnesses in both family and victim and dissociative reactions to the trauma (Ozer, Best, Lipsey & Weiss, 2003; Breslau, 2002).

Psychological resilience has numerous pathways (Luthar, Doernberger & Zigler, 1993). In the death of a spouse it has been shown that some people can show little to no grief (Bonanno, Wortman & Nesse 2002) or body handlers also show exceptional resilience (Tucker et al., 2002). The key resilience characteristics are: hardiness which is shown to guard against intense stress, whereby the individual is more confident coping or seeking support (Florian, Mikulincer & Taubman, 1995) self-enhancement, reporting healthier adjustment (Bonanno, Field, Kovacevic & kaltman, 2002) good health with no disease (Bucciarelli, Vlahov, 2007) positive emotions such as

laughter (Colak, Bonanno, Keltner, Noll, Putnam & Trickett, 2003) as well as social support (Bucciarelli, Vlahov, 2007). Developmental perspectives see resilience as genetic, personal, environmental risk and protective factors (McFarlane & Yehuda, 1996).

How can Psychological knowledge of resilience aid trauma victims?

Screening for intervention after major traumatic events such as the Black Saturday bushfires in February 2009, would highlight survivors with risk factors of psychological symptoms. Health care professionals would highlight symptoms and provide treatment to enable patients to recover their resilient capabilities (Harvey & Tummala-Narra, 2007). Individuals who show ability to cope with their emotions may still benefit from professional intervention through counselling and guidance to ensure their resilience is sustained through the trauma aftermath (Harvey & Tummala-Narra, 2007).

Other large scale traumatic events, such as the September 11 attack, show resilience to PTSD was twice as common among witnesses as it was for the survivors. The highest prevalence of PTSD came from the physically injured (Bonanno et al., 2006). Interestingly, of the most prevalent category found for PTSD, those physically injured, there was evidence that resilience is still possible after extremely traumatic exposure (Bonanno et al., 2006).

Regardless of symptoms, individuals who experience a traumatic event will benefit from professional intervention, in particular and especially those individuals meeting Post-Traumatic Stress Disorder criteria (Bonanno, 2004).

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