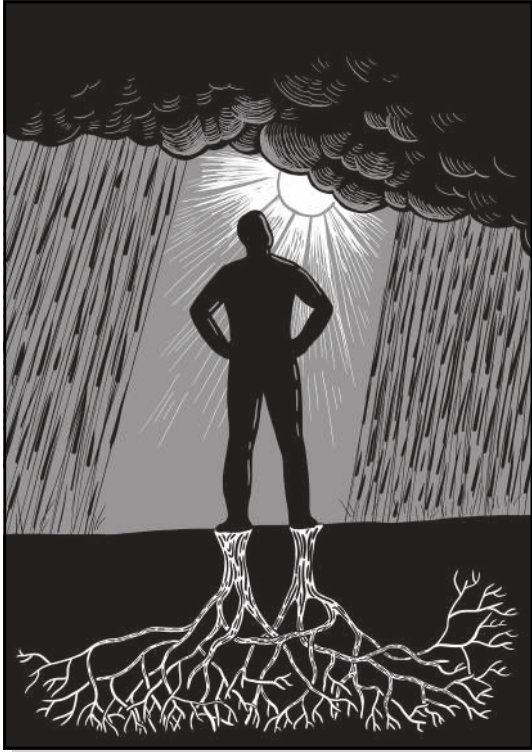


1



What Is Resilience?



Even before the COVID-19 pandemic, serious traumas were remarkably common. Studies estimated that 69–90 percent of people would experience at least one serious traumatic event during their lives (Goldstein *et al.* 2016; Kilpatrick *et al.* 2013). Examples of these events include violent crime, domestic violence, sexual assault, child abuse, a serious car accident, the sudden death of a loved one, a debilitating disease, a natural disaster or war, or military combat. Though they are not often “counted” in these epidemiological studies, other stressors can have a devastating impact on well-being, including racial discrimination, emotional abuse (e.g., bullying or chronic insults or invalidation by caretakers or romantic partners), and homelessness.

We know that any one of these events can throw our lives into turmoil. For some, the stress of the event will become chronic, lasting for years. They may undergo a dramatic and lasting change in outlook, becoming withdrawn and angry. Some people will become depressed or develop post-traumatic stress disorder (PTSD). But what we also know is that this is far from the full story. Over our careers, the three of us have devoted much of our research and clinical work to defining, measuring, and fostering the missing piece – the human capacity for resilience.

What is *resilience*? While it has been defined in many ways by experts (Southwick *et al.* 2014), we see it as *the ability to weather and recover from adversity*. Here are a few important points about resilience to keep in mind while you are reading this book:

1. *Resilient people have faced challenges.* You cannot say a person is resilient unless they have had challenges thrown their way – they must be resilient *to, from, or following* some stressful or traumatic event.

Resilience

2. *Resilience unfolds over time.* How someone is coping immediately after a traumatic or stressful event may not tell you very much at all about their resilience – because it is a process that unfolds over days, weeks, months, and years.
3. *Feeling distress does not mean someone is not resilient.* Resilient people may experience psychological symptoms such as depression, recurring upsetting memories, or intense self-blame following traumatic events – while still carrying on with important facets of their lives. Resilience can also be seen in the process of recovery from medical or mental health conditions.
4. *Resilience often involves growth.* Often people who go through challenging life events say they have grown in some way as a person and have a greater sense of personal meaning in life. This change, like many in life, can come after or during significant emotional pain.
5. *Resilience can differ across the life span.* One way of thinking or acting might be more helpful at one point in someone's life, but not at another. Think about a child who has no one to turn to in their life – they need to be self-sufficient and scrappy to survive and thrive. But when they get older and have more people around them who care for them, reaching out and asking for help in tough times would be a marker of personal resilience (Bhatnagar 2021).
6. *Resilience occurs in context.* Adaptation to stress depends not only on the individual but also on available resources: family, friends, specific cultures and religions, communities, societies, and governments. Many of these resources are outside a person's immediate control. We will return to this point at the end of this chapter.

Throughout the book we also draw upon events in our own lives that have informed how we think about resilience. Dennis Charney, dean of the Icahn School of Medicine, played a key role in directing Mount Sinai Health System's response to the COVID-19 pandemic. In 2016, well before the pandemic, he was shot by a former employee and had to undergo intensive rehabilitation. Steven Southwick

What is Resilience?

battled advanced cancer for five years and helped family members through their own medical challenges. Jonathan DePierro, the third author for this new edition, experienced extensive bullying in childhood that led to periods of depression. He was the first person in his immediate family to finish college and ultimately earned his PhD in clinical psychology. While this book mostly focuses on the many resilient people we have interviewed, you will hear a bit more about our life experiences in later chapters.

How We Became Interested in Resilience

Over the years, all three of us have examined the negative impact of having lived through overwhelming traumas. We started from the perspective of studying a psychiatric diagnosis – post-traumatic stress disorder. In our research, we learned a lot about how the body’s stress response is overactive in individuals with PTSD, and how this contributes to a range of potentially disabling symptoms. We treated Vietnam veterans who endured decades of emotional pain from their combat experiences.

But we often wondered too about survivors who seemed to somehow cope effectively with the negative effects of stress. These people either did not develop stress-related symptoms or if they did then they carried on and harnessed resources to support their recovery. The term “resilient” described these people well.

When we got started focusing on resilience, little was known about it. We had many questions and set about trying to answer them. Here are some of the things we wondered: What factors can help protect individuals from developing persistent symptoms following traumatic events? Is there something unique about their nervous system or genes? Have they been raised in a special manner? What about their personalities? Do they use specific coping mechanisms to deal with stress? If we learn more about how they

Resilience

dealt with stress and trauma then will these lessons be helpful to others? Can someone learn to become more resilient?

Alongside many carefully designed research studies, some of which involved thousands of people, we were also interested in hearing individual stories of resilience. We decided to interview people who stood out to us as tremendously resilient. In the previous two editions, we shared stories from Vietnam prisoners of war (POWs) and United States Special Operations Forces instructors, 9/11 survivors, and other individuals who had not only survived enormous stress and trauma but had somehow endured or even thrived. Then, the COVID-19 pandemic, coming two years after our second edition of this book was released, provided an undeniable example of human resilience. Growing attention to racial injustice in the United States and geopolitical unrest added layers uncertainty, stress, and trauma. These more recent world events raised more questions: Did what we had learned about resilience “hold up”? How could we as authors, clinicians, and human beings learn from these jarring experiences?

You may have picked up this book because you have your own questions about resilience, or because you are struggling through a challenging event in your life. We hope that you find it helpful for the challenges you face now, and those you will no doubt encounter in the future. In the next sections, we will give you a preview of what is to come.

Ten Resilience Factors

Most of us will never become a prisoner of war, need a heart transplant, or step on a landmine, but we will inevitably face our own personal tragedies. Fortunately, to withstand, overcome, and grow from these experiences, we do not need to have superior genes, nor do we need to take a “tough as nails” approach to life or have trained

What is Resilience?

with elite military units. But we do need to prepare ourselves, for life has a way of surprising us with adversity when we least expect it.

We know of no better way to learn about tried-and-true methods for becoming more resilient than listening to and following the advice of people who have already “been there.” In our interviews with resilient people, we heard recurrent themes. The people we met

1. Confronted their fears
2. Maintained an optimistic but realistic outlook
3. Sought, accepted, and provided social support
4. Imitated sturdy role models.
5. Relied on an inner moral compass
6. Turned to religious or spiritual practices
7. Attended to their health and well-being
8. Remained curious, pushing themselves to learn new things
9. Approached problems with flexibility and, at times, acceptance
10. Found meaning and growth during and after their traumatic experiences

The next ten chapters focus on each one of these factors in more detail. In each chapter, we share personal stories, the latest scientific research, and practical suggestions for building resilience in your own life. We also recognize that our list is by no means definitive or complete and that other factors certainly contribute to resilience. Here are a few stories that have inspired us and informed our thinking about the ten factors.

Resilience Following 9/11

The terrorist attacks of September 11, 2001 were horrifying and disorienting events for hundreds of millions of people. While most everyone who was alive then can remember when they heard the news of the attacks, there were also those who witnessed it up close, lost someone

Resilience

close to them, or directly responded to help in affected areas such as Ground Zero in lower Manhattan. Jimmy Dunne's compelling story provides just one example of individual resilience after 9/11.

On the clear, balmy morning of September 11th, Jimmy was enjoying a much needed day off work. But quickly his relaxation gave way to fear. He was stunned to learn that planes had crashed into the World Trade Center. His thoughts immediately turned to his work colleagues and dear friends who he knew were there. United Airlines Flight 175, a Boeing 767, struck the South Tower between the 78th and 84th floors, trapping hundreds on the floors above (Dwyer *et al.* 2002). His company, the financial services firm Sandler O'Neill, was located on the 104th floor.

Jimmy's worst fears were confirmed. Nearly one-third of Sandler's employees died that day. Among them were Jimmy's close friends and fellow managing partners, Chris Quackenbush and Herman Sandler. There were forty-six widows and widowers, and seventy-one children who lost a parent. The firm's operations systems were also crushed: all the company's paperwork and computer systems were destroyed. Through his grief, Jimmy decided to be a role model for his remaining staff: "The moment I heard what the terrorists wanted, I decided to do exactly the opposite. Osama Bin Laden wanted us to be afraid. I would show no fear. He wanted us to be pessimistic. I would be incredibly optimistic. He wanted anguish. I would have none of it."

Dunne made a series of momentous decisions. He and his staff would "do right by the families" by paying the salaries of the deceased employees through December 31, 2001; extending bonuses and healthcare benefits; setting up an education fund; and providing mental health counseling. They also decided to find a way to carry on with business, despite the long odds. By September 17, the day the New York Stock Exchange reopened, the firm was already set up in a temporary office. Dunne and his team saw rebuilding the firm as a moral imperative – a way of honoring their lost colleagues. Dunne's heartfelt emotion was the driving force in

What is Resilience?

his rescue of the firm. From the day of 9/11 onward, he and his team had a clear sense of purpose that guided every decision.

Throughout the book, we will share more about the two decades of research on the resilience of individuals affected by 9/11, including those living and working in lower Manhattan and those who responded or volunteered on the rescue and recovery efforts.

Resilience during COVID-19: Firsthand Accounts from Mount Sinai

As of early August 2022, when this chapter was written, approximately 6.4 million people worldwide had died from COVID-19. In March and April 2020, New York City became one of the global epicenters of the pandemic. You can probably remember being worried about your health or that of your loved ones in these early days, as the pandemic swept the globe. During this time, healthcare workers across the city helped to care for extremely ill patients, fearing that they would get infected and pass the virus on to their own families while doing their vitally important jobs. We lost colleagues, including from among our staff at the Mount Sinai Health System.

The pandemic was exhausting, terrifying, and traumatizing. Studies have shown increases in depression, anxiety, and loneliness, particularly during the early waves, which will need to be addressed for many years to come. Healthcare workers on the front lines of the pandemic, like their counterparts responding to 9/11 twenty years earlier, shouldered a heavy emotional burden. Our team began to survey healthcare workers early on. From that work, we know that 39 percent of frontline healthcare workers taking care of patients with COVID-19 at Mount Sinai Hospital reported significant symptoms of anxiety, depression, or PTSD (Feingold *et al.* 2021). It is a stark reminder that these individuals are humans first and providers second; and they were at the epicenter of the epicenter, making tough decisions and witnessing so much suffering and death.

Resilience

Firsthand Accounts from Mount Sinai

Throughout the pandemic's many waves, there have been many examples of creativity, community support and collective strength, and determination. The human need for comfort and connection shone through the catastrophe. For example, amid clear risk to their own lives, healthcare workers across the country held up phones so that patients' families could say their goodbyes. Shauna Linn, a physician assistant at Mount Sinai during the first wave of the pandemic, shared this with us:

It was very terrifying emotionally, but also extremely meaningful and powerful because you felt like you were the only connection this person has to their loved one. I wasn't really mediating it per se. I just felt like I was kind of a vehicle through which she could see her mom, and I tried not to editorialize it or intervene too much, but I just tried to give her mom some, you know, hold her mom's hand, give her mom some tactile connection that she wasn't able to do. (Earle 2020b)

From our surveys of frontline healthcare workers, we learned about many factors that helped people cope, including social support from family, friends, and leaders; finding small positives amid the suffering; and having a sense of purpose (Feingold *et al.* 2021; Pietrzak *et al.* 2020). We will refer to this growing body of research many times in later chapters of the book.

In April 2020, one of us (Dennis) summarized the resilience factors he observed within the Mount Sinai community:

One is a positive sense of optimism, which is not easy in these times, but our doctors and our nurses ... have a sense of optimism that they're up to the task and that ultimately, we will prevail. That this will end at some point, and we will get back to normal activities. And I think they will look back upon this time and place as being, as Winston Churchill said, their Finest Hour. That when they were challenged, they were up to the challenge, did spectacular work ... I would [also] say support is very important. You have to function as a team now. You've got to be able to rely on each other 100 percent to take care of the patients that we're responsible for ... And I've heard this a lot from our staff and that is – this is what they are trained to do ... And a lot of them have the attitude: "If not us, who? Who's going to do it?" (Earle 2020a)

What is Resilience?

The experiences of our healthcare workers called us to action – we knew we had to use what we had learned about resilience to be of immediate help. In April 2020, we opened the Mount Sinai Center for Stress, Resilience, and Personal Growth (CSRPG). The primary mission of this unique center is to support the resilience of all Mount Sinai Health System employees, students, and trainees. Based on the same ten factors described in this book, CSRPG’s staff have used resilience training to support both healthcare workers and the community at large in New York City (DePierro *et al.* 2020, 2021). We partnered with many pastors in New York City in creating a resilience-building program for their congregants. Later on in the book, we will share the experiences of one of these pastors, Reverend Dr. Thomas Johnson, who helped lead Canaan Baptist Church in New York City through the worst parts of the pandemic.

A Nation Shows Resilience: The 2022 Invasion of Ukraine

In the years since the second edition of this book was published, there has been rising global uncertainty. War and persecution in multiple countries, including Venezuela and Syria, have fueled a refugee crisis. We saw one stunning example of a conflict with global implications when, in February 2022, Russian forces invaded Ukraine without provocation. A major global superpower bore down on a country whose military was comparably smaller. Over 20,000 Russian troops poured into the country, along with thousands of tanks, missile platforms, and armored personnel carriers. Ukraine did not back down – it faced its fears, with the clear mission of protecting its citizens and its land. Those who could stay took up arms to defend cities block by block, allowing over a million people to flee.