Chapter 8
Resilience: The Final Frontier

The history of stress management has largely been reactive. By that we mean stress management was initially conceived of as a means to manage stress that had become "excessive." More forward thinkers also saw that stress management could be proactive and preventive in nature as the construct evolved. We may be standing at the point in the evolution of the stress management construct where we can see the last iteration, i.e., its "final frontier." From our almost 65 combined year perspective having watched this field emerge and evolve, we believe the final frontier in the science and practice of stress management is human resilience.

Resilience Defined

Human resilience may be thought of as the ability to positively adapt to and/or rebound from significant adversity and distress. Psychologists have studied resilience for years; however, their primary research foci have been either on studying children who manage to thrive in adversity or on the recovery from traumatic events.

In a review of runaway children who showed remarkable resilience, several factors emerged as protective according to William, Lindsey, Kurtz, and Jarvis (2001). These protective factors include determination and persistence, optimism, orientation to problem solving, ability to find purpose in life, and caring for oneself. According to The Northwest Regional Educational Laboratory, *Fostering Resiliency* (available online: http://www.nwrel.org/pirc/hot9.html), children who develop competence, despite adversity and difficult conditions while growing up, appear to share the following qualities:

1. A sense of self-esteem and self-efficacy
2. An action-oriented approach to obstacles or challenges

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3. The ability to see an obstacle as a problem that can be engaged, changed, overcome, or at least endured
4. Reasonable persistence, with an ability to know when "enough is enough"
5. Flexible problem solving and stress management tactics

There is now, however, an emerging field of research that focuses on studying resiliency within adults from the perspectives of primary prevention (immunity to distress) as well as secondary prevention (the ability to rebound from debilitation). But given the relative paucity of research on resilience, there has yet to emerge a complete consensus as to the nature of resiliency and how to create it.

Bonanno (2004), for example, defines resilience as the ability of adults to maintain relatively stable and healthy levels of psychological and physical functioning after having been exposed to potentially disruptive or traumatic events. While the majority of adults will face a traumatic experience at some point in their lives, Bonanno argues that most do not succumb to a traumatic stress disorder. This suggests the existence of a functional resiliency that may not be well understood. Bonanno asserts, "…theorists working in this area have often underestimated or misunderstood resilience, viewing it either as a pathological state or as something seen only in rare and exceptionally healthy individuals" (p. 20). Bonanno suggests that factors such as hardiness, self-enhancement, repressive coping (emotional dissociation), and positive emotions may undergird effective resilience.

Haglund, Cooper, Southwick, and Charney (2007) provide one of the most succinct analyses of the various components of resilience. They identify six primary factors that may protect against and aid in recovery from extreme or traumatic stress: (1) actively facing fears and trying to solve problems; (2) regular physical exercise; (3) optimism; (4) following a moral compass; (5) promoting social support, nurturing friendships, and seeking role models; and (6) being open minded and flexible in the way one thinks about problems, or avoiding rigid and dogmatic thinking.

Lastly, Reivich and Shatte (2002) define resilience as the ability to "persevere and adapt when things go awry" (p. 1). They argue that resilience resides in the domain of cognitive appraisal, a theme we have discussed in this volume and indeed much of our model is predicated upon. Theory and controlled empirical investigations alike appear to converge on the conclusion that the response to any stressful event will be greatly influenced by the appraisal of the situation, the ability to attach a constructive meaning to the experience, the ability to foresee an effective means of coping with the challenges of a given situation, and the ability to ultimately incorporate the experience into some overarching belief system or schema (Everly, 1980; Everly & Lating, 2004; Reivich & Shatte, 2002; Smith, Davey, & Everly, 2007). A series of research studies was conducted to empirically examine the viability of the putative deterministic role of appraisal in health and work-related outcomes (Smith, Davey, & Everly, 1995; Smith, Davy, & Everly, 2006, 2007; Smith & Everly, 1990; Smith, Everly, & Johns, 1993). In a number of investigations, acute cognitive or affective indicators were predictive of physical health outcomes as well as work-related outcomes such as job satisfaction, turnover

intention, and burnout. Replicated results indicate that adverse life events are not as important in the ultimate determination of physical health, psychological health, job satisfaction, job performance, and the desire to change jobs as are the cognitive or affective indicia associated with those events (Everly, Davy, Smith, Lating, & Nucifora, 2011; Everly, Smith, & Lating, 2009).

The Johns Hopkins Model of Resilience

One integrative model contributing heuristic value to the construct of resilience is the Johns Hopkins Tripartite Model of Resistance, Resilience, and Recovery (henceforth, the Hopkins Model), which embraces the distinction between protective factors and rebound capability (Kaminsky, McCabe, Langlieb, & Everly, 2007; Nucifora, Langlieb, Siegal, Everly, & Kaminsky, 2007; Nucifora, Hall, & Everly, 2011). The Hopkins model describes *resistance* as the "ability of an individual, a group, an organization, or even an entire population to withstand manifestations of clinical distress, impairment, or dysfunction associated with critical incidents, terrorism, and even mass disasters." One could think of resistance as a form of "psychological immunity to distress and dysfunction" (Nucifora et al., 2007, p. 534). *Resilience*, in this model, refers to "the ability of an individual, a group, an organization, or even an entire population, to *rapidly and effectively rebound* from psychological and/or behavioral perturbations associated with critical incidents, terrorism, and even mass disasters" (Kaminsky et al., 2007). Finally, *recovery* refers to observed improvement following the application of treatment and rehabilitative procedures. The Hopkins Model views the notion of self-efficacy and self-confidence as essential elements in resistance and resilience. These elements are supported in prior research as being central features of resilience (Connor & Davidson, 2003; Kobasa, 1979; Nucifora et al., 2007; Rutter, 1985), and derivatively in more recent research (Everly et al., 2009, 2011; Everly & Links, 2011).

Seven Characteristics of Highly Resilient People

In an effort to integrate previous theory and research in human resilience, Everly (2009; Everly, Strouse, & Everly, 2010) offers a distillation of findings in an effort to better inform the enhancement of human resilience. We believe that the defining elements of human resilience reside in seven core characteristics, all of which can be learned: (1) innovative, nondogmatic thinking, (2) decisiveness, (3) tenacity, (4) interpersonal connectedness, (5) honestly and integrity, (6) self-control, and (7) optimism and a positive perspective on life. Let us take a closer look at each.

Innovation and creative thinking are often essential element in resilience. The ability to see old problems from a new perspective is the key to overcome

hindrances that stifle others. Sometimes referred to as "out of the box" thinking, innovative thinking is characterized by highly flexible, nondogmatic cognitive processes. Such cognitive processing can result in a new level of decision-making efficacy. The key platform upon which innovative thinking rests is the belief that a solution can always be found.

Once a decision has been reached, it is essential to act decisively. Many people wait for the "moment of absolute certainty." Sadly, the moment of absolute certainty seldom comes, or when it does, it's often too late. The hesitancy that typifies nonresilient decision making is often the fear of making a mistake, or failing. A cognitive reframing that is sometimes used to help people get over such a block is the reminder, "Anything worth having is worth failing for." The corollary to decisive action, however, is the necessity to take responsibility for one's actions. Taking responsibility is difficult, especially if the action led to an undesirable outcome.

Sometimes, making a decision and acting on it in a timely manner is still not enough to warrant being considered resilient. Tenacity is essential. Great American success stories are replete with the theme of tenacity. In many cases it was not the genius that predicted success, it was the tenacity. Take the case of the electric light bulb. The first electric light was invented in 1800 by Humphry Davy, an English scientist. He successfully electrified a carbon filament with a battery. Unfortunately, the filament burned out too quickly to have practical value. In 1879, Thomas Edison discovered that a carbon cotton filament in an oxygen-free glass bulb that glowed for up to 40 h. This new bulb required relatively low levels of electricity and could be produced for a large market. With further time, Edison created a bulb that could glow for over 1200 h. And what was the difference between Davy on one hand and Edison on the other? Edison persevered in his testing until he found the right combination of filament and bulb. But, according to Edison himself, it required over 6000 failed experiments to arrive at the right combination.

As Abraham Lincoln learned numerous failures often precede remarkable victories. In 1833, Lincoln failed in business, but was elected to the Illinois state legislature in 1834. In 1835, he lost his "sweetheart." In 1836 he suffered a "nervous breakdown." In 1838 he was re-elected to the Illinois legislature. In 1843, Lincoln was defeated for a congressional nomination, but was elected in 1846. In 1848, he lost renomination. In 1854, Lincoln was defeated in his run for the US Senate and then defeated for the nomination for vice president in 1856. In 1858, Lincoln was again defeated for US Senate. In 1860, Abraham Lincoln was elected 16th President of the USA. Finally, On July 4, 1863, in the little town of Gettysburg, Pennsylvania, President Abraham Lincoln delivered in about two and one half minutes one of the greatest presentations of American oratory, his Gettysburg Address, wherein his words resound with tenacity and optimism.

Interpersonal connectedness and support may be the single most powerful predictor of human resilience. In real estate, the mantra is location, location, location. In the military, the mantra is "unit cohesion, unit cohesion, unit cohesion." In the social and business worlds, sometimes it really is *whom* you know, *whom* you know, *whom* you know that counts, and how strong the bond of affinity. The

benefits of interpersonal support have been known for over a century. Charles Darwin, writing in 1871, noted that a tribe whose members were always ready to aid one another and to sacrifice themselves for the common good would be victorious over most other tribes.

One of the founding fathers of the field of psychosomatic medicine was a Johns Hopkins trained physician by the name of Stewart Wolf. While Dr. Wolf made many important contributions, one of his greatest was his study of Roseta, Pennsylvania and is summarized in his book, "*The Power of Clan: The Influences of Human Relationships on Heart Disease*." The book told the story of the socially cohesive community of Roseta and Dr. Wolf's amazing 25-year investigation of the health of its inhabitants. That which made Roseta a medical marvel was that its inhabitants possessed significant risk factors for heart disease such as smoking, high-cholesterol diets, and a sedentary lifestyle. Despite these risk factors occurring at a prevalence equal to surrounding towns, the inhabitants appeared to possess an immunity to heart disease compared to their neighbors. The death rate from heart disease was less than half that of surrounding towns! Dr. Wolf discovered that the protective factor was not in the water, nor the air, but was in the people themselves. Research revealed that social cohesiveness, traditional family values, a family-oriented social structure (where three and even four generations could reside in the same house-hold), and emotional support imparted immunity from heart disease. The people of Roseta shared a strong Italian heritage. They practiced the same religion. They shared a strong sense of community identity and civic pride. Unfortunately, with time, the young adults embraced suburban living and with the rise of suburban living, the residents of Roseta slowly abandoned the mutually supportive family-oriented social structure and as they did the prevalence of heart disease ultimately rose so as to be equivalent to that of surrounding towns. The immunity that a shared identity, mutual values, and social cohesion had afforded was lost.

Having just read of the importance of interpersonal support, one must wonder what characteristics are likely to engender the support of others? We believe among the most compelling is integrity. Integrity is the quality of doing that which is right. It is considering not only what is good for you but also what is good for others as well. Integrity is not just a situation by situation process of decision making, it is a consistent way of living. When we see it in others, we usually admire it. Integrity engenders trust. It makes us feel safe. Mahatma Gandhi said that there are seven things that will destroy society: wealth without work; pleasure without conscience; knowledge without character; religion without sacrifice; politics without principle; science without humanity; business without ethics.

Self-discipline and self-control is another factor we believe engenders resilience. Perhaps the single most dangerous action one can take is the impulsive action. Road rage, airline rage, certain types of gambling, and even certain types of domestic violence may be related to the inability to practice self-control. On the other hand, we know certain health-promoting behaviors detailed in this volume, such as relaxation training, physical exercise, and practicing good nutrition require a certain self-discipline that many simply find too challenging to practice consistently. Sadly,

these health-promoting practices seem to engender resilience (and resistance) as we have discussed previously.

The seventh and final core characteristic of personal resilience we believe is optimism and positive thinking. Optimism is the tendency to take the most positive or hopeful view of matters. It is the tendency to expect the best outcome, and it is the belief that good prevails over evil. Optimistic people are more perseverant and resilient than are pessimists. Optimistic people tend to be more task-oriented and committed to success than are pessimistic people. Optimistic people appear to tolerate adversity to a greater extent than do pessimists. The optimist always has a reason to look forward to another day. Recent research (Everly & Links, 2011) suggests there may be two types of optimism: passive and active. Passive optimism consists of "hoping" things will turn out well in the future. Active optimism is "acting" in a manner to increase the likelihood that things will indeed turn out well in the future. Active optimism has been described as a "mandate" to create a positive future.

In his groundbreaking book, *Learned Optimism*, Dr. Martin Seligman (Seligman, 1998) argues that optimists get depressed less often, they are higher achievers, and they are physically healthier than pessimistic people. In his another book, *The Optimistic Child*, Dr. Seligman (Seligman, Reivich, Jaycox, & Gillham, 1995) makes the case that depression has become a virtual epidemic that has gradually increased over the years to the point that in one research investigation the incidence of a depressive disorder was found to be 9% in a sample of 3000 adolescent children in southeastern USA. Prior to 1960, depression was relatively rare, reported mostly by middle-aged women. Now depression appears in both males and females as early as middle school, and its prevalence increases as one ages. Seligman et al. (1995) notes, "Our society has changed from an achieving society to a feel-good society. Up until the 1960s, achievement was the most important goal to instill in our children. This goal was overtaken by the twin goals of happiness and self-esteem" (p. 40). Now you might read this and say, "What's wrong with happiness and self-esteem?" The answer is nothing, as long as they are built upon a foundation of something more substantial than the mere desire to possess them. Seligman argues that we cannot directly teach lasting self-esteem, rather he says, "self-esteem is caused by…successes and failures in the world" (p. 35).

Self-efficacy

Seligman has shown that people can be taught optimistic behaviors. The world's leading expert on self-efficacy is Dr. Albert Bandura. Bandura's work is summarized in his magnum opus on self-efficacy and human agency authored in 1997 entitled *Self-efficacy: The exercise of control*. Bandura defines the perception of self-efficacy as the belief in one's own ability to exercise control in a meaningful and positive way.

Bandura (1977, 1982a, 1982b, 1997), renowned for his social cognitive theory of human behavior, focuses on a cognitive locus of appraisal to help account for maladaptive stimulus–response interactions. A major construct in his more than 20 years of work is the concept of self-efficacy, which he defines as "beliefs in one's capabilities to organize and execute the courses of action required to produce given attainments" (1997, p. 3). Thus, efficacy beliefs or appraisals of competence and control influence behaviors, thoughts, feelings, and emotions. Individuals possessing a high sense of self-efficacy are often task-oriented and utilize multi-faceted, integrative problem-solving skills to enhance successful outcomes when dealing with psychosocial stressors. Conversely, people with limited self-efficacy may perceive psychosocial stressors as unmanageable and are more likely to dwell on perceived deficiencies, which generate increased stress and diminishes potential problem-solving energy, lowers aspirations, and weakens commitments.

Bandura (1997) posits that people's beliefs concerning their efficacy are determined by four principal influences:

1. Enactive mastery experiences or performance accomplishments are considered the most powerful source of self-efficacy, because mastery is based on actual success.
2. Vicarious experiences (observational learning, modeling, imitation) increase confidence as people observe behaviors of others, noting contingencies of behavior, and then use this information to form expectancies of their own behavior. An observer's perception of characteristic similarity between him- or herself and the model is an important factor in vicarious experiences.
3. Verbal or social persuasion utilizes expressions of faith in one's competence. The impact of verbal persuasion is less profound than the previous two sources; however, when applied in combination with vicarious and enactive techniques, the influence of self-efficacy is more effective.
4. Finally, physiological and affective states influence self-efficacy, in that comfortable physiological sensations and positive affect are likely to enhance one's confidence in a given situation.

Thus, self-efficacy is the belief in one's ability to organize and execute the courses of action required to achieve necessary and desired goals. This perception of control, or influence, Bandura points out, is an essential aspect of life itself; "People guide their lives by their beliefs of personal efficacy" (p. 3). He goes on to note:

> People' s beliefs in their efficacy have diverse effects. Such beliefs influence the courses of action people choose to pursue, how much effort they put forth in given endeavors, how long they will persevere in the face of obstacles and failures… (Bandura, 1997, p. 3).

Personal and group resiliency, for the most part, appears to rest largely upon this notion of self-efficacy.

Hardiness

Before leaving the discussion of individual resilience, we should mention the construct of "hardiness." Suzanne Kobasa investigated personality characteristics that seem to act as a buffer between individuals and the pathogenic mechanisms of excessive stress. Her research investigated the domain of "hardiness," that is, characterological factors that appear to mitigate the stress response. Originally, Kobasa (1979; Kobasa & Puccetti, 1983) defined hardiness as the aggregation of three factors:

1. Commitment, that is, the tendency to involve oneself in experiences in meaningful ways.
2. Control, that is, the tendency to believe and act as if one has some influence over one's life.
3. Challenge, that is, the belief that change is a positive and normal characteristic of life.

The hardiness research has shown that individuals who demonstrate a commitment to self, family, work, and/or other important values; a sense of control over their lives; and the ability to see life change as an opportunity will experience fewer stress-related diseases/illnesses even though they may find themselves in environments laden with stressor stimuli.

Resilient Leadership and the Culture of Resilience

The previous section addressed what we believe to be the core the elements of personal resilience. But human resilience is not resigned to be an individual practice. Resilience can extend to groups, organizations, and communities. Historically, the family system has been an excellent platform upon which to study and promote resilience. It can serve as a proxy for the study of communities and organizations of all kinds. McCubbin and McCubbin (1988) argued that there are three things resilient families do that less resilient families fail to do:

1. They believe in the family unit. They believe in the importance of family cohesion. They believe in their ability to support and protect one another, and they are optimistic about their ability to achieve family goals.
2. They celebrate key family events, such as birthdays and anniversaries.
3. They create and uphold rituals and routines.

Finally, the critical factors that appear to assist families to rebound from adversity include a sense of family identity and cohesion, good family communications, adherence to family routines and traditions, optimism, and self-efficacy of the family unit and the ability for the family to advocate for itself (McCubbin, McCubbin, Thompson, Han, & Allen, 1997).

The key to the successful and resilient families, organizations, and communities appears to be the creation of a "culture of resilience." Simply stated, the culture of resilience is an environment wherein resistance and resilience are, not only fostered but also are the core fabric of the culture itself. The question then arises as how to create a culture of resilience.

Everly, Strouse, and Everly (2010) postulate that the best way to create the culture of resilience is through resilient leadership. This notion is supported by the Institute of Medicine (IOM, 2013) monograph on creating a ready and resilient workforce. IOM notes resilient leadership practices serve as the catalyst that inspires others to exhibit resistance and resilience and to exceed their own expectations. It helps create a culture of resilience, wherein adversity is seen as opportunity and support is omnipresent. Based upon the observations of Gladwell (2000) and consistent with his "Law of the Few," resilient leaders can create the "tipping point" that changes an entire culture. Using a military model, the tipping point for changing the culture would be having roughly 20% of the population of a group practicing resilient leadership, although this might vary according to the organization. But for those 20% to have a maximum impact they must be unique. They should meet three criteria (1) have credibility, (2) be information conduits (usually frontline supervisors), and (3) be willing to promote the success of others. Consistent with our previous discussions, Everly et al. (2010) argue that four characteristics are essential to communicate resilient leadership and to foster the development of a culture of resilience: (1) optimism, (2) decisiveness, (3) integrity, and (4) open communications.

Positive Psychology

Finally, it is important that we frame our discussion of human resilience within another construct. The foregoing discussions of "optimism" and human resilience may be viewed within the broader perspective of "positive psychology." The science of positive psychology is a recent designation predicated on fundamental issues such as happiness, well-being, excellence, and optimal human functioning, among others (Seligman & Csikszentmihalyi, 2000). In essence, the focus of positive psychology is on what makes life worth living for individuals, families, and communities. What Seligman and Csikszentmihalyi note, however, is that since World War II, the emphasis of psychology as a science has been on assessing and treating mental illness. At the start of a new millennium, they suggest that we have reached a time in our history when we should formalize our research efforts to understand systematically what makes individuals and communities flourish. It will be interesting to observe the empirical and theoretical impact of positive psychology over the next several years, both within and outside of the social sciences. We recognize and appreciate that positive psychology should not be construed as a subtype of cognitive therapy (Seligman, personal communication, June 2000); rather, positive psychology is a far broader construct that may indeed be fostered

via the use of cognitively based techniques as well as other processes mentioned within the current chapter.

Two-Factor Model of Resilience

While the denotation of the word resilience is "to bounce back," the material presented in this chapter suggests it is more than that. Even the various definitions themselves provided in the extant scholarly works paint a slightly different picture. It seems clear that resilience is not a univariate, unidimensional construct. Rather if we integrate the information presented in this chapter, we see that resilience actually consists of two factors. The Johns Hopkins resilience continuum attempted to point that out by differentiating protective psychological immunity (resistance) from the denotatively correct construct of resilience (rebound). Thus two heuristics may be applied to communicate these notions: (1) the Johns Hopkins continuum approach which introduces the term resistance to capture the idea of psychological immunity from adversity and the term resilience to capture to notion of rebounding from adversity, or (2) the two-factor model approach which encompasses both immunity and rebound as variations on the encompassing theme of resiliency. Whichever heuristic one embraces, it is clear that they are two dynamic factors at work, not just one.

The resistance (immunity) factor (think of this as Psychological Body Armor), we may speculate is enhanced by setting appropriate expectations prior to encountering adversity. This is accomplished by enhanced self-efficacy, utilizing realistic training, as well as, effective resilient leadership principles. The anatomical center for resistance may be thought of as the septal–hippocampal complex.

As for the resilience (rebound) factor, numerous factors were discussed above, but clearly having a system of interpersonal support appears the most powerful. We see this in populations ranging from children (Werner, 2005) to U.S. Navy SEALs (Everly, Strouse, & McCormack, 2015). Werner (2005) conducted a 40-year longitudinal study of 698 infants on the Hawaiian island of Kauai—all children born there in the year 1955. One third (210) were high risk from developmental adversity, yet 1/3 of those did well decades later. Two key factors which emerged as protection from adversity were (1) a strong bond with a nonparent caretaker and, (2) involvement with supportive others. Furthermore, reviews of resiliency in high-risk tactical groups have consistently shown interpersonal support is the most powerful factor predicting the ability to rebound from adversity (Everly et al., 2015; Paton & Violanti, 2011). The anatomical center for resilience may be thought of as the amygdaloid and cingulate gyrus.

Summary

In this chapter, we have introduced and reviewed core concepts related to human resilience. Here we review the main concepts:

1. The history of stress management has largely been reactive. By that we mean stress management was initially conceived of as a means to manage stress that had become "excessive." We now argue that the final frontier in this endeavor is the quest to be more proactive. The term resilience benefits from nonpathological orientation and connotation.
2. The Johns Hopkins Model of Resistance, Resilience, Recovery serves to lend heuristic value in the creation of a continuum of care, something that was heretofore lacking.
3. We believe that the defining elements of human resilience reside in seven core characteristics, all of which can be learned: (1) innovative, nondogmatic thinking, (2) decisiveness, (3) tenacity, (4) interpersonal connectedness, (5) honesty and integrity, (6) self-control, and (7) optimism and a positive perspective on life.
4. The key to the successful and resilient families, organizations, and communities appears to be the creation of a "culture of resilience." Simply stated, the culture of resilience is an environment wherein resistance and resilience are, not only fostered but also are the core fabric of the culture itself. The question then arises as how to create a culture of resilience.
5. Everly et al. (2010) postulate that the best way to create the culture of resilience is through resilient leadership. Resilient leadership practices serve as the catalyst that inspires others to exhibit resistance and resilience and to exceed their own expectations. It helps create a culture of resilience, wherein adversity is seen as opportunity and support is omnipresent. They argue that four characteristics are essential to communicate resilient leadership and to foster the development of a culture of resilience: (1) optimism, (2) decisiveness, (3) integrity, and (4) open communications.
6. Albert Bandura points out that "self-efficacy is an essential aspect of life itself; "People guide their lives by their beliefs of personal efficacy" (p. 3). He goes on to note:
   "People' s beliefs in their efficacy have diverse effects. Such beliefs influence the courses of action people choose to pursue, how much effort they put forth in given endeavors, how long they will persevere in the face of obstacles and failures…" (Bandura, 1997, p. 3). Bandura has described four sources that affect the perception of self-efficacy and are particularly relevant in terms of the building of stress resilience. They are as follows:

   (a) Self-efficacy by doing things successfully.
   (b) Self-efficacy by watching others be successful.
   (c) Self-efficacy through coaching, encouragement, support.
   (d) Self-efficacy through self-regulation. These serve as an important foundation for human resilience.

7. Suzanne Kobasa's early research on hardiness revealed that individuals who demonstrate a commitment to self, family, work, and/or other important values; a sense of control over their lives; and the ability to see life change as an

opportunity will experience fewer stress-related diseases/illnesses even though they may find themselves in environments laden with stressor stimuli
8. What is commonly referred to as resilience actually consists of two factors, not one: the ability to resist the negative effects of adversity, and the ability to bounce back from adversity.
9. Finally, the entire notion of human resilience may best be understood within the overarching construct of positive psychology.

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