
Becoming Resilient

A work Shop on Coping Better

Part 2



HEAS Consultant Psychologists
www.heas.com.au

Table of Contents

Part 2

Background

Module 1: Managing Conflict

Module 2: Dealing with Grief and Trauma

Module 3: Coping Better

Module 4: Building Resilience and an Optimistic Spirit

Background

This is the second part of this series and is based on a paper I presented “Building Resilience Building resilient Communities” While Part 1 was written in 2003 this was written in 2004 and completes the principle issues I believe are essential in building resilience. This part has been a long time in the making, taking some 20 years. I say this from the outset because I am not sure I could have written it any earlier. I think it has been a process that has been contingent on me completing 20 years of private practice, which included seeing hundreds and hundreds of people, working with countless relationships and working with many organisations throughout Australia.

1. Catching Up With the Past

It’s interesting, when you leave university how you feel you come out “full bottle”, a term we use to use in the Army for being full of knowledge, theories and ideas. In this way you believe you are ready and equipped to “fix” everybody’s problems. Interestingly enough, many of the ideas that I was taught as a younger man at university are now not only obsolete, but were probably not correct in the first place. When I left university in the 1980’s after teaching psychology, I entered a world where the buzzword was “stress”. You as consumers of matters psychological have been hearing it now for twenty to thirty years. It wasn’t a new term then, nor did it ever quite mean just stress, as it is always used to connote distress, which in turn usually means “anxiety”. Many people asked questions then (and still do today), “How is it that we can be less stressed?”, “How do we make our environment less stressful?” We all ask questions about whether we could manage our stress better. For instance, is there any one in this room who has not attended a stress management seminar or workshop? In fact, not only would you have all been to a stress management workshop, but you may have also bought books and even relaxation tapes.

One of my favourite questions that I ask in seminars of this type today, is “How many people have a tape?” I recall in Wollongong where I addressed 600 people, and when I asked this question more than two thirds put their hands up. Then I said, “Now how many people have listened to that tape in the last month?” and got just one or two hands out of all those people. Then I said “What about once every 6 months?” and again I got a few more hands. And then I asked “How many of you have honestly never ever completed the tape, not even once?” and literally scores of hands went up.

You see, I think the madness industry in the 70’s, 80’s, and even 90’s were very effective in selling the idea of stress. I think it was in the late 90’s that my friend, Barry McNamara from Wollongong, wrote a paper, “What does it mean if I’m not stressed?” Barry has a very dry sense of humour.

I look back and ponder and question just how effective we were, did people really benefit from those types of workshops, (mine were called “Stress Management 101, 201 and 301”)? I wondered about the practical application of those workshops, sure you felt great while doing them, but what about afterwards, when they next encountered a stressful situation? I think providing these types of workshops were useful in keeping the issues in respect to stress on everyone’s mind. It’s my belief that persistently repeating the messages (the simpler the better) impact in terms of public knowledge and in the longer run can cause changes in behaviour. “Do the right thing”, “Buckle up”, “Quit” are programs that give some strong evidence of this. I also think these stress courses added a different form of personal knowledge, the type referred to as intuitive knowledge.

So I pacify myself somewhat with the idea that while these courses may have not made significant changes to all the participants and certainly not entire organisations, they did help install more intuitive knowledge of the participants. In this way the courses on stress management did contribute in some way to a larger community awareness of the deleterious impact that distress can have both on individuals and communities.



2. Care of the Self

In between my stress management course and the resilience course that I now present, came another series of courses that were entitled “Care of the Self”. I borrowed this title from Thomas Moore’s wonderful book, “Care of the Soul”. I changed “soul” to “self” because I think some people are quite uncomfortable when we talk about the soul. The soul has religious connotations for some, but I think that can be inaccurate at least in part, because ultimately it’s not only in a religious context, but a spiritual context that we can and should talk about the soul. Some people might have studied some Greek here and know that psychology is derived from the Greek word “*psyche*”. The word “psyche” actually means “soul”, so a psychologist’s work is literally a study in soulfulness. In these courses I took and treated the word “self” and “soul” to be synonymous terms.

Secondly, I chose the theme, “Care of the Self”, because it seemed to me that in reviewing the under-pinning philosophies of legislation like the Occupational Health and Safety, Anti-Discrimination and Workers Compensation Acts, there was an almost myopic focus on the responsibility of the employer in the workplace. Indeed, as it remains today, employers are to provide a safe place, psychological and physically in the case of the Occupational Health and Safety Act, further that an employer will take out insurance for their employees in relation to Workers Compensation. An employer will also be an equal opportunity employer. So I asked myself in the 90’s whether this emphasis was somewhat one-sided? Where was the personal accountability and responsibility in all of this? My program, which is still available, “Care of the Self”, is very much focused on helping individuals take control of their lives, be accountable for their own behaviour and take responsibility for the outcomes which are so often created by their own decisions.

You may even think of people at your workplace that have that “poor me” mentality, or “everyone’s against me”, “that no-one’s doing what they should”, “it’s my entitlement”, how many times have you ever heard, “it’s my right”. Viktor Frankl makes an insightful statement in his book “Man’s Search For Meaning”, saying that on the East Coast of America they have the Statue of Liberty, but suggests that on the West Coast that they build a statue of responsibility.

So we arrive at this workshop about resilience, after my own personal and professional journey and to the next step of not just building resilience, but building resilient communities.

I want to first describe to you one of the key connections between being individually resilient and having resilient communities. I take communities as being as small as a family, then of course there are larger communities such as a school, a workplace, or even a larger community such as a town or city. Within any community there is a sense of wellbeing, a sense of what is termed esprit de corps, a sense of morale, a sense of belonging. For instance, a fully functional family may be identified by its internal and external healthy relationships.

The Bishop of Newcastle, Roger Herft, was once giving a talk and he told the following story. He said that an African was visiting Australia and went to one of our very large properties, you know the kind, thousands and thousands of miles, and he noted, that unlike his own property back home in Africa, that there were no fences. He asked if there were no fences, “How did they keep the animals from straying?” The farmer said there was no need, as they had dug very deep wells, as well, they had very large dams, so there was no need for the animals to wander off. The African then inquired, “What about other stray animals coming onto the property?” The property owner told him that the answer was that they built wells deep enough to supply the water for all the other animals to drink from as well.

So I believe that in a healthy functional family there are deep wells of living water. Water such as knowledge, self-respect, wells that are full of water such as affection, wells that can also accommodate friends that come into the family, where there is a reciprocal relationship of unconditional love in abundance. However, we know that if a person in any family is unwell for a lengthy period of time, either in a physical or mental sense, it has the potential to effect the dynamic of the family, usually in a quite adverse way.

3. Co-dependence

We have a notion and understanding of this, its called “co-dependence”. If for instance, an alcoholic lives in a family it is not necessarily so much that other members will drink, but because of the alcoholic behaviour, others will be affected and indeed go on to develop other forms of psychopathology.

Let me perhaps give you a more light-hearted example of this co-dependency with another community I worked with, a rugby league football team. The coach, who in fact was a teacher, was an anxious type of person. He had a great fear of failure and in so doing, developed a fairly sizeable neurosis. His idea when the team failed was to in fact become more anxious and train them even harder. When probably the best answer to their performance slump was to give them some time off and to get them re-charged. Coach Michael Hagan’s team at the time of writing this workshop has just had a four match-losing streak. After loosing the previous Friday night’s game, he sensibly gave them off until the following Thursday. In the case of the neurotic coach it was his anxiety that hampered the team and contributed to their poor performance, if you like, their “dysfunctionality”. However, I remember on the occasion of last game of the year they were playing a team at the top of the competition and they were coming at the bottom, he told them all, “It doesn’t matter, just go out and have a good time”. Needless to say his team won, much to his surprise.

Another phenomenon in society is the prolific nature of mental disorders. Many names have been made up, but in fact cover any range of meanings of unhappiness. No one ever says simply they are unhappy any more, but suffer from not just any type of depression but “clinical depression”. This seems to

be at epidemic proportions and if the Federal Government project “Beyond Blue” is correct, now as many as 20%, or one in five people, suffer sufficient symptoms to warrant diagnosis using the Diagnostic and Statistical Manual of Mental Disorders (DSM).

Just as a matter of interest, back in 1987 in a previous edition of the DSM, homosexuality was considered to be a disorder, it was removed after lobbying by homosexuals. While Post Traumatic Stress Disorder was voted into the DSM, as you might guess, by lobbying by the Vietnam Veteran Association of America.

You may have caught some cynicism already, but I think we over-medicalise what are so often existential problems. Yet I am sure that depression and anxiety are real conditions. But I am equally sure that people are also misdiagnosed and certainly too easily put on medication. However for those who suffer the profound sadness of clinical depression, for them I have significant compassion.

Like alcoholism and the model of co-dependence, it's understandable if you live with someone who has a condition of depression, then you may develop symptoms and anxieties in respect to that condition, even depression itself. There are now many families effected by depression, and there are communities affected by people with depression. The French have a term, “*le folie au deux*”. This literally translated means “the insanity of two”, or “the silliness of two”. The term is meant to describe what happens to a person who lives in a family with others who are mentally disordered. So, as indicated, you might expect to find, if one partner has depression, then the other partner would show symptoms.

Through 1999 to 2001, we tested this theory, with police officers and their partners. My son, Martin, was completing his thesis at Armidale University, so what he did was take a group of “civilians”, these were miners engaging in 12-hour rostering, and Newcastle Port Corporation employees, whose organisation was going through major change and formed what is called a “control group”. We wanted to include in our control group, a comparison group that would account for variables such as 12-hour rostering and massive organisational change, both of which are features and stress factor for the NSW Police Force. We then took another group (the experimental group) of police officers, as well as their partners (none of whom were in treatment for any physical or psychological disorders). We had both the control and experimental groups complete a number of questionnaires, one of which examined anxiety and depression. These were returned anonymously and separately. The results were quite stunning.

Partners in the control group had similar depression and anxiety symptoms as their spouse, but were within the normal expected range of anxiety and depression for the general population. In the case of the police, or the experimental group, their anxiety and depression scores also correlated with their partner's, but were as much as three times higher than their civilian counterparts or the general population.

At this stage of any seminar I suspect my audience to have become a little negative! However I need to stress the importance, not just of caring for yourself, but the critical and core element in all of this, developing a sense of resilience. If people, who are depressed, anxious, unhappy, cynical, negative can impact on their communities of reference, then it must be equally likely that motivated, optimistic and resilient people may positively impact in their communities. That is, if you want to build resilient communities, you have to be resilient yourself. If you are depressed and anxious, you will create depressed and anxious communities.

I spoke earlier about morale and esprit de corps; the critical elements of morale are healthy and functional interactions. Thus, if the interaction is unhealthy, even by one party, but especially if they are the leaders, then the impact on morale will be self evident and contagious at that!

4. Catching up With Part I

I said at the beginning of this workshop that this particular idea was part of an ongoing professional development and part of my life journey, reflected at first by the stress management type programs I presented in the 80's, and in the later part of the 90's when I presented workshops I called "Care of the Self". Now in the new millennium, I have developed the concept workshops and seminars in resilience. So it might be worthwhile, in developing this notion of resilience to first draw from what I learned in conducting these other programs.

Aside from my scepticism and some real concern about the sometimes shallow nature of stress management offered by the madness industry, there were nonetheless some principal components that are self evidently essential if one is to have a physical, emotionally, and mentally healthy life.

5. Relaxation Revisted

The first of these concepts that were promoted by these types of courses was the importance of relaxation. One of the things I managed to do in my courses was to suggest that relaxation was simply more than good for you, but further explained how intimately the endocrine system and our overall physiology interacts. In examining the physical issue, first its important knowing that the dichotomy between mind and body is now more accepted as an integrated notion, then it's plain to see that if you want to improve your opportunity and participation in relaxation, there are some essential mental and physical ingredients. It is impossible for the body to be relaxed and stressed at the same time. You have two competing systems, the sympathetic nerve system, and the para-sympathetic nerve system. Simply put, the sympathetic system is the 'accelerator', and the para-sympathetic nerve system is the 'brake'.

Simply by closing your eyes and slowing your breathing will have a resultant effect on your adrenal glands, and an increased effect on glands such as the pineal gland, which is responsible for both the relaxation and the sleep response.

This workshop is not a stress management course, but simply put, if you haven't got relaxation as part of your repertoire, then I think you'll find it hard to become resilient. It is the ability to be able to relax and sleep well that is essential if we are to achieve focus in our day.

Short periods of sleep deprivation, such as when you have a cold or a particular arduous period of duty, seems to have little effect on the human being in the short term. However, it is the chronic and persistent nature of this kind of deprivation that leads to illness and perhaps provides the reason why shift workers have a higher mortality and morbidity rate than other people.

Hinted in those first courses was the connection between relaxation and our spirituality. I point out that 20 to 30 years ago, 23% of Catholics, for instance, attended mass. Now it's down to 13%, and in my local parish, it's as low as 8%. I am not suggesting to people that they return to their church that's a personal decision that they make. I am not suggesting you take up religion. What I am saying here is that the ritual and prayer that accompanied most religious activities has been abandoned by many and leaves open the question "What then have they replaced it with?" David Tacey says that there is a new worldwide spiritual revolution happening and that perhaps augers well for what I am implying here. I'll bring this question of spirituality up again a little later.



6. Getting the Basics Right

So in stress management 101, the notion of relaxation, exercise, sleep and diet were the corner stones of managing stress better. You might notice that I haven't spent any time on exercise, but I do want to say that exercise has at least the potential to reduce a particular substance, 17 hydroxycorticosteroid (cortisol), which is the biological marker for anxiety, and yes, simply put, exercise reduces anxiety. But if that wasn't compelling motivation enough, high levels of cortisol have an inverse effect on our immune system and leave us vulnerable to disease. So again, exercise can reduce disease, it doesn't get much simpler than that!

Diet too becomes a critical feature. It's interesting when I asked people in another course I conduct to write up a diet for the week. They inevitably choose a diet that is weight reducing. In other words, they come up with something along the lines of Pritikan or Atkins, or Weight Watchers, which is all well and good, but that is not what I really asked. Diet is simply what we eat and should contain the five food groups. It is not about making you fat or thin, it's about making you healthy.

I may have done myself a disservice by only providing such a brief outline of stress management 101, etc, but what that course did do was allow me to design what I thought was a much more holistic course, which was the Care of the Self series. What follows (module 3) is the development of these courses which eventually led me to resilience (module 4).

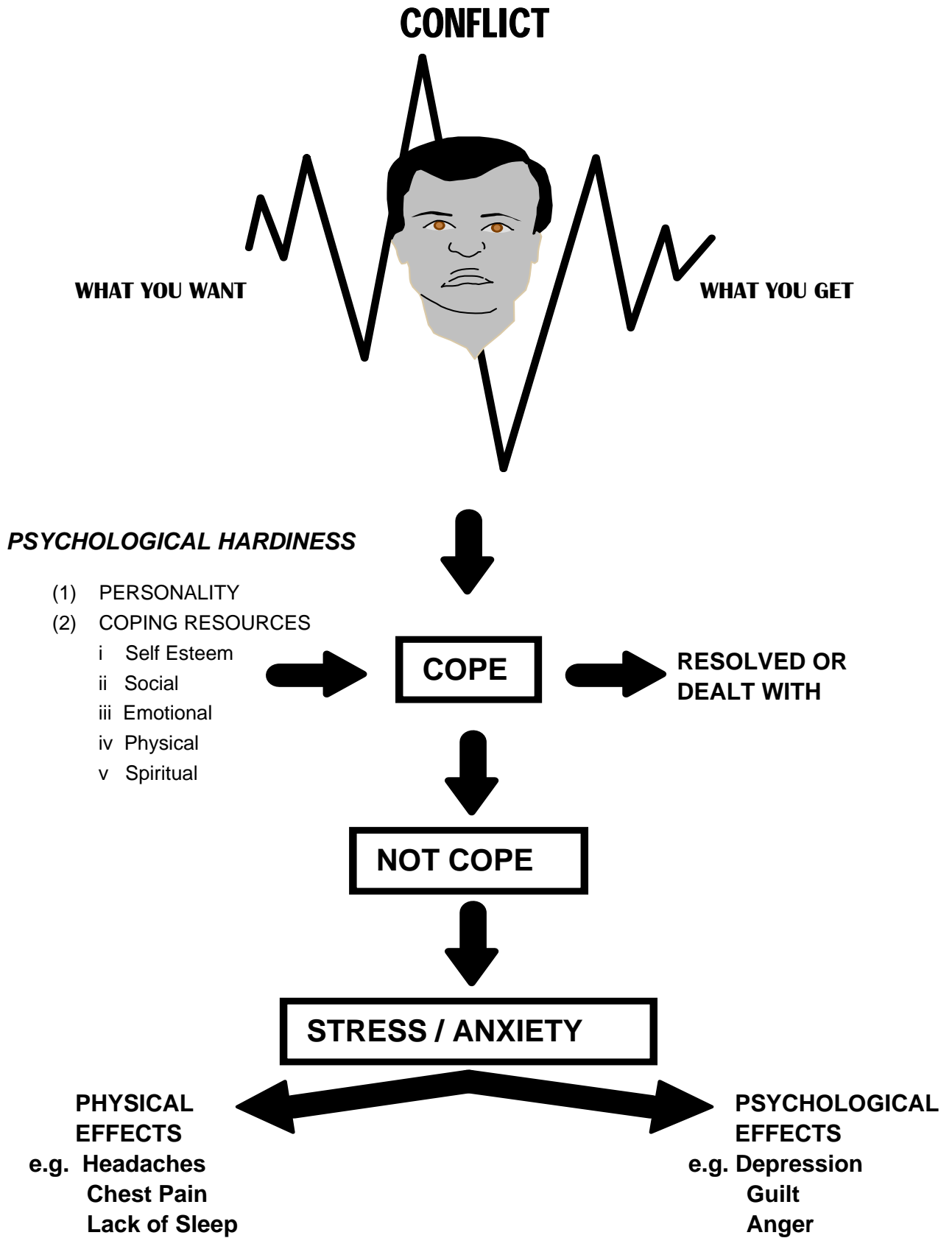


Module 1: Managing Conflict

Conflict is really the issue!

The first was an understanding of what causes anxiety and how we learn to become anxious. Ultimately I think conflict is the key in all of this. Bill Glasser, who you may well be familiar with, wrote “Schools without Failure”, “Control Theory”, and many others. Bill was a cognitive behaviourist who believed that conflict sat at the seat of all anxiety. Simply put, no conflict, no anxiety. Conflict again in its most basic form is the difference between what you want and what you get. You must have had times like that. Think about how one of your employees may react if they are not payed. They are indignant, they are angry, and they are anxious. Perhaps because they feel a sense of loss of control, and if nothing else, a lack of respect, but also they may be frightened. Can you think of a time of distress that you didn’t involve conflict?





Introduction

According to Bill Glasser, in his book "Control Theory", conflict is simply the difference between what you want and what you get. More eloquently he says, when the picture you want so badly in your own head is so different from the picture you get, there is conflict. This mismatch can be the basis of distress. There are some options: a) you can change the picture in your head to reduce the conflict, Karl Festinger called this "cognitive dissonance"; or b) you can try and change what you get. However, when you refuse to change the picture in your head and you have no control over the actual outcome, then conflict and distress is more or less predictable. Another example may help here:

My son and daughter in law have a daughter, our first granddaughter, Alexandra. Alex's baptism was scheduled some four months after birth. My mother-in-law, aged 88 years, had an immediate conflict. She wanted the baby to be baptised immediately as in the "tradition" of the church. Thus the conflict was actually measurable, i.e., some 4 months! My attempts to placate my mother-in-law failed; I pointed out this was an old church teaching probably related to the high mortality rate of new born children all those years ago, more than anything else. She told me that if the baby died she would not go to heaven. I privately wondered what kind of God she believes in, but accepted her faith as it was, which was the most important thing in her life, and the child's spiritual well being was foremost in her mind. Nonetheless, genetics are a powerful influence in our development, and my son and mother-in-law have one thing in common, stubbornness or at least single mindedness. Thus the conflict remained and for my mother-in-law, so too the distress. Eventually a little white lie helped. We told my mother-in-law that as my daughter-in-law's family were Polish this was a cultural issue and they didn't baptise until a little later (this incidentally was not true). However this changed the conflict she had, as she was then able to rationalise that neither she nor we (our family) were responsible for the present state of affairs. Having resolved that conflict we did not of course then dare to tell her that one of the godparents was an Anglican!

This example provides me with an ideal time to introduce the different types of conflict we can experience. These are what I will refer to as the 'real', the 'unreal' and the 'unrealistic'. After reading the next section I will let you judge just where my mother in law's conflict falls.

ii) Real Conflicts – Real Stress

Before starting off, I would like to point out that conflicts are best immediately managed by first ensuring that they are kept in perspective. Have you not heard of problems similar to that above splitting families for life? How about your family? Bill Glasser points out that we frequently put our conflicts into a category to which they do not belong. In my seminars I talk about putting ten units of energy into a problem that perhaps just deserves one unit, if that. How often are we caught out like this? "I will never speak to you again", can be said in an over exaggerated manipulative way about the most trivial of problems or conflicts. Sadly this kind of manipulation causes so much pain in relationships that it deserves a chapter in itself to discuss it fully. But for now, I would simply make the point that it is essential that we keep checking to ensure that the conflicts we have remain at the level they deserve.

For example, recently there has been a debate about who owns the game of Rugby League Football in Australia. The courts are quite clear that no one group does, it is, after all, a game. However, the conflict, at least in my local community, has been devastating, with friends of many years not speaking to each other, cars have been vandalised and more vitriol has emerged (encouraged by the media), than ever before. This includes the 1970's debate regarding our involvement in the Vietnam War! Indeed the Vietnam War no better exemplified a "real" conflict. While the war was insane, we were victims, as Irving Janus would suggest, of "group think". The real conflicts included that people were being killed, and our young were conscripted into a war that some argued that we should never have been involved in. Tom Uren's book, "Straight Left", provides examples of this line of argument around that time. However, while this type of debate is fresh in the minds of those who served in the war, Vietnam is now history and for most out of interest, this is not to take away from the courage and valour shown by our troops who believed they were making a difference.

It seems that just as stress can be subjective, so too can conflict. It seems peculiar that some of the same people who remained silent in relation to the Vietnam War, were then prepared to offer violence in protection of what they referred to as "Our Game", in the scheme of things just a sporting game. Yet there are so many problems in our life that are real enough, a son or daughter using drugs, the loss of a child, disease and many types of pain that are serious, that it seems to me that pain is unavoidable.

Of interest, in his book "A Road less Travelled", the first line of the first chapter Scott Peck says, "Life is difficult". I read this first on board an aircraft en route from the US some years ago. In fact, I think it was the insight these simple words gave me that caused me to remember the flight so vividly. I was somewhat younger and the words struck at the very heart of everything I had been trying to do and reminded me that I had failed to recognise this one important truth. I had always thought that if I gained sufficient wealth, qualifications (I was flying home having been at my University where I completed my post graduate studies), then perhaps my life would be other than difficult. Indeed this was folly, for it is an unavoidable and inevitable fact

that your life will be at times difficult. I found Peck's words liberating when he explained that once you accept this truth, you transcend it, that is, go beyond it. From that moment on, I have never tried to make my life easier, but rather confront and simply deal with this very difficult life as best I can. I have found that this is not done alone but with the support of my family, friends and by having a resolute trust in the Tao, or God. You indeed may be the richest woman on earth, yet have your "annus horribilus", as did Mrs Elizabeth Windsor II, which with even more recent tragedy, has surely become another horrible year. Her experience should remind us that no one is exempt and perhaps the reality of life being difficult is no better exemplified than by Jesus Christ's suffering and especially his agony in the Garden of Gethemene.

Given life is difficult and that there are enough "real" conflicts, what we don't need is to be besieged by conflicts that are generated by unreal and unrealistic beliefs. These will be the subject of discussion in the remainder of this chapter.

iii) Unreal Conflicts – Unreal Stress

"You're unreal", is a comment often made by our children when being disciplined. My interpretation of this is that "unreal" is equivalent to "not true". Conflicts caused by unreal beliefs or not the truth are obviously wasted energy and obviously fallacious. The following story was told by a man I admire and respect who has led and served mental health professionals so well in his work on critical incidents stress management, Jeff Mitchell. He uses this example to justify the importance of the "fact phase" in debriefing emergency personnel following a critical incident. Given this story has never been to my knowledge put in print, it remains my recall of what Jeff said. Some years ago we acknowledged that we had not formally said thank you to our Vietnam Veterans and throughout the world marches were organised, and following these moving and emotionally liberating processions, get togethers were held (I avoid the word "parties"). These "home comings", even if delayed by many years, were useful in the healing process. At one of these gatherings of veterans, a man was asking an old friend whom he had not seen since the war, how he had been going:

The man replied that he had not been so well, stating he was being treated for PTSD. The man enquired as to how the problem occurred. The man replied that he had never been able to get over having killed an old man in Vietnam during an operation. Another veteran who simply just overheard this comment, interrupted saying that the man was mistaken and that in fact he had been responsible for killing the old man. The man had not only held an unreal belief but it caused so much unnecessary conflict and pain for 20 years that he had become ill!

Other unreal beliefs including phobias, superstitions, and often guilt, are frequently based on misinformation. For instance:

A young man came to see me many years ago and told me that he was a pervert. He found it difficult to talk about but eventually he told me that he had this recurring fantasy where he made love to two women. I responded to him by asking him if one of these women in his fantasy was wearing black suspenders? He confirmed this and asked how I knew! Just a lucky guess, I replied (tongue firmly in cheek).

This common fantasy is one that many (perhaps most) men have. As a psychologist, I have some ideas as to why it is so, least of not which is my belief that men are probably not monogamous, and of course, another idea is that this fantasy has to do with the sexuality of power and control. However, this poor young man had been beating himself up with guilt for years. So why did that happen? While perhaps an over - determined explanation, I found out that he was a Catholic, like myself. In the "old days" we used to have priests who travelled from parish to parish, preaching a kind of old fashioned fire and brimstone message. These were called "missions". They warned the congregation that unless we repented we would burn in hell for eternity, pointing out this was the message of God's love. This naturally enough had the affect of confusing many of us. If you thought the sermons were bad, confessions (now thankfully called "reconciliation" or as a dear priest Fr Terry Sylvester in more enlightened times told my children, "Receiving a hug from God!") were even worse. Now the young man discussed above had confessed this as he was required to confess all matters of the heart as well as action. The priest flew into a rage, screaming at him (no doubt to the amusement and or embarrassment of those outside the confessional), saying to this, then 16 year old young man, that he was a vile and disgusting boy. Indeed if he ever had those impure thoughts again he would surely burn in hell!

It is not hard to see where we can gain our unreal beliefs!

So how do I get rid of these unreal beliefs? Perhaps one answer lies in having an emotional and mental spring cleaning. Find a good therapist, a priest, a friend or someone who is trained and certainly not likely to make things worse by substantiating or maintaining the unreal fears we have because of their own neurosis. Exposing these skeletons in the closet in an open caring environment can ameliorate the worst fears we have. In the case of the more hard wired unreal beliefs for example, the phobias, there are techniques of reduction that can be used and probably should only be used by trained professionals.

In all of these processes, nullifying the adverse affects of unreal conflicts created by unreal beliefs can be done in a creative and healing way. I have often pointed out to clients that it has taken a lifetime to develop such beliefs so they should be patient as it is unlikely that they will disappear over night. If we agree that life is difficult and real problems are inevitable, then all our resources need to be harnessed and not spent on dealing with those conflicts that can be regarded as essentially unreal or untrue.

iv) Unrealistic Beliefs and Conflicts

The final group of conflicts are caused by unrealistic beliefs, sometimes called the irrational beliefs which are found in everybody. The only thing that varies is the intensity and the number of them we have. These unrealistic expectations we have form pictures in our mind that place us in inevitable conflict and cause, not just conflict but also cause sadness, even despair. Albert Ellis, Anthony Kidman and Bob Montgomery as well as several other authors have one thing in common, they refer in their books to these as the "irrational" beliefs we have about ourselves. What follows is in fact the ten irrational beliefs so often quoted:

- **Irrational Belief 1:** I must be loved or liked and approved by every person in my life.
- **Irrational Belief 2:** I must be completely competent, make no mistakes, and achieve all of the time, if I am to be considered worthwhile.
- **Irrational Belief 3:** Some people are bad, wicked or evil, and they should be punished for this.
- **Irrational Belief 4:** It is dreadful, nearly the end of the world, when things aren't how I want them to be.
- **Irrational Belief 5:** My bad feelings are caused by something out of my control, so I can't do anything about them.
- **Irrational Belief 6:** If something might be dangerous, unpleasant or frightening, I should worry about it alot.
- **Irrational Belief 7:** It is easier to put off something difficult or unpleasant than it is to face up to it.
- **Irrational Belief 8:** I need to depend on someone stronger than myself.
- **Irrational Belief 9:** My problem(s) was (were) caused by some event(s) in my past, so that's why I have my problem(s) now.
- **Irrational Belief 10:** I should be very upset by other people's problems and difficulties.

Source: You and Stress - Dr Bob Montgomery and Lynette Evans

I want to deal with just two of these. The first betrays my own folly and an unrealistic expectation, one that I have tried to battle against for most of my life. I have **not** beaten it but I am better than I was. This irrational belief is "I must be loved by everyone". No, I hear you thinking, that's not me! However, to understand this a little better I want you to get out of your logical coherent mind set, ie the left hemisphere of your brain, and rather ponder the thoughts that come from your right. While we know and fully understand the impossibility of this, that is that we can be loved by everybody, why is it when we find someone who doesn't like us we become sensitive, hurt or indignant. If you still doubt this applies to you, I want you to put yourself in the following situation:

You are a teacher, or trainer and you have been given the task of speaking on a subject that you are an expert in. This takes a little of the insecurity out of the situation. The task is complete, you were very good and were above all happy in yourself that you had done a good job. As part of being a professional trainer you handed out validations which were completed by the students and left face down in the place in which they were seated. Collecting them you put them in a pile for collection. Your inquisitiveness, gets the better of you! You start going through them, in fact flicking through quickly, why? As you seek one particular kind of validation, the person who didn't like you. Having found such a validation, puzzled to who would be so unkind, you then place them back on the desk in exactly the way you picked them up to find out just who! Will you accost them when next you meet?

You see despite our logic dictating otherwise , it is natural to want people to love us. What we need to do is have a more realistic expectation, because such an expectancy of others in fact sets us up for a fall and thus creates unnecessary and unrealistic conflict.

Another of these unrealistic beliefs is that "I must be perfect at everything I do". If this is not true for you, why is that you beat up on yourself when you fail, with words like "I am stupid", or "I am an idiot"; we have an almost unlimited catalogue of perjorative statements we can use about ourselves. I will return to this a little later when I discuss "self esteem". In the meantime perhaps the following rational ideas could be used to replace the irrational beliefs you have about yourselves:

- **Rational Idea 1:** I want to be loved or liked by some of the people in my life. I will feel disappointed or lonely when that doesn't happen, but I can cope with those feelings, and I can take constructive steps to make and keep better relationships.
- **Rational Idea 2:** I want to do some things well, most of the time. Like everybody, I will occasionally fail or make a mistake. Then I will feel bad, but I can cope with that and I can take constructive steps to do better next time.

- **Rational Idea 3:** It is sad that most of us do some bad things from time to time, and some people do a lot of bad things, but making myself very upset won't change that.
- **Rational Idea 4:** It is disappointing when things are not how I would like them to be, but I can cope with that. Usually I can take constructive steps to make things more how I would like them to be, but, if I can't, it does not help me to exaggerate my disappointment.
- **Rational Idea 5:** My problem(s) may be influenced by factors outside of my control, but my thoughts and actions also influence my problem(s), and they are under my control.
- **Rational Idea 6:** Worrying about something that might go wrong will not stop it from happening, it just makes me unhappy now! I can take constructive steps to prepare for possible problems, and that is as much as anyone can do. So I will not dwell on the future now.
- **Rational Idea 7:** Facing difficult situations will make me feel bad at the time, but I can cope with that. Putting off problems does not make them any easier, it just gives me longer to worry about them.
- **Rational Idea 8:** It is good to get support from others when I want it, but the only person I really need to rely on is myself.
- **Rational Idea 9:** My problem(s) may have started in some past events, but what keeps it (them) going now are my thoughts and actions, and they are under my control.
- **Rational Idea 10:** It is sad to see other people in trouble, but I do not help them by making myself miserable. I can cope with feeling sad, and sometimes I can take constructive steps to help them.

Source: *You and Stress* - Dr Bob Montgomery and Lynette Evans

Reflective Exercise:

- List the "real" conflicts in your life. Rank them 1-10 in terms of importance.
- List the unreal conflicts/beliefs.
- How long have they caused you pain?
- Write down the realistic and best outcome you can expect.



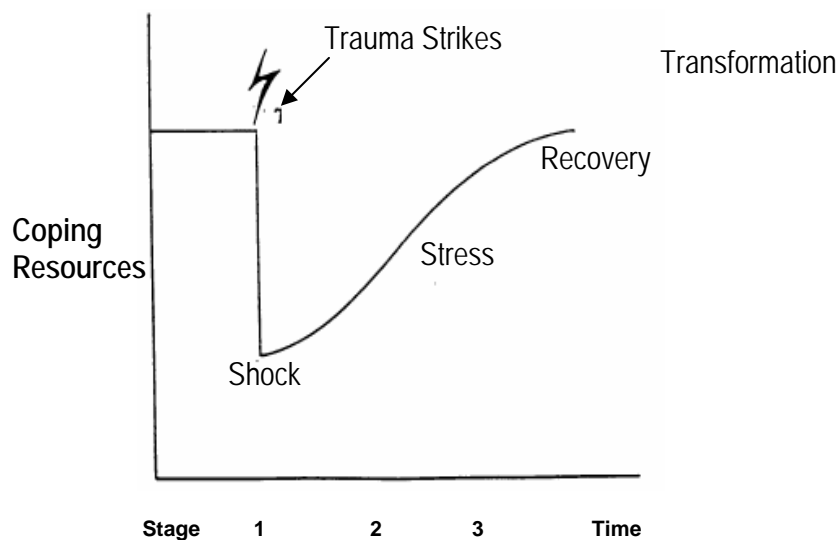
Module 2: Dealing with Trauma and Grief

1. Background

At first glance the idea of including a module on trauma and grief in a workshop on resilience may seem odd. Moreover grief and trauma are hopefully infrequent events in our lives, indeed most of our stress is caused by everyday life events. Some of course are less fortunate and as the saying goes “lurch from one crisis to another”. Others, such as emergency service personnel are confronted with more death, dying and destruction in one month than most of us experience in a lifetime.

The difficulty for some is that they only see futility in suffering and that is of course understandable. Yet a good friend of mine who is expert in this field George Everly suggests that trauma can only be dealt fully with if we are in some way able to develop what he refers to as “weltanschauung” – a world view, or simply put give it meaning in our lives. Later in this short module I want to develop this notion further because I really think that the key to resilience is to be found in meaning and as Viktor Frankl suggests true happiness only stems from meaning.

A good deal of what I discuss here can be found in both my books *Managing the Impact of Trauma* (1999) and *A wish before Dying* (2000). In this section though I would like to examine the idea of trauma and grief for that matter, again using a paradigm. This is illustrated by the following graph.



We have all experienced traumatic experiences in our lives, the times we manage best are when our coping resources are the strongest, (Coping is the subject matter of the following module). Thus there is some reasonable suggestion that being well “inoculated”, before a traumatic event can be somewhat predictive of faster recovery. In fact we have sayings when we feel challenged such as, “*I don’t know if I can take any more*”, “*That was the straw that broke the camels back*”, etc. What we know from our work with police is

that those officers who are fatigued and overwhelmed by their work and the demands of policing are less able to cope and more vulnerable to psychopathology. Interestingly another factor that has been shown to repeatedly predict morbidity among police officers is the support they experience. Thus organisations that thrive on high morale, openness and trust, seem to do better at times of crisis than others. I think this is also true of families.

In Part 1 you may remember I introduced the matrix of stress, with lack of control, lack of support, uncertainty and excessive demand being the four critical elements in causing distress again support is a significant factor in managing stress more generally, but critical in times of trauma.

You will note from the graph above that the impact of trauma causes a diminishing of an individual's coping resources and this gives some indication of what is referred to as the "stress" phase. I want to come back to this in respect of trauma and very briefly now talk about grief. Some may ask what's the difference as so often trauma and grief go together. Quite often grief or a sense of loss occurs in quite normal albeit sad circumstances. Humans die, its inevitable and the terminal stage of having lived. Often people die in tragic circumstances, but not traumatic in the way I will discuss a little later.

ii) Grief

Elizabeth Kubler Ross says there are four stages to grief, the "shock phase", the "anger phase", the "depression phase" and finally the "acceptance phase". When I talk about trauma a little later I will suggest there is one further phase. It is important to understand that these are not simply discrete and sequential phases. That is people experiencing grief simply move to and from, these phases after each other. Rather people in grief may experience any number of different phases in one day! Ultimately though most of us recover and meet that point of acceptance. In a small number this doesn't occur and is referred to as "pathological grief".

You will not see on the graph above, the open variable in all of this this is time. People are generally not given any specifics about grieving. Some cultures do, but in average Australia the question of how long to grieve is somewhat akin to the question "how long is a piece of string". Counselling is sometimes appropriate but in our world of quick fixes I believe too often offered, even given prematurely. I sometimes refer to the dignity of grief and the fact that grief is often our last reluctant emotional contact with those that we love. Sometimes people say "Oh just get over it". This is inappropriate for two reasons; the first is that such impatience says more about who is saying it than the grieving person. Having people in grief is inconvenient, the quicker we can get them "better", *our* world will be normal. Secondly I am not sure getting over it is authentic as it can be taken as putting the situation in a trivial light. Moving on of course is important and can be helped by loving and encouraging words of support and is much more appropriate.

The denial and the shock phase of trauma are similar. It is in this stage there is some substantial numbing and often disbelief. There are numerous examples of this. What was your first reaction to September 11th? Princess Diana's death? – disbelief? Actually there is some real purpose in this reaction, to allow some time for absorption, to allow some time of preparation. The second phase in grief is anger and this is so typically seen with those that lose a loved one due to what seems the negligence of others (made worse of course when it is through neglect or malice). There is a sense of ambivalence for those that lose a loved one to suicide, anger – despair, guilt all have a role to play at some time or another. Anger with God is predictable, but of course benign. Depression is a third and further phase of the process. I have often described sadness is what you feel for others and depression what you feel for yourself. Thus depression is filled with questions, how can I go on? What will I do now? etc. It can often be a long period of helplessness and when most people probably need help to move on. Finally Kubla Ross suggests Acceptance, a realisation that we will be o.k. But I want to take this one step further and discuss it in the context of trauma.

iii) Trauma

Trauma comes from the Greek word meaning “wound” and refers of course to both physical and psychological wounds. In order for some incident to be traumatic, three essential elements are required. These are that it must be life threatening and overwhelming to self or others, it must be unjust and expose our vulnerability. I have added a dimension to the first criteria, i.e. “ego” threatening. This allows for some inclusion of events such as bullying and other forms of non-physical abuse. These components create the criteria and while I do not intend to expand on them here, there are a number of articles on my web site that may be useful.

Returning again to our graph above, the response to trauma is initial shock and as indicated this has some implications both in terms of biology and survival. The second phase is loosely termed the “stress phase, when changes in our behaviour in four principal areas, our the way we think (cognitions), the way we feel, (physical and emotional), and the way we behave. The interesting issue here is of course is that in this case our “stress” responses are in fact simply a normal response to an abnormal situation. Whereas these symptoms are normally a sign that something is wrong. These stress signs accompany difficulties of adjustment and like the grieving model, eventually follow a path toward recovery. Again both the fields of trauma and grief come together with acceptance.

However t this point I want to bring together two divergent points raised so far, the first is “giving meaning to suffering, trauma or grief and the second how is that people become more resilient after periods of suffering. I think it's about going beyond acceptance. Beyond saying “well that's the way things are, I better get on with it”. Like grief a small percentage don't fully recovery from trauma but in fact get stuck, this may include post trauma syndromes such as

Post Traumatic Stress Disorder (PTSD). Yet for most some suggest as high as 97% people recover from the worst and most terrible ordeals. The saying: “*They have never been the same since*” however doesn’t always have to be negative. That saying actually assumes worse, but there are obviously many instances we have seen, perhaps in your own life where people have become stronger because of some traumatic or series of traumatic events in their lives.

They key to this is transformation and I want to now refer to this from my book *Managing the Impact of Trauma*.

iv) Transformation

I think the answer, or at least part of it is, that grief, and later I will include traumatic experiences, all have the potential to transform our lives. Thus, the last stage in the grieving process or better put a “journey”, is *transformation*. I want to now tell you of two important men in my life: my father George Henry Peters and my father-in-law Denis Finn Callachor. Both have been what psychologists call significant others. My father died after a long battle with leukemia and I struggled to come to terms with his death. Many times in the early months after his death (and sometimes still today) I reach for the phone to call him. He gave me unconditional love all of my developing years and despite his faults (that I am sure he had, even if I can’t think of them now), he was a good man. In struggling to come to terms with his death, I thought about what his life had meant. He was a soldier in WWII and captured in Amien in France, thereafter serving the war out (over four years) as a prisoner of war. He had many traumatic experiences, but yet, when I thought back he was able to say, “Unless we forgive”, whenever any one said, “Lest we forget”. This sentiment is easy for post war children, but harder for those who fought and lost so many friends in the War. I came upon an idea when coming to terms with my father’s death that I should be in fact a more forgiving person and so I took on my father’s ability to forgive. Since that time, the ability to forgive has liberated me from the person who I was, who was more likely to carry a grudge and “get even”. This is what I mean by transformation. Through grief and reflection, one can be transformed if that is the path they choose to follow.

Likewise my father-in-law, was a man of impeccable honesty and I sometimes was regretful that I have not always been so honest. He also wore bow ties. Thus, in an attempt to be more like him, today I try to be more honest and often wear bow ties myself. I also often think of his honesty and review my own current values and actions. In this way some part of both my fathers live on and I am grateful and thankful for their lives. They both have helped me grow by their exemplary lives and then even in death. Thus acceptance as Elizabeth Kubla–Ross says, is critical, but I argue to make some transformation is even more important. As George Everly suggests, I have been able to incorporate their death into a world view, give it meaning – a “*welterschuung*”.

v) Exercise

Think of three people who you have known and write down their qualities. Think about how you can transform your life by adopting some characteristic or quality that could change the way you think or act.

Module 3: Coping Better

Background

As indicated earlier, (Part 1 of this workshop) like any material, we are made up of various elements. To use the analogy, the “metal” of the person is made up primarily of two components, our personality and our coping resources. It would seem our personality is determined by a complexity of factors, too complex for a simple book such as this. I think it is safe to say though that two essential factors influence how it is determined: the first is our genetic endowment (nature) and the environment in which we develop (nurture). This debate, that is, the nature-nurture is one that has raged in the human sciences for many years. However, I see personality as rubric and, while there are many authors that would wish to suggest there are basic types, such as Cattell, Millon, Myers Briggs and many others, it seems that “personality” is a little more illusive than that. There is not a causal relationship between how our childhood and we “end up”. What I think is more sensible to say is that a dysfunctional unloving environment is likely to cause significant difficulties of development, obstacles and hurdles, rather than it will definitely cause irrevocable problems.

Thankfully, there are many who beat the odds. Sadly, others use the fact that they have had a less than satisfactory childhood to give cause, reason and excuse for some of the most awful and unacceptable behaviour. No more evidence can be found for this than that found for committing terrible acts against children, where the most evil crimes can be justified as being due to the perpetrators dysfunctional childhood. I do accept that our personalities are strongly influenced by our parents and the environment, school, and community in which we live. What this means is that we all have varying opportunities and as a result it may be that our personalities grow to a more or lesser degree. This becomes critical in understanding how people deal with stress. For instance, I was told I was loved most days of my life and as a consequence I suspect I developed a substantial ego which has stood me in good stead for some of life’s more difficult moments. I am sensitive to the fact that many had no such luck during their developing years. As members of our community, whether that be at work or home, we need to be understanding and as Myers Briggs points out that people have gifts that differ and further that all personalities are “good”, it just depends on how we use them. I have spent some time leading up to discussing coping resources making some comment about personality as it is our personality that will guide the development and perhaps prove to be a limiting force as to the extent and depth of our coping resources.

An important cornerstone of my course on caring for self are strong coping resources. In a book by Erica Frydenberg, “Beyond Coping”, we find a bridge between the care of the self-coping and the optimism of Seligman, and Frydenberg describes this as “hope”. Whether or not hope should be part of our coping resources is rather self-evident. Simply put people who hope cope. People who don’t cope become helpless and hopeless.

Whatever the role of hope there are five core elements in respect to coping resources. These are firstly self-esteem, secondly social networks and support, thirdly emotional well being, fourth spiritual-being, and fifth physical well being. These five, according to research psychologists Hamner and Marting, who researched this more than two decades ago, are the critical elements, along with personality, that dictate whether a person will cope well or not.

I would like to spend a little time on each of these, because without coping, like relaxation and those other aspects in “stress management”, it is very hard to see how a person could develop a sense of resilience. It was M Scott Peck in his book, “A road less travelled”, who observed that once you understand, really understand, that life is difficult, you can transcend it, and instead of trying to make your life easier, accept that the road is hard and sometimes painful. The connection I want to draw is that first you should try and not spend your coping resources simply trying to make your life stress free, but face the inescapable fact that life is indeed difficult. Having left this burden behind, then you are free to use your coping resources in a creative manner so as to cope better with this difficult life. In fact, I would suggest that there is a pervasive approach by people in society to try and avoid accepting or confronting this at all costs. Thus, ubiquitous use of drugs, alcohol and other diversions such as pornography, are undoubtedly a desperate attempt to soften, or satisfy invalid or non-authenticated, even imagined needs.

I suppose the other important lesson that came out of the Care of Self series for many people was that in order to take care of others, you must first take care of yourself. You may have heard many times in this regard, the analogy of self-care and the safety instructions given by cabin crew prior to take-off. If on an aeroplane, an oxygen mask falls from the locker above and you’re sitting next to a child, make sure your own mask is fully adjusted before attending the needs of the child. This is such a critical and pivotal issue, especially in the way in which we develop adequate coping resources. In fact, I would suggest that the resilient person ultimately is the person who cares for themselves first. Not in an absorbed way, but sufficiently self focussed so as to then be able to energise and assist others. In fact, there is a paradox working here, is there not? If you put others first and wear yourself out and overburden yourself so you can no longer cope, then do you not see that you will in fact become dependent and needful of others? This circumstance is the very reverse of what you intended. You intended to be someone else’s rock, but in fact by not taking care of yourself you become invalid, infirm, either physically, mentally or both, then in simple turn just add to the stress and strain of the person you intended to care for!

I would now like to briefly discuss each of these elements that make up our coping resources. The first, self-esteem, is not the same as self-absorption. Self-absorption is where you put the welfare of yourself above all others. The wonderful writer and philosopher, C.S Lewis, suggests that authentic love is simple, it's when the welfare of the other person is more important than your own. There is a dichotomy between the negative notion of being self absorbed and self centred, and the positive where you take care of yourself in order to take care of others.

I need not tell you that marriages, whether they be traditional marriages or so called “new age” marriages, have a terrible attrition rate, some would say one in two, but at the very best, one in three. Ultimately marriages fail because of a failure by each person to communicate and be mindful of the needs of the other. I would have spent more time in the last twenty years trying to assist women see the world from a man's perspective, and men trying to see the world from a woman's perspective, than anything else in relationship counselling. There are distinct differences between the two and whether my feminist friends like it or not, John Grey's book, “Men are from Mars and Women are from Venus” in good humour, highlights those significant differences. It would be wonderful to spend some time here, because most of us in this room are probably in a relationship. Sufficient to say, happy and loving relationships are inevitably tied to sound communication and understanding of our differences (I think my workshop “Living and loving together – building relationships that will last”, will be on my web page shortly).

As we move on, there is one core element of coping that I want to address today, ie, spirituality. It's frustrating when I address this issue and people respond, “I am not religious”. I need to say that even atheists have a spirituality, a sense of that inner self or ‘ego’ that Freud spoke about. Your personality, if you happen to be an atheist is your soul, the very element that is unique to you. Carl Jung saw it so important even if he did use the word “religion”, when he said, *“Among all the patients in the second half of life ...there has not been one whose problem in the last resort was not that of finding a spiritual outlook on life. It is safe to say that every one of them fell ill because they had lost that which the living religions of every age have given to their followers, and none of them has been really healed who did not regain a spiritual outlook”* (Carl Jung 1933).

Kobassa and Madi, two psychologists, have suggested it is our coping resources along with our personalities that provide what they call our “psychological hardiness”. Two researchers Hamner and Marting, explained there are five individual coping resources. These are: “Self Esteem” and they refer to this as a “Cognitive” coping resource, that is, the way individuals think; “Social” or what I refer to as “healthy communities of reference”; “Emotional” strength, “Spiritual” or “Philosophical” belief and finally, “Physical” well-being.

Self Esteem

Whitney Houston had a popular tune many years ago now, “The Greatest Love of All”. In this song she suggests that the greatest love of all is “self love”. In Australia, we feel uncomfortable about that. In my younger days at school, we had a saying with people with high esteem, that is, “They love themselves to death”. This was not a compliment. In fact, it seems to be a national trait to put ourselves down, or make success conditional. For example, we won 20 gold medals in the Olympic Games, not bad for a country with only 20 million people. Note the conditionality as we explain away our success.

Likewise a friend of mine, Stuart Carr, originally from Newcastle University where I met him, was studying the “Tall Poppy Syndrome”, that is, how we love the underdog to achieve and then cut him or her down to size. I suppose some anthropologists may suggest this has something to do with how Australia was originally settled with the unwanted from England. However, it seems to me that part of the problem of dealing with this very difficult life is to develop a strong sense of self identity, confidence and self-belief in short love. Most of the clients I see in my practice who suffer from anxiety and depression rarely have a good view of themselves. It seems likewise more acceptable to put yourself down with negative statements, such as “Gee, I am an idiot”, and “I am stupid”, but it is completely unacceptable to use statements of affirmation. As you read this, recall the last time you gave yourself a compliment. It is far easier to recall when you insulted yourself or put yourself down, which might be as early as this morning when you couldn’t find your car keys!

So self-esteem or more precisely, the development of self-love, is the first critical point in developing sound coping resources. So how important is this and how do we go about developing such qualities?

While again not immediately and obviously relevant, I need to tell you that I have been in two plane crashes; the first occurred when I was a child when a plane crashed into our school playground. A friend was killed, as was the pilot. The second was not really a crash in the real sense although damage did occur. I was in a helicopter when we lost the main rotor and we had to come to earth without preparation, in a forest and on a mountain, which was less than a happy experience. The reason I tell you this is because I am compulsive when it comes to safety (and yes I do read that plastic covered instruction in plane seat pockets). I also listen to the cabin crews’ instruction every time I am on a plane. I specifically want to note here that when you are sitting next to a child and an oxygen mask comes down from the locker above, you should put your own mask on before attending to that of the child. There is a connection here in this safety instruction related to the notion of self esteem. You see, taking care of ourselves (the title of the next chapter) becomes *essential* if we are to help others. How many clients have told me that they are stuck in jobs they hate and take it out on their families, yet do that hateful job because they have to provide for their families? While the

families want that loving caring person whom they know is still there, not that cranky person who falls dead asleep on the lounge by 7.00 p.m. every night. Indeed, I doubt there has ever been a person on their deathbed who uttered the words, “I wish I had spent more time at the office!” I use a bit of so called “Irish” when I suggest that we put others first if we first consider ourselves. Some refer to this type of attitude as selfishness but a psychiatrist friend of mine, Bruce Chenoweth, refers to it as “selffulness”.

Having urged you to review your own self-esteem, it is appropriate to discuss how that can be best achieved. One of the most obvious comments I could make would be that people who are unemployed often lack self esteem. Their lack of self esteem provides a clue as to what is a main source for maintaining or developing our self esteem. However as Karl Marx said, work for many is an alienating unsatisfying process and rarely do some see themselves as any more than a cog in a very large machine. They often regard the work they do as making little difference. Naturally, not all work is going to be the type that is up in lights. Opportunities not provided and obstacles in the way can often cause people who are highly intelligent to end up in simple, boring and repetitive jobs. I am lucky because I am a psychologist which is what I want to be. Thus, a successful outcome on any given day provides me a boost to my self-esteem. However, shortly I will discuss the development of coping resources by becoming involved in healthy communities of reference and you will see that work is only one source.

In basing our self esteem simply on the work we do, I worry that when retirement, retrenchment or redundancy comes then, the pain may too greater. The industrial landscape in Australia is changing and the job security of just a few decades ago has been lost. Indeed I meet many people who lose their identify to the job. Policemen especially are a bit shocked when I announce to them that I am not a psychologist, I am actually Roger Peters, and prefer to be identified as Roger Peters, rather than “the psychologist”. Psychology is my work and “Psychologist” is just my job title. I also occasionally say this to myself so that I can see myself as more than my work. For I often have cases that turn out other than that which I wish and I need to separate them from my family and myself. Some times that separation is hard to achieve. Do you also see how Peter earlier over-identified with his job in which he saw no satisfaction? We are more than our work, in a recent play I read about the lead who was a police officer, and as she realized she had a vocation joined a convent. The interpretation is that those who join the religious only have a vocation, there are many who do not yet still have a vocation, indeed perhaps being a police officer is a vocation

Additionally, I have found in my life that my Australian Army Reserve Career, which spanned 30 years, has been a source of development for my self worth. Just as for others it can be associations like Rotary, Lions, or the Bush Fire Brigade. What these things have in common is that they are opportunities to serve. Of course, here is the pay-off, your self-esteem is nearly always higher after helping others. However, the reverse may be true too; that is, that in the absence of helping others while it may be egocentric or self-centred can, in fact, undermine the self-esteem.

I have a theory that all of us are good at something, not necessarily spectacular, but “good”. For me I enjoy building rockets (at least at the present, this changes often because I am a fad hobbyist) but I use that outlet to develop another sense of self-esteem. My wife is a good artist, she claims to be poor, but I think she is good. What is your flair? When did you last do something to enhance your self-esteem? When was the last time you really felt you loved yourself? Do you really want to spend your last days saying I wish you had done “such and such”, but never got around to it?

Emotional Needs

I mentioned earlier that there is not necessarily a causal relationship between a dysfunctional childhood and adulthood. In saying that, there is nonetheless a commonsense understanding for a type of relationship between these things. For instance, Conrad Baars, a psychiatrist who treated Marilyn Monroe at some stage wrote a book about that experience [like many of my books I lent this one out and it failed to come back, so I cannot even refer you to it. I can't even recall the title. I have never been able to find a copy since, so if you know of it, perhaps you might contact me or my publisher]. In that book, he was convinced that Marilyn suffered from “deprivation neurosis”. This is expanded in a second book by the same author, “Healing the Unaffirmed: Recognising Deprivation Neurosis”, a book that examines our emotional needs from childhood that well up in adulthood. In this latter book, the core emotional need requiring to be met is affirmation from a parent. Thus, without this emotional need being satisfied, a person may be said not only to be unaffirmed but, importantly, may develop what Baars refers to as ‘deprivation neurosis’. Baars, further suggests that these unaffirmed or neurotic parents then go on to rear likewise unaffirmed children who commit suicide or fight back by self affirmation, which he says is futile and only leads to the corruption of society.

Baars comments “That from the very first day of extrauterine life, the infant needs to experience genuine unselfish love from another human being if it is to attain the fullness of its human existence and authentic happiness, that is joy which is the fruit of loving and being loved”. Further, truly mature love is a combination of emotional and volitional love. “The feeling or emotion of love is a movement or arousal of our sensory nature by the good that attracts us. Volitional love is the movement of the will towards the same good or in [the] discussion of love between people, towards the well-being and happiness of the other”. I think Baars, had he been writing today (his book is now 30 years old), would have changed his comments about extrauterine to ‘upon-conception’. I think there is considerable research that would indicate the importance of a safe protective, and thus loving environment, in the womb. For example, deprivation may begin at conception if a parent continues to smoke, or use alcohol, thereby showing a selfish disregard for the unborn. To cease these activities, given the plethora of information preaching the adverse affects of such practices, is an act of volitional love.

There has been a lot said about conditional love. Eric Fromm in “The art of Loving” referred to this, as indicated earlier, as “pseudo love”. It may be that deprivation of love and pseudo love are as bad as each other. I ponder which would be worse, but it seems to me that one is the absence of love, and is therefore an act of omission, while conditional love is that which can be similarly regarded as an act of commission, where phrases such as “If you truly loved me then you would” or “After all I have done for you”, are used to manipulate. We have all from time to time been victims of this manipulative, perhaps even evil behaviour. Thus, the first key is to strive towards is to find relationships that give you a sense of affirmation. However, you will only generally attract **long term** relationships if you are able to reciprocate. That is why “self esteem” or self-love becomes the first step towards fulfillment.

So, satisfying relationships and meeting our emotional needs are probably the most important factors in developing strong coping resources. I myself have a number of friends but I am extremely family orientated. There have been some people in my life, outside my family, mainly men but also some women, that I can say that I truly loved. That wonderful song by Lennon and McCartney, “In My Life”, has a line that says it well for me; “But of all these friends and lovers, there is no one compared to you”. As you can see, my wife, Michele, satisfies my emotional needs. It is not that others are not important, nor that I do not express my love for them, it is just that the satisfying and intimate relationship with Michele liberates me to provide unconditional love to my friends. Incidentally, Christian beliefs suggest that we should also love our enemies, I am working on that!

Several years ago I was discussing much the same topic in a workshop, when a woman asked a simple question, “What if you don’t have, or even don’t want a partner”. It was an interesting and important question. The foundation of Christianity, which finds its beginnings as far back as the Old Testament has a verse that relates to this, “...and it is good that a man should be with a woman”. This stretches back even farther to the beginning of creation. However **tolerance of alternative beliefs and values** are both part of an unconditional and volitional love. I am, therefore, naturally sure that ecstatic love is not restricted to the relationship between a man and woman. What about man and God, man and best friend, and so on? I remember once my son said to me “You are my best friend”, trying to express his love for me. I told him that he was not my best friend, to which he responded by dropping his lip. I said it is better than that, “I am your father and you are my son, there is no greater love”. Later in this book I will describe love as having many aspects, none of which can be described as better, just different. My comment to my son’s disappointment was to assure him of my unconditional love and our special relationship. He was happy with that and he replied, “Then you are the best father in the world”. I kissed him. Sometimes you don’t have to say anything.

Social Contact

The idea of developing healthy communities of reference is another critical strategy for developing better coping resources. Perhaps I could explain this by giving you an example from some research I conducted for a paper, “The Contamination of Evil: Prison Officers at Risk”. I presented this paper in Baltimore in 1997. Basically, I was concerned about prison officers who were attending counselling through the Employee Assistance Program (EAP) my firm provided. Many of them had a level of anxiety that was hard to explain through normal analysis of what had been going on in their lives. These were people that worked with the most evil of our society, incarcerated for the most heinous crimes. I pondered whether or not it was possible that a person could be affected in a spiritual way. These officers’ job had moved from one of “turnkey” or “screw” following “case management”, to one where inmates had become “clients”. These officers were asked to become counsellors and establish rapport; but was it a rapport with evil? To examine this situation I used, rather than a design from the discipline of psychology, a strategy from sociology that examined the answers to several questions through structured interviewing. Of the dozen officers I interviewed there were some startling findings that, I felt, required some further consultation with others of a different discipline to mine.

Therefore, I sent the paper to my brother in Rochester, who is a priest with a PhD in Theology, and asked him to make comment about the paper from a theological and academic point of view. He wrote back and told me that he thought that the research was fine but questioned the fact that I talked about their community being unhealthy, after all, he pointed out, these officers had other communities of reference, the community in which they lived, and their families. I was thankful for the comment, but realised that while they had other communities, few of these officers stepped outside of their community of other officers which was an environment that perpetuated a type of cynicism and negativism about themselves, the job and the world in general.

By way of another example, when I was working in the public service the environment was quite toxic. Thankfully, I rarely socialised with other staff and had other healthy communities of reference, including the part-time army, my university studies, my family, and my parish. Thus, regardless of how dysfunctional work became, I had alternatives where there were places where I was affirmed and cared for. This has been a longwinded way of pushing the point home that our coping resources can be enhanced if we maintain a range of social contacts in which we can be cared for and, importantly, show some care.

The problem is that “avoidance” is a symptom of distress and certainly an often found behaviour for folk who have been hurt. One result is that the person who most needs to develop their coping resources may withdraw themselves from participation in activities that would otherwise pull them through the crisis.

When writing this chapter, I had recently been away at a mining town, Glenden Queensland. It is remote and situated about 200kms from Mackey. It was interesting to see how this town has developed various communities of reference. It was likewise interesting to note that, when I was out running, everybody waved to me, not just the people that walked by, but also people in cars. I discovered there was deep sense of community in this little town and pondered the benefits the inhabitants have over their city counterparts, who can die and be in their apartments for days without anyone knowing.

Humans are naturally social animals and perhaps with the exception of some obvious folk, such as lighthouse keepers and coast watchers, isolation and loneliness are to be avoided. It seems to me that the difference between loneliness and being alone is that you chose the latter, the former is often forced upon you.

Spirituality

In the classes that I run when it gets to this point I say, “Look if you believe there is no gravity and the world simply sucks”, then spirituality as a coping resource may not be as easy to access as the others. However, if you are a person that believes that life has a purpose, even a life hereafter, it may be worth developing this area of your life. It is quite clear that many people who come to see me are not psychologically impaired but spiritually lost.

Another point I so often make in my “*Care of the Self*” seminars is to suggest that many years ago most people attended some type of religious service on Saturday or Sunday. Now the numbers have dwindled, churches have shut up shop and while there are some promising positive trends, fewer people now attend church than probably in the entire history of English speaking countries. My concern with this rejection is twofold; first have we thrown the baby out with the bath water? Second, has it been replaced with anything?

I have always been amused by the people I see going into clubs on Sunday mornings ‘for the raffles’, and how they mimic those attending religious services. Both have ritual and similar components: the mode of dress (Sunday best), the large audience (the congregation), the MC (the priest), the prizes (the gifts), the sharing of food and drink (communion) and music or songs (hymns). The promise at the end is that it will all be on again next week (the blessing). The parallels are not hard to miss, even though the content is different. Everyone it seems should try and find their way, those that give up develop what I referred to earlier as “learned helplessness”.

A relation of mine told me once that he gained religious experience from being out in the surf, as that was when he felt ‘close to God’. It is easy to make this mistake of confusing religion for spirituality and visa versa. Indeed it may be in your religion you find your spirituality. However, spirituality is beyond the structure and dogma of religion. The teacher Sri Nisargadatta Maharaj was asked, “What are the signs of progress in spiritual life?” His answer was “Freedom from all anxiety, a sense of ease and joy, deep peace within and abundant energy without”. Spirituality is not just a journey, but a search and it

is never ending. My understanding has developed to allow me to discover the notion that our life is a quest to be with God; that our life after death is to be with God. However, care has to be taken that people are able to develop their own sense of selfness and their own spirituality. Thomas Moore in his book "The Re-entachment of Everyday Life" says that, "*In many ways, modern life shields us from the infusion of spirituality nature has to offer. In our busyness, a neurotic development of modern life, we don't believe we have time for nature*"(pp 7). In fact this could be extended to simply say that many of us have become overly focussed on the world rather than on our spiritual journey. To some extent this is governed by our maturity, yet on the other hand, some of us never grow up.

It seems you have to be ready to take on the journey, yet sometimes it may seem just as easy to stay where you are, even though this is stagnation. So how does all of this help us develop a spiritual life to support our coping resources?

Physical

Christians often say that the body is the temple of the Holy Spirit and I have always been struck that whether you believe it or not our bodies are precious. Yet all of us, to a more or lesser degree, fail to look after them very well. From being a total narcissist and obsessed by your body to simply caring for your self there is a rather large leap. The type of obsessive–compulsive behaviour that causes a range of disorders, including eating disorders that so tragically afflict our young or the steroids used by those who compete in a range of sport, reflect a sad state of affairs. On the other hand, those that use the so-called recreational drugs, over use alcohol and eat beyond their needs, reflect another tragic side of society. This chapter, though it is not about that type of physical health, is about developing coping strategies that will place us in a good position to deal with the stresses that we face throughout our life.

For those that know me it may seem odd, even incongruous, or worse still ingenuous, that I should talk about physical well being. Nonetheless, I think that my weight and some of my habits may rather qualify me to offer an opinion. To this point I also, in the next chapter, make some comment about alcohol and my own taste for that wonderful elixir, hence it seems appropriate to start with some discussion about the good and bad use of alcohol.

As I indicated earlier, part of this book was written when I was lecturing in Queensland and, indeed, I was reading the local paper and read an interview with a young person who was a functions manager and was previously known to excel in sport. One of the questions asked during the interview was "What do you like to eat?", she replied "During the week, vegetables, but on the weekend lots of Bundy[-aberg] rum and coke". As I said, I love a drink and even recommend it to those who don't, but it has to be treated with caution; alcohol is an insidious substance and alcohol consumption has to be kept under control. Safe drinking limits vary from country to country and I am sure that Australians tend to be a little conservative in suggesting a limit of four

drinks for men and two for women. Rather than being number driven I think we should be outcome driven. We should ask how does it affect me?

To this end I have designed my own five way test. The first part of which is it to ask, "How is your libido?" Aside from stress, alcohol, in anything but small amounts, affects our libido, especially in men. This happens in the obvious way, that of physical impotence and or unconsciousness. Or simply because it is demovitating and desensitises the desire or driving force. Certainly, as we get older, this is likely to be much more true than when we were younger.

The second part of this test relates to your health and well being after consuming alcohol. How do you feel most mornings? Ready for action? Or is it often difficult because of a heavy night before? The ill feeling I am talking about here relates to the toxicity affects of alcohol as well as the toxins called preservatives that go in alcohol. Obviously, when the more serious problems start to emerge which are clearly alcohol related, the answer is obvious and may be too late.

The third part of this test is to question whether your alcohol, or drugs for that matter, force you to reorder your priorities. Whether the car payment is missed because you don't have enough in the bank because you have managed to maintain your drinking. I am always disappointed when I see folk needing handouts, but who manage to maintain their smoking or drinking habits, I can't help but think their priorities are out of order.

The fourth test is your personal performance at work and in the community that you live in. Does alcohol harmfully or deleteriously affect it? Have you come under notice for absenteeism, mistakes, and so on at work? Also, has your performance as a father, a husband, a mother, or wife been affected by your drinking and caused disruption to your family?

The final question that needs to be addressed is whether drinking changes your personality. I will mention this again later, but if alcohol turns you into a one eyed monster, it is not for you. In this way, your drinking can be measured against outcomes rather than some theoretical number.

I have exercised most of my life and running is my love. While I seem to have stacked the weight on in recent years (simply put I eat more than I expend), I continue to jog. I do so for two principle reasons. First, in jogging I find I am able to find a clarity of mind, a time alone to think and meditate. It is possible with a rhythmic pace and equivalent rhythmic breathing technique. Second, I run to use up 17 Hydroxicorticosteroid or the cortisol produced by the adrenal cortex, which in normal amounts changes glucose into glucagon and this feeds muscle fibres with energy. In excess, it is free to create a sense of anxiety. So I run to relax.

Additionally, as I have become older I have also found prayer to be useful. This does not rid me of cortistol, rather it prevents its production in the first place. There is a simple adage related to this: you cannot be stressed and relaxed at the same time. Running is not for everybody, but what is important

is that you find what suits you and then be committed to a moderate amount of that activity each week.

The other matter in relation to physical well being is to ensure that you have regular check ups. It seems to me that if you had a fancy sports car you would keep it in tune. Likewise if you had a 50 year old Rolls Royce you would do the same. Heart attack, bowel and prostate cancer are just three of the modern killers and these in particular are so preventable. This of course ties in with diet and it is important, more so when older, to ensure that the food groups are all represented and there is not too much fat or sugar in the diet. Rule out fat and shed the fat. It is frightening to think that those small packets of chips have 25gms of fat per serving. This is of particular concern in western countries where obesity, coronary disease and cancer are now killing off people at the same rate as infectious diseases did at the turn of the 19th Century.

Assessing our Coping Resources

In a book I wrote, “Managing the Impact of Trauma”, I included the questions used in an “Inventory” by the authors Hamner and Marting. It is not that I want to breach copyright or even plagiarise what they have written, it is just that I have found over the past ten years that their “Inventory” has been very useful in assessing my own clients’ and patients’ coping resources.

There are two powerful tools in our armoury that we can use to deal with stress, trauma and conflict. First, our personality and second, our coping resources. When combined, I refer to them as our psychological hardiness or resilience. In learning to deal with our psychological distress, we all must learn to develop these significant resources that when combined will increase our overall coping ability. I referred to these previously as our: a) self-esteem; b) social support; c) emotional strength; d) spiritual or philosophical belief, and our; e) physical wellbeing.

If you want to know how well you are presently coping, try the following 60 questions. As I said, I have adapted them from Hamner and Marting’s Coping Resources Inventory. The rating scale is as follows: 1 = Never or Rarely; 2 = Sometimes; 3 = Often; and, 4 = Almost Always.

Cognitive

1. I like myself	1	2	3	4
2. I feel as worthwhile as anyone else	1	2	3	4
3. I see myself as lovable	1	2	3	4
4. I actively look for the positive side of people and situations	1	2	3	4
5. I accept compliments easily	1	2	3	4
6. I am aware of my good qualities	1	2	3	4
7. I actively pursue happiness	1	2	3	4
8. I put myself down	4	3	2	1
9. I am optimistic about my future	1	2	3	4

Total: _____

Social

1. I am comfortable with the number of friends I have	1	2	3	4
2. I am part of a group, other than my family that cares about me.	1	2	3	4
3. I accept the mysteries of life and death	1	2	3	4
4. I show others that I care about them	1	2	3	4
5. I encourage others to talk about their feelings	1	2	3	4
6. I initiate contact with people	1	2	3	4
7. I confide in my friends	1	2	3	4
8. I want to be of service to others	1	2	3	4
9. I enjoy being with people	1	2	3	4
10. I get along well with others	1	2	3	4
11. Other people like me	1	2	3	4
12. I feel that no-one cares about me	1	2	3	4
13. I am shy	1	2	3	4

Total: _____

Emotional

1. I say what I need or want without making excuses or dropping hints	1	2	3	4
2. I am happy	1	2	3	4
3. I believe that people are willing to have me talk about my feelings	1	2	3	4
4. I can show it when I am sad	1	2	3	4
5. I express my feelings to my close friends	1	2	3	4
6. I can tell other people when I am hurt	1	2	3	4
7. I can cry when I am sad	1	2	3	4
8. I can say what I need or want without putting others down	1	2	3	4
9. I admit when I am afraid of something	1	2	3	4
10. I express my feelings clearly and directly	1	2	3	4
11. I express my feelings of joy	1	2	3	4
12. I can identify my emotions	1	2	3	4
13. I accept my feelings of anger	1	2	3	4
14. I can express my feelings of anger	1	2	3	4
15. I laugh wholeheartedly	1	2	3	4
16. My emotional life is stable	1	2	3	4
				Total:_____

Spiritual/Philosophical

1. I accept the mysteries of life and death	1	2	3	4
2. I can make sense out of my world	1	2	3	4
3. I believe in a power greater than myself	1	2	3	4
4. I accept problems that I cannot change	1	2	3	4
5. I know what is important in life	1	2	3	4
6. Certain traditions play an important role in my life	1	2	3	4
7. I attend church or religious meetings	1	2	3	4
8. I pray or meditate	1	2	3	4
9. I seek to grow spiritually	1	2	3	4
10. My values and beliefs help me to meet daily challenges	1	2	3	4
11. I take time to reflect on my life	1	2	3	4

Total: _____

Physical

1. I have plenty of energy	1	2	3	4
2. I eat junk food	1	2	3	4
3. I exercise vigorously 3-4 times a week	1	2	3	4
4. I like my body	1	2	3	4
5. I am tired	1	2	3	4
6. I do stretching exercises	1	2	3	4
7. I eat well-balanced meals	1	2	3	4
8. I snack between meals	1	2	3	4
9. I get enough sleep	1	2	3	4
10. I am in good physical shape	1	2	3	4

Total: _____

This quiz has been based on the Coping Resources Inventory (CRI). Hammer and Marting (1988). Published by Consulting Psychologists Press

Interpreting Your Scores

If you scored above 25 on the **Cognitive scale**, your coping resources in this area are above average, but keep working at it. If you scored below 25, your coping resources could be improved and a much more concerted effort is required.

If you scored above 35 on the **Social scale**, your coping resources in this area are above average, but keep working at it. If you scored below 35, your coping resources could be improved and a much more concerted effort is required.

If you scored above 40 on the **Emotional scale**, your coping resources in this area are above average, but keep working at it. If you scored below 40, your coping resources could be improved and much more effort is required.

If you scored above 28 for the **Spiritual/Philosophical scale**, your coping resources are above average in this domain, but keep working at it. If you scored below 28, your coping resources could be improved and much more effort is required.

If you scored above 27 for the **Physical scale**, your coping resources in this area are above average, but keep working at it. If you scored below 27, your coping resources could be improved and much more effort is required.

The next step is to add all of these totals together. If you scored a total above 160, you are managing well and your coping resources are sound. If you scored below 160 some work is required to improve your overall coping resources.

Reflective Exercise

How am I doing on the scales talked about in this chapter? (Write notes that mean something to you)

1) Self esteem

2) Social support systems, i.e., healthy community of references outside of your family and work)

3) Emotional support – where do I stand with my partner

4) Where do I stand philosophically? What do I believe in?

5) How did I rate physically at my last check up, i.e., weight, blood pressure, exercise, and diet?

Module 4: Developing Resilience and a positive spirit

i) Background

So at last, having spent the majority of the workshop getting to this point, I have emphasised the very foundations needed for us to develop resilience. This is an interesting topic that has been chosen, “Building Resilience – Building Resilient Communities”, because I will in fact not be talking in depth at all about communities. It is my thesis that in being resilient oneself rubs off. You see that was the idea I introduced at the beginning of this seminar, ie, that notion of co-dependency working both ways. I pointed out that if you live with someone who is distressed or anxious, alcoholic or depressed, then there may be ramifications for the entire family unit. Likewise, if we build resilient people, then we have a chance to build authentic resilient families and communities. I suppose the community that you have in your mind right now is your school.

Defining resilience:

- The Oxford Dictionary says that “resilient” means 1). Resuming its original shape after compression; 2). Readily recovering from shock, illness, etc.” I like to refer to it as simply “bouncebackability”.

ii) The Core Elements

There are a number of qualities inherent in resilience that are not very well conveyed by the definition above or in fact any definition. So you have to look deeper than simple definitional terms, and I’ve come up with a series of core elements that stand out. The first of these (and these aren’t particularly in order), I would describe as “childlike curiosity”. One of the many things that’s made technology advance so quickly is its appeal to younger people. Some of you here still may have the idea that if you want your VCR or DVD tuned, then ask a person under the age of 18. My new years resolution for 2000 was in fact to understand my mobile phone, be able to program my VCR, DVD, television combinations, and understand my way around a computer better than I did in 1999. I might say I achieved that, one of the few resolutions I have ever managed to keep. I think the thing prodding me in the back of my mind was a phrase that I heard many years ago when the Internet first came out. I went to a workshop on the Internet, and the presenter said “Children learn quicker because they are prepared to push buttons”. It stuck in my mind that as adults we are frightened of making a mistake, frightened of getting hurt, frightened of being embarrassed, all of which inhibits our ability to really enjoy and integrate new skills. Experiment with things, ask questions, and see the funny side of things. You know the distance between rage and laughter is just a decision made at the hippocampus, a signal will either go into your left frontal lobe or your right frontal lobe for interpretation, and depending on which side it goes, will mean you will laugh or become angry about something.

The second quality is akin to the first, “learn from experience”. Resilient people understand that within suffering and times of sorrow, there is nonetheless a learning experience available. A friend of mine, John Cavanagh, gave a program recently called “Unexpected Gifts”. It may come as a surprise to you that he works as a specialist in the oncology unit at the Mater Hospital in Newcastle. His paper highlighted the fact that even in these desperate moments when we feel sad and in so much pain, especially as we see our loved ones suffer, there are gifts. The reconciliation of a family member with another who haven’t spoken in years. The realisation that in suffering there can be gained a new sense of dignity. It was Victor Frankl who said, “Lord that I be worthy of my suffering”, and in Frankl’s case he was talking about many people in Aushwitz, who despite the horrific circumstances were able to show their humaneness and dignity.

So learning from experience is not just about the positive things in our lives, but also the negative. The resilient person bounces back from the negative and is willing to adapt what they have learnt to the future. Some such as Karen Reiuich “The Resilience Factor” says that how we deal with adversity is simply the most important predictor of resilience.

This brings us to the third element, which is to “adapt quickly”. People who do not have resilience resist change. Do you see the connection between the first three, curiosity - learning - adaptation? Many people are fearful of change. They never see the opportunities, they only ever see the dangers. So adapting quickly allows for the removal of procrastination. I forget who said it, but someone once said that “procrastination is the thief of time”. Now that’s easy for me because I love change. I love fluidity. Other people prefer things to be the way they always have been. Abraham Maslow described this when he talked about the “hierarchy of needs”, in respect to human motivation. The second rung of those needs being “security and order”. This was the second of five, the fifth, realising self-actualisation. So the need for order and predictability and routine can keep us a long way from being fully fulfilled.

Attached to this, resilient people have a talent for serendipity. Resilient people learn lessons in the “school of life”. Serendipity is the antidote to feeling victimised. They can convert a situation that is emotionally toxic for others into something emotionally nutritious to them. They thrive in situations distressing to others, because they learn good lessons from bad experiences. They convert misfortune into good luck, and gain strength from adversity. A good indicator of exceptional resilience is a person talking about a rough time that said “I will never willingly go through anything like that again, but it was the best thing that ever happened to me”. They ask “How can I turn this around?”, “Why is it good that this happened?”, “What’s the gift?”.

Fifthly, the resilient person has solid self-esteem and self-confidence. I mentioned self esteem earlier, it’s part of our coping resources. Self-esteem enables you to receive praise and compliments, and it also acts as a buffer against hurtful statements, while at the same time being receptive to constructive criticism. Self-esteem is about self talk, positive statements about ones self. Imagine, if you will, if I was to tell you how terrific I was. That I am a

good speaker, I am a good writer, I am a great psychologist, I am a fantastic father, what would be the cringe factor in this? Yet in our society we readily accept people who say “Gee, I’m stupid”, “God I’m an idiot” and other such self effacing terms. In our world, there needs to be at least a middle ground where I feel comfortable saying that I’m okay. Self-confidence allows you to take risks without waiting for approval or reassurance from others. To expect to handle new situations well because of past success, and this is again tied in of course with the third core element above of adapting quickly.

The sixth core element is having good friendships and loving relationships. Research has demonstrated that people in toxic working conditions are more stress resilient and are less likely to get sick when they have a loving family and good friendships. I have mentioned in therapy many times “You cannot fight a battle on two fronts”. If you have a toxic work environment, then you need a loving home environment. Loners here are more vulnerable to distressing conditions at work. Talking to friends and family does help and diminishes the impact and difficulties, while increasing feelings of self worth and self-confidence.

The seventh core element is the ability to express feelings honestly. Resilient people express anger, like, dislike, appreciation, love and grief, and the entire range of human emotions openly and honestly. But resilient people are able to also suppress their feelings when they believe it would be best to do so. Think for instance of anger, is it always appropriate to express one’s anger? Argument, is it always wise to argue? I’ve always used the theory that you only argue when you have a chance that the other person will accept your point of view.

The eighth feeling is very much tied into the Care of the Self-Theory, and that is a sense of optimism. In teaching my “Care of the Self” program it was clear that optimism is a critical element. This is an essential ingredient in the building of resilience and resilient communities. This notion of optimism, which was written about by Martin Seligman, (Learned Optimism) and was the antithesis of what he wrote about in the 70’s and 80’s, that was in his theory of “Learned Helplessness”. The two are juxtaposed. In a state of helplessness, there is no resilience, there is simply compliance and giving up, but in optimism there is a challenge, there is anticipation, there is a light at the end of the tunnel. Helplessness is coloured by cynicism, negativity, hatred, and damaged communities. Optimism is coloured by maybe scepticism, but a healthy scepticism, and it focuses on what is possible. The Chinese have a sign for change. One part of that sign alone says “danger”, the other part says or means “hidden opportunities”. So the optimist looks at change in terms of those hidden opportunities, while the pessimist and the person who has learned to be helpless looks at, and only, the dangers.

Deep optimism guided by internal values and standards. Resilient folk have a high tolerance for ambiguity and uncertainty. An optimistic person can work without a job description, is a good role model by virtue of their professionalism. Ultimately, however, they have a synergistic effect that brings stability to crisis and chaos. They ask “How can I interact with this

community so things turn out well for us?” Probably today among all of you, this is the single core element that you need to take back to your communities. That sense of optimism that things will work out well.

The ninth core element is the ability to empathise. That is, the ability to put yourself into another person’s shoes. Too often we go into situations with a winning attitude, and a pervasive philosophy of that if I win, you must lose. It’s a cliché to talk about win-win attitudes, but an empathetic person attempts always to see the situation from the other’s point of view and behaves accordingly.

The tenth core element relates to something that goes back to the beginning of this program, when I introduced you to a form of knowledge that you know, but a form of knowledge that is not always practiced because of our bias towards the scientific method, I refer to intuition. The resilient person uses intuition and creative hunches. They accept subliminal perception and interaction as valid useful sources of information. What’s my body telling me? Did that daydream mean anything? Why don’t I believe what I’m being told? What if I did this? These are some of the questions the intuitive person answers.

Goleman picked up this theme of intuition in his book “Emotional Intelligence”, this along with empathy and optimism, I consider the three essential elements that are the most essential in building resilience.

iii) Conclusion

So we come to the end of this workshop and I imagine if you are reading it that you may agree that I hardly did it justice in the short time I had with you in presenting it. What in all of this will you take away with you? I expect that the changes and adaptation that we will all be required to face in the next 50 years will be gigantic. In fact the likelihood that we will make our lives easier and less stressful is not a view supported by our experience of the last century. The future will be filled with paradoxes in the same way of the last century, where we were told that computers would make our lives easier or mobile phones improve communication. If you think that they have only improved our society, then I could do with some help on that.

At different times you may have sensed some negativity, especially when I was discussing the rates of depression. At other times you may feel there is a bite to my comments on where we are now and where we are heading. However, if you see it this way, it is unintended and a negative spin that would be at the cost of missing my real sense of optimism and hope. I think it’s as I said earlier, that in accepting that life is difficult, we can transcend or rise above it. In so doing, we can save a good deal of our stress and certainly stop wasting energy that could be used in more creative ways. In fact I believe it is the continuing challenges in our lives that makes them so rich and interesting.

However, irrespective of all that is written in this and so many similar papers, I believe that in order to be resilient each of us must ultimately have meaning in our lives. Viktor Frankl, again suggests that happiness only comes from meaning, we do not achieve meaning through happiness.

Ultimately our quest here on this planet, as we hurtle through the universe, holding on for dear life, is to see that our lives do have meaning. Quite often this can be obscured especially when we compare ourselves to others. Or worse still because we are not in the centre of the picture, we may think have no real import at all. I often quote two names to my clients. Joachim and Anne, here were two people who lived near Jerusalem, more than 2000 years ago, who may have pondered the same question. Living under Roman rule and struggling day by day to get by, they may have thought that their lives had little meaning. Yet their lives were to change the course of history They were the parents of Mary, who gave birth to Jesus, a Nazarene who was to have more impact on global affairs than any other person in history. You see Joachim and Anne were part of that tapestry, not the main subject of it.

Likewise resilient people see their lives as having meaning. People in vocations such as teaching have been entrusted with the future generations and I can think of a no more sacred trust and thus meaning in than that.

Yet to achieve this resilience the basics, as discussed in this paper, also have to be not just understood, but inculcated into a repertoire of behaviour which is habitual and thus long lasting. All of which sounds very well, but how is this achieved? I have attached a questionnaire, which may provide for you not just an assessment of your resilience, but when scored gives you perhaps a template to build better resilience skills.

Finally, resilient people build resilient communities. Yet there is another suggestion that flavours this paper and that is that resilient leaders positively impact on their community, in short resilience can be contagious. Thus, as you go back to your schools at the conclusion of this workshop I would hope you take back a clear message, in better caring for yourself, you better care for others in so doing you go beyond just caring.

Roger F. Peters PhD
Copyright July 2004

Appendices 1

RESILIENCE QUESTIONNAIRE

	Almost never	Rarely	Sometimes	Quite Often	Most of the time
1. Very resilient. Adapt quickly. Good at bouncing back from difficulties	①	②	③	④	⑤
2. Optimistic, see difficulties as temporary, expect to overcome them and have things turn out well.	①	②	③	④	⑤
3. In a crisis, I calm myself and focus on taking useful actions.	①	②	③	④	⑤
4. Good at solving problems logically.	①	②	③	④	⑤
5. Can think up creative solutions to challenges. Trust intuition.	①	②	③	④	⑤
6. Playful, find the humour, laugh at self, chuckle.	①	②	③	④	⑤
7. Curious, ask questions, want to know how things work, experiment.	①	②	③	④	⑤
8. Constantly learn from experience and from the experiences of others.	①	②	③	④	⑤
9. Very flexible. Feel comfortable with inner complexity (trusting and cautious, unselfish and selfish, optimistic and pessimistic, etc).	①	②	③	④	⑤
10. Anticipate problems to avoid them and expect the unexpected.	①	②	③	④	⑤
11. Able to tolerate ambiguity and uncertainty about situations.	①	②	③	④	⑤
12. Feel self-confident, enjoy healthy self-esteem, and have an attitude of professionalism about work.	①	②	③	④	⑤
13. Good listener. Good empathy skills. "Read" people well. Can adapt to various personality styles. Non-judgmental (even with difficult people).	①	②	③	④	⑤
14. Able to recover emotionally from losses and setbacks. Can express feelings to others, let go of anger, overcome discouragement, and ask for help.	①	②	③	④	⑤
15. Very durable, keep on going during tough times. Independent spirit.	①	②	③	④	⑤
16. Have been made stronger and better by difficult experiences.	①	②	③	④	⑤
17. Covert misfortune into good fortune. Discover the unexpected benefit.	①	②	③	④	⑤

Now add up your score.

15-39 points: Seek help!

50-59 points: Just adequate

70-85 points: Very resilient!

40-49 points: You're struggling

60-69 points: Better than most

Appendices 2

Tips for Building Resilience

Make Connections

Good relationships with close family members, friends or others who are important to you. Accepting help and support from those who care about you and will listen to you strengthens resilience. Some people find that being active in civic groups, faith-based organisations or other local groups provides social support and can help with reclaiming hope. Assisting others in their time of need also can benefit the helper.

Avoid seeing Crises as Insurmountable Problems

You can't change the fact that highly stressful events happen, but you can change how you interpret and respond to these events. Try looking beyond the present to how future circumstances may be a little better. Note any subtle ways in which you might already feel somewhat better as you deal with difficult situations.

Accept that Change Is a Part of living

Certain goals may no longer be attainable as a result of adverse situations. Accepting circumstances that cannot be changed can help you focus on circumstances that you can alter.

Move Toward Your Goals

Develop some realistic goals. Do something regularly — even if it seems like a small accomplishment — which enables you to move toward your goals. Instead of focusing on tasks that seem unachievable, ask yourself, "What's one thing I know I can accomplish today that helps me move in the direction I want to go?"

Take Decisive Actions

Act on adverse situations as much as you can. Take decisive actions, rather than detaching completely from problems and stresses and wishing they would just go away.

Look for Opportunities for Growth

People often learn something about themselves and may find that they have grown in some respect as a result of their struggle with loss. Many people who have experienced tragedies and hardship have reported better relationships, a greater sense of personal strength, even while feeling vulnerable, also an increased sense of self-worth, a more developed spirituality and a heightened appreciation for life.

Nurture a Positive View of Yourself

Developing confidence in your ability to solve problems and trusting your instincts helps build resilience.

Keep Things in Perspective

Even when facing very painful events, try to consider the stressful situation in a broader context and keep a long-term perspective. Avoid blowing the event out of proportion.

Maintain a Hopeful Outlook

An optimistic outlook enables you to expect that good things will happen in your life. Try visualising what you want, rather than worrying about what you fear.

Take Care of Yourself

Pay attention to your own needs and feelings. Engage in activities that you enjoy and find relaxing. Exercise regularly. Taking care of yourself helps to keep your mind and body primed to deal with situations that require resilience.

Get Better and Better Every Decade

Become increasingly life competent, resilient, durable, playful, and free. Spend less time surviving but try and survive major adversities better. Enjoy life more and more.

Selected Bibliography

Cowan J, (2002) **Journey to the Inner Mountain**, Hodder and Stoughton. London.

Diagnostic and Statistical Manual of mental Disorders Ed IV (TR) (2000) American Psychiatric Association Washington.

Frankl V, E., (1959) **Mans Search for Meaning**, Washington Square Press New York.

Frydenberg E (2002) **Beyond Coping, meeting goals, visions and challenges**, Oxford University Press Oxford U.K.

Glasser W., (1984) **Control Theory**, Harper and Row Publishers, New York.

Goleman,D, (1995) **Emotional Intelligence**, Bloomsberry Publishing, London.

Grey J, (1992) **Men are from Mars and Women are from Venus**, Harper Collins, New York.

Hutchins, H., Kirk., (1997) **Making us Crazy, The DSM Bible and the Creation of Mental Disorders**, Free Press, New York.

Moore T., (1994) **Care of the Soul**, Harper Collins, New York.

Peck M.,S., (1993) **A Road less Travelled**, Plenium, New York.

Peters R.F. Peters M., (2002) **Le Folie au Deux**, Biennial Police Association Conference, Wollongong.

Peters R.F, (2000) **Managing the Impact of Trauma**, HEAS Publishing, Hamilton.

Peters R .F. (2001) **A Wish before Dying**, HEAS Publishing, Hamilton.

Seligman M,E., (1994) **Learned Optimism**, Random House, Milsons Point NSW.

Shatte A., Reivich., K, (2002) **The Resilience Factor**, Broadway Books, New York.

Tacey, D., (2003) **The Spirituality Revolution**, Harper Collins, Sydney.