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RESILIENCE

The term resilience has been used in so many contexts, that it is sometimes hard to decipher exactly what it means. For the purposes of anything found on this site under the heading **RESILIENCE** it means having been exposed to one or more traumatic incident(s) and you are overcoming the emotional toll it took – you are bouncing back from it. If you become stuck in a circle of negative emotions, it can be difficult to function – at work and/or home; and depression and/or frequent bouts of anxiety can set in. The good news is that you can learn how to become unstuck.

Chapter One

There are several components to resilience that can be learned. This chapter will focus two of most important ones.

A. Control, Cannot Control, and Recognizing the difference

B. Thought processes behind bad events that either keep one stuck in that circle referred to above or help you bounce back enough to function well

   a. *Stable* (vs. Not stable)

   b. *Global* (vs. Specific)

   c. *Internal* (vs. external)

C. An example targeted to the current Pandemic with a video from an RN

A. Focusing on what we have control over, what we don't, and being able to distinguish between the two is a common theme in how well we cope with all that life throws our way. This is likely not a new concept to our readers. Most of the world knows we don't have any control over the outbreak of this COVID-19 Pandemic. Many experts are trying to control the *damage* it has on humanity using the tools we do have control over, such as wearing protective masks and staying at least 6 feet apart from each other.

However, the virus makes for a formidable opponent. Therefore, recognizing the parts we ultimately cannot control is an important aspect in healing. This theme is the foundation of   B. How we explain bad events to ourselves.

Individuals who usually view something negative as *stable*, *global* and *internal* (it's going to last forever, it's going to affect everything I do and it's my fault) tend to become depressed and/or anxious – not what we have come to expect as resilient.

Since the Pandemic is a Very Bad Event, this narrative focuses primarily on the bad. Examples of good events are used only for comparison.

1. Failing an exam: *stable* = I'm never going to score well on tests.

> *global* = I can't do anything right.

> *internal* = I might as well face the fact that I'm just stupid

A more helpful way of viewing this failure would be:

> *not stable* = I generally do well on tests.

> *specific* = I didn't do well on this one, but I have on others.

> *external* = I didn't study hard enough, but I will next time.

2. Receiving a compliment on a presentation (a good event)

> *not stable* = I'm not good at giving presentations.

> *specific* = In fact, I'm generally not very good at anything I do.

> *external* = I did a good job only because I had a lot of help.

A more helpful way of viewing this compliment would be:

> *stable* = I'm happy that I'm able to give good presentations.

> *global* = I'm good at almost everything I try; I'm glad they noticed.

> *internal* = In general I do work pretty hard to be competent.

3. In the video, Erin - an RN working in a hospital setting - identified death, especially the sheer number of them in such a concentrated time frame, as the worst part of treating COVID-19 patients.

> *stable* = This virus will never end or I'm going to be exposed to so many deaths forever, even if the virus does get under control.

> *global* = Death is going to affect everything I do.

> *internal* = It's my fault they're dying. I should be doing more.

A more helpful way of viewing this terrible situation might be:

> ***not stable*** = As a nurse, I will be exposed to death, but not to this degree - - not so many deaths in such a condensed period of time.

> Also, not every patient with COVID-19 dies. Many recuperate.

> ***specific*** = Confronting this many deaths applies to the patients as part of the pandemic. Not every one of <u>them</u> dies, and in general deaths won't play such a prominent role in my life.

> ***external*** = I'm doing everything I possibly can. Death just isn't something I can control.

After the interview, Erin added several parts of the pandemic at its peak period that she had no control over, which had a disheartening effect on her role as an RN:

* What if this particular medicine affects COVID patients negatively?
* We couldn't check on patients the way we normally would
* What about those patients who had to wait in ambulances until a bed became available, even though almost every bed was dedicated to COVID patients?
* There was no place patients could be diverted to. All the hospitals were in the same position

She identified another part of her thought process that helped her bounce back: ***<u>I just had to have faith that things will work out the way they're supposed to – concentrate on the things I can control and let go of the things I can't control. This includes recognizing what I cannot control.</u>***

[Video Interview with a Nurse](#)

*Note: If the reader wishes to know more about this component of resilience, search "Seligman Attributional Style" or "Seligman Explanatory Style"