

### **What is resiliency? What is not resiliency?**

Truly, I am not sure. The reason that the definition of resiliency is elusive, is because - how do you measure it? In other words, what is resilient, and what is not? On a deeper layer, one cannot simply know what another's experience is, or, has been. For example, take a lower socioeconomic female, who has been neglected and abused since childhood. Now, she has carted those traumas into adulthood, and, she smokes cigarettes and is a fairly heavy-drinker. She then gets a DUI and can't bail-out, so, there she sits in a prison away from her adolescent children, who are now forced to stay at "gramma's". Within three months, she gets out, minus a driver's license, minus a job, and minus her own place. She then, while living at her mother's, goes on a binge to include heroine. Conversely, you have an attorney who has made all the right moves in life, all with the support of his parents, then wife, and immediate family. He too gets a DUI, but is bailed out, and returns home only to have his wife, or an Uber-driver transport him to work for the next year. He is embarrassed, and frustrated, but his life remains intact. So, who is resilient, and who is not? In fact, the woman may be *more* resilient than the attorney – *regardless* of how it appears from the outside regarding who handled that stressor better. And, perhaps, if one took the consciousness of the attorney, and were to transplant it into the woman's lifetime of pain – he in fact may crumble, emotionally speaking – thereby making *her* appear as the true-hero of the pair. The man who became an attorney was fortunate to have something developed within him, since childhood, something that I call "the golden egg of protection", an internal-security which comes only from loving-caregivers. The woman did not.

### **Give three examples of resiliency you could observe in clients.**

Resiliency can take the form of simply surviving this existence. Children may be damaged, then go on only to struggle-greatly in life, from so-called inner-demons. Many people, including counselors, may truly not know what it is like to live daily, with the pain from trauma as some clients do. Sometimes just the fact that the client is working, raising children in a healthy way, or not having any addictions could be considered a monumental achievement which may point to incredible resiliency. For example, if a father was beaten by his father, as a child, yet he goes on

to raise his children in a loving and non-abusive way – this would be indicative of amazing character and resilience. Moreover, a woman may have been raised by a narcissistic mother, who inevitably was very cruel and lacking in any form of acceptance. On top of that, this woman was sexually molested by her uncle. Yet, this woman moves forward to be very warm and nurturing with her own children, even though deep-pain is still within her - this would have to be recognized as amazing resiliency. Similarly, if a man was emotionally, as well as physically abused by his mother, as a child, but even though he has many scars, and has dealt with symptoms throughout his entire life, he eventually moves beyond such hardships and achieves a high-level of self-awareness. Then, the same man incorporates volunteering at a boys-home into his life, playing the role of a mentor – this could be considered yet another example of resiliency.

### **As a counselor, how can you help foster resiliency?**

As a counselor, one could help foster resiliency in client by simply, but *truly* appreciating the client's ability to be sitting across from the counselor in the face of much difficulty. Any person, particularly those who have walked-through traumas, deserve respect for exhibiting endurance. Moreover, clients who may appear disheveled, uneducated, abrupt, and perhaps reeking of cigarette smoke, and/or vodka, should be commended for passing through an existence that perhaps you or I might not have experienced. This type of client most likely already *feels* stigma, she may already feel like an outcast, or less-than. However, many times what has happened to her has not been specifically by her choice, but instead was quite random – such as counselors the quality of her parents/caretakers. Such a person deserves respect, and this respect should be communicated to them via the counselor's sincerity. It is believed that such a person would recognize that the counselor was withholding judgement, and, such a recognition can contain power in and of itself. And, this power will hopefully add strength to the client's innate resiliency-resources. Moreover, this goes for any client, whatever the case, as the offering of dignity should be evident.

## **The basic structure of Logotherapy (“Man’s Search for Meaning”)**

For example, a man works at a Ford plant. He operates a machine that hangs-down from a metal frame, for the purpose of bolting the wheels onto the vehicle’s left side, as the soon to be cars pass-down the assembly line. He finds great satisfaction in his job, but not for reasons you may think, but his job entails a deeper-meaning for him. This man’s wife died several years ago, and he has two daughters which he raises himself, only with the occasional help of his sister. The satisfaction found with his job is the stability it offers, as well as the income, which he uses to supply his daughters with the best life possible. To that end, he sacrifices everything for his daughters, and treats himself to virtually nothing. Therefore, his daughters are his spiritual and emotional sustenance – they are his reason for living (“Logos is a Greek word which denotes “meaning.”; Frankl, 2006, p. 98).

Logotherapy is the desire, or attempt, to successfully introduce the subject of *meaning* into the therapy session. The age-old question – why are we here on Earth? In doing so, this approach may incline the client to reframe his or her perspective, to a potentially much larger and hopefully more-satisfying picture. As perhaps the advent of a more-purposeful discovery, the client will become self-actualized, or, more-fulfilled (“...in logotherapy, we speak in this context of a super-meaning. What is demanded of man is not, as some existential philosophers teach, to endure the meaninglessness of life, but rather to bear his incapacity to grasp its unconditional meaningfulness in rational terms.”; Frankl, 2006, p. 118).

### **Identify and describe three strengths of Logotherapy.**

Logotherapy may act to shift the client’s focus to a place that is *above* their current stressor, drawing them in to consider a wider perspective, and thereby, potentially alleviating anxiety. In other words, it may shift attention away from the stresses onto potential benefits. Moreover, it may introduce to the client a more philosophically-oriented mindset which may also *minimize* stresses, and, focus on a broader life-picture. In this way, the client may retrain his or her perspective, to one which is more-healthy: “...logotherapy defocuses all the vicious-circle

formations and feedback mechanisms which play such a great role in the development of neuroses." (Frankl, 2016, p. 97). In another way, logotherapy may shift the client's focus from the past, and into the *future*: Logotherapy focuses rather on the future, which is to say, on the meanings to be fulfilled by the patient in his or her future. (Logotherapy, indeed, is a meaning-centered psychotherapy.) (Frankl, 2016, p. 98). Moreover, the client may feel empowered, in that he or she may reformat his or her outlook, priorities, and concerns regarding the *remainder* of his or her life. And, such a refocus may induce the client to *reimagine* his or her path, which in turn, may bring-about deeper meaning, and, subsequent greater-satisfaction.

Logotherapy can ease the suffering that is caused by hardship, also. For example, it could be argued that the Bible is a rather large logotherapy exercise, as our suffering is proposed to be the will of "our Creator". And, since this schema is the "will" of, said creator - it must be right. Now, it should be obvious to all that suffering, in some measure, is inescapably part of life here on Earth. But, if we believe that because of the "fall of man", or, Adam and Eve's "sin", that we are made to suffer as to repay this mountainous-debt. For example, if one is in after-school detention, it would be more-healthy one to know why they are there – because he or she did something they weren't supposed to. Therefore, his or her suffering has meaning. And, in the case of religion, we are being watched from above, presumably, so acting a certain way may bring us both riches or misfortune. It makes suffering easier. For example, a woman giving birth were to, a) feel intense pain, and, b) aimlessly wonder as to why it must be this way – it may only add a psychological torment to the whole affair. Yet, if she is fully convinced that her suffering is her way of helping to pay for a defect in humanity, then, the "insult part" of the "insult added to injury" equation maybe minimized, or even eliminated. In a certain vernacular, this would be to "take one for the team" ("...logotherapy sees in responsibility the very essence of human existence."; Frankl, 2016, p. 97).

- Identify and describe three weaknesses of Logotherapy.

First-off, "do no harm" - the introduction of this therapy style should be approached with great reverence, as it relates to each client. Otherwise, it may have the effect of one rolling an emotional-grenade across the floor to reside directly under the client's chair, wondering what

will happen. One does not want to introduce into a session something that the client may likely not be able to stomach – that he or she can truly *not* find any meaning to all the things that he or she is going through. This could act to only compound the client's problems.

Moreover, in a more general sense, the idea that humans are to find meaning in suffering is, in and of itself, troubling. Humans should not suffer, and this is the idea of *why* therapy is offered in the first place. Also, it is provable that stress, moreover intense stress, shuts the learning-parts of the brain down: "The amygdala doesn't make such judgments; it just gets you ready to fight back or escape, even before the frontal lobes get a chance to weigh in with their assessment." (Kolk, 2015, p. 62). So, how can trauma, at the same time, be a teacher? And, is there a chance that this very therapy could prove to condone a destructive-path in client's life? What if instead of quitting a job, where an abusive boss' emotional-toxins are ever-present, the client instead embraces this *suffering as the teacher*, mindset? Could this therapy act as an enabler, in a case where the true *answer* for the client, which may have been obvious all along, is to find a new job where trauma and humiliation are absent?

Lastly, it is curious that a client would need to be asked to discover meaning. Which is to ask, would that meaning be significant? For example, if a father's meaning is his daughters, he doesn't need to be shown that. And, being that such a point was not obvious, it is questionable whether the concept would have a lasting positive effect on such a person. Therefore, logotherapy, in certain circumstances, may be viewed simultaneously as both high-minded as well as simplistic.

### **The mechanisms of flight, fight, and freeze.**

#### **How do these responses relate to trauma?**

People, and even animals (Kolk, 2015, p. 29), are hard-wired for survival. If a person never experiences trauma(s) that his or her "system" deems extremely-severe, that person's "wiring" would presumably remain healthy. Meaning that his or her fight/flight/freeze response system would operate at a prudent, and as-needed only, basis. But, what happens is if a man is standing

in a meadow, for example, then out of the corner of his eye he spots a grizzly bear blasting-out of the tree-line, charging towards him from 100-yards away. This man does not use the left-portion of his brain to ponder the correct departure route, weapon availability, etc., but, his amygdala will typically-commandeer his personhood. The amygdala acts as a type of air-traffic controller, which sits in a tower within his mind, peering-through the human senses (Kolk, 2015, p. 42). The first thing directed is a large squirt of adrenaline, which acts as a drug, as if one's body contained its own internal cocaine-dispensary, in that it heightens every sense, providing extra quickness, strength, and alertness. The man's inbound-wiring does not want him to become a food for the grizzly, and, it's all automatic.

However, sadly, even just one incident, and multiple occurrences of trauma can cause changes to occur within this man's "emergency system". For example, if he spots *any* quick moving animal, such as a horse *retreating*, his system may be triggered (Kolk, 2015, pp. 41-42). Moreover, with an extreme level of trauma, one's hardware can become fastened, like wet cement drying in place, in the "on" position ("traumatized people keep secreting large amounts of stress hormones long after the actual danger has passed...the levels of the stress hormone cortisol are low in PTSD...cortisol puts an end to the stress response by sending an all-safe signal, and that, in PTSD, the body's stress hormones do, in fact, not return to baseline after the threat has passed."); Kolk, 2015, p. 30). Moreover, with extremely-severe, and/or repeated traumas, one's amygdala may view the person's environment to be such a threat, that it will never-again allow the fight/flight/freeze reaction-mode to ever go all the way back to sleep, in a manner of speaking ("...traumatized people keep secreting large amounts of stress hormones long after the actual danger has passed...the levels of the stress hormone cortisol are low in PTSD...cortisol puts an end to the stress response by sending an all-safe signal, and that, in PTSD, the body's stress hormones do, in fact, not return to baseline after the threat has passed."); Kolk, 2015, p. 30). Sadly, this is most-unhealthy for the individual from that stand point of being well-adjusted, happy, or even physically healthy (Kolk, 2015, p. 45). Further, it seems that this wiring system is a rudimentary, live by the sword, die by the sword affair – it can both help, and hurt the host.

### **Explain the differences and similarities between typical disassociation and peritraumatic dissociation.**

The main difference between peritraumatic dissociation and *regular* dissociation is that peritraumatic dissociation occurs at, or near the time of the traumatic event (Marx & Sloan, 2005). Whereas, typical dissociation can be present months, or even years later. It appears that peritraumatic dissociation acts as sort of a protective-agent for those experiencing trauma in the moment, and/or the moments-after the trauma. Perhaps it is a way for the survival mechanism within us to shield the individual from an experience that the host may not easily recover, emotionally, from. However, with dissociation which occurs far-beyond the experience itself, it seems that the experiencer has taken damage from the experience with them, and the mind sometimes still wavers with regards to the dissociative-state – which may still in-fact be a protective-mechanism. The similarity between the two types of dissociation is in the symptoms, as the two types share the same symptoms, such as; “depersonalization, derealization, amnesia, out-of-body experience, and altered time perception” (Marx & Sloan, 2005).

### **How does attachment theory relate to PTSD?**

Attachment theory has a very direct and measurable correlation with PTSD. When a child is nurtured throughout his or her childhood, by loving caregivers, that child has developed an internal shield of love, or good-will, so to speak: “Children whose parents are reliable sources of comfort and strength have a lifetime advantage—a kind of buffer against the worst that fate can hand them.” (Kolk, 2015, p. 110). Conversely, as well as sadly, the reverse is also true. Meaning, the children who lost-out on receiving healthy-parenting, will typically experience *more* hardship, and what seems to be cruelty, those are the very-ones who are the *least* equipped to handle such (often- repetitive) misfortunes (“...when children were hospitalized for treatment of severe burns, the development of PTSD could be predicted by how safe they felt with their mothers. The security of their attachment to their mothers predicted the amount of morphine that was required to control their pain—the more secure the attachment, the less painkiller was needed.”; Kolk, 2015, p. 119). And, this very-theme plays-out into adulthood: “Attachment

research has contributed to our understanding of individual differences in stress regulation, suggesting that secure attachment is associated with effective support-seeking and coping strategies, and fewer long-term difficulties.” (Gurevich, Halpern, Maunder, Maunder, & Schwartz, 2012).

### **References:**

- Alicea, Bradly; Biocca, Frank; Bohil, Corey, 2011, Virtual reality in neuroscience research and therapy. *Nature Reviews Neuroscience* 12(12):752-62
- DeLongis, Anita; Folkman, Susan; Gruen, Rand J.; Lazarus, Richard S., 1986, Appraisal, Coping, Health Status, and Psychological Symptoms, *Journal of Personality and Social Psychology*, Vol. 50, Iss. 3, pp. 571-579
- Difede, JoAnn; Rizzo, Albert; Rothbaum, Barbara O., 2010, Virtual reality exposure therapy for combat-related posttraumatic stress disorder Rothbaum et al. Virtual reality exposure therapy for PTSD. *Annals of the New York Academy of Sciences*. Vol. 1208 Issue 1, p126-132
- Frankl, V.E. (2006). *Man’s search for meaning*. New York: Penguin Books.
- Gurevich, Maria; Halpern, Janice; Maunder, Robert G.; Maunder, Robert; Schwartz, Brian; 2012, Attachment Insecurity, Responses to Critical Incident Distress, and Current Emotional Symptoms in Ambulance Workers. *Stress & Health: Journal of the International Society for the Investigation of Stress*, Vol. 28 Issue 1, p51 10p
- Kolk MD, Bessel van der, (2015). *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York: Penguin Books.
- Marx, Brian P.; Sloan, Denise M., 2005. Peritraumatic dissociation and experiential avoidance as predictors of posttraumatic stress symptomatology, *Behaviour Research and Therapy*, Vol. 43, Iss. 5, pp. 569-583