

STRENGTHENING RESILIENCE

Strengthening Resilience through Multi-layered Approaches: Promoting Strength-Based Learning to Enhance Adaptability and Flexibility

By

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A Capstone submitted in partial fulfillment of the requirements for the degree of

Master of Counselling (MC)

City University in Canada

Vancouver BC

Date: May 18, 2025

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Abstract

This paper examines literature around resilience, through three broad lenses of research: neuroscience, personality theory, and development, and the essence of its origin in humans. The author investigates where resilience comes from and how best to support its emergence in a counselling setting. As an examination from the inside out, the paper begins with neurobiological factors, moving to personality, and concluding with development and external influences. The purpose of this project was to better understand how people may seem more or less resilient and to identify various ways to support and foster resilience as a counsellor. Based on the literature review findings, a collection of multilayered resources has been curated, ranging from somatic based activities to creative expression, to inspire counsellors in assisting clients to build flexibility and individual strengths.

Keywords: resilience, meaning-making, self-regulation, integrated approach, creative tools

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Acknowledgments

I wish to acknowledge my amazing Brujas walking group who have walked me through thick and thin, and my return to school. Twice a week, rain or shine we walk each other over obstacles and challenges in life. To my Mom who encouraged me to return to school. I am grateful for my wonderful City U cohort for the collegueship and support to learn and grow, and for those who will continue to be part of my world. Thank you to the truly talented and inspiring instructors at City U. Thank you, Steve for being patient with me, and pushing me through to the end.

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Dedication

I dedicate this to my beautiful hearted children, Saige and Tiernan, who have encouraged me and bragged about my return to school. It is never too late to change paths. And to my amazing life partner who has supported me and always believed in my possibilities. You are my true north. So much love and gratitude for helping me find my direction again.

“Second to the right, and straight on ‘til morning”

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Chapter One: Introduction

Thousands of years ago the ancient Gods gifted humanity with all the ills of the world through the opening of Pandora's Box (Littleton, 2002). But left inside the box, hidden away, was the creature of hope. Always knowing there is hope, human beings find the resilience to struggle with their challenges large or small. But how is resilience stronger in some than in others and how can it be activated and built upon regardless of the adversities one may have faced in their story? How can a trip to buy groceries through the noise and bustle of a city street hold one person in panic, while others negotiate their way through this everyday experience? And might panic at deeper trauma be quelled with the activation of resilience? To borrow from another ancient story, that of Persephone (Littleton, 2002), humans do find their way through the underworld darkness of winter to the generative light of spring through the capacity for resilience. As a visual artist, mental health professional, mother, and someone who grew up with some personal adversity, I always hope that resilience will be there.

This capstone seeks to deepen the understanding of resilience, examining considerations of where resilience comes from and how best to support its growth in clients. The research question is how to strengthen resilience and to enhance adaptability and flexibility using multi-layered approaches? The literature reviewed is grouped into three broad areas of research; neuroscience, personality theory, and development and follows an inside out perspective. The research identifies how resilience may be found in the body, or nervous system, within personality traits and from our environment. The goal is to synthesize the findings from diverse research, into a multi-layered approach for counsellors to assist clients to strengthen their resilience with tools that support the whole person.

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Overview of Resilience

The American Psychological Association (APA) (2020) defines resilience as “the process and outcome of successfully adapting to difficult or challenging life experience”. Resilience is more than the ability to survive adversity; it is contextual and individual. Neuroscience researchers such as Feldman, (2020); Levine (2018); and Porges, (2022), focus on the somatic experiences and the ability to regulate one's system during or after a stressful or traumatic experience. Personality theorists including Burtaverde et al., (2021); Crnković et al., (2023); and Mętel et al. (2021) identify ways that individual traits may impact how a person responds to change or threats. They note that some traits can be adaptable and increasing flexible thinking, self-regulation, and openness to creative problem-solving support building resilience.

Developmental theorists such as Bonanno and Diminich, (2013); Ungar and Theron, (2020) examine Adverse Childhood Experiences, (ACES) and the impact of the family and home environment as well as the larger systemic influence of the community. Johnson and Campbell, (2022) and (Masten, 2018), look at relationships and attachment.

Denckla et al., (2020), offered the following definition of resilience, “an interdependent, multilevel multisystemic system that drives the capacity to withstand or recover from significant disturbances that threaten its adaptive function, viability, or development”. Diverse researchers from Feldman (2020); to Masten, (2018); to Ungar (2012) have suggested that resilience is impacted by the nervous system, the individual's unique personality traits as well as the environment in which they grew up. A common thread that connects all these parts is that of the ability to find connection or attachment to another, whether it is a family member or a community.

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The literature review seeks to understand how people can seem more, or less resilient than others, and to identify diverse ways to support or foster resilience in clients. The goal, of this capstone, is to offer a collection of multi-layered, resources to assist counsellors in supporting clients in building flexibility and individual strengths.

Framework

As a counsellor, I work from a person centered, strength building approach to build resources, in essence, to build resilience. I have found the understanding of Attachment Theory useful to support the building connections with the individual clients. I also work within the framework of Acceptance and Commitment Theory (ACT) (Harris 2021; Hayes et al., 1999) a client centered model where clients determine their direction by identifying personal values and creating goals using tools from mindfulness, self-regulation skills and cognitive skills to find flexibility to move forward. Within this framework there is openness to use narrative therapy to write history from a difference lens, to learn new coping skills, or work with somatic tools such as tapping to release held stress. With clients I am always seeking ways to empower them, facilitating expression, verbally, physically, and creatively with tools to support communication, self-care and find connections.

Contribution

Resilience is within everyone, not dependant on gender, race, or socioeconomic status. The expectation of this examination of resilience was the goal of finding a variety of practical ways to support individual clients in activating their own adaptive abilities. With the exploration of the three principal areas of research, neuroscience, personality, and development, the

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outcome is to better understand how to foster growth or resilience in multi-layers within the complex human, using somatic, cognitive, creative means. In exploration of the literature and concept of resilience, it became clear that a multi-layered approach was valuable to foster growth: somatic tools to support physical self-regulation; cognitive skills to foster personal flexibility; creative expression through writing, art, or music: learning trust to attachment and connection. Though I have many areas of knowledge, I am sure I am not alone in deferring to familiar comfortable areas, that are not necessarily the most effective for all. As a counsellor I understand that I move toward creative expression and cognitive behavioural tools, and I would like to have access to knowledge of helping clients through somatic release, or support flexibility in thinking, or facilitating connection through understanding attachment. Understanding how resilience resides in different areas within us, offers the opportunity to explore those individual parts and to strengthen the whole of the person. I offer the introduction of a variety of therapeutic tools, to colleagues, to expand their practice and to access and enhance client's resilience from multiple layers.

Reflection and Position

I am a mature student, having chosen to continue my education after my two children reached university age. I have worked most of my career life in a helping profession, as a youth worker in a psychiatric facility, supporting mothers and children at a domestic violence shelter, as a volunteer and support worker in the education system. I am passionate in my desire to help others, especially in those who want more from their world. I work from a lens of acceptance, and strength building toward independence and self-choice.

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The first time I heard the word resilience was as a teenager preparing to leave home to go to university. My grandmother described me as resilient when I left home to attend university. I was the oldest of four children in a white middle-class family with a violent, functional alcoholic father. My role in the family was to mediate but also, I felt, to change the circumstances of myself and my siblings. I would have described myself as the caretaker and peacemaker. I left a dysfunctional environment with the plan to become a counsellor to help others.

At the time I recognized that I had a different view of what was normal within my family and in comparison, to other families I spent time with. I was determined to change my circumstances and move beyond that environment. I expect that my openness to people around me helped me be aware of how other families connected and treated each other. My personal tools of artistic expression helped me to regulate myself, and my connection to my grandparents helped support my motivation to change.

I created a family of choice that offered respect, connection, creativity, encouragement, and acceptance. As I progressed in working in counselling, at a psychiatric residential facility for children and youth, and later in the education system, I sought to understand the difference between someone who survived adversity or trauma, and someone who thrived. I pursued ways to teach and support clients offering tools and teaching new skills. I thought about my siblings and their talents, and their struggles to move forward beyond daily survival. I compared our personality differences, and I examined family systems, the differences in the family that each individual child was born into. I considered support systems and peer or mentor type relationships.

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Resilience has been referred to as a trait, part of our nervous system, and behavioural skills. In years of work with children in the psychiatric facility, as well as in school settings, I have heard the term used regarding responses to loss, trauma, and illness. It has been used to describe people who appear strong, people who are adjusting to significant loss or change, and to those who are determined in growing and changing. It intrigues me to consider what sets individuals apart from their siblings or friends in their responses to notable change, or traumatic events.

In a family I knew, there were three children, the oldest struggled with any form of change and uncertainty. The younger two were twins, one was quietly angry and withdrawn and the other took care of both of her siblings, making sure they had lunches, and worked hard at her own learning. Clearly birth order had not been a factor. Gender had not been a factor as the oldest and the more capable twin were female, and being twins did not engender similar responses. Personality traits or temperament seemed one of the more obvious differences, and potentially skill development. In my own dysfunctional family of origin, temperament was a more obvious factor, and I suggest supports outside of the family unit, or lack of them, contributed to some differences. How to build or strengthen resilience, considering the multiple areas resilience seems to reside is the entry way to this capstone.

Definition of Terms

ACES

Adverse childhood Experiences such as poverty, abuse, neglect that impact emotional, physical, and social development of children. Felitti et al., 1998, p.248)

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Affiliative brain

Primal function that is our ability to form bonding and attachment, (Feldman, 2020)

Attachment

The ability to form meaningful connections to another, (Bowlby, 2012)

Oxytocin

A hormone part of neural system that supports stress reduction as well as bonding, (Feldman, 2020)

Plasticity

The potential for flexibility and adaptability to changing environment (Feldman, 2020)

Psychological flexibility

The ability to respond and adapt to different and potentially distressing situations, ACT would also note acting with consideration of values (Kashdan & Rottenberg, 2010), (Harris, 2019)

Resilience

Describes the ability to adapt, beyond survival, despite adverse conditions, (APA, 2020); (Denckla, et al., 2020).

Outline of Capstone Chapters

The following chapter is the literature review, examining research in three major areas: neuroscience, personality, and development as it relates to resilience. Chapter two will define

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resilience according to different perspectives and will describe how resilience is measured and supported within these three areas of study. Chapter three will discuss the findings and limitations of the research reviewed. Reflections on the findings and how to build or strengthen resilience will be presented and a sampling of tools and techniques related to each of the three areas will be presented. This collection is offered to inspire therapists to expand their own understanding, and their practices.

Chapter Two: Literature Review

Introduction

In this chapter, I will review the literature on three research areas related to the capstone purpose statement: neuroscience, personality theory, and development theory. I will explore where resilience comes from and how best to support its emergence. This review examines from the inside out, beginning with neuroscience and ending with development and external influences. In this exploration, I seek to understand how people can access resilience and identify diverse ways to support strengthening resilience within all clients. As outlined in Chapter One, this capstone aims to create a collection of multi-layered resources that will assist counsellors in helping clients build flexibility and individual strength.

Defining Resilience

Resilience is a term used frequently to describe the ability to adapt, grow and move on from negative or traumatic experiences, according to the American Psychological Association (APA) (2020). We first need to understand the different explorations and definitions of resilience, where it exists within people, and how we might access its power. How is it that a substantial portion of the population

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that has experienced trauma, in some form, does not remain constantly in a state of alertness or reactivity? Somehow, individuals have the ability to react, adapt, reset and continue to move forward.

How is it that one child in a family has the resilience to move forward and away from adversity and trauma and even take care of others, while another child from that same family might disproportionately struggle? In a panel discussion among five interdisciplinary researchers exploring the subject of resilience (Denckla et al., 2020), five definitions of resilience were provided:

- (1) a compelling adaptation to or navigation (or management) of significant sources of traumatic stress or adversity and the capacity to absorb disturbance to harness resources effectively,
- (2) a dynamic process or capacity that is most evident in the context of major adversity but is exercised just in the process of living and making one's way through the world and includes some aspect of positive functioning or well-being;
- (3) a brain-based mechanism of compensating for the adverse impact caused by exposure to maltreatment or trauma
- (4) an interdependent, multilevel, multisystemic system that drives the capacity to withstand or recover from significant disturbances that threaten its adaptive function, viability, or development,
- (5) an individual attribute and a property of social policies and the larger social context that protects from the adverse effects of adversity exposure, such as racial discrimination. (p. 13)

The definitions described above reflect the specific research areas of each researcher on the panel. The first definition is based on personality traits, individual resources, and adaptability. The second definition is a multisystem approach that reinforces that there are people living everyday lives with resilience. The third definition is a neuroscience point of view of exposure to trauma. The fourth definition describes an internal dynamic system supporting our adaptation and development. The fifth definition is a developmental perspective, where environmental and social influences impact resilience.

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Many experts, including (Feldman, 2020; Levine, 2018; Porges, 2022; Southwick et al., 2014), consider resilience as something active, moving through multilayers of our internal system. The literature confirms that resilience is dynamic and malleable and that everyone has the capacity to be resilient - they may just need help accessing their resilience. When people experience trauma, their internal system does not always function ideally, by remaining in a tense or aroused state. Counsellors can bolster or enhance the potential of resilience with all clients, inclusive of age, gender, and diverse communities, by teaching self-regulation, flexibility in problem-solving and building a supportive community. Masten & Cicchetti (2016, p. 271), like Denckla et al. (2020), explain that: "Individual resilience depends on the resilience of other systems." This indicates a need for an approach that supports all the internal systems, from the nervous system to the external learned behaviours related to family and societal systems. The inner primal responses are described as physical internal instinctive responses, moving energy outward to affect behaviour which, in turn, may then affect our cognitive thought process. Our cognitive system consists of our learned thoughts and coping strategies, which are deeply connected to the environment in which we exist. In the theoretical areas of neuroscience, personality and development, research has been conducted to identify and label what constitutes resilience and how these three areas support this quality. According to Southwick et al. (2014), resilience combines biological, personality, and environmental elements.

As Feldman (2020) stated, resilience has primarily been studied through the lens of responses to trauma or adverse experiences. In exploring the causal experiences and outcomes following trauma, research has been undertaken to understand human responses more fully and how to provide direction to counsellors and their clients who have experienced trauma. This capstone synthesizes findings from the literature of the past ten years to present a practical perspective on resilience. It is

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examined as an integral aspect of the whole person, incorporating age, culture, and personal history considerations.

Resilience is more than a single factor or state. It is also an inherent and pre-existing possibility in every human. From our nervous system to our personality traits to external support systems, interventions are available that support the ability to adapt and grow through resilience. After providing an overview of research from the three main perspectives: neuroscience, personality and temperament, and development and environment, chapter three provides practical, multi-layered interdisciplinary tools to support the development of resilience.

Theme 1, Neuroscience Perspective

According to Feldman (2020), neuroscience research into the variant strengths of resilience within people has primarily focused on stress and fear regulation. Neuroscience explores understanding the brain's reaction to stimuli and the patterns of behaviours that can be created (Nordquist, 2019). This research was initially conducted through stimulation of the brains of animals. However, now, neuroimaging technology allows us to view human subjects' responses to these stimuli and show behaviour patterns. This innovative technology allows researchers to observe participants' neurological responses to imagery or stimulants. These studies allow more in-depth explorations of the human response to adverse stimuli or trauma from distinct brain parts, such as the limbic system to the cortex. For this capstone, the review will focus on the research of the autonomic nervous system response to trauma and building resilience through resetting this system.

Levine (2018), Porges (2022), and Van der Kolk (2014), among others, have focused their research on how the nervous system responds to trauma and the ability to self-regulate. Van der Kolk (2014) states there are three primary ways to deal with trauma: one, through traditional talk therapy,

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using cognitive work to help the client understand reactions; second, through medication to modify response; third, "bottom-up" experiencing the physical responses and connect them to emotions (pg. 3).

By suggesting that there are a variety of directions, van der Kolk recognizes that there must be flexibility for the best approach for the individual client.

According to Steffen et al. (2022), there are three main components of the brain involved "during emotional responses; there is an activity in the amygdala and the limbic system, but also in the cortex" (p.2), and they work continuously as a system. The amygdala processes emotion, and the cortex regulates thoughts, feelings, and actions. The researchers make the case that the brain is like an interconnected network functioning to "maintain the body's internal state, emotion and cognition to adapt to continuously changing needs" (Steffen et al., 2022, p.2). Porges (2022) described this as the fluid movement from a functioning state through arousal and returning to resting to reset. When someone has experienced repeated trauma, there is an interruption in the processing of information through the network. The primitive part of the human nervous system is designed to respond to danger or threat, prompting a reaction commonly referred to as the fight, flight or freeze response. Figure 1 outlines this process. The steps within the graphic capture the stages of the nervous system in a resting state, moving to increased elevation and reactivity characterized by changes in breathing and elevated heart rate.

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Figure 1 Nervous System Responses

<u>Dorsal Vagal</u> Life threatened Conserving resources, Hypo arousal		Freeze Shut down Trapped, Shame Helpless		
<u>Sympathetic</u> Danger Alert preparing for action, increase in heart rate 	Fight – defend or attack -frustration, anger, rage	Elevated heart rate, shallow breathing,	Flight – escape fear worry, anxiety,	Threat reduced - decrease in arousal, returning to normative state 
<u>Ventral Vagal</u> Safety	Social Connection Oxytocin production	Calmness Regulated system Breathing and heart rate reduced	Openness Mindfulness	Grounded

Adapted by N. Blakely from *What is Polyvagal Theory?* (2023) Polyvagal Institute. Accessed dec.

2024. <https://www.polyvagalinstitute.org/whatispolyvagaltheory>

When our ventral vagal system is active, at baseline, the system is calm, and a person can self-regulate, and they are then able to connect with others. An individual with a regulated system who perceives a threat will move toward alertness, the yellow zone, assessing the situation for the appropriate response. They take action to resolve the threat, typically either the fight or flight response. They then move towards the safety zone, breathing slowly and connecting to others. In potentially extreme situations, there can be a reaction of shutting down, known as the freeze response, moving into the red zone. Ideally, with the threat removed, breathing returns to a regulated state, with the heart rate slowing and the body producing oxytocin. Returning to a normal baseline makes the individual more attuned to their surroundings and others around them.

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As Porges (2022) suggests, when someone has persistent and longer-term exposure to trauma, their system may remain in a constant state of heightened alertness; sustaining this level of reactivity can result in long-term health concerns (Polyvagal Institute 2023; Porges, 2022). The body's autonomic nervous system becomes accustomed to being within the exhausting, heightened levels indicated in the diagram's yellow and red zones. However, even when such individuals are in a safe state, they may still feel discomfort, and their feeling of normality remains at that elevated place. For example, even a busy grocery store can be agitating or anxiety-provoking for the traumatized individual. If one cannot trust sensations of either safety or danger from the given circumstances, whether that be location or surrounding people, then the individual would have difficulty calming or regulating themselves. As a result, their emotional response system is so compromised by trauma that they have less ability to connect, trust or co-regulate with another person. Essentially, living in a survival state, the individual exists in the world, working, communicating, and being in a state of high alert or constant risk assessment. Porges (2022) and Levine (2018) have explored ways to access and release the trauma and pain held within the body, releasing trapped sensations and teaching the body to recognize sensations of safety. Tools used in these somatic treatments include careful use of exposure, cognitive reframing, and muscle relaxation exercises.

Kalisch et al. (2019) and Southwick et al. (2016) insist that resilience is best viewed as a network and should not as a "trait or predisposition" (Kalisch et al., 2019, p.766). When there is a disruption in the network, concerns will appear regarding adaptation and the ability to function. When an individual experiences a constant vigilant reaction in expectation of danger, in all environments: at home, the classroom, or the previously mentioned grocery store, the person is unable to cognitively understand differences between levels of danger, which will, therefore, prevent more positive interaction with their environment. This research (Kalisch et al., 2019; Steffen et al., 2022) focussed on determining how to prevent or reduce residual mental health or stress-related challenges by recognizing and naming the

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dysregulation and building toward positive adaptation like the previously mentioned work of Levine and Porges.

According to Kuhfuß et al. (2021), a treatment that invites learning how to engage with emotional reactivity through physical experiences, clients develop insight into managing emotional and cognitive responses, thus potentially building resilience. Porges (2022) describes the optimal self-regulating response as communication between the brainstem and other functions, each step assessing external threats and internal functions. In this way, there is a connection between cognitive assessment and physiological response to reset the network. For those who have lived in chaotic or unsafe environments, the level of reactivity remains higher and may override cognitive responses. Here is one entry point where a counsellor can support a client with practical skills to learn how to self-regulate, thereby building a level of strength and resilience.

Feldman (2020) suggests that previous research has focused on how resilience relates to stress or fear management and saw resilience as “the absence of symptoms, or the maintenance of mental health following adversity or trauma”(p.132). By contrast, Feldman believes in the necessity of following developmental, biological, and social markers rather than the "narrow focus on fear and stress" (p. 133). Feldman (2020) describes three longitudinal studies that form the basis of her research: first, mothers suffering from depression, which disrupts bonding and early attachment; second, premature babies may have a disruption in regulatory attunement because of restricted maternal contact; and third mothers and children in war-torn environments have a disruption in community, safety, and adaptation. During the studies, Feldman, and her team repeatedly "measured psychopathology, parenting, synchronicity, oxytocin, and stress hormones as well as cognitive and regulatory functions" (2020, p.145).

There are three core tenets in the neurobiological approach to resilience: “plasticity, sociality, and meaning” according to Feldman (2020). The first tenet is plasticity, which can be found in all living

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matter and is defined as the potential for adaptation to environmental changes to survive and recalibrate. Second, sociality is found among animals and supports the interconnection of creatures to bond and collaborate for survival. The third tenet is specific to humans, searching for and building meaning. Rather than being stuck in tragedy, humans will ruminate and find meaning, a cross-cultural adaptation that inspires strength, sympathy, and, most importantly, future thinking. Feldman's tenets show a strong interconnection between biology, development, and traits that are measurable when testing oxytocin levels. Meaning making occurs when a person's system has worked through reaction and recovery to a stable space. Oxytocin is released into the neural system when a person feels safe, which allows for meaningful connection and attachment with others (Feldman, 2020; Porges, 2022). This release also supports the concept of meaning, allowing humans to explore stories or, myths and spiritual beliefs in connection to resilience (Feldman, 2020). Porges also refers to meaning-making after hearing the stories of the resilience of three survivors of significant traumatic events, suggesting "resiliency might be a product of a nervous system with sufficient resources to move out of self-oriented focus ... to an other-oriented focus" (Porges, 2022, p.11).

Figure 2, adapted from Feldman's graphic, summarizes what Feldman (2020) defines as the three tenets of resilience: plasticity, sociality, and meaning (p.136). Counsellors need to understand the interactivity of the plasticity of the inner biological system, the social connection to the community or the herd, and the meaning-making, which is acknowledged as a specific human trait. The first tenet, plasticity, demonstrates a person's adaptability to the circumstances and challenges of their lives. The second tenet, sociality, reminds counsellors of the necessity for a more profound sense of connection to another. The third tenet within this process, meaning making, helps the client build a narrative understanding of one's circumstance. The graphic outlines the three tenets' interaction process and demonstrates the importance of the hormone oxytocin, developmental history, and environmental nurturance.

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Figure 2 Interconnection between biological, social, and meaning-making systems.

	Biological	Developmental	Environment
Core Tenets	Oxytocin	Affiliative Brain	Biobehavioral Synchrony
Plasticity – <i>all living matter</i> Flexible to change in conditions and the ability to modify and adjust	Connected to cellular, molecular and neuron networks, supports flexibility to adapt and change	Parental impact on shaping child's social brain and maturation	Variability, change, and order interacting with biological and behavioural adaptation
Sociality – <i>all animals</i> Survival of the group, bonding supporting resilience	Collaboration as part of a herd/community through maturation of young increases survival, protection, and bonding	Capacity to form bonds with individuals and group and as parents	Infant and child interactions with social world. Expands over time and relationships
Meaning – <i>human</i> Through myths or beliefs. meaning is given to suffering or strength and acts of kindness	Meaning given to hardship, trauma, adversity often through spiritual and personal meaning strengthening bonds. Altruism and kindness factors in resilience	Sustains moral and spiritual beliefs toward greater good	Foundation for empathy and sharing

Adapted by N Blakely (2024) from "What is resilience: an affiliative neuroscience approach" by R. Feldman, (2020) World Psychiatry; 19: p.136.

Neuroscience based tools

Kuhfuß et al. (2021) and Porges (2022) similarly emphasize exploring and engaging emotional reactions through physical experience building toward cognitive understanding. Porges explores how one can use awareness of the vagal system and exercises to soothe the nervous system and seek rest and

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rejuvenation. Grabbe and Miller-Karas (2018), like Levine (2018), have based their Trauma Resilient Model (TRM) on a "Bottom-up" intervention, illustrating a specific set of skills, including physical grounding, mindfulness, and cognitive work. Church et al. (2022) recently published a review of research on his treatment practice, Emotional Freedom Technique (EFT), which he describes as having "three essential ingredients, exposure, cognitive framing and acupuncture" (Church et al., 2022; EFT Universe, 2025). Commonly called tapping, features touching specific acupuncture points while repeating affirmations. Notably, these neuroscience-based tools connect with cognitive reset techniques, including reframing and positive thoughts. According to Church et al., their review asserts, "EFT was effective for physical as well as psychological conditions such as "anxiety, depression, phobias, and posttraumatic stress, as well as pain and insomnia" (2022, p. 1). Using the science of the network and interconnectivity of the human brain and nervous system, these researchers moved toward the creation of tools to help a client learn to release that trapped energy and move toward resilience by offering a variety of ways to safely offer skills and tools, from yoga to tapping, to mindfulness exercises.

Reflection on Neuroscience Theme

Humans value understanding how our bodies and minds work, which is comparable to how humans wish to understand the technology we rely on. Neuroscience research offers practical implications to understand how the body responds to stress and threats and how it is possible to correct or reset a system that is holding sensations of trauma. Through research focusing on specific areas of the brain, amygdala and limbic system, and the autonomic nervous system as Kalisch et al., (2019) Porges, (2022) and Steffen et al., (2022), we have gained insight into how and where the experience of the pain, physical or psychological, is held within our bodies. Feldman (2020) and Porges (2022) have identified the need to connect with others as essential to building resilience. Feldman and Porges note the value of early infancy connection to teach self-regulation, learned from maternal care, and the release of

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oxytocin into our systems when we are safe from threat—tying into the release of energy and trauma held within the body.

Neuroscience Summary

By understanding how to reset the autonomic nervous system's response, counsellors can assist clients in finding stability. The research reveals the necessity of connecting and bonding with others (Feldman, 2020). This concept interconnects with developmental theory later in this chapter. According to the research, connection and attachment are strongly supportive of resilience and the ability to adapt to stressful or threatening situations. As a neuroscientist, Feldman's theory offers compelling openness to move beyond neuroscience to recognize people's ability to create meaning as they adapt to adversity. The literature supports the theory that the body and the mind, our feelings, actions, and thoughts are a complex interconnected system, which therefore requires an interconnected approach for building resilience (Kalisch et al., 2019; Feldman, 2020; Porges, 2022; and, Steffen et al., 2022).

Theme 2, Personality Trait Theory

According to Roberts and Yoon (2022), personality theory seeks to understand "individual differences in thought, feelings and behaviours that persist over time and place" (p. 489). The field of personality theory also explores, through different lenses, stages of development and maturation and the impact the environment has on an individual's personality. This literature review focuses on personality traits, particularly in identifying traits that offer practical implications for change and adaptability and the potential for resilience building.

In their meta-review of research from the past 20 years, Roberts and Yoon (2022) identify four areas of focus:

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1. Personality traits describe the basis of personality and what can be analyzed or measured,
2. Motivation: explain how elements of personality may develop or change
3. Cognitive skills and abilities that assist functioning and growth
4. Narrative identity is the story the individual carries of their experiences in their world and how experiences impact one's personality and how they see themselves.

What are Personality Traits?

In the early 1990s, McCrae and John (1992) described a group of personality traits that could be measured (Connor & Davidson, (2003), and were consistent among diverse groups. People were rated on a scale ranging between high and low. They identified five traits, which came to be popularly known as the Big Five Personality Traits: openness, conscientiousness, extraversion, agreeableness, and neuroticism (McCrae & John, 1992). Crnković et al. (2023) defined openness as being interested in experiences, ideas, exploration, curiosity, and creativity. When the openness score is low, there is a rigidity and lack of interest in new options. Crnković et al. describe conscientiousness as being thoughtful, goal-oriented, and having good attention to detail, referring to more executive functioning. Someone scoring lower in this area would be less organized and have difficulty setting goals or following through. Shiner and Masten (2012) suggest that in children, conscientiousness would present as following instructions and asking for help to achieve goals. Crnkovic et al. (2023) explain extraversion as being social and enjoying being around others, pleased with social connection, positive, assertive, and emotionally expressive. Those who score lower in this area might enjoy solitude, are often not as comfortable as the center of attention and are less comfortable in leadership roles but capable at the same time. Agreeableness is described by Shiner and Masten (2012) as being empathetic, enjoying helping and caring for others and being cooperative. Those lower on the scale would be those who are

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more competitive, less cooperative, and show little interest in others. The last trait is neuroticism, where a higher score indicates stronger emotions, such as anxiety, fear, irritability, and mood shifts, according to Shiner and Masten (2012). There is also a tendency to exhibit less ability to self-regulate or manage big emotions. On the lower end of the scale, a person would have a more even or stable temperament and be able to manage stress and worry capably. According to Power and Pluess (2015), there are measurable genetic markers for some personality traits among twins and individuals. The study supported the flexibility within ratings of individual traits to move from lower to higher within the range. The results offer hope for learning and adaptation.

Cognitive Skill Building, Support Change

Burtaverde et al. (2021) assert that "resilience is described as a process where an individual mobilizes his [their] personal and external resources to overcome stressors and trauma" (p.195). By extension, personality traits or trait orientation have been identified as factors in a person's capacity to overcome adversity whether in war situations, environmental disasters, poverty, or personal individual trauma (Burtaverde et al., 2021; Cohen-Louck & Zvi, 2022; Crnković et al., 2023; Mętel et al., 2021). Their research has helped specify ways that traits can be worked with to support flexibility and growth and foster resilience in individuals and communities. For example, Mętel et al. (2021) explored three factors to support individuals with mental health issues who were prone to depressiveness or psychosis. The first factor they identified was self-direction/ego- strength or maturity that can influence or support adapting to life challenges. Second, a positive need for social approval or reward versus isolation is a motivator. And third, connection to a greater community is also vital. Mętel et al. (2021) suggested that for individuals prone to depression and psychosis, interventions which work on cognitive flexibility, ego strength building and maturity will lead to strengthening resilience. These interventions support personal growth and may lower the intensity of psychosis or depressive symptoms. Notably, the research

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by Mętel et al. (2021) and Pyszkowska (2020) found that the combination of high conscientiousness, agreeableness, and openness and lower scores of neuroticisms supported flexibility and openness to change.

Crnković et al. (2023) had comparable results in a study of personality traits, life satisfaction, and anxiety. Their findings concur with previous research, which suggests that these traits support the receptiveness to developing new cognitive skills, as represented here by the seminal work done by Shiner and Masten (2012). This longitudinal study examined personality traits, adversity, and adult outcomes over ten years. Their results found that there were participants whose behaviours had shifted, for example, from maladaptive behaviours at young ages to demonstrating more resilience in older years.

The results confirmed that personality traits had a significant relation to the adult outcomes for mental health. More specifically, those participants identified as having higher levels of conscientiousness, agreeableness and openness, and lower neuroticism showed more resilience when they were younger and had better adult outcomes (Shiner & Masten, 2012). The study also noted that though personality traits may have supported resilience, the context of the environment and factors around the youth also impacted the potential for change (Shiner & Masten, 2012).

Roberts and Yoon (2022) carefully differentiate between personality trait characteristics, which are patterns of acting, feeling, and thinking, and that of social-emotional learning, described as tool building. Through cognitive skill building, emotional support, and self-regulation skills, clients can learn ways to shift their reactivity, creativity, and future.

Motivation and Story

Building upon the work of Shiner and Masten (2012), Mętel et al. (2021) assert that the depth of an individual's motivation to change is a notable factor in their success. Participants with more

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successful outcomes had identified goals for the future and a desire to change their circumstances. According to Roberts and Yoon (2021), a desire for social status would be connected to higher levels of extraversion and potentially conscientiousness, as would commitment to careers or work. Goals related to family potentially support change in agreeableness. These implications for change connect well with our narrative identity about our origins and sense of self. As McAdams and McLean (2013) describe, "a life story synthesizes episodic memories with envisioned goals" (p. 233). In this context, the story we tell ourselves and others about our origins and experiences creates an image of our identity. Karibwende et al. (2022) found that telling, listening, and re-telling stories had a significant positive impact on children who had been orphaned or abandoned in Rwanda. The children found a connection to others through the sharing of their tragedies, "they rediscovered their own abilities... developed healthy thinking... a sense of self-value, self-respect, and empowerment" (p.6). The researchers discuss the importance of meaning-making with children and support their resilience. This shift in thinking toward imagining future goals is reflected in increased levels of well-being and more success in adaptation (Karibwende et al., 2022; McAdams & McLean, 2013; Petrovic et al, 2022). Telling one's story, especially in times of loss, is a form of personal curriculum and learning (Leggo, 2017), and the artful process of telling one's own story and revisiting meaning is one that counsellors can effectively use with clients. Individuals benefit from identifying traits and personal strengths and reframing, which helps them fully understand the context of their story and how they would like to create the story of their future.

Personality Trait Theme Summary

Understanding the personality traits, a client arrives with has practical implications for counselling, such as indicating valuable ways to support their growth. According to Burtaverde et al. (2021) Crnković et al. (2023), Mętel et al. (2021), Schneider et al. (2021), traits can be worked with to mitigate challenges and foster growth. Individuals with a high score in neuroticism can be supported by

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learning tools to self-regulate, which can open them to new awareness. Another person who is lower on the openness scale may benefit from exploring creativity, problem-solving skills, and flexibility and fostering new experiences or ways of being. Through attention to cognitive and emotional learning and assistance with a client identifying personal values and life goals. Crnković et al. (2023) suppose that resilience moderates the traits. Others, such as Mętel et al. (2021) and Pyszkowska (2020), suggest the traits can support building resilience. This is hard to distinguish in practice, as the research indicates they are strongly intertwined. Change can happen with motivation for change, developing new skills, and telling a new story.

Developmental Perspective

Theories in development cover topics from Freud's theory of psychosexual development to Erickson's psychosocial development, Piaget's cognitive development and Bowlby's attachment theory and the importance of emotional connections to others (Cherry, 2023). Developmental theory explores the impact the surrounding world has on an individual as they grow and how family, social, cultural, and geographic factors may impact attachment, communication, and overall, well-being. Levy and Orleans (2014) assert that Bowlby's attachment theory provides a connection or underlying base to the other developmental schools of thought. This paper will focus more on the underlying thread of attachment theory and how it is integrated into forms of development and resilience. This ability to have connections and form relationships is also part of the socio-ecological theory of resilience described by Ungar (2024), examining community and environmental contributions to resilience.

Adverse Childhood Development Experiences

In 1998, Felitti et al. published a landmark research study exploring the connection between Adverse Childhood Experiences (ACES) and physical health and well-being. The ACES survey initially aimed to highlight long-term health risks and explore preventative measures. Over 9500 adults

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responded to a questionnaire regarding experiences in several areas; “psychological, physical, or sexual abuse; violence against mother; or living with household members who were substance abusers, mentally ill, suicidal or ever imprisoned” (Felitti et al. 1998, p. 248). More than half of the participants reported one adverse experience, and more than a quarter had more than two adverse experiences. Connections were made regarding lifespan physical health issues, such as heart conditions and diet. The information collected also illustrated the necessity of finding ways to ameliorate the physical and emotional harm at the earliest possible ages. This research has inspired many follow-up studies (Bonanno & Diminich, 2012; Cronholm et al., 2015; Ungar & Theron, 2020) and the ACES scoping review by Haczkevicz et al. (2024) to identify ways to address mental health concerns earlier in childhood, with the possibility of building resilience for the future, despite past harms. As well as suggesting the need for psychoeducation to develop skills, Felitti et al. (1998) identified concerns for potential “social, emotional, and cognitive impairment, health risk behaviours, disease, disability, and social problems leading toward earlier death (p. 256). Such clear recognition of the systemic impacts of poverty, abuse, neglect, and intersectional elements, including culture, race, and gender, led to more calls for change or support (Briggs et al., 2021; Haczkevicz et al., 2024; Ungar, 2024; Zhang et al., 2024) with early interventions through parenting support, financial assistance, housing and food security, or treatment for mental health issues.

Of particular interest to researchers such as Bonanno and Diminich (2013) and Briggs et al. (2021) is the idea that not all children or adults have the same long-term challenges or difficulties, and some had primarily positive outcomes despite having experienced adversity. Factors related to the severity of adversity, duration, and frequency have an impact, but the question remains as to how or why there were differences in outcomes. According to Southwick et al. (2016), and as Bonanno and Diminich (2013) noted previously in their research, most of the academic literature on development consistently found that in addition to individual qualities or traits, it was relationships or connections to

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others, that were supportive factors. Attachment theory may address the importance of good relationships and connections supporting resilience. Ungar's (2015) socio-ecological perspective speaks to the social and environmental systems that impact the development and growth of an individual.

Resilience through Attachment

Attachment Theory explores how a family functions, with Bowlby (2012) recognized by Johnson (2019) and Levy and Orlans (2014) as its originator. This theory looks at communication and the quality of connection or disconnection with another person, affecting a person's ability to form healthy relationships well into the future. Levy and Orlans (2014) define attachment as the meaningful connection between a child and a caregiver in the initial stages of development. This connection influences the mind, body, and relationships; when it is secure, it is the base for trust, safety, autonomy, and self-regulation and supports learning through all the developmental stages. Where there is neglect, inconsistency or fear, these impact the social and cognitive development. Problems in psychosocial development can include low self-esteem, coping with adversity or stress, aggression, and distrust (Levy & Orlans, 2014).

The patterns learned in families will also affect a person's ability to respond to circumstantial change or adversity. Johnson and Campbell (2022) describe four basic attachment styles as listed below.

- Secure attachment promotes independence and adaptation, emotional health, and trust.
- Anxious, insecure attachment has a high need for assurance and sensitivity in expecting or assuming rejection or abandonment.
- Avoidant attachment results in flight behaviours, avoiding closeness or vulnerability;

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- Fearful-avoidant attachment is often seen, according to Johnson and Campbell; those who have experienced complex trauma may see people as both comforting and frightening, so they shift between anxious attachment and avoidant.

Johnson and Campbell (2022) define attachment as the A.R.E. principle, "Are you there for me?"(p.36) and refer to this principle as the potential base for the therapeutic alliance to build. As described by Feldman (2020) and Porges (2022), individuals and families living in high-stress, anxious settings are less likely to form secure attachments.

Social and Environmental Systems

According to Ungar et al. (2013) and Ungar & Theron (2020), Bronfenbrenner's model of human development, as well as resilience, "known as bio-psycho-social-ecological system theory, describes the interactions between the person and all these systems around them' (Bronfenbrenner as cited by Ungar et al. (2013), p. 348). These individual interactions between all the systems are as important for development as the person's interactions in a specific context. The research review Ungar et al. (2013) undertook used a lens of Bronfenbrenner's model as well as Ungar's own social-ecological interpretation of resilience. They concluded that a multisystemic social-ecological theory of resilience creates a helpful framework for understanding resilience and suggests a perspective for creating effective interventions (2013). This model includes culture and context, suggesting, for example, that a child's attachment may include caregivers' people in the neighbourhoods in supporting successful development.

Including the neighbourhood and environment would also support diverse cultural support systems. Johnson and Campbell (2022) describe a client who experienced significant trauma and in trying to identify the clients' support toward resilience, they hear of "a friend, and dance teachers and community members" (p. 114). Bethell et al. (2014) explored the connection between school and engagement related to ACES, demonstrating how these resources can support resilience. Bethell et al.

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concluded that their findings were consistent with others and that “mediating the impact (of ACES) ...through mechanisms such as parental coping... and the promotion of both child resilience and safe, stable, nurturing environments in the home, school and community” was essential (Bethell et al., 2014, p.2112). Pacheco et al. (2022) expanded the role of community and attachment with the school as an example of social support that aids in resilience. They suggested this is a different type of relationship, connecting to a space rather than a person, for example, a school or a church. Even though caregivers may change the safe or supportive space over time, it has been consistent.

Ungar (2015; 2024) identified that access to social-ecological resources and individual personality characteristics plays a key role in resilience, especially for children, and contributes to mental health advantages. He identifies five resources that are significant for buffering the long-term impact: relationships that promote feelings of trust; the ability to learn, play and work; financial means, welfare, health care, and school supports; natural capital, described as land space, and nature; and built supports or infrastructure, such as safe streets, access to transit, housing and recreation (Ungar, 2015). In 2024, Ungar created a practical manual to design programs supporting individuals and systems to build resilience. Ungar’s position reinforces the idea that having a positive connection to even one person can support the idea of change and can bolster resilience.

Attachment and Supportive Relationships Summary

As noted through this review, supportive relationships, built on empathetic connection and trust, are recurring features of the research on resilience within neuroscience, personality, and developmental theories. Attachment theorists, such as Levy and Orleans (2014) and Johnson and Campbell (2022), have outlined the essential need for connection and the complexity of our attachment system from self-worth to self-regulation. Researchers from different fields, such as neuroscientists Feldman (2020); Porges (2022), personality theorists Meşel et al. (2021), Shiner and Masten (2012), and social developmental researchers like Ungar (2024), emphasize the importance of attachment, or the

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ability to connect with others, as evidence of resilience. Pacheco et al. (2022) expand that concept of attachment to include extended family and social support systems, such as school influences, which may provide opportunities for the development of skills that support resilience and may repair harm to self-worth. Developing coping strategies, creating problem-solving skills, and fostering connections not only help to build self-esteem but are valuable to children who come from unsafe home situations as much as they are to those who come from safe home environments (Bonanno & Diminich, 2012; Cronholm et al., 2015; Haczekwicz et al., 2024; Ungar & Theron, 2020). If health care and mental health support systems are in place and easily accessible, the potential for positive interventions to bolster the family and social support systems and applied help to develop skills all assist in activating and building individual resilience. (Ungar, 2024). This capstone focuses on the help offered through the one-to-one client and therapist relationship, but the literature reminds me that we are part of the larger system.

Conclusion:

Activating People's Resilience through Systematic Integration

The literature discussed here offers insights into how adversity affects our physical, emotional, and cognitive internal networks, from neuroscience to personality to developmental systems. Each area has pathways towards healing from injury and reserves of resilience. While neuroscience research has focussed on the neurological and physiological systems, it also recognizes that resilience is activated through building meaning (Feldman, 2020). With care and flexibility, a client's personality traits are examined and cognitively recontextualized to ameliorate trauma and foster growth (Burtaverde et al., (2021); Crnković et al., (2023); Mętel et al., (2021). The circumstances of a client's childhood development and the family and social environment inform their ability to understand themselves and help form secure attachments. Notably, having some form of secure attachment in their lives, whether experienced in childhood or earned later in life, weaves through all the perspectives in this paper. From

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development to neuroscience, system regulation, and personality traits, experiencing connection with others supports resilience.

The research reviewed here reinforces the idea of the complexity of our internal systems in how we function, survive, and become resilient. While not to take precedence within the three themes discussed in this review, I discovered that each sees a common need for personal connection at every level, from our nervous system regulation described by Feldman (2020) and Porges (2022) to development theory and trust and ongoing feelings of safety as discussed by Bowlby (2012), Johnson and Campbell (2019) Ungar (2024). The research also underscores the necessity of understanding, as Ungar (2024) suggests, how physical and social systems impact us outside our locus of immediate control. By knowing how our bodies and brains react to threat/s, as described by Porges (2022), how our personality responds to adversity, and the motivation for change, as discussed by Roberts and Yoon (2022), we have the information to choose how we move forward. Understanding how our families and environment have influenced our individual growth, according to Ungar (2024), we can then explore resources to support individual and community resilience.

In keeping with integrating the themes, counsellors must recognize the client's unique needs by acknowledging that counsellors cannot simply rely on just one theoretical perspective or pathway within treatment or assistance for those who have experienced trauma or overwhelming adversity (Masten, 2018). I concur with the literature's recommendation for not a singular privileged approach but one that is more eclectic. As Masten (2018) suggests, "Integrating models, findings, methods, and training across multiple systems and levels holds great promise for elucidating resilience processes ... to build capacity for healthy adaptation in the face of rising threats to families and societies around the world" (p.1). Given how deeply our internal functioning systems are integrated, clients are best served by weaving multi-layered approaches that help build safety and robust support for intertwining physical release with cognitive skill building and creativity to encourage flexibility and meaning making. Such an approach

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supports each client's unique and sometimes circuitous path toward resilience that will continue to lead to personal growth and well-being. In the world of the individual therapist and client, connection and relationship are the foundation from which we can realistically begin to build towards a more lasting mental health.

Towards Activating Resilience in One-to-One Therapy

The next and concluding chapter will explore practical techniques that apply the concept of building resilience through a multi-layered client-centred approach. While Ungar's excellent work on resilience focuses on a systemic approach for what he calls programs within communities (2024), my work focuses on 1 to 1 applications of activating resilience with unique individuals. To assist in this goal, I have chosen Acceptance and Commitment Therapy, ACT (Harris, 2019; Hayes et al., 1999) because it is a broad framework that contains a variety of strategies suggested as most generative by this literature review. The theoretical framework of ACT had origins in behavioural science but adapted to a broad approach using a construct that includes working from the nervous system regulation to psychological flexibility and cognitive behavioural skills (Harris, 2021; Hayes et al., 1999). ACT has had success with diverse genders, communities, and cultures. Guided by clients' values and goals, ACT supports what I see as the demonstrated need within the literature to activate resilience. A practical, multi-layered toolkit of activities, including somatic exercises, creative outlets, and cognitive skill building, will be created to expand our own understanding and support the growth and activation of resilience in our practice.

Chapter Three, Conclusion: Resilience in Practice

Introduction

This closing chapter will consider the findings from the literature review. How has the review changed or strengthened the view of resilience? What is the importance of understanding the multiple-entry or multi-layered approaches? Finally, the limitations of the review findings will be discussed. The

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chapter will conclude with practical suggestions for diverse activities and tools to support clients and encourage counsellors to expand their skills.

In Support of Resilience

This capstone began with the question, what is resilience, and how do some people seem more resilient than others? The purpose was to gain insight into how counsellors might help build resilience within individual clients. The literature reviewed primarily spans the years 2014 to 2024, focusing on studying resilience through three different lenses: neuroscience, personality traits, and human development. Each lens describes resilience and how it may be supported in clients.

Resilience in Neuroscience

Neuroscience focuses on the nervous system and the internal response to trauma or threat. The understanding of this system supports the view of an internal network regulating responses from heart rate to muscle reaction to cognitive processing (Feldman, 2020; Kalisch et al., 2019; Porges, 2022). The exploration of the regulatory system connects to resilience. Feldman and Porges identify how the fight-flight or freeze response in mammals and humans supports survival and adaptation. For some people, there is an interference in the system, preventing the reset portion of the process. The return to a resting or regulated state is where the physical body relaxes, and the heart rate slows. When the system releases oxytocin, it soothes the body enough for individuals to connect and form bonds. This place of rest and recovery is where humans are open to learning and change, as well as the giving and receiving of comfort. Feldman (2020) emphasizes the necessity of the connection between oneself and others in the building of resilience. Feldman's assertion that in this settled state, humans seek understanding through meaning-making was an unexpected find for this author. For example, people may explain an earthquake in natural disasters through spiritual beliefs. In war, they might find togetherness and purpose through the struggle for survival or active resistance. Individually, this resting state invites an

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openness to learning new skills, changing ways of responding to adversity, and the giving and receiving of comfort.

As the literature review proceeded, the thematic thread of the necessity for connection and bonding continued in personality traits and developmental research areas.

Resilience in Personality

Personality theory focuses on inherent and shaped personality traits: openness, conscientiousness, extraversion, agreeableness, and neuroticism. These traits, as noted by Burtaverde et al. (2021), Crnković et al. (2023) and Mętel et al. (2021), are factors in how individuals respond to change, adversity or trauma. Personality traits such as agreeableness and extraversion tend to indicate more cognitive flexibility or openness to new ideas and change. Clients who have lower scores in these traits can be supported through skill-building such as communication or problem-solving, which fosters individual growth and resilience. For individuals who score higher for neuroticism, change or challenges cause stronger reactions of anxiety or fear, and tools promoting self-regulation open opportunities for learning how to adapt. The connection of self-regulation with cognitive learning promotes new awareness and enhances the potential for personal change through goal setting. Success in learning more creative ways of thinking, problem-solving, and emotional learning can foster new ways of being and open the client to new opportunities and connections. Some of the researchers who support the flexibility for change are at odds with deciding which comes first: the resilience that assists in modifying the traits, as Crnković et al. (2023) suggest, or the traits that support the building of resilience and new skills, as Mętel et al. (2021) propose. Though this is an interesting debate, it would be difficult to differentiate in practice. Those who score higher for traits of openness, agreeableness, and conscientiousness are more likely to be open or motivated to reimagine their future, set goals, and learn new skills. Despite adverse upbringings, such clients are more likely to find and express more resilience.

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Resilience is how personal and external supports are activated. Bolstering resilience is not specific to responses to trauma but is beneficial in everyday existence.

Resilience in development

The third area, human development, is enormous, encompassing childhood growth and relationships to socio-economic influences and environmental factors, referred to by Ungar (2024). According to Bowlby (1982) and Johnson & Campbell (2022), early childhood experiences form the roots of attachment and the ability to make meaningful connections, which impact future relationships. When there is tenuous attachment in the home, healthy attachment within the community, can mitigate some of the Adverse Childhood Experiences (ACES) effects. The impact a teacher, coach, neighbour or extended family member can offer in support of an individual is significant and potentially can offset some issues related to attachment.

There is potential for reparations in attachment through Emotionally Focused Individual Therapy (EFIT) according to Johnson and Campbell (2022), or by using Eye Movement Desensitization and Reprocessing (EMDR) tools, and Parnell and Siegel (2013). Dansby Olufowote et al. (2019) suggest that the client-therapist relationship offers attachment and connection and refers to this as "earned attachment," suggesting that therapists are "surrogate attachment figures for the clients" (p.489).

As Pacheco et al. (2022) and Ungar and Theron (2020) note, the systemic supports that need to change to benefit those who have suffered childhood adversity and those who have experienced trauma later in their lives are large and challenging; funding for education, financial support, and housing for families is beyond the scope of an individual counsellor.

The fact that it is not specifically a gene or trait that one has or does not have creates hope for accessing and supporting individual strengths and change. The review confirms that resilience exists within everyone, and if the person is motivated, there is potential to develop resilience. The literature

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review underscores the expanse of research on this conclusion, from neuroscience explorations to finding ways to measure personality traits and understanding the scope of developmental impacts and supports. Each research area is individually recognized and works toward supporting clients in building resilience. As a practical consideration, the literature reinforced the importance of supporting all three areas. Integrating all aspects of a person must be considered and engaged in order to build change through resilience. Depending on the client, working with the counsellor might first build the nervous system's regulation and then gradually work outwards to the cognitive aspects of skill development with reframing and adapting strategies for change. As Van der Kolk (2014) reminds us, the very act of survival can be exhausting. However, to move beyond survival, we must revisit painful memories and the "parts of ourselves that developed defensive habits" (p.281). Van der Kolk's recognition of the arts, including music, theatre, visual arts, and other creative elements, deserves critical appreciation for highlighting their role in supporting resilience through expression and reflection.

The author was encouraged by the discovery of the thematic thread that connection or attachment within each lens reinforces our need for some form of association with others and is a primary factor in building resilience. The vital importance of finding meaning, a distinguishing feature of being human, was also unexpectedly affirmed within the neuroscience lens. As counsellors, careful attention to these perspectives will offer a safe place to begin repairing or creating earned attachments (Dansby Olufowote et al., 2019), one step toward building resilience.

Ungar (2024) offers a guide to designing community programs to build resilience. Although this is a broader system view, Ungar emphasizes the essential goals: build relationships, provide opportunities for control, and create a sense of empowerment and belonging. There are broad recommendations that support more work, ideally for different aspects of the client we, as counsellors, are accessing. Ultimately, weaving therapeutic approaches together facilitates the integration of the

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client's whole being. As Masten (2018) asserts, it is the "integration of models, findings and methods" that offers resilience to develop and increase the capacity for adaptation.

A Collection of Multi-Layered Tools to Build Resilience

Limitations

The collection of the following tools has been curated from various sources. Suggestions are intended to introduce different approaches and tools to layer together to support the counsellor in building resilience with a client. The information and activities suggested are only introductory tools to offer diverse ways to enhance the client's experience. Offering self-regulating techniques and outlets for emotions through artistic expression and movement and new problem-solving skills can empower the client and offer a sense of self-control. Some clients may be resistant to trying new techniques, and age and gender can play a part in clients having resistance to some activities, such as art tools. Consent and invitation are key in the relationship, as well as empowerment. Counsellors must ensure there is time to process and debrief activities that may provoke emotional responses or memories. The client must feel safe, open, and flexible when exploring the tools. It is important to note again that for those who have experienced significant trauma, a counsellor must use caution as it is possible to trigger intense feelings and sensations inadvertently.

Somatic Supports

Somatic support is a broad area that has the goal of assisting a client in finding ways to release trauma and emotions held within the body and to build skills to regulate their responses to stress. Through this release, according to researchers such as Church et al. (2022), Levine (2018), (Levine, n.d.) and Porges (2022), an individual can learn how to regulate their nervous system to recognize safety, learn cognitive reframing to access new ways to respond to situations and to other people. Offering clients tools to regulate their responses is empowering, supporting adaptability and flexibility, fostering resilience. Each

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uses a combination of physical release, gradual exposure and cognitive framing; Porges (2022) works on the Polyvagal Theory to release blocks in the nervous system, which supports the production of hormones. Emotional Freedom Techniques (EFT), also known as Tapping, (EFT Universe, 2025) uses a combination of exposure, cognitive reframing, and acupuncture. These specific programs include simple, accessible activities for individuals who need regulation for managing anxiety or stress, for example.

Introductory Somatic Tools for Self-Regulation

The following tools should be introduced in the safe therapeutic space to teach the resource, reinforce responses of safety, and debrief. The tools are not gender or age specific and have minimal mobility limitations. Touch is done by the client and is modelled by the counsellor. Affirmations used are tailored to the individual needs of the client. These tools are useful for clients experiencing anxiety, general and social phobias, managing stress levels, and, as Church (2012) suggests, older traumas.

Grounding

These activities aim to bring the client into the present moment, connecting thoughts and awareness to the body. Through breath, cognitive focus, and touch, these brief exercises support system regulation and cognitive shifts. When using the activities as a starting ritual at the beginning of sessions, they help to bring the client's attention to the space. A separation is created between the outside stressors. Use the activities in concert with calming breathing practice. These tools are beneficial to clients with anxiety and racing thoughts, as well as those who have negative thoughts. These activities can be practiced anywhere without drawing attention: on a bus, in a washroom, or walking on the street. They are helpful in self-regulation before stressful situations. Each tool offered to clients supports building their strength and resilience. They are also adaptable to online counselling.

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The following are a few examples that can be practiced with clients to encourage their use to self-regulate in unexpected situations outside the therapeutic space, adapted from Bush (2015). Use these activities in concert with regulated breathing, such as box breathing. These tools are also simple to use outside the therapeutic room.

1) SSSTT, five senses (**Sight, Sound, Smell, Touch and Taste**),

This is a simple, calming exercise using finger exercises and breath for sensory and cognitive regulation. It can be used before or after anxious or stressful situations. The client will be directed to curl each finger to touch the palm while focusing on breathing and noticing the specific finger to the sense.

Sight – thumb to palm, **Sound** – pointer finger to palm, **Smell** – middle finger to palm,

Touch – ring, **Taste** – pinkie.

- Begin with a simple round of box breathing, inhaling slowly to a count of 4, holding to a count of 4, exhaling slowly to a count of 4 and hold again before repeating the sequence.
- Invite the client to curl each finger, one at a time, as they focus on the specific sense, noting details and sensations such as air in the breath or the chair they are sitting in, or the feeling of clothing against their skin.

2) Progressive muscle relaxation (brief)

Progressive muscle relaxation involves clenching and holding muscle groups, progressing from the feet to the head, along with slow, relaxing breathing. There is a connection between breath and muscle release with the intentional word "calm or relax" that associates the word with physical release. Progressive muscle relaxation is a valuable tool for everyone to learn to regulate after a stressful situation or to relax to assist sleep. There may be limitations with clients who have experienced physical harm modifications can be made such as focusing on the feet and grounding to the earth.

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- Begin with slow deep breathing, starting at the feet to the hips tighten and hold the muscles as you inhale.
- Count to four, and slowly exhale with a chosen word, "Relax," for demonstration will be used.
- Move up the body to the abdomen, then shoulders and arms, then head and neck, repeating slowly to breathe in, hold, and say "Relax" as you slowly exhale.

The fifth cycle would be tightening the whole body, holding the breath and releasing with the chosen word.

3) Go with the flow

This is useful for a quick reset of repetitive or stressful thoughts. All that is required is a bathroom.

- As you wash your hands, pay attention to the water flowing over them.
- Notice the temperature, the force of the water, and the sounds.
- Watch and feel the water as it carries away worries for the moment and breathe in to reset your system.

4) Emotional Freedom tapping (EFT), Tapping

This treatment, founded by Church (2012), is based on exposure by identifying the harm, acceptance of self, using a specific affirmation, and tapping, which is a form of acupressure as a calming somatic experience. Tapping offers an accessible, easy-to-use tool that can provide the client with the ability to manage unexpected, intense emotions such as anxiety, fear or past harm.

- Identify the feeling either being experienced or that has been a problem and the level of intensity of this feeling on a scale of 0-10.

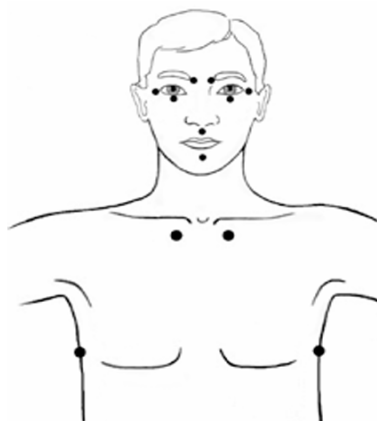
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- An affirmation such as “Even though I have/feel (name the problem). I deeply and completely accept myself.”

Example: *“Even though I am scared of speaking in front of people, I deeply and completely accept myself.”* It is important to name the fear or hurt and clearly state acceptance of oneself, and clients can find wording that is comfortable for them.

- Begin the tapping sequence by tapping seven or eight times on the pressure points described in image below.

Figure 3 Acupressure Tapping Points



Acupressure Tapping Points: Church, D. (2012). The EFT Mini-Manual (Emotional Freedom Techniques), p.61. www.EFTUniverse.com. Reprinted without permission

Repeat the affirmation at each pressure point.

- Check in with the level of distress and any new awareness, and if needed, repeat the process again.

The sequence can take as little as 2 minutes.

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If the client finds this beneficial, offering them access to the resource promotes autonomy. A free mini guide is downloadable from EFTuniverse.com along with video guides, useful to clinicians as well as clients.

5) Bilateral Stimulation to connect positive resilience-building resource

Parnell (2008) offers a similar process adapted from EFT, called resource tapping, combining visualization with tapping. It is helpful to manage anxiety, stressful situations and distress. Clients focus on an image of a person or place to help them feel a sense of calm, a sense of protection, and peace, as well as nurturance or care. The image of a safe place, a protective person, a nurturing figure, or a wise figure may be real or imagined. The resource sensation it brings is important: safety, caring, and calm. The tapping signals a physical calm, and the image brings a cognitive connection. This, again, is an example of a tool that would be best practiced in the therapeutic session but is also a valuable resource for the individual client. Tapping can be crossing their arms across the chest, hooking thumbs and tapping below the collarbone right to left; alternating tapping right to left on the outside of each thigh or tapping feet, depending on the client's needs.

- Clients are directed to focus on the image and feeling it brings. Encourage the client to describe the image in as much detail as possible and explain what it means to them.
- Once that image is strong, the client then begins bilateral stimulation, alternating tapping the right side then the left six to twelve times while focusing on the desired feeling.
- Check-in with the client at the end for comfort level
- Repeat the sequence as necessary.
- If the client loses focus or becomes distracted, begin again with the resource image and repeat the tapping.

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6) Mobility through Relaxation

A personal experience working with a client who exhibited significant stress and physical tension demonstrates the change they experienced after finding some control over their pain level. We began and ended each session with gentle shoulder scrunches and rolls. As the client became more comfortable with this routine, they commented on noticing it made them feel better. Independently, the client added the activity to their bedtime routine. From this success, we expanded to chair yoga using YouTube recordings to gently encourage mobility. Over the first couple of months, the client noted they suffered less from headaches and ringing in their ears, and they identified feeling more relaxed and sleeping better. By assuming this control over their body, they appeared more confident in their presentation and speaking. The management of the discomfort opened their mental space for more exploration of trauma and relationship counselling (personal reflection, 2024)

7) Yoga

Yoga has a long history with meditation and relaxation; the poses supporting strength are balanced with flexibility. This is an excellent resource to encourage a client outside of therapy to build resilience and community connections. Options range from chair yoga to traditional floor yoga, in person and online classes.

Schwartz (2025) offers a free collection of guided yoga recordings based on Polyvagal theory, specifically designed to calm, soothe and strengthen the body, releasing tension in the body. Her practice is offered to release tension and stress and foster relaxation and build resilience (Schwartz. n.d.).

Creative Expression

Artmaking and forms of creative expression are not related to artistic ability but are alternative ways of expressing emotions and thoughts. Art, be it painting, clay, music, story, or movement, provides ways to externalize complicated feelings and discuss them in a way that is a step removed from the self.

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Art therapy is effective in managing anxiety, depression, and PTSD, according to Guzman (2020) and Malchiodi (2007), and can combine somatic activity with cognitive expression and meaning making. Art does not always need to begin with creating something; it can be introduced by bringing into the therapy room a piece of music or an image that elicits a feeling or sensation to begin a conversation. Clients can use their playlist to bring in a song to talk about, movement to describe how they feel or find museum images of art to connect to, and then use words to articulate feelings and thoughts evoked by the art.

The following activities are from Guzman, (2020) and Malchiodi (2007) and [personal](#) experiences, which include client work and workshops from the BC School of Art Therapy (Personal Communication, 2004).

Getting started: Supplies are not extensive, to begin with, 18x24 heavy-weight paper for versatility, coloured pencils, crayons, pastels, watercolour paints and brushes, and a tablecloth.

Playdough or clay to mold and shape, can be used to create tactile stimulation or to create images. Connecting thoughts and actions can allow for externalizing feelings; for example, the molding or crushing of shapes during talk therapy can support the safe release of emotions Elbrecht & Antcliff, 2014).

Introductory art activities

1) Scribbles

This activity is helpful for clients who are cautious or reluctant to draw and for clients who are less flexible in their thinking. This exercise combines a somatic/physical activity with storytelling or cognitive work. It externalizes energy, which can be used to diffuse emotions while discussing challenging feelings and thoughts.

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A simple introductory activity, while a client is talking about their week or a specific event, is to have them draw continuous lines on a piece of paper with no plan or image in mind. The client with discomfort can be offered choices:

Materials: coloured pencils or markers, Large blank paper.

Directions can include:

- Using the non-dominant hand to alleviate preconceived expectations
- Use of both hands and closing their eyes
- Counsellors may also participate either on separate paper or on the shared paper.

To encourage cognitive flexibility, invite the client to find an image of any kind within the scribbles that is interesting or evokes a feeling and fill it in with colour. They may expand this by filling it in or discussing what they see verbally. This part of the exercise can help the client expand from the negative to finding meaning.

2) Connecting colour and feelings

Materials: Feeling wheel diagram, coloured markers or pencils

When working with clients who have challenges identifying their emotions, this can be used to help them recognize feelings by connecting colours with their sensations. There are common associations for meanings of colours as well as cultural associations (Malchiodi, 2007). The client can choose the colour that best defines the sensations when used with feeling wheel images.

3) Bridge drawing:

This is a more directive activity created while working on setting goals. The bridge represents the journey; describing the building structures may clarify the durability of the structure or plan, and other

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areas may describe the obstacles along the way. This activity can be worked on over multiple sessions, illustrating changes over time. Identify goals and challenges as they cross the bridge to get their desired goal. Goal identification is a good example of integrating creative expression with cognitive work, especially as the client explores the goals and potential challenges (Guzman, 2020).

Materials: 18x24 heavy paper, pencils, paint, brushes

- Using a pencil to draw a bridge across the paper. Consider the structure and materials that comprise the bridge. Colour or paint the bridge.
- On the left side, draw symbols of what the client leaves behind; under the bridge are challenges, and on the right are symbols of where they want to be. Lastly, add a figure or symbol of themselves and where they are on the journey.

4) Mandalas

The creation of a Mandala is to express thoughts and feelings through colour within a contained space, in this case, a circle on the paper. It supports emotional expression, identity and problem-solving, especially with containment. According to Malchiodi (2007), circular images spontaneously appear in the art of many clients, notably those with significant emotional distress. The use of the circle to contain an image is a tradition in many cultures, such as Tibetan meditation ceremonies and healing ceremonies among Indigenous people of North America. Jung introduced mandalas after his own experiences through journaling (p. 127). Art, in this context, is therapeutic as a release and an external expression to facilitate conversation.

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Mandala Making

Materials: a large sheet of paper, crayons, pastels, paint, a pencil, and a tool to create a circle (compass or a plate to trace). If the client is open, playing gentle instrumental music in the background encourages relaxation. Begin with a relaxation grounding exercise.

- Instruct the client first to draw the circle using the tool to trace or freehand drawing. Then, fill the circle with colours, lines, shapes, and forms however the client wishes. Clients may begin from the edge, divide the space to create lines or sections or expand outside the circle. There is no wrong way to create a mandala. It is complete when it feels complete.

Have the client mark a dot or arrow on the back to mark the top. Clients may be invited to talk about or write what comes to mind as they look at their work; they may express feelings of emotional turmoil or thoughts of self and identity. Again, creating art within a therapeutic setting is a way to express and externalize thoughts and feelings to open conversation.



Figure 4 Mandala from capstone author's personal collection

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Music

Invite clients to bring in different music selections for fun, or to represent moods. Explore lyrics, meanings, sounds, etcetera. Discussion can focus on what resonates for the client, again externalizing.

Biofeedback, measuring heartbeat while listening to distinct types of music, encourages clients to adapt music choices to specific needs. This strategy is a fun and easy way to help adolescents understand the physical impact music choices have on their nervous system and promote self-care.

Drama and role play are often used with cognitive therapy when practicing new skills. The counsellor joins the client in acting out scenarios to build and practice communication skills and confidence (Harris, 2019).

Creative Writing

Writing is an easily accessible tool for many, and like many artistic strategies, it is useful in externalizing thoughts and recording feelings when a client has difficulty verbalizing feelings. To support accessibility clients may use dictation on devices, however the act or physical writing can have its own cathartic release. As the poet Leggo offers, writing is “a tantalizing search for wholeness out of the fragments of memory (2009, p.220). Clients with powerful feelings, anger, fear, and depression may be uncomfortable describing thoughts but are less resistant to reading words on a page (Weller, 2015). It is beneficial in encouraging the reframing of thoughts, such as focusing on positive aspects of the day or recording cognitive homework.

Journal writing

This form of writing is frequently used with clients, sometimes guided with prompts such as three things to be grateful for, but it also can incorporate sketches or images. This activity serves several

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functions: first, to encourage externalizing thoughts where the paper offers safe containment; second, to record goals and intentions; third, for specific homework or reflection. Clients are invited to share thoughts from the writing or to reflect on reoccurring themes. Again, by reading from a journal or sharing imagery, a client has created distance between feelings on the page and those inside.

1) Variation: **A Gratitude Journal**

In cognitive approaches, reframing perspective is powerful for clients in a spiral of negativity. Having clients write about positive things creates flexibility and creates external awareness.

-Each day, take note of three things to be grateful for, no matter how big or small, and shift focus from negative thoughts—ideally writing them in a journal, creating a record of more positive moments: the sun shining, the coffee to start the day, a seat on the bus, a smile from a stranger, managing an anxious moment.

-Taking note of such moments may be challenging but helpful for those who focus on negativity or spiral with repetitive thoughts.

2) Variation: Collector's Journal

-Those who are initially uncomfortable with writing can be invited to collect quotations or song lyrics that resonate with them from authors, poets or songwriters. Also invite including drawings or images that resonate.

Exploring what the words express to the client opens new ways to externalize the client's feelings.

Narrative Strategies

The story has been used throughout history to understand human existence. Every culture has stories of creation and myths to offer guidance or caution. Narrative therapy encourages the client to

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write their stories and experiences from their life. According to Karibwende et al. (2022), and McAdams and McLean, (2013), these stories build resilience by helping to make meaning of the stories and events in their life. Acknowledging that the client is the expert in their life, the counsellor works with the client to understand the story, identify what the client's resources are, and how to find an alternative outcome for the story.

Together, the counsellor and client can visit events in the story, exploring, for example, the understanding through the eyes of a child versus that of the adult self. The client and counsellor work toward integrating new understanding and goals and then retell the story with new outcomes for the future (Malchiodi, 2007). Changes in the understanding of events in the story come from cognitive learning, reframing roles and actions, and changing the narrative.

Problem-Solving Games and Puzzles

Adding play to counselling sessions can also support flexibility and openness. Encouraging clients to play games like physically building a puzzle or playing solitaire or mahjong to relax or focus thoughts also involves finding patterns and using strategies to succeed.

Cognitive Therapy

Cognitive therapy explores the understandings and assumptions that interfere with actions. The client and the counsellor identify distorted beliefs and challenge or restructure thoughts to change behaviour. Counsellors work with clients to identify what they would like to change, such as confronting fears and developing new skills such as negotiation and self-assertion (Harris, 2019).

Acceptance and Commitment Therapy (ACT) (Harris, 2019) is based on cognitive therapy. The counsellor supports the client in examining and identifying personal values, what they would like to

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change, and building goals specific to the individual. The six main principles of ACT are described as leading to psychological flexibility and resilience.

The first is contact with the present, present and grounded in the moment.

Second is defusion, the learned skill to separate or disconnect from thoughts and memories that control or interfere with the present. Art can be helpful in externalizing images or thoughts.

Third, we must accept unwanted thoughts, feelings, and images, stop engaging mentally, and have space to focus on the now. According to Harris, this can involve exposure, sitting with thoughts or memories that cause distress and using self-regulating tools such as tapping to release the sensations and let go of the responses, especially in the body.

Fourth, self-as-context refers to the part of ourselves, a self-observer that notices how we feel or are in situations and how others affect us. Mindfulness exercises help to be present while reflecting on what was noticed.

Fifth are values; they help to identify how one wishes to be in the world and what is important, including how one treats oneself and others.

Sixth is committed action, guided by identified values, setting goals, problem-solving, skill training, and action planning. Action includes skill development such as negotiation, assertiveness, crisis management and self-care.

Once clients have identified goals, the goals are broken down into skills and actions to work on, such as assertiveness, problem-solving, and managing fears causing anxiety. Together the counsellor and client will explore challenges in thoughts to move forward in actions. Skills are practiced together, and practicing in the real world is assigned as homework, including reflection on the outcomes.

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The relationship between the client and counsellor is a partnership that can facilitate an earned sense of attachment. ACT has an inherent flexibility to be client-centred and to support the client through self-regulation and creative expression, or worksheets and the use of all techniques that support the individual's cognitive learning and new ways of thinking.

Last Thoughts About Resilience

The scope of this capstone has been vast, bigger than what can be contained on these pages, and the exploration of resilience has been inspiring. The intention was to better understand how people can seem more or less resilient than others and to identify diverse ways to support or foster resilience in clients whether they are dealing with unexpected everyday life challenges or recovering from traumatic events. The APA (2020) defines resilience as "the process and outcome of successfully adapting to difficult or challenging life experiences." Resilience moves a person beyond survival to change or challenge the direction they are moving in their life towards a healthier and more whole view of themselves. This review confirms that everyone has the potential to be resilient, and resilience can be supported by offering learning and strategies that might have been fully developed in childhood. Resilience can be supported by fostering the growth or repair of attachment and community. The literature reviewed the potential for resilience from the neuroscience study of hormones to the socio-economic and environmental systems that impact learning and growing. From neuroscience, development, and personality, each of these areas confirmed that each person can activate resilience. It is present in the small ways individuals cope with unexpected events in everyday life. Resilience can also be fostered and built upon at any point in time. Feldman's (2020) research especially ties all the pieces together, assuring that self-regulation can support resilience, which in turn facilitates the building of community and attachment. Within this continuum, opportunity for meaning making leads to new cognitive choices and direction.

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Building tools to manage one's own reactivity responses, whether learned, or a personality trait, encourages autonomy and supports resilience. Building connections to other people builds a support system to lean into, supporting attachment, leading to resilience. Developing new coping skills such as problem-solving, communication, and assertiveness bolsters resilience.

Like the suggestion of the ancient stories of Pandora's Box, and that of Persephone; (Littleton, 2007) briefly referenced at the start of chapter one, this review demonstrates that the human potential for resilience fosters hope for a more balanced present and future life.

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