

Resilience Restoration

Paulo Correia Ferrajão*

European University, Laureate International Universities, Lisbon, Portugal

Opinion

Both research and clinical practice have mainly focused on the effects of passive exposure to traumatic events, i.e. victimization, on the development of trauma-related disorders. However, trauma exposure, namely among war veterans, comes also through inflicting violence and/or destruction upon others [1]. Moreover, traumatization is a process which also may be the result of a cumulative exposure to non-traumatic events as among the refugees who lose their cultural background. Additionally, the exposure to the long-standing biopsychosocial consequences of trauma is also a traumatic experience. This set of experiences, especially the inability to cope with biopsychosocial consequences of trauma, may lead to appraisal of resources exhaustion related to the lack of internal resources and energy, and the inability to resort and get support from others (family, friends).

Furthermore, the consequences of exposure to traumatic experiences on individuals' are not fully encompassed by the Post-Traumatic Stress Disorder (PTSD) symptom clusters. Trauma has strong negative consequences on individuals' identity, which often severs individuals' inter-personal trust. Moreover, those experiences may result in one's appraisal of the world as lacking meaning and predictability [2], and to believe in possession of appropriate coping resources. The exposure to traumatic events produces effects in schemas of self, world and others. Those experiences shake veterans' core beliefs concerning others' humanity, and schematic representations of the self as weak and helplessness related to their inability to cope with both the traumatic event and the biopsychosocial consequences of trauma.

Some research and clinical practice have shown that resilience

patterns are intrinsically related to the individual's ability to use his/her internal resources and resort to external resources (e.g., social support) to cope with both psychological and social consequences of traumatic experiences. Those abilities play a key role to restore identity coherence which promotes trust and confidence in attachment relationships. By the same token, these achievements also play a key role restore world's meaning and significance [3]. From this standpoint, coping involves not only the ability to cope with both internal and external stressors, but also the ability to use individuals' internal and external resources to reorganize his/her personal identity and reestablish social bonds [2].

From our point of view, the work with traumatized patients should aim the restoration of resilience abilities related to possession, or restoration, of both intrapsychic resources and mobilization of environmental resources. This process seems to be grounded in a secure working alliance with the patient. For this purpose, clinicians should adopt a more directive approach in which clinician's feelings, behaviors and reactions are used by the patient to understand their own behavior and mental states. This achievement will also foster the appraisal of personal and environmental resources to cope with posttraumatic symptoms and current stress triggers.

References

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*Corresponding author: Paulo Correia Ferrajão, European University, Laureate International Universities, Estrada da Correia, nº53, 1500-210 Lisbon, Portugal, Tel: 351-218-811-700; Fax: +351 218 860 954; E-mail: paulo.ferrajao@europaia.pt

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