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# Resilience and Leadership in Dangerous Contexts

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## CHAPTER 4

# Resilience and Leadership in Dangerous Contexts

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Daniel B. Cnossen was born and raised in Topeka, growing up on a small farm. He spent his childhood reading, running, playing sports, and working on the farm. Cnossen enrolled in the United States Naval Academy in 1998. He had never before seen the ocean and did not know how to swim, but he asked his new friends at the academy to teach him; he would often skip lunch to spend time in the pool. Cnossen joined the Navy triathlon team to strengthen his swimming. By his senior year, he had been elected captain of the team, which he helped lead to a national championship. After graduation, he headed to San Diego to undergo training as a Navy SEAL.

Cnossen served several tours overseas. On September 6, 2009, less than thirty-six hours on the ground in Kandahar, Afghanistan, he activated a landmine, losing both legs and suffering internal injuries. Lieutenant Cnossen is now back in the United States facing new challenges. He is doing so with the same dedication and enthusiasm that he used to surmount previous challenges. He is positive and appreciative of his friends and family, and he is happy to be alive.

Described by some as stoic, Cnossen is seen by those who know him best as soft-spoken and humble. No one as full of curiosity, zest, and humor as he is could be described as stoic. As Cnossen began his rehabilitation, he noted that now he would be able to do even more pull-ups. While at the Walter Reed Army Medical Center, Cnossen and other troops were visited by President Barack Obama. As the president was leaving, he noticed a copy of *War and Peace* on Cnossen's bedside table. The two men joked that merely lifting the book would be another form of physical therapy.

**D**angerous contexts pose not only the constant threat of injury or death, but also the likelihood of setbacks and failures.<sup>1</sup> They may be unpredictable and uncontrollable. How can those who lead in dangerous contexts help their subordinates navigate these inherent uncertainties and bounce back from obstacles encountered? Resilience is used to describe the characteristic of responding well to setbacks and failures, like Lieutenant Clossen did; not only did he accept what had happened to him, but he moved on from it as well. Learned optimism and hardiness, two approaches to resilience, are the focus of this chapter.

### WHAT IS RESILIENCE?

The term “resilience” is used to refer to reactions to adversity ranging from not being devastated after a loss to doing well in the wake of stress to being largely unaffected, and in some cases, to actually flourishing.<sup>2</sup> The range of definitions reflects the breadth of reactions people display in the face of adversity. In studies on resilience, some researchers neglect the details of the adversity of interest—that is, whether it is discrete versus chronic, specific versus diffuse, controllable versus uncontrollable. Some studies do not even establish that research participants actually experienced an adversity, only that they had a life event that seemed to be a bad one. One cannot speak of post-traumatic stress disorder or post-traumatic growth if no trauma occurred. Here are some definitions of possible responses to adversity (see Figure 4.1). First, however, what is resilience? In its original, non-psychological sense, resilience refers to the return to original form by an entity following a disturbance. A squeezed tennis ball resumes its original shape when the grip is released. In a psychological sense, resilience refers to the return to baseline functioning after a challenge, with respect to mood, performance, social engagement, and health. Resiliency refers to the qualities of an entity that lead to resilience.

Entities can break, depending on what happens to them. Tennis balls can be punctured or lose their bounce after repeated serves and volleys. Unless repaired, they stay broken. In psychological terms, a state of ongoing brokenness would be considered a chronic disorder requiring treatment. Traumatic events are a demonstrable risk factor for a variety of psychological disorders, as well as poor physical health.<sup>3</sup> Recent decades have seen particular interest in post-traumatic stress disorder (PTSD), a syndrome that can appear in the wake of life-threatening events.<sup>4</sup> Possible treatments of PTSD have proliferated.<sup>5</sup>

Invulnerability in the psychological literature refers to being unaffected by adversity or trauma. For example, children of mothers with active schizophrenia were considered to be invulnerable if they seemed normal.<sup>6</sup> A close look reveals that such children invariably had another adult (for example, a relative or teacher) in their lives who took on a care-giving role, an important reminder not to attribute resiliency solely to the individual, as if it were no more than a coating of psychological Teflon.

The philosopher Friedrich Nietzsche wrote, "That which does not kill us only makes us stronger." Growth refers to the condition whereby someone does better after an adversity than before it. Growth following a disturbance is akin to a squeezed tennis ball turning into a beach ball when released. In psychological terms, a person exhibits growth by having, for example, an enhanced appreciation of life, better relationships with people, and a greater sense of meaning and purpose than he or she had previously.<sup>7</sup>

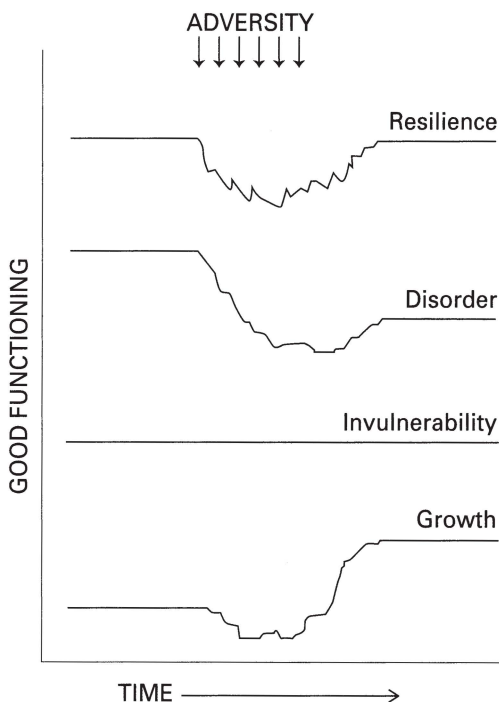


FIGURE 4.1 Possible reactions following a traumatic event

The possibility of post-traumatic growth (PTG) has captured the attention of psychologists but remains controversial. In relevant research, respondents have usually been primed by first being asked about trauma and then about its possible benefits. The validity of transparent self-reports, not only about post-trauma changes but also about trauma as a cause of these changes, has been questioned.<sup>8</sup> Many people tell a survivor story, drawing on a script framed in terms of redemption—that is, triumph after and over misfortune. The misfortune and its consequences may be exaggerated after the fact to fit a culturally appropriate script.<sup>9</sup>

One of the better demonstrations of growth is a study of character strengths that found elevations of certain strengths—religiousness, gratitude, kindness, hope, and bravery—following such events as assaults, natural disasters, and life-threatening illnesses.<sup>10</sup> It measured character strengths *before* trauma was mentioned. Priming was minimized, but the retrospective element was not ideal.

PTG is likely a real phenomenon and an important one. It serves as a reminder that permanent disorder is not the inevitable consequence of trauma or crisis.<sup>11</sup> That said, not enough is known about PTG. It is tempting to believe that growth after trauma is common, but available data are inconclusive. Furthermore, the reality of PTG does not mean that PTSD is fictional or created by a self-fulfilling prophecy. Even if PTG proves to be relatively frequent, one obviously would not welcome trauma because of the benefits that may follow.

The term “resiliency” is best used descriptively to refer to the return to “normal” following potential adversity. What is normal may or may not be all that positive, depending on where an individual starts. It also needs to be recognized that resilience is multidimensional; a person can bounce back in some domains but not others.

The relevant domains of functioning vary. Some research with the U.S. Army has focused on emotional fitness—positive mood, life satisfaction, freedom from depression, optimism, character strengths, and active coping styles; social fitness—engagement with, attachment to, and trust in friends and colleagues; family fitness—good relationships with spouses and children; and spiritual fitness—meaning and purpose in life that extends beyond the self.<sup>12</sup> Other domains, such as physical and financial fitness, are also important.

The length of time that passes before resilience is evident may vary, depending on the person and the domain. The same applies to growth or disorder. What may look like invulnerability in the short run may be something entirely different in the long term. The best research design would be ambitiously longitudinal, following individuals for years or even decades

after traumatic events as they likely exhibit a variety of reactions to trauma as time passes.

Resilience only shows its worth when adversity is experienced. Take for example the 332nd Fighter Group of the U.S. Army Air Corps, also known as the Tuskegee Airmen, and the Japanese American 442nd Regimental Combat Team of the U.S. Army. These groups performed with distinction in World War II despite the personal and institutional discrimination their members faced because of their racial background. How was this possible? Perhaps because of their resilience at the group level and the role of their leaders in building and sustaining this quality. Resiliency is neither singular nor categorical. Rather, it covers a number of features, some internal and some external, existing along dimensions. An assessment of resiliency needs to measure its particular components and describe people and groups in terms of profiles. The cultivation of resiliency needs to target its components. Here the role of psychological theory becomes critical. This study focuses on the theories of learned optimism and hardiness to identify some of the critical features of resiliency.

## **LEARNED HELPLESSNESS AND LEARNED OPTIMISM**

Helplessness refers to maladaptive passivity in situations where an active response can alleviate negative conditions or produce positive ones.<sup>13</sup> Helplessness entails a lack of motivation, aversive feelings, and difficulties in recognizing that certain behaviors influence outcomes. Helplessness has been explained from theoretical perspectives ranging from psychoanalytic accounts of symptom formation through sociological accounts of alienation, but its best-known contemporary explanation emerged from studies by psychologists of what has come to be known as learned helplessness. These studies investigated the causes and consequences of learned helplessness and led to effective strategies for treatment and prevention. More important, for the present contribution, theory and research on learned helplessness has led to an interest in those who are not helpless, that is, those who are resilient following challenge and crisis.<sup>14</sup>

Learned helplessness was first described by investigators studying animal learning.<sup>15</sup> Researchers immobilized a dog and exposed it to a series of electric shocks that it could not avoid or escape. Twenty-four hours later, the dog was placed in a situation in which the shocks could be terminated by a simple response. Rather than acting to end the shocks, the dog passively endured them. Dogs in a control group, however, reacted vigorously to the shock and quickly learned to turn it off.

The researchers proposed that the dog had learned to be helpless. When originally exposed to uncontrollable shocks, it learned that nothing it did mattered. The shocks came and went independently of behavior. Response-outcome independence was represented as an expectation of future helplessness that was generalized to new situations. The deficits that follow in the wake of uncontrollability are known as the learned helplessness phenomenon, and the associated cognitive explanation is referred to as the learned helplessness model.

Support for a cognitive interpretation of helplessness came from studies showing that an animal could be immunized against the debilitating effects of uncontrollability by first exposing it to controllable events. The animal learns during immunization that events can be controlled, and this expectation is sustained during exposure to uncontrollable events, precluding learned helplessness. In other studies, learned helplessness deficits were eliminated by exposing a helpless animal to the association between behavior and outcome. In these cases, the animal was compelled to make an appropriate response during the test task, by pushing or prodding the animal into action. After several trials, the animal noticed that escape was possible and began to act accordingly. Again, the process at work was cognitive. The animal's expectation of response-outcome independence was challenged during the therapy experience, and learning occurred.

Psychologists interested in human behavior were quick to see the parallels between learned helplessness as produced by uncontrollable events in the laboratory and maladaptive passivity in people. Thus, researchers began several lines of inquiry.<sup>16</sup> In one case, helplessness was produced in the laboratory by exposing people to uncontrollable events and observing the effects. Unsolvable problems were substituted for uncontrollable shocks, but the phenomenon of helplessness was still evident. In situations of uncontrollability, people show emotional, cognitive, and behavioral deficits. In other studies, researchers documented additional similarities between animal responses and those of humans in the laboratory, including immunization and therapy.

### **Assigning Causes**

As research ensued, it became clear that the original learned helplessness explanation failed to account for the range of reactions that people display in response to uncontrollability. Some people show the hypothesized deficits that persist over time and are general across situations, whereas others do not. Furthermore, failures of adaptation that the learned helplessness model was supposed to explain, such as depression, are often characterized by a loss of self-esteem, about which the model is silent.

To explain the different responses among people, the helplessness model was revised and refined.<sup>17</sup> The variation in responses was explained by proposing that a person ask himself why uncontrollable (bad) events happen. The answer establishes the parameters for the subsequent helplessness. If the causal attribution is stable (“it’s going to last forever”), the induced helplessness is considered to be long-lasting; if unstable (“my current situation is only temporary”), the helplessness is transient. If the causal attribution is global (“it’s going to undermine everything”), the subsequent helplessness occurs across a variety of situations; if specific (“this cause only affects this one outcome”), it is circumscribed. If the causal attribution is internal (“it’s all my fault”), the person’s self-esteem drops; if external (“the cause has nothing to do with me or my character”), self-esteem is left intact.

These ideas comprise the attributional reformulation of helplessness theory. This newer theory left the original model in place, because uncontrollable events were still hypothesized to produce deficits when they gave rise to an expectation of future helplessness. Researchers’ understanding of the nature of these deficits changed, however. They now thought it to be influenced by the causal attribution offered by the individual.

In some cases, the situation provides the explanation offered by the person. In others, the person relies on habitual ways of making sense of events that occur; this is referred to as the explanatory style.<sup>18</sup> People tend to offer similar explanations for disparate bad (or good) events. An explanatory style characterized by internal, stable, and global explanations for bad events is considered to be pessimistic, and the opposite style—external, unstable, and specific explanations for bad events—is labeled optimistic. Research has shown that people with an optimistic explanatory style are happier, healthier, more persistent, and more successful (at school, sports, and work) than their counterparts with a pessimistic explanatory style, especially in the wake of setbacks. Optimism is an important component of resiliency because it foreshadows resilience in a variety of important domains.<sup>19</sup>

Optimism as reflected in the explanatory style is not Pollyannaism. Rather, optimistic explanatory style is infused with a sense of personal competence and responsibility. “Things will be better because I can do things that will make them better.” Optimistic explanatory style prevents people from thinking of themselves as victims.

## **Intervention**

Negative reactions to adversity can be alleviated by changing the way people think about response-outcome relationships and how they explain the causes



of bad events. Cognitive therapy for depression is effective because it changes these sorts of beliefs and provides clients with strategies for viewing future bad events in more optimistic ways.<sup>20</sup> Along these lines, helplessness and its consequences can be prevented by teaching clients cognitive-behavioral skills before problems develop. One protocol based on these tenets, designed for group administration, is the Penn Resiliency Program (PRP), a twelve-session curriculum taught by an expert trainer. It has two main components, one cognitive and the other based on social problem-solving techniques.<sup>21</sup>

In the cognitive component, core cognitive techniques are translated, through the use of scenarios and skits, into a language that clients can apply to their own lives. Group facilitators teach clients about the link between thoughts and feelings. Then clients learn how to evaluate their beliefs. Skits are used to help find differences between the beliefs of fictitious characters who are thriving and those who are not. Clients learn that “me” (it’s my fault), “always” (it’s going to be this way forever), and “everything” (it affects everything I do) beliefs about bad events are more likely than others to result in undesirable outcomes. Clients also learn to evaluate the accuracy of their first, and perhaps erroneous, belief. In addition, they participate in the “hot seat,” a technique that helps transition the cognitive skills from the classroom into the real world by providing an opportunity for the rapid-fire challenging of negative beliefs.

Through the cognitive component, clients learn to evaluate the accuracy of their interpretations of the world. In the social problem-solving component, they learn skills—assertiveness, negotiation, relaxation, not procrastinating, social skills, decision making, and problem solving—that help them better interact and perform. The PRP was originally developed and tested among schoolchildren in the United States and China. Results indicate that prevention participants reported fewer depressive symptoms and were less likely to report symptoms during two years of follow-up.<sup>22</sup> The PRP has since been generalized to adults, including teachers in Australia and England and American soldiers.<sup>23</sup>

### **Role of the Leader**

PRP is a “train the trainer” approach because the intent is not just to make direct recipients of the training more resilient, but also to impart to them strategies for teaching its lessons to those they instruct or lead. This strategy exponentially increases the number of people who eventually learn to be optimistic. In these interventions, the role of the leader, for example, teachers and drill sergeants, is made explicit: to instill optimistic thinking—one of the

key ingredients of resiliency—in others. Leaders can also influence resiliency implicitly, through the way in which they speak to their followers as well as by the example that they set.

The way teachers criticize as well as praise their students influences their subsequent motivation to succeed.<sup>24</sup> If the feedback, praise or criticism, contains a message about student characteristics that cannot be changed (e.g., innate intelligence or ability), then motivation and performance suffer because a student perceives no control over what happens. In contrast, if the feedback contains a message about characteristics that can be changed (e.g., effort or practice), then motivation is sustained and even increased.

The components of resilience can be similarly discouraged or encouraged by how leaders speak to subordinates. “Good” feedback in this sense may or may not be positive, and it is not permissive. Especially for those who lead individuals at risk for injury and death, empty praise is dangerous. Criticism can be helpful if its intent is seen as improving performance, safety, and well-being. Research is also clear that being positive is, indeed, positive in its effects.<sup>25</sup> In productive work groups, positive messages outnumber negative ones,<sup>26</sup> and relationships are sustained when individuals take an active and positive interest in the successes of one another.<sup>27</sup> Leaders need to heed these lessons. A positive stance instills resiliency among those being led.<sup>28</sup>

Leaders who share hardships with subordinates can inspire them by their example, assuming that what they model is resilience and that trust exists between leaders and subordinates.<sup>29</sup> Here a fine line must be walked. Research on modeling shows that the model must be seen as similar by those who follow the model's example. If the leader is viewed in exalted terms, his or her example becomes too daunting to emulate.<sup>30</sup> So, the leader must reveal enough of his or her personal reactions to adversity and danger to appear similar to his or her subordinates (“yes, I’m afraid, too”) while at the same time providing the appropriate example (“but we will prevail”).

The practical implications of learned helplessness and its interventions are several. First, without denying the objective reality of difficult events, how one thinks about the events matters. To the degree that someone thinks about bad events and their causes in ways that are both realistic and hopeful, that person will be resilient. To the degree that someone believes future events can be controlled—that the future need not be the same as the past—that person will be resilient. Second, the leader of a group plays a crucial role not only in exemplifying resilient beliefs and attitudes but by building them among subordinates. The leader can speak to followers about their expectations and help them to frame them in optimistic ways, such as by pointing to past successes and instances of resilience by the group. Third, it is not sufficient to “think”

resilience. One must also “do” resilience, and the best way to put optimistic beliefs into action is to have the requisite skills and resources to do so.

## HARDINESS

Hardiness is another approach to resiliency identifying the psychological components of bouncing back from adversity and thriving in its wake.<sup>31</sup> Research on hardiness began decades ago, when researchers studied the health and well-being of executives at Illinois Bell Telephone during a restructuring of the company.<sup>32</sup> Some executives fared well, whereas others did not:

Consider Chuck, an engineer by training who became a customs relations manager for Illinois Bell Telephone. As deregulation began, Chuck found his work difficult, but he redoubled his efforts to satisfy customers. Knowing that deregulation would lead to more competition, Chuck believed that good customer relations were essential to future success of the company and to his own role in it. On his own, he surveyed customers to find out what they liked about telephone services and what they wanted but did not have. He presented the results of his survey to his supervisors, but many of them were too preoccupied to consider his findings and their implications. Chuck persisted, until his plan was accepted and put into action. He was asked to take charge of its implementation. He did a good job, and Chuck became even more central to the company.<sup>33</sup>

### Components

Executives who like Chuck were resilient displayed a constellation of attitudes identified as commitment, control, and challenge, which collectively were characterized as hardiness.

- *Commitment* means believing that life is worthwhile and deserving of one’s engagement; it involves having a purpose in life and being involved with family, friends, faith, work, or community in ways that add meaning to one’s life. Research links commitment to resilience in the wake of setbacks and failures and more generally to psychological and physical well-being.<sup>34</sup>
- *Control* refers to the belief that one can influence the important outcomes in life, especially those that are stressful. People with a sense of control are not helpless in the wake of challenge and difficulty.<sup>35</sup> Again, research shows perceived control to be linked to resilience.<sup>36</sup> Even if someone cannot literally change difficult events, control can still be exercised in how one chooses to interpret or react to them.<sup>37</sup>

*Challenge* describes how people frame the events in which they are involved. It is evident when people see difficulties as opportunities to learn and grow. Positive framing of this sort is a powerful determinant of how people respond to difficult times. Approaching life's setbacks as a challenge does not entail denial.<sup>38</sup> Rather, it results in more active, effective, and creative problem solving, and resilience ensues.<sup>39</sup>

The executives with these attitudes were only 50 percent as likely as those without them to experience a stress-related health problem during the five-year study. They were not invulnerable to stress, but they did cope with it better, and thus by the parameters here, were more resilient.

### **Consequences**

Hardiness research findings show that the constellation of commitment, control, and challenge predicts resilience not just among business executives but also students, athletes, nurses, lawyers, bus drivers, the elderly, and members of the military.<sup>40</sup> Outcomes predicted by hardiness include physical as well as psychological well-being.<sup>41</sup> Hardy individuals perceive difficult events as being less stressful than do less hardy people.<sup>42</sup> They also exhibit a reduced physiological stress response during challenges and a more vigorous immune response.<sup>43</sup> Like optimistic individuals, hardy individuals cope in active ways.<sup>44</sup>

It is not clear whether the three components of hardiness reflect a single underlying dimension—that is, hardiness—or are synergistic in their effects on well-being.<sup>45</sup> Studies usually combine the three components and do not test their separate or interactive effects. (The same criticism can be made of typical explanatory style research.) As argued, distinguishing the components of resilience is important, and to continue the argument, the components of these components must also be distinguished.

### **Intervention**

HardiTraining is a program that increases hardiness.<sup>46</sup> It uses a variety of cognitive-behavioral techniques to produce the attitudes of commitment, control, and challenge. The PRP program overlaps with HardiTraining with respect to strategies for encouraging control and confronting challenges, but the unique contribution of hardiness training is its emphasis on commitment—that is, creating a sense of meaning and purpose. HardiTraining also addresses the importance of social support, good nutrition, relaxation, and physical activity. The goal of HardiTraining is to reduce an individual's stress response by encouraging different ways of thinking about adverse life events, in particular, by putting these events in a broader perspective. When effective, this

process makes illness less likely. It also leads the individual to become a better problem solver.

HardiTraining consists of ninety-minute, small-group sessions led by an expert trainer and held once a week over ten weeks. The trainer emphasizes the attitudes that comprise hardiness and the skills needed to put these attitudes in action. Participants are given workbooks containing information about hardiness, examples of hardiness, and exercises. Assessment is ongoing, and the feedback from this assessment builds and sustains participant motivation. Several studies have compared participants in HardiTraining to people who did not take part in this intervention. HardiTraining is effective by self-reporting measures of hardiness, job satisfaction, anxiety, and depression and by objective measures of blood pressure and illness severity.

### **Role of the Leader**

A leader can influence hardiness in direct and indirect ways among those being led.<sup>47</sup> Explicit instruction in how to adopt and use the attitudes of commitment, control, and challenge can be given. For example, "Try looking at things *this way*." A leader can also model what it means to be hardy. According to the hardy leader hypothesis, "Leaders who are high in hardiness themselves exert influence on their subordinates to interpret stressful experiences in ways characteristic of high-hardy persons."<sup>48</sup> This hypothesis has been confirmed in studies of military cadets being trained to become officers.<sup>49</sup> Those high in hardiness can lead others to perform well in dangerous contexts by imparting the beliefs that events can be controlled, that missions are worthwhile, and that mastery and growth can result from success against adversity.

It is recommended that leaders talk to those they lead, framing what they say in the language of hardiness. The hierarchical structure of organizations like the military and police and fire departments places leaders in positions of legitimized authority where they can exert considerable influence over subordinates in terms of how they make collective sense of stressful events.<sup>50</sup> Words are important, and effective leaders are skilled at crafting what they say so that it resonates with those who are led.<sup>51</sup>

A police captain arrives at his new division for his first roll call. The division has existed for decades, and he is the new face in the crowd. He takes a seat in roll call in the middle of the room and pays attention to the officers as they assemble for assignments. He takes note of the players: Who is the joker in the room, who is serious, who socializes with whom? When the watch commander asks the captain if he would like to address the troops, he declines. At the end of roll call, the officers assemble at the kit room to

pick up their equipment. The captain positions himself across the hall and watches quietly. When asked what he was doing, he replies, "Nothing."

This approach to leadership has been described as "watching the dance."<sup>52</sup> The leader engages in a form of mindful meditation, focusing on the here and now, including his or her own breathing or muscle tension, as well as what is going on in the external environment. A nonjudgmental attitude is important. By watching the natural ebb and flow of a work group, the leader can discern details that would otherwise be missed. Mindfulness short circuits the tendency to live in the future and allows one to see what is in the moment. This skill is commonly discussed with respect to stress management but is a useful addition to the leader's repertoire. This captain went on to develop a reputation as someone who cared for those under his command. His willingness to walk in others' shoes was repeatedly shown through compassionate acts.

Also important are the nonverbal messages and emotions the leader conveys. The captain described above is calm and confident, and his police officers "caught" his hardiness. In reframing adversity to place it in a larger context and remind followers of the meaning of what they do, an effective leader does not rely on abstractions. At least in the heat of combat, soldiers do not fight for flag or country. They fight for their comrades. A leader who reminds those led that all of them matter is going to be effective.

Emotional warmth on the part of the leader services this process.<sup>53</sup> Effective mentors and leaders are described by their students and followers as caring, a stance that helps those taught or led to define themselves in terms of what they can do as opposed to what they cannot. Contrast this with "gap analysis"—paying attention only to a worker's weaknesses—which is done routinely by too many supervisors. Negatively framed evaluations focusing on problems and mistakes only lead to negative goals—that is, avoiding further criticism—and certainly do not instill hardiness. Rather, cynicism and hopelessness are the more likely lessons learned. Leaders can further instill resilience through appropriate self-disclosure and genuineness in their emotional expressions, such as in the aftermath of tragedy.

A specialized police unit had experienced the line-of-duty death of one of its most senior members during a gun battle. The unit commander addressed the group several days after the incident. He recognized the need for the officers to acknowledge their loss and grief as he looked out over the sullen yet frozen faces in the room. He asked, "Am I the only one in this room who can't sleep, can't eat, has lost weight, and has had meltdowns that have taken me to the ground? Am I the only one that has experienced these?" One by one, the officers began raising their hands in

agreement, and the group began to discuss their reactions to the event and the emotions they were feeling.

## CONCLUSION

Although practical applications of research on learned optimism and hardiness started with different goals and proceeded rather independently, as the approaches took their current forms, their overall conclusions dovetailed. Both are accounts of bouncing back from adversity. As explained, “resiliency” subsumes the characteristics of the individual that allow him or her to do so. Both approaches hold that resiliency is multidimensional and that it can be learned. Furthermore, the components of resiliency can be instilled by leaders among their subordinates.

The discussion of resiliency here has treated it as a property of the individual. As noted, however, resiliency can also be a property of a group as a whole. It is unlikely this side of Hollywood that a highly resilient unit can be composed of thoroughly non-resilient individuals, but groups and individuals represent different levels of analysis. There are times when the group is greater than the sum of its parts as well as times when it is less.

As the attention of psychologists turns to the promotion of resilience, targets must include not only individuals but also the groups within which these individuals live and work.<sup>54</sup> Not only would group-level interventions be more efficient and likely more cost-effective than individual-level interventions, they might also be more powerful. It would be great if there were a “seven easy steps” formula for creating and sustaining resiliency, but there is not. The learned helplessness model and hardiness theory, however, specify some of the important components of resiliency and offer ways to bring them out using cognitive-behavioral strategies. Like any habit, resiliency is established through practice, feedback, calibration, and more practice. Leaders can play a critical role in modeling and training resiliency among those they lead.

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