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Review Article

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Principles for Realizing Resilience: A New View of Trauma and Inner Resilience

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Abstract

This paper offers a new view of trauma and human resilience based on three principles for realizing resilience. This view challenges the current perspective of how and why traumatic events appear to induce and sustain painful symptoms from the outside, by explaining how these symptoms are created and maintained from within, regardless of circumstances. It proposes that all people can access innate resilience allowing them to move through loss and trauma with minimal distress, grace, and even positive emotions. It distinguishes between accessing innate resilience from coping with loss and trauma with social supports, personality traits, and management strategies. While more rigorous, controlled research is needed to document the efficacy of interventions based on these principles, existing supportive evidence is compelling and appears to warrant the field's attention.

Keywords

The three principles: Mind, Thought, Consciousness; Innate health; Resilience; PTSD; Positive psychology; Health realization

Introduction

Not every victim of trauma responds in the same way. Some experience acute distress from which they may never fully recover. Others experience less stress over a much shorter duration. Some appear to recover rapidly only to later display somatic complaints, cognitive deficiencies, and painful emotions. However, many individuals who experience extreme loss and trauma appear to adjust remarkably well with minimal or no observable dysfunction in their relationships, job performance, or mental health. This paper describes principles that appear to explain these diverse responses to trauma and offer a promising new intervention for posttraumatic stress disorder.

Until recently, our understanding of how people respond to trauma came mainly from studies of trauma-exposed people who subsequently developed symptoms and sought treatment [1]. As a result, trauma researchers typically underestimated or ignored the human capacity for resilience, viewing it as rare, pathological, or displayed only by a handful of exceptionally healthy people [2]. This view began to be questioned, however, following the findings of several longitudinal studies spanning almost five decades. These studies, many following large cohorts for up to forty years, documented the ability of a striking percentage of young people exposed to often horrid traumatic events to transcend these circumstances to lead healthy, productive lives [3-11]. Even more striking was the finding that most youth in these studies experienced no outside intervention or psychotherapy, and appeared to survive, and even thrive, based on their own inner resources [12]. Following this discovery, it could no longer be assumed that traumatic events caused dysfunction, and the importance became clear of studying trauma-exposed people who failed to develop symptoms. This realization altered the field's focus from risk factors and dysfunction to better understanding and promoting health and resilience [13,14].

Researchers soon discovered that resilient people exhibited a similar group of attributes including a positive outlook, self-esteem, self-efficacy, critical thinking and planning skills, an ability to delay gratification and focus on long term goals, good social skills and a sense of humor [15,16]. This finding spawned numerous "assets building" and competency models (e.g., the Search Institute, 1997) based on the notion that "protective factors" or assets had to be supplied, programmed, or "built into" people in the same way negative habits and alienated outlooks had been conditioned [15,16]. Thus, most interventions that followed attempted to instill competency and resilience from outside (e.g., learned optimism, positive behavioral support, mindfulness-based interventions). While a few researchers argued that resilient functioning is an inherent human capacity [17-20], this notion was not seriously considered.

At present, the prevailing view is that following trauma exposure there is no single source of resilience; rather, there are multiple pathways to resilience [1,2]. This view connects resilience to a variety of promotive/protective factors [21] including beneficial attachment relationships, personality traits (e.g., assertiveness), individual variations in developmental stages and biological processes [22], and conditioned management strategies (e.g., repressive coping, self-enhancement). The current consensus appears to be the human capacity for resilience is not innate or natural, but rather the result of various external factors, biological processes, personality traits, and conditioned management strategies. On the other hand, some trauma researchers have called for further investigation [23]. Bonanno stated, "…simply put, dysfunction cannot be fully understood without a deeper understanding of health and resilience...Many questions await investigation" [1].

A New View of Trauma and Inner Resilience

This paper offers a new view of trauma and human resilience grounded in the logic of *principles for realizing resilience*. This perspective challenges the current view of how and why traumatic events appear to induce and sustain painful symptoms from the outside, by explaining how these symptoms are created and maintained from within, regardless of circumstances. It proposes that all people can access inner resilience allowing them to move through loss and trauma with grace, minimal distress, and even positive emotions. It distinguishes between what it takes to access innate resilience and coping with loss and trauma using social supports, personality traits, and management strategies. While coping may

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soften the impact of loss and trauma, it usually takes considerable effort, is often temporary, and typically has dysfunctional downsides. Innate resilience, on the other hand, is the essence of a balanced, healthy state of mind evidenced by the logic of fundamental principles that appear to account for all human experience.

Principles for Realizing Resilience

Origin

The initial research leading to interventions based on principles for realizing health was conducted by Roger Mills [24,25] and George Pransky [20]. In the mid 1970's, these psychologists began an international search for promising mental health practices. This search took them to Salt Spring Island, British Columbia where they were exposed to the teachings of the late philosopher, Sydney Banks [26], who asserted: (a) all psychological experience is created by the interplay of three principles: *Mind, Consciousness and Thought*; and (b) all people have innate resilience from which they can realize, access, and live regardless of past circumstances, present stressors, and traumatic events encountered over time. Banks' views inspired Mills [25] and Pransky [20] to develop psychological intervention grounded in these principles. For an in-depth understanding of these principles and the intervention based on them, readers can review the original writings of Banks [26-28], Mills [29], and Pransky [20], or more recent writings of Halcon et al. [30], Halcon et al. [31], Kelley [32,33], Kelley and Lambert [34], Pransky [12], Pransky and McMillen [35], and Sedgeman [36].

The synopsis of these principles that follows is based on the views of these educators, researchers, and practitioners.

The Three Principles

The Principle of Mind: Mind or "Universal Mind" refers to the energy that animates all of life, and is the source of innate health and resilience. Mind represents the formless energy that flows through all people; energy of which all people are a part and utilize continually to construct their experienced realities. Mind is the intelligent life energy that powers up the human agencies of thought and consciousness to construct each person's unique life experience.

The Principle of Thought: Thought refers to the Mind-powered *ability to think* and thereby to create psychological experience from within. Thought describes people's mental imaging ability; their ability to create subjective experience via mental activity. The *principle of thought* does not refer to what people think, thought content, or the products of thought (e.g., beliefs, feelings, sensations); it refers to the very creation of such thought-forms. This principle exists before thought content; a psychological principle cannot exist at the level of thought content because no two people think the exact same thoughts. Rather, what does not vary from person to person is the *ability to think*. The ability or agency of thought is a human common denominator that allows people to create an infinite variety of thought content.

The Principle of Consciousness: Consciousness refers the Mind-powered ability to experience life and to be aware of the psychological experience created using thought. Consciousness transforms thought into subjective experience through the physical senses. As people use thought to construct mental images, these images appear real to them as they merge with the faculty of consciousness and register as sensory experience. Consciousness allows the recognition of form, form being the expression of thought. Consciousness uses thought to inform the senses, producing each person's distinctly experienced reality. Consciousness also allows people to recognize or be aware they are creating their experienced reality from within using thought. According to this model there are infinite levels of consciousness, each corresponding to one's level of mental quietude. When people's minds quiet or clear, they naturally access higher levels of consciousness and a natural, intelligent thought process that constructs the entire package of positive attributes associated with mental health and resilient functioning.

Mind, Consciousness, and Thought are called "principles" in this model because they appear to reflect fundamental truths of the psychological domain, much the same way as gravity reflects a fundamental truth of the physical world. In other words, they are operating in everyone every moment just as gravity is, whether people know it or not. According to this understanding: (1) all people use the *ability of thought* to create their moment-to-moment psychological experience (e.g., feelings, perceptions, sensations, etc.) from within; (2) every experience that a people create using the ability of thought is animated, brought to life, and made to look "real" to them by consciousness; and (3) the feelings and behavior of every person is perfectly aligned or synchronized with how the use of thought and consciousness make their lives appear to them.

Mind, consciousness, and the power to create thought are all constant and neutral. The intelligent energy of mind continually powers thought and consciousness to create from the "inside-out" each person's experienced reality. Each person continually uses the power of thought to create psychological experience from within. Consciousness continually converts whatever thought content people create using thought into their subjective experience. *The only variable in this equation of generic psychological functioning is how people use the ability of thought to create various thought content, and how they relate to the thought content they have created.* Like all scientific principles, the better people understand these principles and how to use them in their best interest, the better they will be served. Interventions based on these principles attempt to help people realize how their psychological lives are created by these principles, how to use the creative power of thought in a healthy, constructive way, and how to access innate mental health/resilience.

In sum, this understanding proposes that the principles of Mind, thought and consciousness are always operating within every person whether they realize it or not. How people use these principles, however, determines whether they will live a life of well-being, peace of mind, love and common sense; or insecurity, alienation, anger, despair and anything in between. Whether people realize it or not, it is their use of these principles that determines their state of mind in each moment. They then think, feel, and act out of what they "see" or the way life looks to them created by these principles.

Innate Health/Resilience

Simply put, only two ways of being are possible for all people including those with traumatic histories; either 1) they are operating from the inner health/resilience that naturally surfaces whenever their minds quiet or clear, 2) this inner health/resilience is being overridden by unhealthy thinking. This understanding proposes that every person can access and operate from health/resilience throughout their lives, because this is their natural state, a state that comes directly from mind through consciousness uncontaminated

by personal thought. The reason most people drift away from this health/resilience early on is, they don't understand its source and misguidedly learn to obscure it with unhealthy thinking. For example, some people learn to worry, obsess, ruminate, repress; some others learn to think suspiciously, angrily, judgmentally, righteously, egotistically; some cultivate busy, overly analytical minds. According to this view, however, this unhealthy thinking is problematic or dangerous only if trauma exposed people "buy into" or believe the thought content it produces and think it is right or "the truth" (e.g., "I'm never going to feel normal again" or "Because my father sexually abused me, I'm a damaged person"). People can have those thoughts but if they didn't believe or trust them (which is also a function of the power of thought) they would do no psychological harm.

A "Built-In" Thought Quality Barometer

This understanding proposes that people have a built-in self-monitoring system or reliable way of knowing whether they are using their ability to think in their best interest or against themselves; *people's feelings serve as a reliable barometer of the quality of their thinking or use of thought*. In the same way that physical pain signals a physical malfunction, so do painful or insecure feelings signal that unhealthy thinking is occurring and, with it, the potential for psychological dysfunction. The greater a person's emotional pain, the further he or she has drifted away from a quiet mind/responsive thought process/inner resilience. Yet, this health/resilience never really goes away; it is merely obscured by unhealthy thinking. This means that every person, including those who have experienced even the most horrid traumatic events, can access this health/resilience at any moment, whenever their minds clear and their personal thinking calms down. Mustakova-Possardt stated, "When a person's mind quiets or clears, mental health bubbles up…mental health/resilience is a natural state of mind…accessed via a clear mind…characterized by a natural and effortless flow of thought…as the experience of peace, contentment, detachment, and a larger perspective on immediate reality" [37].

Evidence in Support of this Model

Considerable research evidence exists that supports this principle-based model of psychological functioning. For example, the view of the human life experience as a dynamic, continuous merging of formless life energy and form (with thought as the link between these two domains) is consistent with current perspectives in quantum physics. Most mainstream physicists agree that a formless energy field exists throughout the universe [38,39].

Also, there is voluminous evidence in the child development literature that people are born with an inner capacity for healthy, resilient functioning. Furthermore, several motivation researchers have recognized a *metacognitive self* as a basically healthy, already actualized self that naturally provides intrinsic resilience. Although Maslow was the first to recognize this natural agency, he proposed that one had to satisfy lower need states to attain this actualized experience [40]. Contemporary research, however, suggests that people begin life in this actualized state and frequently learn to function in lower need states. Furthermore, considerable research suggests this inner health/resilience is always available to people and can be drawn out or re-kindled in even the most severely traumatized people (for a summary of this developmental and motivational research, [41]). In addition, Halcon et al. applied this model to reduce stress and improve coping in East African refugee communities [30]. These researchers cited the following scientific research in support of the logic of these principles:

1. Humans perceive similar circumstances in a highly variable fashion [42].
2. External factors do not appear strongly associated with well-being [43].
3. Involuntary or unconscious mental mechanisms can alter perceived reality and moderate stress [44].
4. Outlook affects coping/health and outlook can change [45].
5. Identity shifts lead to behavior change [46].
6. Changing the relational meaning of what is happening is a widely used coping strategy [47].
7. Positive emotions can be generated in adversity through finding meaning, and vice versa [48].
8. There is a "natural inclination toward assimilation, mastery, spontaneous interest and exploration [49].
9. Cognitive appraisal and coping are related to outcomes [50].
10. Moods are related to well-being [51].
11. Positive perceptions are associated with well-being [52,53].
12. The way individuals perceive potentially stressful events is predictive of their adrenal cortical response [54].

Principle-based versus Cognitive and Other Trauma Interventions

It is essential to distinguish trauma interventions grounded in the principles from cognitive, rational-emotive, and other interventions with which they are often confused. Principle-based interventions differ from other trauma interventions in that their impact is thought to occur by helping trauma-exposed people *understand* how their psychological lives get created. They propose that when people realize the principles behind their psychological functioning they: (1) will begin using their *ability of thought* in a healthier way; (2) will become less attached to their personal thoughts and thought products (e.g., traumatic memories and feelings); and (3) will observe and manage their psychological lives in a more impersonal, objective, and responsive manner. Halcon et al. stated that principle-based interventions, "…promote an understanding that allows a degree of detachment from thoughts a shift in consciousness that can provide relief and facilitate healing" [30].

Principle-based interventions differ from cognitive and rational-emotive interventions by focusing on the *ability to think* or "that people think," rather than thought content or "what people think." They do not focus on the recall of traumatic memories. Nor do they attempt to recondition people's dysfunctional schemas, or help them reframe or change their thinking. Rather, these interventions attempt to help people: (1) realize how the "reality" they see in any situation is only what they are inadvertently making up with their own power of thought, which they don't often realize; (2) transform their relationship with their thinking by helping them see that their thoughts—and therefore what they are experiencing as "real" in the moment—is a temporary illusion that will eventually change, so there is no need to take it so seriously; (3) see how well-being and wisdom naturally appear and are always available to them when their minds

clear and their thinking quiets down, and (4) realize there is no event, no matter how traumatic, that cannot be overcome when seen from a higher level of consciousness.

Cognitive and rational emotive interventions, on the other hand, focus on the content of the client's thinking as though reality is an absolute that people can think differently about, as opposed to the principle-based approach that asserts the "reality" people see and experience is itself their own thinking. For example, it views PTSD as a fact about which the client can learn to think differently. A principle-based therapist, on the other hand, would not view PTSD as a fact or given outcome of any event, but rather as one possible creation of the client's thinking. Thus, the principle-based view is unique because of its neutral view of thought as a creative power, rather than evidence of an external traumatic event with which a client's mind must interact. A more thorough comparison of the principle-based view and cognitive view of trauma treatment is presented in table 1.

Change is thought to occur in people as a result of this intervention because they have new insights about how their experience of life gets created. Something inside shifts; they saw life and themselves in one way, then it shifts to seeing life and themselves in a new light. For example, imagine the power for a person who had been subjected to trauma shifts from thinking, "I'm completely worthless, so it doesn't matter what I do," to "At my core I am completely whole, healthy and worthwhile, and I have a lot to offer". Or, instead of blindly following his or her thinking because it looks so real, this person realizes, "Wait, I don't have to follow every thought that comes into my head." Or, "Because I got raped when I was young, I'm damaged forever," to "Sometimes bad stuff happens, but I'm not going to let it ruin my life" [35]. It is this level of fundamental change this intervention is after and often occurs when people gain an understanding of how these principles work within them. When such shifts in consciousness occur, people go from blaming the outside world for the reason they behave and feel as they do, to realizing that their experience of life really comes from within. These new ways of thinking can only be realized through new insight (not cognitive restructuring), and new insight most often comes when the mind clears.

According to this view, when trauma exposed people realize their every experience is created from within, and how powerful the transitory and illusory images of their thinking appear to be, they are set free from living at the mercy of the thoughts they think. They realize that their painful symptoms are actually their own thought/consciousness manifesting negative, worrisome, distressing thoughts in the form of negative, worrisome, distressing experience, and that those thoughts have no life beyond the moment they are created in their minds. They understand that these symptoms are nothing more than painful past memories carried through time via thought, and, once realized, are able to allow these memories to pass through their mind uneventfully without chronic distress. They begin to view the painful physical and emotional changes as warning signs of the temporary, deteriorating quality of their state of mind, rather than upsetting information about the negative reality of their life circumstances. It is not easy to change people's thinking about what they view as a "fixed reality". However, when the same people realize their inherent ability to create and experience different "realities" about any situation or circumstance, their innate resilience surfaces.

While this understanding recognizes the presence of horrific life events that impact innocent people, it proposes that these events do not cause or determine how people experience them. It asserts that each person has the power to use the ability of thought in a manner that either produces distressing symptoms, or in a way that unleashes innate resilience. Principle-based practitioners attempt to help people realize that the experience of any circumstance is created by fundamental causal principles whose effects are predictable and calculable. When people fail to realize how thought works to create their experience of potential "traumatic" events, they are more likely to become gripped by painful memories of those events, and continue to re-think them instead of allowing them to pass through as new thoughts come to mind. On the other hand, when people realize the nature of the thought-experience connection, they begin to view distress as a warning sign to stop ruminating and do their best to allow their thinking to flow in a more natural, responsive way. Upsetting thoughts then lose their power, becoming no more real, and just as real, as any other thoughts. The person then becomes the artist

Table 1: A comparison of the principle-based and cognitive views of PTSD treatment.

Point of Comparison	Cognitive View	Principle-Based View
Source of PTSD symptoms	Client's irrational beliefs and unrecognized assumptions	Client's inability to understand-in the moment that thought is the intervening variable that creates the "reality" s/he experiences of the event
Specific Focus on Thought	What client thinks-thought content	How client and all people use the ability of thought to create experience
Assessment	To identify client's dysfunctional beliefs and assumptions	To identify client's present understanding of and use of thought as a function
Objective of Treatment	To renovate client's schema	To teach clients to recognize the role of thought and use it in their best interest, and to realize innate health
Treatment Process	Strategies and techniques to address thought content	Education about generic human psychological functioning (i.e., thought recognition)
View of Moods and Memory	Thinking is influenced by moods and the past	Moods and memory are thought.
View of Reality	Thought interprets client's reality	Thought creates client's experienced reality
View of Emotions	Emotions follow thought	Emotions are thought, and serve as a barometer of the quality of client's thinking
Cure is Achieved when-	Client changes thinking enough to cope with the trauma	Client realizes innate health and sees illusion of thought instead of "reality"

holding the paintbrush, able to create a constantly changing reality, rather than the trauma victim painted into a frightening scenario by thoughts that appear to be coming from life.

According to this view, once recipients of loss and trauma realize the principles behind how their psychological lives get created, or when their minds happen to clear either deliberately or fortuitously, they reconnect with the innate health/resilience that exists unaltered within. One author, a licensed psychologist, uses this understanding exclusively to treat trauma exposed clients and has observed this shift happen many times. For example, one client, a parolee, exclaimed at his first session, "I think I'm going crazy!" He explained that going to prison was very traumatic. His painful symptoms began to disappear, however, after he was assigned to clean the prison latrines. At first he felt even worse but, having no choice in the matter, decided to immerse himself in his work and soon after began experiencing, "more peace and contentment than I've ever felt before". He said his stress waned and he described feeling grateful, compassionate, and having insights about his past and his family. "Every morning," he exclaimed, "I couldn't wait to start cleaning those toilets!" When asked why he now thought he was "going crazy," he said the only way he knew to maintain this wonderful experience was to become a janitor, a job he despised! However, it wasn't the custodial tasks that made him feel differently; it was the fact that his mind calmed down while doing them.

Another client lost her home and neighborhood during hurricane Katrina. She entered therapy reporting severe depression and guilt because, "I felt more alive after the devastation from Katrina than any time in my life." Following the storm, instead of dwelling on her painful memories, she immersed herself in the rescue and clean-up operation. Her mind cleared, and natural resilience surfaced. Soon after, however, she reverted back to her old habits of worrying and self-abasement. Fortunately, both of these clients realized how by losing themselves in these very different activities, their minds cleared releasing the default setting of innate health/resilience. Fortunately, they also realized how to access this health/resilience as a way of life.

Accessing Innate Resilience versus Coping with Trauma

This new view proposes that the idea of "coping" with trauma pales in comparison to realizing and accessing natural resilience. Managing trauma takes considerable effort, often provides only temporary relief from painful symptoms, and typically has dysfunctional downsides. To illustrate the difference between accessing innate resilience and managing trauma, the oft cited trauma management strategies of repressive coping and self-enhancement will be viewed through the lens of these principles, below.

Repressive coping

Repressive coping involves dissociating from traumatic memories and emotions. Some research on repressive coping suggests that people may be better off repressing "traumatic" memories rather than illuminating them in support groups or psychotherapy [1,55]. For example, Ginsberg and associates [55] studied heart attack victims to determine whether those who repressed the event were less likely to develop PTSD. They found that of the repressors, only 7% developed PTSD within seven months after the infarction, compared to 19% of the voluble patients. In their studies of bereaved widows, Bonanno et al. reported that the repressors had less grief over time and a better overall adjustment [56]. In another study of female abuse survivors, Bonanno et al. concluded that the repressors (compared to others) had significantly less depression, anxiety, hostility and acting out [57].

These principles appear to explain these findings. Simply put, re-thinking painful memories increases psychological pain in the same way that re-touching a hot stove increases physical pain. Repressors, by dissociating from painful memories, avoid painful feelings. Repressive coping, however, takes considerable effort as repressors must always be on guard lest painful memories surface. Also, emotional dissociation has some potentially serious downsides. For example, using a technique called verbal autonomic association, Bonanno had people talk about their loss while he recorded their autonomic arousal (e.g., heartbeat, skin response, pulse rate, etc.) [1]. Repressors were participants who said they were not distressed, yet displayed high heart rates. This finding may help explain why repression has been associated with long-term health costs [58,59].

It appears that repressors misguidedly believe that certain thoughts are dangerous and have power to hurt or control them. On the other hand, when people understand how thought works to create their experience from within, and how powerful the transitory and illusory images appear to be, they are set free from living at the mercy of the thoughts they think. They begin to realize that the experience of trauma is merely their own thought-consciousness manifesting negative, worrisome, disturbing experiences and that these thoughts have no life or power beyond the moment they are created in their own minds.

Self-enhancement

Self-enhancers construct unrealistic or overly positive biases in favor of the self. According to Bonanno [1]:

Somewhat ironically, around the time PTSD was formalized as a diagnostic category, social scientists were beginning to challenge the traditional assumption that mental health requires realistic acceptance of personal limitations and negative characteristics [60,61]. These scholars argued instead that unrealistic or overly positive biases in favor of the self, such as self-enhancement can be adaptive and promote well-being.

Self-enhancers create "positive illusions" [61], positive distortions of reality, unrealistically optimistic self-views, and exaggerated perceptions of control [53,61]. Self-enhancement techniques have been associated with lower rates of psychopathology [62], enhanced physical health [63-66], improved motivation and task persistence [53] and romantic relationship satisfaction [65]. Bonanno et al. cite research in which self-enhancers were rated by mental health professionals as better adjusted in the immediate aftermath of the Balkan Civil War [67], and self-reported better adjustment while in or near the World Trade Center during 9/11 [55].

These findings make sense when viewed through these principles; consciousness makes every thought people think appear real to them whether they are rational or not. However, while biased, self-enhancing thinking appears to help people cope with trauma, under normal circumstances this thinking can impede their common sense and lead to less functional behavior. For example, self-enhancers have been found to score high on measures of narcissism, and to evoke negative impressions in others [68]. Some researchers view positive illusions as a form of defensive neuroticism [69]. Also, self-enhancement has been associated with inferior social functioning

and poorer overall psychological adjustment [70]. Leary suggests that there are likely numerous long term costs associated with inaccurate perceptions of self and reality [71]. Thus, the poorly anchored security produced by self-enhancement, referred to by some as "coping ugly," differs from natural resilience that exists before the thought of any particular frame of reference.

Principle-based Trauma Interventions

Basically, trauma interventions based on the three principles of Mind, consciousness and thought involve the conveying or "unveiling" of what these people really already know deep within their consciousness, or spiritual essence, so to speak. By creating rapport, a safe learning environment, and deep listening, principle-based practitioners attempt to help trauma exposed people realize: (1) it is not the traumatic circumstance that has created their experience, but rather what they have made of or how they perceive what happened to them; (2) they are connected to and can be guided by inner wisdom if their minds are calm and clear enough to hear it; and (3) they have the power to see their lives differently and therefore can regain healthy, resilient lives. When trauma exposed individuals grasp these understandings, they begin to see the truth about their traumatic circumstances—something of which their own minds create meaning and carry through time. Thus, their painful symptoms and misguided coping behaviors lessen because the engine behind them loses its power. They begin to realize they are whole and healthy within, and that this health is buoyant and ready to surface when the weight of their painful thinking is released. When trauma exposed people realize emotional disturbance is a temporary state of mind rather than a permanent condition, the grip of their traumatic memories loosens, and they are able to rebound to healthier states of mind more readily.

When trauma exposed individuals realize the creative power of thought and how to use it in their best interest, they experience self-efficacy and re-take the reins of their own lives. Without self-efficacy, people live as prisoners of their traumatic thoughts. With self-efficacy, they realize these thoughts can imprison them only if they are believed, taken seriously and followed. Some of the understandings that trauma exposed people have grasped through this process that have helped them re-kindle their inner resilience follow [12]:

- That they have resilience, wisdom, and common sense within them that they can always rely on for guidance, if their minds are quiet enough to hear it;
- That their own thinking is the only thing that can obscure their inner resilience, peace, well-being, and wisdom;
- That their experience can (and will) change with their next thought; therefore, they are never stuck where they think they are;
- When experiencing traumatic memories, their thinking can't be trusted, so they want to be careful of taking action during these times;
- That it is always possible to see any situation, no matter how horrid, from higher levels of consciousness; that as their consciousness rises the "reality" they see changes, and the higher the level the more they see possibility and the more they are able to maintain their well-being;
- That because we are all part of the same Universal Mind or formless essence, the Oneness, there is nowhere to fall; we are always safe.

The efficacy of principle-based trauma interventions

Over the past three decades, these principles have been taught to thousands of youth, their parents/guardians, and hundreds of social service, educational and criminal justice personnel in several impoverished, violent, crime-ridden communities in south central Los Angeles, Oakland, San Francisco, the South Bronx, Miami, Tampa, rural Illinois, Oahu, Minneapolis, Des Moines, Charlotte, and presently in the Mississippi Delta Region [41,72-74]. Since most of these communities were replete with violence, drug gangs, shootings, drug addicts and alcoholics, child and domestic abuse, many of the youth and adults who experienced this intervention had histories of trauma, crime/delinquency, and justice system involvement. The late Roger Mills who pioneered this intervention in many of these communities, stated [75]:

By showing the children how they were misusing their thinking to carry their traumas close to their heart, they were able to wedge a distance between themselves and their terrible memories. They learned to keep the past from infecting the present without denying the horror that occurred. The improvement they showed—in their attitudes, their relationships with their parents, their school work, and every other aspect of their lives—was remarkable.

Independent evaluations of these interventions consistently reported strikingly similar reductions in resident's posttraumatic symptoms, and dysfunctional coping behaviors such as crime, delinquency, drug use, unemployment, school truancy, school disciplinary actions, and child abuse and neglect. Furthermore, these evaluations uniformly concluded that community residents who realized these principles: (a) took a stronger leadership role in community development; (b) took more solid, sustained ownership in the community change process; and (c) positively altered how practitioners, police, and social institutions worked with and supported them to take the lead in community revitalization [73,76-78].

Furthermore, Banerjee et al. reported that female clients (many with traumatic histories) in residential principle-based substance abuse treatment showed significant improvement in substance abuse, general positive effect, anxiety, and depression [79]. McMahan and Fidler found that teaching these principles significantly increased self-esteem and reduced psychological distress among many traumatized, mentally ill clients [80]. Sedgeman and Sarwari reported positive reductions in stress and anxiety for HIV-positive patients following a principle-based intervention at the West Virginia School of Medicine [81]. Halcon et al. reported promising results after testing the feasibility, accessibility, and acceptability of a community-delivered principle-based intervention to reduce stress and improve coping of East African refugee women from Somalia and Ethiopia [30]. Kelley et al. reported that a principle-based intervention with 64 youth in Hawaii day treatment centers produced significant reductions in anxiety, depression, social problems, thought disorders, attention problems, and delinquent behavior [72]. Marshall's efforts to teach these principles to teachers and other staff in the Menomonie, Wisconsin and St. Cloud Minnesota schools resulted in reduced incidence of suspensions by 70%, of fights by 63%, and of violence by 65% [82]. Finally, Kelley concluded that increasing thought

recognition for 54 adult probationers was associated with a significant decrease in acute stress and increase in psychological well-being [33].

Support for innate health/resilience appears to come from research on mindfulness, or enhanced awareness or attention in the present moment [83-85]. The consensus of this research is that more mindful people allow their thoughts to flow through their minds without taking them personally or attaching them to the self [86]. More mindful people tend to allow their thoughts to pass through their minds without initiating chronic stress or self-esteem threats. Research using the Mindful Attention Awareness Scale [83] has found mindfulness to relate to natural resilience (i.e., non-contingent self-esteem, vitality, authenticity, autonomy and well-being) [86]. While there is little research concerning the influence of mindfulness on post-traumatic adjustment, some researchers have speculated there that more mindful people may experience growth after traumatic events [87]. Becker and Zayfert offered two hypotheses for this possibility [88]. First, mindfulness involves less re-thinking painful thoughts and less repression and avoidance behavior, both of which can be problematic. Second, because mindfulness involves viewing one's beliefs and attitudes in a more neutral, less personal way, it may lead to helpful insights about one's self and the world through the reconstruction or abandonment of non-adaptive schemas.

Viewed through the lens of these principles, mindfulness-based interventions quiet the minds of "successful" learners releasing the default setting of innate health/responsive, mindful thought [34]. However, absent the understanding that mindfulness is people's most natural state of mind, the field's view of the prerequisites for a mindful state (e.g., willful intent, self-control, bare attention, ego-quieting, various beliefs, and entire philosophies) is unnecessarily complex and potentially effortful. Pransky stated: When a person is able to realize a trauma for what it is, nothing more than a memory from the past carried through time via thought, the person would be able to allow this memory to pass uneventfully through her mind without distress…knowing that they are just thoughts and, as such, present no real threat to her well-being [20].

Limitations

While there is voluminous anecdotal and some empirical research in support of interventions grounded in these principles, researchers have not typically used adequate controls group designs or large enough sample sizes. Also, the principle of Mind is a formless, psycho-spiritual principle that is difficult if not impossible to adequately capture by scientific methods. However, Miller and Thoresen has stated, "Yet much of spiritual experience can be studied in an empirically rigorous and sensitive fashion, especially by scientists working collaboratively with religious scholars and practitioners to develop meaningful research" [38].

Masten proposed the need for a new practical wave of resilience research which she labeled "transitional synergy" [89]. This research would focus on "developmental cascades," the cumulative and progressive effects of numerous interactions and transitions which occur in developmental systems that have implications for adaptive behavior [90]. In this new research wave, a particular resilience factor or process would be targeted for change (e.g., enhancing self-control, increasing self-efficacy, improving attachment relationships). Then it would be specified how improving this factor or process would change the outcome of interest, and the change in that outcome would be measured. Applying Masten's model to this new understanding, the resilience process to be targeted is, *understanding how the principles of Mind, consciousness, and thought affect what one experiences of life*, and the outcome of interest to be changed and measured would be *reduced problematic behavior after trauma exposure*. Clearly, more rigorous, controlled research is needed to test this hypothesis, the logic of these principles, and the effectiveness of principle-based interventions.

Conclusion

Principles for realizing resilience offer a new view of trauma and human resilience, and a promising new intervention for PTSD. They view each of these experiences originating within the mind. They suggest that recipients of trauma can recognize their own innate capacity for resilience, access a quiet mind, and a responsive, mindful thought process. Their logic proposes that with a shift in consciousness, people can realize inner resilience, recognize how to access it so it becomes a lifestyle, and see how to prevent traumatic memories from infecting the present. They suggest that PTSD can be only a temporary and passing phenomenon or avoided entirely by how people use their power of thought. They view the painful symptoms of these disorders as signals to allow the mind to clear rather than continuing to re-think the thoughts that create them. This view proposes that people can access the innate resilience to transcend loss and trauma through the insightful understanding of the principles behind their psychological lives.

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