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## Natural Resilience and Innate Mental Health

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Bonanno's (January 2004) article on loss, trauma, and resilience represents another important step toward pointing psychology in a more positive and fruitful direction. Bonanno was right; psychologists have dramatically underestimated the human capacity to thrive after extremely aversive events. More important, psychologists have also failed to realize that the human capacity for resilience, highlighted by Bonanno, is natural and normal, part and parcel of the innate health built into all human beings. Bonanno concluded from his review of the research on grieving and posttraumatic stress disorder that resilience to interpersonal loss and traumatic events is common and represents healthy adjustment. This conclusion points to the existence of an innate human psychological immune capacity.

For decades, researchers in fields like physiology and medicine have marveled at human beings' innate physical immune system. Physicians assert that most of their interventions simply release this innate immune capacity that enables people to physically heal from the inside out. Furthermore, they attribute its source to an intelligent life force that they have yet to fully explain or quantify. Bonanno's (2004) research suggests a psychological counterpart, an innate psychological immune capacity that, when unhampered, produces well-being and wisdom even during extremely aversive events and facilitates psychological healing from the inside out.

The idea that all human beings have innate mental health, which includes a *natural* capacity for resilience, is the primary assumption of the principle-based psychology behind the prevention model known as *health realization*, which over the past two decades has been taught to hundreds of severely at-risk individuals (e.g., prison in-

mates, gang members, ghetto residents), empowering them to access and display the type of resilience chronicled by Bonanno (2004) (e.g., Kelley, 2003a, 2003b; Mills, 1995; Mills & Spittle, 2001; Pransky, 1997). Bonanno is right in asserting that focusing on coping and recovery following traumatic events is not enough. Psychology must begin to focus on psychological principles that combine to create all human experience and, using the logic of these principles, to design prevention programs that help people access their innate capacity for resilience and optimal functioning (e.g., Pransky, 1998, 2003).

Bonanno (2004) is off the mark, however, in his assessment that there are multiple pathways to resilience. When resilience is viewed through the principles behind human psychological functioning, it appears clear that the primary source of genuine resilience is allowing the human mind to think in the natural, healthy way in which it was designed to think. The multiple pathways cited by Bonanno (e.g., self-enhancement, repressive coping, positive emotions) represent less efficient attempts by people to use their thinking agency in more functional ways. These roundabout pathways could be easily circumvented, however, if people understood how to use their thinking ability to their best advantage.

Finally, Bonanno (2004) was right when he said that "dysfunction cannot be fully understood without a deeper understanding of health and resilience" (p. 26). Bonanno suggested, however, that this can be accomplished "by viewing resilient functioning through the same empirical lens as chronic forms of dysfunction and more time-limited recovery patterns" (pp. 26–27). Unfortunately, this empirical lens will inevitably lead, as it has already done with the study of dysfunction and is rapidly doing with positive psychology, to a proliferation of theories and models that promote a myriad of external sources and causes of resilience (e.g., Kelley, 2004). A more powerful lens that is more likely to produce breakthroughs in understanding health, resilience, recovery, and dysfunction is one that focuses on the psychological principles of mind, consciousness, and thought that combine to create all human experience and behavior from the inside out.

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## Clarifying and Extending the Construct of Adult Resilience

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It was a pleasure to read the comments in this issue (Kelley, 2005; Linley & Joseph, 2005; Litz, 2005; Maddi, 2005; Roisman, 2005) published in response to my recent article on adult resilience in the face of extremely adverse events (Bonanno, 2004). In that article, I focused on three crucial points: Resilience among adults represents a distinct and empirically separable outcome trajectory from that normally associated with recovery from trauma; resilience is more prevalent than generally accepted in either the lay or professional literature; and there are multiple and sometimes unexpected factors that inform adult resilience. Owing to the brevity of the article, I could only touch briefly on many of the more nuanced and complex issues suggested by the resilience construct; this left plenty of room for critique. Fortunately, the comments are generous and insightful and for the most part compatible with the driving goal of the article. As might be expected, of course, there were statements peppered throughout the comments that I deemed worthy of rebuttal or correction.