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The primary research question addressed in this article is the experience of anxiety (self-report) within the context of a number of variables, such as the coping strategies elicited by the individual. The anxiety experienced can be linked to various factors, including social support and situational variables. The anxiety can be influenced by previous experiences and beliefs, which may affect how individuals perceive and respond to stressors. The study aims to explore the relationship between anxiety and these factors, providing insights into how anxiety can be managed and reduced. The research is conducted within the framework of cognitive-behavioral therapy, which focuses on the interplay between thoughts, feelings, and behaviors. The findings contribute to the understanding of anxiety and its management, offering practical implications for mental health interventions.
Responses to Adversity: The Domain of Possibilities

When a physical or psychological downturn occurs in response to adversity, it has at least four potential consequences (O’Leary & Ickovics, 1995). One possibility is a continued downward slide (cf. Aldwin, 1994) in which the initial detrimental effect is compounded and the individual eventually succumbs (Figure 1). A second possible outcome is a weaker version of this one: The person survives but is diminished or impaired in some respect. A third possible outcome is a return to the pre-adversity level of functioning, a return that can be either rapid or more gradual. The fourth possibility—the focus of this collection of articles—is that the person may not merely return to the previous level of functioning but may surpass it in some manner.

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1 I make no distinction here between a discrete, time-bounded adverse event and a prolonged period of adversity. Although there are important differences between those experiences, I think the points made here apply to both cases.

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O’Leary and Ickovics (1995) used the term thriving to refer to this fourth possibility (see also O’Leary, this issue). In discussing this concept, they argued for the broader utility of a model that postulates more than homeostatic health maintenance. They argued that theorists, researchers, and practitioners need to recognize that adversity can eventually bring about benefits (see also Affleck & Tennen, 1996; Aldwin, 1994; Park, Cohen, & Murch, 1996; Tedeschi & Calhoun, 1995). That is, sometimes the experience of adversity promotes the emergence of a quality that makes the person better off afterward than beforehand.

This principle is presumed to apply both to psychological and to physical well being. Most of the articles of this issue deal with thriving as a psychological phenomenon, but we should give at least brief consideration to how the concept applies to physical well being. How can adversity lead people to have better health, if they were healthy before the onset of the adversity?

A moment’s reflection reveals that there are at least a couple of ways for this to happen. For example, a child who contracts chicken pox emerges from the experience with an immunity to subsequent chicken pox. Thus, in a sense this child’s health is better afterward than it was before falling ill. Similarly, a sedentary person with poor nutritional habits who, after a serious illness, becomes dedicated to exercise and healthy eating is in better health afterward than beforehand. There are limits, however. Even an excellent athlete can improve his or her condition only to some asymptote. Perhaps there are analogous limits to psychological thriving as well.

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Fig. 1. Potential responses to trauma. A downturn (physical or psychological) in response to a traumatic or stressful event can be followed by a downward slide and eventual succumbing, by survival in an impaired condition, by recovery to the prior level of functioning, or by the eventual attainment of a level of functioning superior to that displayed earlier—thriving. From “Resilience and Thriving in Response to Challenge: An Opportunity for a Paradigm Shift in Women’s Health,” by V. E. O’Leary and J. R. Ickovics, 1994, Women’s Health: Research on Gender, Behavior, and Policy, 1, p. 127. Copyright 1994 by Lawrence Erlbaum Associates. Adapted with permission.

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Definitional Issues

To evaluate the possibility that a person can be better off after adversity than beforehand requires us to be as clear as possible in our discussions. I offer a few suggestions in that regard. I suggest that the term resilience be reserved to denote homeostatic return to a prior condition (which I believe this term is commonly understood to imply). I suggest we take care to use another term—and thriving seems as good a candidate as any—to refer to the better-off-afterward experience.

Another distinction should also be upheld, this one concerning the situations that people confront. Highly stressful circumstances are usually characterized by the possibility of harm. Sometimes, however, there is also an opportunity for gain. These conditions are often distinguished from each other by labeling the former threat and the latter challenge (Lazarus, 1966; Lazarus & Folkman, 1984). These conditions differ from each other conceptually, but they often co-occur. This has led several authors to propose that the two conditions fuse in the experience of crisis (Erikson, 1968; see also O’Leary & Ickovics, 1995).

Although it’s important to recognize that these two conditions can co-occur, it is also important to keep the concepts (and the labels) distinct from one another. Sometimes stressors—especially traumatic events—begin as pure threats (or losses). Only later (if at all) does the sense of challenge emerge. To treat threat and
Another model for depression in adversity is to assume a change in the speed of recovery from a stressful event, which may be related to an increase in the duration or stressor from the event. However, the initial experience may influence a person's ability to recover from a stressful event. The more severe the stressor, the harder it is for the person to recover. This model is based on the psychological principle of the 'disappearing stressor' theory, which states that the longer the stressor persists, the harder it is for the person to recover. This is illustrated in the 'disappearing stressor model' discussed in the text.
Another possibility, indeed the possibility suggested most directly by Figure 1, is that the person who experiences thriving comes to function at a continuing higher level than was the case before the adverse event. Sedentary people who acquire physical fitness are functioning at a higher level than they previously did. People who come to appreciate fulfilling aspects of life on a continuing basis after a personal trauma are also functioning at a higher level than they previously did. In this model, something about the experience of the adversity and its aftermath has taken the person to a higher plane of functioning.

How do we determine whether thriving of this sort has occurred? It can be easy to evaluate in certain cases for which there are objective criteria. The previously sedentary person can be placed on a treadmill to show objectively that he now can perform at higher levels than he did last year. People who previously led sheltered lives, or lives with little sense of purpose, can affirm that they've started courses in painting and sailing, or that they've joined groups of others with like interests, and that their lives now are filled with social interactions that were lacking before the traumatic event.

Other cases are harder to evaluate, though, and one must be wary about concluding too readily that a particular outcome implies thriving. Sometimes people who experience adversity report later that the experience resulted in a greater acceptance of themselves or others (or the world); some people report a change in personal philosophy or orientation to life, changes in priorities, and so on (e.g., Collins, Taylor & Skokan, 1990; Dow, Ferrell, Leigh, Ly, & Gulasekaram, 1996; Ferrell, Dow, Leigh, Ly, & Gulasekaram, 1995; Fromm, Andrykowski, & Hunt, 1996; Kahn & Steever, 1993; Kurtz, Wyatt, & Kurtz, 1995; Wyatt, Kurtz, & Liken, 1993). This sort of subjective change is hard to evaluate. Such changes might be seen by some observers as moving to a higher plane of functioning, but others would disagree.

In particular, at least some of these changes hint at accommodation, a shift to being less demanding of the world, a blunting of expectations (cf. McMillen, Zuravin, & Rideout, 1995). Although such accommodation might very well be adaptive for the person (Rothbaum, Weisz, & Snyder, 1982), it is not obvious that it constitutes thriving per se. Some will disagree, but I believe change that consists solely of accommodation or scaling back of expectations should not be considered as evidence of thriving.

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2 A separate problem with this sort of outcome is that responses of this form are harder than are behavioral responses to distinguish from rationalization or dissonance reduction, which would not be regarded as thriving under any reasonable definition of the term. Although a given observed positive response to trauma may actually be rationalization, or dissonance reduction, or just a positive reframing of the experience, I will disregard this possibility throughout this article.

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Issues and Linkages

I recognize that there is a gray area (potentially very large) in which accommodation may occur as part of skill acquisition. That is, a person may learn to accept conditions that cannot be changed, as part of learning to discriminate between situations that cannot be changed and those that can, and of acquiring psychological and behavioral tools for changing the latter. Without developing lower expectations for unchangeable circumstances, that skill won't be as finely honed as it otherwise would be. It can be very hard to ascertain that accommodation in such a case is co-occurring with changes that truly reflect thriving, but such co-occurrence certainly is possible.

Features of Psychological Thriving

The descriptions of thriving in the preceding section were framed in a very abstract manner. A central feature in each view, however, was the assumption that the person who experiences the traumatic or stressful event benefits or gains in some way from the experience and can apply that gain to new experiences, leading to more effective subsequent functioning. What is the nature of the gain in concrete terms, with respect to psychological thriving? Beyond habituation, there are several possibilities, any of which may fit with any of the three conceptualizations just outlined.

Skills and Knowledge

People sometimes emerge from disruptive and even traumatic events with newly developed skills. To get through the experience successfully, they were forced to learn something they hadn't had to know how to do before. Sometimes the skill bears on managing the external world, such as dealing effectively with bureaucracies (or roofing contractors, or obtuse medical staff). Sometimes the skill bears on handling internal matters, as in affect management (Gross, 1998). The "skill" may be an actual skill or it may be an enhanced knowledge base: knowledge of the nature of a problem domain, or knowledge of resources available to people confronting such problems.

Whatever skill or knowledge the person acquires may be applicable to future problems (Aldwin, Sutton, & Lachman, 1996). When people master a new skill, they are more fit to deal with an unpredictable world. When people develop new pathways to get from here to there, they are more flexible in confronting the unknown. These flexibilities can even build on each other.

Confidence

Along with the ability to do something you couldn't do before comes the psychological sense of mastery (Aldwin, 1994; Moos & Schaefer, 1986). Along with
Theme: Learning and Recognition of the Self

When there is a difference in opinion or objection to a point of view, there may be a difference in opinion on the part of the person or group involved. This kind of conflict often arises because the two parties have different perspectives or values. In order to resolve a conflict, it is important to understand the perspectives of both parties and to try to find a way to compromise.

Conceptual Issues

From a more recent perspective, the concept of learning and development in early childhood is seen as a process of active construction. The idea of learning as a process of active construction implies that children are not passive recipients of information but are active participants in the process of constructing their own knowledge. This is supported by the work of Vygotsky, who emphasized the role of the environment and social interaction in the development of cognitive skills.

Strand: Personal Reflections

In the process of learning and development, children need to be encouraged to reflect on their own experiences and to develop a sense of self. This can be achieved through activities such as storytelling, role-playing, and discussion. By encouraging children to reflect on their experiences, they can develop a deeper understanding of themselves and the world around them.

Issues and Implications

- How can we support children in developing a sense of self and identity?
- What role do caregivers and educators play in the process of learning and development?
- How can we ensure that all children have access to high-quality learning experiences?

Conclusion

In conclusion, learning and development in early childhood are complex processes that require the active participation of children. By providing children with a rich and stimulating environment, caregivers and educators can help children develop a sense of self and identity and prepare them for future success.

References


Further Reading

much that growth is accelerated (if indeed it occurs at all). Thus, responses to trauma may provide a clearer window on processes that take place in many less extreme circumstances but normally are relatively hidden from view.

This idea is also reminiscent of Kelly's (1955) discussion of changes that take place in people's construct systems. Kelly distinguished between elaboration of a construct system (gradual growth) and the sudden reorganization of the system that sometimes occurs under conditions where there is a massive failure of prediction (usually, though not always, involving a traumatic event). If the reorganization that took place were adaptive (which was implicit in Kelly's argument), it would resemble thriving. The changes are in some respects the same as normal evolution of the construct system, but they are occurring in a sudden rather than gradual pattern.

Reorganization and Therapy: A Dynamic Systems View

This depiction of positive responses to trauma also resembles another view on the reorganization of the self—this time through therapy, rather than through trauma. This view of therapy rests on dynamic systems theory as an orienting framework (Hayes & Strauss, in press; Mahoney, 1991). Dynamic systems theory has a number of themes that go well beyond the scope of this discussion (see, e.g., Alligood, Sauer, & Yorke, 1997; Kelso, 1995; Thelen & Smith, 1994; Vallacher & Nowak, 1994, 1997; van Geert, 1994), but one of its themes is that the behavior of a system over time can be characterized in terms of a landscape of "attractors," configurational regions in which the system spends most of its time.

Attractor landscapes are sometimes portrayed in drawings of ridges and attractor basins (Figure 3). A metaphoric gravitational downward force tends to hold the system within a given basin once it has entered it. Attractor basins have varying degrees of stability (portrayed by their depth relative to their immediate surroundings), and they also have varying degrees of optimality (portrayed by their depth relative to the vertical axis). The landscape can be used at many different levels of analysis. Here I use it to stand for the person's overall life space, the person's total adaptation to the circumstances of his or her life. Various attractor basins may provide partial adaptations, but only one of the basins in Figure 3 reflects an adaptation that is optimal.

In the dynamic systems view, the broad goal of therapy is to move the person from a "local minimum" in this or her overall life space (the attractor basin now occupied) to a location that's closer to the optimal (Figure 3). That is, the goal is to deflect the person into a new attractor in which an existing problem is more fully resolved or in which global adaptation is more broadly positive than it now is. Doing this requires reorganization of what now exists. Inducing a reorganization is not easy. It may require some heavy shaking of the person's life space to bump the person over the edge of the attractor basin currently occupied. The change, if it happens, may be relatively sudden.

Better functioning

Fig. 3. The goal of therapy from a dynamic systems perspective: moving the person to a new attractor basin in which overall adaptation is better than it presently is (better depicted as lower). Achieving this requires a shakeup of the system, destabilizing the person's functioning, extricating the person from the current basin. This permits (though doesn't ensure) the possibility of arriving at a better attractor (2). Sometimes the result, though a change, is not an appreciable improvement (5). Potentially the result can even be worse than the starting status (4). From On the Self-Regulation of Behavior (p. 508), by C. S. Carver and M. F. Scheier, 1998, New York: Cambridge University Press. Copyright 1998 by Cambridge University Press. Reprinted with permission.

It has been suggested that successful therapy involves precisely this kind of process (Hayes & Strauss, in press; Mahoney, 1991). Certain kinds of experiences in therapy jostle or destabilize the system—the person (cf. Heatherton & Nichols, 1994; Miller & C&Baca, 1994). If the system is sufficiently destabilized, it can bounce into a reorganization. The reorganization won't happen, though, unless the system is destabilized enough to get it free of the current attractor.

Getting over the boundary may be prompted by a general failure in the person's adaptation to his or her life space. Indeed, rising over the boundary may constitute such a failure, without which major change is impossible. (For more detailed discussion, see Carver & Scheier, 1998; Hayes & Strauss, in press; Kuhn, 1995.) This general failure of adaptation might in itself be viewed as a traumatic experience. Such a construal of the effect of successful therapy would place the therapy experience under the same conceptual umbrella as the experience of thriving after trauma.
A Conceptual Model of the Situation

The situation the person encounters (Custer & Shorter, 1998) may be assessed as the amount of the person's perception of control. The person's perception of control is based on the person's perception of the amount of control the person has over the situation.

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**Hysteresis and a Second Kind of Exaggeration**

The second kind of exaggeration rests on another feature of the catastrophe surface, which is a little more complicated to explain. Increasing the degree of importance induces a bifurcation of responses into categories of continued effort versus giving up. Further, as one moves from the back edge of the surface toward the front, a zone of what’s called hysteresis develops (Figure 5). This is a region of folding and overlapping in the surface, such that two values of \( y \) exist for a given value of \( x \). (No points exist on the dashed portion of Figure 5, only on the top and bottom.)

Discussions of the cusp catastrophe often focus on consequences of movement on the surface from one area to another. Where you start has important consequences. Return to Figure 4 and consider points 1 and 2 on the back edge of the surface, where importance is low. These points are very close together on the confidence dimension. Thus, at low importance, they predict similar levels of effort. Now consider what happens if importance increases and these points are projected directly forward on the surface. They follow paths that quickly diverge, ending up at the two separate areas of the surface. Now the slight differences in confidence predict very different levels of effort.

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**Fig. 5.** Hysteresis. A cusp catastrophe exhibits a region of hysteresis (between values \( a \) and \( b \) on the x-axis), in which \( x \) has two stable values of \( y \) (the solid lines) and one area where values do not exist (the dotted line that cuts backward in the middle of the figure). Traversing the zone of hysteresis from the left of this figure results in an abrupt shift (at value \( b \) on the x-axis) from the lower to the upper portion of the surface (right arrow). Traversing the zone of hysteresis from the right of this figure results in an abrupt shift (at value \( a \) on the x-axis) from the upper to the lower portion of the surface (left arrow). Thus, the shift between portions of the surface occurs at two different values of \( x \), depending on the starting point.


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**Fig. 6.** The bifurcation set of the cusp catastrophe in Figure 4. This is essentially a downward projection of the two edges of the region of hysteresis onto a flat plane. It shows that as importance increases and the degree of hysteresis increases correspondingly, a person on the lower surface must attain a higher level of confidence (move farther to the right on the x-axis) to shift to the top surface as in Figure 5. With relatively low importance, the person must reach only point 1 on the confidence dimension to do so, but as importance increases, the confidence needed continues to increase, to points 2 and 3 and beyond. From *On the Self-Regulation of Behavior* (p. 298), by C. S. Carver and M. F. Scheier, 1998, New York: Cambridge University Press. Copyright 1998 by Cambridge University Press. Reprinted with permission.
When considering situational variables that foster growth, another association I have is to the literature of self-determination (Deci & Ryan, 1985, 1991; Ryan, 1993). This literature derives partly from the idea that behavior can be self-determined or can be controlled by forces outside the self. Controlled behavior is less likely to result in growth than is self-determined behavior. Numerous studies indicate that situational variables with a controlling nature, such as deadlines or surveillance, can undermine the sense of self-determination. It is only a short extrapolation to suggest that variables such as these may interfere with thriving. Situational variables that foster self-determination, on the other hand, should offer opportunities for thriving.

Another literature bearing on this issue stems from the idea that people sometimes see the tasks in which they are engaged as opportunities to show that they have particular knowledge and skills, and sometimes see the tasks as opportunities to acquire or extend their knowledge and skills (Dweck, 1996). Although individual differences influence the orientation that people develop in this regard, there is also evidence that situational differences can influence these perspectives as well. To the extent that people are encouraged to view their posttraumatic situation as one in which growth can occur (as opposed to a situation of "either you have what it takes or you don't"), growth is more likely to take place. As Tedeschi and Calhoun (1995) have pointed out, skilled therapists can insert such encouragement at propitious moments, helping to tip the balance toward growth. Indeed, preliminary evidence that therapy has such effects on personal growth is appearing in some of our own work with cancer patients, work that is now in progress.

Why Does Thriving Matter?

There are many reasons to be interested in the concept of thriving. My own interest is selfish. I am interested in implications the concept may have for understanding the nature of human self-regulation more generally (cf. Carver & Scheier, 1998). Other people whose work is represented in this discussion are interested in thriving for other reasons—for example, because thriving reflects the noble side of the human experience, making something good out of something bad. It should also be noted, though, that there are practical reasons for being interested in the existence of this phenomenon and for understanding its nature, in order to foster its occurrence. Practical, of course, means financial.

When people have heart attacks or strokes, are treated for cancer or rheumatoid arthritis, or experience rape, natural disaster, loss of a job, or other traumatic events, their future becomes more uncertain. Some of these people are more resilient than others, rebounding from their adversity to their premorbid level of functioning (or nearly so). These people cost the health care (and mental health care) delivery system considerably less than less resilient people.

References


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