

## Engaging with Resilience: A Program with a Purpose

**Pranami Tamuli and Aparna Sanyal**

### Abstract

The paper explores the potential of using a Resilience Science informed framework in designing promotive/preventive mental health intervention programs through a study of the preliminary findings from a program implemented by The Red Door, a mental health organization working in India. The paper also shares significant findings regarding the efficacy of two Resilience protective factors, Cognitive Flexibility and Social Support, in engendering improved coping with stress and emotional well-being.

### Author Profiles

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### Introduction

In 1942, a psychiatrist of extraordinary talent whose work in suicide prevention had helped countless women and youth in Vienna, was incarcerated at the Theresienstadt concentration camp with his parents and pregnant wife. He would experience the horrors of three more camps, including Auschwitz, before finding freedom in 1944. Among his family, only he would make it alive.

This man would emerge from the debris of the Holocaust to make a seminal contribution to our understanding of the deepest human motivations. How could a man who had lost all, who could legitimately lead the rest of his life suspended in despair, go on to not just help many more people deal with the miseries of their lives, but also painstakingly re-build his own life and purpose? The answer lay in ‘Will to Meaning’ (Covey 2008), a concept he propounded that would substantively challenge Freud’s ‘Will to Pleasure’ and Adler’s ‘Will to Power’ as the prime drivers of human experience.

This was Viktor Frankl, and his journey, in many ways, exemplifies a life informed by Resilience.

Emmy Werner was 10 years old when World War II broke out in Europe. By her own admission, she did not learn much at school, having spent most of her school days in air-raid cellars. She lived through the infamous ‘saturation bombing’ of towns along the Rhine and Ruhr by the Allies. By the time World War II ended, she had lost much of her family and school friends. In an interview years later, she would talk of a crucial observation she made in the aftermath of the bombings. “The ones who came back to school, seemed to share something in common: the fact that they were able to not look back at the bad things that had happened to them, but forward to what they could make now out of the opportunity to go back to school, even though there was rubble all around them.” (Werner 2012)

Werner and Frankl were united in their experience of war, and the ways in which their life’s work would be shaped by it. Werner would go on to lead a path-breaking longitudinal study tracing the developmental trajectories of hundreds of at-risk children born in 1955 on the Hawaiian island of Kauai – findings which would revolutionize existing frameworks of understanding human resilience in the presence of adversity.

Frankl, too, indirectly, illuminated the mechanisms of Resilience when he spoke of transcending suffering through the pursuit of meaning (Frankl 1992). His work demonstrated the micro-cosmic level at which Resilience can operate in the individual as well as the possibility of exercising agency in actively choosing Resilience.

## **Resilience: Conceptualization and Definition**

Etymologically speaking, the term ‘Resilience’ has its roots in the Latin *resiliens*, present participle of *resilire* meaning “to rebound, recoil,” from re- “back” + *salire* “to jump, leap”. (Online Etymology Dictionary) From its first documented use in the 1620s, Resilience has been understood as the ability to withstand distortion or recover from damage when exposed to trauma, adverse circumstances or continuous stress.

The discourse around Resilience gathered momentum in the 1980s with two pioneering studies of children at risk undertaken by Werner and Smith (1988, 1992) and Garmezy and Rutter (1983). Werner and Smith studied the life trajectories of almost 700 individuals in Kauai, Hawaii, from birth to the age of 32. Garmezy and Rutter conducted a developmental study of 200 children in urban settings in mainland USA. Through these comprehensive studies, the researchers were able to detect a similar pattern in the lives of at-risk children – despite growing up in conditions determined to be ‘high risk’, a significant number of children developed into well-adjusted adults. Werner and Smith (1988) concluded that most children seemed to have self-righting tendencies, and that competence allowed them to flourish even under adverse circumstances. These findings marked the beginning of a paradigm shift from a deficit model that examined pathology under adverse circumstances to a positive model that focused on the processes and factors that allowed children to flourish in the face of adversity. This was the point at which modern research in Resilience began in right earnest.

Resilience, as a concept, has been used in diverse disciplines from Physics to Ecology, and Economics to Psychology. Even though the specificities of use may be disparate, there is consensus on its core meaning: Resilience means ‘bouncing back’ from adversity.

An exploration of this definition through the lens of significant researchers in the area of Resilience Science allows us to surmise that Resilience is the ability of a dynamic system to withstand permanent damage to its functioning and growth by adapting successfully to disruptive circumstances. Further, Resilience emerges when the protective factors available to an individual (intrinsic attributes like self-efficacy, self-regulation and cognitive flexibility combined with external motivation from a supportive environment) mediate successfully with the risk factors (Werner & Smith 1992; Garmezy & Rutter 1983; Masten et al. 1990; Benard 1991).

### **Is Resilience innate or can it be developed?**

Resilience has acquired a mythical status among human qualities given the common impression that its innate presence in a person will ensure that they will overcome the most overwhelming of odds. However, over four decades of research into the functions and processes that constitute Resilience have yielded certain insights that de-mystify it and that have significant implications for practice in all domains concerned with human development and well-being. What has been discovered is first, Resilience is not a singular trait or ability of a person. Resilience is increasingly regarded as a sophisticated and multifactorial construct with both neurobiological and psychosocial underpinnings that are tangible across emotional, cognitive, behavioural, social and psychological domains of functioning (Malhi et al. 2019). Second, it is the outcome of a process where the protective factors available to an individual (both intrinsic and extrinsic) function

synergistically and mediate successfully with risk factors/stressors to enable an individual to sustain optimal functioning when exposed to adversity (Masten 2010).

Malhi et al. (2019) elaborate on the psychosocial mechanisms that underpin Resilience and how it is contextualized in relation to adversity. Ordinarily, resilience building is facilitated when exposed to optimal early-life experiences and supportive environments that provide a sense of security and belonging, self-worth, realistic mastery and control from an early age. However, when allostatic load increases in response to adversity, naturally built resilience may not suffice to withstand the pressure on the stress responsive system. This is when, as Malhi et al. (2019) explain, strengthening of protective factors is needed to produce adaptive resilience.

Recurring attributes of persons, relationships, and context emerge as predictors or correlates of Resilience across diverse situations, underlining the presence of a “short list” of protective factors associated with good adaptation or recovery during or following significant adversity (Masten & Obradovic 2006). Psychosocial attributes such as strong executive function skills, self-regulation and perceived self-efficacy have been identified as intrinsic protective factors (Rutter 1987).

Masten (2010) mentions the extensive nature of individual case studies, ‘natural’ experiments, and prevention and intervention research that indicate that Resilience can be an achievable outcome of training, a conclusion that is substantiated by findings on the effectiveness of positive interventions as well. (Seligman et al. 2009; Waters 2011; Khanna 2016; Zhao et al. 2019).

We therefore surmise that Resilience is not an innate trait that only a chosen few have. It is an outcome influenced by the presence of significant protective factors that can be learnt and strengthened through training.

### **Crucial Protective Factors: Findings from a Resilience Science informed mental health intervention in India**

The implication that Resilience is a highly trainable outcome has been tremendously encouraging for The Red Door (TRD), an Indian mental health initiative that has been working extensively with a young demographic since 2011. After a two-year R&D period, and building on a previous 5 year-long mental health intervention program called ‘Peaceful Warriors’ that it had conducted for at-risk children in two Pune schools, the organization launched a Resilience Science informed intervention program in 2020.

The objective was two-fold:

1. Engendering better mental health/emotional wellbeing in the present.
2. Enhancing the probability of Resilience when exposed to adverse life events in the future, and a consequent reduction in the development of debilitating long-term mental health issues.

The program has since taken the form of an online Fellowship which is spread across 3 months with two sessions per week. Between 2022 and 2023, the Fellowship has been offered to 60 individuals under the age of 35. The Fellows were largely from urban backgrounds.

A shorter program, in the form of a workshop, with some of the key concepts around Resilience was also designed. This was offered both offline and online in 2023 to over 200 adolescents and adults under the age of 30. The workshop was facilitated in Hindi and English, and reached out to participants from urban, peri-urban and rural areas.

The program curriculum consisted of experiential-learning intentioned modules designed to strengthen psychosocial skills designated as ‘protective’ in Resilience Science. A significant challenge during the curriculum design was in the selection of the optimal/fundamental protective factors/skills that would also be sufficiently acquirable through experiential learning techniques.

The selection of psycho-social protective factors that met the aforementioned criteria was challenging, given that a constellation of protective factors have been identified in Resilience Science, with little consensus on the ones that are optimal and/or fundamental to fostering resilience. The selection was made after ascertaining which factors evinced the most overlaps in Resilience literature<sup>1</sup> as well as in data from other evidence-based Resilience focused interventions (for instance, the Penn Resiliency Program).

The protective factors that emerged as the most consistent across literature were the following:

- Cognitive Flexibility (also referred to as “shifting”), which refers to our ability to switch between different mental sets, tasks, or strategies (Diamond 2013; Miyake & Friedman 2012);
- Cognitive Emotional Regulation, i.e. changing one’s appraisals of a situation in order to change an emotion’s duration, intensity, or both (Ochsner & Gross 2005);
- Self-Efficacy, which is perceived as people’s beliefs about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives (Bandura 1994);
- Access to Social Support, which refers to a social network’s provision of psychological and material resources intended to benefit an individual’s ability to cope with stress (Cohen 2004); and
- A Spiritual Core, an individual’s understanding of, experience with, and connection to that which transcends the self (Drescher et al. 2004).

Luthar et al. (2000), in their elucidation of guidelines for future work in Resilience, highlighted a need for greater attentiveness to the bi-directional nature of links between the pursuit of knowledge on protective processes (or factors) in Resilience and intervention efforts to foster these. In recognition of the need for an interface between Resilience research and intervention research to aid the streamlining of protective factor selection in incipient/future interventions, this paper attempts to throw light on two psychosocial protective factors targeted through The Red Door’s

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<sup>1</sup> A tally chart was used to ascertain the frequency with which each protective factor was identified in Resilience literature.

Resilience program that have elicited the most encouraging responses from the participants of the program. The findings are shared in the latter half of this paper as case-vignettes.

### **The 'Chosen Two'**

Cognitive Flexibility and Social Support were found to be two of the most impactful protective factors offered through the program as evinced by the frequency with which they were self-reported as helpful by the participants in the fellowship and workshops under The Red Door Resilience program.

#### ***Protective factor I: Cognitive Flexibility***

The protective factor of Cognitive Flexibility emerges as foundational, given that it is the attribute that allows for an openness to new concepts, to learning about and exercising other protective factors. At a fundamental level, if a common stressor such as conflict with a close familial relation or an adverse life event such as the unexpected loss of a job were to be conceived of as the 'stimulus' (Covey 2008), then Cognitive Flexibility is the quality that allows the subject/individual experiencing the stimulus to perceive and capitalize on the 'space' that exists between the stimulus and response. Covey (2008) observes, "*Between stimulus and response there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom.*"<sup>2</sup> (viii)

Cognitive Flexibility (CF) is a core executive function skill that allows us to switch between different mental sets and perspectives (Diamond 2013). In Resilience Science, CF has been explored as a powerful tool that can be activated to step back, disengage from the entrenched, culturally mediated meaning of a distressing event to reappraise and reframe it in a way that facilitates recovery and well-being (Iacoviello & Charney 2014; Troy et al. 2018).

In the Cognitive Flexibility module of TRD's Resilience program, the ground for strengthening CF is laid by asking the questions: How do we perceive/think about the world around us? What shapes our perceptions? And do we have a choice in how we perceive/experience distressing events?

Ideas around the socio-cultural context of perceptions and the role of cognitive biases/mental heuristics in shaping our thoughts are interrogated through interactive activities.

The module encourages participants to become more aware of socio-cultural influences, (Crain 2010; Paquette & Ryan 2001), on how they perceive themselves and their lives, also interrogating ideas of 'normal' and 'ideal'. The goal is to enhance consciousness of the socio-culturally mediated, and therefore relative as well as subjective nature of the meaning that is given to events/stimuli. Another aspect that is explored is the role of cognitive biases/mental heuristics in mediating thoughts/responses.

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<sup>2</sup> Stephen R Covey, "Foreword". In Alex Pattakos, *Prisoners of Our Thoughts- Viktor Frankl's Principles for Finding Meaning in Life and Work*, Covey a longtime admirer of Frankl's work mentions these lines as being emblematic of Frankl's approach.

In addition, the basic neuroscience behind CF, its functions and practical use as a powerful tool in the amelioration of everyday stressors are explained. Emphasis is laid on how to practice, with the prompts – ‘How can I use cognitive flexibility to reduce my anger/fear/distress?’ and, in conflict situations, ‘Can I observe the conflict from the other person’s perspective/ Can I understand where they are coming from?’

The following section provides a description of how CF has been used by the participants of the program.

### **Case Vignettes<sup>3</sup>**

Case 1: Seema is 19 years old, the elder of two sisters. She is working towards a Bachelor’s degree. Her grandparents and parents experienced the Bhopal Gas tragedy first-hand and her opportunity for higher education has been hard-won. Seema is also part of the ICT skills program of Mahashakti Seva Kendra, an NGO in Bhopal. In the resilience workshop TRD conducted for her ICT class, she was inquisitive and noticeably interactive. After one of the workshop sessions, she approached a facilitator to talk about how she was actively able to use cognitive flexibility to deal with an issue she had been facing for the past few months. She revealed that she had been intimate with her partner and was riddled with guilt over her actions, feeling that she was a ‘bad’ person.

These thoughts were so persistent that her sleep patterns were adversely affected and she was unable to concentrate on her studies. She told the facilitator that after the session on cognitive flexibility, she realized that she did not ‘have’ to think in ‘only one way’ about her situation. She said she used the techniques that had been taught in the session to take a step back, to question what was ‘bad’ about her pre-marital relations. She recognized the unfairness of the fact that her male partner would not be judged as ‘bad’ in the same context, that the judgement itself was patriarchal. Seema was able to interrogate and thereby, dismantle her internalized judgement and persistent negative self-belief by actively using CF as a tool.

Case 2: Rohan, 31, works in the area of Energy and Sustainability at an organization in Delhi. During a session that focused on applying CF through Active Perspective Taking to help in conflict resolution with a loved one, we focused on the relationship with his father. This was a relationship that was characterized by constant arguments and strife, and was a major stressor in his life. Within a role play scenario, he ‘stepped into his father’s shoes’ and as he did, he was able to find within him an understanding of the rigidity of his father’s opinions as a reflection of his difficult life experiences. He was able to take a fresh look at many incidents with his father, from as early as his school days, which had caused him hurt and grief – such as his father not being present for his school functions that led him to feel ‘unloved’. Through the session, he was able to internalize his father’s experience of adolescence and young adulthood, leading to the realization that his father’s upbringing had led him to prioritize other values in order to survive and emerge from his own difficulties. That his father’s actions came not from trying to elicit a certain reaction from him, his son, but from trying to make sure that the challenges he himself had faced would not inhibit his son in any way. He later reported that this session softened his constant irritability towards his father.

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<sup>3</sup> All names have been changed to maintain confidentiality.

Rohan has also spoken of how he has applied CF as a tool to defuse his feelings of discontent and failure for being unable to secure a PhD funding to study abroad. He had completed his Masters from a University abroad and felt utterly hopeless when he was forced to stay back with his parents in his home-town. This was during the pandemic, when he was compelled to take ‘a work from home’ job. He missed the freedom he had experienced and reported not having ‘great mental health’ at the time. By the time he had joined the Resilience program in 2023, he had moved to Delhi but carried the heaviness of that period with him.

Rohan reported that he used CF to interrogate the bitterness that he experienced while at home, something that he had carried with him even when his circumstances had changed. He realized that he had completely discounted the difficulties he had experienced in London. He had experienced multiple health issues and it had been a very stressful and isolating time. Somewhere, his failure to get a PhD funding and go back, the perceived social humiliation, and the dashing of expectations had caused him to create a very blinkered, unduly rosy picture of his time abroad. This realization opened him up to appreciating the time he had spent at home with his parents, the comfort and the wonderful home-cooked food his mother would make for him. He says he has since been experiencing more peace of mind and says that ‘everything feels much better now.’

Case 3: Purva, 18 years, is part of a grassroots organization in Madhya Pradesh that teaches martial arts to girls in rural schools. She is a trained martial artist and, as reported by her supervisor, an excellent coach, training up to 200 girls in a single class. Her family is not well off economically and she has dreamed of being a lawyer for as long as she can remember. At the time of attending the Resilience workshop, she had appeared for her senior secondary board exams and was awaiting results. On the first day of interaction, she expressed that she had been experiencing extremely low moods and a feeling of helplessness for over 4 months – because her family was unable to support the coaching that would help her crack her law entrance exams. She said she felt completely hopeless and unable to comprehend what she could possibly do to get her life back on track. She had lost interest in the things she had earlier enjoyed and was even contemplating leaving martial arts. During the CF sessions that were conducted with her cohort, terms such as *Jugaad*, a homegrown concept in India where people often repurpose things with a pre-defined utility to solve problems, were used. For example, if a tap is missing the top, a key can be fitted on it to turn the water on or off. CF was explained as essentially the faculty that is used in ‘*Jugaad*’ – disengaging from the common/fixed use of an object and applying a different meaning to it. The idea of changing meanings or perspectives was simplified by drawing examples from the everyday. The participants were given a task to complete at home – use different filters to look at a problem that they were currently experiencing.

Purva reported that she had looked at her problem – not being able to attend coaching classes – with different filters. It was hard at first, she said, but with some effort, she came up with the following conclusions.

- a. She wanted to become a lawyer not because she was interested in law as a profession but her potential to earn from it. She had taken her cue from a distant uncle who was a practicing lawyer and financially secure.
- b. Nobody in her family had ever pressurized her to study law. She was the one who had been completely transfixed by the idea.



- c. Would she be a good lawyer? She felt that it would involve a certain shrewdness that she believed she did not possess. It was not in her nature.
- d. It was in her nature to be empathetic. She was a good listener and felt a great sense of satisfaction when she was able to provide comfort to her friends in distress.
- e. One of her teachers at school had suggested studying psychology. She did well in the subject and she found it interesting. Why hadn't she thought of it as an option before?

These were all self-realizations brought on by a process suggested at a workshop about using CF as a tool and a prompt for using it to look at a current problem. Purva reported that she felt less stressed, and was now enthused about looking at possibilities of studying psychology in her State.

The above vignettes are a select sample of the positive responses elicited regarding the conscious application of CF as a tool to alleviate distress.

A longitudinal study to look at the longer-term impact of applying CF as a tool in strengthening mental health is planned in the future. However, a preliminary conversation with a participant who was part of the program in 2022 offers a glimpse into the possible impact it could have.

#### *Longer Term Impact of CF Training on Resilience*

Case 4: Adya is a 28-year-old dancer from Chennai who is now training to be a Psychologist. Before attending the program, she had described herself as someone who struggled with her mental health, often thought of self-harm, felt misunderstood by many in her life, and harbored anger and grief towards her parents for what she felt was their inability to understand her and her aspirations. She mentioned how, after her initial understanding of CF and its usage as a tool during her participation in the program, she used it consciously in the months after to reduce stress, applying it to various problems she encountered at work and in her personal life. She has reported that practicing it consciously for a few months helped her internalize it. She now realizes that she applies it quite automatically and it is only during her periodic journaling that she observes how often and effortlessly she has been using it. It is a tool that has been helping her with emotional regulation (Ochsner & Gross 2005), which allows her to feel a greater sense of control, rather than feeling overwhelmed and powerless before her emotions.

While ensuring an enduring application of CF as a Resilience tool to navigate life's most difficult moments is beyond the scope of any program, one can hope that the participants internalize the potential of the tool and the possibilities it holds, choosing to use it when the need arises in their lives.

One of the Fellows from the 2022 batch wrote about it thus:

*'Though I had read about Cognitive Flexibility before, the fellowship allowed me to contemplate about it... that one is free to assign different emotional meanings to things that occur made me feel lighter. Since then, I have been trying to question the default narrative about painful events as and when they arise in my mind and trying to see if they can be seen under another light. And even if I fail to see them under another light, knowing that the possibility exists is extremely comforting. For then, the pain is not for eternity, not absolute and it's only a matter of patience and perseverance.'* - Sahil, Fellowship batch of 2022.

### ***Protective Factor II – Social Support***

The role of social support has been well documented as a significant Resilience protective factor through enhancement of an individual's ability to cope with stress and protection against developing trauma-related psychopathology (Werner-Seidler et al. 2017; Cohen 2004; Southwick et al. 1999). Social support is a multidimensional construct, which includes forms of emotional support, such as those derived from intimate, confiding relationships, but also instrumental support, which confers more pragmatic and practical assistance such as providing advice (Tardy 1985).

#### ***Engendering Social Support through a Fellowship Program***

The creation of a supportive community has been a significant component of TRD's Resilience Program, especially in the online Fellowship. The program creators were cognizant of the challenges in eliciting an openness among the participants in embracing the possibility of meaningful connections of support and care within the online space. In TRD's experience of working with communities and groups, the team has experienced an understandable reticence on the part of participants in opening up in a group setting, in sharing struggles, in being vulnerable and, especially, in actively asking for support. These aspects have been explored in studies on social support (Cohen & Wills 1985; Uchino 2004) and found to have detrimental effects on self-esteem. However, Southwick & Charney (2012) assert that far from signifying weakness, interdependence with others is a foundation for resilience.

In conceptualizing an online space where such connections could be fostered, the program creators leaned on the principles of Peer Support, a model of giving and receiving support where connections are forged from shared experiences of emotional pain (Mead et al. 2001).

Inspired by studies that have shown the impact of modeling desired behavior (Morgenroth et al. 2015) to represent what possibilities, and to inspire similar behavior, the Fellowship facilitators modeled vulnerability by sharing difficult experiences. They also actively asked for consideration and support during times of distress, thus demonstrating their personal trust in the community and the space. The effect of such efforts is evident from reflections shared by the Fellowship participants through a feedback<sup>4</sup> sheet. Some of these reflections are reproduced below.

Sarani, a Fellow from the batch of 2023 wrote, *'In a session on problem solving, our facilitator told us about her deepest fears especially about losing her job and I could relate with it so much. Being in the tech industry has really been extremely hard for the past two years, where I saw a lot of my seniors being let go from their jobs. I love how vulnerable we were able to be throughout the whole fellowship journey.'*

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<sup>4</sup> The feedback form for the Fellowship consisted of a Google sheet where Fellows were asked to give their feedback on every session conducted for them through the program. The Fellows wrote in English. For the workshop conducted in English, a Google form was prepared that the participants were asked to fill out. For the workshops conducted in Hindi, feedback was given in-person voluntarily by those who wanted to share their thoughts with the facilitators. We can share the feedback form with interested practitioners.

Tanvi, also from the batch of 2023, shared that the program facilitator's vulnerability helped her realize that it was acceptable to express her own. She said, *'Love how (facilitator) is vulnerable enough to express herself by crying sometimes, while holding the space for others and listening to their stories. This is something I struggle all the time to not do and I find it extremely hard not to cry. This is the kind of inspiration I've always needed.'*

The peer support model is founded on the idea that people who have similar experiences can better relate and can consequently offer authentic empathy and validation. (Mead & MacNeil 2006). With this in mind, the program creators designed certain activities within specific Fellowship modules to elicit the sharing of difficult experiences.

Tanvi talked about how such sharing enhanced the space, saying, *'...and as we get more comfortable with the fellow cohort members, I get the sense that the sessions are becoming that much more enriching with each story, each sharing.'*

Kavit, from the Fellowship batch of 2022 expressed how safe he felt in sharing his story in the group, saying, *'I got to share things among the Fellows which I haven't even done with most of my closest friends, and not once did I feel uncomfortable, even though this was a difficult topic for me to open up about. It is kind of a surreal experience for me, being in a safe space where I can open up about myself without fear of being put down for my thoughts.'*

Azade (Fellow in 2022) mentioned how the Fellowship space allowed her *'...to talk about larger triggers that have been present but left unaddressed for years. Everyone that I spoke to made me feel heard and validated my feelings; this was the first space I have felt listened to without feeling an ounce of judgement.'*

The peer support model allows for the creation of a space where people with similar lived experiences may offer each other practical advice and suggestions that professionals may not offer or even know about (Mead & MacNeil 2006). Within the Fellowship, it was observed that not only were participants able to openly voice their struggles and find solace, but were able to receive solutions as well.

*'I was going through some of the toughest times of my life and there were moments that I could not have overcome, if not for this Fellowship. I felt so many emotions and I am grateful for that because feelings demanded to be felt. For the longest time I tried to be strong, suppressed my feelings, put on a false face, acted like things did not matter when actually they affected me so much.'* Yalla, Fellowship batch of 2022

When conceptualizing the Fellowship space, the program creators internally wondered how effective the sharing of difficult experiences would be within a group setting, if certain members had never been through similar experiences and would not be able to relate to them. Would that preclude empathy and result in judgement?

Peer Support acknowledges that people have different ways of looking at the world. Our individual contexts of family, community and culture determine how we think about things, how we describe ourselves and ultimately, how we understand and live our lives (Mead et al. 2001).

The Peer Support framework, therefore, encourages the interrogation of pre-conceived notions that might cause one to ‘judge’ the experiences and feelings shared by another. The module on Cognitive Flexibility was effective here, as it facilitated an understanding of where such notions come from. Through interactive activities, the module enhanced participants’ awareness of socio-cultural and familial influences on individual worldviews, to enable conscious appraisal of the socio-culturally mediated, therefore relative as well as subjective nature of individual notions.

Sarani expressed how useful she found the Cognitive Flexibility module, saying *‘I have found my safe haven within the fellowship community... allowing me to openly express my views without any judgement. And also growing the capacity to listen to other people without judgement. I think the sessions on cognitive flexibility were the ones that really enforced in me that just my own thoughts are not the best ‘thoughts’ out there. People think a certain way because of how their lives have been and my ‘reality’ might not necessarily suit their ‘reality’.*’

Sahil, a Fellow from the batch of 2022, also expressed a similar view, when he said, *‘Trying to see the same story from different lenses in the CF module was quite good actually. I had done similar exercises before but never with content that was emotionally charged with such intensity. Getting a glimpse of how different people constructed different narratives of the same story helped in loosening my identification of the event with my own narrative. This in turn, opened a possibility to listen to the other.’*

The conscious application of these learnings enabled a space where participants were able to speak freely, where listeners were consciously able to interrogate and withhold judgment, practice active listening and hold the space respectfully. That the presence of these elements within the Fellowship space allowed the fostering of a community where support and care was inherent is clear by what Aamna, a Fellow from the batch of 2023, shared:

*“In this space, I’ve gained care and compassion for myself. Being in a profession where I have to constantly give care, the feeling of being a receiver of the same is thus a feeling almost unknown to me. TRD Fellowship and co-fellows made me feel cared for by sharing their stories and hearing my own.”*

Shiby, also from the batch of 2023, spoke of what the community thus created meant to her, saying, *“The community we have built through this fellowship is a non-judgmental, empathetic and loving space that has been holding the presence of each one of us with utmost care and gentleness. For me given the transition I am going through in my life, the fellowship, the facilitators and the cohort has been a grounding space.*

*To come back to a space where the topics covered are held in its complete wholeness in practicality and to let me speak my heart out is a sacred space in today’s day and age.”*

The response from participants has given the program creators hope regarding the potential of building communities of care by incorporating principles of peer support where shared experiences become the foundation of empathetic connections. Activities designed to elicit the sharing of difficult experiences as well as the program facilitators modeling desired behavior by being vulnerable were found to be very effective. The Fellowship participants were also encouraged to practice the Resilience tool of CF to interrogate preconceived notions, which helped in creating a

safe, non-judgmental space within the Fellowship. The responses from the participants also offer significant insights into the impact that social support has on emotional wellbeing and in fostering Resilience in the long run – how an empathetic and supportive community can offer validation and comfort, engender the experience of care, and the joy of belonging as well as the confidence to deal with adversity.

*‘I feel I have gained a Sangha of the like-minded and introspective, with the hope to make the world better for themselves and others. I am of course grateful for this opportunity, this will be my unfair advantage in life. Unfair because everyone deserves a chance to immerse in such a program where a safe space is created for you to explore, introspect, unlearn, unravel and so much more with everyday people who have age old questions, new age problems and an eternal quest to become better and happy. Having gone through this program gives me the courage to say yes to life, actively and especially in adversity. It is a continuing process and I hope to do justice to this program by being the best for myself and the people I come across.’ - Tehjaswin, Fellow from 2022.*

## Conclusion

The psychological fallout of the COVID-19 pandemic was immense, with the WHO reporting a 25 percent increase in the global prevalence of anxiety and depression. As we head into a future where climate change related adversity is imminent, and given the mental health crises in the aftermath of the pandemic, the need for active preparation to meet predicted challenges – to build resilience, so to speak, becomes a matter of pragmatism.

For The Red Door, which had worked extensively with at-risk adolescents through a promotive mental health intervention, it was only natural to explore pre-emptive measures to ensure that individuals did not experience debilitating mental health crises when exposed to significant adverse events.

The answer lay in Resilience Science, with its origins in Developmental Psychology, where early researchers studying the probability of negative mental health outcomes in at-risk populations, found instead a high incidence of Resilience: of successful adaptation to adversity. This necessitated a paradigm shift to study how Resilience occurred and whether interventions could be developed to actively promote it (Masten et al. 2021).

Informed by the evidence that the protective factors identified in Resilience Science are predictive of positive outcomes in the context of adversity and are trainable, The Red Door launched its Resilience program in 2020.

The program conceptualized Resilience-building as a teleological process with the objective of strengthening psycho-social protective factors within an individual to enable them to meet an adverse event with equanimity. Once an individual is aware of their internal strengths and of the mechanisms of utilizing external support/resources, they can consciously use resilience skills to recover, and “continue fulfilling personal and social responsibilities and to maintain a capacity for

generative experiences [e.g., engaging in new, creative activities or new relationships] and positive emotions.” (Bonnano et al. 2005)

This paper shares preliminary findings on Resilience protective factors that have been found to be most effective in nurturing mental health and emotional well-being. While adding to the body of evidence regarding the promotive effects of Resilience Science informed interventions on mental health, the findings, which identify two protective factors as key among the set of five targeted through the program, are intended to inform the framework of incipient/future interventions. Protective factors have been found to have cumulative or “ripple” effects and have been illustrated as an “asset or resource gradient,” in which higher levels of assets lead to better adjustment outcomes (Wald et al. 2006). Sharing these findings will hopefully allow for efficiency in the selection of the protective factors to be targeted in similar interventions.

Through an analysis of select case studies as well as self-reports by the participants of the program, Cognitive Flexibility and Social Support were found to substantively correlate with improved coping with stress and emotional wellbeing.

A longitudinal study could ascertain if the participants continue to experience the benefits of these protective factors in the longer term. It also emerges from the preliminary findings that Cognitive Flexibility when used as a Resilience tool has the potential to aid in the creation of communities of care (Schaffer 2021), as evinced by the positive correlation found between the application of Cognitive Flexibility and the creation of a Resilience affirming community space where judgement is withheld in favor of active listening, allowing people to share their emotional challenges openly and experience solidarity and support. This is a promising area for future exploration.

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