

Wellness Risk Management

Anatomy of Resilience

Making Wellness a Priority

Creating Value for Society - Helping Business Manage Wellness - Teaching Evidence Based Wellness

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Wellness Risk Management Instructors should have a basic understanding of resilience so they can help a client more effectively in Wellness Risk Management.

Resilience can be thought of as the ability to bounce back from stress. A textbook definition might be, **“An ability to recover from or adjust easily to misfortune or change.”**

Merriam-Webster

The term ‘easily’ in this definition indicates resilience would have gradations, some easy, some not so easy, some seemingly unattainable. This term resilience is used often in the psychological industry with regard to recovering from emotional trauma and grieving. In this article we’re going to investigate the process of resilience and how it relates to Wellness Risk Management.

In Medicine the term trauma is most often used to refer to physical damage. Thus, we have emergency trauma centres. In the psychological field the term trauma is used to indicate strong emotional shock from any source. Some sources might be severe injury, loss of work, loss of a house, loss of an estate, loss of a loved one, divorces, marriage, change of a home location, change to a new country, necessity to learn a new language etc. Resilience is used to indicate recovery from any type of setback whether physical, emotional or mental.

Grieving

Grieving for a perceived loss (or an actual loss), has a beginning and an end. There is a time-frame associated with grieving. There is also a specific physical behaviour during that time-line process and a mental behaviour as well. Resiliency begins near the end of that normal grieving time-frame. We can use the term resilience for a recovery from grieving a loss of a loved one for instance. Assessing the end of a ‘normal grieving time frame’ can be somewhat difficult. There is a lot of leeway in granting sufficient time for grieving. Different cultures allow different protocols for this.

Grieving can be thought of as a coping skill. Most people will go through a standard grieving process which would have a time line, a physical behaviour, and a mental behaviour. Some people will progress into a pathological state. At that pathological point, professional level help would be necessary. It will take a professional level health care provider to diagnose that pathological state. Between those two states though, there would be a transition from the normal

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grieving into the pathological. That transition state is a key place for non medical health care workers to apply their interventions.

When giving counselling, (from the point of view of a clinician), one would want to talk differently to people in the normal grieving stage from what one would say to someone in a transition state (provided that the transition state can be identified), and the talk would be different again if the client/patient was in a pathological state. However, it is best to be aware that if one intervenes in a coping skill of a patient/client, then one should have a viable alternative coping skill ready to substitute for a client or patient so as not to leave them destitute.

The NOT Normal State

As we said above, the 'normal' has a wide latitude. This discussion on grieving and resiliency brings us upon the scene when grieving and resilience are not normal. The grieving may have a transition into a pathological nature and so, the resilience follows along with it. This implies that both grieving and resilience are uniquely individualistic and linked together. One would not necessarily need to intervene within the normal grieving period. Having said that, trauma counselling is normal now days and preventive in nature. Resilience counselling may fall into a similar category teaching skills that help people learn to boost their resilience.

The resilience concept is relatively new (being less than 10 years by some estimates), so protocols for resilience counselling in the preventive time frame may prevent the need for therapeutic intervention. That would be a good thing. Stress hardening has its place in the therapeutic field.

Question

Is it possible to identify who might fall into the transition phase and then progress into pathology? We can start by looking at the **Wellness Risk Management Model**, the **Measurement Process** it uses and the 38 numbers that are produced for the model's Progress Chart. If we can identify patterns then we may be able to find solutions to intervene in the transition phase and block the progress to pathology. This is for future research. Right now we are involved with implementation of the Wellness Risk Management Model. A Wellness Risk Management instructor does not deal with therapy. We are presenting these concepts here for a Wellness Risk Management Instructor's background knowledge and understanding.

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Intervention

A team of healthcare workers may be necessary for an intervention process. Members of the team might be registered healthcare professionals, life coaches, Wellness Risk Management Instructors and specially train resilience counsellors. If a counsellor is going to try to help a person fix a mental state that is exhibited by physical behaviour and mental behaviour, then they might want to become involved in all Five Pillars of Dr. Ouellette's Optimal Health Secrets. These pillars involve themselves in the Self-help field where people can work on items by themselves. We would ask how much effort a person is putting in to help themselves? Is there a way to quantify their effort? Research points us to the fact that often people fail at prolonging self-help. To make a real difference for themselves they need help to achieve long-lasting benefits and a lessening of community stress too. (Read medical health care usage there.) In emotional trauma situations people often drop out of life even more.

Dr. Ouellette's Five Pillars of Optimal Health Secrets are:

1. **Nutrition,**
2. **Exercise,**
3. **Spinal Health,**
4. **Rest & Relaxation,**
5. **Attitude & Perspective in life.**

They all play different roles in helping reduce stress, in keeping the body healthy, in bringing about a long and happy life. However, they are all tied together with one important fact, blood flow. They all boost blood flow in one way or another. They all need to be measured and have numbers to identify a client's state of self-help well-being at the time of the measurement. These five pillars, and a few more concepts, constitute the Action Plan List provided by the Wellness Risk Management Measurement process.

Knowing the numbers on each of Dr. Ouellette's Five Pillars of Optimal Health Secrets plus knowing some important clinical indicator numbers will be beneficial when helping somebody recover from, or prevent, a psychological pathology. Some clinical indicators might be clinical red flags, clinical yellow flags, antioxidant needs, anger levels, depression levels, suicide ideation levels, physical pain levels, osteoporosis risk, energy levels risk, happiness levels, relationship levels and so on. These can be measured in the self-help field at Wellness Risk Management with an online measuring tool.

Numbers can be put (are put) to those items listed above that specifically indicate the level of self-help compliance this person is applying to the science on Wellness. We would then begin to have an inkling of how to start a person on the road way to Optimal Health Secrets. The inkling

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gained from reviewing the Wellness Risk Management numbers constitute a tool for us to use to intervene and block a progression to a pathological resilience situation. That online tool would use the skills of a trained Wellness Risk Management Instructor as part of a team.

Resilience we see has an anatomy as well as a time-line. The resiliency time period may be considerably longer than the grieving time period, however, normally it would resolve to a normal mental and physical state. Helping to speed up that resolution toward normal is where the team of healthcare workers would come into play. Normal resilience then has a structure. That structure has some identifying characteristics and is still being worked out scientifically.

The Anatomy

Resilience is a behaviour. How does a behaviour have an anatomy? Anatomy is something you can see readily and then has several hidden parts you can also see by delving deeper. Anatomy is a term for what one can see and observe. Resiliency applies to people and how people behave. We see someone who has gone through some great trauma. We can observe them. There have been many great traumas recorded in the history of the world yet here we are. So, someone must have survived them all right? Otherwise, we would not be here right? That means, no matter what the trauma is right now, it is survivable.

When you see somebody experiencing a traumatic loss, you will see a physical behaviour, an emotional behaviour, and a mental behaviour. The emotional behaviour and the mental behaviour are not the same thing. Emotional behaviour is driven by the emotional limbic brain. It is an animal response that is mostly out of our control unless we are aware of how to control it. Those are secret skills that only some people know about. It takes children quite a while to learn that control and most people never learn completely. Continuing to believe in magic is one form of emotional control that the limbic brain fosters onto the mental brain. We are not here to discuss that now.

The mental behaviour is a thinking behaviour that comes from the human thinking brain not the animal emotional brain. These three parts then comprise the anatomy of resilience. Physical body behaviour, emotional stress-response behaviour and a mental THINKING behaviour. They can all be observed in someone under stress. They are the anatomy of resilience.

The thing is the emotional animal response may be all controlling and driving the physical behaviour while at the same time blocking the mental behaviour. One might see this as inherited stress response from an ancient world of eat-or-be-eaten. Recall that various carnivore animals

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today eat their prey alive. These animals that are being eaten have responses to lessen their suffering. As humans, we have inherited those responses. Those responses take over driving our physical behaviour and blocking our mental behaviour. When things get completely out of control, we lapse into exhaustion. We lapse into a pathological state.

There are methods we have learned to prevent blood loss shock from setting in. There are methods we are learning to prevent grieving and resilience from going into the pathological state with the accompanying adrenal gland exhaustion and energy exhaustion. First, we must recognize the anatomy. We start at the anatomy. What do we observe? Pathological physical anatomy behaviour would be a physical loss of ambition to move, a lethargic behaviour, a fatigue that is palpable and observable. One needs to make sure as an observer that one is not mistaking this fatigue state for a simple lack of sleep.

The pathological emotional behaviours would be emotions out of step with a person's normal functioning. Normally we do work, we perform self grooming tasks, home care tasks, child rearing tasks. When people drop out of those tasks it may be a strong sign of emotional collapse from an overwhelming trauma.

A pathological mental behaviour would be one where the thinking brain has shut down and let the emotional brain take over. Cognitive tasks are very difficult in that state because the emotional brain does not come from logic. It comes from an animal emotional stimulus response mechanism. Understanding that physiology helps us understand the person in a peril.

An outside observer can witness all this going on in a person caught up in the trauma of some loss they are coping with poorly. That witness is the observation of the **Anatomy of Resilience** and the identification of these three resiliency anatomical, behavioural structures. They help us decide if pathology is immanent. However, a person cannot observe these in themselves very easily if at all. When consumed with grief it can be a total consumption.

Why So Complex?

Why might a team be necessary? Well, when mental pathology seems imminent this person must be put through a similar process to someone who's entering an emergency ward of a hospital. They must be triaged, diagnosed and treated under a plan that is heavily evidence-based medicine rather than medicine-based evidence and especially not 'best professional opinion' medicine. I have written on these in the past. See link below.

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<https://OptimalHealthSecrets.com/library.html#mis13> All three of these are used in medicine interventions today including a fourth one of the patient's wishes. With regard to grieving we have a special obligation to assess the normalcy of the grieving process.

Understanding resiliency, and how this new science of resiliency can help people, is a relatively new area of Wellness intervention. Although Wellness Risk Management Instructors do not involve themselves with interventions of any kind, they do involve themselves with helping a person comply with the science on multi dimensional Wellness as measured at a point in time.

A pathological grieving process, and consequentially a pathological resiliency, would present a possible potential failure point in Wellness Risk Management. The Wellness Risk Management Instructor would need a team, or need to be part of a team, to complete the client's care.

Self-Help Practice Goals to Improve Attitude and Perspective in Life

1. Positive attitude
2. Optimism
3. Regulate emotions
4. See failure as a form of helpful feedback
5. Avoid substance abuse as a form of coping
6. Break Vicious-Cycle thinking with mental tools
7. Rethink catastrophizing thoughts
8. Deal with the positive in all setbacks
9. Place blame where it belongs and it is not always on you
10. Understand that life situations are usually temporary
11. Return to old friends, family and make new ones for discussions and support
12. Locate what is under your control and focus a plan for those
13. Learn to understand that you control your universe
14. Balance in life means learning to deal with things that control you by way of happenings
15. That all means learning new self-help skills like anger control, vicious cycle modification, taming a perfectionist streak and more.

See the attitude section item 15 of our library.

<https://OptimalHealthSecrets.com/library.html#Attitude>

There will always be happenings in your life. If you avoid self-medicating through these happenings, unless it is professionally prescribed, then you will come to see that you are part of a team with the world. The world plays its part and you must play your part. It can be fun and it

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can be exciting even in adversity. Turning the adversity into a positive skill lesson for yourself will help you on the roadway to Optimal Health Secrets and you will learn resiliency skills along the way. In a stress, this is a decision to make, and an attitude to take.

Re-reading this short article several times will bring you toward seeing some tiny places you can make changes in yourself for the better. Make those small changes and then add more small changes and they will all collect up to large changes for the better for you.

<https://OptimalHealthSecrets.com/library.html#Attitude> Scroll to items 13 & 14.

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abcd13. The Tree Edged Sword

Dr. Victor Jean Ouellette 1986, Modified March 6, 2008

The sword that binds the world!	(Decisions)
The sword that heals all!	(Attitude)
The sword that cuts through everything!	(Chance)

See the next article **14. Understanding Life as a Three Edged Sword**

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<https://OptimalHealthSecrets.com/library.html#Attitude> Scroll to items 13 & 14.

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Transitioning to Wellness Risk Management - Instructor/Coach/Guide

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Published on OptimalHealthSecrets.com Library May 8, 2021.

The target audience for this article is Wellness Risk Management Instructors.

This article is published online at

<https://optimalhealthsecrets.com/library/WellnessRiskManagement/anatomy-of-resilience.pdf>