Stephen Calabria: [00:00:00] From the Mount Sinai Health System in New York City, this is Road to Resilience, a podcast about facing adversity. I'm your host, Stephen Calabria, Mount Sinai's Director of Podcasting.

On today's episode, guest host Dr. John DePiero, sits down with psychologist Dr. Sherry Hamby, to explore what resilience really means and how we build it. Their conversation challenges the idea that resilience is something you either have or don't.

They instead frame it as a process, one shaped by meaning, relationships, and the communities around us. They also dig into what actually helps people heal after trauma. Not just reducing symptoms, but building a life that feels whole again.

We're honored to welcome Drs. Jon Depierro and Sherry Hamby to the show.

Jon Depierro: Hello everyone. My name is Dr. Jonathan Depierro. I'm a Professor of Psychiatry at Mount Sinai, an Associate director of Mount Sinai Center for Stress, Resilience and Personal Growth.

[00:01:00] And it's my distinct pleasure to be joined today for our podcast by Dr. Sherry Hamby, author of Stronger Than You Think: Building Lifelong Resilience, and Distinguished Research Professor of Psychology at the University of the South. Welcome, Dr. Hamby.

Sherry Hamby: Thanks so much for having me here today.

Jon Depierro: So maybe we could jump right in. I always ask folks on the show called Road to Resilience, how they define resilience. How do you define resilience?

Sherry Hamby: Yeah, that is a great question because that turns out to be a much more complicated question than you might think. I really think of resilience as a process of harnessing all the different kinds of assets and resources that you need to overcome trauma.

So in comparison, a lot of people think of it as more of an individual characteristic or even a personality trait, some kind of toughness or grit or something like that. I really think that's a problematic way to think of it. 'cause I don't think that's a very good description of how most people heal [00:02:00] after trauma.

Jon Depierro: And the thing about it being a personality trait is in some ways you either have it or you don't. So it dooms some people, if they don't see themselves as gritty or they don't have a high score on a grit scale.

Sherry Hamby: Exactly. That's definitely one of the biggest problems with it, is that it doesn't provide any help or guidance for people who are trying to figure out how to be more resilient if you, if it's just something that you were born with or you weren't born with, but in fact, it turns out that anybody can get better at resilience.

Jon Depierro: So I know you're trained as a clinical psychologist. One of the things I think about a lot as a clinical psychologist myself too, is. Can people with PTSD depression anxiety be resilient.

Sherry Hamby: Yes, absolutely. You were just diving into some really complicated questions here, which is great because for a long time people thought of those as being opposite ends of a continuum, and so you either had PTSD or depression or other kinds of [00:03:00] symptoms or mental health issues.

Or you were functioning and you were high on life satisfaction and wellbeing and stuff like that. But it does turn out that those are really two very different things and that there are some people who manage pretty high levels of wellbeing even though they have a lot of symptoms.

And those people, in fact, we've done a couple of studies on that, and for the most part, they look better than the people who have the other, less than optimal combination. So even if you're low on symptoms, if you're also low on wellbeing, you are probably not doing very well in a lot of other areas.

Jon Depierro: And is growth a part of your definition of resilience?

Sherry Hamby: It is, we mostly think of post-traumatic growth as part of the meaning making process.

So as part of the process of understanding what happened to you, gaining some [00:04:00] perspective on it, being able to acknowledge that it happened out loud to other people without letting that be.

The only thing that's important about you or that defines your life. So we would put that in our meaning making domain.

Jon Depierro: Yeah. I'm gonna get to that in a little bit. I, yeah. Thinking about how you frame resilience. Often people say there's a biological or a genetic component, there's some psychological characteristics, and then there's some other stuff that maybe doesn't get a lot of attention, like community, environment, family, work, environment, leadership, all of that together. It seems that you've spent a lot of time thinking about those aspects.

Sherry Hamby: Yes. I think that is really has been a lot of our journey because as you said, I was trained as a clinical psychologist and that still often means really focusing a lot on individual characteristics and individual traits and even if we think about.

Other people, we tend [00:05:00] to only focus on the family unit or the family system, but there are so many other things that help people achieve wellbeing and overcome trauma and community.

For me, in my own life, or things like the public library where I used to spend a lot of time when I was a kid or being in Girl Scouts. Certainly access to nature. We have really under recognized how important and crucial those things can be for helping people put together the pieces of a good life after trauma.

Jon Depierro: Our former dean is a major athlete and he talks about the importance of team sports, being in that community together over the years.

Sherry Hamby: Absolutely. There's so many different ways that something like team sports can help you because it gives you exercise, of course, which we now know works about as well as psychotherapy or medication on depression and anxiety, and it also gives you those close personal relationships, which is [00:06:00] so important to sustaining wellbeing over time.

Jon Depierro: One of the things I think about actually not being a competitive athlete myself, but seeing it in my family over the years is it gives you a stomach for failure. That is to say it, it allows you a form for dealing with setbacks. Some games you're gonna lose, some games, you're not gonna perform at your best.

Some games you're gonna pass it to your a ball, to your teammate and they're gonna drop it. And that happens and that's almost an analog for life.

Sherry Hamby: Yeah, I think that's an excellent point too, of just learning to navigate those ups and downs is also obviously like a key skill that we all need to figure out.

Jon Depierro: One of the other important aspects of your work that you talk about in your book is what you call the resilience equation. Can you tell our listeners about what that is?

Sherry Hamby: Sure. I spent a lot of my early career really focusing on the negative part of the resilience equation.

I spent the first probably 20 years of my career really focusing on things like [00:07:00] rates and risk factors and negative consequences of trauma and how those would impact your symptoms or your wellbeing or other measures of how we're functioning, how we're doing now.

And it was a long process for me to start to realize, and a lot of it really came through my clinical work because I don't think the research world was really questioning this approach very much.

But finally just from talking to people, those weren't even necessarily the most important things to them. That's not how they wanted to be thought of. That's not what they wanted to focus on.

And that is what got me to finally shift my work to strengths-based approaches to overcoming trauma. And that's the other piece of the resilience equation and after so many years of really just looking at the negative consequences of trauma.

And don't get me wrong, trauma is really bad for you. It is bad for your mental health. It's [00:08:00] bad for your physical health. There's no amount of trauma that makes things better. But I hadn't really realized how effectively people could overcome trauma.

And how much research we really have that shows that resilience is in fact a very common outcome after trauma, and that if we focus instead on helping people build up the good things in their lives and not just taking away symptoms, that we can really transform their ability to thrive even in many cases after very high doses of trauma.

Jon Depierro: That's a very hopeful tone.

Sherry Hamby: It is, I mean, for, you know, it has truly given me like a second wind in my career because I have been doing this work for over 30 years now. And it has meant a lot to me personally, as well as I think it's a message that's just so important to get out there, which is why I decided to write the book.

Jon Depierro: Because there's a lot of work out there, you can go to any old bookstore or [00:09:00] go down the aisle and pick up a book about trauma and you might read things like, trauma disregulates your nervous system.

It shrinks parts of your brain. It damages your ability to have relationships. It upends your emotion regulation.

You might be stuck with it for life as something you're carrying on your shoulders and you're acknowledging the impact, but you're also striking a little bit of a different tone in terms of giving people a pathway toward recovery, that's actually doable.

Sherry Hamby: Yes. And every single one of those things you just mentioned is totally true. I mean, this, the science still holds up all of those negative impacts. So it is in some ways a complicated message because I'm not trying to say that it turns out that it's.

That it's that those things aren't true. I absolutely think those are true, and I've spent a lot of time contributing to that scientific research myself.

But it does turn out that even for some of the things, like you mentioned the [00:10:00] physical consequences. And so one of the big insights from the last 25 years or so of research on trauma has been a huge increase in understanding of how it affects our physiology and not just our psychological health, which of course those aren't really separate, we often talk about them like they're separate.

And and of course starting with the Vince Ty's Adverse Childhood Experiences Study, which came out in 1998. That was the first one that probably really took the world by storm, showing that people who've been exposed to a lot of c child abuse or other childhood trauma had higher rates of heart disease, cancer, diabetes, COPD, all of these kinds of things that really have much later onset in adulthood for most people.

And in this sample of mostly middle aged people who were in their fifties or sixties or even older, people were blown away by the fact that the [00:11:00] impact of trauma could still be seen half a century later.

But what we are now finding out and through all different kinds of research projects, is that wear and tear that's on our body from trauma, that allostatic load which you can see through markers like cortisol reactivity, or the functioning of our immune systems or our levels of chronic inflammation or things like that,

that we can actually even lower those deep physiological harms by adding things like mentoring younger people or doing positive things in your community, or practicing mindfulness or spending more time in green spaces, which will not just make you feel better and have a nice day, but will actually improve all of those physiological markers.

And it was true if you talk to me in the early two thousands, it was a grim message because then we were just all focused on [00:12:00] all of these things that are increasing our allostatic load, our wear and tear.

But now we have more and more research coming out every day about all of these different very accessible ways that we can actually even improve our wear and our allostatic load and erase some of that wear and tear on our bodies.

Jon Depierro: I can imagine. I don't have to imagine. I work with patients they've told me. Knowing that gives them a sense of agency, a sense of control.

They might not have had control at all over the events that befall them in childhood or adulthood traumatic events. But they have some control over what they do now.

Sherry Hamby: Yes. And I think it is such a hopeful and optimistic message, and that's also why we use this idea of a portfolio and we call them resilience portfolios because part of that control is that you can really pick and choose the way that you want to try to address these issues and the good things that you want to bring in your [00:13:00] life.

And what it is for me and what it is for you and like you mentioned your friend who is into team sports. I'm not personally into team sports but I don't have to go that route.

There are lots of good ways that you can go and I think it's also wonderful that we can offer so much more flexibility about these pathways to healing instead of what can sometimes I think be very narrow focuses.

Sort of 20th century versions of cognitive behavioral therapy or something like that, where everybody's getting the same worksheets on cognitive restructuring or something like that, that it allows a much more personalized fit for what's going to take them to a better place.

Jon Depierro: I've often thought we should rename the podcast Roads to Resilience.

Sherry Hamby: Ah, there you go. Now you're talking.

Jon Depierro: The different pathways to the same, maybe same outcome.

Sherry Hamby: Yeah, that's a great idea. That is one thing I do in my own writing a lot is, I make sure to go back and make those things [00:14:00] all plural, roads to resilience, pathways to healing, because there are so many different ways that people can go about it and get to real, true states of thriving and flourishing.

Jon Depierro: That was another kind of definitional question I had in mind. People think about this lots of different ways. What does healing mean for you when you sit with patients, when you do research? When someone uses the word healing, how do you define that? How do you think about that clinically, maybe those are two different things.

Sherry Hamby: I think of that in terms of a num a range of different indicators of how people are functioning. So sometimes, early research on resilience. There have been several reviews that have found this have almost exclusively focused on just the absence of symptoms.

Jon Depierro: Yes.

Sherry Hamby: So if you didn't meet clinical criteria for depression or PTSD or whatever, then you were fine or you were resilient or whatever.

But of course, that's not the way most people think about their lives. [00:15:00] Nobody thinks when I grow up, I'm just gonna keep my T score on the depression inventory under a 70 or something like that. That's. It's not what people want. So we do think it's really important to bring in other measures of how people are doing.

We look at their psychological wellbeing. We look at their health related quality of life, we look at their spiritual wellbeing. And I think that.

Again, it's gonna be a little bit different for everybody, but I think that if someone is healed, it is someone who is doing reasonably well on a bunch of different indicators and that all, at least some of which are truly capturing, moving into positive spaces and not just the absence of symptoms or the absence of health problems.

Jon Depierro: Yeah. Not just feeling neutral but actually feeling doing pretty well in some areas.

Sherry Hamby: Yeah. Because not sad is a long way from happy.

Jon Depierro: Yes. I [00:16:00] think a lot of people would describe themselves as not sad, but would not describe themselves as happy.

Sherry Hamby: Exactly.

Jon Depierro: It sounds like from reading your book and a lot of your writing, you have kind of favorite resilience factor. You talk a lot about meaning making. Others have another pet resilience factor that comes to mind? Why is meaning making the one for you?

Sherry Hamby: When we started, we cast a very wide net. We were very interested in this question about which strengths matter the most.

And so this is where I think going back to being trained as a clinical psychologist, is that I just always think it's important to get back to that perspective of how is this gonna translate into working with clients or with students if you're in schools or whatever setting that you're in, because there's obviously a lot of good things out there.

A lot of the positive psychology world where we've certainly drawn much, much [00:17:00] inspiration, but a lot of them have these very big inventories of all of the different positive character traits that are out there.

Some of them have, 20 or 40. And you, it's just not that likely that somebody is gonna be able to provide an intervention where they're going to work on. 25 different strengths and try to improve all of those in your life.

Because most of the time, and I'm sure you must see this in your work, we don't have that much time with our clients or with our, our, like I said, students or whoever, whatever population you're working with, you might get.

Six sessions with them, or 12 or maybe if it's, 26 or something like that. But you're gonna have to really choose what to focus on. And so we really thought it was very important to not just try to figure out what are some good things that it's nice for people to have, but are there some good things that are really better than others in terms of the specific question of overcoming [00:18:00] trauma.

And I thought that was going to be this super hard question to ask because as you suggested a couple of minutes ago, there are camps out there in the scientific world, whereas people are really invested in emotion regulation or they're really invested in grid or coping or whatever the case may be.

And I thought it was gonna be incredibly hard for us to try to narrow this field down to maybe eight or 10 strengths that could, even that seemed a little bit on the upper end of what might realistically be the focus of an intervention program of some kind.

But in fact, that has turned out not to be the case. We have looked at more than 60 different psychosocial strengths, all the ones I just mentioned, and a whole bunch of others, and most of them when you put them into multivariate analysis so that you really are looking for truly unique contributions to [00:19:00] how people are doing, who've been exposed to trauma.

Most of them turn out not to be all that helpful for that specific problem. I'm not saying that they're not good for other things.

Jon Depierro: Yeah.

Sherry Hamby: But if you, what you're trying to do is help somebody overcome trauma. And one of them just kept coming out head and shoulders stronger than almost all the others. And that was in the meaning making domain and it was sense of purpose.

And even the second one that's probably been most successful after that is hope. And both, that's also a meaning making strength in our model. And so it was really completely just a data-driven process. I had not gone into it with, in, with any particular interest in the meaning making camp.

We just had pulled on that from our other research because there. Are some people, there are, there's a camp dedicated to that too, with people like Crystal Park in it and and, but that does seem to be the one that, if you only had [00:20:00] time to work on one of our four domains, I would definitely suggest that people focus on that, because that does seem like it will get you furthest along the quickest.

Jon Depierro: So addressing meaning and purpose.

Sherry Hamby: Yeah, helping people find a sense of purpose, which to us means to connect to something larger than yourselves. And the main ways to do

that are through missions. So for me, my mission is to try to help reduce the global burden of trauma, and that organizes really a huge part of my life.

It's why I'm talking to you right now, and but it organizes almost all of my days. But it doesn't have to be a trauma related mission. If you are dedicated to preserving your public libraries or if you are a coach for a sports team, there's lots of different missions and then roles like parent or teacher, there's all kinds of different roles that give people that [00:21:00] sense of identity and meaning and contribution.

And it can also come from practicing religious or cultural practices and following, trying to preserve those kinds of traditions too. Those are the three main ways that people find meaning in life.

Jon Depierro: And I was thinking too, you had mentioned this the meaning people make about during and after the trauma. What they tell themselves about the event and the event's role in their life. Is this one event that happened to me?

Is this the defining event of my life? Do I have more life after that? And where does this event fit into my greater, life story and my purpose?

Sherry Hamby: Yes I definitely think that what you've just described is probably the first or one of the first jobs for most people on their healing journey. And it is so important to share your story and try to gain some perspective about it in terms of the trauma that's happened to you.

But we also are really encouraging [00:22:00] people to not leave it there and to think about what's gonna come next and where you want to go forward in the future with that. And like I said, for myself I did pick a mission that was pretty closely tied to some of my own early traumatic experiences because I'm still working on the issues of trauma.

But I think there are a lot of ways that people can go that provide just as rich, meaningful experiences that can take them more future oriented instead of just processing the past.

Jon Depierro: And you had mentioned distilling down to some core factors and thinking about interventions, trainings. How have you translated some of these core findings about resilience to teachable interventions?

Sherry Hamby: Sure. So I think one of the pieces that's been missing from the science for a long time is this understanding of what's happening when something helps and we [00:23:00] are finally starting to get better with that.

So for example, mindfulness, which I'm a huge fan of, we now have. Much better data than we did even 15 or 20 years ago about how not only does it make you feel better, which is true but some of the things that are probably the mechanisms that are behind that. So improving your emotion regulation, improving your.

Concentration, decreasing your self-criticism and your self-judgment. The problem with all the focus on the research on rates and risk factors and negative consequences, and then there's this whole other body of research on interventions, is that they weren't really talking to each other.

And so that's what we've been trying to do is identify these strengths. And then we've been going into the literature. I don't do a whole lot of program evaluation research myself, but we've been conducting a lot of meta-analyses and scoping reviews and things like that to try to identify the interventions that have [00:24:00] the most evidence behind them for improving the strengths that we have identified as the key strengths.

Narrative interventions, mindfulness, nature-based prescription, so forest bathing or things like that. These are some of the ones that I think, have the most science behind them that we're especially excited about.

Jon Depierro: Yeah. You had mentioned this journey of going into literature and thinking about how the different, what the different resilience factors are and how they relate to each other.

We did the same thing over a number of years, came up with about 10 factors, and one of the things that we did as a center, our center for stress, resilience, and personal growth during the pandemic, we started training healthcare workers around how to build up these factors in their life, how to build community around themselves, how to reframe challenges, how to act altruistically, to build a sense of meaning and purpose and how to address moral distress and moral injury.

And this has been something that we've kinda baked into the training of residents and fellows within [00:25:00] our medical institution, and we've done work with outside groups as well. But really trying to do exactly what you said,

take something that's in the scientific literature and bridge it to, okay, how is this helpful to someone who is in the community?

Someone who is in the thick of a stressful event, or even a traumatic event. What do they need before, during, and after to help them cope more adaptively? That's actually an outstanding question. The field can't really answer that question, but I guess we're trying to.

Sherry Hamby: Yeah, well, I think we finally started focusing on that question. And so in our program evaluations, we definitely need to stop just looking at decreases in symptoms or improvements in wellbeing and figuring out like what exactly is happening here that is leading to the decreases in symptoms or improvements in wellbeing.

But I, I love that and I have only fairly recently started to delve into the literature on the secondary traumatic stress of first [00:26:00] responders. And I have learned a lot from that because people think about what they need in such different ways, and they think about what a child abuse victim or a sexual assault victim needs.

And I think in a lot of ways that they are really getting served much better because they are, people are much more likely to offer them some of the things that you just mentioned. But I, I think that is so important for supporting our healthcare workers, which really have been through such a tough time lately.

And also for inspiring how we might revise some of the services that we're offering to other kinds of victims and not necessarily seeing them as being fundamentally that different from people who are encountering traumatic stress through their work.

Jon Depierro: The core healing factors might be the same.

Sherry Hamby: Yeah, as far as we can tell the core healing factors do seem to be pretty similar. Like I can give you an example. I did a scoping review recently [00:27:00] with one of my students, Selena Pearcy, and her mom was an ICU nurse during the COVID Pandemic.

And so she really wanted to study resilience among ICU nurses and what was most helpful for them. And one of the things that we found is that instead of talking about social support, which to me means more specifically getting comforted or assisted when you're in distress or when something bad has happened, that there was a lot more focus on, you mentioned this too, on, on

community and on social networks and on social leisure and making sure that they were.

Keeping those friendships strong and alive and not like only going home and ruminating about their job. And you can read a lot of resilience literature focusing on other types of victims of family violence or sexual violence or [00:28:00] community crime, and you'll see very little on their social networks or their social leisure.

But we took what we learned from the work with the ICU nurses and we developed a. A new measure of that, that we felt captured what they were saying have been important to them. And we have rolled that out in a couple of data sets.

This is like super brand new data for us, and we have found that is has launched already into the top group of our best predictors of resilience. And so I, I think that there are so many things that we can learn from people who have had exposure to a lot of stress and still manage to sustain their involvement in those roles.

And even though obviously some of them do end up with mental health challenges, a lot of people manage to make long careers of that and figure out ways to deal with it.

Jon Depierro: Yeah. Even in their suffering, pulling up a friend from the ditch, helping out a buddy lending support to other [00:29:00] people and giving of their time.

Sherry Hamby: Yeah, absolutely. And, we have to balance that with taking care of ourselves, of course. But I think that those are really underappreciated ways to make your way through traumatic experiences.

Jon Depierro: As you were talking about social support, one of the things that we found in our research over the I guess now, my goodness, six years since COVID almost, or exactly, maybe even a bit more, is leadership support. So for healthcare workers, we looked at the top 10 predictors of resilience and leadership support, the perception of leadership support was among the top five.

Sherry Hamby: We have seen similar things. In that work that I did with Selena, we found the same thing. A lot of emphasis on leadership and on mentoring and on supervision.

We have seen that in some of the other scoping reviews that we have done or recruited and I do think that, for those of us who [00:30:00] work, we spend a huge percentage of our life in the workplace, and that's another just gaping hole in most of this literature on trauma and resilience is because people hardly ever ask what their workplaces are like when that can make a huge difference in how somebody is doing.

But we have also, I think that it is subtle because in that work and I think what you're talking about too, you're talking about good leadership and good mentoring that is happening and being provided to the person who you are focusing on for overcoming trauma.

But we have done a few studies where we used a survey called the Values and Action Survey, which is a well-known positive psychology questionnaire developed by Salaman Peterson some years ago, and they also have a subscale on leadership, but it's more on your own personal leadership [00:31:00] skills and that has not turned out to be a useful predictor.

So, that's a good example, the sort of nuances that we've been missing too. It's important that we have access to good supervision and good mentoring, but our own leadership skills are probably not as directly important for our ability to overcome trauma.

Jon Depierro: Yeah. It might mean that you need, again, you looking to someone to pull you up in that moment, not to necessarily provide that support yourself.

Sherry Hamby: I think that's often what it is that we've had a number of measures of strengths that haven't worked out the way that we thought they would. For example, like family meaning making. I was very excited about this one at one point in time because it's an important form of meaning making in my own life.

And I spend a lot of energy trying to keep our family traditions alive and working on celebrating the holidays and [00:32:00] planning vacations together and a lot of investment and trying to make sure my kids are thriving.

And and so I really thought that this was gonna be an important form of meaning making, but it turned out that it wasn't a very important form of meaning making.

And I think that what we were having trouble with is that. I think that those responses were getting tied up with caregiver burden and caregiver stress because it is also equally true for me that at the end of the holidays, for example, my family celebrates Christmas.

And, I'm always exhausted because I've been doing all of these things to try to sustain our traditions, et cetera, et cetera. And and I think it is hard to. Separate those things out and I think it probably was the exact same thing with the leadership or people that, that's maybe more people spending their resources on others instead of in, and which I do think.

I don't wanna say that's a bad idea, but I think we do have to be [00:33:00] careful not to spend more resources on others than we really have to spare and still be able to sustain our wellbeing.

In fact, that's now how I think about a provider, a healthcare provider, or a therapist or anybody like that, is somebody who has a resilience portfolio that's so robust that they have resources that they can afford to spend on other people without compromising their own health and wellbeing.

Jon Depierro: They've got a backup fuel tank.

Sherry Hamby: Exactly.

Jon Depierro: So maybe as we're headed toward the end of our conversation, you could take us out. We're already going that way to the level of community resilience. what does it mean to look at community resilience?

What are the important contributors to resilience in somebody's community? We talked about maybe leadership or workplace being one, but what are some of the other things that maybe we don't talk about so much?

Sherry Hamby: Sure. I think that's great. Question. I think that there are factors like schools and healthcare access.

As I mentioned earlier, I think there are [00:34:00] resources like public libraries and youth groups that we. Don't give as much credit as we should. As I mentioned, those were super important in my own life. Here I live in a very rural community and I think that there are elements of this community that are hugely important to sustaining the year to year wellbeing of so many of us.

Through like arts and crafts festivals and the farmer's market and which is such a social place as we, and, and that there are all of these sorts of elements that we hardly ever ask people about either in we are. Just gotten into looking more in the built environment, so people who live in more walkable, especially if you live in more urban areas, if you live in more walkable cities or cities that have access to good public transportation these are the kinds of things that really do help people.

[00:35:00] Sustain the kinds of relationships they need and sustain the kind of access to the kinds of resources that we all need in order to thrive after trauma. And I do think that we spend too much of our time talking about individual resilience and in this way. I think sometimes can almost suggest that I can be resilient even if my, the rest of my community is not doing well.

And I really think that we need to work more on moving past that and understanding that our resilience is just inherently tied up with our neighbors and loved ones and, everybody around us.

Jon Depierro: Yeah, I think. As a researcher too, one of the things that maybe the field struggles with is how do you measure those things?

It's easy to give somebody, or maybe much easier to give somebody a 10 item or 20 item scale than to think about all the different ways that somebody's embedded in a community and what even is a community.

Sherry Hamby: [00:36:00] Yes, it's true. It does make it more complicated. And of course with the community, that's an excellent point too. Obviously, almost all of us will belong to multiple communities and some of them are not geographic ones because like we belong to the community of psychologist or, you could be a fan of a team and there's all different, or like I have a former student who works at the VA now.

And so like veterans communities, there's just all different ways that we form alliances with other people, and we do definitely have to consider that. But I, I think it's important that we start wrestling with those problems.

I have seen some articles where people have done things like. Count the number of parks in a community, or count the number of nonprofit organizations or the number of grocery stores. And often that gets studied in other fields besides clinical psychology.

But I think we [00:37:00] need to

Jon Depierro: Fields. Yeah.

Sherry Hamby: Yeah. Environmental studies town planning, like all, just a whole range of things. And but I think that we need to bring those variables in too, because they. There is evidence that they make a big difference in our lives too, and that probably puts some real upper limits on how any one of us can do as individuals without those factors.

Jon Depierro: Yeah, it's a really good point to be investing in communities, not just in individual mental health services or individual preventative work, but really the community that surrounds the individual.

Sherry Hamby: Like these third spaces that the sociologist Ray Oldenberg talked about of I gave a talk last week to a group called Elder Scholars, which are just retired professionals in the.

Chattanooga, Tennessee area. And I think that's a great example of a third space because they just gather, they get speakers from around the area. It gives them a chance to [00:38:00] see each other. Some of them get together for lunch beforehand.

And these sort of informal low-cost ways to gather, like again, coffee shops, libraries, gyms. Things like that. It is getting harder and harder to find those places in a lot of areas and I think they're so important in that we should be making much more intentional investments in supporting them than we do.

Jon Depierro: Or, they might exist, but they might not be free. They might have a high bar for membership.

Sherry Hamby: That's what's happening a lot of places is getting more and more expensive to access the kinds of things that, when we were kids would, the cost was, even if it wasn't free, it was just so inexpensive that it was still extremely accessible to most people. And now a lot of those are very pricey.

Jon Depierro: Like movie tickets.

Sherry Hamby: Yeah, that's a great example.

Jon Depierro: So I've been asking you questions Do you have questions for me? You can turn the tables.

Sherry Hamby: Sure. I would love to ask you a [00:39:00] question 'cause I am very interested in your work, which is how we came to be connected in the first place. So what puzzle or are you working on or what are you excited about with these factors that you've been working with?

Jon Depierro: So one of the things that's really exciting to us is, a lot of the factors that we came across started about three decades ago with Dennis Charney, work with Steve Southwick interviewing Vietnam War POWs, folks who had survived different kinds of sexual assaults or childhood maltreatment or physical ailments.

And we put together a list of 10 resilience factors. And they really, up until a couple years ago, hadn't been a measure of that altogether. If you wanted to measure those 10 factors, you had to give 10 different scales.

So one of the things that we came up with is what we maybe uncreatively called the Mount Sinai Resilience Scale, 'cause it was developed here at Mount Sinai, and we're [00:40:00] putting that out in the field to validate about which of these factors might be most protective and helpful.

What does resilience look like in different communities? What does it look like in different countries? I actually was really hardened to see a Chinese language version that was just published a couple of days ago.

So it's beginning to spread around. So I think we're gonna learn a lot about how these different factors play together and interact by measuring them all at the same time, all on the same scale pretty easily.

So that's exciting to me, getting data on this scale with different groups of folks, people with anxiety, depression, first responders, folks in different countries, folks with different other kinds of health conditions.

It's there's a lot of work actually being done now at Mount Sinai looking at how people have different health conditions rate their resilience. So that's exciting to me.

And then I think what is also exciting to me is things like this sort know public facing work where we take the basic science of resilience. We take the psychology of resilience and we make it accessible. And [00:41:00] that's in part why I write for the public.

We wrote a book about resilience a couple years ago and why we do a lot of trainings and teachings that are public facing. We work of different first responder groups and different nonprofit groups giving them resources that translate the basic and clinical science to something really tangible.

Sherry Hamby: I couldn't agree more about how important that is, and I think that questionnaire is a wonderful project too.

We definitely need updated measures because so many people are still using ones that were from the nineties or the early two thousands and although they certainly had their advantages at the time, I think that we know so much more about it and it always makes me a little sad when somebody reaches back for something that doesn't really reflect our latest insights on it.

So I, I wish you very well with that measure, and I hope lots of people take it up.

Jon Depierro: Yeah. Thank you. Yeah, I really don't think about resilience as a static personality trait. Something you have or you don't, or that you're tough or you're not. That wouldn't be very helpful [00:42:00] of me as a clinical psychologist. I wouldn't have very much to do if people couldn't change.

Sherry Hamby: Exactly. I don't understand like how people can get so set on these individual, like you're a therapist. It's this is what I wanna say to some of them because, how can you believe in the whole therapeutic enterprise if you don't think that people can get better at resilience?

What are you doing in the room if they don't believe that? And I think people don't always understand that they have these different sets of beliefs that don't really line up.

But I definitely think it's a worthwhile project to try to get people to pull those out from the shadows and look at them and be like, oh yeah, I guess I can't believe that if I also believe this.

Jon Depierro: In your experience, what's the worst piece of advice someone could get about how to overcome their trauma?

Sherry Hamby: Yeah, that's a great question. There are a lot of different bad pieces of advice out there, but I think that probably one that I hear a [00:43:00] lot is related to this idea we've been talking about how the way to be resilient is just to be tough and that it's better just to not talk about it and pretend it didn't

happen and just move on. And there's still a lot of spaces where I think people are discouraged from speaking their truth about what happened to them.

Jon Depierro: Yeah. I would say some version of, just forget about it, which is what you're saying, that I think a really bad piece of advice is to tell someone who's really suffering, just forget about it and move on. Life's tough sometimes.

Sherry Hamby: Yes, exactly.

Jon Depierro: That's not very helpful. Doesn't acknowledge their suffering and what they need to truly heal.

Sherry Hamby: It's also such a pessimistic piece of advice, that there's nothing else that can be done when in fact there are lots of different things that can be done and which all make real differences for people.

Jon Depierro: Thank you for taking almost an hour with us today. I am sure the listeners are gonna find this to be really [00:44:00] helpful. And again, we had the pleasure speaking to Dr. Sherry Hamby, who is the author of Stronger Than You Think, building Lifelong Resilience. Thank you.

Sherry Hamby: Alright. Thank you so much for having me. I really appreciate it.

Stephen Calabria: Thanks again to doctors Jonathan Depierro and Sherry Hamby for their time and expertise. That's all for this episode of Road to Resilience. If you enjoyed it, please rate review and subscribe to our podcast on your favorite podcast platform.

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Road to Resilience is a production of the Mount Sinai Health System. It's produced by me, Stephen Calabria, and our executive [00:45:00] producer Lucia Lee. From all of us here at Mount Sinai, thanks for listening, and we'll catch you next time.