Coaching for Resilience

To what extent is the resilience model a valuable coaching framework?

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L’Attestation d’authenticité

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Marianne REIMANN

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My tumbler deserves Manu, Matt and Mill.
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God, grant me serenity to accept the things
I cannot change, courage to change the things
I can, and wisdom to know the difference.

Attributed to Friedrich Oetinger (1702-1782),
and to Reinhold Niebuhr, “The Serenity Prayer“ (1934)

Abstract
Psychology, pedagogy and health sciences have made a complete change in perspective since the 1990s, spurred by findings in research on human resilience and the theory of “salutogenesis”. As sciences of positive psychology, they focus on the resources and protective factors that lead to coping with changes and crises rather than factors which cause illness, as did earlier approaches.

Building resilience has become an element of preventative health because it has been proven that resilience as a personality trait can be developed at any age. Coaching is a possible intervention for building resilience, and emphasizes the systemic and holistic approach in that the conditions for mental and physical health are created through the principles of coaching. In so doing, reference is made to an orientation towards resources and acquisition of competences, an alignment with health maintenance factors and environmental aspects, and a positive definition of health.

The creativity and innovative energy arising from the physical, emotional, spiritual and emotional potential of a healthy person are the highest assets and largest capital in a knowledge-based society. While the present work follows the approach of building resilience individually, enterprises must implement the topic of health management in their strategic agenda in order to remain competitive over the long term. Health is the resource of the future. WHO has defined stress as one of the largest threats to health in the 21st Century.

Key words: positive psychology, change of perspective, resources and protective factors, coping, holistic and systemic approach, physical and mental health prevention, resilience building and coaching, stress

1 Organizational resilience must not include only the individuals; it must also consider the organizational culture and operating processes persons work in each day. To get the best out of employees, both the individual and the organizational environment must be resilient. It requires a personal and work culture characterized by resilience with the ability to be successful both personally and professionally in a fast paced, highly stressful and constantly changing environment (CIPD, 2011; Cruse, 2006; Luxenburger Deklaration zur betrieblichen Gesundheitsförderung, 1997).
Introduction
Life is full of experiences and challenges. Some of them are within the family, such as divorces, abandonment, loss of a job, home or loved ones. Some of them are within the individual such as illness, death, alcoholism, fear, failure, harm or loss of love. And some of them are external - man-made disasters - such as wars, violence, poverty or confinement, as well as - natural disasters - such as fires, floods, earthquakes or hurricanes (Gruhl, 2011; Grotberg, 1997).

In the current economic climate, employees must be more resilient than ever to cope with the increased workload and pressure caused by organizational change, restructuring, individual egoism and counterproductive leadership approaches or an increase in demands and pressure. It is impossible to advance without experiencing occasional set-backs and disappointments; both the individual and the organizational success are determined by the response to these adversities.

These situations can drain huge amounts of effort from the people involved as they cope with the crises and stresses. Frequently, these people are alone in such personal, professional or otherwise life-determining change scenarios. They feel like they have reached their physical, mental and spiritual limitations.

The decisive turning point of every life occurs when a person is faced with a critical situation and the question arises: Shall he or she "just" bend, or will he break in the situation? Not every person is able to call up their own resources, behaviors and attitudes to master misfortunes in such situations without the help of others. Effective instruments and strategies are needed with which one can structure the challenges and needed changes in such a way that the inner balance and physical and spiritual health do not get left behind.

The behavioral repertories of resilient people, which will be connected to the coaching techniques presented in this work, have been discussed in the human resource literature for the past couple of years. A constructive approach is useful in stress situations in order to reduce and process the negative effects of stress and to encourage healthy, positive development (Scharnhorst, 2010; Gruhl, 2011).
1. Resilience Research

Research has shown that the manner in which people approach problems or fateful events is decisive for a successful life. Whether they break in crises or become more mature and stronger depends on how resilient they are. If they are able to resolve problems which stand in their way, at the end, their personalities are more mature than if they had not encountered these problems (Gruhl, 2011). Accordingly, Grotberg (1995, p.5) defines resilience as “the human capacity to face, overcome, and even be strengthened by or transformed by the adversities of life”. Painful experiences can help release one from unrealistic expectations and find new pathways. Resilient people are able to discover a new or as of yet hidden meaning in irrevocable events of loss. They view the experiences in such difficult life conditions as a learning challenge. This is the subject of the resilience research of the last two decades. The resilience research distinguishes itself from many other concepts in that it focuses on the resources and protective factors and not on the deficits that people might have without ignoring or mitigating the problems. It studies that which strengthens humans and not that what makes them sick (Sonnenmoser, 2006). This research direction is also called “positive psychology”.

1.1 Resilience definition and characteristics

The concept of resilience presents a positive contrasting concept of vulnerability (Gabriel, 2005). "Vulnerability is characterized by the extent to which a person can be injured, hurt or is sensitive in the face of external (adverse) influences, i.e., and higher potential to develop mental illness" (Fingerle 2000 in Wustmann, 2005, p. 192).  

Resilience is explained with words such as "elasticity" (Gruhl, 2011, p. 13), "endurance" or "ability to resist" (Schmitz, 2011, p. 22). Resilience describes the ability to continually adapt to stresses, adversity and trauma and to recover from them (Scharnhorst, 2010). The concept of resilience is used in psychology to indicate the ability to be resilient in situations of external stresses and crises and to assert them without prolonged impairments. In developmental psychology, resilience is described as a "stable and healthy personality and behavioral development that occurs in spite of adverse early childhood experiences and stress" (Bengel, J., Strittmatter, R., & Willmann, H., 2011, p. 63).  

Originally, the concept of resilience was used in physics to describe the ability of a material to be deformed and then return to its original form (Scharnhorst, 2010). Gruhl (2011) describes a resilient person figuratively as a "tumbler".

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2 German original: „Vulnerabilität kennzeichnet die Verwundbarkeit, Verletzbarkeit oder Empfindlichkeit einer Person gegenüber äußeren (ungünstigen) Einflussfaktoren, d.h. eine erhöhte Bereitschaft, psychische Erkrankungen zu entwickeln.“

3 German original: „stabile und gesunde Persönlichkeits- und Verhaltensentwicklung beschrieben, die trotz ungünstiger frühkindlicher Erfahrungen und Belastungen eingetreten ist.“
Welter-Enderlin goes a step further to justify the developmental psychology perspective and defines a resilient person as one that does not break under mental stress but rather grows from it. Resilience is "the ability of humans to master crises in their life cycle through recourse to personal and socially transmitted resources and to use these as an opportunity for personal development..." (Welter-Enderlin, 2012, p. 30). This definition makes it clear that the resources not only become significant at the personal level but that, above all, social (or external) protection factors have a significant value for the healthy development of people. This can be, for example, a bond with a stable emotional caregiver. Thus, a lack of resilience should not be seen as a personal character deficit. Training, education and family as well as social relationships have a significant influence on building resilience (Fröhlich-Gildhoff & Rönnau-Böse, 2011). Gabriel (2005, p. 215) also emphasizes that “the quantity and quality of the social network plays an important factor in the formation of resilience”. Resilience, thus, is not to be understood as an attribute but rather an ongoing developmental process in human beings that not only reinstates the original status but rather overcomes it through experiential learning (Gruhl, 2011).

Al Siebert (2008, p. 8) summarizes the positive developmental result of resilience building as follows:

- “Sustaining good physical and emotional health when under constant pressure
- Bouncing back easily from setbacks
- Overcoming adversity
- Changing to a new way of working and living when an old way is no longer possible
- Doing all the above without acting in a dysfunctional and harmful manner”

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4 German original: “die Fähigkeit von Menschen, Krisen im Lebenszyklus unter Rückgriff auf persönlich und sozial vermittelte Ressourcen zu meistern und Anlass für persönliche Entwicklung zu nutzen...”
5 German original: „die Quantität und Qualität sozialer Netzwerke ein wichtiger Faktor bei der Herausbildung von Resilienz ist“.
The following illustration shows “The Growth of Resilience”. Each step shows a different level of resilience:

- Resilience
- Sustainable. Bounce Back and Transform
- Speedy Bounce Back. Learn at No Cost
- Bounce Back and Learn
- Bounce Back
- Survive

Figure 1. The Growth of Resilience. In reference to lifetime work, p. 3.

1.2 A positive approach - test population
Processing and overcoming difficult life events and extraordinary difficulties can lead to an impressive maturity a person's character no matter the age. Such situations are described in the literature as traumatic wartime experiences, the aftermath of a major natural catastrophe, the sudden death of a family member, a huge amount of stress, life with serious illness, the loss of a job\(^6\) etc. Each time a traumatic event, bad childhood experience, dramatic loss, changes or fears need to be faced.

Longitudinal studies\(^7\) have been made of people who have survived such experiences and remained unscathed in their development. Empirically, specific findings could be drawn from these (Welter-Enderlin, 2010).

The most famous and important longitudinal study is the Kauai-Study from the psychologist Emmy Werner of the University California and Ruth S. Smith in 1982, 1992 and 2001. This study

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\(^6\) The influence of stressors will be explained in Chapter 2.2.

\(^7\) A longitudinal study researches over a long period of time and examines the same test population at different points during this period.
introduced a paradigm change in research, i.e., a change in the way child development is viewed. Their research, conducted over 40 years, followed 698 children born in 1955 (over entire year) born on the Hawaiian island of Kanai. The important finding of this study is that there is a group of people who have developed positively in spite of – or even because of – the adverse conditions. The Kauai Study also shows that a positive change is also possible later in life (Fröhlich-Gilhoff & Rönnau-Böse, 2011; Wustmann, 2005).

So-called protection factors could be verified in this group of people, which is the subject of further discussion in the next chapter.

Welter-Enderlin (2010, p.30) summarized the interest of resilience researchers in the past decades into the following three areas:

1. “They examined how children can have a positive, healthy development even though they are exposed to multiple risk factors, such as poverty, negligence, abuse or alcoholic parents.
2. They pursued the question of why people do not break under prolonged and extreme stress (e.g., chronic illness).
3. They were interested in the phenomenon of the human ability to recuperate relatively well from traumatic experiences (abuse, natural catastrophes, illness, war, death of a close person)”.  

Interest in resilience research can thus be summarily understood as the “mental resistance (...) in the face of biological, psychological and psychosocial developmental risks. Resilience is thus aimed at mental health in spite of risk stressors, i.e. at management competence” (Wustmann, 2004, p. 18).

Although many people are confronted with difficult or threatening situations during their life at some point, research shows that not all humans are in the position to respond to such extreme stress situations with resilience (Welter-Enderlin, 2010).

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8 German original: (1) „Sie untersuchten, wie Kindern eine positive, gesunde Entwicklung möglich ist, obwohl sie mehrfach vorhandenen Risikofaktoren wie Armut, Vernachlässigung, Misshandlung oder alkoholkranken Eltern ausgesetzt waren. (2) Sie gingen der Frage nach, warum Menschen unter anhaltenden extremen Stressbedingungen (z.B. chronischer Krankheit) nicht in die „Knie gehen. (3) Sie interessierten sich für das Phänomen, dass viele Menschen in der Lage sind, sich von traumatischen Erlebnissen (Gewalterfahrungen, Naturkatastrophen, Krankheit, Kriegserlebnissen, Tod eines nahestehenden Menschen) relativ gut zu erholen“.

9 German original: „die psychische Widerstandsfähigkeit (…) gegenüber biologischen, psychologischen und psychosozialen Entwicklungsrisiken. Resilienz zielt insofern auf psychische Gesundheit trotz Risikobelastungen, d.h. auf Bewältigungskompetenz, ab“.
Some people can suffer so much from a stressful event that they lose their balance and cannot find it again for a long time. Often, what they experienced overshadows their entire lives.

Other people, under comparable conditions, seem to get on with life after a certain post-catastrophe period and appear stable again. And yet, chronic illness or psychosomatic complaints such as depression or sleeplessness develop at some point. The horrible experience takes delayed tribute (Nuber, 2005; Gabriel, 2005).

Up until the 1970s, experts observed primarily the risk factors for mental health in this group. Emphasis was on the deficits and difficulties that lead to negative consequences in development. This is a rather retrospective approach that assumes that developmental problems are practically pre-programmed under situations of extreme stress (Nuber, 2005).

1.3 Relevant studies, familiar concepts
Since the beginning of resilience research, 19 longitudinal studies have been performed in the United States, Europe, Australia and New Zealand. Wustmann (2005, p. 194) compared the results of the studies and summarized them: "Although there are large differences among the risk stressors and the methodological approaches in the studies, – e.g., regarding samples, choice of method, areas of research or the criteria which characterize a "successful" adaptation – many researchers nevertheless came to relatively similar conclusions regarding the factors that characterize resilience or which are a significant part of its occurrence."

Beside the pioneer work of Werner and Smith, the “Isle-of-Wight” study from Rutter in 1987 and the “Rochester Child Resilience Project” from Cowen et al in 1997 are also important as are the German studies, “Mannheimer Risikokinderstudie” from Laucht et al in 2000 and the “Bielefelder Invulnerabilitätsstudie” from in 2008. Lösel and Bender also found protective factors similar to those of Emmy Werner.

This change in perspective or paradigmatic change from pathology to resilience was influenced by the work of the medical sociologist Aaron Antonovsky who coined the term 'salutogenesis' in 1997. As a whole, the resilience model can be integrated into the salutogenesis model and

10 German original: „Obwohl es große Unterschiede in den jeweiligen Risikobelastungen und methodischen Vorgehensweisen der Untersuchungen gibt – z.B. bezüglich ihrer Stichprobe, der Methodenauswahl, den untersuchten Problemfeldern oder den Kriterien, welche überhaupt eine „erfolgreiche“ Anpassung kennzeichnen – kamen dennoch viele Forscher zu relativ übereinstimmenden Befunden hinsichtlich jener Faktoren, die Resilienz charakterisieren bzw. an der Entstehung maßgeblich beteiligt sind“.

11 He and his colleagues studied 144 children in a group home. A group of 66 youth developed clearly in a more positive direction than the other, noticeable study participants. The children with the resilient behavior showed less impulsive temperaments, dealt with problems in an active and self-aware manner, had fixed caregivers outside of the family, were supported by their family and also experienced the situation in the correctional group home positively (Nuber, 2005).

12 The scientific study of the nature of disease and its causes, processes, development and consequences.
complement it meaningfully. Therefore, the salutogenesis model will be described in more detail at this point:

The concept of salutogenesis relates to the origins of health and disease which are not conditions but rather processes which can be localized on a continuum. There are many parallels in both concepts. The salutogenesis concept emphasizes the resources and protective factors that humans possess, as does the resilience research. Instead of combating influences which create risks and disease, the resources that make people resilient against risks are to be reinforced. In this context, resilience research sees the feeling of coherence (sense of coherence = SOC), defined by Antonovsky, as a personal resource. The feeling of coherence immunizes against stress. It consists of three components: (1) sense of comprehensibility of situations and events (2) sense of manageability (3) sense of meaningfulness. The feeling of coherence is also always described as an "inner harmony". The higher the level of coherency felt, the better the mental and physical health. The concepts of resilience and salutogenesis have similar core assumptions and issues, but the focus is different. Salutogenesis focuses on protective factors for maintaining health; resiliency research is method-oriented and focuses on the process of positive adaptation and mastery. Relationships between various social and personal factors and health are posited in resiliency research. Antonovsky assumes that the feeling of coherency is an attribute of a stable personality. The uniqueness of the concept of resiliency compared to salutogenesis and other concepts in stress research and psychoanalytical developmental models is that today it is believed that development potentiality exists at any age level (Metz, 2010; Fröhlich-Gildhoff & Rönnau Böse 2011; Cruse, 2006). This presents an important prerequisite for the coaching concept in this work.

1.4 Popularity
Originally, resilience described the development of children and adolescents and research findings were applied to kindergarten and school-aged children. It has been only recently that the proven results of the research have been applied to adults in new contexts and, particularly, to the world of employment in Germany where the concept is still relatively unknown. One reason is that a different research tradition has been dominant since the 1950s in Germany. This tradition includes several concepts with similar components which attempt to explain the phenomena of how people can cope successfully with difficult situations and continuous stresses and strains. Beside the concept of salutogenesis, vulnerability, hardiness, coping and self-effectiveness offer similar psychological models. These are all concepts that research personal characteristics. According to

13 The relation between health and resilience will be explained in Chapters 3.2 and 3.3.1.
14 For instance Fröhlich-Gildhoff & Rönnau Böse (2011) describe the positive educational effects of applied resilience research in early childhood development.
some German researchers and practitioners, however, the concept of resilience goes beyond these because it integrates the significance of external or social factors and mechanisms contributing to resilience building (Wellensiek, 2011). In Germany, the concept of resilience is popular in coaching and training. The amount of application is constantly increasing. In the United States this concept has been explored and in use for decades. Here, the key messages of resilience from Dr. Al Siebert PhD, Dr. Karen Reivich PhD and Dr. Andrew Shatté PhD and other researchers and authors are applied in trainings, personal advisers and self-coaching approaches for personnel and organizational development measures as well as company-wide approaches to promote resilience and healthy employees. The American Psychological Association (APA), the largest of its kind, offers recommendations on how to develop resilience in 10 steps and published a brochure, “A Road to Resilience”, offering advice to people in difficult times as well. This publication demonstrates that the concept of resilience is well integrated in the American professional and non-professional world (Sonnenmoser, 2006; Scharnhorst, 2010; Schmitz, 2011).

In Great Britain this concept is also well known and used for training and coaching approaches. The British HR network, “The Chartered Institute of Personnel and Development” (CIPD), published a study titled “Developing resilience: an evidence based guide for practitioners” in 2011 that provides a good overview of practical approaches at the personal and organizational level. Grotberg (1997) shows that the popularity of resilience in different countries can also be demonstrated by the existence of the word in different languages: “Spanish, for example has no word for resilience in the psychological literature but, instead, uses the term “defense in face of adversity” (...). French, on the other hand, has the word but regards the concept as used in the behavioral sciences not only as western but, more specifically, Anglo-American; however, with increasing acceptance of its appropriateness internally.” (Grotberg, 1997)

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15 Monika Gruhl or Gabriele Amann also provide good references and have a proven track record.
16 The American scientist, Dr. Karen Reivich, PhD, postulated seven learnable “resilience factors”. These are characteristics which allow people to manage change positively. She also postulated seven keys to thinking in the right way (Reivich & Shatté, 2002).
17 A well-known cognitive training approach is the “Pennsylvania Resilience Program (PRP) from the psychologist, Martin Seligman, who is familiar for his positive psychology approach.
18 The British company, Lee Hecht Harrison Company, focuses on resilience research for its human resources consultant services; ICF (presentation by John Raymond, 2011) agrees that resilience research is a new field that has been turned into coaching practice.
19 One of the first coaching and training resources in Great Britain was “In Equilibrium” in 2008. Their project team developed a resilience program in two years that is based on the findings of Al Siebert and Karen Reivich.
In the Chinese language, this positive resilient attitude can be found in the concept of crisis which is expressed with two different symbols. While one symbol represents potential danger, the other represents crisis as hidden opportunity. (Barrett, 2004)

2. The resilience model in the context of coaching
Various models of resiliency have arising in relationship to the research of interactions between risk and protective factors and the highly complex interplay of human characteristics and environment. These intend to describe the phenomenon of resilience and the interactive processes it is based upon. However, “there is still a lack of consensus about the domain covered by the construct of resilience; i.e., its characteristics and dynamics” (Grotberg, 1997, para. 2). The various approaches to explaining the phenomenon of resilience do not exclude each other but rather offer complementary information to better understand the phenomenon of resilience.

Based on the complexity of factors and processes that make up resilience, this chapter will look at the three areas that are significant for the further development of the coaching concept. The focus will be on empirically proven personal resources and social resources that are relevant for a positive, individual coping with challenging or threatening circumstances. These factors will be summarized as protective factors. In conclusion, the significance of stressors that trigger the resilient behavior per definition is described in more detail. This is because stressors and resources always have an effect in the development of resilience. Since the primary focus is on the process of the positive adaptation and mastery of risks in the resiliency concept, the significance of underlying, dynamic resilience mechanisms will be described in conclusion (Fröhlich-Gildhoff & Rönnau Böse, 2011). Rutter (2000) emphasizes in this regard "that the protective quality is less of a factor itself, i.e., in the variables as such, than the underlying protective mechanism" (Rutter, 2000 in Wustmann, 2005, p. 199).  

2.1 Protective factors
Despite the difficulties defining the underlying processes and mechanisms of resilience, Grotberg (1997, para. 3) states that, “there is currently sufficient agreement on many of the factors that contribute to resilience or define resilience in certain populations for discussion and study. These factors began to emerge from the early studies by researchers such as E. Werner & R. Smith... . These factors have been rediscovered, reinforced or added to by other researchers.” These overlapping resiliency traits and characteristics lead to a successful adaptation under negative life

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20 German original: „dass die Schutzqualität weniger in dem Faktor selbst, d.h. in der Variablen als solcher, als vielmehr in dem im zugrundeliegendem Schutzmechanismus liegt.“
conditions and stressors. Individuals who are considered to be resilient possess a significant number of these protective factors (Kumpfer, 1999). In other words, resilient people do not have to possess all of the resiliency traits that will be described below.

Different ways of grouping these protective factors can be found in the literature. “The classic pioneer study of Werner and Smith operates with 1. Protective factors within the individual; 2. Protective factors within the family; 3. Protective factors within the community. In this categorization, the social support is both in group 2 and 3…” (Allwood, 2006, para. 6).

The listing, categorizing and clustering of these protective factors vary, depending on the author conducting the research and the intended research goal. For the purpose of this paper, four presentations from different researchers will be given in order to give an appropriate and complementing overview for the categorization and to promote the prevailing factors in coaching. Significant is the common assumption that resilience is promoted by factors both internal and external to the individual. They are also described as personal/individual and social factors. Based on the "constitutional, learned or otherwise available resources, people are differentiated by their ability to regulate stress" (Bendel/Lösel 1998 in Wustmann, 2005, p. 194). 21

First, the empirically proven protective factors within the individual are listed as replicated in two or more longitudinal studies by Emmy E. Werner (2000, p. 118):

- “Low distress/ low emotionality
- Active; alert; high vigor; drive
- Sociability
- “Easy-going”, engaging temperament (affectionate; cuddly)
- Advanced self-help skills
- Above-average intelligence (language and problem-solving skills)
- Ability to distance oneself; impulse control
- Internal locus of control
- Strong achievement motivation
- Special talents, hobbies
- Positive self-concept
- Planning, foresight
- Strong religious orientation, faith”

These internal resources are brought by the individual to his or her encounter when faced with adverse circumstances or difficult life conditions. Resilient people believe that their own actions

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21 German original: „konstitutionellen, erlernten oder anderweitig verfügbaren Ressourcen unterscheiden sich die Menschen in ihrer Fähigkeit zur Belastungsregulation".
can make a positive difference in their lives. They have well developed communication and problem-solving skills, they have faith in their own talents and special skills which they deploy effectively and which are valued by their peers. They have the ability to recruit substitute caregivers actively. Thanks to these competencies and skills, stressful events and problem situations are not viewed as burdens but rather as challenging (Werner, 2000).

The second resilience model that will be considered is that from Fröhlich-Gildhoff & Rönnau-Böse (2011). They group protective factors that have been shown to be fundamentally effective in developing resiliency from a differentiated analysis of various studies into six main factors. They designate these factors as resiliency factors. The illustration below shows in simplified form the consequence they bring to the individual development task, challenge or a crisis. The resiliency factors can take on an important role in the interplay between the person and the environment. These personal factors enable a person to positively master a stress-triggering situation with strategies for coping and adequate behavioral patterns.

*Figure 2, Resilience Factors. In reference to Fröhlich-Gildhoff & Rönnau Böse, 2011, p. 42.*
Beside personal resources, it was proven that resilience is enhanced by external support factors as well: “Foremost are affectional ties that encourage trust, autonomy and initiative in the child. These ties are often provided by alternate caregivers, among them members of the extended family. There are also support systems in the community that reinforce and reward the competencies of such youngsters and that provide them with positive role models. Among them are caring neighbors, teachers, mentors, and peer friends” (Werner, 2000, p. 127).

Thus, a stable, emotionally positive relationship with at least one caregiver to whom a secure attachment pattern can be developed, esteem and acceptance and a supportive and structured behavior towards the person by others, positive role models, i.e., as role models for active, constructive problem solving and prosocial ways of behaving, positive peer contact and friends are all particularly decisive (Wustmann, n.d.).

The third resilience model is the one used by Grotberg (1995, 1997). She uses labels which seem particularly promising to apply in coaching when working on the achievable “balance sheet” of individual resources. This will be explained in more detail in Chapter 3.3.2.

Grotberg distinguishes three types of internal and external protective factors in the “International Resilience Project”:

1. Factors of external support and resources (labeled I HAVE). I have factors include trusting relationships, access to health, education, emotional support outside the family, stable environments, role models etc.
2. Inner, personal strength (labeled I AM). I am factors include a sense of being lovable, autonomy, appealing, temperament, achievement oriented, self-esteem, hope, faith, morality, trust, empathy and altruism, locus of control.
   Genetic makeup and temperament are fundamental to whether a person will be resilient.
3. Social, interpersonal skills (labeled I CAN). I can factors are creativity, persistence, humor, communication, problem solving, impulse control, seeking trusting relationships and intellectual skills.

The common view among a portion of research, international conferences and meetings is that “resilience is promoted by factors provided around the person (I HAVE), by factors promoted and developed within the person (I AM) and by factors acquired by the person (I CAN)” (Grotberg, 1997, para.11).

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22 In this citation, the term 'child' has been replaced by 'person' in order to fit the context better.
Furthermore, Grotberg underlines “that facing adversity requires a dynamic and balanced interaction of these factors; i.e. no single factor, one source or one way is sufficient” (Grotberg, 1997, para.11).

At last, Kumpfer (1999) has attempted to create a framework model of resiliency that illustrates the complexity of the phenomenon in a very understandable way as part of a multi-causal developmental model. The model provides a good framework for orientation since it unifies all of the theoretical foundations discussed up until now in the resiliency research.

Only the internal resiliency factors in this model that deliver another interesting view of categorization will be described. They are divided into five overlapping clusters: (1) spiritual, (2) cognitive, (3) behavioral, (4) emotional, (5) physical. These groups reflect the “mind, body, spirit” division of traditional wisdom. This division will have importance when speaking of the impact on health through coaching for resilience in Chapter 3.3.1.

Figure 3, Internal Self Resiliency Characteristics. In reference to Kumpfer 1999, p. 196.

Corinna Wustmann (2004) and Fröhlich-Gildhoff-Rönnau-Böse (2011) consider this model. Both research groups have a high reputation in German speaking countries.
(1) “The spiritual cluster of resiliency attributes includes primarily cognitive capabilities or belief systems which serve to motivate the individual and create a direction for their efforts. Success depends on direction or focus.” (Kumpfer, 1999, p. 197). Furthermore, it includes characteristics such as belief in the uniqueness of oneself, independence, internal locus of control, hopefulness and optimism.

(2) Cognitive competency includes attributes “that help a person to achieve their dreams or goals”. (Kumpfer, 1999, p. 201). This includes attributes such as self-esteem, creativity, moral reasoning, such as judging right and wrong, and developing internal images or standards for the way things should be.

(3) Behavioral/Social competencies build on cognitive competencies. They differ because they require behavioral action and not only thoughts. Resilient people have well developed interpersonal and social skills and an engaging personality; good communication involves good listening skills. They are responsive and active in their relationship with others and have therefore received positive responses from their environment.

(4) Emotional Stability and Emotional Management. This includes the ability to control anger and depression, the recognition of feelings, the ability to restore self-esteem. Resilient individuals are energetic, happy, positive and optimistic about life. Humor is used as a coping skill to reduce tension and stress and restore perspective.

(5) Physical Well-Being and Physical Competencies. Good physical condition and physical attractiveness is predictive of resiliency. It includes the ability to maintain health and develop physical talents which influence, for instance, good sleep patterns (Kumpfer, 1999).

2.2 Stressors
“The stimulus in any resiliency situation should be some type of stressor or challenge, because by definition, resilience can only be demonstrated when the person experiences some type of stressor or challenge. (…) The initiating stimuli or event can be selected by the person with more or less anticipated stressors. Challenges help a person to face new stressors and to grow from the experience. This is the essence of resilience” (Kumpfer 1999, p. 189).

In other words, stressors are always subject to individual perception. The impact of a stressor in connection with the effects on the individual depends on the individual significance of the event and the subjective assessment of the stressful situation (Metz, 2010).

If several stressors are simultaneously present or prolonged, this carries a higher probability that it will lead to an individual threat. The aftermath of the event is also relevant. Stressors are subjected
to a cumulative effect (Fröhlich-Gilthoff & Rönna-Böse, 2011). "Above all, on-going and constantly reoccurring influences that cause damage lead to a long-term change in the biopsychosocial well-being and to a 'risk' personality" (Bender/Lösel, 1998, p. 124 in Wustmann 2004, p. 43).  

According to the transactional approach of stress research, stress occurs from the interplay of a situational challenge, the individual assessment and the existing resources and abilities. The stress reaction is a subjective condition. In spite of the stress accompanying challenges, either the individual can find an optimal solution and initiate important learning processes that can even promote health (eustress). Or, it is also possible that a person hits a barrier, cannot master challenges and thus experiences negative health consequences (distress) (Metz, 2010).

The positive stress reaction corresponds to the positive adaptation and mastering of stress situations and, with that, the resilience process and result. "If the mastering of stress is successful, this has a health maintenance or health promoting effect. If the stress is not successfully mastered, then 'stress' results (strain, consequences of strain) or a situation that is subjectively felt as stressful by the person or is objectively stressful" (Bengel et al., 2011, p. 33).

One problem in the stress research is the definition of stressors: "Stressors are all stimuli or input which generates stress. Whether a stimulus is a stressor or not can only first be seen by the effect it has and not before" (Begel et al., 2011, p. 32).

Mental and social stressors are the biggest stress makers.

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24 German original: „Vor allem langanhaltende und immer wiederkehrende schädigende Einflüsse führen zu einer langfristigen Veränderung des biopsychosozialen Wohlbefindens und zu einer „Risikopersönlichkeit““.

25 German original: „Gelingt die Spannungsbewältigung, so hat dies eine gesunderhaltende bzw. gesundheitsförderliche Wirkung. Misslingt die Spannungsbewältigung, dann entsteht „Stress“ (Belastung, Belastungfolgen) oder eine die Person subjektiv und/oder objektiv belastende Situation.“

26 German original: „Stressoren sind alle Reize oder Stimuli, die Stress erzeugen. Ob ein Reiz ein Stressor ist, lässt sich also immer erst an dessen Wirkung erkennen und nicht vorhersagen.“
Among the mental stressors are:

- Fear
- Failure
- Blame
- Dissatisfaction at work
- Lack of recognition
- Lack of support
- Time and scheduling pressure
- Underworked
- Overworked (work load, excessive concentration)
- Lack of information
- Pressure to compete
- Corporate climate

Among the social stressors are:

- Isolation
- Conflict
- Mobbing
- Individual and group work

Psycho-social fear is thus one of the largest stress makers.

In the corporate context, organizational loads (external stressors) such as overtime, work speed, or performance standards are added. These can be counted among the new job-related stress risks.

In Scharnhorst (2010, p. 37) and in the Luxembourg declaration to promote company health (1997, para. 2), the increasing job-related stress risks are summarized. These include:

- New forms of (insecure) employment contracts and job insecurity
- Aging work force
- More intense work with longer hours and a flood of information through the new communication technologies
- High emotional demands at work
- Insufficient balance between job and private life
- Downsizing
- Globalization

If a person does not succeed alone to process the stressors and stress reactions, this situation can lead to a coaching intervention. The topic fields can be of individual, private or professional sort and cannot be dealt with separately from one another (Metz, 2010). Various stress areas from the different fields are identified to begin with. A distinct, health-endangering stressor in one area of
life will affect another area of life. In this regard, Rosemarie Welter-Enderlin (2010) determined that interaction with one’s own as well as professional limits is increasingly becoming a personal and professional issue. This is supported by statistics: The European agency declared stress as the second most commonly named work-related health problem under job-related risks in Europe. More than 50% of work hours lost due to sickness because of stress, and the prognosis appears to be rising. The same is true for work disability because of mental disturbances. During the year, 27% of the population in the European Union suffered from mental sickness. Frequently, this sickness leads to very long absences from work (Scharnhorst, 2010; European Agency for Health and Safety at Work, 2008).

WHO has designated stress as a widespread disease. Dealing with job-related stress is one of the biggest challenges of the future.

### 2.3 Processes and mechanisms contributing to resilience

For the coach, the challenge is to analyze the specific individual holistic coaching situation and to take it into consideration in the coaching process. The interplay between protective factors and risk or stress factors that interact in the various protective and risk mechanisms are the reason. "In a narrower definition, one only speaks of protective factors when a risk situation can be cushioned or eliminated (cushion effect). That means that a risk situation must always be present in order for a protective factor to become effective" (Fröhlich-Gildhoff & Rönnauböse, 2011, p. 27). But the lack of a protective factor can already be seen as a risk factor.

People are surrounded by internal and external protective and risk factors, as described above. Studies have shown that social (external) risk factors (stressors such as conflict, poverty, antisocial values) have a more significant role in negative developmental processes compared to risk factors that humans have at birth (so-called vulnerability factors such as disease or low cognitive abilities).

Nowadays, the dynamic processes in which personality and external influences interact in a reciprocal, transactional relationship are investigated in research rather than single risk or protective factor (Benard, 1991). Rutter agrees, resilience should be “understood in terms of processes rather than just identifying static factors” (Rutter in Kumpfer, 1999, p. 183). The following two examples below facilitate the understanding of these mechanisms:

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27 German original: „In einer engen Definition spricht man von Schutzfaktoren nur dann, wenn damit eine Risikosituation abgepuffert bzw. beseitigt werden kann (Puffereffekt). Das heißt, es muss immer eine Gefährdungssituation vorliegen, damit ein Schutzfaktor wirksam werden kann.‖
1) Parent divorce is not considered a risk factor per se. Rather, the danger arises much more from proximal risk processes, such as family disharmony, parental conflict or an insecure, overwhelmed parenting style before and after divorce that are then seen as risk mechanisms.

2) Transferred to the professional context, disharmony in the team brought out by conflict between superiors and underlings due to incompetence in the hierarchy can be accompanied by feelings of isolation, underworked, undefined roles and tasks among team members. The risk for the affected coworkers arises from the risk mechanism.

In the process, factors that have a stressful effect cannot be simply balanced by protective resources so that at the end they mutually counteract each other. Wustmann (2005, p. 199) emphasizes in this context that: "The phenomenon of resilience can no longer be simply reduced to an additive series and list of factors." When the various facts in a so-called balance model are weighed against each other without considering their quality and effect in a concrete life situation, the wrong conclusions are made. Zander (2008) speaks of a "hierarchy level" in this context, which means that the influence of the factors has a variable strength. For example, a very decisive protective factor is a secure bond and the continuity of this relationship (Fröhlich-Gildhoff & Rönnau-Böse, 2011).

This balance is also determined by the combination of factors, sequence, interaction, accumulation, duration, severity, as well as the age group in which they occur (Bernard, 1991).

In addition, what is a risk factor and what is a protective factor is not always clearly distinguishable. To evaluate the quality of a factor and its possible positive or negative effects in a coaching, it is relevant to always consider the concrete individual life circumstance and the social context:

1) Peer relationships, for instance, are considered protective factors in coping with stress. For people in socially volatile situations, the peer group "in this case can present a model and reinforcement for delinquent behavior, which is the same as training anti-social behavior under these conditions" (Wustmann, 2004, p. 199).  

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28 German original: „Das Phänomen der Resilienz lässt sich nicht mehr auf eine einfache additive Aneinanderreihung und Auflistung von Faktoren reduzieren“.
29 German original: Hierarchisierung
30 German original: „in den Fall ein Modell und ein Verstärker für delinquentes Verhalten darstellen, was unter diesem Umständen eher einem Training antisozialem Verhaltens gleichkommt“.
2) In the professional context, allied team colleagues can be troublemakers in a company and thus present a peer group to avoid for a client since he or she could maneuver into a growing problem or conflict situation.

The individual or specific constellation of conditions is thus relevant for whether a factor emerges as having protective effect. Just the knowledge of protective factors thus does not allow making concrete statements about resilience and individual potential to promote or encourage it. Protective factors can only be used in coaching if it is clear which process is playing which role.

The following questions accurately describe the problematic of heterogeneity between protective and risk effects: Risk for what? Protection against what? (Fröhlich-Gildhoff & Rönnau-Böse, 2011; Wustmann, 2004; Kumpfer, 1999).

3. The Resilience Coaching Framework
Resilience is an important psychological concept in which it must be understood how people are able to live well in spite of difficult losses and impairments and what one can learn from it (Welter-Enderlin, 2010).

Corresponding to this fundamental approach formulated by Welter-Enderlin and its theoretical basis as well as the empirical findings on resilience, this chapter will indicate a path for promoting coping competence and strategies effectively through coaching practices. It should be shown at which point resilience building can be specifically used in the coaching context, and where certain limitations in its application are to be found, complementing the explanations of the section 2.3 before.

Although different approaches can be found in the literature that attempt to explain the phenomenon of resilience, there are hardly any specific, explanatory applications of the resilience model in coaching known to the author. They are limited to describing the concept and focusing on the resilience factors. Therefore, in this chapter, ideas of the prevention programs conceived in particular for children and youth up to adulthood\(^{31}\) will serve for the coaching practice, for one. For another, the general principles of the resilience concept will be related to coaching techniques and thoughts about the Human Balance Training Method (H.B.T.) and Sigmund Freud's Iceberg Model will be considered.

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\(^{31}\) For instance STEP: Systematic Training for Effective Parenting is a well-known and effective training originally established in the United States in 1976. This approach has been established in Germany since 2000. (Dinkmeyer, D. Sr. and Jr., MacKay, G. D., 2012).
The chapter begins with a thoughtful continuation of the chapter "Stressors". The life stages and situations in which resilience can be specifically promoted are described. At the end, the contents of the concept are aligned with educational practice in order to establish the reference to health and preventative measures.

3.1 What are the benefits of resilience?
Resilience provides a reservoir of emotional strength and practical abilities even when profound events have been avoided up until now. No one can predict which events will occur in a lifetime and who will be exposed to which pressures. Even when people lead a primarily worry-free life, unexpected situations can bring them to their limits. The fundamental mental attitude of resilience allows them to create coping reserves for bad times: whether positively overcoming significant events in life, always recurring, stressful situations or "normative crises". Normative crises include predictable turning points in life such as puberty, marriage, birth of a child, menopause or the end of one's professional life (Gruhl, 2011). Fröhlich-Gilthoff & Rönnau-Böse (2011) describe these as transition or vulnerable phases. In these sensitive phases, the person has to meet several requirements at the same time. The familiar must be relinquished, personal goals in life or self-image must be corrected, fond relationships end and new relationships must be built up. These periods are vulnerable to arising psychological disturbances if the person cannot meet the demands.

Difficult situations can occur in all areas of life such as work, private life, family, friends or work teams. A difference between professional and private, or current and past aspects is often not rewarding because these contents and topics interfere with one another and an overall dynamic develops as problems emerge (Wellensieck, 2011; Starr, 2011).

It should be considered that resilience is not generally and universally valid, as was originally thought at the beginning of the resiliency research at the end of the 1970s. In certain situations, areas or phases, resilient behavior can be evident while in other such phases it develops. The experience of mastering a challenge has a similar effect on the entire quality of life (Welter-Enderlin, 2012; Fröhlich-Gilthoff & Rönnau-Böse, 2011).

Thus, a person should not go through life without protection. It is unavoidable for anyone to have to continually adapt to new conditions. Within the framework of promoting preventative resiliency, it can therefore be meaningful to think about which crises can occur in the course of a person's life based on the individual situation (Gruhl, 2011).
3.2 Incorporating Coaching for Resilience in Educational Practice

Resilience coaching has legitimacy in that the coaching is based on a scientifically verified framework model with resiliency factors that can be learned and that are an essential building block of the coaching concept. Resilient thinking and behaving should be able to be learned at any age, or, respectively, it is possible throughout life to gather resources that help create a resiliency constellation. The uniqueness of the concept of resiliency compared to other concepts in stress research and psychoanalytical developmental models is exactly in the development potentiality assumed to exist up until adulthood today. The framework model described in the excerpts in Chapter 2 serves as a meta-theory for the area of coaching (Bengel et al., 2001).

Supporting measures for building resilience are classified in the areas of prevention, intervention and promoting health. These measures can be used preventatively or in cases of urgency.

Prevention is understood as protection from sickness in the medical context. Under the term prevention, within the framework of building resilience, the avoidance of problems are less concerned than the potential emergence of basic competencies for creating one's own life, for coping with changes and crises, for dealing with psycho-social problem situations, for developing effective and fulfilling relationships, with the goal of counteracting problems. In other words, it has to do with subject orientation (Wellensieck, 2011).

Benard (1991, para.6) summarizes that the importance of resilience research in the prevention field is obvious: “If we can determine the personal and environmental sources of social competence and wellness, we can better plan preventive interventions focused on creating and enhancing the personal and environmental attributes that serve as the key to healthy development”.

Wustmann (2005, p. 122) lists the central goals of all measures aimed at wellness, prevention and intervention in relation to resilience. Modified for the coaching context of this work, it can be deduced that:

- Reduction of potential for risk influences or negative consequences to appear
- Change in the situational conditions and the perception of stress or risk (cognitive assessment process)
- Increase in the social resources in the person's environment (e.g., family, employer, social environment, macro-context)
- Increase in competence (increase in personal resources)
- Improvement of interpersonal processes (quality of relationships, quality of social support)
Successful health behavior causes stronger work productivity at private and professional levels through the active use of resources and abilities, higher stress thresholds, higher motivation for learning, better health (i.e., fewer sick days) and better togetherness (i.e., fewer conflicts). It has been proven that excessive strain through too much stress leads to a restriction of performance results and can lead to sickness when the distress lasts over long periods of time (Kéré Wellensieck, 2011; Metz 2010).

The first coaching and training approaches enter in at these points, as well as therapy and counseling in the systemic approach (Fröhlich-Gilthoff & Rönnau-Böse, 2011; Wustmann, 2004; lifetimeswork, 2009).

### 3.3. Coaching for Resilience

Coaching for Resilience is an approach to help people bounce back after difficult life events. To survive and thrive and to become resilient while a personal change and transition process is taking place fosters physical and mental health. Neither the persons nor the surrounding situation of a client change. The change has to take place inside the person. This knowledge can be painful because it blocks the path for making other people responsible. At the same time, it opens the path that enables one to have an effect on larger conditions and relationships through personal engagement. The coach carries the responsibility for the process in this process of change; he is the process mentor.

In the following figure, Timothy Gallwey demonstrates the corresponding key action fields in coaching; these will be considered from different angles in the next sub-sections to promote resilience through coaching.

![Figure 4, Awareness, Choice, Trust. In reference to Gallwey, 2010, p 27.](image-url)
Coaching in this form provides temporary help for helping one's self and improves the client's self-regulation in the long-term. (Metz, 2010).

3.3.1 Sustaining and Developing Health
Measures for building resilience are classified in the areas of prevention and promoting mental and physical health. Sociological explanations define health as a multi-dimensional construct that corresponds to the understanding of resiliency. Measures for building resilience therefore also promote an awareness of health. The following sections will show how the H.B.T. method suits this.

Within the medical system, health is described as the "absence or freedom from disease. A person is classified as sick when afflictions and symptoms are present. (...) a purely biomedical viewpoint neglects important dimensions of well-being, such as, for example, satisfaction with life and a sense of well-being (...) health must be considered multi-dimensional: In addition to physical well-being (e.g., positive body feeling, lack of afflictions and signs of illness) and mental well-being (e.g. joy, happiness, satisfaction with life), performance ability, self-realization and creation of meaning should also be included. Health depends on the presence, perception and handling of stress, risks and danger in the social and ecological environment and the presence, perception, interpretation and claiming of resources. The attempted sociological definition of the phenomenon of health is distinguished by a complexity that, historically seen, should be designated as new" (Bengel et al., 2001, p. 16).

The World Health Organization (WHO) already defined health in a very comprehensive and, up until today, widely accepted sense in 1948, namely, as "the state of complete physical, mental, and social well-being and not merely the absence of disease and infirmity" (WHO, 1948). In 1986, the Ottawa Charta for Health Promotion introduced a further dimension to health through the WHO, one that emphasizes the significance of the emotional side: “Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical mental and social well-being, an individual or group must be able to identify and to

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realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities” (Ottawa Charta, 1986, para.1).

By introducing the condition of completion that is desirable or valuable to achieve, WHO set the ideal standard for health. WHO also propagated corresponding programs and concepts to promote health in which the 10 life skills, named below, are the foundation. The promotion of health is understood not as a goal but rather as a means to enable people to positively structure their lives individually and socially and to experience satisfaction in life, particularly living together with other people (Bengel et al., 2001). The development of abilities to successfully master life, i.e., the following 10 central life skills defined by the WHO in 1994 as life competencies, correlates with a series of empirically proven protective factors:

1. Self-awareness
2. Empathy
3. Creative thinking
4. Critical thinking
5. Ability to make decisions
6. Ability to solve problems
7. Effective communication skills
8. Interpersonal relationship skills
9. Mastery of emotions
10. Coping with stress

These factors can be summarized into general factors that have been proven to be vitally effective in the development of resilience. The superordinate factors correspond to the previously described resilience factors in Chapter 2.1 from “Fröhlich-Gilthoff & Rönnau-Böse” (Fröhlich-Gilthoff & Rönnau-Böse, 2011).

Accordingly, health can be sustainably promoted with a resiliency constellation. Promoting these factors is the subject of the next section 3.3.2.

Building resilience, but also promoting life competencies, can be designated through the correlation of life skills with the resiliency factors. The corresponding measures then are called life competence programs or life coaching. These interventions are distinguished in that they address a canon of skills.
In so far they are distinguished from approaches that concentrate on individual (life) skills. (Bühler / Heppekhausen, 2005, p. 20 in Fröhlich-Gilthoff & Rönnau-Böse, 2011, p. 62). The relationship to the coaching approach is visible in the following two definitions of life coaching:

1) Life coaching is defined as a purposeful conversation that inspires one to live the life that is desired (Mumford, 2007).

2) “Life Coaching is about getting the very best out of someone and enabling them to make decisions that will improve their life”. (http://www.businessballs.com/lifecoaching.htm).

In today's world, maintaining health is increasingly more important. That is why the coaches themselves are expected to have developed a higher competency in health issues in order to mentor their clients in coping with stress and crisis. Resilience coaching is a form of health coaching. The following definition illustrates the connection: "Health coaching is concrete, health-oriented work that considers the process orientation and multi-dimensionality of health. In order to minimize unconstructive behavior and the lack of ability to act in complex and stressful situations, the goal in coaching is to eliminate cognitive dissonance. The client is supported in finding solutions and can develop his health potential professionally and comprehensively through the coaching" (Metz, 2010, p. 72).

The above explanations and definitions have shown that health is an entirety. In resilience coaching, the four dimensions of humans – body, mind, soul, feelings – are perceived, respected and, at the same time, improved. The consciousness training at these levels is in the foreground. The levels should not be viewed in isolation because their effects interactively influence and are dependent on one another. The basis of this integrated, holistic view is the Human Balance Training (H.B.T.) method that is suitable for resilience coaching because of its holistic, systemic thinking. The Human Balance Compass represents an orientation aid for the diverse life topics that can move a human being. The levels are closely connected with one another and respond as a group. At the same time, it indicates the central significance of consciousness. It is only possible to reflect on the interactiveness and life movements in these fields with an alert awareness and the ability for self-reflection (Wellensieck, 2011).

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33 German original: „Das Gesundheitscoaching ist eine konkrete gesundheitsorientierte Arbeit, die die Prozesshaftigkeit und Mehrdimensionalität von Gesundheit beachtet. Um Fehlverhalten und Handlungsunfähigkeit in komplexen und stresshaltigen Situationen zu minimieren, ist das Ziel im Coaching, kognitive Dissonanzen aufzulösen. Der Klient wird in der Lösungsfindung unterstützt und kann sein gesundheitliches Potential durch Coaching professionell und umfassend zur Entfaltung bringen“.

34 "Systemic" comes from Greek and signifies the entity, the composed, the connected (Wellensieck, 2011, p. 61).
Individual topic fields and problems are more easily perceived in a larger context and illuminated for the client through the use of visualization.

In this context, Albert Einstein said: “No problem can be solved from the same level of consciousness that created it.”
(http://www.brainyquote.com/quotes/authors/a/albert_einstein.html).

In actual work with the client, this means that:

1) Problems can be perceived in their consequences and representation at the four levels. The levels must be elicited with the client in order to examine the effect of a topic at the levels.

2) A basic assumption: problems are created by the client himself because he creates a reality\(^{35}\) for himself that becomes a problem through his way of thinking, feeling or behaving. This assumption provides the coach and the client with the space to examine the causes for it (Wellensieck, 2011).

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\(^{35}\) The term 'reality' plays a role again in the GROW model developed by Whitmore, section 3.3.5 "Coaching Success".

Figure 5, Human Balance Compass. In reference to Wellensieck, 2011, p. 60.
How can the client promote his mental health through conscious (new, changed) ways of behaving? The concept of mental hygiene defines the process well (Metz 2010).

### 3.3.2 Strengthening Protective Factors

People succeed because of what they do well. Often people are so focused on improving their weakness that they ignore their strengths. To gain better understanding of one's own area of strength it might be helpful to consider following questions, referring to Coverdale (2005, p. 281):

- What are you skilled at?
- What are your personal unique selling points?
- What qualities and abilities would you bring to…?
- What things have people praised you for?

Since the perspective of resiliency research is oriented towards resources, concepts must be understood in the practical coaching application that aim at strengthening the personal and social protective factors—in other words the individual abilities, resources and strengths—in order to cushion weaknesses or problems and counteract them (reduction of risk influences) without ignoring problems or minimizing them (Metz, 2010; Fröhlich-Gilthoff & Rönnau-Böse, 2011; Wustmann 2004). According to the explanations in Chapter 2.1, "Protective Factors", it can be concluded that a person does not need to be reinforced in all of the resilience factors in order to become (more) resilient.

Resilience can be promoted and developed primarily through reflection on existing resources and abilities within the framework of coaching. When one's own resources and the individual perception is examined and compared with the core factors in resilience and the goals of the intervention measures mentioned in Section 3.2, the strengths that can be further built on become clear. Put another way, the core competencies for personal and professional development, illustrated in reference to the resilience model, can be made conscious and should be strengthened. This process can be supported when, for example, theoretical findings are learned or reflection is made regarding resilient behaviors and they are practiced. Deficits can be compensated for in these supplemental training units\(^\text{36}\) (Nuber, 2005; Scharnhorst, 2010).

The model from Grotberg (2003, pp. 5-6), explained in Chapter 2.1, is suitable for the process of making things conscious and reflection as well as for strengthening self-confidence in one's own

\(^{36}\) Training can complete Coaching. This thought is explained in more detail in section 3.4 “Limitations”. 
talents. In so doing, the coach reflects on typical statements made by resilient people in the divisions of "I have", "I am" and 'I can" with the client.

Following guidelines based on Zander (2011) demonstrate the procedure in practice:

- Which protective factors are accessible to the client, or can be made accessible to her?
- How can the client's potential be encouraged?
- What is the coping potential of the client (at the moment)?
- How can the client be reinforced permanently?

Resilient people say:

1. **I have ("factors provided") – external support**
   - People around me I trust and who love me, no matter what
   - People who sets limit for me so I know when to stop before there is danger or trouble
   - People who show me how to do things right by the way they do things
   - People who want me to learn to do things on my own
   - People who help me when I am sick, in danger or need to learn

   **Coaching questions**
   - Do I have idols or role models? Which behaviors inspire me?
   - Do I have a sufficiently large social network that I can rely on in cases of emergency?
   - Who can help me when I am in trouble?
   - Which measures can I undertake to stay healthy and fit?
   - Am I accepted unconditionally by my family and my friends?

2. **I Am ("factors promoted and developed") – inner strength**
   - A person people can like and love
   - Glad to do nice things for others and show my concern
   - Respectful of myself and others
   - Willing to be responsible for what I do
   - Sure things will be all right
Coaching questions:

- Can I and do I also want to take responsibility for the actions and decisions I am in the process of undertaking?
- Who do I want to be?
- What would I be proud of having realized?
- What should come from me?
- What are the requisites of my current situation?
- What questions in my life am I the answer for right now?
- If you now look at this situation as a gift, what thoughts come to mind?
- How has this event been an opportunity for something new?
- What lessons have you learned about yourself from this experience?

3. **I CAN ("factors acquired") – interpersonal ability and problem solving skill**

- Talk to others about things that frighten me or bother me
- Find ways to solve problems that I face
- Control myself when I feel like doing something not right or dangerous
- Figure out when it is a good time to talk to someone or to take action
- Find someone to help me when I need it

Coaching questions:

- Which crises have I already mastered in my life?
- What helped me do so?
- How can I come out of a crisis stronger?
- What is my attitude in approaching critical situations?
- How has this event been an opportunity for something new?
- Did you have any clues that warned you beforehand?
- Did you ask for help?
- What did you learn about the other persons involved that has been useful?

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37 Questions centering around the “I am” idea can help the client find meaning and perspective.
This approach opens up the opportunity to overcome the long years of "'repair-oriented' understanding and instead to search for a more individual 'self-correcting power' that then becomes the starting point for professional action" (Wustmann 2004, p. 203).

Self-correcting power is reinforced in the coaching setting when the coach does not repress client suffering and pain or suppress feelings in a personally stressful situation. The fear of exposing one's own feelings is often connected to the fear of the onslaught of emotions and one's own person (Metz, 2010).

The coach encourages the client to attentively perceive and accept the situation. In this connection, a typical intervention by the coach would be to reflect like a mirror (active listening), confront (allow new ways of seeing things), ask questions, illustrate, or to crystallize (I'll tell you how I see it…) (Coverdale, 2005). The possibility for conscious processing ensues, and its integration into the personal experiential and sentient world of the client through which coping capacities can be built and promoted. Expressed another way, the person becomes internally stronger and learns to deal with things better in the future (Gruhl, 2011). Wustmann (2005) emphasizes in this regard that "a person who shows himself to be equal to a stress emerges from this experience strengthened and with that sets advantageous conditions to survive future challenges. Earlier environmental conditions affect the process to the extent that positive and stabilizing early experiences significantly facilitate the training of coping skills" (Wustmann, 2005, p. 193).

Figure 1 in Section 1.1 shows this process as "The Resilience Growth", where different levels of resilience can be obtained.

3.3.3 Building Attitudes
Resilient inner attitudes play a decisive role in resilience coaching. This life maintaining, positive attitude is common among resilient people. As shown in Chapter 1, resilient people appear to be immune against the onslaught of fate in a unique way, even though their life conditions are everything but easy. They possess a "spiritual immune system" that is constituted from their positive inner attitude and that allows them a behavior that keeps them mentally and physically healthy (Nuber, 2005). Resilient people have the courage to be very realistic and, at times, to leave

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38 German original: ""reparaturorientierte" Förderverständnis zu überwinden und stattdessen eher nach den individuellen „Selbstkorrekturkräften“ zu suchen, die dann den Ausgangspunkt professionellen Handelns darstellen“.

39 German original: „ein Mensch, der sich einer Belastung gewachsen zeigt, aus dieser Erfahrung gestärkt hervor geht und damit günstige Voraussetzungen setzt, künftige Anforderungen erfolgreich zu bestehen. Frühere Umweltbedingungen wirken insofern auf den Prozess ein, als dass positive und stabilisierende frühere Erfahrungen die Ausbildung von Bewältigungsfähigkeiten wesentlich begünstigen“.
well-known, old habits behind them. They have the courage to make clean breaks in life. (Welter-Enderlin, 2012).

Clients should be made aware of two resilient attitudes that form the basis in resilience coaching. These attitudes present an interesting challenge to the client as well as to the coach:

1. First of all, the awareness of an internal control conviction is an essential prerequisite for learning and building resilience:

   I am responsible for how my life goes and not a helpless victim of external circumstances.

The coach responds to a stressful situation from the client, that it depends on the type of person, "whether he even allows himself to be stressed by the events surrounding him – in the end, individual behavior is not dictated by the conditions that occur to the person but rather from the decision that he makes – in this discourse, clients experience an unexpected mental maturity and being taken seriously in his free will and responsibility" (Schlieper-Damrich, 2012, p. 21).

Humans, accordingly, have the potential to influence the structure of their lives. They can create balance between the constantly changing conditions and priorities for themselves (Welter-Enderlin, 2012; Gruhl 2011). Wustmann (2004, p. 199) emphasizes in this context that: Humans are "active managers and co-creators of their own life, for example, through the effective use of internal and external resources".  

2. In the coaching process, the coach centers on the significance of "finding himself in spite of and even often because of his situation" (Schlieper-Damrich, 2012, p. 20).

This attitude is supported by the works of Viktor Frankls logotherapy. Each situation has a unique and one-time significance that needs to be discovered. The coach gives the client advice and support in a "crisis and stressful situation to allow himself to be carried by the inner voice of his conscience and do something sensible or sensibly leave it alone" (Schlieper-Damrich, 2012, p.21). The goal of this approach is that the client consciously finds the meaning of the moment and that this leads to an affirmative answer to his life with which he enters into a life pattern that is
meaningful for him. In coaching, this can mean that the client not only undertakes his search for meaning on the fields of life's chess board where his figures are already positioned. It is searched for the "concrete meaning of concrete givens in life, for the most meaningful, that at the same time can and should emanate from him with our help" (Lukas, 2011, p. 50).

This process can happen with the help of cognitive reframing. Reframing is a significant technique which was originally part of counseling or therapy. Reframing, according to Frick (2007), should give a problem new meaning under conducive conditions and in the context of a good relationship, and allow learning to understand this as a challenge or opportunity. He refers to the opportunity for a solutions oriented, positive new formulation of the situation.

The coach can intervene in the framework of both of these challenges in the following ways (Coverdale, 2005):

- to ask questions
- to open up options (hypothetical questions)
- to confront (allow new ways of seeing things)
- to illustrate
- to reflect
- to interpret and explain
- to permit and encourage
- to support, acknowledge and confirm

### 3.3.4 Detecting Inner Values

If their own access to what is significant and meaningful is only incompletely successful for a client and the path to self-knowledge and a life pattern of harmony needs to be supported with other means, then working on the roots of the client's value system which offered him purchase in apparently untenable situations is suitable in the coaching. The act of becoming aware and examining one's own value system and feelings (the areas above the water surface in the Iceberg Model, as explained below) can form the basis for a "desire for change" at the conscious level. The client becomes conscious that he has the choice. Where signification existed up until now, and the way in which recovery from earlier failures and loss were completed in the past, is worked on with assistance. The client should become aware of how he controls aspects in his psyche (affect, mood, thought processes), when he shows humor, what he dreams of, and what gives him wonder.

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44 German original: „konkreten Sinn konkreter Lebensgegebenheiten gefragt, nach dem Sinnvollsten, das gleichsam mit unserer Hilfe aus ihnen entspringen könnte und sollte“.

45 Both challenges incorporate awareness, trust and choice. All three milestones are important action fields in coaching referring to the model of Gallwey, see section 3.3.
In so doing, he learns to have trust in his decision-making basis. In this procedure, the essential milestones of awareness, trust and choice are therefore also considered.

Working on the value system can be done with the Human Balance Compass described in the previous section or through the Iceberg Model that will be introduced following in this section.

In so doing, the client must learn to observe himself. He must become sensitive to the emergence of critical situations or to recognize processes and indicative stimulus that lead to negative consequences.

The coach supports this process with process-oriented questions such as (Metz, 2011):

- What disturbed you concretely in this situation?
- Which criteria in the situation were decisive for your actions?
- How did you take certain decisions?
- Who was involved?
- What was your first step?

*Figure 6, The Iceberg Model. In reference to Coverdale Workbook Leadership, 2005, p. 193.*
This illustration of the Iceberg Model from Sigmund Freud shows the connection between the elements that are at the conscious and unconscious levels. While behavior, goals and tasks are at the conscious level, values, attitudes, and beliefs for example—the typical elements of socialization—are at the unconscious level. The challenge is to seek understanding of the unseen drivers, which in turn influence the visible behavior. In the framework of coaching, the unconscious elements are brought up to the conscious level. Figuratively speaking, the water level goes down.

**3.3.5 Coaching Success**

Effective coaching in this format is a form of change facilitation. It allows for personal transition on an individual basis. It aims to draw out a person's potential by developing rather than imposing, by reflecting rather than training. This coaching enables individuals to decide and discover the progression they need on their own (http://www.businessballs.com/lifecoaching.htm; Wellensieck, 2011).

In order for the client to take his own development in hand and consciously steer it at a certain point in a targeted and systematic way, above and beyond sharpening his awareness, positively changing his attitude and optimally using his own resources and abilities, that he, at his own initiative - and that indicates successful coaching - establishes an implementable plan for structure with specific goals and subjective criteria for success that supports the motivation and with that the willingness to perform for achievements of the goals (Metz, 2010). "If this goal is linked to the inner purpose, the bond is extremely strong" (Lifetimeswork, 2009, p. 6).

The success of coaching is, in conclusion, the subjective, overall assessment of the client. "For the client, success specifically lies in the personal achievement of the goal, the satisfaction, the emotional relief, the development of for example options for action, the expanded awareness or the positive change in attitude for him" (Metz, 2010, p. 70).46

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46 German original: „Im Detail gehören für den Klienten zum Erfolg die persönliche Zielerreichung, die Zufriedenheit, die emotionale Entlastung, die Entwicklung z.B. von Handlungsoptionen, das erweiterte Bewusstsein oder die für ihn positiven Einstellungsänderungen“.
The coach can guide this process with the client using the GROW method developed by John Whitmore (2011). The context of GROW is awareness and responsibility.

**Figure 7, GROW Model, John Whitmore. In reference to Coverdale Workbook Leadership, 2005, p. 221.**

### 3.4 Limitations

Two limitations will be presented in this section. They originate in different sources: The first is linked to the conditioning of the client due to the socialization process. The second arises through the reality of where coaching stops and the other disciplines begin.

Whoever wants to stay healthy today, must know himself well and be able to control himself. He should possess an understanding of how to replenish his personal store of energy, and of his personal, long-term limits.

Many people are afraid of examining themselves, even though a new public acceptance of mental processes is essential for life in today's world.
During the entire school career, from kindergarten through continuation schooling or training up to university, competencies such as self-control, self-awareness or dealing with personal reflection, being connected with one's inner self and thus also to others as a matter of course is still not transmitted. Our educational system trains the intellect (Wellensieck, 2011).

The following poem by Betty Esthelle highlights these circumstances:

**School Child**

What did you learn today, my child,  
that you are loving and good?  
Teacher says I need to learn  
to do as children should.  
And did you play and laugh  
and run and feel your friends around?  
The teacher says to please sit down  
and not to make a sound.  
How will I ever learn to BE,  
how can that be taught,  
when teacher keeps on teaching me to  
to be who I am not?

(Betty Esthelle, in Siebert, 2008, pp. 173-174)

Even when adult persons have experience and knowledge to rely on, our socialization process only encourages insufficient access to the resources inside that are essential to exploit dormant potential. For the most part, people are unaware of their buried potential. They do not know what they are capable of. In this context, John Whitmore (2001) wrote about the inner obstacles that prevent the remaining potential from being used. He included among the above mentioned obstacles aspects such as "the fear of failure, lack of self-confidence, self-doubt or lack of belief in oneself" (Whitmore, 2011, p. 24). Gallwey (2010) talks about interferences and lists the same aspects in "The Inner Game". He describes it as self-talk dialogue or as a conversation that goes on inside the head between two inner selves. These aspects seem to be sufficient to actually significantly reduce performance.\(^\text{47}\)

Within the framework of coaching, the crux of the matter and the key are both present in these aspects for the client and the coach. *The first frontier in coaching should therefore be formulated in* \(^\text{48}\)

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\(^{47}\) German original: „Angst zu versagen, mangelndes Selbstvertrauen, Selbstzweifel oder fehlender Glaube an sich selbst“.

\(^{48}\) In simple terms, the Inner Game can be summarized in a formula: Performance = Potential - Interference. According to this formula, performance can be enhanced either by growing potential or by decreasing interference.
the challenge that the coach helps the client to access his “inner self” and “inner obstacles” through self-reflection even though the consciousness is not trained for the “inner self and obstacle” in the context of the socialization process and therefore can only be conditionally made tangible to the client.

The coach’s task is to remove inhibition for the client and promote self-confidence. Important questions are what triggers this inner dialogue and what are the psychological interferences? When does it happen? It concerns the reflection and sharpening of awareness of one’s own ability to act.

In this context it shall be mentioned that conflicts could occur in consequence of a certain openness of the client if internal coaching is performed, i.e. between for example Human Resources professionals (coaches) and employees (client). This setting could be disadvantageous because coaching results could require a sensible anonymity. But whatsoever the setting, some humans are resistant to change, stubborn or simply feel such a shame to speak openly, that coaching is not accepted as such. It is impossible to develop effectively against one’s own will.

The second frontier is in the application of the resilience concept to the coaching. Even though the criteria that make up resilience have been examined in populations that have significant problems and stress situations been overcome due to proven personal and social factors, it does not mean that people who have not survived such stress situations in "health" can be "healed" through resilience coaching. The goal of resilience coaching is to transfer the empirically proven personality attributes and strategies of resilient people in a broad sense for coping with stressful situations, whereby no psychological illness or disturbance is present in the client.

This brings the discussion to where coaching stops and the other disciplines begin.

Although in coaching methodologies and interventions with psychotherapeutic roots are used, coaching does not focus on the psychological functioning of human beings (Metz, 2011; Rauen, 2013).

While therapists treat specific, significant problems, e.g. trauma, mental illness etc., coaching contributes in times when there are complex life circumstances, and it facilitates decision making. Coaching and therapy both deal with problems and work in similar areas. While therapists work mainly with the past, coaches work with the present and future. Starrs (2011) gives examples where coaching is appropriate, e.g. in putting together a life plan, understanding our aims and purpose, finding ways to reduce stress, improving our ability to relate to others, improving our awareness and improving our health and well-being routines. For instance, a therapist would treat
significant alcohol abuse, mental illness, depression, experience of violent or sexual abuse where the person needed professional support to get over it etc. Coaching, on the other hand, emphasizes the solution and development and asks ‘What?’ questions (e.g. what comes next?). Therapy focuses on the original, underlying problem: the problem is analyzed (why questions) and methodologies for healing are applied. It is important that a coach recognizes inappropriate situations for coaching and then refers the client to a colleague who is often specialized in their area of therapy, e.g. addiction, abuse, mental illness and so on (Starr, 2011). The distinction between therapy and coaching is therefore most significant and even regulated by law in Germany (http://www.landsiedel.com/coaching/coaching-abgrenzung-andere-disziplinen.html).

The other cousins of coaching have differences and similarities: To summaries, the differences can be found in the inciting situation, in the cause, the goal, the definition of the goal and, above all, in the depth of working with the problem. In all cases, however, the intent is to initiate a change or modification in behavior patterns (Metz, 2010).

- Training: a priori transfer of knowledge; acquisition of new competencies
- Counseling: transfer of a solution in an organizational context by an expert; gives assistance, orientation, support, recommendations
- Mentoring: an experienced person protects the other one, gives instruction, transfer best practice behavior, makes recommendations (Persson, 2008)
- Feedback: “Process in which the effect or output of an action is returned (feedback) to modify the next action….In an organizational context, feedback is the information to an entity (individual or group) about its prior behavior so that the entity may adjust its current and future behavior to achieve the desired result” (http://www.businessdictionary.com/definition/feedback.html).
- Supervision and coaching are similar to each other. Both give instruction for self-directed learning. Differences are rather found in settings and client groups (Metz, 2010).

It is useful to integrate training in coaching when behavior deficits have been discovered during the process and can be corrected through training entities.49 In such cases, coaching delivers the occasion and framework to improve and learn specific skills. This training can be delivered by the coach if he possesses the relevant qualification. Otherwise, the client should be directed to the relevant specialist. In other words, coaching is not initially training, but coaching can embed training. Both disciplines complete each other meaningfully (Rauen, 2013).

49 To complete coaching with training has been considered in Chapter 3.3.2 “Strengthening Protective Factors”.
It had been proven that stress situations can be treated best through coaching, if combined with individual training, individual feedback and personal counseling (Metz, 2010).

**Conclusion**

The situation today for many companies is characterized by shareholder value, mergers, increasing globalization and increasing pressure to innovate and has, as a result, brought about the current corporate development with its lack of consideration, ignorance, short-term gratification mentality and weak leadership. Above all, "pressure" is used to keep employees going. It is quietly ignored in many places that the identified goals are, at some level, achieved at the expense of the human-operational well-being. Career paths reward egocentricity and self-promotion. Those who practice humanistic leadership styles do not advance in the company. Many have lost their orientation concerning corporate management. Considerable resources are expended for developing personnel or strategy measures. However, these are mostly lip-service because the supportive measures seldom concern the employees, who are becoming ever more paralyzed from increasing mental illness. It is a paradox: While enormous amounts of effort and cost are expended to source and recruit resources due to demographic changes, no one really knows so exactly what the value of the resources – namely, humans – is. Trainers, counselors and coaches have complex insight into the state of companies through the trust they have won among employees. Frequently, they first must work as spiritual guides in the most varied interpersonal areas, far from their actual task, in order to even arrive at the actual topic of concern with the group or person involved. Companies would do well to reward leadership that sustainably strengthens the company and not leadership that primarily serves personal careers.

Companies become instable through the increasingly overwhelmed staff. In addition, organizational burn-out\(^5\) can spread, which is manifested in inefficiency, lack of motivation and inflexibility through to sick and finally incapacitated employees. This is a trend that deserves closer attention considering events that tend towards global economic crises and increasingly instability of companies. The ambient and human-operational well-being desperately needs to be brought into the focus of operational crises precautions as a starting point for inner-corporate stability and health, that present the competitive factors of the future. To even out surges in the 'atmospheric' climate, the author of this work is of the opinion that a holistic operational health

\(^5\) This is the case, when a deep and continuous exhaustion exist; the organization is unable to discover through its own efforts (Wellensieck, 2011).
preventative intervention\textsuperscript{51} needs to be undertaken at the individual and organizational\textsuperscript{52} level; one that views the resiliency model as a suitable corner stone when used with the coaching techniques to build resilience.

\textsuperscript{51} Nowadays companies monitor the physical health of certain employee groups with medical check-ups. This can be in the context of incentives for managers or due to ISO or legal requirements for employees working on the production floor. These measures can be seen as a significant improvement. But it disrespects mental well-being and does not consider the whole workforce.

\textsuperscript{52} Organizational resilience considers how robust and resistant organizations are when responding to challenges. Individual, social and institutional factors all play a role in building coping skills during exposure to adversity, on the one hand, and, on the other, in facilitating health adaptation. The CIPD research study distinguishes 4 categories of organizational resilience: job design, the culture and operation procedures, influence of leadership, external events (systemic) and environment (CIPD, 2011). Human Resources instruments with a proven track record for having a positive impact on the influence of leadership are, for instance, Assessment Centers that detect leadership capabilities in the area of interpersonal skills or dual career opportunities to recruit technical specialists and people managers and that value both career paths equally. Qualified employees require the possibility to participate in freedom in their professional role, i.e. to reinterpret tasks and decisions taking, involvement of coworkers and new initiatives. Siebert (2006, p. 30) describes this freedom in the following way: “resilient managers must be skilled change agents who leave self-managed work teams free to get essential work done. Employees in the past did what their manager told them to do and were evaluated on how well they followed instructions and written job descriptions. Now, resilient employees must be change-proficient and capable of working in self directed new ways without up-to-date job descriptions”.

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**Figures**

Figure 1, The Growth of Resilience. In reference to lifetime work, p. 3.

Figure 2, Resilience Factors. In reference to Fröhlich-Gildhoff & Rönnau Böse, 2011, p. 42.

Figure 3, Internal Self Resiliency Characteristics. In reference to Kumpfer 1999, p. 196.

Figure 4, Awareness, Choice, Trust. In reference to Gallwey, 2010, p 27.

Figure 5, Human Balance Compass. In reference to Wellensieck, 2011, p. 60.

Figure 6, The Iceberg Model, Sigmund Freud. In reference to Coverdale Workbook Leadership, 2005, p. 193.

Figure 7, GROW Model, John Whitmore. In reference to Coverdale Workbook Leadership, 2005, p.221

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