

Resilience: what is it and how can we help to develop it?

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Plan of Session

- > Outline a study on smoking cessation
- > Show the development and use of a conceptual framework (resilience) to guide the research
 - Development of the research questions
 - Sampling frame
 - Interview questions
 - Analytical strategy
- > Show the emergence of a theoretical framework that 'explains' the findings

Context within a Wider Study

- > Two-year study on Smoking and Resilience
 - why high smoking levels persist in particular population groups (people with diagnosed depression, young people, Indigenous people)?
 - what enabled some people in these groups to quit?
 - what part, if any, does resilience play?

Background - Resilience

- > Many, varying definitions
 - ‘bouncing back from adversity’
 - “an ability to confront adversity and still find hope and meaning in life” (Deveson, 2003; p.6).
 - Ungar (2004) – need to take into account a range of other factors such as gender, ethnicity, and socioeconomic status.
 - Reduce reliance on ‘professional definitions’ - understand meanings that individuals bring to their lives around resilience by listening to them tell their own stories.
 - Includes learning what it is about those highly disadvantaged, yet resilient, people that helps them to face adversity and to be able to bounce back and, in some cases, to prosper.

Resilience

- > Bartley et al (2006) - three different models of resilience
 - compensatory resilience model - combined influences of psychological characteristics and aspects of the social environment that helps individuals get through difficult situations.
 - protective resilience model - considers the interaction between protective factors, the risk exposure and the outcome.
 - challenge resilience model - describes resilience as a slow building and learning of resilience over time through being exposed to adverse circumstances.

Resilience as health promoting

- > Contemporary research on resilience is focused on an 'assets model' approach which explores factors leading to wellbeing and health promoting as opposed to illness and deficiencies.
- > This approach also seeks to examine the underlying social and psychological processes and practices by which resilience may be achieved.
- > One of the major outcomes of developing resilience is the development of 'human capabilities' (Sen, 1999) which are seen as vital for developing freedom and thus 'health' in a broad, holistic sense.

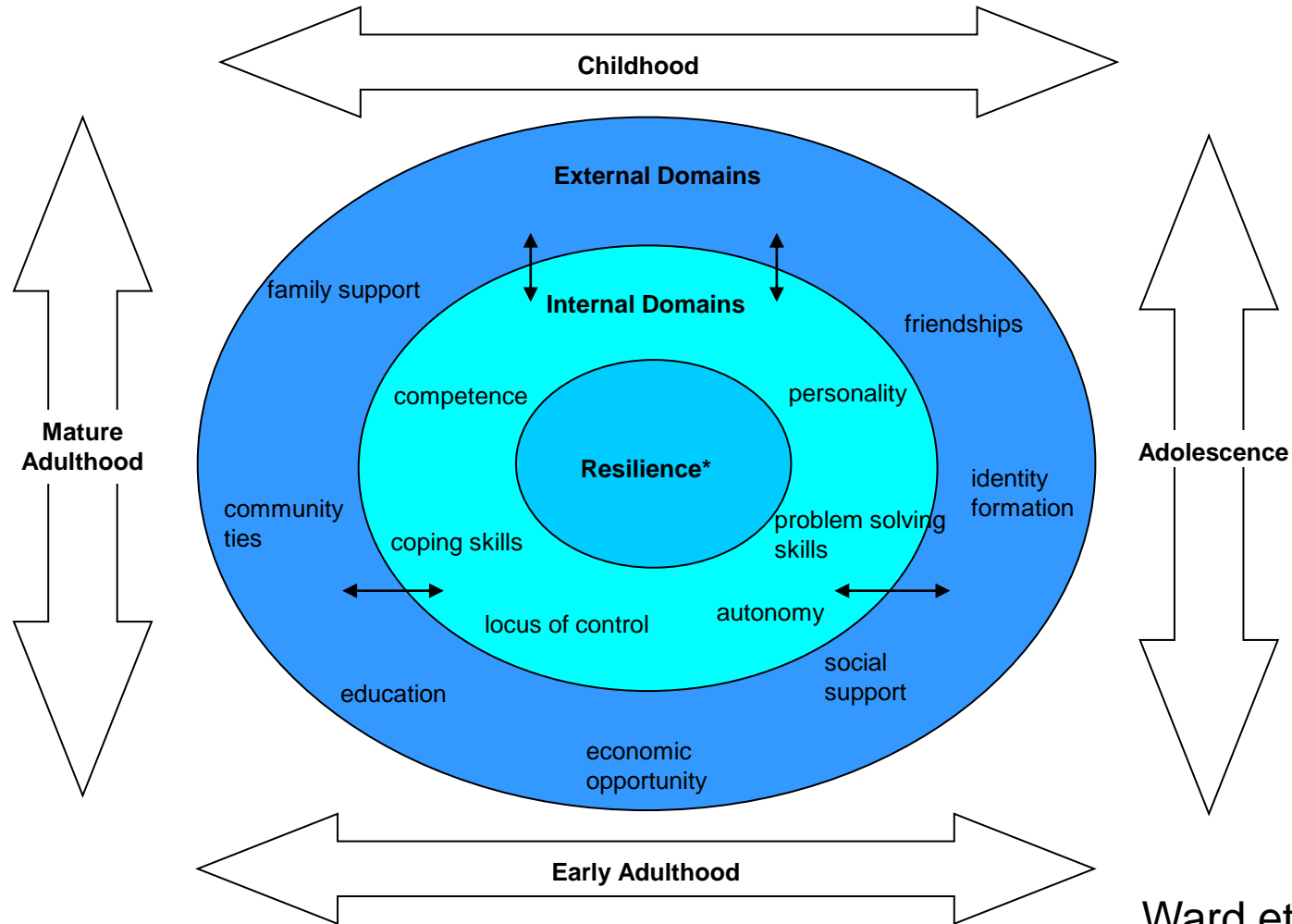
Developing (and testing) a new model of resilience

- > Systematic review of current literature on resilience
- > Amalgamation of sociological and psychological literature
- > Usually 'silo research'

Our conceptualisation

- > *resilience is the interaction between the internal properties of the individual, and the set of external conditions, that allow individual adaptation, or resistance, to different forms of adversity at different points in the life course” (Ward et al., 2011).*
- > The argument is that when facing adverse circumstances, an individual (or community, or organisation, or social system) has a greater chance to build resilience as these situations provide learning opportunities to practice problem-solving skills and to learn how to mobilize resources
 - Need the skills (internal domains)
 - Need access to relevant resources (external support)

Our Proposed Multi-factorial Model of Resilience



Ward et al (2011)

Our conceptualisation of resilience

- > Internal resources – coping, confidence, self-esteem etc
- > External resources – family support, educational system, social capital, socio-economic security etc
- > Complex interplay, over time, of internal and external resources – ‘practising’ and ‘learning’

Smoking and social disadvantage

- > Evidence suggests that people in lower SES groups, or people who live in disadvantaged communities are more likely to start smoking, more likely to continue smoking, and less likely to quit.
- > Bartley et al (2006): “...there are no differences in knowledge about health hazards of diet and smoking between the more advantaged social groups and those less advantaged groups whose members are more likely to engage in health risk behaviour. If anything, the evidence is that those who smoke, for example, are even more aware of the risks than those who do not...It is clear that some forms of social environment increase the freedom of individuals to follow the health behaviours that they regard as most desirable, and other forms reduce this freedom” (p.7).
- > Therefore, growing up in materially deprived neighbourhoods may increase the need for resilience in the face of increased adversity, but the likely assets and capabilities of people in those neighbourhoods to develop resilience may be reduced

Methodology

- > Chapman and MacKenzie (2010) argue that a neglected area of research in smoking cessation is around the “habits, attitudes, routines and environments of people who succeed where many others fail”
- > Ungar (2004) argued for an approach that does not merely define resilience but seeks to understand meanings that individuals bring to their lives around resilience by listening to them tell their own stories.
- > Bartley (2006) stated that research is required *“to understand more about the factors that protect the health and wellbeing of people who continue to live in poverty or disadvantaged areas, enabling them to survive the experience”*
- > Therefore – qualitative study using oral histories

Methods

- > 93 in-depth, oral history interviews
 - 31 with people with diagnosed mental illness
 - 31 with Indigenous people (interviews conducted by Indigenous researcher)
 - 31 with young people

- > Interviews with roughly equal numbers of:
 - current smokers,
 - ‘never smokers’
 - ex-smokers

Oral history interviews

- > The interview schedule followed a traditional oral history trajectory
 - ‘early childhood’, ‘teenage years’, ‘early adulthood’, and ‘mature adulthood’.
- > Within each life-stage, participants were asked to talk about the smoking behaviours of themselves and others around them, in addition to age-appropriate factors deemed important to them (e.g. education, upbringing and relationships with their families during childhood; job situation, housing conditions, peer-relationships during early adulthood etc).
- > In particular, the interviews allowed participants to provide a biographical account of ‘where they are now’ in terms of their smoking status, with particular focus on the perceived factors throughout their lives which enabled them to develop a level of resilience which has either enabled them to quit smoking or never start smoking.

Data Analysis

- > Transcripts analysed separately by researchers – then discussion of similarities and differences in analysis
- > Used general interpretative approach (open coding, categorisation and axial coding)
- > Verification of analysis with participants
- > Feedback of main findings and recommendations to community via public forum

Key Findings

'Current Smokers'

- > Main **coping** strategies:
 - Smoking
 - Alcohol
 - Drugs
 - Family and friends occasionally, but are often quite socially isolated

- > Fits with the literature
 - Smoking strongly associated with substance misuse
 - Smokers with depression have less efficient coping strategies than other people

'Never Smokers'

- > Main **resilience** strategies :
 - Primarily through family and friends
 - Reasonably strong community ties
 - More willing to seek help from others
 - More willing to be help-givers
 - Variety of other strategies such as exercise, reading/learning, general busy-ness

Reasons for never smoking

- > *I'll be sitting around all these forums and you know we're talking about Indigenous smoking. I think like why is it that I didn't smoke? 'Cause I did grow up with a smoker, a drinker, a depressive, you know all the problems he [father] had... and I didn't have a life that was smooth sailing but... maybe I'm just one of those persons who doesn't dwell on it. I don't think I let it get me down whereas I think a lot of people kind of take up things 'cause you know when you're feeling down or you're in a moment of weakness or you're vulnerable yeah you're susceptible to things maybe. Maybe I just got a resilience that you don't realise you have in yourself, you know? Or just the will power. Also, I don't ever feel pressured to be like other people. I think maybe that's what it is... I just don't want to be one of those people who sits around and goes 'oh this happened to me' or 'this happened to me and that's why my life's so screwed up', like I don't want that for my kids. I want them to see that shit happens 'cause that's life and sometimes you're going to get dealt a really bad hand but you actually just keep climbing over just keep ploughing on cause you know, that's all you can do, can't let it drag you down. You can have moments of weakness and that's it. (F, 32, Indigenous group, never-smoker)*

- > “I changed to diet coke and took up judo... When I did judo, I started it when I was 24 or something like that and started socialising. Extremely social, you know, things like barbecues and movies. Quiz nights, restaurants, out and stuff. And I was respected. I came as a person who wanted to learn and my reason I told them, was that I never wanted to punch anybody ever again. But um, now I’m in a position in my life where I’ve got close friends, a home, I pay tax. I haven’t been in hospital now for almost 11 years now and it’s all good. So if I’d been a smoker, all those things wouldn’t have happened... I’m valued at judo... And college. So life right now is pretty darn close to the life I would have liked for myself when I was growing up”. (Brian)

Ex-Smokers

- > Additive resilience strategies
 - Taking on new activities (exercise, fitness)
 - Taking on new roles (within community groups, help-giving, peer-support etc)
 - Taking on new practices (organised religion, spirituality, faith-based organisations)

- > Subtractive resilience strategies
 - Quitting or 'leaving behind' certain activities or practices (seen as being 'bad' or unhealthy)
 - In some cases, quitting everything and moving on
 - A move away from those factors seen as reinforcing their smoking behaviour (biographical reinforcement)

Peter – ex-smoker

- > **(pre-cessation)** “I’ve been very isolated. When I did try and make friends . . . through a stage when I was pretty heavily mentally ill and an alcoholic like you wouldn’t believe, they were never friends anyway. We didn’t . . . I didn’t care about them. Couldn’t care less. I started getting into drugs as well, so I kind of tried to escape even more”. I had a sort of religious experience, which is what changed me, so that’s what I’ve put my hope in”.

Peter – ex-smoker (cont'd)

- > **Process of quitting 'everything'** Once I felt that I'd been forgiven and not worried about that, I opened up to greater things than I ever thought I'd ever get in my life. Then I gave up smoking, I gave up drinking, I gave up drugs, and I haven't touched them since . . . At the same time, I'd send messages to all my friends that . . . were . . . from school and that, just saying sorry sort of thing.

Susy - ex-smoker

- > “I didn’t bother to smoke again . . . because when we became Jehovah’s Witnesses, you can’t smoke . . . yeah, it’s not acceptable because the Bible says that you shouldn’t be having things that are sort of damaging your body”.

Giving up everything

- > Examples often coincided with the decision to quit smoking, for example:
- > *...when I actually did successfully give up, it was you know break up of a 20 year relationship, all around that kind of time so I really did throw myself through the ringer on it but managed to come through not smoking through that period which I thought was pretty good... in many ways as well, at the time, I sort of thought oh shit, you know, this is not a good time to give up smoking. I realize it probably was a good time because it was a clearing out... it was an opportunity for me to make changes in my life as well whether or not I'd intended them to happen... at that time when I gave up smoking, I was really aware that I didn't want to put on weight and stuff like that, and so I really concentrated on fitness and what I was eating and completely chopped and changed things around including I stopped seeing particular friends that had just had too strong an association with smoking and they wouldn't give me the emotional space... so I just had to not see them for a year or so. (Fran)*

The importance of family for remaining a 'non-smoker'

- > *“ I think, it's going to say they got more stress on Aboriginal families. But it's funny, over the years, ... if you were a family, a needy family, I felt more sorry for a white non-Aboriginal family than an Aboriginal family ...about how the closeness of an Aboriginal family... .”*
- > *“For the last 5 years she (grandmother) lived next door which was quite supportive and after she passed away the other sister came out ... Aunty XXXX and Aunty XXXX lived in that house ..., so which was you know which was good having, having family around”.*

Discussion

Theory – Biographical Reinvention

- > Biographical disruption - developed within the context of chronic illness to reflect the major life changes in response to the onset of chronic illness – or in this case, stopping smoking.
 - enables analysis of the events and processes leading to people re-constructing their identities and lives after stopping smoking.
- > Biographical reinvention - explores the shift in identities as a result of the biographical disruption.
 - What did people do, what did they leave behind, what activities did they take on? Etc
- > “If smoking is attached to negative emotions, smoking cessation may represent a possibility to be released from these situations” (Haukkala, et al., 2000)

Biographical reinvention?

A number of cases represent different forms of biographical reinvention, through both additive and subtractive resilience strategies

- > Peter, ex-smoker - gave everything up and moved towards 'reinventing' himself through extreme fitness, removing all substances from his life, and moving towards a more spiritual life (but not organised religion)
- > Susy, ex-smoker - had a devastating experience of depression. She had lots of social support prior to cessation, moved towards organised religion, and then quit smoking
- > Danielle, never smoker – made a conscious decision to 'move away' from her previous life, to go to University and gain qualifications and to 'choose' her friends, partly on the basis of their smoking status

Implications for Policy and Practice

- > In order to quit smoking, people tended to take on additive and subtractive resilience mechanisms
 - New practices, roles and activities
 - Getting rid of ‘unhealthy’ practices and relationships
- > Both of these can be promoted within a salutogenic or assets based framework
 - Additive resilience strategies – sports/fitness clubs, faith based organisations, educational opportunities, opportunities for ‘help giving’ etc
 - Subtractive resilience strategies – understanding the issues which reinforce smoking (biographical reinforcement) and then targeting them, rather than solely the individual smoking per se
- > Ultimately, trying to build resilience through individual and systemic action in order to allow biographical reinvention to occur.