Resilience as *bouncing back after adversity*: an example.

David Blane.

Richard Wiggins, Scott Montgomery, Zoe Hildon, Gopalakrishnan Netuveli.

What is resilience?

- Resilience can be recognised only in the presence of adversity.
- Resilience is having good outcomes despite adversity.
- Can be: (a) maintaining good outcomes in the face of adversity; or (b) bouncing back after adversity.
- Testing (b) requires longitudinal data.

Mental health & resilience at older ages.

Aims:

1. To identify those members of a panel survey who demonstrated bouncing back after an adversity.

2. To describe their characteristics; and to discover the predictors of their resilience.

3. To identify qualitatively the processes which make plausible these quantitative results.

Methods: quantitative.

Study subjects were 3581 participants in the British Household Panel Survey, selected from waves 1-14, who satisfied three requirements:

1. exposed to an adversity.

2. consecutive GHQ-12 scores available (GHQ = General Health Questionnaire, measuring psychological wellbeing).

3. aged 50 years or older.

Primary outcome.

- Resilience operationalised as a GHQ-12 score that increased, meaning that psychological wellbeing worsened, after exposure to an adversity and returned to its pre-exposure level in the next wave of the survey (ie. after one year).

- The adversities were: functional limitation; bereavement or marital separation; poverty.

Analysis.

Consecutive triplets of BHPS waves, with GHQ-12 measured at each wave:

- wave 1 - no adversity (*pre-adversity*).

- wave 2 – one or more adversities (*adversity*).

- Wave 3 - no new adversities (*post-adversity*).

Resilience defined as post-adversity GHQ-12 score within the 95% Confidence Interval of pre-adversity score.

Who demonstrated resilience?

- Resilience was not common (14.5% of sample).

- Women were more likely than men to be resilient (women 59.6% of the resilient; men 40.4%).

- Older people were slightly more likely to be resilient than younger people (15.2% of those aged 75 years or older were resilient, compared 13.9% of those aged 50-64 years.

Associations with resilience.

- Two factors were associated with resilience at conventional levels of statistical significance: (a) having high social support; (b) expecting improvement in finances.

- Resilience was not associated with: length of education; Registrar General's social class; housing tenure; motor car access; liking residential neighbourhood; active or passive organisational membership.

Predictors of resilience.

- High social support at the pre-adversity and adversity time-points were the only statistically significant predictors of resilience.

- These increased the chances of being resilience by 40-60% (compared to those with low social support).

- No post-adversity factors were significant statistically, implying that resilience is conferred by pre-adversity & adversity circumstances.

Qualitative psycho-social plausibility.

- Resilience was associated, in a linked qualitative study of the Boyd Orr cohort, with continuity of self (*… I always …*).

- Perhaps high social support during pre-adversity & adversity prevents people becoming defined by their adversity: *my friend John who's had a stroke* rather than a stroke victim; *my friend Susan who's fallen on hard times* rather than a welfare recipient.

Conclusions.

- Resilience is rare. It should not become a normative assumption.

- Post-adversity support is crucial, but it will not confer resilience.

- Social policy to enhance resilience should encourage the maintenance of social networks into old age (*Freedom Pass*; post-SPA employment).

References.

- Netuveli G, Wiggins R, Montgomery S, Hildon Z, Blane D. Mental health and resilience at older ages: bouncing back after adversity in the British Household Panel Survey. *Journal of Epidemiology and Community Health* 2008;62:987-991.

- Hildon Z, Montgomery SM, Blane D, Wiggins R, Netuveli G. Examining resilience of quality of life in the face of health-related and psycho-social adversity at older ages: what is 'right' about the way we age? *The Gerontologist* 2010;50:36-47.

- Hildon Z, Smith G, Blane D, Netuveli G. Understanding adversity and resilience at older ages. *Sociology of Health and Illness* 2008;30:726-740.

- Montgomery S, Netuveli G, Hildon Z, Blane D. Does financial disadvantage at older ages eliminate the potential for better health? *Journal of Epidemiology and Community Health* 2007;61:891-895.