Bounce Back

What the Research Says About Resilience, Coping and Support

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Chapter 1: How Researchers Measure Resilience

Resilience is a word used for everything from a hard life to a good attitude. Researchers need something they can count. This chapter looks at the scale that became the standard.

THE IDEA

The authors view resilience as a measure of the ability to cope with stress, and so as a possible target of treatment in anxiety, depression and stress reactions. They describe a new rating scale, the Connor-Davidson Resilience Scale (CD-RISC). It has 25 items, each rated from 0 to 4, with higher scores meaning greater resilience (Connor and Davidson, 2003, Depression and Anxiety).

WHAT THEY DID

They gave the scale to several groups: a community sample, primary care outpatients, general psychiatric outpatients, a trial of generalised anxiety disorder, and two trials in post-traumatic stress disorder. They checked how reliable and valid it was and how its items grouped together, and they set out reference scores for their samples. They also looked at whether scores changed with treatment in the post-traumatic stress trials.

WHAT THEY FOUND

The scale showed sound measurement properties, and its items fell into five groups. It could tell people with greater resilience from people with less. A rise in the scale score went with more improvement during treatment, in proportion to overall clinical improvement: the biggest rises were in people who improved most, and scores fell in those with little or no improvement. The authors conclude that resilience can be changed and can improve with treatment.

WHAT TO TAKE FROM THIS

Two points. First, a score of this kind turns a vague word into a number that can be tracked. Second, scores moved with treatment, which supports the idea that resilience is not fixed.

LIMITS

The abstract does not give the average scores or the sizes of the groups. Much of the testing was in patient groups, so the findings may not carry over to everyday life. A questionnaire score is a self-report. This book is general education and not treatment. If you are struggling, a doctor or counsellor can help.

HABITS TO TRY

These are practical suggestions, not findings from the study.

Treat resilience as something that can change.

Track how you cope. Rate, once a week, how well you handled the week's stress, from 1 to 10.

Name what helped. A person, a habit, a place.

Notice what drains you.

Do not use a score to judge yourself.

A WORKED EXAMPLE (INVENTED FOR PRACTICE)

A man rates his coping with the week at 4 out of 10 after a hard month. Over eight weeks he adds a walk, a weekly call with a friend and an earlier bedtime. His rating rises to 6. It is his own record and not a result from the study.

PRACTICE EXERCISE

Today, rate how well you are coping with stress from 1 to 10. Rate again each week for a month.

KEY POINTS

A 25-item scale scored from 0 to 4 became a standard way to measure resilience. In treatment trials, scores rose in proportion to improvement, so resilience appears to be changeable. The abstract gives no averages or sample sizes.

Chapter 2: Most People Bounce Back

What happens to most people after a loss or a terrible event? A much-cited paper argued that psychology had been looking in the wrong place.

THE ARGUMENT

The author begins from an observation: many people are exposed to loss or potentially traumatic events at some point in their lives, and yet they keep having positive emotional experiences and show only minor and short-lived disruption in their ability to function. Psychology's knowledge of how adults cope with loss or trauma had mostly come from people who sought treatment or showed great distress. As a result, theorists often saw this kind of resilience as rare or even abnormal (Bonanno, 2004, American Psychologist).

WHAT THE PAPER SAYS

The author challenges these assumptions by reviewing evidence that resilience is a distinct path from recovery, that resilience in the face of loss or potential trauma is more common than often believed, and that there are multiple and sometimes unexpected routes to it.

WHAT TO TAKE FROM THIS

Three ideas. Resilience and recovery are different: in recovery, functioning drops and then returns; in resilience, it stays fairly steady. Resilience is common. And there are several ways to get there, so there is no single correct way to cope.

LIMITS

This is a review of evidence and the abstract gives no numbers, so we do not say what share of people is resilient. The author is arguing against an assumption, and others may weigh the evidence differently. Not everyone bounces back, and struggling is common and nothing to be ashamed of. Nothing here is a judgment on how anyone should react to loss. If you are in distress, a doctor, counsellor or helpline can help.

HABITS TO TRY

These are practical suggestions, not findings from the paper.

Do not assume you must fall apart. Many people cope well.

Do not assume you must hold back. Some need to talk, others not.

Let people grieve in their own way.

Look after the basics: sleep, food, company.

Get help if distress lasts or worsens.

A WORKED EXAMPLE (INVENTED FOR PRACTICE)

A woman loses her job. She feels sad for a few days and then starts her search, keeping her weekly routines. A friend expects her to be devastated. She says, "I'm sad, and I'm OK." It is an invented example and not a study result.

PRACTICE EXERCISE

Think of a hard time you came through. Write three things that helped, however small.

KEY POINTS

A review argued that resilience after loss or trauma is a distinct path from recovery, more common than often believed, and reached by multiple routes. The abstract gives no figures. Not everyone bounces back, and help is available.

Chapter 3: Can Resilience Be Trained?

If resilience can change, can a programme build it? A systematic review pooled the controlled trials.

WHAT THE REVIEW DID

The authors set out to bring together the evidence on interventions designed to improve individual resilience. They searched five sources for controlled trials, including randomised trials, of programmes aimed at improving psychological resilience, and used a random-effects meta-analysis. From 437 citations, 111 articles were read in full, 17 studies met the criteria, and 11 randomised trials went into the meta-analysis. The programmes fell into three groups: those based on cognitive behaviour therapy (CBT), those based on mindfulness, and mixed programmes combining the two (Joyce, Shand, Tighe, Laurent, Bryant and Harvey, 2018, BMJ Open).

WHAT THEY FOUND

The meta-analysis found a moderate positive effect of resilience programmes (0.44; 95 percent interval 0.23 to 0.64). Subgroup analysis suggested that the CBT-based, the mindfulness-based and the mixed programmes were all effective. The authors conclude that programmes combining CBT and mindfulness techniques appear to have a positive effect on individual resilience.

WHAT TO TAKE FROM THIS

On average, training raised resilience scores by a moderate amount. The interval is wide, from 0.23 to 0.64, so the true effect could be small or fairly large. The programmes in the review were structured courses.

LIMITS

Only 11 randomised trials went into the pooled result. The abstract does not say who took part or how long the effects lasted. Resilience was measured with questionnaires. The review does not tell you which parts of a programme matter. This is general education and not treatment.

HABITS TO TRY

These are practical suggestions, not findings from the review.

Look for structure. The programmes combined thinking skills with attention skills.

Practise a thinking skill. Write a stressful thought, then a more balanced version.

Practise an attention skill. A few minutes of breath practice.

Use both. The mixed programmes did well.

Re-score yourself every month.

A WORKED EXAMPLE (INVENTED FOR PRACTICE)

A student plans four weeks of a daily five-minute breathing practice and one weekly thought-record. She rates her coping at 5 before and 6 after. She notes that exams ended in week three. It is her own record and not a study.

PRACTICE EXERCISE

For two weeks, write one stressful thought a day and a fairer version, and do five minutes of breath practice.

KEY POINTS

A review of 11 randomised trials found resilience programmes had a moderate positive effect (0.44; interval 0.23 to 0.64), with CBT-based, mindfulness-based and mixed programmes all effective and mixed ones recommended. The abstract gives no follow-up length.

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