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Agency or Agencies? Catalysts of Resilience in Drop-In Participants

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Abstract

In this thesis, the factors that contribute to resilience are explored in a sample of participants who attend a food bank/clothing bank drop-in program in North Hamilton, Ontario. Resilience is defined as obtaining positive outcomes despite a level of risk to development. This thesis expands on the literature clarifying the concept of resilience. This thesis also contributes importantly to the smaller amount of literature on resilience in adults and older adults. Purposive sampling was used to obtain participants from the drop-in program at which the researcher volunteers. Phenomenology was utilized for this research, semi-structured interviews were used for data collection, and textural analysis was used to analyze the data. Eight participants were interviewed about their experiences with attempting to overcome adversity in their lives. Factors that were significant in participants' resilience through adverse situations were psychological characteristics, social support, neighbourhood characteristics, voluntary sector services, and government services. A significant barrier to resilience for participants was housing issues. A factor that affected every aspect of the journey to resilience was the sociopolitical structure. The structural landscape and its transformation over the past several decades is discussed, as well as the effects of neo-liberalism on the ability to be resilience. Results are discussed in light of the current literature. Learning of the researcher, limitations of the thesis, policy and practice implications, and possibilities for future research are discussed.

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Finally, I would like to thank my wife, Julia Bayer, for her incredible support and feedback throughout this thesis process. Any resilience that I show is in large part because of her love and care.

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Chapter 1

Introduction

Some of the most popular stories in history are stories of people who go through trials and tribulations that are so devastating that the individual almost does not make it through. The most interesting part of these stories is when the main character does make it through and triumphs over the worst that life can throw at him or her. These stories do not just happen in fairytales. The real life stories of resilience have been a topic of research for a very long time because everybody wants to know: how do people make it through intense adversity, and sometimes even come out of it better off than they were before the adversity?

This thesis attempts to answer the primary question of what factors are associated with overcoming adversity for individuals who attend a drop-in service in North Hamilton? Through this thesis, I want to understand more clearly the idea of resilience.

This study is important because in spite of an extensive literature, the phenomenon of resilience is still not clearly understood. This thesis addresses a gap in the research by attempting to find the specific factors that contribute most to resilience. Another gap that this research addresses is that only adults over the age of 18, including 4 out of 7 participants with age data over the age of 50, are interviewed. This thesis adds to new research being done with adults and specifically, the smaller amount of research with older adults. There seems to be an emphasis in the literature on resilience in young people. This may be partly because there is more compassion for youth and children who are in adverse situations because the adversity is not seen as “their fault”; whereas it may be a popular viewpoint that adults should be able to “get themselves out” of the situation.

This also may be due to the idea that there is still "hope" for young people that have gone through difficult circumstances in their young life. Some might think that it is too late to help some older adults if they have already gone through a great deal of adversity in their lives. However, it is important to explore resilience in adults and seniors for a number of reasons.

First of all, the population is aging, and because of this, the percentage of the population that are older adults is going to increase (Statistics Canada, 2005). Due to this older population increase, the burden on the health care system, and government expenditures in general, will be significant. It is important to identify how older adults can overcome adversity and live a normal, healthy, and happy life because that is the best outcome for everybody. Also, adults have a tremendous impact on the next generation, whether it be as parents, grandparents, teachers, coaches, mentors, etc; therefore, if adults are helped to reach resilience, they will be in a position to also help young people be resilient.

As mentioned above, my main research question is what factors contribute to individuals' resilience? This question is purposely very broad because this suits the exploratory nature of this work. The purpose is to help define the concept of adult resilience and suggest factors that support resilience that can be looked at in greater depth in future studies. This thesis can also help corroborate other results in the resilience literature.

Another question I address is how does an individual's location and environment, specifically in North Hamilton, contribute to resilience? I also examine what non-profit

or government services are associated with resilience, including the church drop-in program from which the participants were recruited.

Research Location

This thesis is being done in the city of Hamilton, Ontario, and specifically in North Hamilton. Hamilton is a city on the southeastern shore of Lake Ontario. Hamilton is the third largest Census Metropolitan Area (CMA) in Ontario, with a population of 721,053 (Statistics Canada, 2012). Hamilton's unemployment rate, as of January 2013, is the lowest of any CMA in Ontario at 5.9%; however, the participation rate in Hamilton (64.8%) has dropped in the past year and is lower than most other large CMAs in Ontario, including, Toronto, Ottawa-Gatineau, and Kitchener-Cambridge-Waterloo (Statistics Canada, 2013).

North Hamilton is a low-income neighbourhood with a large number of recent immigrants. The two neighbourhoods in North Hamilton, where most of this thesis' participants reside, Keith and Jamesville, have poverty rates of 35% and 43% (Social Planning and Research Council of Hamilton, 2012). These rates are significantly higher than Hamilton's overall poverty rate of 18%. 13% of Jamesville residents immigrated to Canada between 1991 and 2006, more than the Hamilton average of 9%. One of the main reasons that I chose to study resilience in North Hamilton is because of the large number of residents who have gone through great difficulty in their lives.

One of the reasons for North Hamilton's high poverty rates is the decline in its manufacturing industry. Hamilton built a strong manufacturing industry in the late 1800s, partially due to its location on the Great Western Railway and its busy port on Lake Ontario (Weaver, n.d.). Hamilton was once an epicenter of the labour movement in

Canada, and manufacturing workers had good wages and working conditions (Weaver). The rise of neo-liberal policies (Harvey, 2005), discussed in the Literature Review section, and a struggling export market have caused large job losses in the sector (LaRochelle-Côtè & Gilmore, 2009). This has resulted in a great deal of precarious employment, lower wages, and high poverty rates (Social Planning and Research Council of Hamilton, 2012; Workforce Planning Hamilton, 2012).

Recently, North Hamilton has become the source of controversy in Hamilton. There have been upgrades made to the nearby harbour and that combined with being in close proximity to the lake and downtown has led to gentrification. New restaurants, banks, condominiums and a GO train station are being developed in the North End. Many want the low-income housing to be demolished and for new, high-end housing to replace it. Low-income individuals may be pushed out of the neighbourhood by a higher cost of living. As noted above, there is still poverty in the neighbourhood, and the low-income individuals that are still there may face discrimination and intolerance as it becomes more of a middle-class neighbourhood. The low-income segment of the population may be pushed East and further away from the services and employment opportunities of downtown.

Social Location of the Researcher

As a researcher, I came into this project with a background and preconceived ideas that can affect how I do my research, or think about the participants. Not being constantly aware of my bias could compromise the research process and, consequently, findings of a research project. I was raised in a middle- to upper-class Christian family in a rural setting. I lived a life where I was never in need. I did not visit densely-populated

cities very often. Because of this upbringing, I was not aware of the extent of the extreme hardships that many people go through in Canada and around the world. Because of my background, even as a Social Work graduate student, I have to guard myself against judging a person's character or personality based on their socioeconomic status, addictions, or other struggles. During the research, I kept a reflexive journal documenting all of my thoughts and decisions in the research process and how my social location could influence those thoughts and decisions. I was also able to look at it later and gather details I may have forgotten about, or make sure all of my decisions were in line with my objectives.

I also have a research philosophy that influences my work. I majored in Psychology for my undergraduate degree, and in Psychology there is favouritism towards quantitative research because it is seen as more "scientific". I have a tendency to think that – although qualitative research provides valuable knowledge that quantitative could never provide – quantitative research is better for determining cause and effect. Due to this belief, I have had to constantly remind myself that my qualitative research is just as valid as quantitative research. I have also had to remind myself that the purpose of research is not only to obtain error-free knowledge, but also to give participants a voice and an opportunity to improve their lives.

I decided to do this research on resilience mostly because of the experiences I have had with people who are going through adversity. I grew up for several years on an Aboriginal reserve with a very difficult economic and social environment. I have also travelled to several developing countries and have met many people who come from difficult circumstances who have been able to live a happy, satisfying life. Volunteering

at the drop-in program from which I sampled my participants has allowed me to see many people at this program who are happy, healthy and motivated despite being in a disadvantaged situation. I know that there must be something that is helping them to thrive despite adversity. I am interested in discovering these factors that help people improve their situation after they have experienced adversity. I want to find out what these factors are and share them to increase others' chances of being resilient in difficult circumstances. I hope that I will help clarify the concept of resilience through this thesis so that the clarification can be applied to social work practice and social policy and program development. I hope that this will lead to disadvantaged individuals having access to more opportunities to improve their lives.

Originally, I had hoped to study the topic of mentoring because of my positive experiences with mentoring and being mentored in the past. I wanted to interview individuals who had been or were being mentored and ask them what benefits mentoring had given them and if it helped them overcome adversity. Because of complications with ethics, I needed to interview adults. I realized that I had strict time constraints with this thesis, and it would have been difficult to find a sample of adults who I knew were being mentored in time to complete my thesis. Most mentoring programs involve children and youth, so I could not access these programs. I decided to sample from a program where I knew the participants because I knew there was a greater chance of getting the requisite number of participants. I decided not to focus on mentoring because I could not guarantee in my time limits that I could get participants who would have experience with mentoring. Instead, I chose to study the broader factors that were beneficial for resilience.

I will now give a brief review of what the literature says about resilience to situate my research.

Chapter 2

Literature Review

What is Resilience?

There are several definitions of resilience that can be found in the literature. The term "resilience" allegedly originated in the natural sciences, specifically physics, to refer to the ability of an element to return to its original state after changing form (Boyden & Mann, 2007). The term has been adapted by the social sciences, but there are different interpretations of what resilience means in the human context. An early resilience researcher, Norman Garmezy (1971, p. 114) encountered resilient children "whose prognosis could be viewed as unfavourable on the basis of familial or ecological factors but who upset our prediction tables and in childhood bear the visible indices that are hallmarks of competence". In the past, a popular description of resilience was that it is a personality trait that acts as a mechanism to self-correct functioning after an adverse situation (Werner & Smith, 1992). Resilience research in the past has focused on the absence of psychopathology in the face of a situation that threatens to cause dysfunction (Conrad & Hammen, 1993; Tiet et al., 1998), instead of the presence of positive characteristics and resources. This definition is still evident in research in the fields of biology and psychiatry (Nigg, Nikolas, Friderici, Park & Zucker, 2007).

In recent research, the definition of resilience has changed to convey good outcomes for an individual despite serious risk to normal development (Masten, 2001). Marsiglia, Kulis, Garcia Perez, and Bermudez-Parsai (2011) define resilience simply as the ability to "bounce back" after enduring a negative life event or situation. Resilience is usually defined broadly as an umbrella to cover any pattern that relates to an individual

positively adapting in a context of hardship (Masten & Obradovic, 2006). The focus has changed from maladaptive behaviours to the *presence* of adaptive behaviours.

No matter what the exact definition is, there are almost always two components to every definition of resilience: an element of risk and an element of positive outcomes in spite of that risk. Risk can be defined as the instance when the probability of future negative outcomes becomes greater than the general population (Serbin & Karp, 2004). Risk can be operationalized in a number of ways, including socio-economic status (SES), community tragedy, birth weight, family structure, or cumulative risk calculations that combine a number of factors (Masten, 2001). The level of risk is the measure of the strength of an individual's resilience. In some instances, a return to slightly below average functioning may be resilient if the risk to normal functioning is very large due to an enormously adverse circumstance.

The resilience aspect of the risk-resilience concept can take different forms as well. Resilience can sometimes be seen in an individual after a singular tragic event, and the subsequent overcoming of the adversity followed by a return to normal functioning (Luthar, 1993). Resilience can also be observed when an individual maintains a normal or near-normal level of functioning despite a consistent presence of risk or adversity (Canvin, Marttila, Burstrom & Whitehead, 2009). Resilience has elsewhere been described as a dynamic process, where continual episodes of adversity and bouncing back define an individual's situation (Luthar, Ciccheti & Becker, 2000). Williams (2010) calls resilience a spiral, where there are a series of successes and challenges in overcoming adversity, and new outcomes are created in an individual's life as a result of this process.

To further situate my thesis, I will discuss what resilience means in and how it is impacted by the current sociopolitical context.

Resilience in the Neo-Liberal Context

Defining resilience is difficult because there are so many types of adversities that lead to different responses depending on the context. The above definitions are descriptions of some types of responses to some types of adversities, but no definition can describe all instances of resilience. Thus, it is important to understand the context of each situation and the source of the adversity. The source of an adversity, such as an acute health problem, might be simple to identify because it is a biological issue. In this case, micro-level change, or change that only affects the individual, is needed. Conversely, the source of an adversity might be much deeper and have roots in the political and economic atmosphere of the time – such as, certain instances of chronic poverty and unemployment. In this case, macro-level change, or change that has broad, societal impacts, might be needed. It has been suggested that the current neo-liberal political atmosphere and the resulting policies have led to more adversity that has deep-seeded, structural roots.

Neo-liberalism is a political and economic movement toward more emphasis on a free-market economy and individual liberty, and attempts to mitigate state intervention in the lives of citizens (George, 2000). Harvey (2005, p. 2) defined neo-liberalism as a "theory of political and economic practices that proposes that human well-being can best be advanced by liberating individual entrepreneurial freedoms and skills within an institutional framework characterized by strong private property rights, free markets, and free trade." The Great Depression and unemployed soldiers after World War 2 prompted

Keynesian, interventionist economic policies in line with the political philosophy of 'embedded liberalism' (Harvey, 2005). These policies put the greatest emphasis on full employment as the main economic goal, while still putting value on individual freedoms.

By the end of the 1960s, embedded liberalism had led to high inflation and high unemployment across the globe. Neo-liberal politicians were able to take advantage of fear of another depression, as well as anger against state powers that resulted in the 1968 student movements (Harvey, 2005). Harvey explains that in the U.S., Ronald Reagan convinced the Christian right to adopt neo-liberal ideals by promoting their interests. Similarly, in Britain, Margaret Thatcher used anger against greedy unions and the strikes that were crippling business to advance neo-liberalism. This global neo-liberal movement resulted in a transnational re-configuration of power and capital toward the upper classes (Robinson, 2004). From the end of World War 2 to the end of the 20th century, the top 1% income earners' share of income in the United States went from 8% to 15%, with similar shifts in other nations (Duménil & Lévy, 2004).

Technological advances in transportation, and information technology, along with the decreasing power of labour unions resulted in the outsourcing of jobs to countries with fewer labour regulations (Henwood, 2003). Manufacturing jobs that once powered Canada's economy, in places like Hamilton, were lost. Henwood notes that this resulted in increasing unemployment and precarious employment, and decreasing wages in the lower-middle class. Privatization of social and health services resulted in the loss of health care and the introduction of an abundance of user fees, putting more financial burden on the poor (Navarro, 2002). The poor are now forced to spend most of their time and energy on obtaining their basic needs, as opposed to advancing in society. Despite

their struggles, the poor are asked to work a little bit harder, and "tighten their belts" in order to achieve the "American (or Canadian, or German, or Chinese, etc) dream" of wealth. In this context, it is unsurprising that resilience has become a topic of interest, as more and more people, especially of low income, face greater and greater challenges to subsistence. It is also unsurprising given this context that many different factors, working together, may be needed to overcome these adversities, including macro-level, not just micro-level change.

Protective Factors

Protective factors are the lifejackets in people's lives that allow them to stay afloat in an ocean of risk. Protective factors allow people to be resilient. Many of these factors have been consistently identified in the literature. Most protective factors in the literature come from one of five different sources: the individual, social circles, mentors, the community and the government.

Psychological characteristics. There are a number of distinctive qualities that the literature suggests help individuals be resilient. Optimism seems to contribute to adaptation and coping abilities for individuals after adversity (Helmreich, 1992; Aldwin & Levenson, 2004; Kitano & Lewis, 2005). When bereaved children perceive less threat and believe in their own coping efficacy they tend to be more resilient (Lin, Sandler, Ayers, Wolchik & Luecken, 2004). Intellectual functioning is another characteristic that research suggests contribute to positive outcomes such as school achievement, prosocial behaviour, lack of psychopathology and acceptance by peers (Cicchetti & Rogosch, 1997; Tiet et al., 1998; Masten et al., 1999). Werner (2005) completed a longitudinal study of survivors of child abuse and found that traits associated with overcoming the

trauma were low distress and emotionality, sociability, at least average intelligence, and internal locus of control. Social competence, sense of purpose, autonomy, problem-solving skills and self-efficacy are other psychological qualities that research suggests are protective against negative circumstances (Rutter, 1987; Masten, Best, & Garemzy, 1990; Werner, 1995; Withers and Russell, 2001; Kitano & Lewis, 2005).

Related to the concepts of hope and optimism is the idea of agency. Snyder et al. (1991, p. 570) defined agency as "a sense of successful determination in meeting goals in the past, present and future". Snyder et al. included agency as one of two dimensions of hope, along with pathways (an available plan to meet goals). In other words, if people have a "determination" to meet goals and a plan to accomplish these goals, a feeling of hope will be the result. Agency can be promoted or restrained by cultural norms and tradition. Kilonzo (2003) spoke about women in Kenya who are victims of sexual violence having a lack of agency in response to this culture. This lack of agency, argues Kilonzo, could be a result of the cultural idea that women are subservient to men. This result suggests that the dominant cultural perspective could strongly suppress agency. Agency has been shown to be related to the ability to be resilient. Maiter and Stalker (2011) found that newcomers to Canada demonstrated agency despite the large amount of stress that resulted from immigrating to Canada and being involved with child protective services. Examples of how these newcomers displayed this agency include starting a community of support for fellow newcomers, gaining a sense of fulfilment by helping others and learning how to obtain resources and services. Expressions of agency have been seen to be related to a lower rate of recidivism and re-incarceration in offender populations (Martin & Stermac, 2010; Dekhtyar, Beasley, Jason & Ferrarri, 2012).

Research suggests that a sense of a higher purpose in life is associated with resilience in individuals. Madsen (2008) found that spirituality was the second most-cited protective factor (behind relationships, which will be discussed later) that helped individuals move past the negative effects of violent experiences. Much research with individuals dealing with a cancer diagnosis has found that spirituality/faith is important for resilience in this situation (Bloom & Spiegel, 1984; Blum & Blum, 1988; Henderson, 1997; Christ & Sormanti, 1999; Pentz, 2005). Rounding, Hart, Hibbard and Carroll (2011) studied the experiences of children of parents with depression and discovered that less depressive symptoms were associated with daily spiritual experiences, including feeling of deep peace or harmony and the experience of thankfulness. A study of Vietnam War veterans treated for substance abuse found that they were less likely to be re-hospitalized if they had experiences of spirituality (Benda, 2002). Ai, Peterson, and Huang (2003) found that Bosnian war refugees used spirituality as a coping skill. The refugees' spirituality allowed them to have positive thoughts, optimism and hope.

Social support. Social support as a general construct has strong support from resilience research as being a significant protective factor (Kessler & McLeod, 1985; Graziano, 2004; Kitano & Lewis, 2005). There are also specific facets of social support that can be identified as protective factors. One important aspect of social support – mentoring – will be discussed next, but there are several other aspects that are evident in the literature, including financial support, peer relations, and parental and family relations.

Having a source of financial support from their social network seems to help at-risk individuals succeed. Abelev (2009) studied students in college from poor

backgrounds and found that many of these young adults received financial assistance from an individual outside of their family. This money helped them obtain the resources needed to be successful in school. In Ontario, the Pathways to Education program provides, among other resources, financial assistance to youth at high risk for dropping out of high school (Pathways to Education, 2011). This program has reduced drop-out rates by over 70% in its initial location in a low-income area of Toronto.

Strong support from peers is a very important protective factor for at-risk individuals. Werner (2005) found that having competent peer friends was a buffer for the negative effects of child abuse for individuals in a longitudinal study. Being friends with other high academic achievers also helped economically disadvantaged students excel in school (Reis, Colbert & Hebert, 2005).

Most individuals spend more time with their family than any other group of people, so it is not surprising that families play a large role in how they cope with adversity. Consistent and high levels of discipline were found to be protective against negative outcomes, including intergenerational abuse, and antisocial behaviour (Masten et al., 1999; Pears & Capaldi, 2001; Lin et al., 2004). Parental involvement and high expectations were predictive of resilience, including academic achievement (Connell, Spencer & Aber, 1994; Scaramella et al., 1998; Wyman et al., 1999; Schoon, Parsons & Sacker, 2004). A two-parent structure was also found to be a protective factor and predictive of future constructive parenting (Costello, Swendson, Rose, and Dierker, 2008; Chen & Kaplan, 2001). Parenting self-efficacy, competence and quality were also associated with resilience in children (Richters and Martinez, 1993; Cowen et al., 1997;

Wyman et al., 1999). Support within the family was found to be negatively correlated with school dropouts and hopelessness (Coleman, 1988; Marsiglia et al., 2011).

Mentoring. Mentoring can be classified as a type of social support, but the literature suggests that it has a particularly strong impact on resilience (Abelev, 2009). Some characteristics of mentoring include: interaction over a significant period of time; inequality of life experience, knowledge, or power; mentee benefitting from what the mentor has gained from his or her experience; and the lack of role distinction that exists in other helping relationships, such as professional helping, or status differences (parent-child or teacher-student) (Tolan, Henry, Schoeny, & Bass, 2008).

Delinquency is one area of risk in which mentoring mitigates negative outcomes. Dubois, Valentine, Holloway and Cooper (2002) did a meta-analysis of mentoring interventions and found that mentoring had a significant negative relationship with problem behaviour, including delinquency. A systematic review by Tolan et al. (2008) revealed that mentoring significantly decreased delinquency, along with similar outcomes of aggression and drug use. Other studies suggest that mentoring has a negative correlation with youth's delinquency and likelihood of being arrested, as well as likelihood of smoking marijuana (Rhodes, 2002, 2005; Munson and McMillen, 2009). Conversely, Lipsley and Wilson (1998) found that mentoring did not have a significant effect on delinquency. Their suggestion as to the lack of effect was that the program was not structured enough or focused too much on the multiple potential causes of delinquency.

Mento

ring also seems to have a positive effect on the mental state of those being mentored. The

mere perception that support is available, possibly from a current mentor, has a positive correlation with general mental and physical well-being (Mulvaney-Day, Alegria & Sribney, 2007). Research suggests that youth with mentors are less depressed (Rhodes, Ebert & Fischer, 1992), and have fewer symptoms of depression, lower stress levels, and greater life satisfaction (Dubois & Silverthorn, 2005; Munson & McMillen, 2009). Another study found that among youth who were maltreated, positive social support decreased the risk of a genetic profile related to depression (Kaufman et al., 2004). The meta-analysis by Dubois et al. (2002) revealed, however, that mentoring programs' positive effect on mental state was not as strong as other mental health programs for children and youth (Durlak & Wells, 1997).

Mento

rs help individuals from disadvantaged backgrounds both keep their cultural identity as well as navigate a new culture so that they can succeed. Abelev's (2009) study of college students who came from impoverished homes revealed that most of the youth had a mentor who helped them understand and have access to the social milieu of the middle-class throughout their childhood and adolescence. These mentors were part of the middle-class and could advocate for the youth, as well as teach them the proper social behaviour for creating opportunities. This cultural training was important for the youth because many of them went to school in a middle-class neighbourhood even though they lived in a low-income neighbourhood. These findings mirror those of Morales (2010) that caring school personnel were able to assist youth because they had access to "cultural capital" and could help the youth transition from low-income milieu into a middle-class, academic environment. These mentors helped the youth understand that they did not have

to leave their culture behind to be successful academically, and that it was actually beneficial for their family and neighbourhood if they achieved academic success.

As mentioned above, mentors can be of significant assistance in youth becoming academically resilient, or thriving in school despite barriers. Tolan et al. (2008) found in their review that mentoring interventions had a significantly positive effect on academic performance. In Abelev's (2009) study of college students, mentors provided financial assistance and personal connections that helped them go to an academically-strong school outside of their low-income neighbourhoods. Morales (2010) found that caring school personnel were protective against academic failure. Youth described these staff members as encouraging, sympathetic, supportive, strict and trustworthy.

Community and cultural resources. Communities and society at large can provide important resources that contribute to the ability of individuals to withstand harsh circumstances. Even just having others – in worse circumstances – around to compare oneself to improves one's sense of well-being and self-esteem (Affleck & Tennen, 1991) and general resilience (Todd & Worell, 2000). Some of these resources that are protective factors include neighbourhood effects, community services, cultural training, and volunteering.

Research has discovered that the type of neighbourhood that one lives in could have a considerable impact on life outcomes. Recent reviews have demonstrated that neighbourhood effects can be a factor in childhood cognitive and behavioural development, criminal behaviour, sexual behaviour, substance abuse, education, school dropout, labour force participation, and income (Gephart, 1997; Leventhal & Brooks-Gunn, 2000; Sampson, Morenoff & Gannon-Rowley, 2002). Neighbourhoods whose

residents have negative outcomes tend to stay that way over a long period of time. Neighbourhoods in London that had higher poverty and poorer health in 1900 still had the same outcomes in 1999 (Dorling, Mitchell, Shaw, Orford & Smith, 2000). Neighbourhood physical characteristics can promote behaviours that increase health. Humpel, Owen, and Leslie (2002) determined that neighbourhood features such as, bicycle paths, walkways, parks, and local shopping facilities have a positive impact on deliberate and incidental physical activity. Research also reveals that social connectedness of neighbours is important for the neighbourhood. Collective efficacy in neighbourhoods, defined as a shared desire of residents to work together to achieve common goals, has been shown to be related to lower levels of violent crime (Sampson, Raudenbush & Earls, 1997) and disorder (Sampson & Raudenbush, 1999).

The provision of community services is a method through which society can promote resilience. Strong communities that withstand negative circumstances have citizens that engage in community service and extracurricular activities, including clubs and sports (Seccombe, 2002). Communities that provide housing for individuals experiencing homelessness contribute to their future success, as evidenced by Hyman, Aubry, and Klodawsky (2011), who found that longer durations of re-housing for homeless youth were associated with being in school longer. The provision of stable housing has been shown to positively contribute to the treatment of mental health and addictions issues (Waegemakers Schiff & Rook, 2012; Mental Health Commission of Canada, 2012).

Research on community and health centres has suggested that they have positive effects on neighbourhoods. Community and health centres' programs have been found to

be positive for older adult education (Segrist, 2008), youth health care access and psychological resilience (Soleimanpour, Geierstanger, Kaller, McCarter, & Brindis, 2010; Stevenson, Reed, Bodison & Bishop, 1997), parent resilience and child development (Farber, 2009).

Social services that are operated in or by churches have been shown by the literature to often be effective in increasing resilience and other positive outcomes. Johnson, Bryant and Collins (1998) studied a family resilience program implemented by five churches and found that it had a positive effect on family resilience and alcohol and drug use. Grover (2010) found that a church-based diabetes program developed knowledge of diabetes in program participants. Even though church-based programs have been successful, research suggests that they tend to be targeted more toward youth and children than adults (Kegler, Escoffery, Alcantara, Hinman, Addison, & Glanz, 2012). Kegler et al. did not find many nutrition and exercise programs for adults in churches, but they found that social support from fellow church members encouraged proper nutrition and exercise. Churches have been successful in undertaking mental health programs for African Americans, possibly due to the fact that African Americans underutilize the mainstream mental health system (Hankerson & Weissman, 2012). Churches have also commonly been involved in effective HIV/AIDS prevention and education programs (Berkley-Patton et al., 2010; Cornelius, Moneyham, & LeGrand, 2008; Ditekemena et al., 2011; Marcus et al., 2004).

Cultural assets are communal resources that allow ethnocultural groups to hold on to their identities and that lead to better outcomes for the group (Filbert & Flynn, 2010). Some important cultural assets in the literature that help Aboriginals hold on to their

identity are: governmental acknowledgement of land claims, self-government, group control of health services, education, social services, and the existence of cultural facilities to preserve traditions (Chandler & Lalonde, 1998). Also, for Aboriginals, promotion of their culture was associated with increased resilience to threats against their culture, and preservation of cultural identity was associated with decreased suicide rates (Lalonde, 2006). Scales, Benson, Leffert, and Blyth (2000) found that cultural competence was related to school success. In Kitano and Lewis's (2005) study, support of cultural strategies and heritage was associated with resilience for at-risk youth.

There is a fair amount of literature suggesting that volunteering has a positive effect on the ability to overcome adversity. Volunteering has been associated with positive outcomes such as, reduced mortality (Musick, Herzog & House, 1999), higher self-perceived health (Morrow-Howell, Hinterlong, Rozario & Tang, 2003), better physical functioning (Lum & Lightfoot, 2005; Moen, Dempster-McClain & Williams, 1992), fewer symptoms of depression (Musick et al., 1999; Musick & Wilson, 2003), higher self-esteem (Omoto, Synder & Martino, 2000), and decreased pain (Arnstein, Vidal, Wells-Federman, Morgan & Caudill, 2002). Okun, Rios, Crawford and Levy (2011) found that volunteering was significantly associated with resilience and positive affect. Interestingly, Okun et al. (2011) found that the relationships between volunteering and resilience/positive affect were stronger when participants had more chronic health conditions. This result suggests that the greater adversity an individual is going through, the more they benefit from volunteering. Greenfield and Marks (2004) corroborated this research when they found that volunteering was a significant and stronger protective

factor for individuals who had major role-identity absences (e.g. an absent parent, lack of employment, etc) than those who did not.

An abundance of research suggests that volunteering has disproportionately more benefits for older adults than for younger people. Stopping volunteer work before the age of 40 has been shown to reduce the general life satisfaction of women (Moen, Dempster-McClain & Williams, 1995). Van Willigen (2000) discovered that older adults' volunteer work resulted in greater increases in life satisfaction and perceived health over time than young adults'. In his review of the literature on volunteering by older adults, Gottlieb (2008) reasoned that the positive effects of volunteering on well-being may occur because it provides a feeling of being valued and needed.

Community services, community health centers, churches, cultural assets, and volunteering are all community and cultural resources that individuals going through adversity have been known to tap into. The literature supports the idea that these resources help to develop resilience.

Government programs. Social assistance can be defined as resources provided by a government to individuals who are unable to obtain a sufficient level of income; this may be due to health issues, or persistent unemployment. Social assistance has been found to be helpful for individuals in poverty, but usually only under certain circumstances. Riphahn (2000) studied what affects whether eligible individuals accept social assistance payments or not and found it depends on a few factors. Benefit take-up rises with the amount and duration of assistance, and lowers with an increase in eligible immigrants, and the smaller the community of residence (presumably due to increased stigma). Social assistance payments are usually means-tested, which means that payments

are given to those who are deemed to not have the "means" to live to a level of subsistence. After introducing means-tested social assistance benefits, the United Kingdom, Sweden and Germany reduced their poverty rates by 48%, 44% and 21% respectively (Behrendt, 2000). Conversely, means-tested social assistance has been shown to be a disincentive to work, creating a "welfare trap", because wages earned on top of social assistance are often clawed back (Butler, 2009). Individuals in this case may be better able to provide for themselves by not working, or through illegal means; in essence, they are "stuck" in the system because of its structure. Social assistance creates an especially large "welfare trap" for mothers because they are expected to find work shortly after their child is born, yet they still have to pay for child care and other work-related expenses after they get a job (Lynn & Tordoff, 1998). They might very well rather spend time with their child and not pay for child care and work expenses.

Better health outcomes for individuals of lower income levels is characteristic of universal health care systems, such as Canada's (Ko et al., 2012; Veugelers, Yip & Kephart, 2001). These better health outcomes should mean that it is beneficial for people going through adversity, and contributes positively to resilience. On the other hand, universal health care is likely not enough to eliminate disparities in health outcomes (Alter, Stukel, Chong & Henry, 2011). Alter et al. opine that prevention strategies need to be implemented widely to change behaviours that lead to poor health outcomes. Prevention strategies have been shown to be effective in reducing poor health before it gets to the point where it becomes a burden and cost to the health care system (Jones & Pawson, 2009; Mcdaid & Park, 2011). These results suggest that if our health care system shifted to a greater emphasis on prevention than treatment then individuals would not

need to be resilient in the first place because they may not get the health problems that they get now.

Another government responsibility in Canada, education, can be a catalyst of success for an individual coming from hardship. One characteristic of the education system that aids the academic accomplishment of youth – especially those at risk – is high expectations for the students (Werner, 1995; Cyrulnick, 2001; Schoon et al., 2004). Other protective factors discovered for academic resilience include openness to moving up in social class, caring school staff, obligation to one's ethnicity, positivity about the future, strong work ethic, perseverance, high self-esteem, and internal locus of control (Morales, 2010). An interesting finding is that youth from low socioeconomic backgrounds who were brought out of their home neighbourhood to go to school were found to be successful in school (Abelev, 2009; Morales, 2010). It was also found that among youth who came from poverty and went to college, many had received a customized education plan (Abelev). Adelman (1996, 2006) found that both academic preparation and socioeconomic status (SES) were significant predictors of postsecondary success, but academic preparation was a much stronger predictor. Research suggests that intervention at a very young age may be more important for long-term academic success than intervention at an older age. Readiness for kindergarten was found to be a greater predictor of future academic success than a successful transition from high school to college (Hodgkinson, 2003).

Resilience is a concept that involves individuals being exposed to risk that can pull them into a negative situation. Resilience also involves these individuals being exposed to factors that help mitigate that risk. Protective factors are the resources in life

that help mitigate that risk. Some protective factors that have been identified in the literature are psychological characteristics, social support, mentoring, community and cultural resources, and government programs. Through a qualitative, phenomenological methodology, I was able to examine the role that each of these factors, and more, play in the resilience of my participants.

Chapter 3

Methodology

The main research question in this thesis is what factors contribute to individuals' resilience? Another question I address is how does an individual's location and environment, specifically in North Hamilton, contribute to resilience? I also examine what non-profit or government services are associated with resilience, including the church drop-in program from which the participants were recruited. This study is important because it adds to the clarification of the complex concept of resilience by looking at specific factors associated with resilience. This also addresses a gap in the literature by exploring adult and older adult resilience. The research design for this thesis is qualitative and phenomenological. My methodology is qualitative because I sought to find out the experiences of my participants in as much depth as possible. My research is phenomenological in that my intent is to put into words the essence of my participants' experiences. The method to discover these experiences were semi-structured interviews, and I analyzed these experiences through textural analysis.

Sampling

The research participants were recruited from a community drop-in program for low-income individuals in the north end of Hamilton, Ontario run by Hughson Street Baptist Church, called "Coffee's On". This is a program at which I volunteer. At this program, attendees can have a cup of coffee and some snack food, socialize, and also have access to a food bank and a clothing bank. There is also a spiritual time at Coffee's On – staff read a short passage from the Bible and say a prayer for the attendees.

I believe that everyone, and especially participants from the drop-in centre, have gone through some form of adversity in their lives and are able to speak to challenges in overcoming this adversity. Also, it would have been very difficult for me to identify individuals who had been through especially adverse circumstances. Even if I was able to identify these individuals, there is no guarantee that they would want to take part in my study. For these reasons, I accepted anyone from Coffee's On who was willing to take part in my study. I recruited participants by announcing my study at the drop-in program and inviting the program participants to be interviewed. I provided all individuals at the drop-in program with my phone number and email address so that they could call me in case they did not want others to see that they were participating. Participants were over the age of eighteen to avoid ethical issues and to ensure that participants could retrospectively examine resilience in their lives. Even though I did not interview children or youth for this thesis I am still interested in how events in childhood and adolescence affected participants' experiences of resilience in the present. Therefore, childhood events' impact on resilience is still applicable to my research on adult resilience. Participants were both male and female to gain an understanding of each gender's perspective.

There are a few reasons why I used a purposive sample from this group. This is a Master's thesis with time constraints, and because I knew the population of the program users, I could readily sample individuals whom I already know have likely experienced adversity. I was also aware that, because I am familiar with the participants, there is a chance I could lose my objectivity and project my past experiences with the participants into my analysis of the interviews. On the other hand, I had the benefit of prolonged

engagement, which is a method of ensuring trustworthiness in my data (Rubin & Babbie, 2008). I already had rapport with the participants so they may have felt more comfortable sharing details with me. The participants may have also been less inclined to be dishonest with their answers because they knew that I was aware of some of their life story.

Sample profile. Before participating in the interviews, participants completed questionnaires to give demographic information. The eight participants are between the ages of 27 and 83. The average age is 55. The range of reported annual incomes is $10,200 – $31,200. The average annual income is $18,112. Six of the participants are male, and two are female. Of the eight participants, four have children and four have no children. All eight of the participants are Caucasian. The average number of children of participants is 1.75. Two participants are married, three participants are single, two participants are divorced, and one participant did not report on marital status. Three participants live in the downtown core of Hamilton, four participants live in the North End of Hamilton, and one participant did not report a place of residence. Five participants are unemployed, two are employed and one is retired. Occupations of the two employed participants are contractor and letter carrier. Three participants are Catholic, one is Baptist, one is Methodist, one is Anglican, one is Catholic and Orthodox, and one did not report on religious affiliation. Four participants attended the "Coffee's On" drop-in every week, one participant attended two times each month, two participants attended one time each month, and one participant attended less than one time each month.

The participants who I interviewed had experienced significant and quite variable types of adversity. Since the purpose of this thesis is not to examine how participants cope with particular adversities, but to look at resilience in general, and also in order to

protect the anonymity of the participants, I am not linking any specific adversities to the participants. I will, however, give a sense of the kinds of adversities participants had faced. The most common adversities were: poverty, homelessness, health problems, persistent or sudden unemployment, marital problems and/or divorce, and major injury. Some of the other difficulties that participants encountered were: parents' death, immigrating to Canada, addictions, incarceration, mental health issues, children's health problems, childhood abuse, sexual abuse, abduction, and a sibling's death. All of the participants had both a significant negative event in their past as well as ongoing adversity over a long period of time.

Data Collection

I chose interviews as a data collection method because it allowed me to get detailed information from participants about their experiences. This strength of interviewing is consistent with phenomenological design's purpose of finding the essence of the participants' experiences. Because I looked for the essence or personal meaning of participants' experiences with overcoming adversity, my interview questions were fairly open-ended to let the participants tell their stories of resilience in their own words. As much as I could within my time limits, I tried not to steer the participants to answer in one direction as long as they were discussing their experiences with resilience. Semi-structured interviews allowed me to make sure I got the information I wanted while allowing the participant to go into depth about his or her experiences.

Interviews were mostly face-to-face and one-on-one with participants so I could develop a rapport with participants. One of the interviews was a phone interview due to one participant's mobility issues. Except for the phone interview, I met with participants

in a semi-public location. Participants read the informed consent statement and asked any questions that they had. I made sure that participants were informed of the risks involved in participating and that they could stop the interview at any time. Interviews were anywhere between 40 and 90 minutes in length. Interviews were recorded electronically and transcribed so that they could be analyzed. I interviewed eight individuals, which is the maximum number I could interview given my time constraints.

Data Analysis

After the interviews were completed I used textural analysis to analyze my data. This method involves extracting participants' quotes from interview transcripts and finding themes in the quotes that answer my research question. The first step in analyzing my data after data collection was to transcribe the interviews from the electronic recording. Transcription was done verbatim by me. Secondly, I organized the interviews into different computer files based on the participant interviewed. Thirdly, I immersed myself in the data by reading the transcripts several times and making notes in the margins as I noticed quotes and themes that related to my research questions. I then developed labels and codes and matched them to text segments that fit particular themes. I began with about 10-15 codes. I then used these coded groups to form about five or six themes that I used in my final thesis. After coding the data I began the interpretation process, where I examined the thoughts, feelings and experiences behind the coded statements. This is where I tried to get at the essence of the experiences conveyed by participants – the objective of phenomenology. After finding the meanings in the text, and forming themes from them, the final step was to present the data in written form so that the readers could easily discern my results.

Ethical Issues

There are some issues that present themselves in every research study in regard to ethics. There are especially ethical issues when you are asking participants to look back at potentially troubling or traumatic moments in their lives, as I did. Thankfully, I have not seen any negative effects of any of these ethical issues to this point, although the effects of this study might not be seen for a significant amount of time. One ethical issue that I faced was the psychological risk of re-traumatizing participants. I asked questions about hardships in their lives and this could have invoked negative feelings about these hardships. To avoid this I tried to encourage participants not to dwell on the negative aspects of their lives, but to discuss what helped them keep going with life despite these adverse circumstances. I think this discussion helped people to look forward in their lives and determine how to better handle similar adverse situations in the future. I also did not seek only participants with severe trauma, which is more likely to re-traumatize individuals, but also more mundane negative experiences.

There was also a social risk to participants who took part in my interviews. Because I knew most of my interviewees personally, they may have been reluctant to share personal experiences, especially negative ones, because they may have thought that I would think less of them. The participants also may be concerned that I might share their information or experiences with others. Because of these social risks, participants may either not share certain experiences, or they may change the details of experiences, which could potentially weaken my data.

As I completed my thesis, I had to make an effort to move beyond focusing on getting the best data I could and producing meaningful results. I reminded myself that the

purpose of my research is not only to advance knowledge on resilience, but also to contribute to the community from which I sampled participants in North Hamilton. By doing interviews, I gave participants a voice to share their experiences and hopefully, gave participants a feeling that their stories are important. In those interviews I tried to encourage the participants and remind them of their strength in being so resilient. Now that I have completed this thesis, I plan to do three things that will hopefully benefit this community. First, I will provide participants with my final results if they indicate an interest. Hopefully seeing their, and others', stories in this thesis will help them to develop further strategies to be resilient. Secondly, I will distribute my results to the leaders of Hughson Street Baptist Church – the church that runs the drop-in program from which I sampled participants. With the results, the church will be able to find out what types of programs benefit participants – and specifically how the drop-in program benefits participants – and use this information to better serve the community. Thirdly, by highlighting stories of adversity and resilience, hopefully my thesis will increase sympathy and support for marginalized populations.

To protect the anonymity, all of the names used in this thesis are pseudonyms, and the actual ages are not listed. Instead of ages, I included the word "senior" to identify participants 65 or over, and "adult" for participants under 65. To provide clarity, I sometimes added the text of the question asked within the participant's quotes.

Chapter 4

Results

Psychological Characteristics Associated with Resilience

Internal motivation and psychological characteristics were commonly identified as a way to overcome difficult situations. This construct is often referred to as "agency" in the literature. Some internal strategies to being resilient included having the right attitude, not focusing on negatives, persistence, learning to live a frugal life, and having faith in a higher power.

Internal strength. Two participants talked about how when they were in times of need they tried to find strength within themselves as opposed to outside sources. These participants did not wait for others to help them when they were going through a difficult time. Chris said that if he lost his job he would be motivated enough to be able to find some kind of employment within a month. Jean said that if her money ran out at the end of the month, she would just survive without clothes or whatever else she could not buy.

> Chris (Senior): *I just had to dig deep...People I worked with, people who were in administrative departments, people at airports, I just learned to look after myself in all respects...I would say support. And this support is either internal support, having an attitude to live...If you have the right temperaments and the right attitude, you say I should be able to get a job within a month and get sufficient income to survive...You don't sit back and wait for people to bring you things, you organize it yourself and you take precautions to look after yourself.*

> Jean (Senior): *My mom always said if you haven't got it you do without, you don't go borrowing or anything. That's the way she brought us up. Even now I won't ask...*
> *No, I didn't go for help, I don't believe in that. That's the way my mother brought us up...If we didn't have money for clothes we would do without…When a hard time comes you just live by it. You just get through it as best you can…My mother taught us when you get your money you pay your rent, then you pay your hydro, you pay your gas, you pay for coals for your fire, if you have anything else you pay for your groceries...*

Two participants conveyed that they simply tried to keep negative events out of their minds and try to move on as quickly as possible.

> Robert (Adult): (Have you done anything to try to get over that?) *Just don't think about it.*
> *Well, when my father passed away, for the funeral I didn't go back home...I was too poor, didn't have any money...Well, it's sad for a while. Sad and depressed.* (So uh, how did you deal with that?) *Find another job and saving some money and going home.*

> Jim (age unknown): *Just going out, you know, don't think about your problems...You know, there is no point thinking about it because you won't solve any problems, right. You want to be healthy, be in one piece, right, then if you think of that that, you know...Just go on, move on...And really take, when you hear the bad news take it as it comes. React to it a little bit, then slowly, like, try to forget it…*

Spirituality/Religiosity. Spirituality/religiosity was an important personal source of hope for some interviewees. When their situation got difficult, it was God who they often turned to for help and guidance. This finding was a predictable one because I sampled participants from a church program and, even though this program serves all community members, it is a good possibility that the attendees of this program have religious beliefs, or at least are not averse to spirituality. Participants often spoke of this program as providing them with spiritual support, or feeding their spiritual life.

Although I included spirituality and religiosity in the same section, there are differences between the concepts. Mattis (2000) found that African American women had different definitions of religiosity and spirituality. She found that religiosity was understood to have an element of organized worship, whereas spirituality consists of internalization of values. Religion is defined as a path and spirituality as an outcome. Religion is also mostly tied to worship, whereas spirituality is associated more with relationships. Berkel, Armstrong and Cokley (2004) found that religiosity had more

extrinsic aspects, but spirituality had more intrinsic factors. In other words, religiosity is more about what you "do", and spirituality is more about what you "feel". Assuming this definition, about equal numbers of participants found spirituality and religiosity helpful, and one participant found both helpful.

Spirituality was an important part of participants' lives because it gave them peace during times of distress. The peace seemed to come from a sense that even when everything else in their lives was not going well, God was the rock who was always there to help them. This sense that God was always there for them made them feel better in hard times.

> Abraham (Senior): *But if you are alone, who can help you? Only God, you know, and the government. They are the only people. I'm telling you, it's only government and God, so you know, I can get help from the prayer, you know, I expect with the health and everything. If you have the health you can take care of yourself, right? If you don't have the health the government doesn't give you...You will drop dead first. So you have to depend on the God first.*

> Jean, (Senior): *Knowing that he's there for me, right. If I don't feel well I say, Lord, help me...Knowing that he's there for me, right. If I don't feel well I say, Lord, help me. I don't run around telling people, oh no, don't do that, I don't do it. That's why I'm committed to it every Sunday. If you're in church you feel better. When I'm in that much pain I wish I could have gone to church but I couldn't.*

One participant had spiritual faith but felt that God was forgetting about her because of all the hardships that she was going through.

> Arlene (Adult): *They are in different varieties. At times my faith, although it's been hard to maintain sometimes. Sometimes I'm quite ticked at God, wondering why in the world he allowed what he allowed, and why is he allowing me to suffer so much, you know?*

Reading the Bible and praying were parts of the *religious* experience that people would do when they were going through a hard time.

> Harold (Adult): *We've been to some programs through the church, the "Christianity explored" type thing. Got me more on site...Well, guidance...Well, reading of the scripture. That, actually going back to the Bible and reading out of the scriptures. Stuff like that. Like understanding more about it.*

> Arlene (Adult): *I believe in prayer, for sure, but God is probably not going to just pop up a house in the middle of Main Street. He's probably not going to fill up your house with furniture all by himself.*

> Robert (Adult): *Ya. And the praying, the praying's important. Praying every week...Ya, I like the prayer and the verse of the week [at Coffee's On]...Relaxes the mind. And uh, you learn something.* (Do you find the relationship with God helps you?) *Ya.*

> One participant felt that the prayer of others helped him through a hard time.

> Robert (Adult): *Ya, my injury. They prayed for me.*

Social Support's Association with Resilience

Social support was a common factor in helping participants overcome adversity. Social support came from different kinds of relationships, including from family in general, parents, friends, and mentors. Social support took a couple of different forms for participants, including talking to someone about the situation, simply having someone else in your presence, and others providing for basic needs during the difficult time.

Family. Not surprisingly, parents were very helpful to participants in hard times; however, family outside of parents were also a very common support. Family was often the first support that participants went to in times of trouble. Family members that helped included wives, sisters and children.

Some participants loved having family around because they were people who they could easily talk to, who knew them well, and who gave them good guidance.

> Harold (Adult): *Well, with tough times it's usually wife and family [that I talk to]. My wife, family...You need to talk about it to get it off your chest. Not to get it off your chest but, you know, to feel better. You can't hold it in.*

> Chris (Senior): *I had family. It's like a plant and the plant has not only one root but a number of roots and I had a number of people that I would talk to and they'd say, how are things going, do you have a job, any good prospects? Just talking to people is helpful and putting things in perspective. So I had a few people who are sympathetic.*

> Brian (Adult): *Well, [the most important thing is] to have the right guidance I guess. From the right people, exactly. Good friends, good family, exactly.*

Family of some participants were there to provide material provisions for them as well, which they found helpful.

> Jean (Senior): *Well [I talked to] my family, yeah...My oldest sister, but she died at 25, I was upset for that…We manage. My daughter helps. My daughter buys some food for us, she's a good girl. And my daughter buys enough groceries for us. And sometimes she buys a meal for us. If I can cook it, I'll buy it.*

One participant mentioned that just having children living with him kept his spirits high and might have stopped him from becoming depressed in difficult circumstances.

> Chris (Senior): *And I think having the children in a curious way was a help, because it would be possible to sink into a state of depression if I was alone.*

Parents. Parents were people who were present and cared for participants in difficult situations, even when nobody else was there. Mothers were the parent that was most often there to care for participants in tough moments.

Some participants mentioned that parents, especially mothers, were always there and willing to do whatever was needed to help in participants' hard times.

> Harold (Adult): *Well, my mother for one [helped me through hard times]*.

> Chris (Senior): *She [my mother] was very dutiful, she did as much as my dad did little as far as I was concerned.*

> Jean (Senior): *My mom was there in her own way. My mom was always there and my dad, yeah. Oh yeah. They were good parents. They kept us clean, kept us well fed.*

> *Yeah. My mom was in the ambulance when I got there and I got it knocked right out of me at 3:00…And she was there all day from morning until night with me, and she comes every day, she had two buses to get and she was there every day. She was a good mom.*

Two participants said that parents helped them by being there to talk to in hard times.

> Brian (Adult): (So have you ever seen anybody else for anxiety or ever talked to anyone else?) *Nobody. My mother...Ya that helps. To let it out. Especially if that person understands you, you know…Ya. She's my closest friend. European mothers love their sons.*

> Jean (Senior): (Like even when you were a young adult did you talk to anybody about it?) *When I was young with my mom and dad.*

Friends. Another type of support that was often there for participants in hard times was friends. Sometimes these were good friends, and sometimes these were just acquaintances of the participants.

Friends sometimes helped just by spending time with the participants so they could take their mind off of their difficulties.

> Harold (Adult): *Not that, I didn't have too many mentors like other than hockey. The hockey guys...Ya, like, I have friends and that.*

> Chris (Senior): *At the time that I got divorced I got very friendly with [a friend]…and she had an almost newborn baby. And her and I were on the same side so to speak so we had lots of common interests…Sometimes friends [helped], people I worked with.*

> Jim (age unknown): *I just talk to my friends and go out [when I'm going through hard times], go to Coffee's On, stuff like that you know. I go out, like I have a few friends, go to the movies, go do different activities. You know, whether it's a concert, you know, whatever is active. We go out, sit down somewhere for coffee, you know, go to the mall…We meet up like a couple of times a week, which is good.*

> Jean (Senior): *I like having friends. I've got lots of friends...It makes you feel good, you know. And then you're helping them and it makes you feel good too.*

> Robert (Adult): *Of course, today I bumped in to him [a friend], and he said by the way, I was just walking around looking for an apartment. I don't even know why I was here. Ya, of course, friends help a lot.*

One participant mentioned that a friend actually helped him find a job.

> Abraham (Senior): *Ok, you see, I met one lady you know she was a waitress you know, and she talked to the agency whatever, and they hired me.*

Talking to someone allowed one participant to be able to "think out loud" about the situation and form a plan to deal with it.

> Chris (Senior): *There were people that I knew fairly well and if they knew that I had a particular problem they would ask me how things were going and talk about it and maybe make some suggestions but it's not so much that they solved my problems, but the fact that you talked to somebody, allows you to sort of organize their thoughts in your minds, to be rational. Sometimes you realize that you are not looking at it in a very sensible way and that it helps you to clear your mind...It's almost like talking to yourself in a mirror, sitting in front of me and talking to yourself.*

Another reason that some participants thought that talking to people helped them deal with hard times was that it was good for their emotional and mental health to be sharing with others. If one is not sharing with others about the situation, it could result in destructive thoughts and emotions.

> Jim (age unknown): *You can't be by yourself, isolated you know, it's not good for you, you've got to talk you know and just to be out somewhere in the community and see once you're out, then you meet up with coffee, do certain things, talk about things, you know what I mean?* (Is there one specific person that you would think of right away and say I could go talk with the person?) *No, not specific, but just someone from the church. Because I'm kind of, I'm bonded with them, like they are family. To share with my good news, bad news if there is bad times, you know. And sometimes I don't need help, it's just generally, talk you know… Just seeing people like you, it makes a big difference for me, seeing people.*

> Harold (Adult): *Well, talk about it, let it out. You could be angry, but that's stages of things.*
> (You talked to your wife...anybody else?) *Wife, sisters, friends, close friends and stuff like that. Mostly you guys there [at Coffee's On].*

> Arlene (Adult): *Um, it's been good for a social environment, just me…and chat with people.*
>
> Chris (Senior): *It's nice to sort of talk to other people. Interesting people.*

Participants also mentioned that the mere presence of another person during a difficult time helped to reassure them to the point where they could go on.

> Arlene (Adult): *It's having somebody to walk alongside of you and ok, you're not in this alone, it can be really overwhelming...Care and support [helps] and having people come around...*
>
> Jim (age unknown): *Yeah, a hard time, definitely it's not good like being by yourself in a hard time I find you know. Just you want to relax, chill a little bit but then go back, get involved somehow.*

Social support was also helpful when it came in the form of providing for physical needs in the participant's time of distress. It did not seem that it was simply the material provision that helped the participants, but also the warm feeling that someone cared enough about them to give them these resources. I included this form of help under social support because it was appreciated by the participant below more because it was a loving gesture than because it provided her with needed items.

> Arlene (Adult): *Well, when I was gonna move into my own place, um, I literally had nothing, no bed, no furniture, pots and pans, nothing at all…kind of ya, put together a list – what are you gonna need?...Some of them put words out to their friends. Some on other churches and I went from nothing to just really amazing stuff…Um, so just that these people, strangers some of them showed me that I'm worth something is just incredible to me…Care and support and having people come around and having people find out what you need and how they can contribute those things or help you get what you need in other ways.*

Mentoring. Some participants had someone outside of their family, a special mentor, who helped them overcome adversity to try to reach their potential. Mentors made participants feel special; they are people who listen to them, and who they can trust. Mentors cared for these participants and took their problems seriously.

> Arlene (Adult): *Um, I've had one particularly positive person in my life for most of the last almost five years now. She's made a big difference...I met her at a church that I was going to. Um, and she kind of became like my mother because I never really had one…Um, and she would tell me things like she loved me and I was like unofficially adopted and spent a lot of time together and just made me feel like I was a worthwhile human being, invested in my life when I was in a really difficult spot…She doesn't really get it a lot of the time, but she listens and she tries, she's willing to learn, that's the difference…She made me feel like I was worth something...Just treated me in such contrary ways to the way I was raised. I grew up constantly hearing things almost on a daily basis, "I hate you, you were a mistake, I wish you were dead", excuse the language, "a worthless piece of shit". And it, she, for the first time in my life to hear I was loved...And that I could be real with her most of the time, and in most areas...Mostly. Ya she's not really judgmental most of the time. She has her moments but it comes from a place of ignorance rather than maliciousness and she's generally open to being educated.*

> Chris (Senior): *And if you have a mentor, and if you've got people willing to help you. It's not sort of people bring you a casserole to help you, it's not as much people physically helping you but it's more emotional assistance and encouragement and someone to talk to, because just talking to people helps clarify your mind.*

> Jim (age unknown): *Ya, someone I know, like I can literally trust, and that will take what I have to say seriously, not just say OK I know the information, and they might pass it on, they might make a joke out of it, you know what I mean, you have to be careful, you know...Yeah. Coaching, and there are mentors, they help you out.*

Teachers were mentioned a few times by participants as mentors who had positive impacts on their lives. Teachers not only helped in the academic setting, but also outside of the classroom with their students' personal problems. One participant pointed out that one teacher-mentor was able to relate to the students and was seen as a friend by students.

> Harold (Adult): *Ya, I had Mr. Smith, who was my high school teacher but he died in a car accident while we were in high school...[He was a mentor] because he wasn't a teacher-teacher. Like he was just young…So he was more like one of the guys...Well that's what I said, we're not going to remember Mr. Smith just being a teacher, he's a friend. He helped us 1-on-1. When we needed something he was there, you know. Asked me what I wanted to be when I grow up. Sort of thing...This was outside of school too. I mean, our class knew him, there was like 20 kids in our class that knew him personally, but the school did not know...*

One participant said that other than her mother and father, the next person that she went to talk to was a schoolteacher.

> Jean (Senior): *When I was young [I talked about it] with my mom and dad. And school teacher.*
> (Did the school teacher help you?) *In a way. Ya. She did help me deal with that in a way. She calmed me down from it. If you have any problem just go to her and talk to her...Yeah. You know when you're in school or flash comes to you, whenever the flash comes she takes me and talks to me. That helped.*

Neighbourhood Characteristics Associated with Resilience

One of my research questions related to how participants' location of residence in the North End of Hamilton affected their resilience through difficult situations. There were two locations in the North End that helped some participants through hard times – the North Hamilton Community Health Centre and Hughson Street Baptist Church. I included these two organizations under the neighbourhood characteristics heading because they both have a mandate to specifically serve the North End of Hamilton and have been well-known locations there for a long time.

North Hamilton Community Health Centre. The health centre has been in the community since 1987 and has a large, new building that is unmistakeable in the middle of the North End neighbourhood. The health centre provides many different programs including primary health care, mental health services, fitness programs, diabetes programs, multicultural programs, youth programs, parental programs, seniors programs, early childhood programs, and the successful high school drop-out reduction program called *Pathways to Education* (North Hamilton Community Health Centre, 2013). All of these programs are free for residents of North Hamilton.

The health centre was mentioned as a place that helps participants to be healthy and active. The difficulties that the health centre helped participants with were life

uncertainty, high stress and health problems. The programs at the Health Centre that were beneficial for the participants were support programs, gym time, swimming and exercise classes for seniors.

> Harold (Adult): *Like groups or community, like I'm always doing my hockey, my baseball, my basketball. I'll go to the rec centre, go swimming, or use the gym, so I keep myself pretty busy, like ok, if I'm not working today what am I doing?...Then there's support groups, like the North Hamilton (Health Centre) is an excellent place for that if you need anything...Ya. Great for support and stuff like that. Stepping stones for where you want to go...*(Kind of like life coaching type of thing?) *Ya. Everything you can think of. From stress...*(You can go for free to the gym?)*...Ya, if you live in the North End.*

Jean explained that she also enjoyed the people at the Health Centre and that going to the Health Centre gave her something positive to do.

> Jean (Senior): (The exercise at the health centre, is it for seniors?) *Yeah. It's for my shoulders, one month ago I couldn't move my shoulders. Now see I can do everything. I do this thing with my arms, you know, and I go on the bike for my legs…*(So that's helped you with your health problems? Just exercising?) *Yes it helps…Yeah, and there's good people there too. And it gets you out of the house. Anything to get out of the house.*

Hughson Street Baptist Church. Hughson Street Baptist Church (HSBC) has been part of the North Hamilton community for over a century. The church has recently purchased a new building because their old building was very old and in disrepair. The new building has more space, better facilities, and is more accessible to the community. Participants favourably discussed the church in general and programs like men's breakfasts at the church. All of HSBC's programs are targeted specifically toward people in the North End of Hamilton. The program most talked about was the Coffee's On drop-in program described previously in this thesis.

This is the church that runs the Coffee's On program from which I sampled my participants. There is a similar drop-in program at Hughson Street Baptist Church called

"The Hub" that some participants mentioned helped them as well. The main way that the Church and its programs benefitted the participants was that it offered them social support. The social atmosphere and welcoming staff helped participants to find a safe place to talk with others, or get help with something.

Interviewees felt like they were part of a close community at Coffee's On. Words like "family", "community", "supportive", "love", and "friendship" were used to describe what participants get out of Coffee's On.

> Harold (Adult): *Well, on Coffee's On, you can see everybody there. Not everybody. I mean it's more like a family type of thing. Like, I mean I love the people there. Even though they're church people, they're supposed to be nice and stuff. You guys go beyond the point of being nice. When you're there, you're supportive and stuff like that.*
>
> Chris (Senior): (Have these relationships you've built in the north end, and through coffee's on, tutoring, have they helped you through any specific times in your life?) *Well they make me sort of feel like I'm not a stranger, they make me feel like I'm a part of a community and same with my neighbors...It's a means of getting to know other people and getting to know their problems. It's also a means of finding people to play chess with.*
>
> Jim (age unknown): *Yeah, they are really supportive, you know, [Coffee's On volunteers], they like me, I like them. The family, when there's a problem, just to talk, or just to sit there, have a coffee. You don't have to talk to anybody, just sit and come. You know, people approach you, you see what's happening. You know, I don't expect to talk with everybody, there are a lot of people, 30, 40, 20, whatever. I just have my own four or five people I know, and say hi, you and somebody else. Just chat, or sit down, get some groceries, which is good...It's just a nice feeling you know, just going there. The hub, you know, different programs, men's breakfast, I went once. See what's happening and just be a part. If you can go you go, right, they have different activities.*
>
> Jean (Senior): (What about Hughson's programs, like Coffee's On?) *Oh, I love it. That gets you to be more friends with people. I love it. That's the best thing there they did...Yeah, you get to meet friends and everything...Well, it's boring sitting at home...To get out, and friendship.*
>
> Brian (Adult): *Christians, see in their community they care about people, they don't put you down, run you down when you're down and out. You know, they treat you as a human being.*

The social atmosphere and talking to people at Coffee's On helped them to be resilient when it came to specific difficult situations. One participant found support at Coffee's On after he had kidney stones, and another found help when his parents died.

> Harold (Adult): (Do you have an example of a hard time that Coffee's On has helped you get through or just being around people has helped you through?) *Like the kidney stones…When I was passing the kidney stones I wasn't in great shape. I was in pain and stuff like that, but they were very supportive and stuff like that.*

> Jim (age unknown): (And if you are going through something that's a little tough at work was something does it help you to go to Coffee's On?) *Ya, ya it helps...* (Do you feel like there is someone who you can really talk to?) *Yeah I did. More they helped me out, the church, some friends.* (When your parents died?) *Yeah, yeah. So it was good. They said, when they died they came to the funeral, helped me out, offered their help if I needed something. I said I'm OK, you know.* (Is there one specific person that you would think of right away and say I could go talk with the person?) *No, not specific, but just someone from the church. Because I'm kind of, I'm bonded with them, like they are family. To share with my good news, bad news if there is bad times, you know. And sometimes I don't need help, it's just generally, talk you know…But usually they can give me advice, supportive, beneficial. If it's good news, OK, if it's bad news I'm going to share it, what you think, gives some feedback. Don't have to help me or anything but just you know so you might be informed, you might give me, tell me who can help me, stuff like that.*

Like the Health Centre, Coffee's On helped participants to go out somewhere every week and stay busy.

> Robert (Adult): *It (Coffee's On) helps me to go somewhere every week, spend some time with some people you know.*

> Jean (Senior): *I was upset last week that I couldn't make it. If I can't make Coffee's On I am upset. I've been there from day one. It gets me out of the house you see.*

Voluntary Sector Services Associated with Resilience

Aspects of the voluntary sector, also known as the non-profit, non-governmental or charitable sector, that played a positive role in participants' roles were churches, food banks and volunteering opportunities.

Churches. We have seen that spirituality was important for participants in adversity, but participants also discussed how churches assisted them in hard times, regardless of whether the participants were members of that church or spiritual people. As noted above, participants specifically discussed Hughson Street Baptist Church because they lived near to it, but participants also discussed churches more broadly as an institution, and this is why I separated the two.

One very important way that churches helped participants get through hard times was that its members and programs offered social support and friendship.

> Jim (age unknown): (How did you originally meet people when you first came?) *Churches you know, it's always open…Church helps me out...hanging out, you need to have contact with people you know...They just help me, supports me morally, give me advice, help me how they can, you know what I mean? Depends on the situation…Ya, and like they helped me out, went to the funeral and stuff, they were in touch [when my father died]*...(You met a lot of people through these churches?) *Yeah.*

> Jean (Senior): (So did people at church, were you close with anybody at church?) *Oh yeah*...(Did they help you with any problems or anything in your life?) *The minister did yeah...When I was in trouble he would give me the answer. Like advice and stuff like that...What to do and what not to do.*

Another reason that churches were helpful for participants was that they were willing to provide basic needs for them when they found themselves in times of need.

> Jean (Senior): (Was there anyone that you met that could help you, like at the church or anybody that you met...that helped you?) *No, we didn't know nobody...Went to church across the road. And I was eight months pregnant when I came over. Yeah, I came in November and that's right, and [my child] was born in February. And when he was born the church brought me a big box of food. That lasted a month...No I didn't ask. They just brought it to me…Ya, there was one couple that was Dutch, and they invited us down for dinner once a month.*

> Brian (Adult): *Ya, I went to the church a couple times, and that helped, they're really helpful for food you know, to make a program like this.*

One participant felt that churches would provide help, but he did not know if churches would not accept him if he was not a member or if they did not know him. This quote was previously noted in the section about government assistance, but it also applies here because it also speaks to church assistance.

> Abraham (Senior): *I think government is the one hope really, well maybe churches, but you have to be a member of the church because if they don't know you, I mean, what kind of help can you get, I mean, they might know you but...*

Food banks. Food banks were also important for participants to be able to feed themselves and their families in times of financial hardship.

> Robert (Adult): (How do you deal with that when you're short on food?) *Go to food banks.*
>
> Abraham (Senior): *I like it, I like it everywhere, you know it's not only this I am going to, I'm going to good shepherd over there, or food bank, I'm going to mission, but they don't give you much.*
>
> Brian (Adult): *Basically for food it helps, for food [the Coffee's On food bank] helped.*
>
> Arlene (Adult): *Um, and they have nutritious food sometimes [at the Coffee's On food bank], um, stuff that people who are on disability or welfare often can't actually afford and the food banks don't share so.*

Another interesting theme from interviewees is that they are reluctant to go to food banks because of the embarrassment or stigma associated with using food banks. Some participants wanted to make it clear that they did not need to use the food bank very often.

> Brian (Adult): *Food banks, ya I go, I try not too often, I'm embarrassed to go to a food bank, like I said I was fortunate to live in a rich family, my parents paid for food all the time.*
>
> Jean (Senior): *And same with the food bank, I took it at first but I don't do it now.*

> Jim (age unknown): *Yeah, getting once a month, food [at the Coffee's On food bank]. It's nothing like going specific for food, you know. Just like to go out you know, get a coffee.*

Volunteering/helping others. Volunteering or helping others was one way that participants could move on from hard times. Helping gave them a positive feeling because they felt that they were giving back to society, they felt like good people and they felt they could accomplish something productive.

> Harold (Adult): *I want to do something, I want to do something. Ya, volunteer work.*

> Arlene (Adult): *It's the helping other people, feeling like I can give back, feeling like I'm not a horrible human being…Um, there has to be a purpose for it. Um, and I've always thought, well, since I was a kid that what the purpose was is to help other people and then I've hit such roadblocks in getting help myself.*

> Jean (Senior): (So that helping people, does that make you feel...?) *It makes me feel good, I'm doing something. It makes me feel good, helping God's children. That's the way I put it. I'm not doing it many days because there's too many children, but you know I've done it for one or two. Candy or chocolate or something like that.*

> Chris (Senior): *I'm happy to make a contribution to society, that's why I signed up to do [volunteer work]. That's another way of getting to know people.*

Helping also had practical benefits, such as helping participants to get work experience so they could get a job.

> Jim (age unknown): (Red Cross? How did they help you?) *Um, volunteering, they helped me out you know, stuff. Volunteering, telephone work.* (So how did that help you out, to volunteer?) *Just more working, working experience here in Canada...Yeah. And then I got a job somewhere along the way.*

Government Services Associated with Resilience

Some services administered by the government were brought up by participants as significantly positive in their lives. Government in general was mentioned as helpful, as well as programs of social assistance and health care.

Government services in general. Some participants spoke of government services generally as an important factor in overcoming adversity, and did not mention any specific services. In fact, some participants said that government support was the main factor that got them through difficult situations. This is an expected finding in that if an individual does not have a strong network of friends and family, the only other place they can look to have their needs met is the government or other helping organizations.

The following quote was included under the psychological characteristics section as well. I included it in both sections because it was an example of how Chris used his own inner strength to overcome difficult situations, but it is also an example of how he did go to the government for help in these situations.

> Chris (Senior): (Who did you ask in those situations?) *People I worked with, people who were in administrative [government] departments, people at airports, I just learned to look after myself in all respects*

Brian opined that the most important factor in getting through a hard time was government programs.

> Brian (Adult): (What do you feel is the most important factor in someone getting through a hard time?) *Um, to have the right programs. It depends how you are down on the ladder, you know.*

Abraham was very appreciative of the government for helping him obtain an affordable apartment. Abraham also mentioned that most people in his life were in similar places of need as him. Because it was not possible for his social network to help him, he needed to go to the government for assistance.

> Abraham (Senior): *Well, you need the support, you know government, or friends, whatever. I think government is the one hope really, well maybe churches, but you have to be a member of the church because if they don't know you, I mean, what kind of hope can you get, I mean, they might know you but...But most of the time you have to depend on the government for whatever you know, they help you with money or with everything, you have some struggles. People, you know, sleep on*

> *the street, I did sleep on the streets, I was homeless, you know. But now I have, you know, I have from the government subsidized apartment, so I'm very happy you know...Any time when you ask somebody for help they tell you they have the same problem like I, and they can't help you so what is the point to bother people when they don't help you anyhow?...But if you are alone, who can help you? Only God, you know, and the government. They are the only people.*

Social assistance. The social assistance system is a government service that has helped participants to get through times of difficulty. Although social assistance by no means was seen as providing a comfortable living for recipients, it was something that allowed them to get through temporary times of need.

Employment-related benefits, such as employment insurance and pensions were viewed favourably by participants who had a job loss in their family because it allowed them to meet their basic needs until employment could be found or after retirement.

> Chris (Senior): *I went on EI. And that was quite helpful in supporting me...It was helpful because I hadn't been earning for 40 years in Canada and because I was not full time, I was only part time, and my hourly wage was quite modest, uh, my EI wasn't that much but it was a lot better than nothing…I do get a partial [government] pension. It pays the mortgage actually. I have to be careful but…*

> Jean (Senior): *Yeah, he got laid off...He got unemployment. And he did for cooking and cleaning, looking after the kids. And I got a home where I was cleaning and that you know, when he lost the job, I got "home helping".*

Disability support was another area where the government was helpful to interviewees when they could not make a living for health reasons. One participant mentioned that disability payments were much better than welfare payments. The social workers that worked with participants were seen as helpful and were personable. The disability program also helped to get medical expenses paid for that otherwise would have been unaffordable.

> Abraham (Senior): *Disabillity, you know. And they take good care of you. A little bit more than welfare you know, because welfare is very, very, very little money to give you for the food and for the house. And you know disability can give you a*

> *little more, you know, so you can survive better you know. It's a struggle, you know because it's under the poverty line, but disability is much better…I'm telling you after, you know when I had the surgery, whenever because I took from the welfare, the social worker came over there and asks me if I had family, what I'm doing, whenever you know, and then they put me on disability, you know. So the social worker helps me…Well, you know, I don't know what you mean by "help", you know, I asked and they gave me help. Like, OK, walker for instance, it costs about $500, but when I was on disability I went to the worker and the worker just described whatever, and they gave me for free.*

Even seemingly insignificant things like having a special parking pass were important for getting to and from places.

> Chris (Senior): *So that there was a blessing, there were certain blessings in disguise, there we were entitled to get a disabled persons pass, traffic pass, that meant that we could go, as long as we took him with us, could go in part at a parking meter and we didn't have to put any money in and we could stay as long as we like, and that's kind of handy.*

Health care. The health care system unsurprisingly was a frequently-used support offered by the government. Nearly all of the participants who mentioned the health care system did so in a positive way.

There is a mobile dental program in Hamilton that one participant's family used and found helpful.

> Harold (Adult): *Ya, there's programs, there are programs, like [my son]...so I had a teeth thing, so there's a thing called healthy bus to help us. So it goes around the neighbourhood. It has a portable clinic and dental. And [my son] had dental work done.*

Hospital services, including emergency surgery, were so important to some participants that they actually credited the hospital and health care workers with saving their lives.

> Brian (Adult): (What did you have to do to recover?) *Well, physically the hospital, of course. They did the job, I was in there 5 days...*(The people who helped you at the hospital, would you say they saved your life?) *Ya. Of course, you know, if they didn't put a tube in to drain my lungs I would have died.*

> Abraham (Senior): *Ya hospital, right sure, the hospital. And they put the stent over there, you know, and after years I had to go for the open heart surgery you know…*(How did they treat you, how was the surgery, did it go well?) *Oh sure, yeah. There was, you know, first it was scary because they make so many tests, whatever you know, when they say you know it was 50/50 chance. 50/50 chance to survive. But still I went for it, you know, because I couldn't write anymore, you know walk, whenever…Because I didn't have nobody to look after me, so I was over there may be one or two months over there until I felt a bit better. I remember this.* (Would you say the hospital really helped you get through that?) *Oh yeah, sure, ya I feel better…*(What else helped you get through that and get healthier again?) *I mean, nothing, just medication.*

Barriers to Resilience

There are some factors that participants specifically mentioned are *not* helping them during hard times, or that actually prevent them from being resilient through adversity. Some of the factors brought up as barriers to resilience by participants were food banks, the social assistance system, parents, friends or acquaintances, and spouses; however, there was only one factor that consistently came up as a barrier in overcoming times of hardship: housing issues.

Housing issues. Housing was the most commonly mentioned factor that needs to be improved in order to be more beneficial to people going through hard times. Housing has been a constant struggle for many participants, and the government-subsidized housing program has not done a good job of meeting interviewees' housing needs. The long waitlists in Hamilton for subsidized housing forced participants to live on the streets for periods of time because market rent was too expensive for them. The inability to obtain affordable housing, of course, negatively impacted their general resilience.

> Robert (Adult): *Waiting for the housing thing, three years. Housing. Sometimes it takes ten years. By the time you get it you can apply for a retirement home, old age home.*

Brian found the process of obtaining affordable housing to be long and complicated and he did not find help navigating this process.

> Brian (Adult): *I'm trying to find some institution that finds you a place. An agency that looks for you, not just saying you go look yourself, you know it's hard, there should be people that try to look for you for something…*(Have you looked for that type of agency?) *Ya, but I can't find, there's none, even access to housing or housing help centres, they just give you a paper and you have to call them your own…*(What about the affordable housing? The city housing?) *I've been there for years, and I even was a homeless status and they still never gave me a place…*(So, has there been anything that's kind of helped you in this situation?) *Nothing. Just like today I've been walking everywhere to look for an apartment, you know, and they wanted disability to give them the papers, then they weren't decided, then they want first and last month's rent, it's...the cheapest apartment is 600 dollars a month now, at least three or four hundred dollars...And that's a low income house.*

One participant said that shelters also did not have enough space and did not accept some individuals who engage in self-harm behavior.

> Arlene (Adult): *I'm going to have 200 dollars just over a month after I pay my rent to buy food and everything else. I don't have it, right?* (Can you go to a shelter to get that at all?) *No, you have to be staying at the shelter and I can't get into a shelter because of the self-harm. They do primarily cater, anyways, most of the time to victims of domestic abuse at the hands of a partner, so theoretically that should change but I think it's just they're so full with cases like that that anything else is like second rate if you want...If we have space, and ya, um, so having more shelters.*

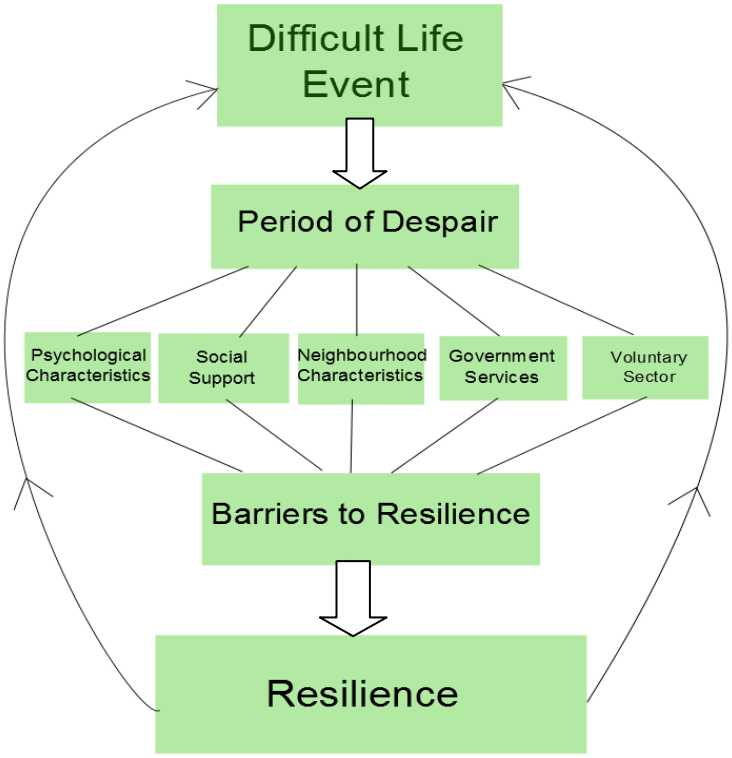

Figure 1. Pathways to resilience. This figure illustrates the movement of participants from a difficult life event to a place of resilience.

Figure 1 displays the common paths that I saw in participants in this thesis. What created the need for resilience was a difficult life event or adverse circumstance. After the difficult life event or situation there was usually a period where the individual talked about being very sad, troubled or angry. What led to resilience of these individuals was that they did not stay in this state of despair. The protective factors that helped the participants were psychological characteristics, social support, neighbourhood characteristics, government services, and voluntary sector services. While participants tried to use these protective factors to overcome their adversity, other factors sometimes got in the way of a smooth path to resilience. One particular factor that was a barrier was

housing issues. Despite encountering these barriers to resilience, almost all participants moved forward to show a high level of resilience.

The few participants who were having trouble obtaining a fully positive outcome after adverse circumstances had not moved past the barrier of a lack of housing that was identified by several participants. This shows that resilience is not something that everyone realizes after going through difficult situations. Some people might not get past the very real obstacles that exist for disadvantaged individuals trying to be resilient. All other participants had been able to move past barriers with the help of the protective factors in the diagram and reach resilience. Eventually, however, there will be more negative events and the participants will have to use the psychological and environmental factors to get back to a resilient outcome.

Chapter 5

Discussion

Psychological Characteristics Associated with Resilience

Participants felt that internal motivation or agency was important in their getting through the hard time(s). Although this finding may make it seem that environmental factors are not vitally important if internal motivation exists in individuals overcoming adversity, I do not believe this is the case. First, participants spoke much more about environmental or community factors than they did about personal characteristics helping them. Second, one needs to have basic needs met in order to survive, let alone to have any kind of internal motivation. Thirdly, people can have all of the motivation and agency in the world, but if there are no opportunities to improve their lives there will be no improvement. Finally, environmental factors often foster positive individual traits that contribute to resilience (O'Gorman, Butcher & Howard, 2012).

Internal strength/Agency. The ways that people found help within themselves were having the right attitude, not focusing on negatives, persistence, learning to live a frugal life, and spirituality. This optimistic attitude has been shown in studies to be beneficial for coping with adversity (Helmreich, 1992; Aldwin & Levenson, 2004; Kitano & Lewis, 2005). Low distress and emotionality, average intelligence, internal locus of control, sense of purpose, autonomy, problem-solving skills and self-efficacy are other related characteristics that contribute to getting through difficult situations (Rutter, 1987; Masten, Best, & Garemzy, 1990; Werner, 1995; Withers and Russell, 2001; Kitano & Lewis, 2005; Werner, 2005). These are all necessary characteristics to pull oneself out of a difficult time, but they are not sufficient in and of themselves. If there are no

opportunities available to get a job, to practice religion, to get affordable clothes, food, or an affordable home, then these characteristics are not greatly advantageous.

The findings on personal agency's positive effect on resilience indicate that if agency can be increased in individuals then individuals may become more resilient. There have been programs that have made progress in promoting agency and civic participation in marginalized individuals. One program in Australia, called the Clemente Australia program, combines liberal arts and humanities education and social support to increase personal agency in individuals living in poverty (O'Gorman, Butcher & Howard, 2012). This program was developed from a program that began in New York City in 1997 (Shorris, 2000). Part of the rationale of this program is to cause people to critically reflect on their life in such a way that they are empowered to make goals and plans to meet these goals (Howard, Butcher & Egan, 2010). By reflecting on their experiences they can realize how their past affects their thoughts negatively, and move towards more positive thoughts of the future. Applying this to the case in the Introduction of Kenyan women lacking agency in responding to sexual violence (Kilonzo, 2003), they can reflect on the cultural assumption that they are supposed to be sexually subservient to men. Only after reflecting on this attitude can they make plans to resist the cultural assumptions and change the outcomes that result. The results from this thesis suggest that participants have, to an extent, been able to overcome cultural ideas that marginalized and low-income individuals are not trying hard enough to improve their situation. The participants showed significant agency and personal strength in overcoming their adversities. One reason for this may be the large amount of social and institutional support the participants

received. Methods of developing agency in individuals should be explored in future research.

Lent, Brown and Hackett (1994) condensed the different aspects of agency into a model that explains how agency may be developed. The model is based on social cognition ideas of how our behaviour affects how we think of ourselves and our situation, which in turn affects how we behave (Bandura, 1987). This model states that past experiences affect one's self-efficacy and one's expectations of what outcomes will be achieved, which affects the goals that one sets. All of these factors, in turn, affect the behaviour or performance of the individual. According to this model, the way to improve people's agency and, in turn, their outcomes is to help them to be successful in small tasks. This will give them confidence that future outcomes will be positive so that they put in the effort to achieve their goals.

Spirituality/Religiosity. Spirituality/Religiosity was a part of several participants' lives and it helped them to have hope and perseverance in hard times. I discussed in the Results section that spirituality and religiosity are different constructs because spirituality is more internal and religiosity is more external. As previously stated, this finding has to be taken in context because I sampled participants from a church-based program. Participants said that they could look to and trust in God for help even when they could not find it elsewhere. Practically, reading the Bible and praying are two religious activities that helped participants connect with God and get through difficult circumstances. Spirituality/Religiosity has been shown in many studies to be an important protective factor in adversity (Bloom & Spiegel, 1984; Blum & Blum, 1988; Henderson,

1997; Christ & Sormanti, 1999; Benda, 2002; Ai, Peterson, and Huang, 2003; Pentz, 2005; Madsen, 2008).

Determining the cause and effect relationship between Spirituality/Religiosity and Agency is difficult. Emmons, Cheung, and Tehrani (1998) found that a greater degree of spiritual striving was related to less goal conflict and more goal integration. Duffy (2006) found that spirituality was associated with greater career self-efficacy. Spirituality/Religiosity may be a factor that contributes to Agency and that may explain the relationship with resilience. Spirituality/Religiosity may give individuals confidence and self-efficacy because they believe that a higher power is working to produce positive outcomes for them. Conversely, spirituality/religiosity may be important for individuals who do not have confidence in their ability to meet goals because even though they may not have confidence in themselves, they have confidence in a higher power's ability to help them.

Social Support's Association with Resilience

Family and friends were predictably important for participants when they were going through hard times in life. The family members that participants mentioned as being helpful were parents, children, wives and sisters. Friends did not fit specific criteria and were not from specific facets of participants' lives, but they were people with shared interests and circumstances. Mothers were specifically very helpful in being there for participants. Mentors, specifically schoolteachers, were a valuable resource for interviewees as well in overcoming adversity. The only criteria that mentors fit were that they were trustworthy people who were able to relate to participants.

The most significant finding was not that participants got social support from these relationships, but in the form that the support came in. In fact, there was no consistent theme in how these people offered support to participants. The only consistency in how participants received support was that the supporters were present, available and showed an interest in understanding what the participant was going through. Participants did not consistently mention that family, friends, or mentors provided them with items that they needed.

The following are some samples of *how* a supporter helped participants: "ask me how things were going" (Chris, Senior), "somebody to walk alongside of", "Care and support" (Arlene, Adult), "sympathetic" (Chris, Senior), "right guidance" (Brian, Adult), "same side" (Chris, Senior), "We meet up" (Harold, Adult), "always there" (Jean, Senior), "time together", "feel like I was a worthwhile human being" (Arlene, Adult), and "any problem just go to her" (Jean, Senior). Participants' quotes suggest that the only real characteristic of a supporter in hard times is that they were someone who spent time with the individual, and who made the supported person feel better.

The implication of this finding is that there is not one or two ways to provide support to someone in a hard time – everyone grieves or recovers in their own way. What is important for friends, family or mentors of individuals going through a hard time is that they are present and willing to recover with the person in the way they choose. Parental involvement is associated with resilience (Connell, Spencer & Aber, 1994; Scaramella et al., 1998; Wyman et al., 1999; Schoon, Parsons & Sacker, 2004), as is positive peers and supportive relationships (Jain, Buka, Subramanian & Molnar, 2012). This lack of a clear method of recovery seems to conflict with literature that has found that structured

activities are associated with good outcomes among children and youth after adverse circumstances, including strong academic performance (Francois, Overstreet & Cunningham, 2012), emotional resilience (Jain, Buka, Subramanian & Molnar, 2012), emotional and behavioural well-being (Loughry, Ager & Flouri, 2006), and general well-being (Ager et al., 2011). The reason for the different findings may be that these studies looked solely at children and youth, whereas this thesis only included adults.

Neighbourhood Characteristics Associated with Resilience

All of my participants are residents of the lower city/downtown area of Hamilton and four of the eight participants were specifically from the North End of Hamilton. All participants had attended the Coffee's On drop-in program in the North End. There were a couple of meeting places in the North End that were helpful for participants through difficult circumstances – the North Hamilton Community Health Centre, and Hughson Street Baptist Church.

Neighbourhood centres/programs. One participant mentioned that services at the health centre help him with life coaching when he is uncertain about what next steps to take. The health centre's programs also help him deal with stress. This is consistent with research that suggests that community and health centres' programs increase health care access and resilience (Farber, 2009; Soleimanpour, Geierstanger, Kaller, McCarter, & Brindis, 2010; Stevenson, Reed, Bodison & Bishop, 1997). Predictably, the built environment of a neighbourhood has a dramatic effect on the health of neighbourhood residents (Humpel, Owen, and Leslie, 2002). Two participants talked at length about the fitness programs available at the health centre for no charge to North Hamilton residents. Most fitness centres charge considerable amounts for memberships, so to have a place to

exercise that is free is invaluable for low-income individuals. All of these programs are aimed at increasing health in the low-income North Hamilton neighbourhood. These programs are very important for promoting resilience because there is extensive literature that shows poverty is associated with poor health (Blane, 2006; Hudson, 2005; Sapolsky, 2005).

The words and phrases that participants use suggests that there is a very close community that is created at the church-based neighbourhood programs they attended. Words such as, "supportive", "community", "care", and "friends" were used to describe church-based programs. These quotes suggest that the members and leaders at the church programs really care about the people coming through their doors and offer a supportive environment. This finding is supported by evidence that it was not necessarily the church's programs directly that helped attendees, but social support from the church that led to increased exercise and better nutrition for individuals (Kegler, Escoffery, Alcantara, Hinman, Addison, & Glanz, 2012). Also, research suggests that neighbourhoods with a high level of social engagement have positive outcomes, such as low crime and disorder (Sampson, Raudenbush & Earls, 1997; Sampson & Raudenbush, 1999).

Church-based programs also helped older participants to be active and do something when otherwise they would likely be in their house all day. Research reveals that being outside of the house frequently has benefits for the health and mental health of older adults (Cohen-Mansfield, Shmotkin, & Hazan, 2010; Makizako et al., 2013).

Voluntary Sector Services Associated with Resilience

Voluntary sector services – also known as the non-profit, non-governmental, or charitable sector – are another reason that participants were able to make it through hardship. Many services that are vital to the survival of low-income individuals are run by non-profit agencies that are sometimes at least partially funded, but not managed, by the government. The non-profit sector has been the backbone of social services in Canada for many generations. Non-profits usually rely mainly on the goodwill of community members and businesses to donate finances to fund their services. Two of these non-profits that were beneficial for participants were churches and food banks.

Churches. To participants, churches are meeting places and safe places to get basic needs and support. Churches are a place where participants can find someone to talk to at any time, but particularly when the participant is going through a difficult circumstance. Participants mentioned that church leaders and other members gave advice when it was needed. They provided moral support when one participant had a death in the family. As one participant said about a church, "it's always open". Churches were also a place to just meet people and find friends to interact with. Because Hughson Street Baptist Church has had such a known and unique presence in the community it is not surprising that participants in North Hamilton saw churches as a safe place to gather and find social support. Research about how social support from fellow church members can lead individuals to make better life decisions corroborates this finding (Kegler, Escoffery, Alcantara, Hinman, Addison, & Glanz, 2012).

Churches were also mentioned as a place that provided for people in the community. One participant mentioned that when she was pregnant, the church brought her some food. Another participant talked about programs in churches being helpful for

getting food. Research supports this finding that churches and religious people provide a large amount of material support to disadvantaged individuals (Regnerus, Smith & Sikkink, 1998). Another participant was appreciative of the help that churches brought, but he was also skeptical of the inclusive atmosphere at some churches. This participant thought that if he was not a member of the church, or if people at the church did not know him, then he would not be accepted and might not receive help. This participant might be correct, as Taylor and Chatters (1988) found that church attendance and membership were significantly related to receiving church support. Churches need to be aware of any bias they have and give to all who need support.

Food banks. Food banks were critical for participants to feed themselves and their families when their income makes it difficult to afford enough groceries each month. This is a predictable finding because approximately three million individuals in Canada are labelled food insecure, which includes being anxious about getting enough food, having a compromised diet, or going hungry (Rainville & Brink, 2001). One participant mentioned that if you are on social assistance, it is impossible to buy the proper amount of groceries to last the entire month. Like social assistance, participants said that food banks do not give a large amount of food, but that it was still helpful in providing them with food to sustain themselves and their families. One participant mentioned that he has to go to many different food banks in order to get enough food.

It is clear that if food banks did not exist, then some of my participants would go hungry and not have enough food to pursue other activities, such as looking for employment. Abraham Maslow (1954) described a "hierarchy of needs" that humans need to meet. Before going on to the next level of need, humans must meet the previous

level. The need at the bottom of Maslow's hierarchy is biological and physiological needs, including food, drink, shelter, warmth, and sleep. If humans do not satisfy the basic need of food, they cannot move on to become a fully functioning, employed member of society. The participants suggested that if food banks did not exist they would not be able to perform higher levels of functioning so that they can bring themselves out of their disadvantaged position.

Another interesting theme that came out of the interviews was that participants felt that they needed to state that they do not go to the food bank often. One participant even admitted that he was embarrassed to go to food banks because he grew up in an upper middle-class family and he was used to always having good food on the table. Another participant said that she used to go to the food bank but she does not anymore. Another participant talked about the food bank at the Coffee's On program and how he gets food there sometimes, but he made sure to say that he does not go to Coffee's On specifically for the purpose of getting food. It is apparent that the participants wanted to save face by, whether they were telling the truth or not, making it clear that they are not regularly in need of food. It is interesting that I discussed many potentially stigmatizing activities with participants, but the only one that resulted in face-saving responses was food bank use. This finding is supported by research showing high perceived stigma is associated with food charity (Hamelin, Beaudry & Habicht, 2002; Tarasuk & Beaton, 1999).

Volunteering/helping others. An interesting finding was that volunteering, or helping others, was stated by participants when asked about what helped them during hard times. We have seen earlier in this thesis that it is likely beneficial for individuals

going through a hard time to have sympathetic people around them. Going to places where there are other sympathetic people might be a reason that participants wanted to volunteer. It also seems that it might be beneficial for individuals going through a hard time to be active and doing something that makes them feel good, like volunteering. Another explanation could be that individuals who have gone through adversity are more likely to understand that other people are going through hard times and need help. Another reason for this finding could be that as part of Ontario's social assistance program, Ontario Works, recipients are required to take part in activities that "help you find a job" (Ontario Works, 2013). This volunteering theme may seem to be counter-intuitive because when one is going through adversity, it is him or her that is in trouble and needs help, so it seems that it would not cross his or her mind to help others at that time; however, this finding is consistent with resilience literature (Okun et al., 2011; Greendfield & Marks, 2004; Van Willigen, 2000; Gottlieb, 2008).

Government Services Associated with Resilience

Government services were mentioned very frequently as being helpful in times of desperation. Sometimes participants spoke very generally about government services and sometimes they spoke specifically about them as a factor in overcoming adversity. When participants spoke generally, they often spoke about how the government is their last hope when they have gone elsewhere for help first. When all potential avenues of help have been exhausted the government is there to provide for their needs. All of the individuals in this study are using services, and therefore if they had a large network of support they would probably be going to this network instead of using services. Since they likely have a small network of support it is not surprising that they would find

themselves in a position where they have nowhere else to go except to government services.

Not only do participants probably have a small network of support, but because they are all using services and fairly low income, their social network is probably not in a stable financial or social position to help. In fact, one participant, Abraham, mentioned that when he asked others for help he found that the people that he asked had told him that they could not provide assistance because they were in a position where they needed help as well. Because he could not get help from family and friends, the only other place that he saw to find help (other than a higher power) was the government.

Social assistance. Social assistance is a government initiative that interviewees mentioned had ameliorated their adverse circumstances. Included in "social assistance" for the purposes of this thesis are programs such as, Employment Insurance, Canada Pension Plan, Old Age Security, Guaranteed Income Supplement, Ontario Works and Ontario Disability Support Program. In today's economy, everybody needs an income of a certain level to survive. These programs helped participants to get the extra income needed to (barely) provide for their needs.

Employment insurance and pensions were helpful to participants who had been relieved of their job or could only find part-time work. In the recent recession, 400,000 net jobs or 2.3%, were eliminated in one year between October 2008 and October 2009 (LaRochelle-Côtè & Gilmore, 2009). Predictably, over this period, job losses were disproportionately higher for those with low wages, which is characteristic of my sample (LaRochelle-Côtè & Gilmore). Job losses were also higher for Ontario (3.3%) than the national average (2.3%). Industrial sectors, such as manufacturing, construction, and

retail and wholesale trade, were also hit very hard which employ many low wage workers and are prevalent in Hamilton (LaRochelle-Côtè & Gilmore;
Workforce Planning Hamilton, 2012). Based on this data, it is not surprising that several participants in this thesis were either unemployed, only worked part-time, or had recently been unemployed. The opinion of participants was that Employment Insurance and government pension programs did not provide a great deal of income, but they were "a lot better than nothing", as one participant said.

The government's disability support program was also mentioned favourably by participants as providing an income and other benefits when they had an illness or injury that made them unemployable. Disability payments are significantly higher than Ontario Works (OW) payments, which able-bodied, long-term unemployed individuals receive (Ontario Works, 2013). One participant acknowledged this difference and was glad that he was receiving disability instead of OW because OW is "a struggle…but disability is much better" (Abraham, Senior).

The disability program did not only assist participants with extra income through hard times. Participants received other benefits through the disability program as well, including a walker and a special parking permit. These were benefits that participants would not otherwise be able to afford, and increased their quality of life substantially. One participant also found the social worker who administered the disability program to be very nice and helpful in providing the participant with what he needed. This respectful treatment of social assistance recipients by social workers is important in reducing stigma and shame for people who might have low self-esteem (Heenan, 2000; Payne, 1980).

Health care. Canada's universal health care system was frequently stated as a vital government program. It is well-documented that socioeconomic status (SES) – education, occupational status and/or income – is strongly associated with health status (Hou & Myles, 2005). Within the health care system, free dental bus program, emergency departments and surgery were important in low SES participants both maintaining their health and surviving in serious situations.

The dental health bus is a program in Hamilton that provides mobile outreach dental services, including examinations, x-rays, fillings, extractions, and antibiotics for low-income children and adults (City of Hamilton, 2012). Most low-income individuals cannot afford dental coverage so this is a very important program for these individuals, including my participants. One participant had a severe injury and said that he would have died if it were not for doctors at the hospital performing an emergency procedure. In countries without universal health care coverage, like the United States, this would have been a very costly procedure that low-income individuals would not be able to afford, but in Canada the government covers these procedures for all residents. Another participant had a life-saving heart surgery that was what he described as a "50/50 chance to survive". He was in the hospital for a long period of time, but he spoke positively about the care that he received and how his life was saved.

Barriers to Resilience

Some of the barriers to resilience that were mentioned by participants were food banks, the social assistance system, parents, friends or acquaintances, and spouses. It is interesting that all of these factors were also mentioned by participants as factors that helped them to be resilient. Although these factors did help more than they harmed most

participants, it is important to note that they are not protective factors for everybody, and can sometimes be the opposite. Food banks and the social assistance system were criticized because they did not always provide an amount of food or finances, respectively, that was able to meet participants' basic needs. It is interesting to see that close friends and family are not always helpful. The closest people to us have the greatest ability to help us, but they also have the greatest ability to hurt us. I believe this is what participants are conveying by saying that friends and family often helped, but were sometimes harmful to resilience. This finding is corroborated by research (Foran et al., 2012; Hassert & Robinson Kurpius, 2011; King & DeLongis, 2013).

Housing issues. The only factor that was consistently raised as a barrier to overcoming adversity was housing issues. Housing or shelter is another part of the first level of need in Maslow's (1954) hierarchy of needs. Many participants could not meet this need properly due to their low income and high rent prices in Hamilton. Because these participants could not afford rent, some of them looked to government programs to help them make up the gap between their income and rent prices. There are subsidized housing programs across Ontario municipalities that help low-income individuals find housing. In Hamilton, this program is called CityHousing Hamilton (CityHousing Hamilton, 2013). Most participants found that this program had a very long waitlist, and could not provide them with shelter when it was needed. Emergency shelters were also mentioned as not always having a bed available when it was needed. Because of having to wait for housing or not being able to get into a shelter, participants sometimes had to sleep on the streets or "couch surf" with friends and relatives.

One participant said that she only has two hundred dollars each month after she pays her rent to pay for all of her other basic needs. Obviously, this financial situation means that if she does choose to pay for rent then she will have to go without some other basic needs, such as food, clothing, or heat. Another participant cannot find an agency in Hamilton to help him find an apartment. He has been on the subsidized housing waitlist in Hamilton for years and he has even been "homeless status" but he still has not been placed in an apartment. This participant says that "the cheapest apartment is 600 dollars a month now" (Brian, Adult). Brian is pretty accurate in this assessment – the average rent for an apartment in Hamilton is $720 per month (City of Hamilton, 2011). Another participant has been waiting three years for a subsidized apartment and says "sometimes it takes ten years" (Robert, Adult). It may not often take ten years, but the average wait time for individuals without special considerations (such as a woman coming from a domestic abuse situation), is 24 months (City of Hamilton). This participant is not alone in their housing need in the City of Hamilton. In 2006, 15% of households in Hamilton were in core housing need, which means they paid more than 30% of their rent on housing that does not meet their needs for size or condition (City of Hamilton, 2011). The waitlist for subsidized housing in Hamilton was 5,406 households in January 2011 (City of Hamilton). This waitlist, although large, is miniscule compared to other large cities in Ontario. The waitlist in Ottawa is over 9,500 households (City of Ottawa, 2013) and in Toronto it was 67,714 in April 2011 (City of Toronto, 2011).

The shelter situation in Hamilton is only slightly better than the subsidized housing situation. In the cold months of January-March 2011, shelters for men in Hamilton averaged an 89% occupancy rate, women's victims of abuse shelters averaged

a 79% occupancy rate, youth shelters averaged an 85% occupancy rate, and family shelters averaged a 95% occupancy rate (City of Hamilton, 2011). These high occupancy rates mean that there were some cold, winter nights where there was no room for some individuals looking for a warm place to sleep. Of particular concern is the high occupancy rate for families as this could put children at risk for freezing outdoors at night. One participant had difficulty getting into shelters because of her mental illness, which resulted in self-harm behaviour. She says that most women's shelters primarily serve victims of domestic abuse and they do not focus enough on women with other issues, like mental illness.

The finding on the barriers in obtaining adequate housing supports the *Housing First* model that has become popular recently among housing advocates and policymakers. *Housing First* is the idea of providing a safe place to live before any other treatment occurs for individuals who are homeless and living with mental illness or addictions. The rationale is that unless an individual has a stable, low-stress environment to live in, any other treatments are unlikely to be effective. Because it is a fairly new concept, *Housing First* does not have a large amount of scientific evidence to support its use; however, the evidence that does exist suggests that it is a very promising method of treating individuals with addictions and mental health issues (see Waegemakers Schiff & Rook, 2012 for a review of the literature). The government of Canada commissioned a $110 million, four year pilot project that is assessing the practicality of implementing a Canada-wide *Housing First* policy (Mental Health Commission of Canada, 2012). Starting in November 2009, the Mental Health Commission of Canada is housing homeless individuals with mental health issues in five cities across Canada – Moncton,

Montreal, Toronto, Winnipeg and Vancouver. The final report is due to be released at the end of 2013, but two reports have been released already with preliminary findings. The main findings to this point are: *Housing First* improves the lives of individuals with mental illness; *Housing First* is more cost-efficient than usual treatment; *Housing First* is relatively simple to implement across Canada; a multi-sector approach involving health, housing, social services, non-profit and private sectors is required to implement *Housing First* (Mental Health Commission of Canada).

Although all of the findings in this thesis are important, there are several findings in this thesis that are particularly interesting in light of the current literature on resilience in adults and older adults. The first is that older adults have mentors who help them overcome adversity. Most of the literature on mentoring is with young people (Dubois et al., 2002), so it is significant to see that adults and even older adults were not too "old and wise" to have mentors who helped them. Older adults also still remembered particular mentors from when they were much younger and what they taught them. This suggests that mentors can help retroactively because older adults are remembering and applying what their mentor taught them many years earlier. Related to this finding, despite the large amount of literature about the education system's impact on young people, the participants did not mention education as helping them at all. What participants did mention was teachers as being helpful resources. This suggests that it was not the learning itself, but the teachers in schools that had the greatest, most enduring positive impact. Also, the literature suggests that most church programs are targeted toward children and youth (Kegler et al., 2012). Conversely, my participants, especially the older adults, found church programs very helpful for social connectedness. The

"welfare trap" that is talked about in the literature as an impediment to resilience for individuals on social assistance (Butler, 2009) does not seem to have a grip on participants in this thesis. The social assistance system did not seem to be a disincentive to working. Most of the participants repeatedly spoke about trying to obtain jobs, and even part-time jobs, even though some income from those jobs would likely have been clawed back.

Participants identified five broad pathways to resilience: psychological characteristics, social support, neighbourhood characteristics, the voluntary sector, and the government. Specific factors that helped individuals get through hard times were internal strength, spirituality, family and friends, mentors, community and health centres, food banks, church programs, volunteering, social assistance payments and health care.

Structural Issues

The demographics of participants, and the types of adversities they experienced demonstrate that most, if not all, participants are on the margins of society. All of the participants who reported income are below the poverty line, all but two are unemployed, all who reported place of residence live in areas of high poverty, all have experienced serious adversity, many have experienced health issues, some have dealt with homelessness and many do not have affordable housing. I suggest that these issues differ from some of the other types of adverse life events that are often the focus of research on resilience. The very nature of resilience research is based on an idea that hardship can be overcome whereas some of these more systemic issues seem based in the increasing neo-liberalism that currently dominates Canadian society. As I described in the Literature Review chapter, and others argue (Harvey, 2005), there are structural factors that

marginalize particular members of society. The protective measures that governments have in the past provided have been cut back and an ideology of individualism and blaming of the poor for their circumstances has prevailed. The results of this thesis confirm these views as they suggest that both individual and environmental factors are important to understanding resilience, but also suggest that there is also a third group of factors that affect individuals' ability to overcome adversity – the sociopolitical structure.

My results are not of the scope or nature to be useful in firmly identifying specific structural factors present in resilience. However, because of all of the basic issues facing the participants, the level of support from the government they are forced to rely on, and the Hamilton context (discussed in the Introduction) in which they live, it is reasonable to suggest that the neo-liberal shift has shaped the adversities the participants faced, and the difficulty in overcoming them. From 1981 to 2011, real hourly wages in Canada grew by 14% (Morissette, Picot & Lu, 2012), but the poverty rate only decreased 2.6 percentage points from 1981 to 2010 (Citizens for Public Justice, 2012). The share of all income in Canada that went to the top 1% of income earners increased from 8% in 1986 to 12.3% in 2009 (Veall, 2012). This data suggests that the sociopolitical structures have benefited the high-income segment of the population at the expense of the low-income segment. It is very hard to research the direct effects of a sociopolitical context on resilience; however, based on all of this data it is quite possible that if policies were enacted to greater benefit those in poverty it would increase their ability to overcome adversity.

When I began considering sociopolitical structure I thought it would be another barrier to resilience for participants. However, after thinking about it and examining the evidence I would suggest that sociopolitical structure should not be merely seen as a

barrier to resilience, though it is. I believe the reality is that sociopolitical structure surrounds the entire journey of resilience from difficult event or situation to resilience. The sociopolitical structure affects everything: the types of adversity that one faces, how long and deep the period of despair is, the types and helpfulness of the protective factors one uses, the significance of the barriers one faces, how quickly one reaches resilience, and the depth of the resilience. The ubiquity of the effects of structure is reflected in a revision to the model I previously presented. The new model, figure 2,is purely a suggestion without direct empirical support, but I propose that what may affect the depth of resilience is whether one simply learns to be resilient in the neo-liberal context, or is able to move beyond the sociopolitical structures that may be constricting him or her. As such, the box surrounding the diagram purposely goes through the middle of the box labeled “Resilience” because I believe there is a possibility of reaching resilience both within the neo-liberal structure, and beyond the confinement of neo-liberalism. If one is able to move beyond the structural impediments, I believe the individual will be less likely to quickly revert back to the first stage in the diagram, the difficult life event or situation. Overcoming this systemic barrier is a great challenge, especially if one tries to do it by him or herself.

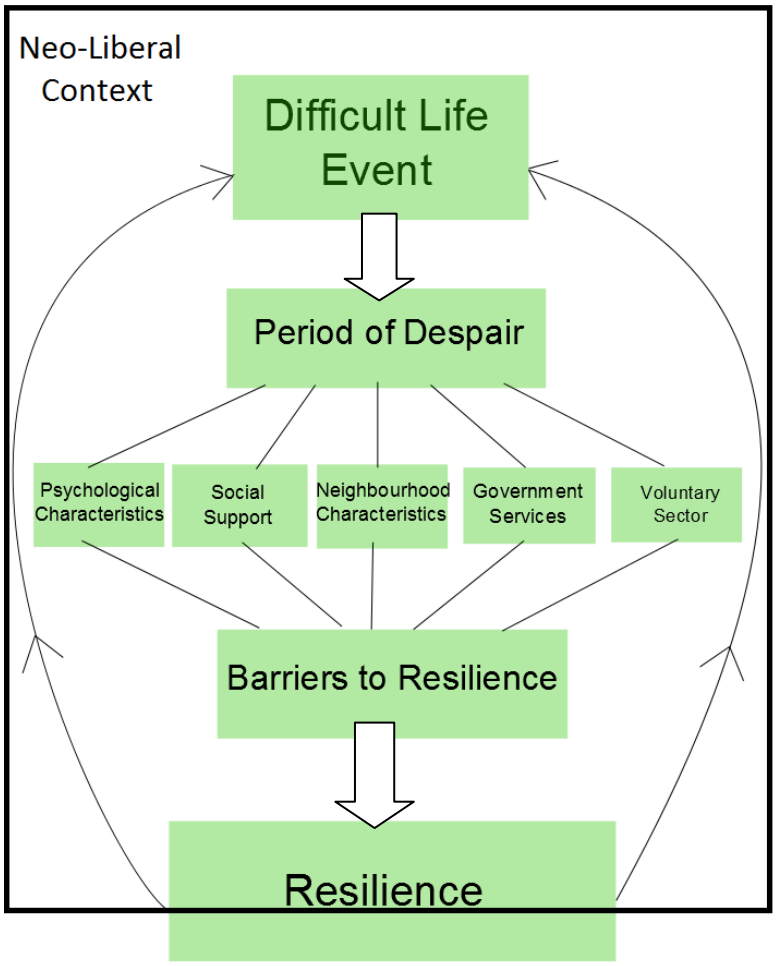

Figure 2. Pathways to resilience in the neo-liberal context. This figure illustrates the movement of participants from a difficult life event to a place of resilience within the context of neo-liberalism.

I believe it is through collective agency that individuals can break through the sociopolitical structure. People need to be enlightened enough to be able to see that they are being oppressed by the structure, and they need to believe that they are able to form a plan and move past the systemic barrier (in essence, be agentic). It is important that this agency leads to collective action because of the political nature of the structural barriers. In a democracy, citizens can achieve social change through their public solidarity on an

issue because politicians are likely to seize an opportunity to secure a large number of votes. If only one individual is vocal about an issue, a politician is less likely to take action, especially if it means losing votes from an opposing group.

It is also vitally important to provide services to disadvantaged individuals that do not only provide basic needs, but that also provide opportunity to think critically about the society and culture in which they are situated. This education, like the Clemente Australia program discussed previously in this section (O'Gorman, Butcher & Howard, 2012), can help them recognize the restrictions they face which are not of their own making, and then they can form a plan to remove some of the barriers to a fulfilling life, with the help of others. As Paulo Freire (1968, p. 107) describes in *Pedagogy of the Oppressed*, the basis of education should be a "common striving" between the oppressed and the educator "towards an awareness of reality and towards self-awareness". According to Freire, education should be a dialogue, where students are teachers and teachers are students, and they are learning together how to view reality. Freire (p. 175) says, "in order for the oppressed to unite they must first cut the umbilical cord of magic and myth which binds them to the world of oppression". Once individuals become aware of the structure they are in, they can better find pathways to escape its grasp. Education such as the Clemente Australia program would also serve to bring together a group of people who would be able to respond to structural barriers as a group.

I will end this thesis with a summary of what I learned in speaking to participants about these protective factors.

Chapter 6

Conclusion

This thesis examined the experiences of overcoming adversity of service-users in the North End of Hamilton. Interviews were completed with eight participants who attend a church drop-in/food and clothing bank program in the North End of Hamilton. Different factors, environmental and individual, that contributed to the resilience of participants through difficult situations were examined.

There are several reasons that this thesis contributes importantly to the literature. One is that this thesis contributes to the clarification of the complex and unclear phenomenon of resilience. This thesis addresses a gap in the research by examining the specific factors that can make people more resilient. This thesis also makes a strong contribution to the resilience literature in the area of adult resilience, and specifically, older adult resilience. All participants were over the age of 18, and half of participants were 50 or over. This thesis strengthens new research being done with adults and makes a valuable contribution to the smaller amount of literature with older adults.

The factors that positively affected resilience included psychological characteristics, social support, neighbourhood characteristics and non-profit and government services. One factor that participants mentioned that negatively impacted resilience was housing issues. The psychological characteristics included having the right attitude, not focusing on negatives, persistence, accepting a frugal lifestyle, and spirituality. These factors reveal what the literature describes as agency, which is important in being resilient. Agency can be seen in the phrases participants used to convey their experiences: “I just had to dig deep” (Chris, Senior), “if you haven’t got it

you do without" (Jean, Senior), and "when you hear the bad news take it as it comes" (Jim, age unknown). The spirituality finding is consistent with the resilience research and also is predictable as I sampled from a church program.

Not surprising was that many participants socialized frequently and that this was an important protective factor in adverse situations. An interesting finding though was *how* the participants received social support from other individuals. There was no consistency in what supporters talked about or did with the participants; the only consensus was that participants felt supported by individuals who took time to spend with them, and felt good after spending time with the supporters. Social support was described eloquently by one participant in two metaphors: "It's like a plant and the plant has not only one root but a number of roots", and "It's almost like talking to yourself in a mirror, sitting in front of me and talking to yourself" (Chris, Senior).

There were two aspects of the North Hamilton neighbourhood that also helped people through hard times. Hughson Street Baptist Church and the North Hamilton Community Health Centre are two institutions that have been in the North End of Hamilton for a long time and are seen as places that help people deal with hard times. One participant described the community at Hughson Street Baptist Church and, by connection, the North End as "a family" (Harold, Adult). These places in the North End offer services that are free, targeted to the North End and vital to individuals' health and well-being.

Government and voluntary services were other key protective factors for participants in being resilient. Along with a higher power, government was an important last-resort support that participants could rely on when all other avenues of help had been

eliminated. One participant stated that in a hard time "it's only government and God" (Abraham, Senior). Social assistance, including employment insurance, pensions and disability, and health care were consistently mentioned as government programs that not only contributed to participants' resilience, but also kept them alive. Churches and food banks were sources of help in the non-profit or voluntary sector. Churches were helpful in two ways: members of the churches provided support in times of need, and the churches ran programs that provided basic, tangible needs. Food banks provided enough food for participants whose income was not sufficient to get all of their food from a grocery store. Volunteering was an interesting finding because participants were in a position that most would say is a state of need, yet they spent time helping others in need. Volunteering helped participants feel good about themselves because they were giving something back to the world.

Housing issues were something that interviewees frequently raised as hindering their quest for resilience. Many participants could not afford rent in Hamilton and therefore needed to use the City's subsidized housing service. The problem is that there is an extremely long waitlist for subsidized housing in Hamilton. There is also a lack of shelter space for individuals, including some of my participants, who find themselves temporarily out of a home. The fact that housing is a barrier for participants' resilience is backed up by research that housing is essential for individuals with mental health issues to overcome this struggle (Mental Health Commission of Canada, 2012; Waegemakers Schiff & Rook, 2012).

Learning of the Researcher

I have learned a great amount through undertaking this thesis. My understanding about the resilience of individuals has expanded. I have a greater respect for the ability of people to find the courage to find help, and to use that help to make positive changes to their lives. As mentioned in the Introduction, I did not have much exposure to low-income areas, or even to cities, as a child and adolescent. I had very distorted and ignorant view of poverty as something that people always deserve because of bad choices they have made. This research has showed me that adversity often arises in low-income or disadvantaged individuals because of circumstances that are totally beyond their control. Whether it was health problems, marital problems, major injury, death of a family member, mental health issues, family health problems, childhood abuse, sexual abuse, or abduction, there were many difficult events and situations that were not a result of choices that the participant made, but the result of being in the wrong place at the wrong time. All the participants I interviewed were very strong individuals to have overcome adversity in their lives. It was also often evident that the participants were very kind-hearted and generous individuals who gave their time to help others even though they were going through difficult situations. I learned a great deal from the participants about how to live life with strength, vitality, and good support around you.

Limitations

The main limitation of this thesis is that it makes a limited contribution to the literature on resilience due to its exploratory nature. Because I did not have the time or resources to interview a large sample of participants, I have not collected enough data to achieve saturation or examine my research questions in a large amount of depth. Even though all of my participants endured significant trauma or hardship of some kind, the

small sample size means that my findings should only be transferred to the general population if they are taken in the context of the entire body of literature. The goal of my study was to find themes from participants' experiences that I might use to better understand the resilience experiences of other individuals. This additional clarity will be used to design future, more refined studies that will make valuable contributions to the literature.

Other limitations of this thesis result from the demographics of participants. Although there is consistency in some participant factors (income, location, ethnicity, traumatic experiences, and involvement with Coffee's On) the participants are fairly heterogeneous in their demographics, as well as in the nature of their adversity. This heterogeneity, along with the small sample size, means that my findings cannot be transferred to any specifically-defined group outside of my study participants. Out of the eight participants, only two of them were female. This means that there was a slight emphasis in this thesis on male perspectives of resilience which could be significantly different from the general female perspective.

Implications for Policy and Practice

There are several implications in this thesis for public policy and social work practice. More research needs to be done in how to increase individual agency, especially in cultures with restricting norms, such as a culture of subservience for women. Programs such as the Clemente Australia program, putting into practice Paulo Freire's (1968) theories, (see Discussion – Psychological Characteristics, and Structural Issues) should be developed in Canada to increase agency (O'Gorman, Butcher & Howard, 2012; Shorris, 2000). Although I did find that psychological resilience was a factor, more prevalent in

my findings were the environmental factors that existed to help participants be resilient. The social support that people received was mainly from family. One implication of this finding for policy, and social work practice, is to do everything to keep families together and to increase the cohesion in families that are together. Changes like extra holidays, child tax credits, and community family events could increase family unity. Mentors seemed to be a beneficial resource as well. It would be a good policy decision to provide more mentoring programs, such as *Big Brothers, Big Sisters*. More mentoring programs for older adults need to be implemented, as it is apparent that older adults utilize mentors as well. Social workers should connect their clients of all ages, as much as possible, to caring and trustworthy mentors. Encouraging and providing opportunities for volunteering for disadvantaged individuals also seems to be a good method for increasing resilience.

Non-profit and government services, such as community centres, health centres, churches, food banks, the social assistance system, health clinics and hospitals all helped participants to manage difficult circumstances. An application for public policy based on this could be that we should increase the number and scope of these services. Another conclusion could be that the participants are using these programs because they did not have access to support or opportunity to *avoid* going through major adversity in the first place. Also, these are often costly services that governments, or private donors, are very unlikely to fund more than the current level. Primary prevention programs that proactively dismantle barriers to positive outcomes have been shown to have a greater and a more cost-effective impact than treatment programs, which the above programs tend to be (Jones & Pawson, 2009; Mcdaid & Park, 2011). Thus, rather than expand

treatment programs, it makes more sense to introduce policies that expand the role of primary prevention programs, such as public health campaigns, therapy, education and mentoring.

Future Research

Some of the findings in this thesis are not consistently found in the literature and thus, should be the focus of future research. One such finding is that older adults have mentors and benefit from having them. Most of the literature on mentoring's positive effects is with young people (Dubois et al., 2002). Older adults were also still applying to their life the lessons that mentors taught them many years ago. Participants did not say the education system was particularly helpful, but they did find the teachers helpful; more research should be done on the impact of teachers and how they function as mentors. Older adults found church programs to be valuable for tapping into social support, but most church programs in the literature are targeted toward children and youth (Kegler et al., 2012). Older adult church programs need to explored further. The social assistance system did not seem to create a "welfare trap", where it hurts the recipients to get a job, because participants were constantly trying to get a job, and succeeding in getting jobs. In what contexts the "welfare trap" exists and does not exist needs to be examined.

There were some other findings in my thesis that were consistent with the literature, but that are relatively new and need more research. Several participants in my thesis showed signs of agency, or the sense that one can and will accomplish goals (Snyder et al., 1991). Agency has been studied for quite some time, but how agency is developed seems to be complicated and has not been the subject of very much research (Lent, Brown and Hackett, 1994). The topic of how housing, or lack of housing, affects

resilience needs to be researched more in-depth, along with the merit and viability of the *Housing First* model. My findings suggest that the planning of neighbourhoods may have an effect on resilience, but the kind of infrastructure in neighbourhoods that benefits resilience needs to be researched. Also, we know that social support is important for resilience, but the exact form that the support takes, and the types of people who provide the support needs to be examined further.

Resilience has been commonly identified in the past as a personality trait that is mostly stable in individuals throughout their life (Werner & Smith, 1992). Resilience has been identified elsewhere as mainly a result of environmental factors in one's life, and that addressing individual factors is not a proper way of promoting resilience (Todd & Worell, 2000). What I found in this thesis was that participants did not fully rely on their own motivation and strength, but they also did not fully rely on environmental factors to be resilient. Internal and external factors were two of the cords that formed the rope that participants needed to pull themselves to solid ground after struggling with adversity. There was also, however, a third cord that I suggest participants need to reach a deep and fulfilling resilience – awareness of structural confinements. Participants conveyed that sometimes all they needed was to figure things out by themselves or with spiritual help, but they also stated at other times that they needed other people, or social programs, to overcome hardship. Despite help from these two sources, participants still struggled with finding long-term resilience because of the contextual barriers for disadvantaged individuals. It seems that both agency *and* agencies, along with awareness of context, are needed when one finds him or herself in the all-too-common place of hardship.

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