

Effects of Resilience on Addiction

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ABSTRACT

Objective of this study is to study effects of resilience on addiction. “The process of adapting well in the face of adversity, trauma, tragedy, threats or even significant sources of stress”. Addiction is an inability to stop using a substance or engaging in behaviour even though it is causing mental and physical harm. It is characterized in two parts substance addiction is a neuropsychiatric disorder characterized by a recurring desire to continue taking the drug despite harmful consequences. Paper explores several themes based around resilience and addiction, like methods of developing resilience, the Resilience theory and its impact on family therapy, social work, community, and organization were discussed and relevance of optimism in developing resilience. This is descriptive research using qualitative research method of content analysis based on secondary data collected from several different resources. First, differences and similarities of various views on resilience and addiction amongst different substances were obtained, thereafter, the data was deciphered and categorized, objectives were discussed and study was concluded.

Keywords: Resilience, Addiction, Optimism, Resilience theory, Qualitative research

Resilience

(Anu Asnaani, Elizabeth Alpert Carmen, P.Mc Lean Edna, B.Foa) in there study “Resilient but addicted: The impact of resilience on the relationship between smoking withdrawal and PTSD” stated that “Resilience, which is reflected in one’s ability to cope with stress”.

Concept of resilience has rose in the past few decades as the field of psychology grew and field of research psychology blossomed. It describes a person’s ability to adapt successfully in the face of danger and hardship. In the times of adversity, resilience is defined as the ability to persevere, bounce back, and even thrive.

“Resilience is the psychological quality that allows some people to be knocked down by the adversities of life and come back at least as strong as before. Rather than letting difficulties, traumatic events, or failure overcome them and drain their resolve, highly resilient people find a way to change course, emotionally heal, and continue moving toward their goals.” (Psychology today, 2022)

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We can say that resilience is ability or a tendency to “bounce back”. Which can be elaborated as a person’s ability to get past the sorrows of failure, hardships and misfortunes; and continuing to try again? “Resilience is the process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioural flexibility and adjustment to external and internal demands.”(APA Help Centre, n.d.).

Beside the expression "bounce back," there are a lot more comparative ideas that resilience is frequently connected with. For example, resilience is much of the time utilized reciprocally with "**mental durability**."

So, what is mental durability? Mental strength is "a character quality which decides to a great extent the way that people manage pressure, strain and challenge regardless of conditions" (Strycharczyk, 2015). It's part solidness (hopefulness and inclination towards challenge and hazard), part certainty, and it permits individuals to accept whatever comes, with an emphasis on what they can gain and acquire from the experience. While the relationship with resilience is justifiable, it's likewise simple to see where they contrast: resilience assists individuals with recuperating from a mishap, however mental durability can assist individuals with trying not to encounter a misfortune in any case.

"All mentally tough individuals are resilient, but not all resilient individuals are mentally tough" (Doug Strycharczyk, 2015).

The individuals who are mentally sturdy are not just ready to quickly return, they are bound to consider difficulty to be a welcome test and welcome it with a grin.

Types

Resilience is defined as the "existence of coping mechanisms (personal, societal, familial, and organizational safety nets)" that enable people to overcome with life's obstacles (Kaplan et al., 1996, p. 158). The dangerous, unfavourable, and threatening life conditions that result in personal vulnerability are an essential element of resilience (ibid.). The ratio between the existence of coping mechanisms and the existence of hazardous situations determines an individual's resilience at any given time.

Polk (1997) summarized four aspects of resilience from of the research on individual resilience:

- **Pattern of Disposition-** Physical and ego-related psychosocial qualities that promote resilience are connected to the dispositional pattern. These are characteristics of a person that encourage a resilient attitude toward life stressors, such as a sense of independence or self-reliance, a sense of self-worth, good physical health, and good physical beauty.
- **Pattern of Relationships-** The relational pattern is occupied with an individual's social roles and interpersonal interactions. These responsibilities and interactions can range from close and personal to those with a larger societal system.
- **Pattern of Situation-** The situational pattern deals with the features of a person's relationship with a stressful event. This can include a person's ability to solve problems, appraise situations and reactions, and so on.
- **Pattern of Philosophy-** A person's view toward life or life paradigm is referred to as the philosophical pattern. This can include a number of resilient beliefs, such as the

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conviction that all events have positive outcomes, the belief that self-development is necessary, and the belief that life has a purpose.

Barnard (1994, pp. 139-140) highlighted **nine distinct phenomena** which the literature and the ability to respond to a circumstance have identified.

- From infancy onwards, being seen as more cuddly & friendly.
- Not having a sibling birth within 20-24 months about your own birth.
- An increased level of intelligence.
- Ability and talents for forming close relationships.
- In and out of school, achievement orientation.
- The ability to create useful interpretations for occurrences in their environment that improves their knowledge of these occurrences.
- The ability to deliberately detach from home and interact with others outside, then reengage.
- Having a locus of control and being internally focused.
- Adolescents who never had a major sickness.

(Jane McGonigal) She claimed that persons who engage in these actions on a regular basis live much longer than those that don't. The types are as follows:

- **Physical resilience-** If you don't sit still for more than an hour at a time, you're physically resilient. Even when you don't feel like it, you keep moving. I don't know for you, but the temptation to remain on the couch or nurse a discomfort by not moving grows stronger as I get older. Physically resilient people work out the kinks and prioritise physical activity.
- **Mental resilience-** you will find that you are psychologically resilient. Make puzzles. Participate in board games. Experiment with new activities. Read fresh material. Maintain your concentration during work. Plant a garden. In other words, mentally resilient people are constantly pushed.
- **Emotional resilience-** if you participate in regular reflection upon things beautiful, fantastical, and visionary, you are emotionally resilient. Our ability to think, dream, plan, and create is tested by emotional resilience. It strengthens the soul. Even when things are bad, emotional resilience enables us to see the bright side.
- **Social resilience-** Being socially resilient means staying in touch with others on a regular basis. Hugs and handshakes increase brain activity. Social resilience is having a friend you look forward to seeing and taking the necessary steps to keep engaged.

Although reading about resilience (and the numerous attributes associated with it) may lead you to believe that it only applies to the most inspiring, remarkable, and amazing amongst us and, resilience is surprisingly widespread. "Research has proven that resilience is common, not unusual," writes the (APA Support Centre) in a section on resilience. People are known for their resilience."

Resilience is not about gliding through life on a cloud or gliding past all of life's challenges unscathed; rather, it's about dealing with all of life's negative, complicated, and distressing events while remaining focused, optimistic, and high-functioning. In reality, emotional suffering is required to develop resilience. We never would learn how to deal with hurdles if we never experienced it in the first place.

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If you consider about it, it's clear that we all have some decent amount of incredible resilience. Some were more resilient than the others, but we all have been knocked down, discouraged, and disheartened during some part in our lives; nevertheless, we persevered, and here we are today, stronger and wiser.

Developing resilience

Resilience is created with a variety of talents and draws on different kind of resources, including logical thinking abilities, overall health, and interpersonal interactions. Resilience isn't only about conquering major obstacles; we all face challenges on a regular basis that require us to rely on our reservoirs of resilience.

Resilience is made up of four essential components:

- **Awareness**- Being aware of what is happening on around you as well as inside your thoughts.
- **Thinking**- is the ability to rationally interpret current occurrences.
- **Reaching out** – how we enlist the help of others to meet our challenges, because resilience also entails knowing when to seek for assistance.
- **Fitness** – our physically and mentally abilities to cope with the obstacles without becoming ill.

It is both complicated and individual to develop resilience. It includes a mix of internal qualities and external assets, and there is certainly not a widespread recipe for turning out to be resilient. All individuals are unique: While one individual could foster side effects of depression or anxiety following a horrendous mishap, someone else probably won't report any side effects whatsoever. A blend of variables adds to building strength, and there is anything but an easy daily agenda to deal with difficulty. In one longitudinal review, defensive variables for teenagers in danger for melancholy, like family union, positive self-evaluations, and great relational relations, were related with tough results in youthful adulthood. In the study “**Problem-based learning: Developing resilience in nursing students**” it was stated that Resilience qualities in nursing students, such as prosaically behavior, problem-solving ability, failure resistance, and sense of purpose, are extremely beneficial when working with persons who are vulnerable. Positive feedback, empathy, the capacity to travel between cultures, adaptable behaviors, communication skills, and a sense of humor are all examples of social competence. Planning skills, resourcefulness, willingness to seek help, ingenuity, and critical consciousness are all examples of problem-solving abilities. Refusing to acknowledge negative messages about you, detachment, and persistence are all examples of failure resistance. A sense of purpose comprises the ability to set goals, have a positive attitude, be spiritually linked, and be goal-oriented. (Jih-YuanChen, 2010)

While people process injury and difficulty in various ways, there are sure defensive factors that assist with building strength by further developing adapting abilities and versatility. These elements include:

- **Social frameworks** that offer help in the midst of urgency or injury support strength in the individual. Social help can include quick or more distant family, local area, peers, and connections.
- **Reasonable planning** the capacity to create and do sensible plans assists people with taking advantage of their natural abilities and spotlight on attainable objectives.

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- **Self-esteem** a good identity and trust in one's assets can fight off sensations of vulnerability when defied with misfortune.
- **Adaptability** is coping and critical thinking abilities assist with engaging an individual that needs to manage and conquer difficulties.
- **Relational abilities** being ready to impart plainly and actually help individuals with looking for help, activate assets, and make a move.
- **Close to home Regulation** is the ability to overlook possibly overpowering emotions (or look for help to deal with them) assists people with keeping up with centre while conquering an issue.

Resilience, like all aspects of rehabilitation, is a set of skills that can be honed with practise and dedication. The following are the recommendations for improving your addiction recovery resilience.

- **Expect difficulties** -It may seem counterintuitive, but anticipating obstacles is the first step toward increasing your resilience. Too many individuals believe that once they or a loved one enters therapy, everything will immediately improve. In truth, each stage of recovery brings its own set of difficulties. Expecting too much too quickly will usually lead to disappointment. When you're sober, your life will improve, but will take time and work. If you anticipate obstacles, you'll know what to expect and may well have a strategy in place.
- **Have a Group**- One of most critical aspects of healing is social support. It strengthens your sense of belonging, boosts your sense of accountability, and makes you more robust in the face of adversity. Your sober network can provide moral support, practical assistance, and sound counsel from others who have been where you are. Keep in mind that no one achieves by himself. Even if you only have one person to confide in, whether it's your closest friend or your therapist, it helps to ease your weight.
- **Black-and-White Thinking Must Go**- One of the most important methods to regulate your emotions is to be aware of distorted thinking, which is why cognitive behavioural therapy and dialectical behavioural therapy both emphasise learning to recognise and combat cognitive errors. Black-and-white or all-or-nothing thinking is a frequent cognitive mistake that can undermine your resilience. This is the assumption that anything that isn't a complete success is a complete failure. Almost all of your actions will fall in the middle. After a slip, it's especially crucial to keep an eye out for black-and-white thinking. Many individuals will have a drink or whatever and then rationalise, "Well, I've already blown it, so I might as well go all in." Instead of sabotaging your entire recovery because of a minor blunder, remember that reducing the damage & getting back on track might still yield significant benefits.
- **Look for the bright side**- It's natural to focus on the negative repercussions when something unpleasant happens. Most are born with the ability to detect danger. That's fantastic for staying alive on the savannah, but it may also make you blind to a lot of good opportunities. Few circumstances are truly bad—see above—but it's easy to feel hopeless when we focus on the negative parts. Whenever something negative happens, no matter how insignificant, try to find something positive in it, even if it sounds silly.
- **Determine What You Can Control** - One of the most discouraging aspects of a difficult situation is the feeling that you have no control over what happens. It's true that you have limited control in some situations—for example, when you're laid off your house floods—but it's unusual that you have none at all. Finding anything you

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can control—anything that can help you improve your circumstances even if it's just a little—may help you minimise stress and put yourself in a position where you have more options. Even when we can't see the whole solution, doing what you can with how much you have is the first step in finding your way from out trouble. It also shows that you are not giving up.

- **Defend Your Principles-** The ability to stay connected to your ideals is typically a vital aspect in overcoming setbacks. This is known as self-affirmation, and studies show that it can help you cope better with negative feedback & make better judgments in general. Take a few minutes to jot down your basic principles and why they are important to you. Many people, for example, opt to quit drinking when they recognise their family's happiness is at risk. Connecting to the worth of family on a regular basis will help you persist in the face of difficulties.
- **Look after yourself-** It is usually simpler to handle with obstacles when you are well and rested. That is why self-care is crucial for resilience. Sleep loss or chronic sleep deficiency weakens your resilience on two fronts: the areas of your brain involved in identifying threats become overactive, while the parts responsible for emotional regulation focus, & problem-solving become underactive. When you don't get enough sleep, you're more inclined to regard any scenario as frightening and less able to come up with answers to actual problems. Regular exercise lessens your response to stress while improving blood flow to the parts of the brain responsible for organizing and decision-making. Self-control and emotional regulation.
- **Always be present-** Finally, staying present is critical when confronted with a difficult scenario. People usually have one of two unproductive reactions to a crisis: either they try to ignore this and pretend it doesn't exist, or they catastrophize and envision all the terrible implications it will have on their lives. Neither is beneficial. You could only act in the present, which means you must be aware of what is happening. Furthermore, you are unable to assume responsibility for what may occur in the future. Thinking about it will just make you feel worse, which is why in AA they say, "One day at a time." This is true when it comes to healing because it is a task you face every day.

Theory of resilience

Over the past few decades, sociologists, social workers, psychologists, educators, and others have studied resilience theory. In summary, resilience theory is occupied with the capabilities that individuals and systems show in order to overcome hardship.

According to resilience theory, it's not the type of adversity that matters, but it is how we react to it. Resilience allows us bounce back from adversity, tragedy, or frustration. It aids us in surviving, recovering, and even thriving in the face of difficulties, but that's not all.

The rise of resilience theory combined with a shift away from pathology and toward assets (Rak & Patterson, 1996). According to O'Leary (1998), Psychologists have recently advocated for a shift away from vulnerability/deficit theories and toward triumphs over adversity. This proposal for a resilience-based approach is similar to a variety of other researchers in child development, medical sociology, and education. The suggested paradigm shift from sickness to health, vulnerability to thriving, deficit to protection, and beyond should not be underestimated in terms of theoretical, empirical, and policy implications. The scientific literature is increasingly supporting this paradigm change.

In family therapy

There are various ways to define family resilience. The construct can be viewed as the "characteristics, dimensions, and attributes of families that assist families to be immune to disruption in the times of challenge and adaptive in the midst of crisis situations," according to one interpretation. p. 247) (McCubbin & McCubbin, 1988).

Another, more contemporary definition is the "ability of the families, as just a functioning system, to resist and bounce from difficult life challenges - emerging stronger and more resourceful." Walsh (1996), 2003, and 2016). Both of these definitions apply the sense of personal mental or emotional resilience to a larger level; one of the important aspects that academics are interested in is how families respond both instantly and over time when faced with adversities (Walsh, 2016).

In social work

Resilience theory has grown in significance in the area of social work in recent decades, particularly when it comes to children. The essential significance of community interactions in both academic professions, as well as the key social work idea that individuals should assume responsibility for one another's well-being, are some of the reasons for this (International Federation of Social Workers, 2014). The premise that identifying resilience-building elements can assist at-risk clients in the following manner (Greene et al., 2004) is one of the key drives for additional resilience theory study of social work contexts. Increasing their skills and increasing their health assisting them in overcoming adversity and navigating life's challenges increasing their ability to thrive and grow.

Many social workers believe that the profession of social work is founded on a resilience concept, even if it is not termed by that name. However, a review of social work theory and history will reveal that it is not the situation. Despite frequent allusions to patient strengths and resources, the pathogenic paradigm continues to lead social work theory. My personal training as just a clinical social worker and my experience working with several social workers show that social professionals are most at ease identifying and intervening with patient pathology. Social workers frequently lack the ideological and technological tools needed to assess strengths and intervene to help clients become more resilient.

However, a growing variety of social professionals are advocating for a resilience-based view of social work. Dennis Saleeby, Michael White, and Steve De Shazer are notable examples. These social workers are striving to develop paradigms, conceptual frameworks, assessment tools, and intervention models for social work clients that encourage resilience and strengths. The history of social work's devotion to resilience and qualities is tumultuous. On the surface, it appears that social workers have always thought and worked within a resilience framework, even if they didn't call it that (Kaplan et al., 1996; McQuaide & Ehrenreich, 1997).

In community

Community resilience, according to Magis (2010, p. 401), is described as "the existence, development, and involvement of resources in the community by members of the public to thrive in an atmosphere marked by change, ambiguity, unpredictability, and surprise."

To put it another way, one definition of community resilience highlights the impact of individual's cognitive health and personal growth on a social system's ability to unify and cooperate toward a common aim or target (Berkes & Ross, 2013). Community resilience focuses on identifying and building individual and community strengths, as well as

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constructing the procedures that support resilience-promoting elements (Buikstra et al., 2010).

Understanding how communities use these characteristics to promote self-organization & agency, which subsequently contributes to a communal process of overcoming the challenges and adversity, is one of the project's goals (Berkes & Ross, 2013). Community resilience is a continuous process of personal growth in dealing with adversity through adaptation, and it is understandably important in social work settings (Almedom, Tesfamichael, Mohammed, Mascie-Taylor, & Alemu, 2007).

In organization

Organizations may learn to recover from and adjust after confronting problems in the same way that people can. As according Boston Consulting Group Fellow Dr. George Stalk, Jr., organisational resilience can be viewed of as "a 'culture of resilience,' which presents itself as a type of 'psychological immunity'" to incremental and transformative changes (Everly, 2011).

Organizational resilience has risen in importance in recent years as a result of a variety of factors leading to a complex and sometimes tumultuous business environment. Every contend that positivity and perceived self-efficacy are at the root of the problem.

Organizational resilience is primarily reliant on role-modelling behaviours. Even a few respectable and high-profile persons in an organisation who exhibit resilient habits might inspire others to follow suit (Everly, 2011).

Among these behaviours are:

- Keeping going despite the odds
- Making an attempt to overcome obstacles
- Practicing and showing self-help mental patterns
- Mentoring and providing assistance to others
- Integrity in leadership
- Communication that is open
- demonstrating decisiveness

Optimism and resilience

Resilience comes from positivity; positivity is the primary mode of action promoting resilience. Resilient people are more open and interested when faced with misfortune, looking for ways to promote positive feelings and putting one foot in front of the other to reconstruct their lives. A rich vein of positive leading to resilience is creating a sense of great significant and purpose. (Fredrickson's)

The following attributes, according to (Columbia University, George Bonanno,2020), lead to resilience. I agree that mental flexibility is essential. Because of the rapid change in our culture, it is regarded one of top 10 career skills for 2020, and beyond.

But, to my concern, psychological adaptability is not a minor consideration. It is a structure that necessitates the aforementioned elements. If you have psychological resilience but low self-esteem, you are subject to manipulation from people who try to alter your perspective.

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While having connections with others is beneficial, those who are adversely oriented are less likely to develop excellent relationships with others. It is a natural conclusion for optimistic people to have healthy relationships with others. Positive core self-evaluations are linked to healthy self-esteem. Positive comments are a valuation of one's ability in the workplace. While it is conceivable to have poor personal self-esteem while also having positive comments at work, both are required for sufficient resilience to resist life's hardest blows.

Resilience is the ability to bounce back from adversity and negative emotional experiences. Optimism contributes to resilience and is key to how we adapt to stressful situations. When confronting challenges, optimists show more resilience, even if progress is difficult and slow. There is a reciprocal relationship between these two: optimism leads to resilience and resilience results in more optimism. A resilient leader has a high level of self-awareness, is flexible and adaptive in thinking, and displays courage and emotional strength, and optimism. Assuming a resilient posture as a leader means embracing uncertainty and vulnerability in every learning experience.

(Simon Prunster, Energy & Emissions Specialist, Yarra Valley Water) "Optimism breeds determination, and determination breeds resilience." These characteristics work well together. Even when confronted with a challenge, optimism hardwires you to look for a positive outcome. Resilience allows you to keep going back to the issue, whenever it feels overwhelming. The motivation to complete the jigsaw puzzle comes from determination. If this strategy works and you overcome a hurdle by producing a positive result, you will be contributing to a solution instead of perpetuating a problem. In my work life, I attempt to make use of these characteristics. Working in the sector of emission reductions, my role is to create positive economic and environmental outcomes (with the support of great people). Now that renewables are universally recognised as the most cost-effective source of new energy, I detect a growing desire among consumers, businesses, and (most) governments to expedite the clean energy transition. This inspires me. I am optimistic that, as a society, we will band together with grit and resolve to confront the greatest challenge we face: decarbonizing our power sources and economies."

(Emily Esfahani Smith) *The Power of Meaning* "Having an optimistic view in challenging situations, far from being delusional or faith-based, is not only an essential predictor of resilience—how quickly patients heal from hardship it is the most important predictor of resilience. People who are resilient are more cheerful and optimistic than those who are not; they are better at controlling their emotions; and then they can maintain their optimism even in the most difficult situations."

"This is what Mount Sinai School of Medicine Dean Dr. Dennis Charney discovered after examining around 750 Vietnam war soldiers who were kept as POWs for six to eight years. These 750 men remained incredibly resilient despite being tortured and held in solitary confinement. Despite experiencing great stress, they did not acquire depression or post-traumatic stress disorder following their release, unlike many other veterans. What did they keep hidden? Charney discovered eleven distinguishing features after conducting extensive interviews and tests. The most important was optimism. Altruism was the second. Humor was also crucial, as was having a purpose in life—or anything to live for."

Addiction

Addiction is defined as the inability to stop taking a drug or engaging in an activity despite the fact that it is harmful to one's mental and physical health. Addiction does not simply

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relate to drug addiction to substances like heroin or cocaine. Some addictions may include the inability to stop doing things like gambling, eating, or functioning.

Addiction is a **chronic disease** that can develop as a result of medication use. In truth, opiate usage, notably illicitly manufactured fentanyl, killed approximately 50,000 people in the United States in 2019.

"A **curable, chronic medical condition** involving intricate connections among brain circuits, heredity, the environment, and a person's life events." Addicts utilise substances or participate in compulsive behaviours, which they often continue despite negative consequences. (The American Society of Addiction Medicine, 2019)

In the paper "Addiction Types a Clinical Sociology Perspective" addiction is defined as a neurotic love between the individual and the adjective object, be it a substance (like nicotine, food, liquor or heroin, and so forth) or an occasion (like betting, work, love, or the web, and so forth.). An enthusiasm that kills! Enslavement is a social creation; a social develop made by the way of life as a method for a given objective. Realities mirror that individuals become dependent on anything, yet I see that addiction is exclusively a human peculiarity. Also, for dependence on happen, three significant circumstances are to be available:

- 1) a social cognition (an awareness, information, shared implications and reason, and so on) in the psyche of the junkie toward the habit-forming object — social discernment will in general be an impression of learned encounters and endeavours and effects of the social climate;
- 2) A sensitive emotional makeup (disturbed confidence, absence of certainty, misuse, profound hardship, and so forth); and
- 3) A potential chemical inconsistency in the body. Individuals don't simply become dependent, particularly when the habit-forming object is useless to them.

The habit-forming object produces engaging and rather alluring good "meanings and sentiments" in the psyche and oneself of the fiend. Just every so often individuals become fiends forcibly. Furthermore, a minor number of fiends have either a chemical imbalance or acquired quality for their enslavement. Compulsion happens in fiends' lives independently and their own will. It involves question whether the results are obvious to the individual included who picks/has selected to follow the fixation way. This isn't to misjudge the effect of social climate and the tensions of specific socialization specialists like family, friends, school, and media on the creation of dependence. (Jawad Fatayer, Socio-Psych Consultant Addiction)

Types

Addiction can be physical or behavioural, and the two frequently coexist. Although alcohol and cigarette addictions are the most well-known, there are hundreds of medically & scientifically acknowledged addictions.

Cravings, compulsions, difficulty to quit, and lifestyle disruption are all signs that someone has an addiction. Addiction to behaviours can be equally as dangerous as addiction to substances like alcohol or hard drugs. However, the addictive behaviours that occur both from types of addiction can have major negative repercussions, ranging from the symptoms of a substance use disorder towards the dangers of gambling addiction, and even dangerous levels of impulsive buying and sexual conduct.

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Addiction is a complicated illness. The type of addiction is less important than the underlying issue that drives the patient to seek out that delightful feeling despite the negative repercussions. Financial troubles, destructive conduct, marital issues, family conflict, and the unpleasant feelings that arise as a result of these things are some of the negative impacts associated with development of addiction.

Physical Addiction

Physical addictions are indeed the ones which are most widely recognised. Addictions to substances which are ingested and otherwise introduced into a person's body are known as ingestible addictions. Physical addictions include the following: Alcohol, Tobacco, Prescription drugs, opioids, Cocaine, Marijuana, Amphetamines, Hallucinogens, Inhalants, PCP.

Physical addictions can be divided into three types: alcohol, illegal substances, and prescription medicines.

- The most common addictions are alcoholism. It takes the form of alcoholism, binge drinking, or heavy drinking on a regular basis. Alcoholism frequently begins through social drinking and thereafter advances until one is faced with an irreversible addiction.
- Illicit drug addiction is a dependence on unlawful substances that create short-term brain disruptions and a distorted perspective of reality. Illegal substances alter the brain as well as other organs over time, resulting in serious addiction.
- Prescription drug addiction is defined as the use of prescription pharmaceuticals in ways that are not prescribed by a physician.

Behavioural Addiction

Behavioural addiction is defined as when a person loses control of their activities in order to participate in behaviours that produce temporary pleasure. That individual becomes addicted to the pleasurable emotions that come with particular activities and begins to act on them compulsively.

Among the most frequent behavioural addictions are:

Food Addiction, Sex Addiction, Internet Addiction, Pornography Addiction, Using computers and/or cell phones, Video Game Addiction, Work Addiction, Exercise Addiction, Spiritual obsession (not to be confused with religious devotion), Seeking pain, Cutting, Shopping Addiction.

If you suffer from an impulse control condition, you're more likely to engage in compulsive behaviour that can develop to addiction. Mental health problems or illnesses can also increase the chance of developing a substance use disorder or a behavioural addiction. Addictions to drugs and alcohol are frequently linked. More than half of persons who are addicted to one substance also use other substances. Those struggling with substance abuse disorders are also prone to behavioural addictions.

Substance addiction and behavioural addiction have many characteristics. The exhilaration or "high" induced by use or conduct, wanting the "high," tolerance building leading to higher use or repeated behaviour, loss of control, and psychologically and physically withdrawal symptoms are some of the commonalities.

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Fatayer, J. (2008). In his paper **Addiction Types, a Clinical Sociology Perspective** stated there are four types of addiction.

He introduces four categories of addiction based on over two decades of cross-cultural expertise in treatment, consultation, college teaching, research, and personal observations.

- **Alpha Addiction-** refers to a broad category of physical addictions. What sets this type apart is the key difference between it and others is that it has a limited impact on the body as well as other physical health problems. This form of addiction has the following brands: Caffeine addiction, nicotine addiction, and food addiction (sweets, salty snacks, and drinks). In alpha addiction, the addictive fix is frequently physical.
- **Beta Addiction-** refers to a wide range of physical and mental addictions. What differentiates the impact of the beta type differs from that of other types in that it extends beyond physical processes to mental functions. This personality trait affects our capacity to make decisions and manage relationships, and also our job and public performance. It's the kind that usually leads us into legal difficulty because of the inappropriate and non-normative behaviour it produces. Alcohol, pharmaceuticals, and narcotics such as morphine, cocaine, hash, marijuana, qat, sedatives, and many other legal and criminal substances designated globally or locally are brands under this category of addiction. The effects of Beta addiction are never limited to physical problems or damages. Just on contrary, it continues to wreak havoc on the way we conduct ourselves on the real-world stage. Its consequences are more or less behaviour rather than physiological health or personal zone-related.
- **Gamma Addiction-** refers to all non-substance cognitive addictions. What sets this type apart from the others is its impact on mental processes. Gamma addiction does have a significant impact on our lifestyle, self-management, and interpersonal connections. It also has a significant impact on how we handle circumstances, accept responsibility, make decisions, and assess situations. Addicts of this type describe the release of adrenaline and dopamine in their nervous system when they engage in the addictive activity (gambling, sex), similar to how a heroin addict experiences a "high" from the needle, but it's all a psychological high generated by cognitive and emotional processes that occur in the person's emotional and mental makeup.
- **Delta Addiction-**This kind of addiction combines two or more of previous ones. Food + caffeine + gambling, or nicotine + alcohol + sex, for example, are examples of Delta addiction. The Delta kind is characterized by its mental and physical effects, yet it may or may not include any legal or illegal components. Multiple addictions are combined in one person with delta addiction. In Delta addiction, the addictive fix is typically physical and mental.

Resilience and addiction

People with resiliency may take a step back, recover, and then move forward. There may be some unpleasant surprises no matter how long you stay away from dangerous substances. While these unexpected events can cause stress, they do not have to lead to a relapse if you have acquired some effective emotional wellness techniques.

Some strategies for boosting recovery resilience include:

- **Learn from your mistakes:** Experience is a wonderful teacher. Use your understanding to reflect on how you handled previous circumstances, both successfully and unsuccessfully. Allow this to guide your future actions. Also, keep in mind all of the victories you've had in your addiction recovery.

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- Accept that change is inevitable: Change is unpleasant, yet it is an unavoidable part of life. The ability to quickly adjust to different conditions is referred to as resiliency.
- Have a support system: People are typically more powerful when they are in groups. You can create a support system to aid you in getting through challenging situations. When this gang is behind you, you could find that you can manage anything.
- Self-care should be prioritised: It'd be a mistake to neglect self-care during a crisis. You can start taking care of yourself first in recovery by eating and sleeping well and increase the resilience through activities like meditation and exercise.
- Gratitude: Instead than focusing on anything upsetting, consider all of the good things in your life right now. Make a gratitude list daily.

According to the research *Breaking the Chains of Childhood Abuse: Resilience & Reduced Substance Use* In terms of substance use risk, someone who has experienced childhood trauma but is resilient may be able to employ adaptable or flexible thinking to minimise their risk of using alcohol or other drugs. Resilience features may thus reduce the chance of developing substance use disorders; however, research on the relationship of resilience and childhood abuse on substance use issues is sparse.

To fill in research gaps on resilience and substance use disorders, this study looked at the relationships between resilience traits and lifelong alcohol and illicit drug use problems in a group of inner-city individuals who had experienced childhood maltreatment and other trauma. If resilience traits are linked to less alcohol & illicit drug use following childhood trauma, it may be possible to explain how to support victims of early violence in order to avoid bad outcomes.

(Tanja N. Alim, M.D) *Resilience to Meet the Challenge of Addiction*: Clinical studies on resilience have indeed been undertaken with patients who have experienced terrible life events as a model of stress-related disorders. These studies, on the other hand, can help in the development & implementation of behavioural therapies to treat alcoholism. This is an important implementation because the ultimate goal of research attempting to delineate a variety of psychological, neurochemical, and brain circuitry mechanisms that underlie resilience is the advancement of strategies and interventions directed at boosting resilience in the face of stress, which is especially important for people struggling with alcoholism.

Improving resilience at the time of stress would influence cognitive and emotional control, giving it the ability to weather cravings without ever using alcohol, mindfulness to be conscious of impulsive behaviour and potentially avoid impulsive behaviours associated with alcohol use, and the development of prosocial behaviour and interpersonal relations, all of which could help the individual cope with stress and prevent alcohol use. In order to develop these abilities, several cognitive and behavioural interventions have been devised. These treatments, which include a variety of cognitive and behavioural psychotherapeutic approaches (Butler et al. 2006; Marlatt 2001), mindfulness-based stress reduction, and other therapeutic techniques (e.g., Astin 1997; Shapiro et al. 1998; Teasdale et al. 2000), attempt to help people avoid or reduce their alcohol consumption. Furthermore, therapeutic techniques based on positive psychology may aid in the promotion of psychological resilience (e.g., Seligman and Csikszentmihalyi 2000) and therefore are now being tested for their efficacy in the treatment of alcoholism.

Objectives

The objective of the study is to:

- To check the effects of resilience on addiction
- Learning to develop resilience in addicts
- Use positive psychology to incorporate resilience in addicts

LITERATURE REVIEW

Claudia Calpe-López, Maria A Martínez-Caballero, Maria.P.García-Pardo, and Maria. A Aguilar *World J Psychiatry.* 2022 Jan 19; 12(1): 24–58. ***Resilience to the effects of social stress on vulnerability to developing drug addiction:*** In the study *Resilience to the effects of social stress on vulnerability to developing drug addiction* stated that they examine the still limited but expanding research on resilience to the impacts of social stress on the gratifying characteristics of illicit substances. The notion of resilience is defined, as well as how it is used to drug addiction studies. Individual behavioural qualities and social support are sometimes described as internal and exterior protective variables related with resilience. The physiological reaction to stress is then discussed, as well as how resilience elements influence it. The animal models typically utilised in the research of social stress resilience are described in the next section. Therefore, they concentrate on the consequences of chronic social defeat (SD), a type of stress brought on by repeated defeat in an agonistic interaction, on several animal behaviours (depression- and anxiety-like behavior, cognitive impairment and addiction-like symptoms). The present understanding of the neurological foundations of resilience acquired from investigations of resilience to the effects of prolonged SD stress upon depression and anxiety-related behaviours in mice is then summarised. Finally, they describe the current knowledge and recommend future research options based on the few studies that have been conducted to investigate resilience to the impacts of SD stress on the rewarding features of drugs of addiction. Understanding how an individual develops resilience is crucial for the creation of training programmes that boost this ability and encourage coping mechanisms, especially in subjects with a dysfunctional stress response, from a translational standpoint. Stress has long been associated with development of AUD/SUD, anxiety, and depressive disorders. Comorbidity between these conditions is common, and it's linked to worse symptoms and treatment failure. In addition to reducing addictive behaviours, resilience training may improve mental health by lowering the risk of developing anxiety, depression, and cognitive disorders. The discovery of neural substrates of resilience will aid the development of pharmacological and psychological therapies to improve resistance to adversity and stress.

Janna Cousijn PhD, Maartje Luijten PhD, Prof Sarah W, Feldstein Ewing PhD. (2018) 2(1), 69-78. ***Adolescent resilience to addiction: a social plasticity hypothesis:*** Excessive substance use and addiction (officially known as substance use disorder in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders) is highest during adolescence, by early adulthood, substance use naturally resolves without any treatment or formal assistance. This finding is striking because it appears that there is something about it that is exceptionally unique and adaptable about majority of teenagers brain that lead them towards long-term substance abuse resilience against substance use and origins of disorder. Unfortunately, very little is known about the neurocognitive systems that underpin adolescent development of resilience in the face of substance abuse disorders. The majority of neurodevelopmental research has focused on the period of increasing drug use that culminates in, almost entirely in cases of substance abuse.

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The paradox of teenage substance use disorder risk and resilience highlights the need for a more precise model of adolescent drug use and substance dependence, as well as additional research into adolescence resilience in this formula. They present a social plasticity theory in the Review. The model they propose is simplistic and requires further testing and evaluation, but it provides a foundation for future research into the paradox of teenage risk and resilience to heavy substance use as well as substance use disorders. Future longitudinal studies into the study of chronicity vs. natural healing in youth are recommended. Gender, individual factors, and existing determinants for substance use disorders should all be considered in these investigations. It will be difficult to operationalize social sensitivity and brain plasticity; however, we believe that understanding the interplay between these processes has significant promise to improve the awareness of adolescent substance use disorders and suggest preventative and treatment targets.

Katrin Charlet, Annika Rosenthal, Falk W. Lohoff, Andreas Heinz, Anne Beck. *Imaging resilience and recovery in alcohol dependence:* In the field of alcoholism, resilience and recovery are becoming increasingly important. This paper explains how imaging studies in humans can be used to examine neural correlates of resilience including, if longitudinal, illness trajectories, progression rates, and recovery indicators to help guide therapy and preventative decisions. Findings from magnetic resonance imaging (fMRI) and positron emission tomography (PET) studies have found links among increased resilience and less task-elicited neural initiation within the basal ganglia, as well as the benefits of increased neural pre-frontal cortex (PFC) engagement in terms of resilience in a broader sense, such as resilience against relapse in early abstinence from AD. Furthermore, even when patients only reduced their alcohol consumption to a moderate level, findings consistently suggest at least partial recovery of brain glucose metabolism, executive as well as general cognitive functioning, and also structural plasticity effects all through the brain of alcohol-dependent patients during short-, medium-, and long-term abstinence. Specific factors that tend to influence these observed brain recovery processes in AD, such as genotype-dependent neuronal (re)growth, gender-specific neural recovery impacts, critical interfering impacts of psychiatric comorbidities, additional smoking as well as marijuana influences, or adolescent alcohol abuse, were also discovered.

Pamela Wisniewski, Haiyan Jia, Na Wang, Saijing Zheng, Heng Xu, Mary Beth Rosson, John M. Carroll. *Resilience Mitigates the Negative Effects of Adolescent Internet Addiction and Online Risk Exposure:* Resilience is the ability to cope with traumatic situations by overcoming negative effects linked with risk exposure. It is both a natural ability and a skill that can be learned and improved. As a result, if resilience can lessen the harmful consequences of Internet Addiction & Online Risk Exposure, our findings will offer fresh insights to researchers, educators, designers, and parents on how to better protect kids online. We will also obtain a better knowledge of how kids may protect themselves from internet risk. They use previous research on teenage internet safety to construct a theoretical framework for adolescent resilience in the face of online dangers in this paper. The concept is then empirically validated through a quantitative survey research. They validated the harmful impact of Internet Addiction on Negative Affect using path and mediation analyses. We also discovered that Risk Exposure mediates the association between Internet Addiction & Negative Affect to some extent. Most notably, we discovered that resiliency is vital in protecting teenagers by neutralising or minimising the harmful impacts of Internet addiction & online risk exposure.

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Evelyn Ordoñez Sanchez, Charlotte C. Bavley, Andre U. Deutschmann, Rachel Carpenter, Drew R. Peterson, Reza Karbalaei, James Flowers II, Charleanne M. Rogers, Miranda G. Langrehr, Cory S. Ardekani, Sydney T. Famularo, Angela R. Bongiovanni, Melissa C. Knouse, Stan B. Floresco, Lisa A. Briand, Mathieu E. Wimmer, Debra A. Bangasser. *Early life adversity promotes resilience to opioid addiction-related phenotypes in male rats and sex-specific transcriptional changes:* Opioid usage disorder is already on the rise, and so are efforts to better understand how people become resilient to overuse. Understanding drug abuse resilience, on the other hand, is crucial for the development of new treatments. The restricted bedding and nesting (LBN) modification was used to show that a brief postnatal exposure to a reduced environment improved resilience to addiction-related traits in adult male rats. LBN reduced impulsivity, opioid self-administration, and glutamate transmission in the nucleus accumbens (NAc) in males, but not in females. Discovery that differentiates in NAc transcriptional activation unique to LBN males might contribute to resilience by comparing the sexes. These molecular changes are significant because they provide novel targets for the development of pharmacotherapies for opioid addiction. Opioid usage disorder is already on the rise, and so are efforts to better understand how people become vulnerable to overuse. Understanding drug abuse resilience, on the other hand, is crucial for the development of new treatments. The restricted bedding and nesting (LBN) modification was used to show that a brief postnatal exposure to a reduced environment improved resilience to addiction-related traits in adult male rats. LBN reduced impulsivity, opioid self-administration, and glutamate transmission in the nucleus accumbens (NAc) in males, but not in females. Discovery that differentiates in NAc transcriptional activation unique to LBN males might contribute to resilience by comparing the sexes. These molecular changes are significant because they provide novel targets for the development of pharmacotherapies for opioid addiction.

Jean Lud Cadet *Molecular Neurobiology* volume 53, pages 545–560 (2016). *Epigenetics of Stress, Addiction, and Resilience: Therapeutic Implications:* Resilience refers to an individual's or family's ability to withstand environmental pressures that others would succumb to. Hopelessness, which is a predictor of future affective disorders, has been linked to resilience levels. Resilience could also explain why not all adolescents and adults who live in disadvantaged areas due to ethnic and socioeconomic variables become addicted to licit or illicit drugs. Gender disparities in resilient outcomes appear to exist as well, with women displaying greater resilience than males. Interactions between familial features, community activity, and gene mutations may confer vulnerability to greater morbidity from a range of medical & psychiatric diseases, including SUDs, in people. In the case of SUDs, our efforts to create therapeutic approaches may have been hampered by our almost full theoretical dependence on behavioural, pharmacological, and epigenetic discoveries in animals to understand the human addiction. That's because the focus has been almost entirely on potential pharmacological "magic bullets" to treat addictions quickly. Similar methods to other complicated neuropsychiatric disorders haven't always yielded better therapy results. The need for continuous support of reductionist techniques that provide relevant neurobiological explanation for the direct effects of medications on the brain is not negated by this argument. It does, however, allude to the possibility of utilising antidepressants or alone combination with the other epigenetic agents that were found to improve resilience in animal models.

Cusack, S. E., Bountress, K. E., Sheerin, C. M., Spit for Science Work Group, Dick, D. M., & Amstadter, A. B. (2021). *The longitudinal buffering effects of resilience on alcohol use outcomes:* Traumatic episodes (TE) are indeed a risk factor for the development

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alcoholism (AUD). Although resilience may guard against the consequences of TE exposure, few research have looked at the buffering hypothesis over time. As a result, the current study intended to close this gap. Participants (N = 6,015) was drawn from a big, metropolitan university's longitudinal study of substance use and health effects. Self-report assessments of precollege internalising symptoms & lifetime trauma burden were completed by participants. Resilience was measured as a numerical variable. Participants reported on span of a month intake, AUD symptoms, & new onset TEs at each of the carry evaluations. Interactions were tested using longitudinal route modelling. At one time point, a larger new onset TE loading was linked to more AUD symptoms and higher consumption. The outcomes show a significant main effect of resilience at Y1S and Y3S, there was a significant main effect of resilience, as well as a significant interaction among resilience and new onset TE at the last time-point, where higher levels of new onset TE were related to higher of AUD symptoms at low ($=.19$, $p=.001$) and average ($=.20$, $p=.001$) levels of resilience. At higher levels of resilience, this effect was reduced ($=.07$, $p=.051$). Resilience had no significant main or interaction impacts on consumption. Conclusions: The findings imply that resilience is an essential protective component in the growth of AUD symptoms following TE exposure, although potentially less so in the case of consumption. The findings support previous research that shows AUD symptoms are much more clinically significant than intake in this population.

Helen Moriarty, Maria Stubbe, Sarah Bradford, Sophie Tapper and Bee Teng Lim, Journal of Primary Health Care 3(3) 210 – 217. *Exploring resilience in families living with addiction:* The goal of this study was to learn about the experiences of New Zealand families dealing with addiction, as well as the effects on non-addicted members of the family, coping mechanisms, and hurdles to obtaining treatment. **METHODS:** The construction of an interview guide for 29 family members recruited through health and social care services was informed by literature and important stakeholders interviews. Interviews were taped in order to analyse major themes and the critical aspects that support them. To discuss the findings and interpretation, key stakeholders & informal sources were interviewed one again. This research has discovered a potential threat to conventional notions, and resilience should be investigated further. Self-report is used in many resilience assessments in the literature. There is an obvious need to investigate the availability of quantitative, rigorous resilience metrics that health care providers and social workers could employ. It's also crucial to see if resilience methods may be applied beyond the individual. As a result of this thought, the following questions arise:

- How can the concept of resilience been effectively applied to a collective group such as a family or perhaps a larger community?
- How can we accurately assess and measure resilience?
- Is it conceptually and practically suitable to utilize individual resilience measures to assess family resilience?

Rebecca KateHodder, MeganFreund, LukeWolfenden, JennyBowman, SmritiNepal, JuliaDray, MelanieKingsland, Sze LinYoong, JohnWiggers. *Systematic review of universal school-based 'resilience' interventions targeting adolescent tobacco, alcohol or illicit substance use: A meta-analysis:* The idea of 'resilience' offers one approach to addressing teenagers' mental health in order to reduce adolescent substance use. The process for, capacity to, or outcome of adaptive adaptation in the face of danger or adversity has been defined broadly as "resilience." While the definition of resilience varies, it is generally agreed that protective variables, both individual within a young person's environment, can

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attenuate risk or adversity that facilitate 'resiliency' that might otherwise lead to negative outcomes, such as substance use. Personal talents or traits of young people are considered as individual resilience protective factors (e.g. self-esteem, empathy, self-awareness). Characteristics associated to a young person's family, school, and community, such as loving relationships, is indicated to be resilience protective variables in their environment.

From 16,619 records, 19 studies were found to be eligible (tobacco: 15, alcohol: 17, illicit: 11). There was an overall intervention impact for binary measures of hard drug use ($n = 10$; OR: 0.78, 95 percent CI: 0.6–0.93, $p = 0.007$, $\text{Tau}^2 = 0.0$, $I^2 = 0\%$), not for cigarette or alcohol use ($n = 10$; OR: 0.78, 95 percent CI: 0.6–0.93, $p = 0.007$, When trials with a risk of bias was eliminated, the results were identical. Within numerous intervention characteristic subgroups, overall intervention effects were visible for illegal substance use, but not for cigarettes or alcohol. These conclusion support the deployment of universal school-based treatments that address 'resilience' protective variables to reduce teenage illegal substance use, but they also imply that tobacco and alcohol use require different methods.

Anu Asnaani, Elizabeth Alpert Carmen, P.Mc Lean Edna, B.Foa. *Resilient but addicted: The impact of resilience on the relationship between smoking withdrawal and PTSD*: This study looks into the connections between resilience and nicotine withdrawal, as well as their effects on PTSD symptoms. There were 118 cigarette smokers having PTSD who were seeking therapy for both PTSD and nicotine addiction. Three time intervals in the study were randomly cross-sectionally sampled: week 0, week 12, and week 27. Controlling for the sampling point time, negative emotionality, and expired carbon monoxide content, hierarchical multiple regression models indicated main effects of both resilience & nicotine symptoms of withdrawal on PTSD severity. PTSD intensity was higher among people who were less resilient & experienced more nicotine withdrawal, according to previous study. There's an interaction among resilience & nicotine withdrawals on self-reported PTSD intensity, with greater resilience only being related with decreased PTSD severity among participants with mild nicotine withdrawal symptoms. PTSD severity was increased among persons with severe nicotine withdrawal, independent of resilience degree. These findings imply that resilience is a protective measure for PTSD severity in those with low rates of nicotine withdrawal, but that resilience's protective effect is diminished in those with elevated amounts of nicotine withdrawal.

Chunyu Yang, You Zhou, Qilong Cao, Mengfan Xia and Jing An. *The Relationship Between Self-Control and Self-Efficacy Among Patients with Substance Use Disorders: Resilience and Self-Esteem as Mediators*: The goal of this study was to see how self-esteem and resilience moderate the relationship with self-control and self-efficacy in individuals with substance use disorders. A cross-sectional research of 298 substance use disorder patients from Shifosi rehabilitation in China was done. Diagnostic questionnaires based on the Diagnostic and Statistical Manual of Mental Disorders (5th Edition) were used to collect demographic data and assess addiction severity. Self-control was assessed using the Double of Self-Control Scale (DMSC-S), while self-esteem was assessed using Self-esteem Scale (SES). The Connor-Davidson Resilience Scale (CD-RISC) has been used to assess resilience, and the regulatory emotional self-efficacy scale was utilized to assess self-efficacy (RESE). All of the characteristics had substantial positive ($p < 0.01$) associations with total scores on self-control, resilience, self-esteem, & self-efficacy, showing that they might predict patients' self-efficacy. According to bootstrap testing, resilience and self-esteem fully mediated the relationship between self-control as well as self-efficacy, resilience partially mediated the relationship between self-control and self-esteem, and resilience mediates the relation

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between self-esteem and self-efficacy. Finally, the multiple-group analysis revealed that there were no gender differences in the associations between self-control, resilience, self-esteem, & self-efficacy. Conclusion was among individuals with drug use disorders, the path from self-control to resilience and self-esteem, and then to self-efficacy, is significant, suggesting that enhancing self-control, resilience, and self-esteem can increase self-efficacy.

Hashem Jebraeili, Mojtaba Habibi, Alieh Nazemi, 2019, 9(3): 236-245. *Mediating role of resilience and tendency to addiction regarding the effect of gender on substance use:* This study states, Resilience, as a flexible reaction to daily challenges, behaves differently depending on gender. As a result, it may play a mediating role in the influence of gender on drug use. The aim of this study was to look into the impact of resilience and addiction proclivity in mediating the influence of gender upon substance usage. The convenience sample approach was used to select 300 university students (124 males and 176 females) who were assessed using the resilience scale, the inclination to addiction questionnaire, and a researcher-made substance use questionnaire. The findings revealed a substantial positive association between addiction risk and substance use, as well as a large negative relationship between addiction risk and resilience. There was a strong negative link among male gender and resilience, but a large positive relation between male gender and addiction tendency. Furthermore, the proposed model was able to match the data. Resilience plays a crucial part in the treatment of drug use, and persons with high resilience scores, despite a proclivity for addiction, are less likely to use substances due to their capacity to deal with challenging events and adapt to daily stresses.

Karen D. Ersche, Chun Meng, Hisham Ziauddeen, Jan Stochl, Guy B. Williams, Edward T. Bullmore, Trevor W. Robbins. *Brain networks underlying vulnerability and resilience to drug addiction:* Study suggested drug abuse can lead to an addiction, however not everyone who uses drugs becomes addicted. It's unclear how drugs of abuse combine with individual susceptibility, and it's also unclear how people avoid the effects of drugs or addiction vulnerability. In 162 participants, study employed resting-state functional MRI (fMRI) to assess risk- & resilience-related changes in corti-costriatal functional circuits in stimulant drug users either with or without medically diagnosed drug addiction, siblings of addicts, and control volunteers. Considerable hypo connectivity in orbitofrontal, ventromedial prefrontal cortical-striatal circuit design crucial to goal-directed decision-making—was linked to the chance of developing addiction, whether owing to familial predisposition or drug use. Hyper connectivity in two systems involving 1) the lateral prefrontal cortex and medial caudate nucleus and 2) the supplementary motor, superior medial frontal cortex, and putamen—brain circuits implicated in top-down inhibitory control and habit regulation, respectively—was associated with resilience against a diagnosis of substance use disorder. These findings hint to a predisposing susceptibility in the genesis of addiction, which is linked to defective goal-directed activities and countervailing resilience mechanisms implicated in behavioural control, and could lead to new therapeutic and preventative treatments.

Lei Wang, Banghua Xu, Yiwen Gu, Jianbo Zhu, Ying Liang. *The mediating and moderating effects of resilience on the relationship between perceived stress and depression in heroin addicts:* The mediation approach described by Preacher & Hayers (2008) was used to investigate the function of resilience in mediating the association between perceived stress and depression. To analyse the indirect influence of each variable, the bootstrapping estimation methods were used with 5000 bootstrap samples, and biases was corrected at 95 percent confidence intervals (CIs). If zero was not included in the indirect

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effect's confidence interval, then the indirect impact was significant at level of 0.05. The bootstrap estimate test results show that resilience mediated the association between depression and perceived stress demonstrates the mediation analysis Perceived stress was found to be positively associated with depression ($= 0.600, P 0.001$), while resilience was found to be adversely connected with depression ($= 0.432, P 0.001$). Furthermore, we discovered that resilience acted as a partial mediator of a stress-depression relationship.

Richard Velleman and Lorna Templeton, March 2007, *Understanding and modifying the impact of parents' substance misuse on children*: The paper describe the vast research on the potentially harmful effects of growing up with parents who has a drinking and/or drug problem on children, the risk factors that can amplify this effect, as well as resilience and protective factors that really can lessen it. There are specific methods that practitioners might intervene to reduce risk and build resilience. If harm to families and children is now to be avoided, all practitioners must operate holistically, and we summarise the major common skills needed to deal with individuals (children and adults) and families. The distinctions in between resilience and a deficit strategy are discussed.

Chunyu Yang, Mengfan Xia, Mengmeng Han and Ying Liang, 16 October, 2018. *Social Support and Resilience as Mediators Between Stress and Life Satisfaction Among People With Substance Use Disorder in China*: The potential mediating effects of resilience & social support in the link between stress and life satisfaction were examined in this study. A total of 426 people with substance use disorders from China's Shifosi & Daliashan rehabilitation centres took part in the study. The Perceived Stress Scale, Multidimensional Scale for Perceived Social Support, Connor–Davidson Resilience Scale, & Content with Life Scale were used to assess their resilience. The serial repeated mediation of support networks and resilience in the link between life satisfactions was shown to be considerable, according to the findings. To measure resilience, the Connor–Davidson Resilience Scale (CD-RISC) has been used. The CD-RISC consists of 25 items that can be assessed on a five-point scale (0 = not true at all, 1 = seldom true, 2 = occasionally true, 3 = often true, 4 = practically always true); a high score indicates stronger resilience (59). In the Chinese population, the Chinese version of CD-RISC has strong validity and reliability (60). The Cronbach's alpha of CD-RISC in this research is 0.908, indicating that the scale is quite reliable.

RESEARCH METHODOLOGY

The qualitative approach of research was utilised to investigate the impact of resilience on addiction. To come up with an effective conclusion to the study, content analysis of secondary data and related works on resilience and addiction were analysed. Although it became clear that there were few empirical studies to define effect of resilience on addiction due to the stigma attached to the term, this made the study difficult to execute.

DISCUSSION

“Resilience is the psychological quality that allows some people to be knocked down by the adversities of life and come back at least as strong as before. Rather than letting difficulties, traumatic events, or failure overcome them and drain their resolve, highly resilient people find a way to change course, emotionally heal, and continue moving toward their goals.” (Psychology today, 2022) or “Resilience is the process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioural flexibility and adjustment to external and internal demands.”(APA Help Centre, n.d.).

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Main objective of the study was to check the effects of resilience on addiction, according to the study *The relationship among internal resilience, smoking, alcohol use, and depression symptoms in emerging adults transitioning out of child welfare*: Resilience appears to protect against substance abuse. Lower nicotine dependence and less frequent smoking have been linked to higher resilience (Goldstein et al., 2013). Additional days smoke-free in the following month a smoking cessation program was also linked to greater resilience ratings (Pergadia, 2002). Childhood abuse was linked to alcohol and illicit drug use in individuals with low resilience in a large sample among inner-city adults (n 14 2024), but not in those with strong resilience (Wingo et al., 2014). As a result, resilience appears to act as a buffer between childhood trauma, PTSD, and substance abuse.

Secondly, objective was learning to develop resilience in addicts. This according to the research is both complicated and individual to develop resilience. It includes a mix of internal qualities and external assets, and there is certainly not a widespread recipe for turning out to be resilient. All individuals are unique: While one individual could foster side effects of depression or anxiety following a horrendous mishap, someone else probably won't report any side effects whatsoever. A blend of variables adds to building strength, and there is anything but an easy daily agenda to deal with difficulty. In one longitudinal review, defensive variables for teenagers in danger for melancholy, like family union, positive self-evaluations, and great relational relations, were related with tough results in youthful adulthood. In the study "Problem-based learning: Developing resilience in nursing students" it was stated that Resilience qualities in nursing students, such as prosaically behaviour, problem-solving ability, failure resistance, and sense of purpose, are extremely beneficial when working with persons who are vulnerable. Positive feedback, empathy, the capacity to travel between cultures, adaptability, communication skills, and a sense of humour are all examples of social competence. Planning skills, resourcefulness, willingness to seek help, ingenuity, and critical consciousness are all examples of problem-solving abilities.

Lastly, use positive psychology to incorporate resilience in addicts. Resilience comes from positivity; positivity is the primary mode of action promoting resilience. Resilient people are more open and interested when faced with misfortune, looking for ways to promote positive feelings and putting one foot in front of the other to reconstruct their lives. A rich vein of positive leading to resilience is creating a sense of great significant and purpose. (Fredrickson's)

The following attributes, according to (Columbia University, George Bonanno,2020), lead to resilience. I agree that mental flexibility is essential. Because of the rapid change in our culture, it is regarded one of top 10 career skills for 2020, and beyond.

Study included resilience theory to understand resilience better, according to which it's not the type of adversity that matters, but how we react with it. Resilience lets us bounce back from adversity, tragedy, or frustration. It aids us in surviving, recovering, and even thriving in the face of adversity, but that's not all.

The rise of resilience theory coincided with a shift away from pathology and toward assets (Rak & Patterson, 1996). According to O'Leary (1998),

Psychologists have recently advocated for a shift away from vulnerability/deficit theories and toward triumphs over adversity. This proposal for a strengths-based approach is similar to a number of other researchers in child development, medical sociology, and education.

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The suggested paradigm shifts from sickness to health, vulnerability to thriving, deficit to protection, and beyond should not be underestimated in terms of theoretical, empirical, and policy implications. The scientific literature is increasingly supporting this paradigm change. Resilience theory implications in family therapy, social work, community and organization were analysed.

CONCLUSION

The main goal of the study was to learn about the effects of resilience on addiction. Resilience as we already saw is ability or a tendency to “bounce back”, but how does it have an effect on addictive behaviours? With enough content analysis we came to the conclusion that resilience plays a critical role in the treatment of drug use, and that people who have high resilience scores, amidst a proclivity for addiction, are less likely to be using substances due to their ability to deal with difficult events and adapt to daily stresses. We employ tactics and approaches to create resilience because it is not a skill that everyone is born with. We learned about numerous techniques to assist us increase resilience in the study. Starting with learning about the four essential components of resilience: awareness, thinking, reaching out, and fitness, with which we can begin to develop resilience.

We also analysed the effects of positivity i.e., optimistic approach on resilience. Being optimistic offers you the resilience and power to overcome life's problems, encouraging you to live, learn, lead, and eventually make a difference in the lives of others. As a result, combining positive techniques with resilient behaviour is a powerful way to combat addiction.

Limitations of the study:

1. The lack of research studies in the subject matter was a key limitation; there was not enough content to evaluate, which made it difficult to organise the study and reach a conclusion.
2. Addiction is still a highly stigmatised topic in society, which results in a scarcity of research in the field, limiting the scope of existing studies.
3. Addiction is a stigmatised topic in which behavioural addictions are still much more accepted in society, but when it comes to substance addiction and developing recovery strategies, the topic is even more unexplored.

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Conflict of Interest

The author declared no conflict of interests.

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