Resilience Building in Children: The Need for a Comprehensive Approach

Arun S

Ph.D. Scholar and PSW, Department of Psychiatric Social Work, NIMHANS, Bengaluru

Maya M

Assistant Professor, Department of Sociology, Christ (Deemed to be University)

Priya Treesa Thomas

Assistant Professor, Department of PSW, NIMHANS, Bengaluru

Abstract

Resilience is considered to be a positive attribute of an individual. It is the ability of a person to face the difficult situation in life. This paper tries to understand the meaning and significance of resilience and focus on the risk factors that act as a hindrance to the proper development of an individual and the process of resilience building. Attention is paid to the changes in major institutions like family, schools, and religion. The role of technology and media in contemporary society is also mentioned. After locating a child in contemporary society, the paper also examines the existing frameworks and approaches that help in resilience building and raises the challenges. The central argument of the paper is to have a comprehensive approach that put children as the locus and demanding cooperation from all stakeholders.

Keywords. Resilience building, Children, family, school, religion, comprehensive approach

Introduction

Resilience as an ability to endure and rebound from crisis and adversity is considered to be a cherished attribute of any individual. It is about one's capacity to deal with discomfort and painful situations. Garmezy (1991) defines it as the ability to recover from negative events. Individual resilience is an important component in the development of a child and his or her mental well being. The resilience of an individual is shaped by one's own experiences, opportunities, relationships and the wider environment. In contemporary society, a child is often exposed to more risk factors than protective factors, be it in family, school or the wider society. The competitive world exerts so much pressure on all individuals irrespective of the stage of one's life cycle. When even getting admission to a kindergarten becomes a stressful process for the family as a whole, the impact it has on the child is often unnoticed or neglected. The accumulated stress and anxiety over a period will be having an impact on the child's development and character formation. This paper tries to understand the different risk factors and protective spaces that can help a child to build resilience and the challenges involved.

Resilience

The etymology of the term resilience goes back to the Latin word *resiliens* which means to rebound or recoil. The definition provided by American Psychological Association (2014) for resilience is 'the process of adapting well in the face of adversity, trauma, tragedy, threats or even significant sources of stress'.

The resilience of an individual is shaped by one's experiences, opportunities, relationships and the wider environment. The early writings of Rutter (1985) focused on the link between the concept of resilience and one's temperament and personality. In later writings (1990), he relates resilience to a set of social and intra-psychic process. Later studies brought out the relationship between personal as well as external factors in shaping one's reaction to the risk and protective factors (Luthar et al., 2000). This view considers resilience as a dynamic process. The understanding of resilience as a multidimensional construct (Campbell- Sills et al., 2006) include both personal characteristics as well as a set of specific skills. Some scholars consider resilience as a continuum that would be present in varying degrees at different stages

of life (Pietrzak & Southwick, 2011). Resilience as a positive adaption is seen among individuals despite the presence of risks like poverty, abuse or parental issues (Rutter, 2006; Masten, 2009). Scholars like Panter-Brick and Eggerman (2012) provide a cultural perspective of resilience.

Today resilience building is understood from a multidisciplinary perspective. Building resilience is considered to be a primary aim of education (Craig et al., 2014). Resilience building is also considered to be an effective intervention strategy to prevent behavior problems, depression, anxiety, suicide, substance abuse etc. and also as a pathway to promote mental health and to prevent mental illness (VicHealth, 2015). Sociologists focus on the structural dimensions that result in inequality and related disadvantages using cumulative inequality theory (Schafer et al., 2009).

The competencies associated with resilience include social competence, problem-solving skills, autonomy, a sense of purpose and future. To understand how the environmental factors help a child to develop these competencies, it is important to locate and contextualize a child in contemporary society.

Situating Children in Contemporary Society

If we look at the environment in which a child grows, be it the immediate family, school, market spaces or the wider community, one can understand how the structural aspects affect the molding of one's personality. It is the economic rationality in the market space which is translated into the materialistic interpretation of life at the personal as well as familial level. For instance, the yardstick with which we understand a 'successful individual' or 'significance' of an individual is often the occupation one holds and the standard of living which has nothing to do with one's own value system. The principles of profit maximization focus on outcome and not means. This results in cut-throat competition to get a seat in top-rated schools, colleges and for getting a job. This is more evident in urban and semi-urban spaces. Often, the pressure of parents to seek admission in a 'prestigious school' that results in 'preparing the child for an interview' lead to anxiety for the parents and finally either jubilation after getting seat or sadness for not being able to get a seat. We tend to forget how this entire process is been internalized by a child. At the pre-primary level itself, he or she

is thrown into a process of 'evaluating one's worth' based on a set of market-driven indicators. This continues through the course of studies.

The schools that claim to have no examinations also failed to change the system. Interactions with parents of students attending such schools reveal the extent of home works and the surprise tests that make learning far from enjoyment. In the Indian context generally, we follow a standardized pedagogy that tends to ignore the individual differences and family circumstances to evaluate a child. So the way in which the system affects a child would be unique to each person. Children who are not getting adequate attention and support services might not be able to cope up with the curricular expectations and this can have an impact on their noncognitive dimensions too.

The intensity of anxiety and uncertainty in relation to education and employment increases as one goes into higher education where the pressure put children to compromise on hobbies and holidays to replace it with internships, additional credits, online courses and so on. Many students by this time develop a positive approach to these pressures but there are many who could not adapt well to such a system. The life skill orientation to the students is addressing these issues to a great extent. However, we need to think about a comprehensive system to address the concerns, pressures, and attitude to life which is an outcome of the higher level of competition around and the role of various institutions in effectively addressing it.

The family is another institution that has undergone drastic changes in its structure and composition in the post-globalized world. The core institution responsible for primary socialization has the potential for resilience building of its members thereby contributing to a healthy society. When the materialistic approach to life and technology invaded family spaces, it affected the core value system which was foundational to it as well as the interpersonal relations (Arun, 2017).

The general conditions of living are affected by economic factors and other external pressures like war, violence and natural disasters (Garmezy & Rutter, 1985). Economic deprivation is considered to be one of the risk factors affecting resilience (Werner & Smith, 1982). Poor families will also be experiencing risks at varying levels including violence and abuse. In the Indian context, one also need to understand the dynamic interplay between caste and class. These structural factors

affect the capability set of certain categories of society thereby having a deeper influence on the opportunities that one can have. The set of risks and limitations also will be having an impact on the way an individual think and act. The stigmatized approach of other members of society affects the social competence of a child. Such children either restrict their interaction and networking with people from a similar background or will be hiding their identity before others. Although there is a risk of intergenerational transmission of abuse (Kaufman & Zigler, 1989), studies also show that maltreated individuals become competent parents and helping their children to build long-lasting resilience (Fonagy et al., 1991).

There are risks associated with overprotective parenting and it has a significant impact on the character formation of children. A child acquires competency to face adverse situations only through experiencing challenges and pressures in life and not through the life skills modules. Providing enough spaces for a child to know the outside world is a bigger challenge we see today. The structured approach towards 'engaging' children be it at school, tuition centers or skill development centers like swimming classes is actually limiting children to experience and internalize the world around them. Fear of losing attendance percentage which might have repercussion in the desired seat in near future often desist parents even to involve in family functions. Such a family orientation without focusing on the emotional, social or spiritual competencies is detrimental to resilience building.

There are families where parents feel that the ideal way is to provide all material comforts to children but at the same time, they will be so much engrossed in workspaces without having quality time to spend with the children. The material prosperity will not replace the emotional want in the child. Enhanced participation and engagement within family lead to the social bonding of the child as it implants a sense of belonging to the child (Hawkins, Catalano, & Miller, 1992). A caring and attending parent who focuses on the overall growth of the child could always be the greatest strength of a child.

The forced migration in search of better employment and quality of life is another factor results in either spouse living away from family or sending children to boarding schools. Although modern day technology may bridge the gap in terms of communication, the effectiveness of the same in maintaining a sustained emotional bonding between parents

and children is uncertain. The mechanical way of life can be understood as a result of the hectic pace of living, materialistic orientation and the changed priorities of individuals.

The rising rate of divorces (Hodges, 1988; Wallerstein, 1991), the proliferation of incomplete families, single parenting, maltreatment of a child (Cicchetti, 1989) etc are considered to be other risk factors related to the family. The crisis within families also includes the death of family members, health issues, and accidents. Experiencing traumatic events will be having a deeper impact on children's lives. Many a time we tend to consider children as 'children', not as significant members to discuss any matter related to a crisis in the family and often have a tendency not to consider children's concerns as important unless it is very much evident. The suppressed emotions also would have a negative impact on how the child engages with the society later in his/her life. The incomplete families and nuclear families may not be having the scope for a child to interact with any other extended family members too. Add to this is the condition of a single child, which is becoming the trend today.

In traditional society religion used to play a significant role in addressing social and spiritual needs of individuals. All religions preach values of positive thinking and resilience. It promotes solidarity among community members and it always provides a space to have faith in something, something to hold on in times of crisis. The waning role of religion in contemporary society is another factor that limits the space for sharing and ventilating emotions for an individual. This also affects the positive mental well being of an individual.

In his Theory of Self, Mead (1934) discuss how an individual develops a notion of 'self' through social interaction with others. In this context the term 'significant other' is important. Significant others are people who are of important significance to a person's life and who have the capacity to affect one's emotions, behavior, and conception of self. The significant others can be family members, teachers or mentors. Today the challenge is to have significant others in our life. When everyone is preoccupied with their own busy schedules or to social media, a large number of people remain aloof and experience a social alienation, disillusionment, and estrangement. Every institution believes that the 'other' institution may cater to the needs of these people but finally have a large chunk of the population who sail through the waves without

having a meaningful and contented life. There are many around us who consider that living with uncertainty and lack of clarity about what to achieve is quite normal. When we try to address resilience, we need to look into this dimension also.

The most important challenge that a child faces today is the problems at the individual level like bullying at school and physical, emotional and sexual abuse. There is much news appearing today about the maltreatment of children at school by teachers, administrators, and fellow students. Cases of sexual abuse are the most alarming one. A child need not necessarily experience it. But what is worrying is the kind of media coverage of such incidents, both in print and screen. It can be justified by saying that media coverage helps us to be alert and take necessary precautions. But we forget the fact that how these things are understood and experienced by children. Our interventions are targeted on the victim or maximum to the children of the school where the incident occurred. But how do children perceive such news at large? Is it something that affects the resilience building of them? Installing closed-circuit cameras may create an impression of a protective space but it also brings in a notion where there is lack of trust about people around us. A lot of questions remains unanswered.

The changing family dynamics, interpersonal relations, 'professionalization' of education where students become customers, the waning role of religion etc are some of the risk factors that will affect resilience building among children. In this changed context driven by material concerns, values, emotional intelligence, and spiritual quotient would be relegated to the backstage. And the challenge is therefore to find mechanisms to build resilience and positive mental health among people especially, children.

Conclusion

If we look at the existing approaches for resilience building, there are WHO modules on lifeskills adopted at both international and national levels. Apart from this, there are many other modules on morality and values independently developed by other institutions. School mental health programmes and school counseling are other interventions in this line. Many organizations are also coming up with art based therapies and behavioral therapies. Independent counseling

centers provide 'professional intervention'. Fraser and Glaniski (1997) discuss areas of resilience-based practice in the social work context. All these frameworks believe in the principle of reducing risk as well as enhancing protective factors. At the same, there is also another tendency where every institution denies their responsibility to address aspects of resilience especially when a negative incident happens like the suicide of a child.

The need of the hour is to have a comprehensive approach that considers resilience building as a process involving multiple agencies and actors over a period of time. An approach that accepts children as active agents in their own development and the one that looks into children's views and concerns to understand the dynamic aspect of resilience. We need to nurture the capability sets, the social, emotional, spiritual and passion quotients of children through nurturing their hobbies; providing adequate exposure to the world around; through health family environments; through positive educational spaces and through a healthy society. In order to evolve such a comprehensive approach, we need all stakeholders to come to gather and initiate dialogue. It's not about taking a lead but about sailing together for a better society.

References

American Psychological Association. (2014). *The Road to Resilience*. Washington DC: American Psychological Association. Retrieved from http://www.apa.org/helpcenter/road-resilience.aspx

Arun, S. (2017). Family and Societal Values in the Changing Globalised World: A Social Work Perspective. *Adelaide Journal of Social Work,* 4(1), 82-92

Campbell-Sills, L., Cohan, S. L., & Stein, M. B. (2006). Relationship of resilience to personality, coping, and psychiatric symptoms in young adults', *Behaviour Research and Therapy, 44*(4), 585–99.

Cicchetti, D. (1989). Developmental Psychopathology: Some thoughts on its evolution. *Development and Psychopathology, 1*, 1-4.

Craig, S. L., Austin, A., & McInroy, L. B. (2014). School-based groups to support multiethnic sexual minority youth resiliency: Preliminary effectiveness'. *Child & Adolescent Social Work Journal, 31*(1), 87–106.

Fonagy, P., Steele, M., Moran, G., Steele, M. & Higgitt, A. C. (1991). The capacity for understanding mental states: the reflective self

in parent and child and its significance for security of attachment. *Infant Mental Health Journal,* 200-216.

Fraser, M. W., Galinsky, M. J. (1997). Toward a resilience-based model of practice. In M. W. Fraser (Ed.), *Risk and resilience in childhood: An ecological* perspective (pp. 265-275). Washington, DC: NASW Press.

Garmezy' N. & Rutter, M. (1985). Acute reactions to stress. In M. Rutter and L. Hersov (Eds), *Child psychiatry: modern approaches* (2nd Ed) (pp. 79-106). Oxford: Blackwell Scientific.

Garmezy, N. (1991). Resiliency and vulnerability to adverse developmental outcomes associated with poverty. *American Journal of Behavioral Science, 34*, 416-430.

Hawkins, D., Catalano, R.., & Miller, J. (1992). Risk and protective factors for drug problems. *Psychological Bulletin, 112*, 64-7.

Kaufman, J. & Zigler, E. (1989). The intergenerational transmission of child abuse. In D. Cieehetti and V. Carlson (Eds), *Child maltreatment: theory and research on the causes and consequences of child abuse and neglect* (pp. 129-150), Cambridge: Cambridge University Press.

Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: a critical evaluation and guidelines for future work. *Child Development, 71*(3), 543–62.

Masten, A. S. (2009). Ordinary Magic: Lessons from research on resilience in human development. *Education Canada, 49*(3), 28-32.

Mead, G. H. (1934/2015). *Mind, Self, and Society.* University of Chicago Press: Chicago

Panter-Brick, C., & Eggerman, M. (2012). Understanding culture, resilience, and mental health: The production of hope. In M. Ungar (Ed*.), The social ecology of resilience: A handbook of theory and practice* (pp. 369_386). New York: Springer.

Pietrzak, R. H., & Southwick, S. M. (2011). Psychological Resilience in OEF-OIF Veterans: Application of a novel classification approach and examination of demographic and psychosocial correlates. *Journal of Affect Disorders, 133*(3), 560-568.

Rutter, M. (1985). Resilience in the face of adversity. Protective factors and resistance to psychiatric disorder. *British Journal of Psychiatry, 147*, 598–611.

Rutter, M. (2006). Implications of resilience concepts for scientific understanding. *Annals of the New York Academy of Science, 1094*(1), 1-12.

Schafer, M. H., Shippee, T. P., & Kenneth, F. F. (2009). When does disadvantage not accumulate? Toward a sociological conceptualisation of resilience. *Schweiz Z Soziol*, *35*(2), 231–251.

VicHealth (2015). *Interventions to Build Resilience among Young People: A Literature Review*, Victorian Health Promotion Foundation, Melbourne.