

RESILIENCE

[Archived] Early Resilience and Its Developmental Consequences

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Introduction

The ability of children to show healthy development despite facing many difficulties¹ is frequently labelled as resilience. While growing up, children encounter many challenges that must be overcome to achieve common markers of developmental success, including mental health, satisfactory social relationships and educational success. Although resilience is usually thought of as successful adaptation to extreme events such as maltreatment or poverty, it may also be involved in responses to the everyday social, physical and intellectual challenges that children face.² In the former case, it would be a characteristic that is only evident under conditions of major adversity, whereas in the latter, it would be evident in all stressful situations.

Children exposed to adversity have worse developmental outcomes. Children exposed to poverty are more likely to experience academic problems, including lower achievement test scores, more grade retentions and course failures than their more advantaged peers.³ Children raised by parents with psychiatric diagnoses have a high probability of developing mental-health problems themselves.⁴

Despite these disadvantages, most children living in very risky contexts are able to overcome these difficulties and achieve normal levels of developmental success. A growing body of research has begun to explore the lives of these so-called “resilient” children for whom successful outcomes have been reported. Rather than focusing on the deficiencies of high-risk children, these studies have placed more attention on identifying those factors that support their success. For children who succeed despite less than optimal conditions, the presence of protective or resilience factors may compensate for the risk factors in their lives.⁵

Subject

Identifying the sources of resilience in competent children is very important because efforts can then be made to increase the resilience of less competent children, especially those living in conditions of high stress. However, the identification of what constitutes resilience remains amorphous.¹ Is it something that is only identified after the fact, or can it be predicted from indices of previous developmental competence? The search for resilience began with a focus on child characteristics, but has been enlarged to include the social, economic and political environment as well. If resilience is a contextual feature, such as having emotionally supportive parents, then only those children with supportive parents would show resilience. If resilience is an individual characteristic, then resilient children should do better in all circumstances. But this leads to the question of where individual resilience originates. It could be based on some biologically based characteristic of the child, such as emotional stability, or it could be developmentally based, where a secure early relationship with parents produced the later emotional stability. Finding answers to these questions would lead to different approaches to increasing the resilience of children.

Problems

A key issue in the study of resilience is to identify its basis. The study of resilience has evolved in step with an expanding understanding of the sources of human competence. As developmental psychology and developmental psychopathology have moved to increasingly complex understandings of psychological processes, any individual characteristic is considered in relation to experience in multiple social domains – family, neighbourhood, culture, school, peer group and historical epoch. Contextual approaches view resilience as a function of the family’s and other aspects of the social environment’s ability to buffer the effects of adverse circumstances. Important experiences are both historical and current in the life of the child. Developmental

approaches view current adaptive capacities as a function of an individual's history of successful adaptations to stressful conditions.⁶ In some views, successful coping with earlier mild stressors can serve to inoculate children against the effects of later major stressors.⁷

Research Context

Research on resilience began with the study of children living in high-risk contexts, either in terms of disordered parenting or economic deprivation. Although most children in these studies showed deficits in developmental domains of mental health and intellectual functioning, there was a group of children who seemed impervious to such stressful circumstances.⁸ Initially, research on resilience utilized samples of children at risk to seek those who escape its effects. But increasingly, more representative samples have been used to determine if the same factors that allow children to escape the effects of adversity produce competence in more favourable circumstances. Although initially the source of resilience was judged to be a characteristic of the child, increasingly research has pointed to family and social factors as helping the child to offset environmental stress.

Key Research Questions

- Is resilience different from competence?
- Is resilience in the individual, the context or a combination of the two?
- Is resilience a general capacity, or are there specific resiliencies to specific adverse circumstances that may not generalize?

Recent Research Results

Is resilience different from competence?

Resilience researchers who are most concerned with understanding how individuals overcome adversity emphasize the definitional difference between resilience and competence.⁹ But others describe competence and resilience as closely related sub-constructs within the broader construct of adaptation.² The study of competence and resilience are inextricably linked, with resilience focused more sharply on adaptation under extenuating circumstances of deprivation, trauma, disaster or other acute and chronic adversities.

Is resilience in the individual, the context or a combination of the two?

Children with higher levels of competence have better developmental outcomes under conditions of high stress, but also under lower levels of challenge.¹⁰ However, contextual factors play an equally large role in producing positive outcomes. Supportive families,⁶ accepting peer groups,¹¹ competent schools¹² and neighbourhood collective efficacy,¹³ not to mention more financial resources,¹⁴ all contribute to children's positive developmental outcomes. The case for individual resourcefulness is further weakened when high- and low-competent children being raised in high- and low-risk environments are compared. High-competent children raised in high-risk environments do worse than low-competent children raised in low-risk environments.¹⁵

Is resilience a general capacity, or are there specific resiliencies to specific adverse circumstances that may not generalize?

Resilience has come to be seen as a multidimensional construct.¹ Because it is usually studied with a specific at-risk population, for example maltreated children, children raised by psychotic parents or children raised in poverty, different processes have been found to lead to positive outcomes. Moreover, when children show resilience in one area of development, it may be at the cost of more problems in other areas. As an example, Luthar¹⁶ found that children who showed successful adaptation struggled with emotional problems such as depression.

Conclusions

Rather than focusing on improving a still unidentified construct of resilience in individuals, more energy should be devoted to studying social contexts that foster positive outcomes. Improving individual competence is an important strategy where social circumstance cannot be altered, but a greater proportion of competent outcomes would be achieved if efforts were made to change contextual factors rather than individual factors.

Studies of the effects of multiple environmental risks across a wide range of conditions have found the accumulation of social risks across the family, peer group, school and neighbourhood to have a consistent negative effect. The more risks, the worse the outcomes.

Single variables, such as income level and marital status on the family side, and gender, race, efficacy, mental health and achievement on the personal side, taken alone may have statistically significant effects on children's behaviour, but their effects are small in comparison with the accumulation of multiple negative influences that characterize high-risk groups. The overlap in children's outcomes is substantial for low-income vs. high-income families, families with one or

two parents, boys vs. girls, blacks vs. whites, and high-resourceful and low-resourceful youth. But the overlap is far less in comparisons between groups of children reared in conditions of high vs. low levels of multiple risks, where the effects of gender, race, resourcefulness, income and number of parents in the home are accumulated.

It must be noted that resilience is not the same as positive behaviour. In stressful circumstances with limited resources, one individual's gain must be at the expense of someone else's loss, a zero-sum game. In such situations, resilience may take the form of antisocial behaviour, such as resources gained by criminality in inner city environments.

It is unlikely that there is a universal protective factor for all children. The positive factors that promote competence may vary according to the specific age of the child and the developmental outcome being targeted. To truly appreciate the determinants of resilience requires paying attention to the broad constellation of ecological factors in which individuals and families are embedded.

Implications for the Policy and Services Perspectives

Understanding the origins of resilience is an important precursor of any successful intervention. Where resilience arises from family, school, peer group or community factors, interventions should take place in those settings. Unfortunately, most interventions in single domains have not produced major resistance to problematic outcomes. Children typically experience multiple risks in multiple social contexts and consequently, it is unlikely that a "magic bullet" for prevention or intervention will be found.¹⁷ Prevention and intervention efforts emerging from this realization utilize combinations of efforts to target multiple rather than single sources of resilience.¹⁸ The Fast Track Project to reduce conduct problems is one such multifaceted intervention.¹⁹ Increasingly, appreciation must be given to the multiple social subsystems that play important roles in producing or reducing social and academic competence.

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