

RESILIENCE

Resilience at an Early Age and Its Impact on Child Psychosocial Development

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Introduction

Resilience is a process or phenomenon reflecting relatively positive adaptation despite experiences of significant risk or trauma. Resilience involves judgments about people's lives. It is never directly measured, but rather is inferred, based on knowledge of two conditions: (a) that a person is doing reasonably well; and (b) that this has happened in spite of significant adversity.¹⁻⁴

It must be emphasized that resilience is not a personal trait of the individual. Children can do well despite risk because of various assets – many external to their own personalities – such as supportiveness from parents, grandparents, or well-functioning, close-knit communities. In fact, it is prudent to avoid using the term resilient as an adjective (as in “resilient children”), as this implicitly suggests an innate personal capacity to evade risk. It is preferable to use terms such as “resilient adaptation” or “resilient pattern,” which carry no suggestions about who or what might be responsible for the child's competence.

Resilience is not an all-or-nothing phenomenon, nor is it fixed in time.^{2,5} Children can show major strengths in some areas (such as school readiness) but at the same time, have difficulties in other areas (such as interacting with others). Similarly, at-risk individuals might excel at a given point in time, but with continuing adversities – or without adequate supports to deal with them – they can falter, showing considerable deterioration.

Subject

Resilience research is highly relevant to those seeking to foster excellence in child development because (a) in today’s world, many children face high-risk conditions; and (b) a substantial proportion show good social-emotional development. Understanding the antecedents of these “better than expected” trajectories is of obvious relevance for service-providers and policy-makers. In working with at-risk groups, it is far better to promote the development of resilient functioning early in the course of development, rather than to implement treatments to repair disorders once they have already crystallized. Knowledge about resilient processes in specific at-risk circumstances can be critical in learning about the particular issues that most urgently warrant attention in the context of particular types of adversities.^{6,7}

Key Research Questions

Resilience researchers have examined diverse risk contexts, ranging from family poverty and community violence to parent mental illness and child maltreatment.⁵ Typically, the research context involves identifying a group of children facing a particular risk, identifying those with relatively positive outcomes and determining the types of factors that distinguish these youth from those who do more poorly. The key research question, therefore, is, “Why is it that some children in high-risk conditions do relatively well, whereas others falter?”

“Doing relatively well” is usually defined in terms of the degree to which children are able to do what society would normally expect of them at that developmental stage. For toddlers, for example, this would include behaviours reflecting a strong attachment to their mothers, and for five-year-olds, it would mean the capacity to interact well with age-mates and adults in the kindergarten setting. Again, with young children, it is often more appropriate to focus not only on how the children themselves are functioning, but equally if not more so, on the families’ capacities to foster and sustain their well-being. The toddler is obviously limited in her capacity to draw upon her innate strengths in coping with adversity; what is critical is the parent’s ability to shield her

from major environmental pressures, and to provide the nurturance and support critical for the unfolding of effective long-term coping skills.

Key Research Results

There are many pathways to resilient adaptation, but a core theme transcending diverse risk conditions is the presence of a strong, supportive relationship with at least one adult.⁵ For children of a mentally ill parent, a close relationship with the other parent – or with a grandparent or other relative – can be extremely beneficial. Warm, supportive and consistent relationships outside the family can also be helpful, such as those with care-givers in child-care settings or teachers in schools. Of course, the salutary effects of any relationship depend on the degree of continuity and consistency that is sustained.

Children’s own strengths also, obviously, contribute to resilient adaptation. Positive trajectories are more likely among those at-risk youth with attributes such as high intelligence, easy-going temperament, charisma and social skills.⁸ What is critical to remember, though, is that many of these “personal strengths” themselves are vulnerable to assaults from the environment. To consider intelligence, for example, children growing up in interpersonally barren, neglectful conditions – such as those in Romanian orphanages – show significant impairments in intellectual development; these deficits are substantially reduced after a time of living in caring adoptive homes.⁹

Increasingly, resilience researchers are attending to the critical role of biology in resilience and vulnerability. Some children show greater physiological reactivity to stressors than others, as manifested, for example, in their levels of the stress hormone cortisol.¹⁰ Scientists have documented the critical role of emotion regulation – the ability to modulate emotions in response to stressful situations – via indices such as heart rate.¹¹ In a related vein, there is accumulating evidence on contributions of genetic factors. To illustrate, among children who had experienced maltreatment, the likelihood of developing depression later in life was lower in the presence of a genotype conferring the efficient transport of serotonin.¹²

Implications

What are the implications of these findings for interventions and policies? First and foremost, there must be concerted efforts to foster optimal care-giving among parents of young children, to begin this work as early as possible, and to continue it as long as possible. Exemplary in this

regard is the work of Olds and his colleagues, in which nurses visit the homes of at-risk expectant mothers and provide support through their pregnancies as well as their children's early years.¹³ For children in child-care settings, warmth and consistency from care-givers are essential, as is the support provided to mothers of these children.¹⁴

For children with biological vulnerabilities such as high stress-reactivity or less than average intelligence, support for their parents becomes critical. Changing a child's temperament is, obviously, difficult. What can be done is to ensure that mothers have sufficient resources to sustain the provision of warmth and consistency in everyday schedules needed by children with less easy-going temperaments.

The resources needed for effective care-giving include not only financial resources – money to provide food, shelter, education and health care – but also psychological ones. Chronic depression or anxiety seriously impairs any mother's abilities to take care of her child, regardless of her material resources, and we know that children of depressed mothers are at high risk for negative outcomes. If our ultimate goal is to maximize young children's well-being, therefore, we must give high priority to attending to their mothers' mental health and parenting needs.

Aside from strengthening relationships in families, it is also critical to strengthen networks in communities; this can help sustain gains derived from external interventions. In low-income communities, for example, once parents stop receiving supports from external service agencies, support from within the community can be critical in fostering continued well-being.⁶

Sometimes, particular risk processes can be relatively specific to – yet potent within – discrete settings, and concerted attention to the “context-specific” risks is also necessary. Examples include exposure to community violence in inner-city settings, and experiences of discrimination by ethnic minority youth. In addition to ensuring strong relationships with at least one care-giver, interventions must also attend to these unique risks.

In conclusion, resilience is a phenomenon representing positive adaptation despite risk. It is not a personal attribute of the child, nor is it “fixed” forever; in order to achieve and sustain resilient adaptation, children must receive supports from adults in their environments. In turn, this implies ensuring that their earliest and most primary care-givers, generally their mothers, have adequate resources to provide optimal care – not only financial resources, but psychological ones as well. From an intervention standpoint, the central tenet stemming from extant research is that

resilience rests, most fundamentally, on strong relationships. The most expedient route to fostering resilient adaptation is therefore to ensure that children receive consistent care and support, as early as possible, from those who are primarily responsible for their care.

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