Appendix C2

RESILIENCY NOTES FOR PROFESSIONALS

SOME DEFINITIONS

While there continues to be a lack of consensus on the domain covered in the construct of resiliency, these definitions have been helpful to many.

Resiliency comes from the Latin *re-salire,* which means to jump or bounce back.

From *Benard* (1996): "Resilience is not a genetic trait that only a few "superkids" possess. . . . Rather it is our inborn capacity for self-righting (Werner & Smith, 1992)" (p. 1).

Jean Humphrey Block (1980) talked of ego-resiliency as a general human trait for adaptation.

Norman Garmezy (1987) talks about two components of resiliency, which include the situation of adversity and a person's capacities and skills. Thus, it is not always easy to measure resiliency.

Michael Rutter (1987) emphasizes protective processes, not just protective factors, as important in resiliency. (See Appendix C1.) Understanding and evaluating these processes is key.

Bonnie Benard (1995) provides specifics that help us empower children to become resilient. She believes we are born with an innate capacity for resilience, by which we are able to develop social competence, problem-solving skills, a critical consciousness, autonomy, and a sense of purpose. She defines these as follows:

The Qualities of Social Competence

- The ability to elicit positive responses from others
- Flexibility
- Ability to move between two cultures
- Empathy, communication, and a sense of humor

The Qualities of Problem Solving

- Planning
- Resourcefulness in seeking help from others
- Thinking critically, creatively, and reflectively

The Qualities of Critical Consciousness

- A reflective awareness of the structure of oppression and creating strategies for overcoming it

The Qualities of Autonomy

- Sense of one's own identity
- Ability to act independently
- Ability to exert control over one's environment
- Sense of task mastery
- Internal locus of control
- Self-efficacy
- Resistance
- Detachment

The Qualities of a Sense of Purpose

- Belief in the future
- Goal direction
- Educational aspirations
- Achievement motivation
- Persistence
- Hopefulness
- Optimism
- Spiritual connectedness

Edith Grotberg, a well-known international researcher, believes,

Resilience is a universal human capacity to face, overcome and even be strengthened by experiences of adversity. . . . The Genetic makeup and temperament of a child are also important aspects for understanding and defining resiliency. . . . Whether a child is more or less vulnerable to anxiety, challenges, stress and unfamiliarity, whether the child is inhibited or uninhibited, determines how a child perceives himself or herself, how he or she interacts with others and how he or she addresses adversity." (1998, p. 1)

She believes that we promote resilience through our words, actions, and the environment we provide and that to face adversities, children draw from three sources of resilience, which she labels I have, I am, and I can:

I Have . . .

- People around me I trust and who love me, no matter what—*trusting relationships*
- People who set limits for me so I know when to stop before there is danger or trouble—*structure and rules at home*
- People who show me how to do things right by the way they do things—*role models*
- People who want me to learn to do things on my own—*encouragement for autonomy*
- People who help me when I am sick, in danger, or need to learn—*access to health, education, welfare, and support services*

I Am . . .

- A person people can like and love—*lovable*
- Glad to do nice things for others and show my concern—*loving, empathic, altruistic*
- Respectful of myself and others—*proud of self*
- Willing to be responsible for what I do—*autonomous and responsible*
- Sure things will be all right—*possessing hope, faith, and trust*

I Can . . .

- Talk to others about things that frighten me or bother me—*communicate*
- Find ways to solve problems that I face—*problem solve*
- Control myself when I feel like doing something not right or dangerous—*manage feelings and impulses*

- Figure out when it is a good time to talk to someone or take action—*gauge my temperament and that of others*
- Find someone to help when I need it—*seek trusting relationships*

One does not need all these attributes to be resilient, but one alone, such as to feel loved, is not as helpful if a child does not have inner strength or social skills. Self-esteem is not enough; one needs competency skills as well. Resiliency is a dynamic process of all these factors in relationship, as Rutter (1987) has asserted for decades. Grotberg (1995) suggests some guiding questions for discussion with parents:

If the parent or other adult protects the child from all adversities, can the child strengthen his/her sense of autonomy, control and responsibility?

If the adult speaks for the child in a conflict with another child, can the child learn a social skill like negotiation?

If the child does things independently without help or advice from adults, is he or she at greater risk of harm or failure?

How do these dynamics change with age? How are they influenced by individual differences? (p. 41)

SOURCE: Grotberg's 1995 and 1998 articles, "A Guide to Promoting Resilience in Children: Strengthening the Human Spirit" (http://resilnet.uiuc.edu/library/grotb95b.html) and "The International Resilience Project" (http://resilnet.uiuc.edu/library/grotb98a.html) summarize research on resilience in children from birth through adolescence.

SOME CRISES OR PROBLEMS AT HOME THAT CALL FOR RESILIENCY

- Death of parents/grandparents/significant family members
- Divorce
- Separation
- Illness of parent or sibling
- Poverty
- Family or friends moving
- Accident causing personal injury
- Abuse including sexual abuse
- Abandonment

- Suicide
- Remarriage
- Homelessness
- Poor health and hospitalizations
- Fires causing personal injuries
- Forced repatriation of family
- Disabled family member
- Parent's loss of a job or income
- Murder of a family member or friend

OUTSIDE THE FAMILY

- Robberies
- War
- Fire
- Earthquake
- Flood
- Car accident
- Adverse economic conditions
- Illegal refugee status
- Migrant status
- Property damage from storms, floods, cold
- Political detention
- Famine
- Abuse by a nonrelative
- Murders in neighborhood
- Unstable government
- Drought

SOURCE: Grotberg, 1995, p. 9.

SOME IMPORTANT THEORIES, ASSUMPTIONS, AND FINDINGS REGARDING RESILIENCY

Resilience may be promoted not necessarily because of adversity but *in anticipation* of inevitable adversities. Werner (1992) specifically stated that children 11 years of age and under are the most likely to develop many resilience factors, as well as the skills, attitudes, and beliefs associated with them.

Grotberg (1995, 1998) found that *socioeconomic status* has an insignificant impact on amount and kind of resilience-promoting behavior. Resilience is promoted in children as frequently in lower-income families as in higher-income families, although the latter use more factors. As for *gender,* girls use more factors than boys do. Girls draw on internal factors of being lovable, being autonomous, having self-esteem, feeling confident, and showing empathy more than boys do. Both boys and girls use, with the same frequency, having services available, receiving emotional support, having a role model, feeling a sense of control, managing their own behavior, and reaching out for help.

In terms of *culture,* parents in 22 countries in Grotberg's studies (1995, 1998) have common concerns that children have the following resiliency factors: loving support, role models, help-seeking ability, sense of responsibility for their own behavior, and rules. There are wide cultural variations in age-related expectations, the ability to encourage a sense of autonomy in children, the degree to which punishment is viewed as strengthening children, the resources available to draw on, the presence of hope and faith in outcomes, skills in communication, and problem solving. Some cultures rely more on faith than on problem solving in facing adversity. Some are more concerned with punishment and guilt, while others discipline and reconcile. Some expect children to be more dependent on others for help in adversity rather than becoming more autonomous and more self-reliant. Parents in some countries maintain a close relationship with their children, while others cut their children off at about age 5. Cultural differences do not prevent us from promoting resilience. We need to learn which factors are used within cultural context.

Developmental Background

From *Stanley Greenspan:* "Relationships and emotional interactions also teach communication and thinking. Initially, the infant's communication system is nonverbal. It involves gestures and emotional cueing (smiles, assertive glances, frowns, pouting, taking and giving back, negotiating and the like). From these there emerges a complex system of problem-solving and regulating interactions that continue throughout the life of the individual" (Brazelton & Greenspan, 2000, pp. 2–3). Greenspan goes on to say, "This basic feature of caring relationships between a baby and a caregiver who really knows her over the long haul is responsible for a surprisingly large number of vital mental capacities. These 'reciprocal interactions' teach babies how to take initiative. As pointed out earlier, they do something and it makes something happen. This is also the beginning of learning to think purposefully or causally. A sense of self, will, purpose, assertiveness and the beginning of causal logical thinking all occur through these wonderful reciprocal interactions" (pp. 5–6). *T. Berry Brazelton,* in the same book, notes that "if

the base of trust is there, it seems that the child can master trauma, if it's not too great. . . . Given a firm early relationship, and an expectation of a response, the child won't give up" (p. 18).

From *Hetherington and Blechman:* "If a parent displays more affection and emotional support to one sibling than to another, it is likely that the favored child, but not his or her sibling, would be buffered from the effects of family stress" (1996, p. 40).They also found that unhappily married couples were consistently overstimulating their infants and were unable to soothe them. External soothing is important to a child's ability to self-soothe in order to give focused attention to coping with whatever adversities come along.

Wilson and Gottman (as cited in Hetherington & Blechman, 1996) suggest that caregivers must use touch, rhythm, verbalizations, distraction, and sharing objects to soothe infants. This external support is the scaffolding on which infants can eventually build their own internal control. If infants are not helped at this time, they spend too much time in physiological disregulation, thus missing many social and cognitive opportunities (p. 205). In this excellent and detailed chapter, Wilson and Gottman explain that newborns have limited abilities to reduce physiological arousal on their own. Infants with high vagal tone (ability to take in and regulate the control of stimulation-stabilizing in the second half of the first year of life) may be more reactive and irritable and have more trouble soothing themselves. This becomes a protective factor. It gets more caregiver attention, more soothing, and increased central nervous system organization. If the caregiver is not responsive, the infant spends time in a miscoordinated state regulating negative affect and less time engaged with people and objects, as this engagement requires too much energy.

At 6 months, infants go from trying to regulate internal states to sharing them with others. Wilson and Gottman advise that parents must respond to the infant's attempts to share attention, intentions, and affective states. At 9 months, they note, infants are better at pointing and using body gestures to communicate needs and desires, and infants who are more socially responsive get more caregiver attention and therefore more interactions and opportunities for turn-taking, regulation of arousal and affect, and the sharing of experiences. This ability to be attentive is very important for peer relationships. Language will also help children cope; for example, self-talk will help them attend to the relevant aspects of a problem rather than irrelevant ones (p. 216). Eventually the talk will go underground, and children will be able to think the thoughts without saying them. The labeling of emotions is an important mechanism to shift attention away from the physiological arousal associated with stressors, resulting in coping and understanding of emotions (p. 217). Effective parents and teachers notice the affective states of children and help them label emotions to help in coping. Children are helped to organize social, cognitive, and affective experiences. Attentional processes have a

central role in coping with affective eliciting events. If children can label emotions, they can self-soothe. External soothing from parents is a framework for developing one's own soothing strategies.

From *Eli Newberger:* The author describes *scaffolding,* another related concept, which is the adult's attempts to provide just enough assistance to keep the child from getting discouraged and to leave as much responsibility as possible in the hands of the child. The key to good scaffolding is to wait until the child is about to give up, then to help just enough to keep the exploration going. As *Vygotsky* (1978) says, adults can *encourage children's learning* by presenting them with materials that are a little beyond their easy mastery—for example, stories with more-advanced vocabulary than the listeners have mastered yet. This is the zone of proximal development. Newberger cites the work of his wife *Carolyn Newberger* (2000, p. 166) with a child having trouble delaying gratification and thus coping. She helped him use *planning and fantasy as a strategy for tolerating the frustration* of not getting what he wanted when he wanted it.

From *Werner and Smith:* Some investigators have noted both a pronounced autonomy and a strong social orientation in *resilient preschool children.* They tend to play vigorously, seek out novel experiences, lack fear, and be quite self-reliant. But they are able to ask for help from adults or peers when they need it. Resilient children in Werner's studies (1992) were androgynous (displayed the positive attributes traditionally associated with masculinity and femininity, e.g., self-confidence, caring, and so forth) and had hobbies (not sex-typed) and a sense of humor. Despite poverty, family discord, or parental mental illness, most resilient children had an opportunity to establish a close bond while they received a lot of *attention* in the first year of life.

From *Benard:* The *implications of resiliency research for practice* are that we create socially competent people with a sense of their own identity and efficacy who are able to make decisions, set goals, and believe in their future. People have basic needs for caring, connectedness, respect, challenge, power, and meaning, which if met, facilitate resiliency (1995).

ADDITIONAL RESEARCH SUPPORTING THE THEORIES OF RESILIENCY ATTRIBUTES CITED ABOVE

Trusting relationships (Garmezy, 1987; Werner & Smith, 1992; Wolin & Wolin, 1993)
Emotional support outside the family (Loesel, 1992; Werner & Smith, 1992)
Self-esteem (Brooks, 2003; Wolin & Wolin, 1993)
Encouragement of autonomy (Segal & Yahraes, 1988)
Hope, responsible risk-taking, and a sense of being loveable (Mrazek & Mrazek, 1987)
School achievement (Loesel, 1992; Wang, Haertel, & Walberg, 1994)

Faith, belief in God and in morality (Garbarino et al., 1993)
Unconditional love from someone (Bronfenbrenner, 1979)

HELPFUL REFERENCES

Many original articles are available online via www.resilnet.uiuc.edu or www
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DISCUSSION

Discuss these situations in light of Grotberg's model of "I have, I am, I can" (1995, 1998) or Benard's list of factors associated with resiliency (1995). What would be a response or some actions that would promote resiliency? What responses or actions would not promote resiliency? These examples were adapted from Grotberg, 1995, pp. 8–31.

- The *baby* is in the crib and is lying on his back screaming and kicking. You do not know what is wrong. He just keeps screaming and kicking. (p. 15)
- Joella, *10 months old,* is crawling on the floor and finds a dirty rag. She picks it up and begins to bite and suck it. The caregiver sees this and knows the rag is very dirty and may cause an infection in the child. (p. 16)
- The *2-year-old toddler* is at the store with you. She sees some candy, grabs it, and starts to eat it. When you try to take it away from her, she shouts, "No, mine, mine." (p. 15)
- A single mother had to go to another city to find a job and could not take her *4-year-old daughter* with her because there was no one to care for her while the mother worked. She could not afford day care costs and needed the child to stay with her mother until she had some money saved. (p. 23)
- A *5-year-old boy* comes home and tells his mother, "This big boy keeps bullying me. He hits me and sometimes he kicks me. I tell him to stop and he does for a while and then he starts again. I'm really scared of him." (p. 8)
- A *7-year-old boy* was in the yard with his dad. The dad and a neighbor got into an argument that escalated into a fight. The neighbor pulled out a knife and stabbed his dad. The boy saw it happen. (p. 23)
- *Nine-year-old* Rita walks to school every day and passes a place where a group of older children stand around. When she passes them, they call to her, make fun of her, and sometimes push her. She has become so frightened that she refuses to go to school anymore and tells her mother she is sick. Her mother knows she is healthy. (p. 31)