RESILIENCY
A STUDY OF PROTECTIVE FACTORS

How is it possible that some individuals emerge from a childhood fraught with trauma and adversity showing little or no signs of psycho-social damage while others who have experienced similar degrees of challenge are found to be displaying radically different outcomes? What factors give rise to such discrepancy? Are some people just innately invincible? These are the types of questions that began to arise out of studies that were originally designed to identify factors operating within the child’s environment that ultimately contributed to placing him or her at risk for problematic outcomes. By identifying these risks factors, researchers believed they could provide social service professionals and educators with meaningful knowledge and resources necessary for designing and implementing programmatic interventions that would serve to decrease or mitigate “at risk” factors found to be contributing to negative behavioral and emotional outcomes in children and adolescents. Risk factors, however, appeared to be only one side of what was turning out to be a two-sided coin. Researchers began to find overwhelming evidence that showed children who were exposed to multiple risk factors were in fact not exhibiting negative behavioral and emotional outcomes as was being hypothesized. The consistency of these observations began to shift the paradigm within which researchers were operating to one that refocused their efforts on searching for those mechanisms, processes, characteristics and conditions that appear to be protecting many children from succumbing to the risk factors by which they were surrounded. Hence, the result of this shift in paradigm has lent itself to extensive research aimed at discerning the individual and environmental factors (protective factors) that appear to predispose children and adolescents to respond to adversity and stress with what is
addressed in the literature as “resilience”: the human capacity to face, overcome, and even be strengthened by experiences of adversity” (Grothberg, 1996, p. 1).

Both the concept and the empirical research findings on the topic of resilience get right to the heart of the issues involved in risk and protective mechanisms in relation to stress and adversity. The term reminds us of the huge individual variation in people’s responses to negative experiences and the similar variation in recovery processes. (Rutter, 2000, p.6)

Michael Rutter (1985) coined the term “resiliency” to capture the essence of what he found to be a unique phenomenon occurring among children facing significant psycho-social threatening stress in their environments: they were, in fact, surviving within their high-risk environments without succumbing to any visible forms of pathology. While his initial studies were epidemiological in nature, he along with other researchers (Anthony 1987; Garmezy 1974; Garmezy & Rutter 1983; Werner & Smith 1987) began to focus on populations of children and adolescents who were considered to be at risk for psychiatric disorders, delinquency, drug and alcohol addiction, school related problems and other negative outcomes, due to a host of individual, family, and environmental factors. Their findings became the impetus for moving the research community beyond the study of risk to the study of protective factors: those individual and environmental influences that serve to insulate children, thus enabling them to successfully manage life stressors and alter the probability for negative outcomes (Rutter, 1985). Throughout the literature, one is able to find consensus and validation in regard to individual and environmental factors contributing to the capacity for resilience in children and adolescents. Grothberg (1997) notes that such factors emerged early on in studies conducted by researchers such as
Werner & Smith (1982), Garmezy (1985; 87) and Rutter (1985; 87; 1991) and have only been rediscovered, reinforced or added to by ongoing research in the field. “For example, S.J. Wolin & S. Wolin (1993) reinforced Werner and Garmezy’s resilience factor of trusting relationships; F. Loesel (1992) reinforced Werner’s resilience factor of emotional support outside of the family; R. Brooks (1992) and Wolin and Wolin (1993) reinforced the resilience factor of self esteem. J. Segal & H. Yahraesi (1988) added the resilience factor of encouragement and autonomy, and D. Mrazek & P. Mrazek (1987) added hope, responsible risk taking, and a sense of being lovable. Loesel (1992), A. Osborn (1990) and M. Wang, D. Haertel & H. Walberg (1994) added school achievement as a resilience factor. J. Garbarino (1993) added belief in God and morality, and U. Bronfenbrenner (1979) had already contributed the resilience factor of unconditional love from someone.” (Grothberg, 1997, p. 1). Regardless of the nuances in the literature in regard to the identification and clustering of protective factors, it is evident that no one factor or combination of factors can be singled out as being better than any other. “What we do know is “the more the better”- the more protective factors and processes the young person can mobilize, the more likely they are to display resilient behaviour and of course, the reverse is true too- the fewer the protective factors and processes, the more likely the young person will display non-resilient behaviour” (Howard & Johnson, 2000, p.111).

Further, it is equally critical to recognize that it is the interaction of these factors and their operation within the various social, environmental, and developmental contexts of a child’s life that influence their mitigating impact. Thus, as the reader is presented with the categories of protective factors and the subsequent specifics that fall within each, it is important to keep this caveat in mind.
Resilience studies have repeatedly found that resilient children and adolescents bring similar characteristics, traits, and competencies to their life circumstances. Howard & Johnson (1999; 2000) and Baylis (2002) have succinctly captured what exists in the literature in this regard and have provided summaries of the personal protective factors that have been identified; they are as follows: cognitive and reasoning skills, self esteem/positive self perception, sense of control over or influence over one’s environment or circumstances (locus of control), social competence, easy temperament, problem-solving skills, mastery, autonomy, and a sense of purpose and future. In addition, Rutter (2000, p.4) provides a coherent characterization of these intra-personal protective factors as he relates their essential function to the child’s external experiences: Attention has been drawn to the possibly protective effects of previous successful coping, of particular temperamental features, and of higher intelligence. The attitude of the mind that is brought to the experience itself is almost certainly also important in terms of both self efficacy, i.e., a self belief that one can cope with challenging situations (Bandura, 1995, 1997) and “planning” i.e., a style of coping that involves doing something about one’s situation rather than just passively accepting life’s difficulties (Clausen, 1991, Quinton & Rutter, 1988; Zoccolillo et al. 1992). However, Rutter, like the majority of resilience researchers, does not fail to recognize the importance that social context plays in either supporting or discouraging resiliency in the child. Theoretically resilience is not conceived to be an individual trait. In fact, most of the literature goes to great lengths to place the construct of resilience outside of the locus of the child him/herself to avoid presenting this “individualized” conceptualization of resilience. “The “Horatio Alger” model of
resilience takes responsibility and power away from family, schools, community, state, and nation, and places the burden of survival squarely on the shoulders of those who are placed at risk by social as well as individual circumstances” (Osher, Kendziora, VanDenBerg, & Dennis, 1999, p.2). Thus, along with acknowledging and describing the individual traits that are found contributing to the development of resilient behavior, the research is replete with identifying the protective factors that fall broadly within the three major systems constructing the young person’s life: family, school, and community. Howard and Johnson (1999; 2000) summarize these protective factors as follows: Family: consistency in the home environment; parental practices that promote attachment and emotional bonding; responsive parent(s); material and emotionally supportive relationships; and family and extended family members that model social-problem solving. School: safe; positive and achievement oriented helping to develop a sense of purpose, and autonomy and promote connectedness; good teachers and caring positive relationships with students; teach valuable life skills and social competencies; high expectations ensuring a foundation of academic competencies necessary for further learning and development of positive self esteem; special programming. Community: social support networks provided by kin and social service agencies; supportive adults within the community; pro-social peers; sports and clubs. These factors serve in promoting feelings of belonging and connectedness.

Along with outlining the factors associated with each of these categories, Howard and Johnson also describe a fourth category of protective factors entitled “life events.” Life events fall within two types of protective factors as was first described by Rutter (1987).
One type of factor serves to reduce a person’s impact or exposure to risk and the second provides positive relationships and new opportunities ultimately changing the direction of one’s life and/or providing needed resources. Rutter considered these factors to primarily reside outside of one’s capacity to control. Thus, factors such as full term birth, continued good health, opportunities at major life transitions, meeting significant persons, and moving into a more supportive community fall under the category of life events.

Understanding resiliency as a process that is dynamic rather than one that remains as a fixed state of being involves the further understanding of protective factors as they relate to the context of one’s development. Masten (1997) states that dependent upon the different points of a child’s development, different vulnerabilities and protective factors can be found. She demonstrates this clearly in the following example:

Infants, because of their total dependence on caregivers, are highly vulnerable to the consequences of lost or damaged parents or mistreatment of caregivers. Yet infants are protected from experiencing the atrocities of war or the significance of major disasters by their lack of understanding of what is happening. Adolescents have much more advanced capabilities for adaptation in the world on their own. However, they are vulnerable to loss or devastation concerning friends, faith, schools and governments. They understand what these mean for their future, a realization well beyond the understanding of young children.

Masten also points to resilience and protective factors serving as functions of recovery and restoration once the child is no longer faced with the actual trauma or catastrophe that placed him or her at risk. Protective factors within the self and the environment become crucial supportive elements that assist the child in successfully coping with and
managing the residual ramifications of past trauma. Luther (1991) demonstrated that protective factors do not insure a state of invulnerability or the guarantee that one will emerge from adversity unscathed. In her study of competent inner city youth, she found most to be bearing the signs of internal distress from struggling daily with racism and poverty. Yet these young people were leading normal healthy lives and participating in their day-to-day environments with positive affect and behaviors. Project Competence (1970), a 20 year longitudinal study of resilience in 205 Minnesota children, along with Werner’s Kauai Longitudinal study (1955) of resilience spanning four decades provide invaluable information regarding the protective factors that appear to be necessary for healthy development throughout the life-span. Resilient participants were found to have had more resources and fewer adversities at an early age, good parenting, easy and more appealing temperament as babies, healthy relationships with peers and parents, better intellectual skills, doing fine in school, more connections with pro-social adults, fewer separations from caregivers, avoiding serious trouble, better physical and mental health, more responsible, self confident and motivated, and took advantage of life changing opportunities, competence has endured and continued into adulthood. The only difference among these studies is that the resilient children followed in Project Competence were found not to be showing signs of internal distress during adolescence and adulthood whereas those who were followed in the Kauai study regardless of their sustained competencies did demonstrate signs of strain which may be a reflection of long term consequences of severe adversity in childhood (Masten, 1997). This finding appears to confirm that resiliency does not embody the concept of invulnerability.
The study of resilience in terms of protective factors in conjunction with the study of at-risk factors offers a comprehensive map for understanding the territory with which and within which our children are born and interact; it is a territory that is both vast and complicated, yet necessary to explore. Whatever knowledge and understanding we can glean from the study of resilience will only assist us in intervening in the lives of resilient and non-resilient children/adolescents at risk so as to reinforce, create, unearth, or develop further their capacity to face, overcome, and even be strengthened by their experiences of adversity. “Understanding the mechanisms fostering resilience should cast important light on the causal processes underlying the lasting sequelae of adverse experiences and should also provide valuable leads on possible effective modes of prevention and intervention. Therein lies the immense attraction of the topic with respect to its theoretical, policy, and practice implications” (Rutter, 2000, p.1).
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