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A HOLISTIC PERSPECTIVE OF THE CONCEPTUAL FRAMEWORK OF RESILIENCE

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Abstract
Doing research in the field of resilience can prove to be a rather challenging attempt for a scientist, as long as perspectives are multiple, the consensus regarding resilience boundaries is limited, and the reality is complex and multi-level. The aim of this research was to investigate the conceptual framework of resilience in case of children and adolescents and to perform a pilot study in order to identify the core concepts/protective factors of resilient development. The theoretical inquiry aims at determining controversial difficulties in selecting protective factors, while the qualitative approach focuses on the methodological process of categorization, through which protective factors, regarding resilience in children and adolescents were analysed. The practical investigation relied on the empirical literature which provided summaries or lists of variables considered to be protective factors. Study results identified core protective factors in the individual, family or social domain that seem to count the most for resilience development. Future research should integrate contradicting views into a holistic resilience model and take into account the multiple problems identified in literature in order to improve the understanding of protective factors against adversity.

Keywords: resilience; parental practices; children; conceptual framework

Introduction

Resilience represents a human capacity manifested when individuals face well and easy difficult situations. *"Resilience means the skills, abilities,*

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knowledge, and insight that accumulate over time as people struggle to surmount adversity and meet challenges. It is an ongoing and developing fund of energy and skill that can be used in current struggles" (Garmezy, 1994, p. 298). Ray and Patterson (1996, p. 368) defined resilience with reference to children as *"the capacity of those who are exposed to identifiable risk factors to overcome those risks and avoid negative outcomes such as delinquency and behavioural problems, psychological maladjustment, academic difficulties, and physical complications"*. As far as the conceptual framework of resilience is concerned, one study drew the negative conclusion that there is no consensus between researchers with reference to aspects such as: 1. the age the concept covers, 2. the circumstances in which resilience occurs, 3. the definition of resilience, 4. the boundaries of resilience or 5. the adaptive behaviours to which it refers (Mandleco & Peery, 2000). I would rather say that resilience literature is complex and there are multiple perspectives which require an integrative or holistic approach.

Resilience is seen in the context of adversity and of resisting its challenges. Thus, scientific papers distinguish between different effects adversity can have on the individuals. In the face of aversive events, individuals can *succumb* (individual functioning keeps deteriorating below the initial deterioration level caused by the aversive event), *survive with the impairment* (functioning improves as compared to the level of deterioration brought about by the aversive event, but does not reach the initial functioning level), *recover* (the individual becomes resilient and reaches the initial functioning level, bounces back) or *thrive* (recovering and reaching a higher level of functioning than the initial one) (Carver, 1998). The third effect is the most common effect theorized with reference to defining resilience.

It is worth mentioning that children who resist in the face of multiple aversive situations are not 'invulnerable' or 'invincible' (Anthony, 1974), as it was thought some decades before. Invulnerability implies permanent and unchanged protection against risk, in spite of diverse aversive situations. Later, 'invulnerability' was substituted by 'resilience' because researchers drew the conclusion that actually children have different degrees of resistance and vulnerability in the face of adversity. Being resilient does not mean that trauma does not affect the individuals at all. In fact, a child can prove to have great resilient capacity in one domain or at a certain moment in life, but not in all situations or all the time (Masten, 2012). However, this was not the only

scientific terminological dilemma over time as long as there are terms that partially overlap the conceptual meaning of resilience such as: hardness, coping, mental toughness, positive adjustment, psychological resilience, emotional resilience, resourcefulness, or competence. In this context, as a solution to this limitation, individual empirical papers chose to adopt a particular definition of resilience when they treat this topic.

Moreover, there are two scientific important perspectives concerning resilience development. Some scientists consider that resilience is located *within the individual* (Davidson et al., 2005), while some others consider that there are *various pathways to resilience*, such as social, familial or individual (Masten, 2001). Furthermore, Luthar et al. (2000) differentiated between 'resilience', as a dynamic process, which implies interaction with the environment events, and 'resiliency' which is a personality characteristic of individuals. Ego-resiliency, defined as *"the dynamic capacity to contextually modify one's level of ego-control in response to situational affordances"* (Letzring, Block, & Funder, 2005, p. 2) is another term coined to name the individual ability to face adversity. Polk (1997), for example, theorizes four patterns of individual *resiliency*, as described below, while the authors (Gartland, Bond, Olsson, Buzwell, & Sawyer, 2011) of The Adolescent Resilience Questionnaire (ARQ) advocate for different domain pathways to *resilience* development.

From the Individual to a Multi-domain Perspective of Resilience

The beginning of research in resilience had an evolution which started with a focus on individual factors and only later shifted its interest to a multifaceted concept of resilience. Prince-Embury and Saklofske (2013) identified four phases of resilience research: 1. a *descriptive phase,* in which studies explained the differences in those that did well compared with those that did poorly 2. a *process phase* which focused on understanding processes that lie at the basis of resilience development, 3. an *intervention phase* which aimed at developing professional interventions (with parents or in school environment), and 4. *a biological phase* which attempts to understand the role of genes in resilience development.

Multi-domain measurements of resilience is based on the assumption that resilience develops within multiple social contexts, and individuals are influenced and function in interaction with different systems. One of the most

cited models is that of Bronfenbrenner (1994), called The Human Ecology Theory, which proposes five levels of interaction: *The Microsystems* (the individual is influenced by the family, school, peer group, or workplace as a result of direct interaction), *The Mesosystem* (the influence is the result of the interaction between Microsystems, for example the cooperation between school and family leads to a higher school resilient development), *The Exosystem* (the influence is the result of the interaction between a Microsystem and a setting without connection with the developing individual, for example, the interaction between a mother's stressful job and child's family), *The Macrosystem* (the effect comes from the most remote elements that have an influence over the child's life such as economy, wars, or cultural values), and *The Chronosystem* (which materializes its influence through the changes that occur in the systems over time).

Maybe one of the first classifications of protective or risk factors is that of Garmezy (1985) in three categories: *individual* characteristics (e.g., high self-confidence), *family* environment (e.g., good relationships with parents and the absence of conflicts), *community* (e.g., positive relationships with school, friends or neighbourhood). Like Garmezy, Barankin and Khanlou (2007) proposed a three-level classification of protective factors: *individual factors* (e.g., abilities, thinking patterns, emotions, temperament, character…), *family factors* (e.g., family support…) and *social or environment factors* (which are based on social concepts such as social justice, trust, equality and are seen in practices, politics or laws. All these factors refer to social involvement, access or inclusion).

In the Kauai study (Werner & Smith, 1992), a number of 698 children from Hawaii were monitored at the age of 1, 2, 10, 18, 32 or 40 years old. The results indicated that child resilience developed as a result of the influence of *individual* factors (such as better abilities, the belief in personal efficacy, higher education or expectations), *family* factors (close ties with at least one emotionally stable and competent parental figure, or the existence of religious beliefs which provide stability in life), or *community* factors (emotional support from friends, old people, teachers or clergies).

Furthermore, other researchers refer to five domains of resilience development. The developers of *The Adolescent Resilience Questionnaire* consider that resilience develops within five domains: individual, family, peer, school and community domain (Gartland et al., 2011). All these domains

contain protective and risk factors and the success into one domain does not imply success in another domain. This perspective is acknowledged by more researchers in the field of social sciences or health organizations, too (Day & Sonya, 2012; Loeber & Farrington, 2000).

In fact, all these classifications suggest that resilience is a multifaceted construct that, basically, develops within three domains: individual, family and community. The difference between three and five domains is given by the fact that the community domain includes (the peer, the school or the larger neighbourhood/community domain). Actually, there is a strong agreement concerning the fact that resilience develops within these domains.

Yet, a different perspective is offered by, Polk (1997) who, based on a review of literature, found four *patterns of resiliency*. The first refers to *'dispositional patterns'* which targets the physical and ego-related attributes that develop resilience such as: a sense of self-worth or good physical health. The second refers to *'relational patterns'* and focuses on roles in society and relationships with others, (from close to broader community relationships). The third pattern of resilience refers to *'situational patterns'* and involve factors that include a link between an aversive situation and individuals such as problem solving ability or the ability to evaluate situations, while the last refers to '*philosophical patterns*' and deals with beliefs that promote resilience such as the belief that life is meaningful.

Challenges and Limits Regarding the Conceptual Framework of Resilience

Firstly, whether it is about scale measurement or about contributing to the development of intervention programs in resilience, inquiries to delimitate and identify conceptual units of resilience are at the very basis of the process. In order to answer the question, "What are the most important protective factors which contribute to child and adolescent resilient development?" it is necessary to imply a holistic perspective about human development. Measuring resiliency as a global concept implies identifying the most significant predictors which promote functional human development. Theoretically, every predictor of resilient development indicated in the empirical literature might be a good candidate for the inclusion into a virtual list of core concepts which promote resilience. Thus, every study which finds negative or positive correlates between specific psychological factors and bio-psycho-social outcomes, could contribute to a better understanding of child and adolescent resilient

development and to the identification of protective factors. In spite of this, Rutter (2012, p. 341) emphasizes that some variables could have no effect in the general population, where individuals have a lower risk, and where adversity is infrequent, but these variables could have a "substantial effect in the presence of adversity".

Secondly, in establishing which are the protective factors and in what numbers, social scientists often followed more pathways. As the work to generate lists of protective factors based on direct empirical research is beyond any scientist's efforts, researchers often relied on: *theoretical models* (see Polk, 1997), *made extensive reviews of resilience literature* (see Cicchetti & Garmezy, 1993) or even *combined* reviews of literature with other empirical methods such as focus groups or expert opinion (see Gartland et al., 2011).

However, a review of literature would most often imply to gather information about resilience from: (1) individual studies which show associations between child/adolescent outcomes and parental practices/child actions, (2) or from articles with summaries of individual studies. These two options record a higher level or reliability. The final validated constructs or dimensions existing in the psychological measures of resilience are not a reliable indicator of protective factors. That is because scale construction processes imply methodologies which refine and reduce the number of protective factors to fit different statistical indices or latent variables. Thus, even if some concepts are well-documented in literature as protective factors, against specific aversive stimuli, they might be omitted or eliminated from measures on grounds of statistical misfit in the newly created measure.

Thirdly, for a more accurate decision regarding what constitutes a protective/risk factor and what not, protective factor candidates should be related to what is *normative* and *adaptive* in child and adolescent development. The negative association, for example, between the recommended parental practices and child outcomes are insufficient to consider and classify a variable as a risk factor. The fact that researches consistently find, that parent-adolescent conflict incidence is on the rise in early adolescence, does not mean that parent-adolescent conflict is a risk factor for child development, as it is most often implied. According to Smetana (1995) social domain framework considers that parent-adolescent conflict is a normative and adaptive process, which determines parents to relinquish some of their authority and accommodate their adolescents' opposing points of view, who demand autonomy, by reconsidering

parameters of their parents' authority. In order to judge the inclusion of parent-adolescent conflict into the category of protective/risk factors, researchers should go a step further with their investigation and test whether parent-adolescent conflict is associated with other negative outcomes such as internalizing or externalizing problems.

Finally, there are a number of studies that identified different protective factors, in case of child and adolescent resilience, against many negative outcomes. But even if we have well documented lists of protective factors that seem to negatively correlate with psycho-behavioural outcomes, nobody can guarantee what combination of factors really promote resilience from one person to another, from one moment to another, or from a particular situation to another. Some factors could not really protect the individual as long as the individual is vulnerable to particular situations, or the adversity is too overwhelming for the individual to cope with (Masten, Best, & Garmezy, 1990). In other words, the strength of individual protection offered by resilience factors and the particularities of the situations really matter. As Rutter (1981, p. 317) observed: *"if circumstances change, resilience alters"*. In addition, protective factors do not protect the same much against negative outcomes. As reality is complex, some factors may be protective against one or more negative outcomes and some others can refer to a larger number of developmental outcomes. Thus, there are inconsistencies in the protection level offered by these factors, according to the *situational*, *personal*, or *temporal* variations.

A Qualitative Pilot Study

The aim of this empirical research is to make a short review of the conceptual framework of resilience and to identify the core concepts/protective factors of resilient development. The study is part of a larger research project which tries to understand resilience protective factors and the mechanisms associated with it.

The present pilot study is based on the assumption that child and adolescent resilient development is based on core features such as actions, interactions, parental practices or social influences that mild child and adolescent functional development. Recent investigations show that *"Research has converged on a broad taxonomy of universal parenting activities, and substantial consistency exists in how contemporary developmentalists*

characterize core dimensions of growth-facilitating parenting of infants, children, and adolescents" (Senese, Bornstein, Haynes, Rossi, & Venuti, 2012, p. 479). In addition, a multitude of studies indicate that there is a taxonomy of universal features and concepts, which define not only the parent-child relationship but also the social development of children and adolescents.

The Purpose of the Research

The purpose of this qualitative research was to identify core protective factors and categories of protective factors, regarding child and adolescent resilience. For this we investigated studies with summaries or lists of variables.

Procedure

Selected Sources. There are a number of studies that identified different variables or theoretical constructs which build child and adolescent resilience: Windle, Bennett and Noyes (2011), Hall (2010), Prince-Embury and Saklofske (2013), Earvolino-Ramirez (2007), Goldstein and Brooks (2013), Wright, Masten and Narayan (2013), Bissonnette (1998), and Hanson and Kim (2007).

Research Assistants. In order to acquire a higher degree of objectivity, we selected two research assistants. Firstly, we determined a list of possible assistants, doctors in psychology or Ph.D. students in the second or the third year. The list contained eleven participants, former colleagues in the doctoral program or university colleagues. Secondly, we randomly extracted (using a random number generator on the web) a number of two assistants. Because after the first trial one selected assistant refused to participate, we extracted another one in the same conditions. The two selected coders were advanced level in English. We used double-coding as a means of reliability testing (Miles & Huberman, 1994) meaning that two research assistants coded the same field data. The purpose was to rate "*the extent to which the different judges tend to assign exactly the same rating to the object*" (Tinsley & Weiss, 2000, p. 98). Then, we calculated the inter-coder reliability for a qualitative research, which was 89%.

Task Assessment Procedure. The assistants were provided with copies of the original articles, mentioned above, which contained concepts or protective factors for child or adolescent resilience development. As the coders were advanced-level in English and the articles had explicit lists of items, the coders had to proceed with the following assessments:

(1) to read the lists of concepts/protective factors from all the articles selected;
(2) based on their knowledge of psychology to create common conceptual categories for the items existing in all the articles, regarding resilience;
(3) to discuss the disagreements (if any) and decide on a common solution. In this case, the main researcher joined the two assistants and decided together upon a common solution;
(4) when the categorization process was over, the two assistants had to discuss with the main researcher about each choice they made and justify it.

This last step was introduced in order to provide the categorization process with more reliability.

Research Findings

As a result of the qualitative analyses we reached a final decision regarding the factors mentioned in literature, for child resilience development:
(1) *self-awareness and self-understanding*;
(2) *positive view of life*: positive view of the self (self-confidence, high self-esteem, self-worth), positive outlook towards authority and adults, positive expectations for the future (optimism, hopefulness, motivation, curiosity, sense of meaning in life);
(3) *cognitive skills* (control beliefs such as internal locus of control, self-efficacy or self-reliance);
(4) *effective regulation/coping strategies* (emotional and behavioural);
(5) *social skills*: making friends, maintaining and developing positive relationships, constructive problem solving skills, communication skills, being cooperative and social responsive, characteristics valued by society (talents, sense of humour, attractiveness to others, empathy, altruism, sensitivity, respect);
(6) *intelligence and easy temperament*;
(7) *personal autonomy*.

In the *family* domain, protection in the face of adversity is generally given by the following conceptual categories:
(1) *stable and supportive home environment* (positive style of attachment, harmonious inter-parental relationship, close bond with at least one

caregiver, positive sibling relationships, supportive connections with extended family members, family cohesion and structure);
(2) *consistent and age appropriate behavioural control* (setting rules, discipline, monitoring);
(3) *authoritative parenting style*;
(4) *positive parental expectations for children*;
(5) *parents have individual qualities which are protective factors for children*;
(6) *faith and religiosity.*

In the *social* domain, the literature often mentions:
(1) *positive relations in the social domain* (with teachers, peers, peer group or other adults);
(2) *a sense of belonging to peer group or community*;
(3) *involvement in activities in community, groups, or school*;
(4) *positive attitude to school*;
(5) *positive school experiences.*

Discussion

The purpose of this research was to investigate the conceptual framework of resilience in case of children and adolescents and to perform a pilot study in order to identify the core concepts/protective factors of resilient development.

To start with, as it can be observed from the list above, these factors and concepts are not inherited, but developed with time under the influence of environment. As Rutter (2006, p. 6) states *"the genetic variant is neither a risk nor a protective factor in itself. That is, there is little or no effect on psychopathology in the absence of the environmental risk factor"*. This perspective advocates for the greater effect which nurture (education and environment) produces in interaction with nature.

Then, in more detail, another research (Marici, 2015) found that protective parental categories of practices, regarding behavioural control refer to *parental rule setting, monitoring and supervision, discipline children, optimal involvement and lack of pathological control (hostility, abuse, maltreatment…)*. Unlike individual factors, which are often referred as internal, literature often refers to protective factors in the family domain as parental practices which are external factors. As far as parental behavioural control is

concerned, these identified factors seem to be largely acknowledged among specialists. Galambos, Barker and Almeida, (2003, p. 578) write: *"Several decades of research on parent-child relations has led to the identification of ... global, relatively independent dimensions of parental behavior"*. Another research (Johnson, Berdahl, Horne, Richter, & Walters, 2014), treating the topic of parental practices as universal parental competencies for child development, found a series of subcompetencies which confirm our findings, although their focus is not on resilience.

What is more, there is ongoing debate weather resilience is to be considered a *trait*, a *process* or an *outcome* (Fletcher & Sarkar, 2013), whether resilience is to be "located" *inside* or *outside* the individual. However, the term is mostly views as a process as it implies a complex relationship with environmental and genetic factors. Yet, this distinction could be a matter of perspective or polarization, as long as multiple judgments can be made about the same reality. For example, *"consistent and age appropriate behavioral control"* is generally considered a protective factor in the family domain, and it refers to a set of practices, and competencies which parents use in relationship with their children, in order to acquire socially desirable child *outcomes*. When parents are authoritative and imply consistent and age appropriate behavioural control, children develop positive *traits* such as self-control, which manifest in pro-social behaviours. But the pathway between the individual traits and the environmental influences is explained by complex *processes* of interaction, which change over time, such as the process of socialization or the mutual influences between children and parents. But, in the face of adversity, no matter of theoretical perspective, the individual is actually the "only one to blame" in case he/she does not prove the optimum resources and *traits* to cope and adapt well to aversive situations. Future theoretical formulations should integrate these separate or divergent points of view, regarding resilience development in children and adolescents, into a functional holistic theoretical perspective.

As this qualitative analysis indicates resilience is not only about resisting to present stressors. It is also about coping with the past stressors (trauma, lost) as well as with anticipated adversities (financial, relational problems). A substantial body of evidence indicates that resilience is required in a vast array of adversities ranging from daily hassles to significant life events (Fletcher & Sarkar, 2013). Furthermore, protective factors such as "self-concepts" or "positive views of life" raise the question of how much variables

such as the meaning of personal experience and subjective feelings really matter in order to define resilience.

Conclusions

All in all, the present research is not without limitations. One of them refers to the fact that there were selected a reduced number of studies with summaries of protective factors.

In consonance with this type of study, further qualitative research should investigate explicit protective factors (Marici, 2015) defined as those parental practices that influence children's and adolescents' personality and behaviour and require a direct and conscious contact between parents and children, on the bases of a relationship (for example, monitoring children). These protective factors would contribute to the development of intervention parenting programs aimed at helping parents learn new skills and abilities in order to foster resilient child development.

In addition, contrary to what it would be expected, child welfare institutions do not rely all the time on empirical support when they assign clients to psycho-educational programs (Horwitz, Chamberlain, Landsverk, & Mullican, 2010). Empirical evidence of this type, concerning child resilience or parental competency development would contribute to the identification and connecting of specific family needs with those program interventions that target the most significant, relevant and long-term effective psychological dimensions, in preventing internalizing or externalizing problems in children.

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