

Appendix C1

RESILIENCY NEWSLETTER

This spring you will have the opportunity to attend a two-part series at school for all parents on “The resilient family.” The staff of Hazelden will facilitate these workshops. They will focus on practical tips for rearing balanced children who can resist unhealthy peer pressures and still be accepted by others. They will also share effective coping strategies for parents who sometimes feel immobilized by the knowledge that their children have made bad choices. I thought that I would share some of my own ideas and some current theory and research findings on this important subject of *resiliency*.

Our beloved teacher Greg Baker was a person who engaged life with humor and joy despite a life-changing accident as a young adult. What made him capable of facing, overcoming, and even becoming stronger through adversity? Hetherington and Blechman (1996) describe it as acquiring the *physiological strengths*, *psychological resourcefulness*, and *interpersonal skills* that enable people to respond successfully to major challenges and to grow from their experience. Experts believe this resiliency is more an acquired than an inborn immunity. It is not a Teflon coating possessed by certain people that easily repels stress but more a process of developing and refining coping skills that in turn help buffer the negative effect of stressful events in one’s life. Dr. Michael Rutter (1987) compares the development of resiliency in children to a medical immunization that exposes us to small doses of a disease agent (repeated experiences of stress) to help us develop a means to fight off illness.

Dr. Bonnie Benard (1995) contends that what we are born with is an innate capacity for resilience by which we are able to develop (especially with the support and information from others) social competence, problem-solving skills, a critical consciousness, autonomy, and a sense of purpose. She goes on to define these *components of resiliency*: *Social competence* involves learning to be responsive and elicit positive responses from others. It also involves flexibility, empathy,

effective communication skills, and a sense of humor. *Problem solving* includes the ability to plan, resourcefulness in seeking help from others, critical thinking, creativity, and the capacity to reflect. *Critical consciousness* flows from a reflective awareness of problems and the ability to create strategies to overcome them. *Autonomy* involves having a sense of one's own identity and an ability to exert some control over one's environment. *Having a sense of purpose* involves a belief in a bright future, goal direction, educational aspirations, achievement motivation, persistence, hopefulness, optimism, and spiritual connectedness.

HOW DOES ONE BECOME RESILIENT?

I would like to share some findings on resiliency from my search of the literature and in particular from a new publication by the Institute for Mental Health Initiatives (IMHI) (1999) dedicated to addressing the following questions: How do we become resilient? What can families and communities do to promote resilience? How do people deal with adversity and its aftermath? And how can such an experience strengthen and even transform someone?

In answering the first question, the IMHI would suggest students need support from others, internal strengths, and skills in interpersonal relationships and problem solving.

Support From Others

Resilience begins with *trusting relationships* between children and their parents, caregivers, and teachers so that children trust others and eventually themselves. They feel safe, loved, and thus able to develop their interests, talents, and character in spite of potential obstacles in their path.

Internal Strengths

A resilient child is often seen as possessing the *inner strengths* of *faith*, *empathy*, and *self-esteem*. These strengths develop when parents, caregivers, and teachers encourage children's optimism, foster caring skills, and reinforce their emerging sense of self-efficacy and self-respect.

Skills in Interpersonal Relationships and Problem Solving

Ask any seventh or eighth grader, now that they have observed infants in the classroom this year as part of their relationship-building classes in affective education. They will tell you about the visiting infants' attempts at *communicating*

their needs to caregivers, reaching out for help, learning to regulate their emotions, and learning to overcome with their limited abilities the many obstacles they face. The baby visits offer an opportunity for students to realize that they must continue to develop these skills.

One becomes resilient from the interplay of the external supports, inner strengths, and relational skills cited above. In the excellent IMHI newsletter “Dialogue,” several television shows and movies are described as examples of resiliency. In *Party of Five*, which follows the lives of five siblings after the death of their parents, the characters overcome the loss of their parents, alcoholism, cancer, and one sister’s premature marriage. They do so through their *love and support for each other, their memories of their parents, and their creativity, humor, and ability to hold things together.* Savoring past memories has been shown to be an excellent coping strategy strengthening resiliency.

WHAT DO FAMILIES AND COMMUNITIES DO TO PROMOTE RESILIENCE?

Dr. Benard (1995) describes three “*protective factors or processes*” that help children and adults circumvent risk. They further delineate and expand on the findings of other studies. They include *caring and supportive relationships, positive and high expectations, and opportunities for meaningful participation.* Through the research of Dr. Emy Werner (1984) and her colleagues for more than 40 years, we have learned that the presence of at least one caring person who conveys an attitude of compassion and a belief that a child is doing his or her best given the situation provides the support needed for the development of resiliency. If they have caring and supportive relationships, students will develop the other two protective factors as well.

This leads us to the second factor, “high expectations.” Benard (1995) believes that if parents and schools have high expectations and then provide the support necessary for students to achieve them, they convey that students should believe in themselves and their future. Out of this belief will flow autonomy, self-esteem, self-efficacy, and optimism.

Finally, providing children and students with opportunities to plan their own learning, including opportunities to do peer and cross-age mentoring and community service, will provide meaningful opportunities for children to feel effective.

What are some other ways to help children?

We know that to maintain physical health, we are advised to do a moderate amount of exercise each day so as not to strain muscles. A similar *gradual exposure*

to stress or adversity will strengthen the human spirit. One example is practicing a speech in front of a friend before doing it before a crowd or camping alone in the backyard before camping away from home and family. Small triumphs reinforce a sense of hopefulness and efficacy that helps children effectively cope with challenges.

Children also learn resiliency from models such as parents, family, and heroes at school or in books, in history, or even on television. We can help children by facing difficult tasks and mastering them. When I was 40, my daughter was learning to water-ski and was apprehensive. She asked me to try it first before she tried. So in spite of several failures in my youth, I learned how to water-ski in Lake Thompson that year and snow-ski the following winter. It helped because she knew it was embarrassing and hard work for me, not to mention a little insane when one thinks of speeding down a frozen mountain in less than perfect physical shape.

Children learn resiliency through what we call *anticipatory socialization, or planning*. Before you had children, you may have read several books, talked to other parents, and baby-sat to plan for your new role. In our parent-infant visits in middle school and eleventh-grade affective education classes, students are learning about how much planning, doing, and reflecting parents do to cope with their challenging and often stressful caregiving role.

It is our hope that *preparing and planning by role-playing anticipated peer pressure events* concerning alcohol or cigarette and drug use can also help children become resilient. Attending the Hazelden Workshop can do the same for parents and teachers. Other ways to plan for new transitions are to visit school before it starts, meet new students ahead of time, and ease into school routines such as earlier bedtimes before school starts.

The IMHI, the Search Institute in Minnesota, and other organizations studying healthy youth development are finding that *spirituality and ties to a community help children to be resilient and hopeful*. Stories from religious traditions or family stories of surviving slavery, the Holocaust, immigration, poverty, and other challenging circumstances help children shape their sense of who they are. Parents and extended family have an important role to play here.

Schools and families should not keep the student in a passive mode. If we expect children to be responsible at home and at school, if we *provide meaningful work for them to do*, whether it is preparing a meal for a tired family, running a recycling program at school, or visiting the elderly, then they will feel effective and will be strengthened. Research has often found that teens and older adults have the lowest self-esteem and feel the least influential or effective of any age group. We can do something about this.

HOW DO DIFFICULT SITUATIONS AFFECT AND CHANGE PEOPLE?

We know that to be resilient is not easy. Young men who have left gangs and resisted a life of crime describe disapproval, loneliness, and feelings of anxiety arising from being separated from people they were attached to for so long. Resilient young people must deal with memories repeatedly over their lives and need ongoing support to maintain successful coping. This same anxiety can arise in children who take a brave stand against classmates who are being exclusive and uncaring. Our support is needed here.

HOW DO PEOPLE INTERVENE TO HELP?

Dr. Lillian Katz (1996) suggests we help children cope with difficulties rather than making the school always do the accommodating. Children who experience no difficulties are as vulnerable in later life as those who suffer excessive stress. In the movie *The Horse Whisperer*, as described in the IMHI Newsletter on resiliency, a 13-year-old girl has lost a leg and her best friend, and her horse is critically wounded and fearful. She is angry and depressed, and her mother begins to make some connection by sharing a story of when she, too, felt she had lost everything at the death of her father. By admitting vulnerability and being empathic, the mother began to connect with her daughter, but it was not enough. She needed what experts call an “air bag” that appears in an emergency. Then we need not just a similar story but a circle of people who provide practical and emotional support. They can help establish rituals and routines that help make life seem more orderly and predictable. The girl’s “air bag” was a man hired to help the horse. He made the girl feel she was needed to heal the horse and was an essential part of the solution. She began by doing simple chores. She gained his trust and her self-confidence. Finally, she could tell her own painful story and grieve her losses.

In some families, there is no *opportunity to communicate and openly discuss what has happened* to cause so much stress in one’s life. In families dealing with addictions, there are often secrets and silence. If children in these kinds of families are able to talk, they can feel less responsible for their parents’ distress. Talking in the movie *Stepmom* helped children become resilient in the face of their mother’s cancer.

Dr. Katz (1996) provides some other suggestions for parents to help children become resilient. She talks about *helping students overcome anxiety by our putting*

a message in their “psychological pocket.” She gives the example of her own son, who while in kindergarten told her he felt cold at circle time (when preschoolers gather in a circle to listen to stories, tell stories, and so forth). She learned this occurred around 10:30 a.m. and he was starting to miss his mom. She told him to look at the clock and she would too at 10:30 a.m., and he would know she was thinking about him and sending him good thoughts. Much later, as a young adult in a distant country, he told his mom he still felt her close to him, as he had in kindergarten.

Another strategy for helping children become resilient is to *remind our children of how they coped in the past.* Katz (1996) describes her son’s fear about going to the dentist. She would ask him to recall the previous visit, from the scary parts to the relief he felt when it was all over. Thus she did not pretend things would be painless. She was honest to gain his trust. She assured him she would be with him to face his stressful situation, and she encouraged her son to use his past experience to cope with anticipated discomforts.

Katz (1996) also reminds us to *help our children focus on larger goals.* She cites an example regarding a student’s not liking a teacher and refusing to do class work. A parent can empathize regarding an unpleasant time in class but remind children there is no way every child will be a good fit with every teacher. Part of life is to keep working at what really matters even if you can’t enjoy all you work with. A question to pose is, what can you learn from the teacher? A teacher does not have to be your favorite person in order for you to learn from that teacher.

Another way to teach resiliency is to *model fairness and effective communication and problem-solving skills.* Part of good communication is to listen thoughtfully and probe gently for facts, realizing that they can get distorted when someone is under stress. A parent should not criticize teachers or the school in front of a child. Even young children can see our disdain, worry, and frustration. Criticism can lead to students’ being rude and defiant, which is not helpful in problem solving.

CONCLUSIONS AND APPLICATIONS

Researchers, while acknowledging that some children temperamentally have an advantage in terms of optimism, flexibility, and other traits, provide numerous ways we can and should help all children become more resilient. Protecting them from all stress is not in their best interests over the long term. We need to find ways to very clearly manifest our support while still providing many opportunities for our children to overcome obstacles and grow in self-confidence. For more information, I recommend the following resources:

- Benard, B. (1995). *Fostering resilience in children*. (ERIC Document No. ED386327)
- Hetherington, E., & Blechman, E. (1996). *Stress, coping and resiliency in children and families*. Mahwah, NJ: Erlbaum.
- Institute for Mental Health Initiatives. (1999, Fall). *Resilience*, 7(1).
- Katz, L. (1996, October). Building resilience: Helping your child cope with frustrations at school. *Instructor*, 2(11).
- Rutter, M. (1987). Psycho-social resilience and protective mechanisms. *American Journal of Orthopsychiatry*, 57, 316–333.
- Werner, E. (1984). Resilient children. *Young Children*, 40, 68–72.

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