

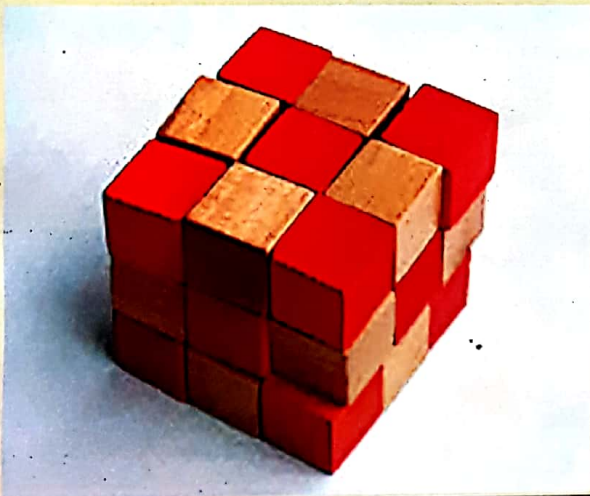
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## Resilience in youth: Factors Associated with vulnerability and Resilience

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### Abstract:

Resilience refers to the ability of individuals to adapt successfully in the face of acute stress, trauma, or chronic adversity, maintaining or rapidly regaining psychological well-being and physiological homeostasis. Adolescence is a time of major transition with the inevitable stresses of life span changes. Adolescence can be described as transitional period in which individuals experience major physical, cognitive and socio-affective changes. Other life events such as family structure and change, school changes and accidents can affect adolescent's well-being. The developmental stage between the ages 18-25 is called the *emerging adulthood period* the developmental stage between adolescence and adulthood, when individuals are typically transitioning from dependence on parents to full autonomy. It is a time period with the highest rates of risk behaviour. Risk factors that forecast later problems and threat to positive adaptation. A large research literature documents that adverse childhood events markedly increase the risk for negative psychological and physical health outcomes over the lifespan and make them vulnerable. Individuals who adapt the adversity are labelled as survivors, resilient, stress-resistant and invulnerable. In this article we discuss on various factors associated with the vulnerability and resilience. There are many factors associated with the resilience including psychosocial, developmental, neurochemical, genetic, and cultural factor associated with resilient responses to adversity. By reviewing the literature it is made clear that promoting and protective factors such as individual characteristics, family environment, and social factors plays a considerable role in flourishing resilience.

### Introduction

Most people are exposed to one or more traumatic events during their lifetime, and many must suffer stressful conditions that persist over time. When defining the resilience there is a considerable debate over the definition and operationalization of resilience. Resilience refers to the ability of individuals to adapt successfully in the face of acute stress, trauma, or chronic adversity, maintaining or rapidly regaining psychological well-being and physiological homeostasis (Charney, 2004). Generally, resilience is a process of successful adaptation to adversity (Zautra, Hall, & Murray, 2008). It is a broad concept that encompasses a wide range of phenomena, including the capacity of a system to withstand or recover from significant challenges. In human development, resilience research has focused on three distinct situations :a) functioning well during a time of significant adversity ("stress



resistance"); b) returning to a previous level of good functioning following a traumatic or severely disturbing experience ("bouncing back"); or c) achieving new levels of positive or normal adaptation when severely adverse conditions improve ("normalization") (J. J. Cutuli and Ann S. Masten 2009) Individuals who adapt the adversity are labelled as survivors, resilient, stress-resistant and invulnerable. In this article we discuss on various factors associated with the vulnerability and resilience. There are many factors associated with the resilience including psychosocial, developmental, neurochemical, genetic, and cultural factor associated with resilient responses to adversity.

#### Youth and vulnerability:

Adolescent and early adult are so called youth. These periods of lifespan is particularly vulnerable time. In the adolescence period major changes occurs in body image, sexual interest, career development, intellectual development and self-concept (Corsini 2002). At the same time biological development occurs but the emotional moral and intellectual development may not necessarily occur. According to Williams and McGillicuddy –D Lici (2000) adolescence is a time of major transition with the inevitable stresses of life span changes. Adolescence can be described as transitional period in which individuals experience major physical, cognitive and socio-affective changes. Other life events such as family structure and change, school changes and accidents can affect adolescent's well-being (Sharon 2006). An vast research literature links adverse childhood experiences to the development of a variety of mental, physical, and behavioural problems in childhood, adolescence, and adulthood, representing a substantial public health problem (Kessler, Davis, & Kendler, 1997) Adverse childhood experiences have been most consistently linked to the development of psychiatric disorders in adulthood, including major depression, suicidal behaviour, anxiety disorders, substance use and abuse, and disorders involving aggression (Afifi et al., 2008)

#### Factors associated with vulnerability:

Risk factors that forecast later problems and threat to positive adaptation. A large research literature documents that adverse childhood events markedly increase the risk for negative psychological and physical health outcomes over the lifespan.

Attributes of a person or a person's situation that forecast later problems are called risk factors. Research on groups of people who have certain factors in their lives has indicated that there is an elevated chance for a specific negative outcome among the group as a whole. Those with these certain risk factors are often said to be "at-risk" for the problematic outcome. Risk factors commonly co-occur, and there may be a much greater likelihood of problems when risk factors accumulate in the lives of individuals. Risk is a general term that includes a wide variety of predictors, including traumatic life events, chronic disadvantages, and status variables. In psychology and resilience science, the risk factors of poverty, low socioeconomic status,



violence and maltreatment, prematurity and low birth weight, minority status, war, and natural disasters have all received a great deal of study. (J. J. Cutuli and Ann S. Masten 2009)

Several longitudinal and Epidemiological studies suggests that prevalence rates of more "common" adversities. Anda and colleagues (2006) found that 64% of respondents (ages 19–92) in a large national survey Conducted in United States. (the Adverse Childhood Experiences [ACE] study) reported at least one adverse childhood family experience (emotional abuse: 10.6%; physical abuse: 28.3%; sexual abuse: 20.7%; parental substance abuse: 26.9%; parental mental illness: 19.4%; witnessing violence toward one's mother: 12.7%). Childhood sexual and physical abuse rates of 11–30% have been reported. In the Kauai Longitudinal Study, begun in 1955, researchers identified about one-third of children as being at "high risk" due to birth complications, chronic poverty, parental mental illness, or family discord (Werner & Smith, 1982, 1992). A series of articles emanating from the adverse childhood experiences study have linked childhood adversity to a wide range of behavioural and physical health-related outcomes as well, including sleep disturbances, severe obesity, alcoholism, smoking initiation and prevalence, sexual disorders, somatic symptoms, chronic obstructive pulmonary disease, chronic bronchitis and emphysema, ischemic heart disease, and use of prescription drugs (Anda et al., 2006, 2008; Dong et al., 2004; Dube, Anda, Felitti, Edwards, & Croft, 2002; Felitti et al., 1998). The developmental stage between the ages 18-25 is called the *emerging adulthood period* the developmental stage between adolescence and adulthood, when individuals are typically transitioning from dependence on parents to full autonomy. It is a time period with the highest rates of risk behaviour (e.g., binge drinking, unprotected sex) and spikes in the occurrence of major depression (Arnett, 2000, 2007). A number of theorists have noted that emerging adulthood can be a time period that offers "turning points," "second chances," or opportunities for disadvantaged youth to redirect their lives onto healthier, more resilient (or more destructive) paths (Masten et al., 2004).

#### Promotive and Protective Factors Associated with Resilience :

Resilience researchers have studied many potential factors that might account for better outcomes in the context of risk or adversity. These have come to be called promotive and protective factors. Promotive factors are associated with good outcomes in general, regardless of risk exposure. In contrast, protective factors moderate risk, showing a special effect when adversity is high. Healthy brain development and good parenting are the examples of promoting factor. Protective factors have a generally promotive role even when risk is low, but also take on special protective functions when adversity is high. (J. J. Cutuli and Ann S. Masten 2009). Both Protective and promotive factors are the building blocks of the resilience. From the many different studies researcher have identified many promotive and protective



factors that play a key role in flourishing resilience. These fall into three main categories:

- Personal or individual characteristics or attributes of a child or adolescent.
- Characteristics (e.g. climate and resources) within an adolescent's family.
- Characteristics of formal and informal social support networks into which a youth might be connected (Pollard, Hawkins & Arthur 1999:146, Smokowski, Reynolds & Bezruczko 1999:426).

From the various studies wide range of psychosocial factors identified as a promoter of resilience including

Individual characteristics contributing to resilience :

As compared to the vulnerable individuals resilient individuals having some individual characteristics that contribute to the resilience, it includes effective communication skills, better problem solving skills/ active coping strategies, positive emotionality, cognitive reappraisal and a sense of purpose in life. Children are enabled, through good communication skills to express their needs, thoughts and feelings. They are also able to negotiate emotionally hazardous experiences and to avoid feeling overwhelmed and helpless in the face of adversity and difficulty (Early & Vonk 2001:18)

Active coping involves facing one's fears. Resilient individuals are more likely to utilize fear as a guide to appraise threat and direct appropriate action. By contrast, maladaptive strategies involving escape/avoidance of stressful situations—such as denial and behavioural disengagement—have been linked to higher distress levels (Carver, 1997; Folkman & Moskowitz, 2004).

Dispositional optimism and positive emotions play a key role in enhancing psychological resilience (Ong, Bergeman, Bisconti, & Wallace, 2006; Tugade & Fredrickson, 2004). According to the broaden-and-build theory (Fredrickson, 2001), positive emotions provide a buffer against the adverse consequences of stress by decreasing the autonomic arousal produced by negative emotions, and by increasing flexibility of thinking and problem solving. With the cognitive reappraisal individuals re-evaluate or reframe adverse experiences in a more positive light. In the dynamic model of affect (DMA) Zautra, Smith, Affleck, and Tennen (2001) proposed that personality may play a crucial role in the stress and coping. This model view emotional adaptation entirely in terms of regulating psychological distress, the DMA takes into account the dynamic association between negative and positive emotions. Positive emotional engagement during times of stress may represent one potential pathway underlying stress resistance.

Lewis (1999:202) suggested that children who display resilience demonstrate the capacity for solving problems and believe in their own capabilities. Some researcher found that high intelligence also linked to the



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resilience, children with high intelligence found to be resilient. (Wang, Haertel and Walberg 1997:)

A sense of purpose in life and the presence of an internal set of beliefs about right and wrong have been linked to resilience. Traumatic events may deeply affect a person's beliefs and sense of meaning (Janoff- Bulman, 1992). Luthar et.al (2000) stated that some children adapt successfully and are even stimulated by these life events whereas other children have adjustment and behavioural problems some children also face psychological difficulties such as depression and PTSD. Resilient youth have goals, educational aspirations, persistence, hopefulness, and a sense of a bright future (Krovetz 1999:121; Kalil & Kunz 1999:199).

Family factors contributing to resilience:

The family environment is probably one of the most important influences on the psychosocial development of young people. Smokowski et al. (1999) found that care-giving in the child's first year of life to be the most powerful predictor of childhood resilience. Smith and Carlson (1997:239) and Grossman (1992:447) mention that qualitative studies of children in high-risk, disadvantaged settings have characterized resilient children as having resilient families. The avoidance of marital conflict, violence and abuse helps to provide a safe and healthy environment for children. Among families living in conditions of poverty, positive parenting encompassing high monitoring, support, and cohesiveness can help children maintain adequate levels of adjustment (Luthar & Goldstein 2004:503). Parents who encourage competence (e.g. academic achievement) and support the child in developing skills and goals that are linked to the broader social setting, contribute directly to their child's resiliency (Donald et al.2002:223; Dekovic & Meeus 1997:163).

Social factors contributing to resilience:

Social connectedness to people beyond the family is also a key type of protective factor. Connections with adults, including teachers, coaches, or mentors, have positive benefits for children and youth. A large number of studies have documented the importance of social support as a protective variable in stress- related disorders such as PTSD (Charuvastra & Cloitre, 2008) Resilient children and adolescents are thought to utilise social support systems more effectively than their peers (Smokolowski et al.1999) Research has shown that affiliative behaviors in animals and humans alleviate the effects of stress, injury, and infection (DeVries, Glasper, & Detillion, 2003; Robles & Kiecolt- Glaser, 2003). Secure attachment relationships help to reduce negative affect and physical arousal in stressful situations (Charuvastra & Cloitre, 2008).

Conclusion

This article is an effort to examine the role of various factor which contribute towards risk and resilience in youth. By reviewing the literature it is made clear that promoting and protective factors such as individual characteristics,



family environment, and social factors plays a considerable role in flourishing resilience.

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