

# What is resilience and how can it be promoted?

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**The article describes the concept of resilience, explains the resilience factors, and presents ways in which resilience can be promoted.**

## WHAT IS RESILIENCE?

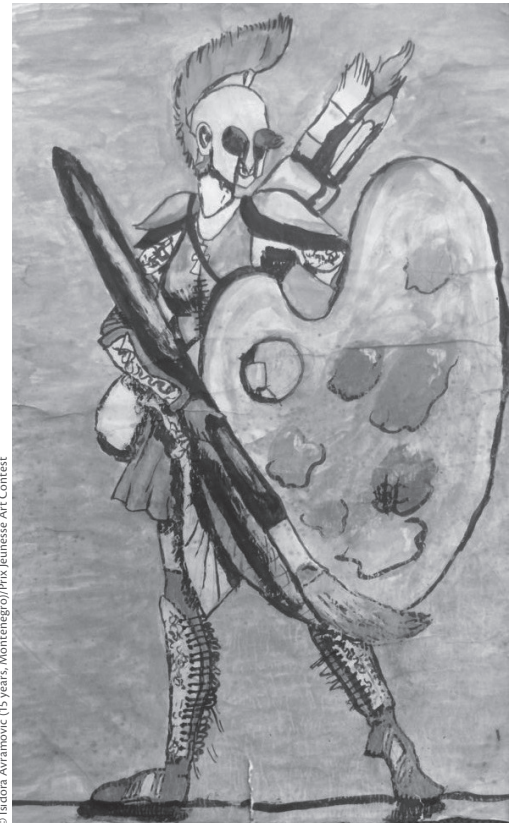
In the context of the new emphasis on resources and health-promoting factors in the human and health sciences, the concept of resilience – i.e. psychological stamina – and how it can be promoted is receiving increasing attention in research and practice (Wustmann, 2004; Opp & Fingerle, 2007; Zander, 2011; Fröhlich-Gildhoff, Becker & Fischer, 2012; Fröhlich-Gildhoff & Rönna-Böse, 2015). Resilience means the – acquired – ability to cope with crises and stress in such a way that the individual is not destroyed but strengthened by these experiences.

In principle, we may assume that resilience is not an innate characteristic but is developed over the course of an individual's life; the early years are particularly important here. Resilience research shows that it is a dynamic characteristic. The child is seen as an active “coper” and (co-)creator of his/her life; the capacity for psychological stamina develops out of the interaction with attachment figures and real and positive coping experiences. If a child is successfully able to cope with challenging or critical situations, the child emerges from this a stronger person. This resilience is “a dynamic capacity (...) which develops over time and in the context of interactions with humans and the environment”<sup>1</sup> (Petermann,

Niebank & Scheithauer 2004, p. 345). A positive way of coping with crises, stress and developmental tasks – transitions, e.g. from family to early childhood education and care institutions (kindergarten) or from kindergarten to school, are of specific significance here – has a positive impact on a child's further development.

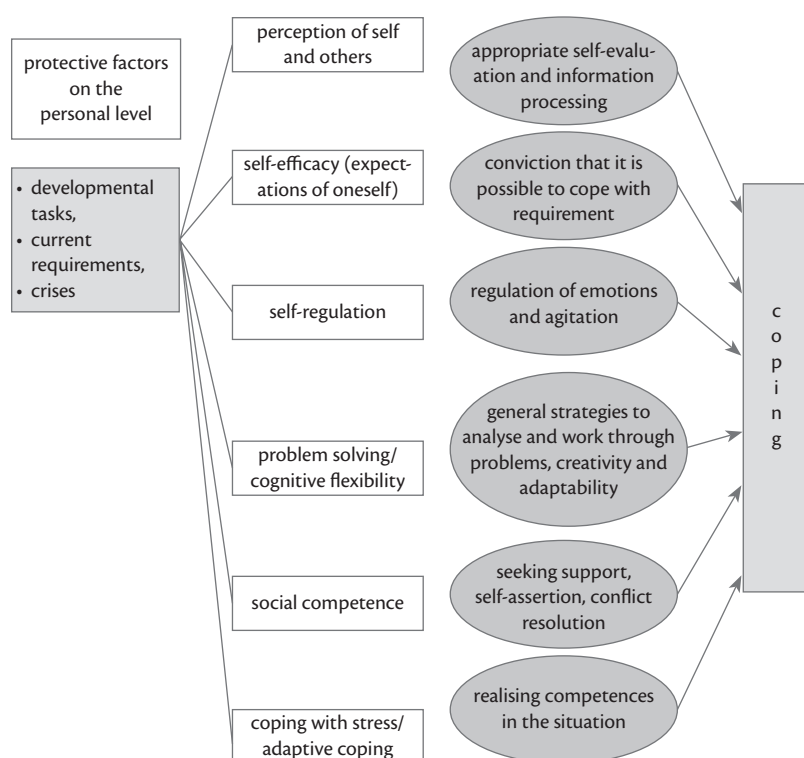
## RESILIENCE FACTORS

In resilience research, particular emphasis has been, and is being, placed on the identification of **protective factors** which (significantly) increase the probability of healthy psychological development (Bengel, Meinders-Lücking & Rottmann, 2009; Rönna-Böse, 2013). There is a general consensus that the most important protective factor is a stable, appreciative, emotionally warm relationship with an (adult) attachment figure. In her comprehensive analysis of the last 50 years of resilience research, Luthar concludes: “The first major take-home message is this: Resilience rests, fundamentally, on relationships” (Luthar, 2006, p. 780). Here, the positive impact of this relationship depends less on who this attachment figure is than on the nature of the relationship itself. In terms of the important elements in this relationship, the adult must always be available for the child, provide se-



Ill. 1: Resilience expressed through arts: “Making arts has always been my way of ‘fighting off’ negative emotions” (Isidora, age 15)

curity, deal sensitively with the needs of the child, and respectfully support his/her abilities (Fröhlich-Gildhoff & Rönna-Böse, 2015). In the best-case scenario, these attachment figures are the parents, but resilience research in particular emphasises the significance of so-called compensatory attachment figures. These could be carers from the broader family circle but also specialist educational staff in kindergarten, primary schools or youth welfare services (Bengel, Meinders-Lücking & Rottmann, 2009; Pianta, Stuhlman & Hamre, 2007; Luthar, 2006).



Ill. 2: Six personal resilience factors for coping with crisis situations, developmental tasks and critical everyday situations

At the level of the individual him/herself, it is very important to develop competences in order to be able to cope with challenging and critical situations. In a broader definition, resilience is understood as a competence comprising various individual abilities (Rönnau-Böse & Fröhlich-Gildhoff, 2012). Fingerle (2011) speaks, in this connection, of “coping capital”<sup>2</sup> (“Bewältigungskapital”). These competences are not only relevant in crisis situations but also necessary for coping with, for example, developmental tasks and particularly challenging everyday situations. The individual competences develop within a broad range of situations, are activated under stress, and then emerge as forms of resilience. A precise analysis of globally identifiable long-term studies from the perspective of resilience, and an analysis of significant national and international studies and review papers on the subject, show that on the personal level, 6 competences – personal resilience factors –

are particularly relevant in coping with crisis situations but also developmental tasks and critical everyday situations (Rönnau-Böse, 2013) (Ill. 2).

#### (1) Perception of self and others

Self-perception primarily encompasses the holistic and adequate perception of one’s own emotions and thoughts. Self-reflection also has a role to play, i.e. the ability to relate to oneself. Perception of others means the ability to perceive or evaluate other people and their emotional states appropriately and, as far as possible, “correctly”, and to be able to empathise with their point of view and way of thinking.

#### (2) Self-efficacy

Self-efficacy is, above all, a person’s fundamental belief in their own abilities as well as the conviction that they can achieve a particular goal even if they have to overcome obstacles along the way. Expectations as to whether or not one’s own actions are effective (and

successful) have a significant role to play in this. These expectations guide a person’s approach to situations and tasks in advance, and therefore also their way of coping with them, so they often confirm that person’s own experience of self-efficacy. Efficacious children (and adults) also tend to feel they can influence situations (so-called internal locus of control) and can realistically relate the events to their actual cause (realistic attributional style).

#### (3) Social competence

Social competence encompasses the ability to evaluate social situations and demonstrate adequate behaviours in one’s dealings with others, empathise with other people, assert oneself, and resolve conflicts appropriately. However, it is also about being able to approach other people actively and appropriately, establish contact, and maintain and adequately bring to an end interpersonal communication. Social competence also includes the ability to seek social support when necessary.

#### (4) Self-regulation

Being able to regulate oneself encompasses the ability to produce and maintain one’s own inner states – primarily emotions and states of stress – and to independently influence or control the intensity and duration of these, thereby also regulating the accompanying physiological processes and behaviours. This includes, for example, knowing which strategies can be used to calm oneself down, what possible alternative courses of action there are, and which of these are individually effective.

#### (5) Problem-solving competences

Problem solving means the ability “to intellectually access and grasp complex (...) issues that are difficult to classify in order to then, with recourse to available knowledge, develop, evaluate and successfully implement possible courses of action”<sup>3</sup> (Leutner et al. 2005, p. 125). Here, it is important to proceed

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systematically, analysing the respective problem, weighing up possible solutions, methods and approaches, and then likewise trying them out in a systematic way. Various problem-solving strategies can be applied here, e.g. a careful target/implementation analysis. The simplest, but often the least helpful strategy is the “trial and error approach”. Children must – and can – acquire such superordinate problem-solving strategies.

### (6) Active coping competences

Humans experience the character of pressured and/or challenging, “stressful” situations differently. It is about learning how to assess, evaluate and reflect on such situations appropriately in order to then activate and implement one’s own abilities in an effective way and thereby cope with the stressful situation. When dealing with stress it is important to actively approach such situations and actively and appropriately deploy coping strategies. Dealing adequately with stress, however, likewise includes knowing one’s own limits and competences, and the ability to (then) seek social support.

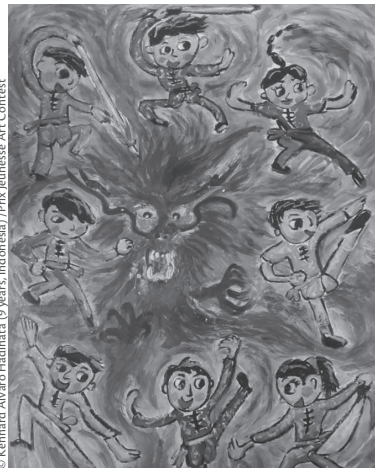
It is notable that these 6 resilience factors are not independent of one another; adequate perception of others, for example, is an important prerequisite for socially competent action.

On the basis of these 6 resilience factors it is possible to develop strategies for promoting resilience and to channel research results productively into practice.

## PROMOTING RESILIENCE

### ... in everyday family life

Within the family, the priority is to offer the toddler or child security and dependability. Adults must recognise the child’s basic needs for bonding, exploration, orientation and protection of their self-worth (Grawe, 2004)



Ill. 3: “My Wushu classes are the days I notice I am strong” (Kennard, age 9)

and respond to these sensitively and in a way that is appropriate to the individual child, his/her age and stage of development. Parents should take the time to be fully “present” for their children, i.e. they should make themselves available to relate inwardly to their child.

Furthermore, children need requirements and challenges they can approach and tackle within their “zone of proximal development” (Vygotsky, 1978); this means avoiding the problem of insufficient or excessive challenge. Sometimes children also need their parents’ encouragement and trust when approaching new tasks, and they certainly need positive, supportive feedback on their actions and forgiveness when they make mistakes or fail. When children are experiencing pressure or crises, their parents must be on hand to provide security (and consolation!).

In everyday life it is helpful for children to be able to look through the “lens of resilience” and reinforce their personal resilience factors; this is applicable in any situation. Here are some examples of how to promote self-efficacy in the context of eating:

To promote children’s self-efficacy, they need opportunities to actively and independently explore their environment and perceive themselves

as “initiators”. Self-efficacy can be promoted by enabling active and self-initiated actions, by enabling independent investigation of the environment, by encouraging children in their approach to requirements/challenges by verbally reinforcing their experience of self-efficacy (e.g. by offering praise or making encouraging eye contact). The following are examples of possible approaches to eating/feeding:

- The attachment figure lets the child feed him/herself if s/he is old enough and can already do so,
- ... lets the child use the spoon him/herself early on, depending on age and stage of development,
- ... pays attention to subtle signs of engagement and disengagement,
- ... allows the child to enjoy and explore the food with all his/her senses (this can also mean sometimes letting the child dip his/her fingers in the warm tea, crumble the bread or mush up the banana).
- Children help with laying the table and clearing up,
- ... may pour their own drinks and fetch a cloth if there is a spillage,
- ... may eat at their own pace.

In all these cases of self-initiated, explorative action, it is helpful if adults offer verbal mirroring and support.

### ... in early childhood education and care institutions and schools

In accordance with findings in prevention research (Durlak, 2003; Bengel, Meinders-Lücking & Rottmann, 2009; Beelmann, 2006; Röhrle, 2008), specific health-promoting or preventative measures are most effective if they are anchored in the setting, i.e. in the target group’s (or target groups’) environment and, at the same time, are applied on several levels, thereby reaching children, parents and educational staff. This means that programmes promoting resilience and protective factors should be embedded in the long-term development of the institution of the kindergarten or school.

The team of educational staff must be qualified in order to be able to develop lasting effects and permanently promote resilience among children and their families in their everyday lives and with the aid of targeted strategies (Fröhlich-Gildhoff et al., 2011; 2014; 2016; Rönnau-Böse & Fröhlich-Gildhoff, 2015) (Ill. 4).

The results of the complex evaluation in the control group design of the various projects in kindergarten and schools showed a high level of acceptance and positive resonance among all target groups, as well as statistically significant, positive results as regards self-image and cognitive development among children in the implementation group in comparison with the control groups (Rönnau-Böse, 2013).

If specialist staff are supported in developing a resilience-promoting approach, and if they acquire specific competences connected with promoting resilience, this has a positive impact on both the children and the parents, as well as the professionals themselves. If children have a resource-oriented perspective, this increases all participants' faith in their own abilities. The result is that children experience greater self-efficacy and specialist staff receive more positive feedback on their input, which in turn increases their faith in their own competences. The educational staff's resource-oriented perspective means that the parents receive more positive feedback, which in turn increases their confidence in their own parenting skills. This confidence feeds back into their relationship with their children, so that the children are supported from both sides (Rönnau-Böse, 2013; Fröhlich-Gildhoff et al., 2011). A similar intervention in primary schools, too, has yielded the same results (Fröhlich-Gildhoff et al., 2014).

**... in adolescence**

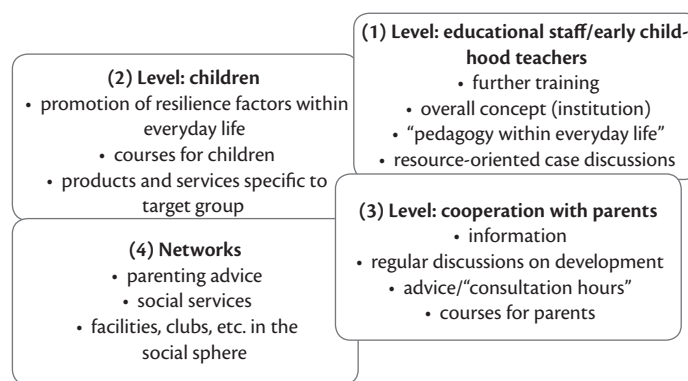
If adolescents are to be able to cope with specific developmental tasks in adolescence, they need the support and stability provided by adults – increasingly also beyond their birth family. This means, above all, accepting and dealing with physical changes, as well as developing an independent identity and – connected with this – detaching from parents. Furthermore, peers become increasingly important in adolescence. “Apparently, the experience of peer relationships already has a part to play in promoting resilience. If a person has experienced peer relationships, s/he is seemingly better able to deal with pressures in relationships”<sup>4</sup> (Steinebach & Steinebach, 2013, p. 102). In order to strengthen their resilience in this sensitive phase, adolescents need the recognition and appreciation of the older generation, even when their attempts to disassociate themselves seem extreme, e.g. when they become involved in the various forms of youth culture. Adolescents need space where they can be alone together, talk and develop, i.e. they need the opportunity to participate and take on responsibilities (shaping their environment, their own “spaces”), and they need the support of a (positive) peer culture through opportunities to meet. Here, youth social work facilities have a particular role to play.

In addition to the basic resilience factors, specific competences linked to orientation and acquiring the ability to act within the multi-optional world are also significant: adolescents need to be prepared to try new things and venture into the unknown; social relations and networks must be constantly forged, negotiated and (re)activated; adolescents can and must develop their own goals (in a self-motivated way), and these should influence their actions.

**... over the rest of their lives**

In later phases of life, psychological stamina and strength is apparent not only in coping with (existential) crises such as unemployment, couples separating, the death of close friends and family, or dealing with illnesses or injuries. It is also apparent in coping with typical transitions between life phases, such as starting a family, children moving out, retirement, or the loss of physical and cognitive abilities with increasing age. Here, social support and positive self-worth come into play, but also the ability to find meaning and purpose and, in connection with this, the development of life goals (Rönnau-Böse & Fröhlich-Gildhoff, 2015).

Orientation towards personal goals or a purpose in life generally increases – as various studies have shown – psychological well-being, life satisfaction and general mental health (e.g. Brunstein, Maier & Dargel, 2007). An important ability here – in particular in protecting subjective well-being – is the ability to constantly align one's own goals with one's own competences and the external conditions; it is about “flexible redefinition of objectives”. “Reorganisation processes” have a role to play in this, i.e. “a re-ordering of the priorities accorded to life goals”<sup>5</sup> (ibid., p. 296).



Ill. 4: Multi-modal approach to promote resilience

## CONCLUSION

It is both possible and appropriate to promote mental health – operationalised via the concept of resilience or protective factors – over the whole life span of a person (Rönnau-Böse & Fröhlich-Gildhoff, 2015). Resilience factors can be promoted in a targeted way, in everyday life and through various “programmes”. Here, it is about parents and professionals – primarily educators, teachers, psychotherapists – looking through the “lens of resilience” and reinforcing the strengths of the person they are dealing with. In particular, in kindergarten facilities and schools it is about changing the approach of educational staff and establishing a pedagogy in everyday life that is oriented towards strengths and resources – using the available materials. It is about supporting people and encouraging them to take on challenges in their next developmental phase, thereby avoiding the problem of insufficient or excessive challenge. At the same time, we must not forget that continual shaping of resilience-promoting relationships is at the heart of resilience promotion – this must be borne in mind with every intervention. The experiences of kindergarten and school teams, who have looked at their work anew from the perspective of resilience and have, to a certain extent, adapted their work accordingly, show that although this is initially connected with processes of reflection and extra work, professional self-image and work satisfaction do increase in the medium term. Resilience promotion is no “panacea”, and any measures taken can only increase the probability that children, adolescents and even adults will be able to cope “better” with life’s challenges, i.e. in the sense of preserving mental health. Resilience does not “help” if the conditions in which people are living are inhumane and intolerable – in this case, the conditions must be changed. ■

## NOTES

- <sup>1</sup> Translated from German.
- <sup>2</sup> Translated from German.
- <sup>3</sup> Translated from German.
- <sup>4</sup> Translated from German.
- <sup>5</sup> Translated from German.

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