

The Five Threads of Resilience

Every child has characteristics, threads, which can be woven together to create a barrier or protective cloak that has the potential to protect him or her when facing stress. This is known as resilience. The power of this protective cloak depends on the strength of each individual thread used to weave it. Five of these threads are critical to a child's resilience: superior intelligence, autonomy, androgyny, social skills, and an internal locus of control.

All of us experience different types and degrees of stress: paying the bills on time, picking up children at the right place, or waiting for the results of a medical test. Stress is a part of our daily lives. Children also experience stress: waiting to be picked up, not getting their way, being forced to do something they are not ready to do or don't want to do, wondering if they will have a birthday party and if friends will come, feeling anxious about whether or not the kids at the new school will like him or her, or doubting they will ever learn to ride a bike or come down the slide without feeling scared. Sometimes stress can be severe. You could be facing a major illness, the death of a partner, the loss of a job and your livelihood. Children also face severe stress, a parent or family member that has been diagnosed with a chronic illness, parents in the midst of a divorce, experiencing a catastrophic event, or even being the victim of child abuse or maltreatment. Sometimes stress occurs in one big blow and sometimes it lasts months or even years. How we and the children in our lives cope with the big and little stresses and adversity in our lives depends on how resilient we are; that is our "ability to thrive, mature, and increase in social, physical, and cognitive competence in the face of adversity." (Gordon, 1995)

What Are Resilient Children Like?

Resilience looks different in infants, toddlers, preschoolers and school age-children. Resilient infants are active, energetic, and easy going. (Gordon Rouse, in press; Werner and Smith, 1982) They are able to get the people around them to respond positively to them. They also tolerate frustration, control their impulses, and delay gratification better than other infants their age.

Resilient toddlers, on the other hand, show intelligence and independence along with appropriate amounts of cooperation and compliance. (Murphy and Moriarty, 1976) They are friendly, socially responsive, sensitive, and have a positive sense of self. (Garmezy, 1981; IMHI, 1991) Another characteristic of resilient toddlers is androgyny. Boy toddlers are demonstrative, social and express their emotions. (Murphy and Moriarty, 1976) Girl toddlers are better coordinated than their peers, not as timid and very interested in the world around them. (Werner and Smith, 1982)

As toddlers grow and become preschoolers, more characteristics of resilience appear, while other characteristics change in relation to each child's individual growth and development. Older children have more advanced reasoning and problem solving abilities. (Dubow and Luster, 1990; Werner, 1989a; Werner, 1990) Preschoolers and schoolagers continue to be social, androgynous, and autonomous. They may have hobbies and interests that are not gender specific. (Werner 1989a) Resilient preschoolers have a more positive self-concept than their peers (Dubow and Luster, 1990) and an internal locus of control. (Garmezy, 1993; Garmezy and Rutter, 1983;

Werner, 1989a; Luther, 1991) Resilient preschoolers and schoolagers are intellectually able and comfortable solving problems. They learn by asking questions, observing and imitating (Nelson-LeGall and Jones, 1991), as well as by being allowed and encouraged to take the initiative.

These qualities of resilient infants, toddlers, preschoolers and school-age children can be grouped together into five major characteristics, threads, of resilience: cognitive superiority, autonomy, androgyny, social skills, and an internal locus of control. When these threads are strong, children have a greater ability to face life's curve balls and not only survive, but thrive.

Threads of Resilience

So what can you do to strengthen the five threads of resilience? First, it's important to be clear about what exactly needs to be strengthened. The first thread is cognitive superiority. Cognitive superiority includes the ability to solve problems and take the initiative. It can be about gaining knowledge about the world when being read to and then being able to do the reading yourself. Cognitive superiority is about counting and measuring and being comfortable with numbers and number concepts and doing science. It's about learning how to communicate with others.

The second thread, autonomy, means being independent and having the ability and desire to accomplish tasks on your own. Autonomy is about having enough time to try things out and being able to make choices. It's about having opportunities to practice the same skills over and over again until the skill is mastered. And autonomy is about doing a task and completing it from beginning to end.

Androgyny is the third thread. Androgyny means exhibiting both feminine and masculine characteristics at the appropriate time. It is going beyond typical gender expectations. We see androgyny when boys express their emotions and are demonstrative; when they cook, clean, do laundry, nurture self and others, and take a care of a household. We also see androgyny when a girl is assertive and takes calculated risks; when she uses tools to fix things like sinks or cars; when she stands on her own two feet.

The next thread is social skills. Social skills include being sensitive and being able to name emotions. Sharing, telling the truth, and peacefully solving problems are all social skills. Social skills are seen in children who are inclusive and accepting of others, even those who are different from them.

The final thread of resilience is an internal locus of control. This means recognizing that your actions result in consequences, seeing cause and effect relationships related to your successes and failures, and using power and control responsibly. All of these threads can be strengthened by a child's caregiver.

Be a Supportive Caregiver

Supportive adults who have warm and responsive relationships with infants, toddlers, preschoolers, and school-age children are essential to building and maintaining resilience. However, it's important to know that supportive caregivers should do and say different things depending on the age, developmental stage, personal characteristics, abilities and interests of a child. For example, warm and responsive adults who care for infants respond to them in ways

that communicate that the environment is predictable and the caregiver is trustworthy. Infant caregivers respond promptly to a baby's cries and his or her individual cues. They work to create a match between their temperament and the temperament of each child. Supportive infant caregivers talk to babies not at them or about them. They also create and maintain environments that nurture a baby's healthy growth and development and keep him or her safe from harm.

Supportive caregivers who care for toddlers do all the same things that caregivers who care for babies do: respond to the toddler's cues, talk with the toddler and create a match between their temperament and that of each toddler, but they also do more. Supportive toddler caregivers help toddlers manage their strong desires and emotions in appropriate ways. Supportive toddler caregivers let toddlers be independent. They provide plenty of opportunities for toddlers to make choices and provide them with gentle but firm boundaries or limits that keep them safe from harm.

Supportive caregivers of preschoolers and school-age children do all the things that infant and toddler caregivers do, but they must also provide these older children with opportunities to master different skills and to develop a sense of competence. Competence is the knowledge children have that they are good at something. Supportive preschool and school-age caregivers enable children to take the initiative and learn to solve problems on their own by providing children with an appropriate environment and plenty of time.

Promote Each Child's Self-Esteem

Self-esteem is a measure of how much a person likes, accepts, and respects himself or herself overall as a person. For very young children, self-esteem is the answer to the questions, "Am I lovable? Am I capable?" Young children look for the answers to these questions in the verbal and non-verbal messages conveyed by the adults around them.

Important ways to promote a child's self esteem include: loving and supporting them no matter what, helping each child discover his or her own unique strengths and providing opportunities for them to use or play to their strengths. Use specific praise and encouragement to recognize a child's competence and accomplishments. Provide opportunities and experiences that will result in success for each child.

Reduce the Impact of Risk – Intervene and Get Involved!!!

As a mandated reporter, when you have reasonable cause to suspect child abuse or maltreatment, you reduce the impact of risk when you make the call to the State Central Register. You are reducing the impact of risk when you communicate and work closely with special needs children and their families. You also reduce the impact of risk when you share important community resources and information with the families in your program, such as: phone numbers for the local Department of Health, Regional Early Childhood Direction Center, and Council for Preschool Special Education in the local school district; pamphlets explaining why keeping up with childhood immunizations and testing for lead is important for maintaining the health of children; information about putting babies "Back to Sleep"; and educational materials on how to prevent Shaken Baby Syndrome. Every time you promote the health and development and

protect the safety of the children in your care, you are reducing the impact of risk and building up their resilience.

When Life Sends Lemons, Show Children How to Make Lemonade.

Children need to experience disappointment in order to be able to face life's difficulties. Here are four things you can do to have children you care for productively experience disappointment:

First, don't shelter children from experiences that may result in failure and disappointment. Children need an opportunity to experience small and manageable doses of disappointment and failure so they can build up their resilience, learn to manage the emotions that come with disappointment and failure, develop patience, and practice problem solving. Think about it as putting money in the bank. It's the reserve you set aside in case of an emergency.

Second, acknowledge reality. Don't pretend that something disappointing didn't happen or a child didn't fail at accomplishing something. Reflect the child's feelings as well as what situation caused the feelings. For example, you can say things like, "I know that you are disappointed that we can't go to grandma's this weekend." or "Not getting invited to Joseph's birthday party must really hurt your feelings."

Third, stay positive. While acknowledging the disappointment, be sure to provide specific praise about what was achieved or accomplished. Statements such as, "I know that you didn't win the Blue Ribbon for your 4-H project, but you worked really hard to make your apron, stenciling can be really difficult, or "I know you expected to pass the swimming test so you could swim in the deep end, but it didn't work out that way. You've been working hard everyday to get your hands and feet to work together and you really are improving. I'll bet you'll get to try the swimming test again, soon" acknowledge disappointment or failure, but keep it positive.

Finally, don't make too big a deal of disappointment. Offer a child who is experiencing disappointment brief and supportive comments. Be careful not to over-emphasize the disappointment or failure. There will always be another opportunity for positive accomplishments and successes. Making too much of a disappointment or failure may create a feeling of victimization in the child. This could result in the child thinking that they are not capable or loveable and could result in them not taking the risk of trying again.

You can't stop stress and adversity from happening in a young child's life, but when you help them strengthen their threads of resilience you are ensuring that they will be able to bounce back when they face stress and adversity.

References

Dubow, E.F., and Luster, T. (1990). Adjustment of children born to teenage mothers: The contribution of risk and protective factors. *Journal of Marriage and the Family*, 52, 393-404.

Fostering Resilience in Children. Retrieved on July 30, 2004 from the Ohio State University Extension website: http://ohioline.osu.edu/b875/b875_5.html.

Garmezy, N. (1981). Children under stress: perspectives on antecedents and correlates of vulnerability and resistance to psychopathology. In A.I. Rabin, K. Arnoff, A.M. Barclay, and R.A. Zucker, (Eds.) *Further Explorations in Personality*. (pp. 196-269) New York: John Wiley and Sons.

Gordon, K.A., (1995). The self-concept and motivational patterns of resilient African American high school Students. *Journal of Black Psychology*, 21, 239-255)

Gordon Rouse, K.A. (in press) Infant and toddler resilience. *Early Childhood Education Research Journal*.

Institute of Mental Health Initiatives. (1991). Resilience from a psychosocial perspective. A paper presented at the American Psychological Association Conference.

Luther, S. (1991). Vulnerability and resilience: A study of high-risk adolescents. *Child Development*, 62, 600-616.

Murphy, L. and Moriarty, A. (1976). *Vulnerability, coping, and growth from infancy to adolescence*. New Haven: University Press.

Nelson-LeGall, S. and Jones, E. (1991). Classroom help-seeking behavior of African-American children. [Special Edition] In Winfield, L.F. (Ed.) *Resilience, Schooling, and Development in African-American Youth*. *Education and Urban Society*, 24, (1) 132-147.

Ramey, G. (2004). Helping children experience disappointment. Retrieved on August 11, 2004 http://www.cmc-dayton.org/Health/FW/help_children_experience_disappointment_07120.

Werner, E.E. (1989a). High-risk children in adulthood: A longitudinal study from birth to 32 years. *American Journal of Orthopsychiatry*, 59, 72-81.

Werner, E.E. (1990). Protective factors and individual resilience. In S.J. Meisels and J.P. Shonkoff (Eds.), *Handbook of Early Childhood Intervention*, (pp. 97-116). Cambridge: Cambridge University Press.

Werner, E.E. and Smith, R.S. (1982). *Vulnerable but invincible: A longitudinal study of resilient children and youth*. New York: McGraw-Hill.