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EIGHT YEARS ON: TRAJECTORIES OF CHILDHOOD AND ADOLESCENT RESILIENCE

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Introduction

In 1997 we began a research project that tracked a cohort of approximately 50 students aged between 9 and 12 over a period of 5 years. The students lived in highly disadvantaged areas. Our aim was to identify the factors, be they individual, social and/or environmental that contributed to each student's risk and resilience status and to track how this status changed over time. By the end of the project the participants were aged from 13 – 16 years so we had been able to track most of them through early adolescence and the often difficult transition from primary to high school. Our insights from the huge body of data gathered through this project have been reported at AARE conferences from 1997 on and in Australian and international refereed journals.

Many longitudinal studies, particularly in the areas of physical health and social adjustment (e.g. the Dunedin Multidisciplinary Health and Development study) have shown the benefit of tracking research participants beyond adolescence. Accordingly, we set about finding some of our former participants (aged now between 17 and 21) in order to ascertain their present risk/resilience status. Drawing on the work of Rutter (1999) we show in two case studies how negative and positive chain reactions in people's lives have influenced outcomes and how there are also critical events or 'turning points' where choices made have the potential to disrupt these chain effects.

Risk and Resilience

During the last century, much research attention was paid to studying *risk* in various populations. Many important longitudinal studies (e.g. the Dunedin Multidisciplinary Health and Developmental Study; Canada's National Longitudinal Survey of Children and Youth) focused on the health of selected populations and were designed to track individuals over time in order to identify those risk factors that predicted negative outcomes for individuals. While the principal focus for many studies was risk to health, when studying children and young people the term has often been used to predict vulnerability to a range of other negative life outcomes including school failure and/or dropping out of school, drug abuse, failed relationships, delinquency/criminal activities, unemployment, ill health and early death (Dryfoos 1990; Hawkins, Catalano and Miller 1992; Rutter 1980).

Out of these largely epidemiological, longitudinal studies an interesting finding emerged. As Bernard (1991) explains:

Although a certain percentage of high risk children developed various problems, a greater percentage of children become healthy, competent young adults.

This finding opened the way for a new type of study in the 1980s and 90s. Rather than focusing on children who were the casualties of risk factors, some studies began to look at those children who did not develop problems despite being exposed to the same risks. In other words, these studies began to investigate what it was about these children and their circumstances that enabled them to achieve positive life outcomes despite exposure to risk. Instead of focusing on individual deficit, the new approach focused on individual and community strengths and, thus, the concept of resilience emerged in the psychological literature. According to Masten, Best and Garmezy (1990), resilience is defined as the process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances.

A strong feature of the published research on resilience has been the identification of both internal assets of the individual and external strengths occurring within systems in which the individual grows and develops; both are frequently referred to in the literature as *protective factors* (e.g. Garmezy 1985, 1994; Rutter 1987; Gore and Eckenrode 1994) or *protective mechanisms* (Rutter 1987). Just as risks have been identified as cumulative, protective factors seem to have the same cumulative effect in individuals' lives. The more protective factors that are present in children's lives, the more likely they are to display resilience.

Internal assets or protective factors that consistently appear in the literature in describing common characteristics of resilient children are such things as social competence, problem solving skills, mastery, autonomy and a sense of purpose and a future (see Waters and Sroufe 1983; Garmezy 1985; Rutter 1980, 1984, 1985; Werner and Smith 1988; Masten, Best and Garmezy 1990; Gore and Eckenrode 1994; Consortium on the School-Based Promotion of Social Competence 1994).

External assets or protective factors have been described in relation to three primary systems in the child's world - family, school and community. In relation to the family, many of the protective factors identified by research clearly relate to the consistency and quality of care and support the individual experiences during infancy, childhood and adolescence. The work of Rutter, Maughan, Mortimore and Ouston (1979) shows that another source of external protective factors can be the school. Children in discordant and disadvantaged homes are more likely to demonstrate resilient characteristics if they attend schools that have good academic records and attentive, caring teachers. Other studies have also shown the important role that individual teachers can play in resilient children's lives (Geary 1988; Werner and Smith 1988; Coburn and Nelson 1989). In relation to the community, children in disadvantaged areas are generally considered more at risk than those in more affluent areas. However, certain community characteristics seem to operate as protective factors. The strength of social support networks provided by kin and social service agencies, for example, is one such factor (Pence 1988).

The South Australian Longitudinal Study of Risk and Resilience

In 1997 we began a study of the life experiences of *at risk* students who were judged to be displaying both resilient and non-resilient behaviour at the time. This study was different from many that had gone before in that it was qualitative rather than quantitative, Australian rather than British or American, and longitudinal. We began with 55 participants aged 9 - 12, thirty of whom were judged to be displaying non-resilient behaviour and twenty five, resilient behaviour. Roughly equal numbers of

boys and girls were originally recruited. Over the five years of the study, there was some attrition as children changed schools, moved away from the area and were unable to be contacted, but in 2001 we still had 30 of the original 55 participants who were able to be located and who were still interested in being part of the study. Each year, we asked the children the same questions which were designed to help us identify those experiences which were clear life stressors and those factors that helped protect some of the children from negative outcomes. The interview protocol that we used was as follows:

What important things have happened to you since we last talked?
Who are the important people in your life now and why?
How do you like to spend your time these days?
What do you like about your life these days?
Have you done anything in the last four years that you are particularly proud of?
Have you any regrets about anything that has happened since we last spoke?
What are your plans for the future?
What do you think may help you achieve your plans?
What may stop you from achieving your plans?
What advice would you give other young people about life?

Analysis of the huge amount of data that such a long study produced provided insights into the complex workings of children's lives in equally complex contexts. It was very clear that the risk/protective value of particular factors was dependent on and mediated by context. Thus, childhood disability, a risk factor established by several studies, did not necessarily predict long term negative outcomes if family and community support was strong. Conversely, a strong sense of self esteem and self-efficacy which are established protective factors did not necessarily protect children from risk. Moreover, although some internal factors are associated with resilience/non-resilience (e.g. temperament), these too were mediated by environmental influences. Thus, resilience/non-resilience should not be seen as permanent states; they alter as risk and protective factors increase/diminish in the social environment.

Causal Chain Effects and Turning Points

Rutter (1999: 129) explains causal chain effects thus:

Empirical findings have increasingly shown that later experiences are not independent of what has occurred before (Rutter and Rutter 1993). Indeed, it is the existence of long-term indirect negative chain effects that leads to the persistence of the ill-effects of early stress and adversity (Rutter 1989). 'Bad' experiences are not randomly distributed in the population. There are in fact, huge individual differences in people's exposure to environmental risks (Rutter et al. 1995). The extent of environmental risk exposure is determined in part by societal circumstances but above all it is influenced by how people, themselves behave. By their actions, people do much to shape and select their experiences. In this way, vicious circles build up.

He does, however, show that these causal chain effects can be disrupted by what he called *turning point effects*. These are mechanisms that may entail 'a degree of redirection of life trajectories' and include (i) those that shut down or open up opportunities (e.g. dropping out of school or persisting with education); (ii) those that involve a lasting change in environment (e.g. geographical re-location; loss of a parent) and (iii) those that have a lasting effect on a person's self concept or views

and expectations of other people (e.g. experience of early abuse or neglect) (Rutter 1994)

We were able to identify causal chain and turning point effects identified by Rutter (1994, 1999) because we could trace the pathways that positive/negative starting points entailed. The power of causal chains to produce predictable effects appeared to be very strong in our participants, many of whose resilient/non-resilient profiles persisted over time. We will demonstrate this and the capacity of *turning points* to sustain or disrupt chain effects in the two case studies to follow.

In the quote above Rutter (1999: 129) explains that chain effects can be environmental/societal in origin (e.g. family break-up → less money → re-location into less desirable housing/residential location → fewer social resources → under-resourced school → more exposure to risks). He also points out that there is a psychological dimension to these chain effects too – their perpetuation can be influenced by the way people behave and act. Our data show that these actions (productive/counter-productive responses to circumstances) are often learnt and sometimes taught. If such learnt behaviours are successful in, for example, temporarily reducing stress or gaining wanted outcomes, then they are likely to recur in similar circumstances. Again, we will demonstrate this in our two case studies.

Eight Years On

We terminated the study in 2001 (when our subjects were between 14 and 17 years old) having tracked them across the often difficult transition between primary and secondary school. We were encouraged to return to the study in 2005 for a number of reasons but principally because it is clear that a number of choices present themselves in early adult life and these are potential *turning points* (e.g. choice of life partner, career, work/education). Sometimes these may be forced choices (e.g. relocating for work; conscription into armed forces; early marriage/single motherhood because of pregnancy). Another strong motivation to continue was that at least 15 of our original participants were still in the area where they had originally been recruited and were easily located via the telephone directory or electoral roll. Of these, 6 agreed to one last interview.

This final cohort consisted of 3 males and 3 females. Two of the females and 2 of the males had shown behavioural patterns associated with non-resilience that persisted over the 5 times we interviewed them; 1 male and 1 female had shown a consistent pattern of resilient behaviour over that time. The males were aged from 18 – 21 and the females 16 - 21. Three were still at school, two were employed part-time and one full-time. We interviewed them using the same protocol that we had always used (see above).

Two Case Studies

Adam and Lydia (pseudonyms) are now both 21 years old. In their accounts, we will show negative chain reactions that strengthened non-resilient behaviours/responses and positive chain reactions that strengthened resilient behaviours. In addition we will identify *turning points* where there were opportunities for choice and/or for the disruption of chain effects. We will also speculate on the role that key institutions in Adam and Lydia's lives (e.g. family, school, work) have played in shaping outcomes for them both.

Adam

When looking at Adam's transcripts over the years, it is clear that various experiences he had as he grew up have encouraged him to develop many behaviours, attitudes and characteristics associated with non-resilience (low self esteem, poor sense of self efficacy, resignation of decision-making to others, victim-hood, few plans for the future) and these features have persisted into adulthood. We will present two negative chain effects that we have identified in Adam's life that we argue have contributed to this state.

The first chain effect began when Adam was placed in a grade lower than his age-mates when he moved to a new primary school in the early years.

A: I'm older than most of the Year 8s because I'm meant to be in Year 9 this year. I had to do 18 months Reception because I moved to Brookbank after 6 months and I had to do Reception again there.

The reason for this placement is unclear but as a consequence he remained older (and physically bigger) than all his classmates throughout his primary and secondary schooling. One serious side effect of this was difficulty in making friends within his class during the primary years. Those friends he did have were age-mates from outside school but, being in the next grade, they all left to go to secondary school a year ahead of him. His interview at 13 years of age (a year older than most children in Graded 7 in S.A.) showed a mutual rejection between Adam and others in his class:

Q: Do you play with your class mates at lunch and recess?

A: No, they all play soccer. I used to play last year but not any more because most of my friends were Year 7s last year and they all left and I can't really play with the people this year.

Q: Why's that?

A: Because they're.... I don't like them much and they don't like me.

When he finally makes the transition to high school, he is of course, still a year older (and thus bigger) than other Year 8 students. Without any real practice in making friends at primary school, he's not very successful at this in the new high school environment either and he develops 'out of reality' pursuits (reading, computer games, TV watching) that do not involve interaction with others:

Q: What's good about being Adam at the moment?

A: Not much.

Q: Not much?

A: No. I've got a good family and that.

Q: But you don't feel good about yourself?

A: I suppose I'm out of reality with the time reading books and that.

Q: So, what message are you getting from other people about you?

A: They just don't like me.

Q: So what's the worst thing for you at the moment?

A: Not enough friends.

Q: Isn't there anyone at school you can trust?

A: Some. It's just that they might just ... you know, they might just join in with the popular people because they seem to get more popular by joining in with them. You know how it works.

Although it seems Adam has clear insight into how popularity in teenage social groups operates, he appears to be powerless to adopt or change strategies to enable

him to become acceptable to the peer group in this school. He confides that he wishes he had gone to another school where his age-mates from primary school had gone, however his mother chose his present high school. He regrets this choice because even though these boys were a year ahead of him, he feels that they would have been his friends (*'I should have gone to where they went'*).

In this chain effect we see a strange decision about Adam's placement right at the beginning of primary school, having a long-term and cumulative effect on his ability to make and sustain friendships right through his school career. We see a lack of self efficacy developing – he seems resigned to rejection and his loner state. He does not appear eager or confident enough to attempt different social strategies to improve his chances of gaining friends and no-one in the school, it seems, sees Adam's social isolation as a problem sufficient to warrant intervention. His retreat into solitary pursuits ensures he has even fewer opportunities to learn valuable social skills but this strategy can be seen as functional from Adam's point of view. The consequences of social interaction for him are painful and unpleasant and so they are not repeated, they are avoided. Solitary pursuits are not painful and can be absorbing and so this pattern of behaviour is reinforced. Adam, we argue, has learnt to retreat from social involvement.

A second chain effect is very closely interwoven with the first and involves bullying. Adam is different from his class mates in terms of age and size and is teased/bullied at primary school for being overweight (*'I'm not very proud of being overweight'*) although the interviewer's field-notes state that Adam is not overweight but is sturdily built and this sets him apart from the rest of the boys in the class. For whatever reason, Adam is given a hard time. Appeal to the teacher does not seem to provide a permanent solution and again, he seems resigned to this experience.

- A: *There's one person I really don't like – actually two.*
Q: *Why's that?*
A: *Because they tease me.*
Q: *What do you do when they tease you?*
A: *Not much.*
Q: *You just sort of do nothing?*
A: *Yeah. I tell the teacher sometimes.*
Q: *Does that help the situation?*
A: *Sometimes. It's one, mainly it's only one person that does it. Sometimes some of his friends will join in but not very often.*

Predictably, the bullying persists in high school only now, it's not just one or two boys but a big group. Resignation to his fate is encouraged by the lack of teacher intervention and what's perceived to be a failure of the school's anti-bullying program. Although Adam agrees with the interviewer when it's gently pointed out that maybe a new personal strategy to combat bullying is needed, Adam shows a lack of self efficacy in pursuing this suggestion.

- A: *I'm a lot taller and I have had quite a few run-ins with people. I don't really bash them up of anything.*
Q: *Did you pick on them or did they pick on you?*
A: *They pick on me. They call me fat and that.*
Q: *Do teachers allow that to happen?*

- A: *If there's a lot of people, what can the teacher do? Let's say the whole class tells that this person didn't do that, well there's nothing the teacher can really say because the whole class says that they didn't do that.*
- Q: *So there's groups – gangs?*
- A: *A big group and everybody likes....well whoever the bully is, they'll lie for him.*
- Q: *What about going to the school counsellor?*
- A: *People won't quit teasing me anyway and it doesn't matter. You can't really do anything about somebody who just says things and all that. You can't do anything serious like suspend them or anything. So there's nothing really to it, so you just have to ignore it.*
- Q: *So if a kid starts teasing you, how do you react?*
- A: *Usually ignore them. But that usually makes them angrier.*
- Q: *O.K. So, do you think being passive and walking away is the best thing to do?*
- A: *Yeah. Sometimes it is, but if you turn away, usually they hit you in the back or something.*
- Q: *So perhaps you need another strategy?*
- A: *Yeah. There's always one person that thinks they're so tough and always trying to push you around and they've got plenty of friends and they think they can push you around as well.*

In this negative chain reaction, Adam's painful social interactions in high school further drive him into solitary pursuits (*I read a lot and I play PlayStation*) and even lead him to avoid pastimes outside school that involve others (*I'd like to play football and cricket. There are local teams. I don't know. I just don't join them much*). His mother continues to make important decisions for him (*She talked me into doing the IT course at TAFE*) which is a situation he accepts, further reinforcing his lack of self efficacy and denying him practice in making plans for the future:

- Q: *O.K. So what are your plans for the future?*
- A: *I might join the Air Force and become an officer. I hope anyway. Or get into business or something like that. I don't know – just do a packing job.*

When serious situations occur over his schoolwork he blames other students and the school and takes no action to redress what he claims to be a serious injustice over his Year 13 results.

- A: *I went to Year 13. I was so disappointed. Like, the scores that I had before - my results were so different. Like I had As and Bs before. Then [in Year 13] when I got my results back I got Cs and Ds. It's like – how have they dropped so far? You know, I tried hard all year. I did all the work. I was very shocked.*
- Q: *Did you take it up with them?*
- A: *Yeah, they said that it's possible it was a clerical error. I mean, they said it's highly unlikely that it's a clerical error. It's more likely that my teachers mark too softly or something.*
- Q: *So that was a shock to you?*
- A: *Yeah. And I did a VET course that my school forgot to include in my results. So, I didn't have my SACE. I did good enough at school to get into an Arts degree but they didn't give me my 6 bonus SACE units from a VET course that I did and that was supposed to make up my SACE but it didn't.*
- Q: *And they wouldn't do this retrospectively?*
- A: *Oh, it was too late really.*

After school he goes to TAFE and pursues a course that he isn't really interested in and ends up working full-time in a job that bores him, so he quits and takes up part-time work with a big national chain store and, in his view, is exploited in a dead-end position that offers no prospect of advancement.

We would argue that Adam's overwhelming lack of self efficacy, fatalism, passivity, has been learnt partly through the two negative chain reactions outlined here. Lack of success with peers led him to adopt a line of least resistance which then became a learned response to other adverse situations. The school taught him to do nothing in response to bullying because there was no follow through in the school's anti-bullying strategy. His mother helped teach him to avoid taking responsibility for himself by making important decisions for him about, for example, the schools he should attend and his post-school career.

But there were *turning point* opportunities which could have disrupted these negative chain reactions. It seems surprising that his schools never registered that Adam's lack of social success was in any way related to him being in an out-of-age cohort. Even if there were other reasons for keeping Adam down a grade, some intervention on the part of his teachers/school counsellors might have helped him develop and practice some social skills that would have rescued him from his social isolation. Many schools claim to have anti-bullying policies, but if they were effective, bullying would be a thing of the past – Adam's school clearly knew he was being bullied (he claims he told his teachers) but took no action to prevent it. No-one in Adam's life seemed to challenge his 'victim' behaviour and attitudes. No-one it seems identified some very valuable personal skills that Adam demonstrates in his accounts (e.g. helping others, solving complex problems in computer games). If significant others had valued and built on these skills this could have developed a stronger sense of self worth in Adam; others could have shown how these skills might be usefully used in a wider context (e.g. making friends, figuring out social strategies) leading to a stronger sense of self efficacy. Opportunities for disrupting negative chain reactions were there but were not identified and acted on.

Now Adam is 21 it seems mature reflection has enabled him to see some things about his life more clearly:

Q: What advice would you give other young people about life?

A: I'm not going to listen to anybody else about what I should do from now on because I wanted to do what I was happy with and I was persuaded to do IT instead.

And now, he is facing a *turning point* and he has the power to make a choice. He has to decide whether to take up mature age entry at university.

Q: Have you made any enquiries about the courses that you could do?

A: Yes. I've got the 2006 booklet at home and I've been going over it and yeah, I'm just going to ... actually I've got to make a late application. I've got to pay a late fee now don't I?

While it's encouraging to see Adam making resolutions about taking control of his own life and thinking about going to university, he has left himself an escape hatch – it might be too late, he might not be able to afford the late fee. In other words, if he doesn't take up this opportunity, it won't be his fault. His learnt passivity and fatalism may rob him of the chance to take up the opportunities afforded by this *turning point*.

Lydia

Lydia, despite a difficult childhood and adolescence where she virtually became the *defacto* mother for four younger siblings, had experiences that helped her to develop

many behaviours, attitudes and characteristics associated with *resilience*. Despite some very serious adverse events that threatened to overwhelm Lydia recently, we can see her drawing on skills she developed through those early formative experiences to get her life back on track. In Lydia's case we can identify two positive chain reactions.

The first chain reaction develops from the fact that Lydia comes from a large extended family in which many members are heavily involved in playing music and performing in public in musical groups. From an early age, Lydia learnt to play an instrument and at the age of 13 when we first met her, had already joined a large community music group and some school music ensembles. She was obviously proud of her musical talent (*'I've found something I'm good at'*).

Juggling her musical interests with a difficult family life also taught her important life skills. Here Lydia at 15 gives an almost classic definition of resilience; it demonstrates persistence, self confidence, a refusal to give up when faced with failure:

- Q: What advice would you give to other kids about life do you think?*
A: Well I would give advice, if someone was upset I'd tell them if someone told them something that they didn't particularly like I'd say, 'Well just forget about it. Just start again, refresh yourself. Just keep going. If you find a hurdle you've got to try and climb over it. You can't just stop and fall to the ground, so you should keep going no matter what, even if you make a boo-boo.'
- Q: You've had to learn to do that yourself I guess haven't you?*
A: Yes, in music and at school and everywhere

Lydia's involvement with the community music group also brought her into contact with many adults who became alternate sources of advice, support and caring when her home life was rocky.

- Q: Who are the important people in your life?*
A: Some of my friends because they helped me out along the way. Mostly adult friends because I understand them more and they've helped me out and they've taken me out to places and let me have fun
- Q: And how come you have these adult friends?*
A: Through music. You meet a lot of friends through music

Not only does Lydia's music provide her life with structure and alternate sources of support it has provided her at age 15, with a clear plan for the future:

My plan is to go to uni. To become a music teacher and hopefully I might end up in the Symphony Orchestra and travel around the world. I really want to travel and play my music around the world.

This chain effect is less linear than those we presented above for Adam. Nevertheless we can see that being encouraged to learn an instrument and being in a family that routinely plays music in public triggers a whole range of valuable protective factors in Lydia's life. The experience of displaying her talent in public performance had several very positive effects: knowing that she was good at something that set her apart from others, praise for her skill and using it for the good of others all enhanced her sense of self worth. Practice to maintain and improve her skills teaches her persistence which we see above being applied to other areas of her life. Her musical

activities put her in contact with a wide and diverse group of caring adults beyond the family, who, knowing her circumstances, support and care for her and provide her with assistance, respite and advice when necessary. Music structures her plans for the future – a clear indication that she believes she has control over what she does and what will happen to her. Compared with Adam's future plans, there is no sense of Adam's fatalism (*I don't know ... just do a packing job*) in Lydia's confident picture of the road ahead.

The second chain effect in Lydia's life comes from a potentially negative situation. Lydia's mother was very ill for several years and was often in hospital for extended periods. As the eldest, Lydia assumed responsibility for her four younger brothers and sisters, one of whom was disabled. Even in her later school years, when her mother's health improved, Lydia was still relied upon a good deal to manage the family and sort out problems. In effect, Lydia became the surrogate mother. While this situation was often burdensome, Lydia's accounts over the years shows that this experience helped her develop certain skills and characteristics that are all associated with resilience. She provides many examples of taking control of situations, being self-reliant and solving problems by seeking advice and assistance. At 15 she says:

- Q: And what about the way that you solved the problem of stress you were feeling [about mother's health]? Do you feel good about how you overcame that problem?*
- L: Well I feel proud of myself that I did actually get up and go to a counsellor and talk about it, because for months before I was like, 'Oh I want to, but I don't want to.' Very nervous.*

And at 17, she discusses her difficulties about talking to her mother:

I think it was because my mum was in hospital for so long. And I never talked to her, she was always sick and then I just sorted my own problems out. Life in general is not easy, you have to be very patient with people, very patient with yourself and to think thoroughly about things and that if you've got a problem instead of going absolutely ape-shit at everything, just sit down and sort it out straight away, otherwise it's going to grow bigger. So, basically, forget about the bad things, but if you've got a real problem, sort it out and try and look at the good things and be positive and keep your head screwed on most of the time.

The absence of her mother and the subsequent stress that this caused in Lydia's life could well have been the starting point for a negative chain effect. However, at the time Lydia took on the responsibility of looking after the family, she had already acquired, through her long musical involvement, the valuable protective factors of self worth and self reliance, a wide circle of adult friends, the habit of persistence, the strategy of seeking assistance when necessary and a set of long term goals. These stood her in good stead when faced with burdens and responsibilities that, we argue, few young people her age would have been able to handle successfully. Instead of setting off a negative chain effect, the difficult family situation seemed to strengthen those protective factors that were already in existence. Throughout her accounts we see her actively caring for others, being self reliant, solving problems, seeking assistance from counsellors and trusted adults when things got her down and all the while maintaining her goal of going to university and being a music teacher.

In the last 12 months, Lydia has suffered some devastating experiences that have threatened to overwhelm her. These have involved a catastrophic family crisis and the break-up of the family, the end of her engagement and the end of her career plans.

The timing and the severity of the events led to an emotional breakdown and hospitalisation for a suicide attempt. Lydia had clearly reached a *turning point* where her life could take one of two directions – she could accept defeat or she could regroup. In her most recent interview, we see Lydia doing the latter; she is picking up the pieces of her life and in doing so we can see she is drawing on the resilience skills that she learnt earlier.

When the family was putting Lydia under pressure to return to help deal with the aftermath of the family catastrophe, we see her taking control of the situation and making a decision about what is best for her:

I was stressed [about the broken engagement] but more stressed about the family situation and I needed a little bit of comfort for what I was going through and it wasn't there. In the end, I turned around and said, 'That's it. I'm 21 this year. I've looked after the family for the last 10 or 11 years. It's time for me to look after myself no matter what's happening' – and that's what I told my parents.

At her lowest point, Lydia sought assistance from a friend who recognised how desperate she was and got her medical help. This entailed hospitalisation and Lydia was subsequently diagnosed as being severely clinically depressed. In the following extract we see her analysing her situation (problem-solving), and taking control by deciding what her needs are and how to meet them through continued professional therapeutic support, independent housing and reliance on a trusted friend:

L: I took the next step to get the help I needed [...]. [Being hospitalised] was really scary but I think it's the best thing that's ever happened to me so far because I really needed to learn some more skills to deal with stress. I was detained in hospital for two days and I was voluntary for the rest of the week simply because I wanted to set up a support network outside the hospital so when I left I wasn't by myself and end up in hospital again. So I did that, and while I was there I signed up for leasing a housing trust apartment; I got a regular therapist every week and I got a psychologist as well, which was good.

Q: You mentioned building a support network, where did that idea come from?

L: Me (laughing)! Because I felt very alone and I didn't like it. So, I wanted to change that and I knew that if I had the support of professionals saying "Yes, you're doing the right thing" then I can do it. So I know I've got someone to ring if I do fall back into depression and I know that I've got my good friend James for support too.

Lydia recognises that her plans for a musical career have fallen in a heap but she is rebuilding a future which involves career training – not in music but in midwifery. Music will again feature in her life though and she is talking about returning to her community music group where she still has many friends.

In Lydia's case we can see two chain reactions where particular events or sets of circumstances create consequences that afford powerful protective factors. Because these protective factors operate in a functional and positive way, they are reinforced and enter Lydia's behavioural repertoire – we would argue that over a long period of time she has learnt to behave in ways that make her resilient. Even when her wellbeing is seriously undermined, we see her resorting to constructive methods of dealing with life that were learnt throughout her childhood.

Lydia has been more fortunate than Adam in terms of the role that institutions have played in sustaining positive chain reactions in her life. Her school provided her with

opportunities to express and develop her musical talent; it provided trusted counsellors and careers advisors. The community provided further opportunities for learning and playing music and for using her skills to entertain others; it also provided her with a network of supportive adult friends. The medical community was less responsive however. When she realised she needed professional help to get her through the nightmare she was experiencing, several agencies and medical professionals failed to take her seriously or bound her up in so much red tape, she retreated defeated. Now, however, she is getting the help she needs and thus the medical community is acting as a source of strength and support. On the whole, one feels somewhat more optimistic about Lydia's future than Adam's.

Conclusion

Longitudinal studies that are qualitative in nature enable you to see the working parts of individual lives; they provide rich pictures which flesh out the general patterns determined by larger, quantitative studies. We would argue that in the present case, we can clearly see how positive and negative chain effects can often have their starting points in random, even accidental events which in Lydia's case, is being born into a musical family, or in Adam's, being placed in an inappropriate grade in primary school. The consequences triggered by these events can be positive or negative for the individual and can entail different responses. If the response reduces stress or gains wanted outcomes then it is likely to be repeated and if this happens often enough, we can say certain ways of behaving (avoiding social situations, practicing to develop skills) are learnt and become part of the individual's behavioural repertoire.

Opportunities for disrupting these sequences present themselves at different times and through different agencies but schools are clearly a major site where this can happen. While children like Lydia, who are successful, talented, personable and cheerful will often attract the help and support they need, children like Adam often don't. A child who is a social isolate, who is passive and adopts the role of a victim is often less rewarding to work with and as a consequence is easily ignored. We would argue that there are plenty of things that schools and teachers can do to help disrupt the negative chain effects that bedevil some children.

Certainly we would argue that resilience/non-resilience are not permanent traits that one either has or hasn't got. We believe these case studies clearly show that resilient and non-resilient behaviours are learnt. In the case of non-resilient behaviours, what has been learnt can be unlearnt and new, more productive ways of dealing with life can be substituted. Schools in particular need to be alert to the fact that they can often disrupt negative chain effects occurring in children's lives and teach new, more constructive ways of behaving. In this way, resilience in the face of adversity is achievable for a much wider group of children.

References

- Benard, B. (1991) **Fostering Resiliency in Kids: Protective Factors in the Family, School and Community**, Portland, Oregon, Western Center for Drug-Free Schools and Communities.
- Consortium on the School-Based Promotion of Social Competence (1994) 'The school-based promotion of social competence: Theory, research, practice and policy' in R. Haggerty et al. (Eds), **Stress, Risk and Resilience in Children and Adolescents: Processes, Mechanisms and Interventions**, New York, Cambridge University Press.

- Coburn, J. and Nelson, S. (1989) **Teachers Do Make A Difference: What Indian Graduates Say About Their School Experience**, (Report No. RC-107-103). Washington, D.C.: Office of Educational Research and Improvement. (ERIC Document Reproduction Service No. ED 306 071).
- Dryfoos, J. G. (1990) **Adolescents at Risk: Prevalence and Prevention**, New York, Oxford University Press.
- Garmezy, N. (1994) 'Reflections and commentary on risk, resilience, and development', in R. Haggerty et al. (Eds) **Stress, Risk and Resilience in Children and Adolescents: Processes, Mechanisms and Interventions**, New York, Cambridge University Press.
- Garmezy, N. (1985) 'Stress resistant children: The search for protective factors', in J. E. Stevenson (Ed) **Recent Research in Developmental Psychology, Journal of Child Psychology and Psychiatry**, (Book Supplement No. 4).
- Geary, P.A. (1988) **"Defying the Odds?": Academic success among at-risk minority teenagers in an urban high school**, (Report No. UD-026-258). Paper presented at the annual meeting of the American Educational Research Association, New Orleans, La. (ERIC Document Reproduction Service No. ED 296 055)
- Gore, S. and Eckenrode, J. (1994) 'Context and process in research on risk and resilience' in R. Haggerty et al. (Eds) **Stress, Risk and Resilience in Children and Adolescents: Processes, Mechanisms and Interventions**, New York, Cambridge University Press.
- Hawkins, J. D., Catalano, R. F. and Miller, J. (1992) 'Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention', **Psychological Bulletin**, 112, 64 - 105.
- Masten, A., Best, K. and Garmezy, N. (1990) 'Resilience and development: Contributions from the study of children who overcome adversity', **Development and Psychopathology**, 2, 425-444.
- Pence, A. R. (1988) (Ed) **Ecological Research with Children and Families: From Concepts to Methodology**, New York, Teachers College Press.
- Rutter, M. (1999) Resilience concepts and findings; implications for family therapy, **Journal of Family Therapy**, Vol. 21, pp 119 - 144
- Rutter, M. (1994) Continuities, transitions and turning points in development. In M. Rutter and D. Hale (Eds) **Development through life: A handbook for clinicians**, Blackwell Science, Oxford
- Rutter, M. (1985) 'Resilience in the face of adversity: protective factors and resistance to psychiatric disorder', **British Journal of Psychiatry**, 147, 598 - 611.
- Rutter, M. (1984) 'Resilient children. Why some disadvantaged children overcome their environments, and how we can help', **Psychology Today**, March, 57 -65.
- Rutter, M. (1980) **Changing Youth in a Changing Society**, Cambridge, Mass., Harvard University Press.
- Rutter, M., Maughan, B., Mortimore, P., and Ouston, J. (1979) **Fifteen Thousand Hours. Secondary Schools and their Effects on Children**. Cambridge, Harvard University Press.
- Rutter, M. (1987) 'Psychosocial resilience and protective mechanisms', **American Journal of Orthopsychiatry**, 57, 316 - 331.
- Waters, E. and Sroufe, L. A. (1983) 'Social competence as a developmental construct', **Developmental Review**, 3, 779 - 97.
- Werner, E. and Smith, R. (1988) **Vulnerable but Invincible: A Longitudinal Study of Resilient Children and Youth**, New York, Adams, Bannister and Cox.