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# Exploring Resilience in Children from Families of Low Socioeconomic Status

Abstract : Children who develop in unfavourable contexts, in backgrounds marked by low socioeconomic status and associated risk factors (Stansfeld & Clark & Rodgers & Caldwell & Power, 2011), would be expected to display precarious development and poor adaptation to life's demands (Rak & Patterson, 1996). However, despite the unfavourable premises, many of them demonstrate positive adaptation and adaptive functioning (Zolkoski & Bullock, 2012), with resilience being the concept that can explain the adaptation mechanisms (Rutter, 2005).

The purpose of the present paper is to investigate resilience in children who come from families of low socioeconomic status, and to explore the ways in which children who face adverse life situations adjust to them with the help of resilient resources and competencies. Sixteen children were invited to interviews at a social day care centre. As a result of the in-depth interview and thematic analysis, twenty-one categories of strategies that children used emerged, which we grouped into six major themes: behavioural coping, cognitive coping, emotional coping, avoidant coping, social support and organisational support. The results indicated that children appeal to a variety of coping strategies in order to make their way through difficult situations, using them differently in accordance with the gravity or the importance of the situation.

Understanding the way resilience manifests itself in these children is of utter importance for creating and implementing programs adapted to the children's needs, programs that target the development and the improvement of resilience both at an individual and an organisational level.

Key words : resilience, children, low socioeconomic status

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# Introduction

Children who develop in unfavourable contexts, in a background marked by low socio-economic status and associated risk factors (Stansfeld & Clark & Rodgers & Caldwell & Power, 2011), would be expected to display precarious development and poor adaptation to life's demands (Rak & Patterson, 1996). However, despite the unfavourable premises, many of them demonstrate positive adaptation and adaptive functioning (Zolkoski & Bullock, 2012). Many studies have been conducted in the past few decades with the purpose of highlighting the factors involved in these adaptation mechanisms (Dumont & Provost, 1999; Newman & Blackburn, 2002; Hamill, 2003; Boyden & Mann, 2005; Black & Lobo, 2008; Kolar, 2011; Lee & Nam & Kim & Kim & Lee & Lee, 2013). Findings have pointed to the concept of resilience, as representing "reduced vulnerability to environmental risk experiences, the overcoming of a stress or adversity, or a relatively good outcome despite risk experiences" (Rutter, 2006), a "relative resistance to environmental risk experiences, or the overcoming of stress and adversity" (Cicchetti & Rogosh & Lynch & Holt, 1993). Resilience has been regarded lately as a process in which individuals facing different levels of stress or adversity manage to overcome or navigate through them experiencing a low (or functional) level of negative effects and recovering well to baseline functioning (Fergus & Zimmerman, 2005).

When discussing resilience, there are at least two important factors that should be considered: exposure to risk/stress, and positive adaptation. Because both the risk/stress exposure and the positive adaptation can only be evaluated subjectively (different levels of stress have different impacts on different individuals, and positive adaptation can be quantified differently according to the characteristics and potential of a person) (Ungar, 2003), in the present study we adopted a positive approach (Sheldon & King, 2001) and a cognitive conceptualization, viewing resilience as subjective well-being related to adaptation in school and peer groups, positive relations with the surrounding individuals and participation in social life.

# Theoretical background

The term "resilience" comes from Latin and derives from the word "resiliere" ("re" = re, "salire" = to jump), and the first references date back to 1630. As such, we can translate the term with "jump back in its place" which is

synonymous with the terms "elastic", "flexible". In order to define "resilience" from a psychological perspective, we need to understand the way in which the term evolved and was used in different domains, mainly in science.

From an engineering perspective, a material has resilience if the following 3 assumptions are met: 1. There is a form of equilibrium and this form is the only status defined as normality; 2. The equilibrium is regained only by comparison with a force to which the material resists; 3. The kinds of forces that will act over the material are known right from the beginning (Holling, 1973). If we transfer the concept "resilience" from engineering to psychology, we need to take into account a more flexible definition of the notion. This is achieved by reconsidering the terms "equilibrium" and "normality" and, also, the forces under which the system is capable of regaining its equilibrium. The most plausible reconsideration comes from the domain of economy where equilibrium is constantly redefined in the face of change which it undergoes. This perspective about the level of equilibrium can be related to the development of a person. The changes a person undergoes during his/her existence imply essential modifications and, for each moment, the level of equilibrium is defined in a different way.

The eclectic approach by which resilience entered psychology led to multiple valences of the term. The first psychological studies defined resilience as a positive adaptation of a person to a traumatic context. Presently, it seems that the positive approach to psychology is gaining the struggle for "custody". From the perspective of positive psychology, resilience is not a process which we carry out only when the system deals with intensive trauma. Instead, resilience is used each time we intend to shift from a current status (whatever that is) to a better one (Scheffer et al., 2001, Walker et al., 2004). In this way, resilience becomes the system's capacity to maintain as well as to improve itself in the course of external changes.

Theories about resilience adapted to the characteristics of adolescents and young adults focus on resources and positive adaptation used for the healthy adjustment and development of a person who deals with risky situations (Fergus & Zimmerman, 2005). Most of the definitions given to the resilience of adolescents and young adults mention the same two concepts: experience of adversity and use of protective factors when facing adversity (Fergus & Zimmerman, 2005; Luthar et al., 2000). Protective factors are those which mediate and/or moderate the impact of risk factors over mental health. Despite the fact that literature mentions several hostile (risk) factors, we still do not know

how youth perceive the problematic situations they encounter. Thus, literature reports cases of excessive anger, of anxiety and depression, both for the individuals who have gone through natural disasters and for those who face daily stressful situations, which they perceive as catastrophic (i.e. repeated arguments with family and friends). In this context, the qualification of a situation as averse or of a factor as being risky or neutral is subjective.

The absence of a paradigm to set the limits of the definition of resilience brings about ambiguities related to the differences between resilience and adaptability, positive deviance, emotional intelligence and coping strategies. For a better understanding of the concept of "resilience", we compare it with the concepts mentioned above, focusing on the specific differences between the terms.

- *Adaptability*. No matter what type of adaptation discussed, a person needs to develop capacities to positively adapt to the changes he or she goes through during his or her life. The lifelong development of positive adaptive abilities (i.e. cognitive processes of anticipating risks) implies developing resilience (Martin-Breen & Anderies, 2011).
- *Positive deviance*. The specific difference between resilience and positive deviance is the fact that positive deviance builds its conclusions on comparing an individual with others, which is a normative approach (Spreitzer & Sonenshein, 2004). In contrast, the theories about resilience compare the person with himself or herself .
- *Emotional intelligence*. In order to use best the individual and social factors in a problematic situation, first the person ought to consider the complexity of the problem and the emotions they feel. Therefore, without an acceptable level of emotional intelligence we cannot talk about resilience.
- *Coping strategies*. The constant and long-term use of an adaptive coping strategy represents a predictor for the emergence or development of resilience (Martin-Breen & Anderies, 2001).

Fergus & Zimmerman (2005) have also brought several concepts into the discussion on resilience which are related to it, but do not overlap. Therefore, "although each of these constructs is related to resilience, they are also distinct": *positive adjustment* – which is used in reference to an outcome of resilience, for example if there is a measurable healthy development of an adolescent who overcame a risky situation, it indicates he adjusted well to the context, but the adjustment is the outcome, not the process; and *competence* – which is "an

asset (i.e. an individual-level promotive factor) that can be a vital component in a resilience process", but it is only "one of many assets that help adolescents overcome adversity; because resilience models stress the importance of an ecological context, external factors in addition to competence may help youth avoid the negative effects of risks" (Fergus & Zimmerman, 2005).

As our introduction suggests, resilience is not an easily definable concept, and research aimed at finding a common framework in approaching the phenomenon is on-going. Another aspect that increases the complexity of the discussion on resilience is the cultural dependence of the concept. Among the most prolific work related to the cultural dependence of resilience is the work of Michael Ungar, who points out that "by and large resilience researchers have focused on outcomes that are: 1) western-based with an emphasis on individual and relational factors typical of mainstream populations and their definitions of healthy functioning (staying in school, attachments to a parent or a caregiver, forming secure attachments with one partner later in life, non-delinquent forms of adaptation, etc.); and 2) lacking in sensitivity to community and cultural factors that contextualize how resilience is defined by different populations and manifested in everyday practices (Ungar, 2004, 2005; Boyden and Mann, 2005)" (Ungar, 2008). It is important to understand how research has been influenced by a western framework, and the results have been led more or less by standards that derive from such a framework. Therefore, the issue that Ungar and other researchers raise (Arrington & Wilson, 2000; McCubbin, Fleming, Thompson, Neitman, Elver & Savas, 1998, cited in Ungar, 2008) is that resilience should be conceptualised with increased attention to cultural factors, taking into account the way cultural variation and social understanding of different aspects of life influence the idea of what "health indicators" and good development entail.

In the context of a cultural approach to resilience, we consider that the study of resilience in Romania should also be led according to the adequately identified understanding of what it means to "do well" in the middle of adversity or when living under stressful conditions. While there is a lack of studies in the area of resilience in Romania, there is a total absence of exploratory studies investigating what is understood about risk and positive adaptation. This void in research becomes even more significant in a society where the percentage of families living in precarious conditions is 18.5%, according to the National Institute of Statistics (The National Strategic Report on Social Protection and Social Inclusion,

2008–2010), the percentage of poor families being greater in rural areas than in urban areas (23.2% compared to 9.4%, according to the "Social Report of ICCV. 20 years later: options for Romania", Zamfir & Stanescu & Ilie & Mihailescu & Preoteasa & Scutaru & Stanciu, 2010). As the report by Zamfir et al. indicates (2010), the rate of relative poverty in Romania in 2005 was 9.4% in the urban area, and the rate of extreme poverty was 2.4%; in the rural area the rate of relative poverty was 23.2% and the rate of extreme poverty was 7.4%; on average, 15.6% of the Romanian population in 2005 was living in relative poverty and 4.7% in severe or absolute poverty. These are worrying percentages, and given these national statistics, it is clear that a large number of children in Romania grow up in families which qualify for the low socioeconomic status label (as the low socioeconomic status is defined in Stansfeld et al., 2011), in a context of high risk exposure, which tends to promote limited rather than functional development. It is important to understand how children who display positive adaptation use strategies to manage situations of adversity. Once we understand the resilience mechanisms, we can develop effective programs to improve the chances and the development of children who face such risks (Luthar, 2003).

# Theoretical framework

## Socioeconomic status and risk factors

It is generally understood that low socioeconomic status encompasses low family income, parental imbalances or parents with poor physical or mental health, lack of access to education and education undervaluation, reduced employment opportunities or reduced chances to access average wages; in other words, poor socioeconomic status means lack of opportunities and repeated exposure to hardships along the way (Stansfeld et al., 2010). The aggregate of factors that characterise low socio-economic status is called risk factors, and these are factors associated with a series of negative events which affect one's development: early maternity, school drop-out, substance abuse, criminality, increased family stress, abuses, as well as emotional and cognitive deficits (Mistry et al., 2002; Lee, 2003; Dyk, 2004; Orthner et al., 2004; Hutchings & Lane, 2005; Lloyd & Rosman, 2005; Skowron, 2005, cited in Benzies & Mychasiuk, 2008);

moreover, low socioeconomic status increases the probability of developing mental health problems in childhood and adolescence (Rutter & Sroufe, 2000).

Our understanding of the term "risk factor" has changed with time, and lately it has acquired a relative character, because many researchers in the area of resilience (Luthar & Cicchetti & Becker, 2000; Rutter, 2006; Werner, 2012; Ungar, 2003) consider that the presence of risk factors does not necessarily determine limited development in children who are exposed to them; these factors can promote or favour the occurrence of psychopathology, unadaptive behaviours or unadaptive strategies to manage difficult situations, but they are not determinant factors, they are predisposing factors. Taking this aspect into account, in the present research we considered risk factors those factors which create the premises for limited development and negative outcomes.

## Resilience

Ann Masten defines resilience as patterns of desirable behaviour in situations where positive development or functioning have been threatened to a significant level by adverse experiences or developmental conditions (Masten, 1999: 283, in Noltemeyer & Bush, 2013). According to Ungar (2003), the resilience construct is a rather arbitrary one, as the operationalisation of *adversity* (or risk), of *normal level* and of *psychological and social functioning* is subjective – these dimensions are not universally quantifiable, and the "resilient/non-resilient" dichotomous approach is not adequate in this context. An important aspect in conceptualising resilience is that it is not the harsh life events that determine the individual's success or failure, but rather the way the individual responds to such a situation (Jackson & Watkin, 2004). Anchored in the positive psychology approach (Sheldon & King, 2001), supporting the view that resilience must be seen as an interaction process between the individual's capacities to respond and the adverse situations, the resilience perspective that we suggest is that, in the case of children from families with low socioeconomic status background, resilience manifests itself through adaptation to life's demands, adaptation that impacts the cognitive and affective development, as well as the school and peer adaptation, the interpersonal relationships and the participation in social life, and resilience in each child is the result of a particular combination of competences, coping strategies and engaged resources, according to each child's particularities.

## Individual and social protective resources

There are numerous conceptualisations of protective factors in the process of resilience. As different conceptualisations create the framework for different interpretations of results, in this context, when discussing protection from risk factors, we will use the concept of "resources" as it implies more the aspect of personal agency (Rutter, 2007). Protection factors can be a static component, certain given assets, while resources can be accessed or not depending on the individual's competence or motivation, therefore marking the dynamic character of resilience. Protective resources are social or individual elements which influence the dynamics of resilience, and their function is to reduce the negative effects of risk factors and to act as buffers against the stress associated with adversity (Cummins, 2010, cited in Craig & Blumgart & Tran, 2011). Largely, in resilience research, two levels where resources are available can be found: the individual level, through individual characteristics (optimism, self-efficacy, self-regulation, life philosophy, rationalisation, etc.), and the social level, through factors related to family and community (a support person inside or outside the family, belonging to a religious group, a support person in a day care centre, school interactions, etc.) (Nasvytiene & Leonaviciene, 2012; Condly, 2006; Greenberg, 2006; Olsson et al., 2003, cited in Kolar, 2011). There is a third level of available resources, specifically the organisational level, which implies access to certain institutional or governmental entities which, at different points, can provide support for someone who is dealing with a difficult life situation. This would mean that, at a given point, the community is equipped with resources that one can access in order to receive support, resources such as hospitals, day care centres, police, schools, etc.

## Resilient competences

As human beings we benefit from individual resources, those intrinsic emotional or cognitive features which we can use in the face of adversity, and the environment contains enough external resources that we can access when dealing with difficult situations. However, it is easy to notice how differently people respond to adversity, and while most of them are negatively affected, a smaller

proportion can do well and display a positive outcome. What makes a person resilient is the way he or she manages to use the individual or social resources, their capacity to engage a large array of coping strategies to reduce the stress (Frydenberg, 2004).

Using the definition proposed by Frydenberg (2004), we operationalise resilient competences as the capacity to use the resources to the individual's benefit, managing them in such a way that the negative impact of difficulties is attenuated. Accessing the individual and social resources increases the probability of resilience development.

# Objective

The objective of the present study is to explore the individual, social and organisational resources used in difficult life situations by children who come from low socio-economic status backgrounds, and how these resources are used in the manifestation and development of resilient competences.

# Method

## Participants

In the present study we aimed to explore the individual and social resources that children from low socioeconomic backgrounds utilise in difficult life situations. Participants were children aged 8-13 (2nd to 4th grade), the average age being M=9.75. Sixteen children were invited to be interviewed, nine of whom attend a social day care centre, six of whom do not; we do not have the necessary information about one of the participants. We kept all the children in the study because we are interested in all kinds of resilient resources they use, regardless of their attendance to a social day care centre. All of the children came from low socioeconomic status families, with precarious financial situations (either one or none of the parents employed), with high numbers of family members in the same household, living in poor neighbourhoods.

## Instruments and procedure

We used in-depth interviews as a data collection instrument due to its many advantages related to our purpose. It gave us enough freedom to adapt the questions to the children's level of understanding and to their competences; it also allowed us to investigate specific resilient strategies of each child. The head question that we used was "Think about a difficult situation in your life and tell me how you managed to get over it". During the meetings, we reformulated the questions when necessary, ending up with phrases like "How do you react when unpleasant things happen?", "Tell me about situations that you don't like very much and how you react to them", "Tell me about a moment when you had a hard time and how you got through it". In most cases, because the answers were very poor from the beginning, we followed the same pattern of questions, asking children what they thought, how they felt and how they reacted in contact with the life situations they described, so we would have a full image of their cognitive, emotional and behavioural features.

Each child was interviewed individually, the interviewers being part of a team that was trained regarding the in-depth interview. Each interview lasted about 20 minutes, varying between 15 and 30 minutes, and all of them were recorded with the participant's consent.

## Results

In order to understand the resilient resources and the coping mechanisms used by children, we utilised the thematic analysis (Braun & Clarke, 2006) which guided data interpretation. According to the researchers, the themes do not "reside" in the individuals' narratives, they do not simply "emerge" from the participants' answers, but they have to be found and analysed by the researcher as well as to be understood as a whole, in an integrated context. Therefore, we did not look at the mere evident answers, but we tried to find connections between the themes children tackled and the particular mechanisms that could be identified across their answers. Thematic analysis is characterised by a specific pattern to approach the participants' narratives, therefore we followed five steps in the themes identification process: firstly, we transcribed the data; secondly,

we familiarised ourselves with the data through repeated and thorough reading; thirdly, we selected the words, expressions, paragraphs, which presented a link to the resilience aspects; fourthly, we coded the fragments in such a way that we had an initial code list, which we further grouped according to the similarities or discrepancies, so we could issue a preliminary list of potential items; in the last phase we analysed the interviews again and, using the list of codes, we generated comprehensive and representative themes.

We identified twenty-one categories, which were then grouped into six major themes: behavioural coping, cognitive coping, emotional coping, avoidant coping, social support and organisational support, and some of the categories we extracted were the following: passive behaviour, verbal and physical aggression, locus of control, need for acceptance, forgetting, family support, etc. Some categories were found isolated, appearing in only one participant (e.g.: sports), while others were common among most of the children (e.g.: family support). In the behavioural coping theme, we found the following categories: passive behaviour (inaction when faced with a problem, waiting for it to disappear), physical and verbal aggression (used as self-defence, as a response to threat), crying (in reaction to harsh problems, like death of a relative), behavioural compromise (a behavioural form of the need for acceptance and of the need for maintaining relationships), creative behaviour and sports. In the cognitive coping theme, we found locus of control (mostly external, when the problematic situation was perceived as too difficult to bear), reformulation of reality (through negation, ignoring or rationalisation) and absolutist thinking (placing the self and others in relation to absolute values and norms which should never be crossed). Emotional coping was mostly seen in the avoidance to externalise emotions, the lack of their manifestation in peer relationships, in order to maintain a positive image of the self or to hide vulnerability. Avoidant coping was used mostly through the following categories: sleep (mostly as a reaction to events children cannot control or as a way of attenuating the negative emotional effect), attention distraction (avoiding the confrontation with problems through play, computer games etc.), and forgetting (which gives the children the impression the problem is gone). The fifth theme was social support, which children looked for when facing different life situations – for the less adverse, social support was sought in friends, and for the serious problems, social support was sought in family (the mother being the main support figure). Organisational support was

accessed through school figures (teachers and educators) and through the social day care centre (social educators).

## Discussion

In the present paper we have investigated the way children from low socio-economic status families use individual and social resources to develop and manifest their resilient competences. The main purpose of the study was to explore the manner in which children face adversities, through the strategies and resources they use, and in relationship with the subjective or objective difficulty of the situation. Contrary to our prediction, that children from the targeted background would talk about the harsh or difficult life situations they face, most of them repeatedly spoke about everyday challenges and issues, describing situations that would characterise the life of a child from an average, middle-class family. A possible explanation can be found in Emily Werner's investigations (2012): while researching resilience in children who develop in the presence of risk factors she noticed that children in such situations do not perceive them as unusual; on the contrary, living in the presence of risk is the norm rather than the uncommon.

An important aspect that we noticed across the interviews was the variety of manifestations of resilience. Whether the same strategy was used in various situations or different strategies were engaged for a single event, the results pointed at the lack of uniformity of resilience. As research increasingly indicates, resilience should be understood at the individual level, and more qualitative research is especially needed to explore how resilience manifests itself through resilient competences in children from different backgrounds.

As far as the resources involved go, apart from the individual and social resources that were highly used, there was a surprisingly low occurrence of reference to organisational resources. Since most of the children attended a social day care centre, we expected that they would be more aware of the support they can receive through such an institution, or that they make more reference, by extension, to the support they can receive through school. However, our expectation was not met across the responses, which led us to believe that the organisational support is either not exploited enough by the institution itself

– meaning it is not made evident enough by the social workers that children can ask for support within the day care centre – or that children are not taught explicitly how they can benefit from such support, or that children simply do not perceive the centre as a place where they can be helped when they need it. Such a finding should be a signal for institutions that provide services for children, and it should motivate them to create more contexts in which children understand clearly how they can use the organisational resources to their benefit in situations that are more or less stressful.

Since our study was an exploratory one, although we started from the premises that resilience can be seen as a positive adaptation to life's demands, the design allowed us the flexibility to take into consideration other perspectives of the construct. We find it necessary to make such an observation, as during the interviews many children talked about coping strategies that could be easily classified as "unhealthy" or "unadaptive" ones – physical or verbal aggression, even at a low level or used only as self-defence, the external locus of control in situations where the internal locus would be considered the healthy option, etc. Michael Ungar (2008) sheds new light on such situations where the idea of successful development in adverse situations is challenged by the means children use to achieve such an outcome: "It is possible to argue that the child who makes the most out of whatever is available to him or her should be considered resilient even if his or her behaviour does not look like resilience when viewed by members of communities enjoying greater access to health-enhancing resources. In practice, this means that the young man in rural India who joins a paramilitary group to participate in the defence of his ethnic community's right to self-determination may achieve a sense of belonging, personal meaning, experience self-efficacy, gain life skills, a vocation and express his cultural and ethnic identification, all aspects of healthy functioning associated with resilience, through this unconventional, and illegal, adaptation" (Ungar, 2008). In the same way, children in our study who talked about physical violence or avoidance mechanisms in order to reduce tension and to achieve an improved state of well-being might be judged as lacking in "positive" coping strategies, but we stress the importance of treating resilience in relationship with the child's background and the features of his environment, as well as how he or she can access the most proximal available resources.

The difficulties we faced in this study were related to the data collection process. We considered this as being a limitation of the study, in that the children who were interviewed had quite poor abilities to talk about themselves, or to analyse themselves introspectively. This led to poorer first-hand insights into the children's coping strategies, more questions and more clarifications being needed for each child. Another limitation comes hand in hand with the first one, specifically the lack of standardised instruments. As important as the in-depth interview was, we believe that a quantitative instrument to back up the qualitative investigations is always essential in providing more insight into the understanding of how children cope with adversity.

# Conclusions

The present study has aimed to explore the way children cope with adversity in a context of risk factors and precarious background. The results suggest a variety of mechanisms used by children, which are differently and complexly accessed according to the situational demands. We have identified six major themes which children bring about in their discourses and which help them cope with the difficult situations: behavioural coping, cognitive coping, emotional coping, social support and organisational support. There is a strong need for resilience research, starting with exploratory studies (in order to understand the factors and mechanisms that are important and relevant for children, from an individual level to the group level), and moving on with designing instruments which facilitate further research and measurement of resilience. We stress the importance of creating programs aimed at the development and optimisation of resilient competences in children, programs that are rooted in the true needs of children and fashioned according to what each child needs for a positive adaptation.

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