

Resilience: Where Does It Come From?

We have written six articles about resilience for our blog – you can find these [here](#). Along with respect, responsibility and relationships, resilience is one of the four Rs at the College. How do we know if our children are developing the important life skill – resilience – that they need to feel settled and OK when things do not go their way?

There's probably not just one way to describe what resilience looks like, and of course, no one can be resilient all the time. When a child is coping well, we see certain characteristics. For example, we might see them using positive self-talk, capably expressing their feelings, not hiding away from strong feelings, using age-appropriate strategies to manage their emotions when upset, rearranging plans to work around an unexpected situation. They may use a trial-and-error approach in their daily life, remain hopeful and keep trying if something doesn't work out the first couple of times, knowing when to stop trying if they decide the effort is not worthwhile, ask for help if they need it, and importantly, accept that sometimes the answer is no.

We hope the article below *Resilience: Where Does It come From?* written by Bruce D. Perry, US Psychiatrist, Research Fellow, Professor and Senior Fellow at the Berry Street Childhood Institute in Melbourne, might add strategies to your tool box to help guide your child to develop greater resilience.

Resilience: Where Does It come From? - an article by Bruce D. Perry, M.D., Ph.D., Thomas S. Trammell Research Professor of Child Psychiatry, Department of Psychiatry and Behavioral Sciences, Baylor College of Medicine; and Chief of Psychiatry, Texas Children's Hospital, Houston, Texas.

Life is full of surprise, challenge, and, for some, distress and trauma. Children facing these experiences will show a range of responses. Some will regress when facing even the minor, unavoidable stresses of a typical day at school. Other children tolerate and even continue to thrive in the face of significant trauma.

Where does this resilience come from? Are some children just born that way - or is this something they learn? Are there things we can do to help children become more resilient?

While we have much to learn about the remarkable capacity of some children to survive and thrive in the face of heartbreaking trauma, here are four key areas that affect children's capacity for resiliency:

Temperament

While children are not born resilient, some are born with a very high threshold for tolerating distress. These children are easy to comfort. They tolerate hunger, noise, transitions, and chaotic situations relatively well. On the other hand, some children are born very, very sensitive to any stimulation. They are easily overwhelmed. It is easy to see how the child with the easy-to-soothe temperament will be more likely to become resilient later in life.

A child's temperament appears to be determined by a combination of genetics and the 'environment' of the womb. Distressed mothers with poor prenatal care will more likely have children with difficult-to-soothe temperaments. Mothers with stable life circumstances, good nutrition, and no prenatal alcohol, smoking, or other drugs of abuse will have a higher probability of having a child with the easy-to-soothe temperament.

Attuned caregiving

No matter what a child's temperament, the capacity to deal with stressors is shaped by

caregivers. A calm, experienced caregiver can help a difficult-to-soothe infant quiet down and feel safe. In time, this caregiver-infant interaction can be an important factor in helping the child deal with stress in positive ways. On the other hand, an anxious, inexperienced, and isolated caregiver, even with an easy-to-soothe child, can ultimately shape this child to be 'reactive' and less capable of dealing with distress. Imagine how difficult it can be for a neglectful, distressed caregiver trying to guide an overly sensitive infant. The 'fit' between caregiver and infant plays an important role in developing resilience.

Healthy attachments

Children with poor bonding with a primary caregiver, that is 'attachment' problems, will be less resilient. This may be related to the important role that connecting to other people plays in our capacity to survive traumatic stress. Children with extended and involved family, invested neighbors, and caring teachers and community have far fewer problems following severe trauma. The ability to 'use' this support system, however, depends on the child's ability to connect with and relate to other people. This strength develops in the early years of life in the caregiver-child interaction. On the other hand, isolated children with few social and emotional connections are very vulnerable to distress and traumatic stress. These children regress, develop dysfunctional styles of coping, and have symptoms such as impulsivity, aggression, inattention, and depression.

Opportunities for practice

In order to become resilient to life's unpredictable and overwhelming stressors, we first must build and strengthen our stress-response systems through 'practice'. Opportunities for gradual exposure to challenges will do this. Fortunately, the young child is continually exposed to new developmental challenges in motor, emotional, social, and cognitive areas. The gradual gaining of new skills gives a child experience with facing a challenge, developing mastery, and experiencing success. The thousands of tiny challenges and successes that a young child experiences help build confidence and, over time, resilience.

Reasons for resilience

Resilience cannot exist without hope. It is the capacity to be hopeful that carries us through challenges, disappointments, loss, and traumatic stress. The child who is capable in thinking that things will be better – that the bad feelings and situation now faced will improve – will be more resilient. Children with strong religious beliefs survive traumatic stress with fewer symptoms and with fewer destructive emotional effects than those without such beliefs.

Children's cognitive abilities also affect their ability to be resilient. The child who learns quickly, and can learn from only a few experiences, will have an easier time drawing upon its own experience and capacity to imagine a future that is happier and safer.

Finally, a key factor related to resilience is the child's ability to feel that they are special. This belief usually comes from a significant adult in the child's life: a parent, a grandparent, a teacher who reassures them that they are unique, important, and special. A child's sense of their own unique role in the world will help to sustain them during chronic traumatic events. They have a special place and this event is part of their special life.

We hope the article has provided more information around the concept of resilience and much food for thought! Feedback is gratefully received!

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