CHAPTER ONE

INTRODUCTION
INTRODUCTION

Development of resilience among children and adolescents has become one of the major concerns for today’s society. This is because of the constant deterioration in their psychological health resulting from excessive pressure and additional responsibilities shouldered by them apart from the developmental challenges which this period is often associated with. It is also said that period of adolescence is the period often assumed to be that of storm and stress (Hall, 1904). Erickson (1980) described adolescence as the period of ‘identity crisis versus identity diffusion stage’. It is an exciting, but challenging, developmental stage of one’s life marked with changes related to physical growth and puberty; changes in self-identity and self-esteem; the search for increased independence; the importance of peer groups; and increased responsibilities and societal expectations. These changes challenge the adolescent to question their previous identity and feelings about themselves. They are extremely apprehensive about defining their new social roles within the family, school and community systems and striving to carve out their path in life (Erickson, 1980).

According to Ebata, Petersen, and Conger, (1990), the transition into adolescence constitutes a challenge of healthily facing all the physiological and psychological changes occurring during this phase before the individual. If these developmental challenges are further accompanied with host of risk factors like academic difficulties (Goertz, Pollack, and Rock, 1996), socio economic disadvantages (Garmezy, 1991; Werner & Smith, 1982, 1992), lack of role models (Garmezy, 1983; Schultz 1991), family dysfunction (Werner, 1992; Werner, Bierman, & French, 1971), poverty and violence (Luthar, 1999; Rutter, 1987), one would not be surprised to find an adolescent with a real challenge trying to balance the risks vs. the protective factors in his or her life.
A study by Moffitt (1993) revealed that more than 80% of adolescents engage in antisocial behavior. For majority of adolescents, such behavior is limited to the adolescent years; for a few (3-5%), it is a lifelong pattern; and for some, it will be a “snare,” a divergence on the path of development that has long-term negative consequences (Rutter, 1989, 1996). But children, it has sometimes been said, are like weeds; they can grow and flourish even in very harsh conditions and environments. This view is supported by studies on children and adolescents who, despite their exposure to truly devastating conditions, develop into competent, confident and healthy adults (Jessor, 1993; Taylor, 1991). In spite of adversity they develop into well-adapted individuals (Luthar & Zigler, 1991). Such persons are described as showing resilience.

Defining resilience is problematic (Kaufman, Cook, Arny, Jones & Pittinsky, 1994) and there is a lack of consensus about the domain covered by the construct of resilience (Gordon & Song, 1994) Discussion around the defining of resilience led to the conclusion that resilience is “the process of, capacity for, or outcome of successful adaptation despite serious challenging or threatening circumstance” (Masten, Best & Garmezy, 1990). Freiberg (1994) explains resilience as the ability to become proactive rather than reactive, and to react flexibly to complex situations (Kaplan, 1999). Resilience is that capability within an individual which assists people to fit in the changing world.

In recent years there has been a notable shift from the problem-focused model of at-risk children, to a proactive model that identifies reasons why children who experience similar challenging circumstances succeed when others do not. For years, researchers had been focusing on what was wrong with children who were failing. In the past few decades’ researchers realized they had been ignoring a question critical to understanding the healthy development of youth. Just like risk factors can be identified with those
children who are failing, so can positive influences or characteristics that leads children to succeed. These positive influences are often referred to as protective factors (Gelman, 1991) or what Rutter (1987) termed as “Protective mechanisms” (Garmezy, 1985, 1994; Gore & Eckenrode, 1994; Rutter, 1987).

Despite the variability with which resilience has been defined and examined, research has consistently identified three domains of protective factors for children’s and youth’s environments: 1) Individual characteristics, 2) Home characteristics, and 3) Community characteristics, like school environment (Yates, Egeland, & Sroufe, 2003). For example, children who demonstrate high levels of abilities, such as intelligence and emotion regulation, typically demonstrate more adaptive outcomes in high-risk contexts than those with lower levels of these abilities. Similarly, nurturing parent-child relationships, high quality schools, and safe neighborhoods are generally associated with positive outcomes (Masten & Reed, 2002).

Home environment is one of the most important influences on psychosocial development of young people (Cairns & Dawes, 1996; Garmezy, 1983). It has both direct and indirect influence on adolescent’s development of resiliency. Many studies on resilience report that the presence of a supportive familial environment consistently buffers the negative impact of risk factors. Family characteristics like lack of physical crowding, consistently enforced rules with fair supervision and well-balanced discipline (Werner & Smith, 1982; Garmezy, 1983), a sound relationship with at least one parent (Smith & Prior, 1995; Garmezy, 1988), parental warmth (Compas, 1988), and cohesion (Garmezy, 1993) indicating adult support and involvement with the child, are useful in the development of autonomy and self-direction that are central to psychological resilience (Benard, 1991).
Schools also have a significant influence on child and adolescent development (Entwisle, 1990). School environment can be an important protective factor and students are more likely to thrive in schools that provide them with responsible roles, clear and high academic standards, resources, and opportunities to participate in a variety of extracurricular activities (Benard, 1991; Henderson & Milstein, 1996; Rutter, 1984; Werner, 1989). Increasingly, schools are being explored for their potential to strengthen the resilience of children and youth (Benson, 2002; Doll & Lyon, 1999; Durlak, 1995; Henderson & Milstein, 2003; Minnard, 2002).

Rutter's (1979) longitudinal study of children and adolescents from the first to the tenth grade in the island of Kauai, Hawaii highlights the importance and influences of school. They found that students differed in their behavior, attendance, exam success, and delinquency and that these outcomes are systematically and strongly associated with school characteristics. Rutter (1987) suggests the importance of schools as protective factors because not only can they promote self esteem and self efficacy in students by providing opportunities, they also enable them to develop important social and problem solving skills.

Apart from the above mentioned protective environment, demographic factors like gender, socioeconomic status and family size (small and large) have also been shown to have effect on the development of resilience in children and adolescents.

Rutter's (1987) research found that conduct disorders among children and adolescents were strongly associated with severe marital discord, low socioeconomic status, overcrowding or large family size, parental criminality and maternal psychiatric disorder. More specifically, he found that for the cases that experience two of these risk factors, the rate of conduct disorder increased fourfold.
Today India’s population of adolescents ranks amongst the largest in the world. One of the most important commitments a country can make for its future economic, social and political progress and stability is to address the health and development related need of its adolescents (Sharma, Grover & Chaturvedi, 2008). In recent times adolescents in India and the world over have grown into one of the most vulnerable populations. It is estimated that over 100,000 people die by suicide in India every year and it alone contributes to around 10% of suicides in the world and this rate has been found to be increasing and majority of suicides occur in younger age groups (“Suicides in India,” n.d.). According to the reports, it is the fourth leading cause of death in the age group of 15 to 18 year olds globally with an increasing number of studies finding it to be the number one cause of death among Indian adolescents (Bhattacharya, 2004). In addition to this, adolescents have higher chances of suffering from mental health disorders (Kessler, Berglund, Demler, Merikangas & Walters, 2005; Patel, Flisher, Hetrick, & McGorry, 2007). Poor mental health also has strong relation to other health and development concerns in adolescents which includes lower educational achievements, substance abuse, violence, and poor reproductive and sexual health (Patel, Flisher, Hetrick, & McGorry, 2007). It is therefore necessary to explore the role of home and school environment as probable protective environments in current Indian scenario in an effort to making these adolescents more resilient to their problems.

Despite growing interest in the study of resilience in India, research in this field has mainly centered on post-disaster studies after some parts of the country experienced natural calamities. Aims of these studies were to explore the reasons as to why some people bounce back faster than others and what can be done to promote resilience in the affected communities (Deb, 2008). Extensive psychological research has also been conducted on children and adolescents in India but most have focused on the causes
and effects of the problems faced by them. Some recent investigations have thrown light on factors ranging from cognitive deficits in the children of alcoholics (Silva, Benegal, Devi, & Mukundan, 2007, as cited in Deb & Arora, 2008) to stressful life events in adolescents (Aggrawal, Prabhu, Anand & Kotwal, 2007, as cited in Deb & Arora, 2008). There have been several other research investigations highlighting the mental health and psychiatric problems of adolescents in India (Bhargava & Sethi, 2005; Bhat & Srinivisan, 2006; Latha & Reddy, 2006). However, there is a need to probe the resiliency processes and the role of protective factors in developing resilience in children and adolescents (Deb & Arora, 2008).

The present study aims to advance our understanding of resilience by investigating multiple protective factors associated with home and school environments and the role of demographic variables among adolescents in the city of Aligarh, India. It is expected that this study will not only help to explore the protective mechanisms in these environments but would also “suggest individuals to be equipped with competencies that heighten the probability of resiliency, if adverse circumstances occur” (Deb & Arora, 2008).

1-1 Purpose of the study

The purpose of this study is to explore the home and school protective factors along with other demographic factors leading to resilience in adolescents.

Following are the three broad objectives of the study:

1. To investigate the relationship, if any, between home environment and resilience among adolescents.

2. To investigate the relationship, if any, between school environment and resilience among adolescents.
3. To investigate the relationship, if any, between certain demographic variables and resilience among adolescents.

1-2 Significance of the study

Positive mental health for adolescents has always been a matter of great concern not only because of the psychobiological turmoil experienced but also due to increasingly new psychosocial challenges they are expected to take during this period. In order to successfully cope with adversity arising from varied internal and external challenges, it is a requirement to help build resilience in today’s adolescents. While researchers all over the world particularly in India have excessively thrown light on the deteriorating mental health of adolescents, there are relatively few research studies that directly address the issue of resilience among them.

Resilience in adolescents since long has been understood and researched from the lenses of other psychological perspectives like maladaptive behavior, coping strategies, levels of stress and occurrence of psychiatric disorders, etc. However, there arises the need to examine the construct in context of adolescents in a manner which is more exclusive and direct instead of indirectly enquiring it by way of other psychological constructs. The present study thus, also treats resilience as a construct in itself without resorting to other psychological concepts used so far.

The study of resilience is profoundly positive and hopeful and fits well in the current trend towards wellness models as opposed to disease or medical models in our society, therefore the subject is timely.

Promotion of resilience among people belonging to this phase in adolescents is as much important as in other cultures on grounds of similarities in their abilities to cope with varied adversities. However, adolescence resilience is a much under researched issue in India. Hence, this study not only attempts to understand the concept
in context of Indian adolescents but also identifies the protective factors in home and school environment responsible for developing resilience in adolescents of the Indian society.

The present thesis also addresses certain other additional research gaps like prior inconclusive findings regarding gender differences in resilience and limited information on role played by demographic factors in predicting resilience particularly in the Indian context.

1-3 Research Questions

The major research questions to be explored in this study include the following:

Question #1: Is there any relationship between demographic variables and resilience?
Question #1.a: Is there any significant relationship between gender and resilience?
Question #1.b: Is there any significant relationship between socio-economic status and resilience?
Question #1.c: Is there any significant relationship between family type and resilience?

Question #2: Is there any significant correlation between home environment and resilience?
Question #2.a: Is there any significant correlation between dimensions of home environment and resilience?

Question #3: Is there any significant correlation between school environment and resilience?
Question #3.a: Is there any significant correlation between dimensions of school environment and resilience?

Question #4: Is home environment predictive of resilience in adolescents?
Question #5: Is school environment predictive of resilience in adolescent?
Question #6: Which dimensions of home environment are most predictive of resilience in adolescents?

Question #7: Which dimensions of home environment are most predictive of resilience in adolescent boys?

Question #8: Which dimensions of home environment are most predictive of resilience in adolescent girls?

Question #9: Which dimensions of school environment are most predictive of resilience in adolescents?

Question #10: Which dimensions of school environment are most predictive of resilience in adolescent boys?

Question #11: Which dimensions of school environment are most predictive of resilience in adolescent girls?

1-4 Definition of the key terms

In this study the research variables can be operationally defined in the following manner:

- Resilience- “Personality characteristic that moderates the negative effects of stress and promotes adaptation” (Wagnild & Young, 1993, p. 165).

- Risk factors- Circumstances that increase the likelihood that a youth will develop an emotional or behavioural disorder compared with children from the general population (Garmezy, as cited in Smith & Carlson, 1997).

- Protective Factors- Characteristics, attitudes, or environmental circumstances that assist an individual, family, and/or a community in learning to cope, adapt, and adjust to everyday stressors (Cooper, Estes & Allen, 2004). They are also positive action strategies that build resiliency in youth (Benard, 1991).
• Home Environment: Home environment is defined as an environment where an adolescent member experiences caring relationships with and healthy expectations from the family members and indulges in meaningful participation in family related matters.

• School Environment: is an external protective factor, which in the present research, is defined as an environment, where an adolescent student experiences caring relationships with and healthy expectations from the school faculty and takes meaningful participation in school and class related matters.

• Caring Relationships: “Caring relationships are defined as supportive connections to others in the adolescent’s life who model and support healthy development and well-being” (WestEd, 2002).

• High Expectations: “High expectation messages are defined as the consistent communication of direct and indirect messages that the student can and will succeed responsibly” (WestEd, 2002).

• Meaningful Participation: “Meaningful participation is defined as the involvement of the student in relevant, engaging, and interesting activities with opportunities for responsibility and contribution” (WestEd, 2002).

• Adolescents: Persons in the 10 to 19 year age group.