

Resilience in Western Australian Adolescents: Processes That Occur After the Experience of Risk

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The aim of this research was to develop a model to explain how adolescents who have experienced risk navigate their way to resilience. The philosophical framework was social constructivist with qualitative methodology. Twenty-three adolescents (M=15.5 years of age) participated in semi-structured in-depth interviews to develop a model through grounded theory. Findings indicated that resilient adolescents went through a process of response to risk, insight, letting go, and then recovery. The process that led to recovery was self-worth, which was developed through relationships, purpose, existence, boundaries, and self-efficacy. In this paper, the category of 'response to risk' is discussed along with implications it has in resilience research.

Mum was, as far as I knew in bed, and then she sort of came staggering out sort of mumbling gibberish under her breath and falling over and such. I thought she was drunk...but then I realised there was something more serious and I had to call the ambulance and everything. And seeing it firsthand and being introduced to it firsthand... umm...in such a...blunt way sort of affected me (Keith)

Resilience is about adolescents such as Keith, who have experienced risks and yet have had successful outcomes. It is “the outcome from negotiations between individuals and their environments for the resources to define themselves as healthy amidst conditions collectively viewed as adverse” (Ungar, 2004, p. 342). Research in resilience is significant because of the issues adolescents face in today’s society. According to one report, 17.8 % of 15 to 24 year old Australians have an affective or anxiety disorder, and mental disorders are the leading cause of burden of disease for both male and female adolescents (Australian Institute of Health and Welfare [AIHW], 2007). Furthermore, in a 2009 survey of Western Australian youth, drugs, suicide, family conflict, physical/sexual abuse, body image, and personal safety were rated as

their greatest issues (Mission Australia, 2009). These statistics combined suggest that some Australian adolescents are experiencing significant issues that may have a negative impact on their well-being.

The focus of most resilience research has been on establishing lists of risk and protective processes related to resilience. That is, what risks are large enough to “derail normal development” (Masten, 2001, p. 228) and what protective processes aid positive adaptation and development (Masten, 2001). The generated lists have generally been conceptualised through an ecological model and discussed at the individual, family, and community level (e.g., Kelly & Emery, 2003).

Individual risk and protective processes that influence resilience include gender, intelligence, temperament, coping, self-esteem, and optimism (Barrera, Hageman, & Gonzales, 2004; Dumont & Provost, 1999; Mandleco & Peery, 2000; Olsson, Bond, Burns, Vella-Brodrick, & Sawyer, 2003; Pilowsky, Zybert, & Vlahov, 2004; Sanson & Smart, 2001). For example, high intelligence is usually associated with more resilient outcomes whereas low intelligence is associated with externalising and internalising disorders (Reis, Colbert, & Hébert, 2005; Tiet et al., 2001; Vaillant & Davis, 2000).

Some of the family level processes that are associated with risk are parental drug use, parent psychopathology, maltreatment, and parental divorce (Amato & Booth, 2001; Luthar, D'Avanzo, & Hites, 2003; Shonk & Cicchetti, 2001). For example, research indicates that children of parents with psychopathology are more at risk of experiencing their own psychopathology (Mowbray, Bybee, Oyserman, MacFarlane, & Bowersox, 2006; Rutter, 1966; Tebes, Kaufman, Adnopo, & Racusin, 2001). Furthermore, children and adolescents from divorced families tend to rate lower in well-being, achievement and adjustment than children in intact families (Amato, 2001; Greeff & Van der Merwe, 2004; Kelly & Emery, 2003).

Protective processes within the family include families that offer predictability of internal and external stimuli, cohesion, strong communication, a secure attachment, support, and helpfulness (Grossman et al., 1992; Tinsley Li, Nussbaum, & Richards, 2007). In research by Owens and Shaw (2003), impoverished children who had a secure attachment with their mother as an infant were two and a half times more likely to have positive adjustment at age eight. In another study of children from high-risk low SES families, resilient children had less distressed mothers, less rejecting parenting styles, and parents who were able to mobilise support for the family (Myers & Taylor, 1998).

The third level of influences on resilience is the community. Protective processes within the community consist of opportunities to become involved, positive community expectations, and social support (Greeff & Van der Merwe, 2004; Kelly & Emery, 2003). Community organisations can also provide stability, structure, and opportunities to work through issues associated with risk (Ungar, 2001). Risks such as violence, discrimination, and low socioeconomic status (SES) have been identified at the community level. SES is the

most widely researched risk at the community level, with evidence suggesting that adolescents in low SES communities can experience lower outcomes in intelligence, relationships, and positive adjustment (Kim-Cohen, Moffitt, Caspi, & Taylor, 2004; Orthner, Jones-Sanpei, & Williamson, 2004), and adolescents in high SES communities can experience increased drug use and self-harming (Levine, 2006; Luthar & Latendresse, 2005).

Research into specific risk and protective processes is productive and provides insight into processes that may reduce or enhance resilience; however, it does not explain the whole process of resilience. For example, if divorce was the risk and social support was the protective process, what was the adolescent's response after the divorce, why was social support used, how did the adolescent use the social support to cope with the risk of divorce, and in what way did the adolescent change through the process? These qualitative aspects to resilience are significant because they indicate how the adolescent may move through the resilience process.

One specific gap in the resilience process is the adolescent's response to the risk event. That is, what behaviours and emotions do adolescents experience after they have been through a serious risk? Bonanno (2004) suggests that to be resilient one needs to maintain a stable equilibrium with no symptoms of psychopathology. When adolescents experience symptoms, Bonanno describes this as recovery, not resilience. Other researchers allow a drop in functioning between risk and resilience (e.g., Van Vliet, 2008; Werner & Smith, 1982), and most researchers do not discuss the period between risk and resilience because the adolescents are assessed months or years after the risk experience (e.g., Greeff & Van der Merwe, 2004; Todis, Bullis, Waintrup, Schultz, & D'Ambrosio, 2001). In these cases, the snapshot of resilience and the

identified protective processes may exclude months or years of processes that have led to that place of positive functioning.

The only area of resilience research that provides some insight into the period after risk is coping research. Coping is any response to a stressful situation (Compas, 1987) and can be defined as “constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person” (Lazarus & Folkman, 1984, p. 141). Coping is affected by person variables (goals and goal importance, beliefs about self and the world, personal resources) and environment variables (demands, constraints, opportunities and culture) (Lazarus, 1999).

Lazarus and Folkman (1984) categorise coping as either emotion-focused coping (EFC) or problem-focused coping (PFC). The aim of EFC is to lessen, avoid, or minimise stress, and give selective attention; whereas the aim of PFC is to define the problem, generate solutions, choose solutions, and act (Lazarus & Folkman, 1984). In resilience research, EFC has been linked to lower functioning and less resilient outcomes, whereas PFC has been linked to higher functioning and outcomes that are more resilient. For example, in a cross-sectional study of 297 adolescents aged between 13 and 17 years by Dumont and Provost (1999), PFC was linked to higher self-esteem and lower depression. Similar findings emerged in a cross-sectional study by Pilowsky et al. (2004) of 117 children (aged 6-11 years) whose parents were injecting drug users. Resilience was defined as having no signs of psychopathology, or scoring on the bottom 25% of the Child Behavior Checklist (CBCL: Achenbach, 1991). Resilient children were more likely to use PFC strategies, and were less likely to use EFC strategies (e.g., distancing themselves from the problem, externalising and internalising the problem) than non-resilient children.

Another measure of coping utilised in resilience research developed by Frydenberg and Lewis is The Adolescent Coping Scale [ACS] (Frydenberg & Lewis, 1993). This scale categorises coping as productive, reference to others, and non-productive. Productive coping is trying to resolve the issue while maintaining physical health and good social connection through working hard to achieve, focusing on the positive, and seeking relaxing diversions. Reference to others is using others to help deal with the problem, and includes strategies such as seeking professional help or general support through social or spiritual channels. Non-productive coping indicates an inability to cope and a general avoidance of the issue and includes the strategies of worry, self-blame, wishful thinking, and ignoring the problem (Frydenberg & Lewis, 1996).

While productive coping styles on the ACS are generally more associated with resilience, the link is not always consistent. For example, in one study of 1,219 11 to 18 year olds, Frydenberg and Lewis (2004) found that adolescents who were self-reported poor copers used both productive and non-productive forms of coping. Similarly, in a study of 643 adolescents (aged 11 to 18 years), self-reported successful copers also used both productive and non-productive strategies (Lewis & Frydenberg, 2002). These findings may indicate that the “productiveness” of different coping strategies may be dependent on other processes that are not measured by the scale, such as time since the risk experience, resources available to the adolescent, or the risk experience itself.

As most studies on coping are cross-sectional (e.g., Dumont & Provost, 1999; Lewis & Frydenberg, 2002; Pilowsky et al., 2004), it is not possible to know if certain forms of coping are more productive than others at different stages after risk. One longitudinal study into medical and academic stressors by Campbell (1996) with young

people aged 11 to 14 years, does provide some insight into how coping changes over time. Campbell measured perceived control, behaviour, and coping styles over three periods: anticipation of stressor, actual stressor, and recovery from stressor. She found that the adolescents used EFC coping throughout all periods in the medical situation and in the last period of the academic stressor, whereas PFC was utilised prior to and during the academic stressor. Perceived control and general behaviour, as measured by the CBCL (Achenbach, 1991), were not related to coping. Campbell surmised that coping for children and adolescents was dependent on the situation and changed over time.

The assertion by Campbell (1996) is supported by Lazarus (1999) who asserts that how people cope is dependent on the risk and the individual. Similarly, Compas (1987) suggests that in order to understand the coping response one must look at the resources available to the young person. The influence of resources, the individual, and the risk was evident in the studies by Dumont and Provost (1999) and Pilowsky et al. (2004). In the study by Dumont and Provost the resilient adolescents who used PFC had the resource of high self-esteem, and the children of drug addicted parents in the study by Pilowsky et al. had multiple risks and limited resources and used EFC (avoidant coping). This may have been a better temporary method of coping given the resources they had. Thus, it is likely that multiple processes, including the type of risk, available resources, and time after the risk experience will influence what is the most productive coping response for the young person to achieve positive outcomes.

One way of gaining a better understanding into the ways in which resilient adolescents respond to risk and use different coping strategies is to utilise qualitative rather than quantitative methodology. Quantitative research is useful

for verifying theory with a population group, testing relationships, and identifying patterns in data (Robson, 2002), however it is not able to provide a rich description of the phenomena or an in-depth understanding of the concepts of interest, within the context they occur (Liamputtong & Ezzy, 2005; Strauss & Corbin, 1998). In this case, qualitative research could provide insight into the adolescents' coping over time, and how coping may be associated with their resources and risk.

Resilient adolescents' response to risk could also be better understood by including the adolescents in the research. Currently, the majority of data in resilience research is obtained through parent and teacher report and there is an absence of child and adolescent perspectives (Boyden & Mann, 2005; Ungar, 2004, 2005). By including adolescents in the research, it is possible to identify changes in their response to risk over time, and to extract an explanation from the adolescents regarding why certain responses were chosen at specific times.

Based on these issues, the methodology of the current research was qualitative and utilised adolescents' perspectives. The aim of this research was to develop a model that represents how adolescents in the Western Australian context navigate their way to resilience. The research questions addressed in this paper are:

1. What behaviours and strategies did these adolescents use to respond to the risk?
2. What were the processes that occurred from the initial risk to the achievement of success?

Method

Research Design

The research design was a qualitative grounded theory study, with a social constructivist philosophical framework (Daly, 2007; Glesne & Peskin, 1992). Data was collected through in-depth semi-structured individual interviews.

Participants

There were 23 participants (8 males and 15 females) aged between 13 and 17 years ($M = 15.5$). This was a suitable age for participants as prior research indicates that young people begin to show a resilient or nonresilient trajectory at this age (Ruschena, Prior, Sanson, & Smart, 2005; Smart et al., 2003). Over half of the participants ($N = 13$) were of Australian background with the remainder representing a range of ethnic backgrounds (e.g., Scottish, Macedonian).

Materials

Materials for this research included an interview schedule and information letters and consent forms for school principals, adolescents, and parents/guardians. The interview schedule was based on key concepts from prior research in resilience and was modified after each interview to include new concepts introduced by participants.

Procedure

Participants were recruited through five ethnically and economically diverse senior high schools in the metropolitan area of Perth, Western Australia. The researcher defined resilience for the schools as those adolescents showing signs of positive adjustment despite experiencing risk. The schools then chose adolescents they believed were resilient and these adolescents received information and

consent forms. These adolescents then needed to decide if they also perceived themselves as resilient by returning the consent form. The two-stage process of recruitment was utilised so that adolescents' beliefs about their own resilience were respected. Participants were interviewed as consent forms were returned. During the interview, each participant was read the open-ended questions; however, they were not restricted to talking about these questions as they only provided a framework for discussion.

Analysis

Interview transcripts were transcribed verbatim and analysed through open and axial coding (Glaser, 1992). Analysis commenced with the first piece of data, so that collected data could inform subsequent interviews. Modelling was utilised throughout all stages of the analysis to identify relationships between the categories and to develop theory (Strauss & Corbin, 1998). The models were generated by linking categories according to the associations indicated by the participants. Developed models were then compared to the original transcripts to test the cohesiveness of the model, and to ensure that the model was consistent with the original data. While the whole model is presented diagrammatically,

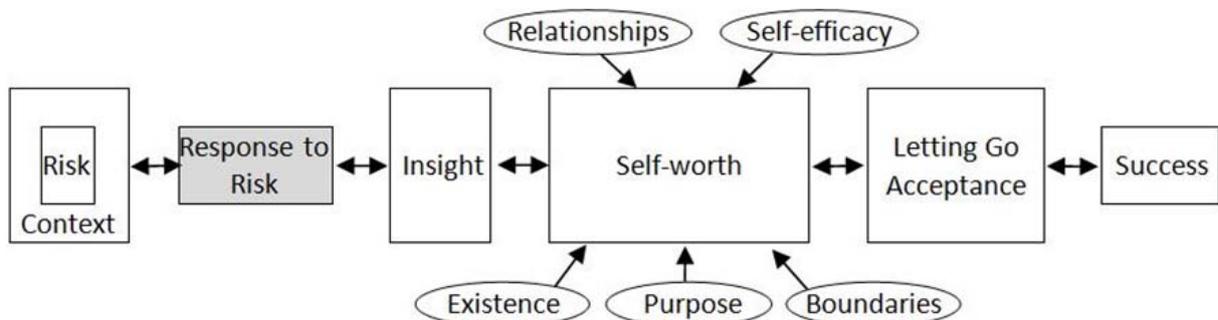


Figure 1: Response to Risk

only 'Response to Risk' and 'Letting Go/Acceptance' will be discussed in this paper.
Coping

After the participants experienced risk they employed some form of coping. The most frequently-used dichotomy of coping in resilience research, and the one referred to throughout these results, is emotion-focused coping (EFC) and problem-focused coping (PFC) (Frydenberg & Lewis, 1996; Lazarus & Folkman, 1984). The analysis of the interviews indicated that the resilient participants utilised a combination of both EFC and PFC throughout all stages of risk and recovery. Specifically, immediately after the experience of risk the participants used predominantly EFC and then moved towards a more PFC approach. EFC remained a useful coping tool even when the participants felt they had successfully overcome the risk. The participants' use of EFC and PFC is discussed in the following section.

Emotion-focused coping. When individuals use EFC they are attending to the emotions associated with the risk rather than trying to solve the problem (Boerner & Wortman, 2001; Bonanno & Kaltman, 1999). The participants in the current study attended to their emotions by crying, getting angry, using creative outlets, seeking relaxing diversions, avoidance, distancing, and denial. EFC is generally not linked to resilient outcomes (e.g., Dumont & Provost, 1999; Frydenberg & Lewis, 1993; Olsson et al., 2003; Pilowsky et al., 2004) and it is evident in the participants' responses how it could be labelled as unproductive. For example, John said, "Well I used to cry a lot and it was so emotional my brother leaving me and everything and leaving me with dad..." and Amanda said:

I would be sitting in my room listening to like some [emotive] music, feeling sorry for myself, you know and like being really pissed off and just like angry at everyone. Like if you had talked

to my family...I was always angry at everyone, I just snapped at everyone all the time. I was always tired and frustrated you know, so I would have just been snappy at everyone...just take the anger out on them, you know.

However, EFC was advantageous as it allowed the participants to 'let their emotions out' and release how they felt about the risk or risks they had experienced. Larissa explained the need to let it out, saying:

Ah well I can try to hide it but sometimes when it's just too strong I just can't bottle it anymore. I'm like a bottle...It's just like 'rah rah rah.' Yeah you can't help but...if it's been inside for so long and it's just, it just creeps out. To the point where you're just like no I can't do this anymore.

The need to let go of their emotions is evident in many of the participants' comments. Belinda used blogging as a tool and said:

Like sometimes if I'm kind of sitting there and I'm angry or anything at anything...I write a live journal which I can write out big ranty posts. Sometimes I don't even post half of them. I just vent for half an hour, or not even half an hour just 15 minutes and then kind of like go 'I'm over it now'. I can get on with whatever I was doing.

Coreen explained that she needed to cry to let go of things:

The way I deal with it usually, and I'm just trying to be as honest as I can here, that if something difficult comes up I cry. I'm not sure it's just the way I get some of

my emotions out. My mum's always saying you know 'you've got to chill out'. It's not that I'm stressed, really stressed, it's just the way I let my emotions out and then once I've got that out of my system I can think alright how do I deal with this. And I change it and if I can't what's the point of crying.

Despite EFC appearing unproductive for these participants (e.g., crying, anger, denial), it was beneficial as it helped them to lessen, avoid, or minimise their stress (Lazarus & Folkman, 1984). Furthermore, by engaging in EFC strategies the participants felt more prepared to use PFC strategies to generate and select solutions. This was evident with Coreen, when she said "Once I have it out of system I can think alright how do I deal with this?" and Belinda said, "I can get on with whatever I was doing."

EFC was also useful in that it allowed the participants to "rest" from dealing with their risk through the EFC strategies of avoidance, distancing, and denial. These periods of rest were evident in many of the participants' stories and were well illustrated by Jodie, who had a background of maltreatment and parent divorce. She said, "Yeah I think sort of just like not worrying about it so much and just trying to have a good time and stuff." When asked if this meant avoiding it, she replied, "No, not avoiding it...like you gotta talk about it sometimes, it just like yeah some days are worse than others. It's like um...sometimes you need to get a break, to get away. It helps quite a bit."

The use of avoidance, distancing, and denial are labelled as non-productive forms of coping in resilience research because the adolescent is not working through the risk (Frydenberg & Lewis, 2004). However, as Jodie indicated, it was not that she was not working through the risk, it was that she was

not able to work through the risk at all times. Resting from risk was not unique to Jodie; in fact, this was a recurring theme for all participants. They said they separated themselves from the problem, got quiet, ignored it, hid the problem, and distracted themselves by doing enjoyable things. For example, William liked to ride his dirt bike and Karen played the piano. She said, "I really enjoyed [playing the piano] and it just passed the time, it's just...I don't know, it's like you just forget about everything and you sit down and play."

These participants were seeking a temporary diversion from the risk and an opportunity to rest from feeling and thinking about it. If the participants had sought "relaxing diversions" as a way of resting from risk, this would have been deemed productive in the coping literature (Lewis & Frydenberg, 2002). In reality, avoidance, denial, and distancing are achieving the same goal as relaxing diversions in that they are temporarily removing the focus from the risk experience. Thus, these forms of coping appear quite productive for these participants, particularly when they are not the only coping strategies they are implementing.

Problem-focused coping. With these participants, PFC occurred after they had used EFC to process how they felt about what had happened. PFC involved working through the issues that they had experienced by thinking critically about what had happened, talking to friends, journaling, "reasoning out what happened," and taking action to deal with the problem. Candice and Cheryl explained how they reasoned through problems. If Cheryl had an argument she said she would, "Go cool down and then think about it and realise why I am having the argument with them." Candice said:

I talk a lot but I do a lot of inside thinking and like I go through if I've like done something wrong and I'm like, you go through and you

try and say 'oh no that's okay' but then like you get two sides of the story and you think...you just work through in your mind what am I going to do with this...so I have to work that through and think okay what is going to be the solution I need to make the best decision here.

Coping summary. Participants used both EFC and PFC strategies throughout all stages of risk and recovery. These findings are similar to longitudinal research by Campbell (1996), where adolescents used both EFC and PFC, however the type of coping they used was dependent on the time after the risk and the risk experience. The use of both EFC and PFC is also well explained by Stroebe and Schut's (1999) Dual Process Model of Coping. Stroebe and Schut assert that successful coping involves oscillating between loss-oriented processes (grief work, denial, and avoidance of restoration activities, letting go, and intrusion of grief) and restoration-oriented processes (behaviours that reorient the person after their loss and include distraction from grief, developing new roles and identities, and attending to life changes). Both loss- and restoration-oriented processes involve EFC and PFC strategies, indicating that both strategies can be effective at different times in the coping process.

Stroebe and Schut (1999) explain that people oscillate between loss-oriented and restoration-orientated processes because coping is difficult work and people can only manage a 'dosage' of grief. The oscillation between the two processes and the concept of a dosage of grief was evident for these participants when they explained they were dealing with the problems, however sometimes they needed a break from them and they could not always be thinking about the risk. This rest provided space for them to revisit the risk when they were physically and emotionally ready or when new issues arose. These findings highlight that coping is not a

linear process with a fixed end; rather it involves the oscillation between both EFC and PFC as the individual works through the risk experience.

The findings from the current research suggest there is a need for future research to investigate how different coping strategies are used together over time to attain positive outcomes. It appears that coping is not categorically functional or dysfunctional, but dependent on the risk, resources, the individual and time following the risk (Campbell, 1996; Frydenberg & Lewis, 2004; Lewis & Frydenberg, 2002; Pilowsky et al., 2004). With the participants in the current study, EFC and PFC were both useful strategies in managing their risk experience, regardless of the risk experience.

Relationships and Identity

Relationships and identity were two areas where these resilient participants experienced a drop in functioning immediately after the risk. The duration of this drop in functioning varied from a few days to a few years and was dependent on the source of the risk. For example, those participants who experienced a risk in the home environment were more likely to have a longer recovery time and experience a greater drop in functioning. For example, Keith's mother had psychopathology and he took several years to recover whereas Todd had a stable home environment and his drop in functioning only lasted several weeks.

Relationships. After experiencing risk, the participants tended to choose friends with similar problems (e.g., depression, disenfranchised from parents) and goals to their own. The similarities were a point of connection and the basis for their friendships. Emma said, "I'm friends with like most people at school and stuff but you've kind of got your closest friends...it just kind of works that way like, the people that are kind of similar to you in a way." Their association with similar others was evident in many of the participants' stories. Sasha explained a

relationship that had caused her many problems, saying, “Well a lot of the depression sort of stuff was there beforehand because...a lot of my relationship with Phil was based around the fact that we identified with each other...because of depression and that sort of thing.”

In these post-risk friendships, the adolescents frequently emulated their friends’ styles so they could fit in and feel accepted. The effort to be like their friends was problematic when they were associating with friends who were experiencing their own problems. This was evident for Tayla who changed her appearance and behaviour to fit in. She said:

I wasn’t Italian, I wasn’t rich, so I didn’t fit in. I met a girl there in, end of Year 8, she came to this school and she was like a Goth. And so I started like dying my hair black and dressing all Gothic and stuff...this is probably where my downhill bit started...she had a chemical imbalance in her brain or something, like she had depression.... she was like really, really crazy and she used to cut herself and she used to take drugs and I guess when I started hanging out with her, because I thought she was my best friend, I started doing all the things that she was doing. I just thought you know, cos I had such a bad relationship with my parents I was like oh maybe if do what [she] does it will

make me feel better as well. So I just kind of got into the habit of doing it.

Within these peer groups, the participants experienced issues with trust (e.g., friends turning against them), pressure to conform (e.g., clothes, music), competitiveness, and bickering. They felt these friends were insensitive to their needs and indicated they would not trust them. Amanda said, reflecting on her previous friendship group, “I didn’t realise how deceitful people are, like I was friends with these girls and then they totally just like backstabbed me and screwed me over and I was like oh my gosh this is so high school.”

Identity. Adolescence is a time when identity is explored and adolescents put boundaries around what is them (Erikson, 1968; Grotevant, 1992). Ungar (2005) suggests that at first adolescents are “stuck with” one identity, then become chameleons experimenting with multiple identities, and finally experience control and acceptance and say “this is who I am.” In this stage immediately after risk, the participants were chameleons, and more likely to follow others to gain acceptance than pursue their own beliefs and style.

“Emo,” an identity that comes from the shortened form of “emotion,” was a popular choice by the participants during this period. Adolescents that subscribe to this trend wear black clothes, piercings, and listen to dark,

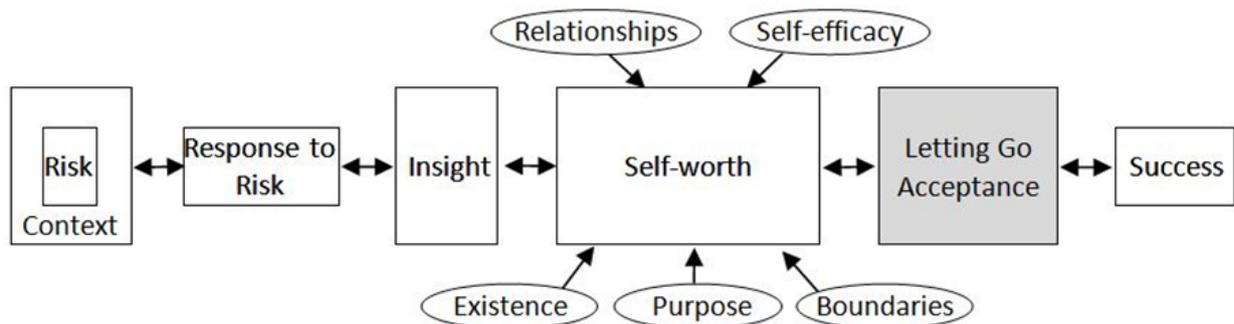


Figure 2: Letting go and acceptance

emotive music. Identities like Emo were chosen because they matched the emotions the participants were experiencing at the time, such as anger and sadness. By taking on this identity, it gave them an outlet to express how they were feeling. Michelle explained how her friend became Emo:

People change that ways and stuff when they deal with like trauma and stuff. Cos I know one of my friends has done that. Like she changed when her dad died, as you can imagine. But she went like full on Emo and no one recognised her and she just went, like she was so like full on depressed and stuff.

There was an acknowledgement that these were not permanent identities, but something they needed to do to express their feelings and to discover who they were. However, these identities could be problematic and during this period of experimentation they frequently experienced conflict with their parents and schools. It is likely that the conflict arose through the participants' behaviours rather than the external changes they made (e.g., dressing Emo or having a nose ring). For example, some of the participants were using drugs, stealing, or associating with a negative peer group. Belinda explained how her parents were reacting to the changes she had made:

I did everything that my parents wanted, I wasn't hugely anything... and I started to get more confidence you know, started to be who I wanted to be more...for example, I dressed a little differently. Like I was a bit more you know open minded and that kind of thing and my parents thought that I was just being a freak and things like that...some stuff happened then they were like 'if you keep changing' that kind of thing then...we're gonna send you

off to a boarding school and things like that.

Letting Go and Acceptance

The participants did not stay in these friendships or maintain these identities. After they had processed the risk and had insight into their worth, their friendships and identity changed through a process of letting go and acceptance. The changes, as described by the participants are described in the following section.

Identity

A well developed identity has been considered a protective process in prior research (Adams, Abraham, & Markstrom, 1987; Ungar et al., 2007); however, the findings in the current research suggest that identity was not a protective process for these participants, but an outcome of overcoming the risk they had experienced. This inference is supported by the participants' comments that the risk had "added to them," "they would be a loser if they hadn't experienced the risk," they were "stronger," and the risk had developed their personal skills. When Michelle commented on the risk she said:

Yeah it definitely made me stronger, I was quite like a weaker person before, like personality wise, like I've always been like happy and...but I've always been really emotional but now I understand like how to handle like bullies in general like better. Yeah I can cope with that, like now I used to, I just got so cut up when they said that.

Identity – Letting Go. It was only when the participants believed that they had worth that they were able to let go of the need to conform to others. That is, prior to working through the risk the participants had frequently emulated the identities of others (e.g., Emo), and much of their identity was based on their physical appearance (e.g.,

being thin, wearing piercings). Tayla described how she did not need the external things that she had used to create her identity after the risk. For example, she had removed her facial piercings and said:

Yeah I took them out, bit of an image change, I mean I was Emo...and I used to wear like black! But I don't know, I don't feel I need to dress in a certain way to impress people anymore I just dress the way I want to dress...

Amanda also explained how she let go of trying to fit in, she said, "It doesn't matter what like 'trend' or whatever you're in, you always have to live up to an expectation. I was so annoyed at that so I was like 'screw this' I am going to have my own style."

Identity – Acceptance. As well as letting go of aspects of identity that no longer fitted, the participants also began to accept themselves as they were. Specifically, they accepted the way they looked and their uniqueness. As the participants had internal contingencies of worth, acceptance of self no longer depended on receiving approval from others. Amanda said, "Sometimes I annoy people because I'm really loud. And I know that about myself but I don't care I just keep going. It's just who I am I can't help it." Larissa explained what she told her boyfriend about acceptance, "He's like looking at me and going 'I don't like this you have to change!' kind of thing. And I'm just like you have to accept someone for who they are kind of thing." Their understanding of the significance of being unique was well summarised by Karen when she said:

It's like you do what you do, it's like if you're good at something then you're good at something. There's no need to be better than everyone because there's pretty much always going to be someone who's better than you. But then

why do you have to be the best person? And how do you mark something, say they're in music or whatever, I don't think there could ever be anyone who is the 'best' person because you do everything differently, everyone does things differently and stuff. So what you do might be different but it doesn't mean it's better or worse than someone else.

It is important to note that acceptance did not always mean that they accepted something as 'right' or 'good' but that it was part of who they were or part of what had happened. For example, Coreen struggled with eating and had come to accept it. She said she:

[I wanted] to be thin and to feel... I'm not sure, to look like that generic kind of stereotype, what you're supposed to look like. I know I had a problem with eating for a while, I just didn't want to eat...I guess I've matured and I feel...not better about myself but I know the reality is we're just human.

Identity – Making Choices. Once the participants had let go of who they were not, and accepted themselves, they began to make choices about what they would incorporate into their identity. Ungar (2000) stated that adolescents do not simply conform to peer groups but utilise them to enhance their own identity, and are selective in what they will take from their peer group to incorporate into their identity. Research suggests the three main influences on adolescent identity are the media, friends, and family (Grotevant, 1992). With these participants, the main influences on identity at this stage were examples of what they liked and disliked about others, and values from their childhood, adolescence and religious organisations.

The participants discussed the way they used behaviour they disliked as a way of making decisions about their identity. Emma reflected on how some people had influenced her, saying, "In a way because I've seen what can go wrong so it's kind of like ohhh..." Tayla recounted how some of her friends had ruined their lives, and this influenced her decision-making, "I've seen some of the nicest people into drugs and they are completely ruined...I don't want to end up like that." Clinton also explained the influence one friend had on his decisions:

He's just crashed his car into a tree at about 90 ks or whatever, being an absolute idiot I asked him what happened to the car and he said it's bent up and need to get rid of it but it's alright I bought a new car yesterday. I thought I'm really happy I'm not friends with him anymore because I'm just seeing myself, because I've got a car, I can just see myself doing the things that he does to it and being an absolute hoon.

In addition to using negative behaviour to make decisions about their identity, the participants utilised values from religious organisations and their parents. The influence of religious organisations is consistent with prior literature that indicates involvement is related to a better formed identity (Cook, 2000). When asked how her religious beliefs helped her Larissa said:

They just inspire and like kind of guide you along the right track kind of thing. It's like this is right, this is wrong, this is right, this is wrong. You just look on the bright side, because I'm also a Catholic so I have a pretty good value system and stuff. You're just forced with a question, it's just like okay, reflect back on beliefs and values and stuff.

The participants also discussed how their upbringing had affected their current identity. When asked how she decided on her values, Belinda said, "Some things come from home, some things from school." Coreen said, "I'd like to think I've been brought up with those morals, that my parents have taught me that." In addition, Emma explained how she was influenced by her grandma's work with people with disabilities, "So I've been brought up with that since I was little and...it's been in front of me I don't see it as...I don't see people differently when they are like that." She also commented that she was like her mum, saying, "That's how my mum is, my mum's like well if you don't want to do it, don't do it...she's like don't let people kind of walk all over you, make your own decisions. That's why I'm like it."

These findings indicate it is important to provide adolescents with positive and negative examples of identity, and sets of values so that when they are ready to make decisions about their identity they have a range of information to draw on.

Relationships

Friendships were based on similarities between the participants and their friends. Mitchell, an academic boy said, "Like you pick your friends...you and your friends you have the same I suppose 'goals' in life, you all want to do well. And you pick your friends if they treat well...and you'll kind of have the same morals." Prior to overcoming risk, this meant that some participants chose friends with similar issues to them; however, as the participants developed worth and changed, so did their friendships as they no longer shared similarities with these friends. Coreen commented on how her friendship group had changed saying, "But I kind of just gave up on them, probably at the end of last year. At the start of this year I just thought oh, grow up." Clinton reflected on friendships when he considered how he had changed, "My attitude towards a lot of people

has hugely changed. My choice of friends is better.” Janine also explained her changed friendship group:

I used to hang out with a different group, not a bad group but it was good, it wasn't the right mood. It was kind of bland...it's a polite way of saying not fun! So I went to another group back with some old friends that I had and it's more colourful. And it's fun and they're all bubbly and they're all really different. So I like hanging out with them. I changed that and I guess it made me happier in a way because they were happier.

These participants recognised that some friendships “dragged them down” were destructive and were not compatible with their new healthier choices. Keith said, “If you were really unhappy and you spent time in the cemetery then you probably wouldn't get any happier. Same thing applies.” Negative friendships had required them to conform and made them feel judged, whereas with their new friendships they felt accepted, encouraged, understood, happy, and good about themselves. They also realised that some relationships were an aspect of their past and it was important to let go of these friendships to move on with their life. Candice explained it when she said, “Sometimes people like kind of when they change like mature or something they kind of move on from that, they go more mature that's why I kind of change to different groups.”

New friendships provided the participants with a forum to talk through issues, opportunities to “vent” their problems, and people that looked after them, stuck with them through hard times, “cheered them on,” and helped to push them on academically. They also provided an escape from problems so they could just have fun and forget about some of the risks that had occurred. In addition, the experience of risk provided the participants with clarity on who they wanted

as a friend, and what was important to them. The participants were more deliberate in their choice of friends by selecting a smaller group and friends that made them happy. Tayla said:

My friends. I love my friends to death. I don't have heaps and heaps and heaps of friends anymore, you know, like I used to just be friends with everyone. But the friends that I have now, are good friends, and they're people that I want to keep with me for life.

Conclusions and Implications

The current research provides insight into processes that occur after the resilient participants experienced risk. Specifically, the way in which the participants' coping styles, identity, and relationships changed over time were revealed through the in-depth interviewing. These changes and the implications they hold are discussed below.

A significant finding regarding coping was that the participants used predominantly EFC after the risk and then used both PFC and EFC. This finding is contrary to prior research which suggests the use of EFC is nonresilient (e.g., Dumont & Provost, 1999; Frydenberg & Lewis, 1993; Olsson et al., 2003; Pilowsky et al., 2004). The finding that PFC is the most resilient form of coping may be due to the timing of previous research as the participants in the current research used EFC and PFC at different times. If they were assessed at the end of the process when PFC is used predominantly it would appear that this is the most productive form of coping. This would suggest that PFC is the key coping strategy related to resilience when in fact the participants used EFC before they were able to use PFC. To identify actual coping over time it is imperative that multiple quantitative measures are taken over time rather than one snapshot of their coping at one stage in time. In addition, it would be beneficial to use qualitative measures so that

adolescents can explain how and why their coping changes over time.

Another significant finding from the current study was that the resilient participants had a drop in functioning after they experienced risk. This drop occurred in their relationships and identity, and for some participants the phase lasted for a few days whereas for others it lasted a few years. As stated previously, any drop in functioning is generally not viewed as resilience (e.g., Bonanno, 2004), therefore, according to some theorists these participants were not actually resilient. However, this position is problematic, as why is there an expectation that adolescents should display no signs of adversity when they have experienced serious risks? Keith's mother had tried to commit suicide and Jodie's father had beaten her. Would we want adolescents to have no reaction to these events?

If a short-term negative reaction is allowed, how long can it be? A day, a week, a month? Despite their drop in functioning, all participants were successful at the point when they were interviewed. Perhaps the time it takes to overcome risk is less important than the fact the participants were on the journey to be resilient. The finding that different participants took different amounts of time to complete that journey may only indicate that adolescents negotiate the journey at different rates. Furthermore, the length of this journey may be dictated by resources that are available to the adolescent. The participants in this study who struggled longer with their risk had fewer resources. Specifically, those participants with poor family support took longer to assimilate the risk than other participants. This suggests that given the appropriate resources, more adolescents may be likely to be classed as resilient. However, the emphasis is on *appropriate* resources, and this can only be established by asking the adolescent what they need.

The finding that some participants took longer to process risk is encouraging as it

indicates that adolescents in society who appear to be functioning poorly may still be resilient at a later stage in the process. This suggests it is necessary to provide adolescents with opportunities to process their risk so that they can move on and be resilient. It also suggests that resources need to be available to enable this transition, and that practitioners could be optimistic about the possibility of resilience, given the right opportunities.

Significantly, for some participants who experienced a serious drop in functioning (e.g., self-harming, psychopathology), the negative behaviours they engaged in frequently became more of a risk than their initial risk. If this phase was better understood this trajectory may be able to be subverted or managed, and adolescents would not have the problems associated with these choices. Alternatively, it is possible that this phase is an integral step towards achieving resilience for some. That is, through making poor choices they come to the realisation they want a better life and this leads them to make changes in their life. However, further research is required to understand the phase after risk and how it influences adolescents' short and long-term outcomes.

While all participants experienced changes in their relationships and identity, and responded to risk through predominantly EFC and then EFC and PFC, each participant had a qualitatively different experience. For example, while some cried, others got angry, and when some blogged, others played the piano. The differences in these experiences are noteworthy because they indicate that adolescents cannot be treated as an homogenous group, all responding to risk in the same way. Given this, it is necessary to make space for each adolescent to process their risk in a way that is meaningful to them, rather than in ways that are meaningful to the researcher, their caregiver, or their teachers. The ability to process risk successfully is

critical, as it of greater importance that adolescents have a drop in functioning when a risk occurs, rather than presenting as functional and having never worked through the issues they experienced.

In conclusion, the way adolescents respond to risk is a complex process within the process of resilience that involves both EFC and PFC. This finding is significant as it may provide practitioners with a different perspective of adolescents who are displaying EFC. For example, an adolescent engaging in Emo culture could be identified as working through the risk through EFC, rather than one who is nonresilient. While some researchers may still identify this as nonresilient, the participants in this research who engaged in EFC prior to PFC did overcome their risk, therefore there is the potential for other adolescents with similar risks to do the same. In future research, it is critical to build on this understanding of how adolescents respond to risk, so that an accurate and timely response is provided, which in turn may increase the likelihood of resilient adolescents.

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