



Theoretical article

SCHOOLS FOMENTING RESILIENCE IN ADOLESCENT

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Abstract

Literature shows that several factors affect resilience in individuals. These factors can be risky and protective. Regarding family, family protective factors include strong family ties and are considered among the most important. Environmental protective factors include the broader family, the social but also the work environment, and the community in which the person lives. To promote resilience, it is important to develop strategies that will on the one hand limit the negative consequences of adversities and risk factors and on the other hand they will strengthen the protective factors. Through appropriate interventions both in adolescents' important relationships (family, peers) as well as in the wider environment (school, society), their self-efficacy seems to be enhanced. In modern times, the school environment is considered the most suitable place which promotes psychosocial adjustment, development, learning, and of course, resilience. This article aims at investigating resilience in adolescents and schools fomenting resilience.

Keywords: Resilience, adolescents, risk and protective factors, resilient schools

Factors that affect resilience

Over the years, research related to resilience has focused on investigating its variables and elements. The focus of the researchers lies in understanding the factors related to protection and the risks which are inextricably linked to the concept of resilience. The factors that affect resilience are diverse and arise from the interaction between a person and the environment (Bottrell, 2009).

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Risk factors

When talking about, one implies the possibility of an undesirable result, as a consequence of the influence of stressful factors (Jessor, 1991). Risk factors refer to circumstances or traits that anticipate obstacles to integration and are related to development (Motti-Stefanidi et al., 2008). When referring to

the risk factors, one means the variables, conditions or events, that hinder adaptive capacity. Most scholars converge in the opinion that risk factors are important predictors of problems. In addition, the importance that some factors vary according to the individual's characteristics and environment (Coie et al., 1993; Kirby & Fraser, 1997).

Pavensstedt (1965) and Epstein (1979), were among the first researchers who studied risk factors (dealing with people who experienced traumatic experiences) and initially focused on only one risk factor. It became clear that risk factors may be more than one and have parallel action (Masten & Powell, 2003).

According to Clayton (1992), a risk factor can refer to one individual trait with a negative sign, to the environment, or even to traumatic or adverse events. The same opinion is embraced by Masten et al. (2006), adding that risk factors can be any biological, psychological or social influences that increase the chances of experiencing a mental health condition.

An area that has been widely studied is the influence of risk agents on resilience (Dias & Cadime, 2017). According to Rutter (1985), risk factors are all stressful situations (as the ones mentioned previously), or any other factor which in theory can increase the likelihood of a problem occurring, or contribute to its maintenance. Some individual characteristics are low birth weight, possible mental problems, age, but also stress levels. Another factor is adoption (Rutter, 2012). Additionally, according to Hanewald (2011), an important risk factor is the family environment which has low income or consists of several members. Other risk factors can be parental age at conception, divorce, loss, poor parenting, abuse (of any form), and generally adverse conditions (Silberg, Maes & Eaves, 2010). It has been shown that the existence of more than one risk factor, results in one or more negative outcomes (Wright & Masten, 2005).

In conclusion, many variables can be presented as risk factors. Literature makes it clear that there is no single risk factor for each situation that has mental health consequences, but rather the conditions arise from a series of factors that occur simultaneously or accumulate over the years. Some risk factors are found to be more influential than others, however, surveys have demonstrated that the presence of a risk factor, even to a large degree, does not necessarily bring about extreme attitudes (Bonanno et al., 2007). Additionally, the longer a person is exposed to risk factors, the more likely it is for them to exhibit negative attitudes (Matsopoulos, 2011).

Although it is very important to understand the factors and functions that contribute to negative attitudes, it is also crucial to understand the factors that contribute to positive outcomes (Yoon et al., 2021; Dugan & Coles, 1989; Wolin & Wolin, 1993). More generally, understanding why some people develop smoothly while others do not present a suspension in the course of development, requires extensive research of variables that appear to promote or moderate the individual's healthy adjustment (Mesman et al., 2021; Walsh, 1998; Werner & Smith, 1992).

Protective factors

In the context of studying resilience, special importance is given to the factors that contribute to a person's ability to overcome negative situations. (Hatzichristou, 2015). Protective factors can alter the results of a dangerous situation in a positive direction, bring about positive consequences and are useful

and beneficial (Luthar, 2006). The investigation of how developmental risks and protective factors interact is a necessary condition for understanding resilience (Masten, Burt & Coatsworth, 2006). The correct combination of these factors will result in the protection or non-protection of the individual (Hatzichristou, 2011).

Rutter (1985) stated that protective factors function as mechanisms that alter, mitigate, or differentiate the way a person copes in a negative situation. More specifically, protectors factors prevent individuals' negative attitudes to negative experiences (Masten & Wright, 2010; Truffino, 2010). Fergus & Zimmerman (2005) highlighted two types of protective factors, more specifically, abilities and sources of support. Abilities concern traits of people or situations that can be measured. Sources of support mainly concern the moral, material or spiritual means that are inherent in the individual and are beneficial in the adjustment process (Morrison et al. 2006).

For a factor to be considered protective, it must mitigate or limit a corresponding risk factor (APA, 2014). According to Durlak (1998), every protective factor tends to prevent a negative outcome. Protective factors make up the abilities that are of paramount importance, when severe adversity occurs (Masten & Reed, 2002).

According to Knight (2007), protective factors are distinguished and categorized into those that minimize the impact of risk or reduce the individual's exposure to risk, and those that mitigate negative reactions following negative events or experiences. Protective factors are also highly associated with self-confidence and self-efficacy and the processes that encourage positive relationships.

Family protective factors

Family protective factors include strong family ties. More specifically, family factors include family climate, social and economic level, quality of communication and support among members. Although it is a fact that family processes change, they mostly have a positive effect on developing resilience and the bonds that connect members (McGoldrick, Heiman & Carter, 1993).

The majority of research shows that the predominant factor that strengthens resilience is the presence of supportive ties within the family environment. The bonds of trust and love within the family upgrade the quality of relationships, which in turn protect against risks (Goldenberg & Goldenberg, 2013). A consequence of the above is that family ties act as role models that enhance resilience (APA, 2014).

The influence exerted by family dynamics is great, especially when the following are present (Werner, 1989): warmth, cohesion, stability, bonds of affection, and emotional support.

These elements are of great importance and they cannot be replaced by different bonds (Luthar & Zelazo, 2003).

In contrast to the above, there are families with many problems regarding functioning which involve negative emotions or unwanted behaviors, especially when all this takes place during childhood or even adolescence (Fiese & Sameroff, 2000). More in particular, children who live in a disturbed or deprived family environment, seem to experience situations that have serious consequences, such as

showing an inability to form sufficient mental reserves (Kourkoutas, 2011). This makes them unable to adequately face tensions and difficulties that may arise. In summary, children who have insecure emotions and experience anxiety often fail to cope with social challenges.

Environmental factors

Environmental protective factors include the broader family, the social but also the work environment and the community in which the person lives (Mansfield, Beltman & Price, 2014). Two very important environmental factors are the school and the relationships with classmates and teachers. The importance of the school environment lies in the fact that it provides optimal opportunities to create close interpersonal relationships, but also to promote resilience (Wright & Masten, 2005).

According to (Howard & Johnson, 2000), the school allows individuals to experience situations that create positive emotions. Moreover, studies show that the school environment is largely related to high resilience levels (Smokowski et al., 1999). Of course, it is worth noting that this particular factor can be both protective and hazardous, as it can act on the one hand providing protection and on the other hand it can make the person more vulnerable.

An equally important factor in a person's life is interpersonal relationships and social networks, which are valuable resources that provide support as well as an enabler that contributes to the development of resilience (Aydogdu et al., 2017; Liborio & Ungar, 2014). As many experts have pointed out, the social environment is also of crucial importance in resilience. Wright and Masten (2005) focus on traits that concern the following:

- the neighborhood (safety, non-existence of risk, accessibility)
- the school environment that works effectively (with well-trained and well-paid teaching staff, entertainment programs and health education programs)
- employment opportunities
- effective system for public health
- easy access to services (police, fire department, hospitals)

From the first studies conducted regarding environmental factors, the ability of a community was studied and how it affects the development of resilience. The term "community capacity" was used (Benard, 1995). The environment and more specifically the community in which the person resides must ensure the following factors: care and support, high expectations and participation (Tzorgzoglou, 2021).

Various researchers argue that environmental factors also include formal and informal networks within the community that affect levels of resilience. More specifically, formal and informal networks in which individuals develop their skills and provide links within the community are a source of strength. Therefore, considering the above characteristics, communities have a profound influence on the lives of families and, therefore, they indirectly affect the individuals themselves (Meng et al., 2018).

Many researchers agree that the protective factors that were mentioned above can hinder, delay, mitigate, overcome or even prevent danger (Tzorgzoglou, 2021).

Resilience intervention strategies in Adolescence

The information in the previous chapters regarding protective and risk factors attempted to highlight their importance and contribution to the development of resilience. As it became clear, resilience is hindered by several risk factors, and at the same time improves with the help of protective factors (Martin, 2013; Donnon & Hammond, 2003). Therefore, to promote resilience, it is important to develop strategies that will on the one hand limit the negative consequences of adversities and risk factors and on the other hand they will strengthen the protective factors.

Resilience intervention strategies aim to promote resilience on many levels. One such level concerns "early intervention" and refers to services provided from conception to the first three years, during which there are barriers related to growth or retardation (American Speech Hearing Association, ASHA, 2003). The primary goal of these programs is for the person who appears to be at high risk for psychological problems or difficulties regarding adaptation, to change course (Masten & Croatsworth, 1998).

Masten & Powell (2003) in their research on resilience, exhibit three types of early childhood intervention programs. As far as these programs are concerned, the first type is focused on the risk factors (risk-focused designs) and focuses on eliminating or at least minimizing the individual's potential exposure to these factors. The next type of early intervention program emphasizes psychosocial resources (asset-focused designs) and focuses on strengthening similar resources, to minimize the risk arising from the stressful conditions under which the person lives. The third type of intervention program focuses on processes (process-oriented programs), which concern all systems of the individual (micro-medium-macro). The purpose of processes-related programs is focused on mobilizing and strengthening basic and necessary systems that will allow the child to adapt better, enhancing his/her ability for problem-solving, to self-regulate his/her behavior, and empowering his/her self-efficacy (Masten & Coatsworth, 1998).

Intervention programs emphasize the fact that individuals are systems that grow and constantly change within the system with which they interact. At the same time, of great importance is also the way of dealing with the achievements of the stage they are in. In addition, the quality of the individuals' relationships is being assessed and strengthened, such as parents and friends. Yet, the conditions that prevail in schools as well as in communities in which these individuals live are of utmost importance (Masten & Powell, 2003). Interventions that focus on resilience aim at reducing risk factors (Ungar, Russell & Connelly, 2014). These focused interventions usually involve a global perspective with the aim of empowerment (Elias et al., 1997).

Resilience promotion strategies that have been characterized as effective have been separated according to the child's developmental period. In particular, from the prenatal period to four years, it has been found that the proper feeding of the mother during pregnancy, but also social support against postpartum depression and easy access to prenatal care, are important strategies to promote child resilience (Newman, 2002).

Going through the next stage, e.g. middle childhood from 5 to 13 years, strategies that promote resilience are following the positive school climate, positive relationships with classmates and teachers and children's ability to cultivate family ties. According to Newman (2002), intervention strategies that have been characterized as effective and are applied in adolescence and beyond, specifically from thirteen to nineteen years of age, are the positive climate in school, quality social relationships, participation in programs, networks of social support and parental encouragement.

Mansten & Reed (2002) describe three main categories of strategies that have been used in intervention programs. The first basic category concerns intervention strategies, which focus on risk, and more specifically the prevention or mitigation of stressful situations and risk factors. Moreover, these strategies focus on the avoidance of individuals' participation in negative situations and ways to limit difficult experiences. The next strategy focuses on possibilities and in particular on the value of supporting resources. Lastly, some strategies focus on processes, and more specifically on strengthening the ability of the adaptation mechanism of the individual.

Process-related strategies are not only focused on reducing or mitigating risk factors, but they try to change the processes that will bring about radical changes in the lives of individuals (Masten & Reed, 2002).

According to Newman (2002), the above strategies that are used in intervention programs, focus on a specific time or age and they aim at a specific goal. Therefore, as other researchers have shown, each strategy possesses its utility and effectiveness. In summary, if the strategies that were mentioned above are combined, they will effectively strengthen resilience in children and adolescents (Hatzichristou et al., 2009). Therefore, the quality of relations will be ensured and adolescent resilience will be reinforced with the ultimate goal of achieving lifelong adaptation (Esquivel et al., 2011).

Resilience and adolescents

The first studies on adolescent resilience (Wright et al., 2013) focused on the fact that some children despite the difficult and adverse conditions they experience every day, manage to have a normal successful course in their life. These conditions include but are not limited to the following (Wright et al., 2013):

- wars and social violence
- great poverty that affects their development course and at the same time low socio-economic status
- family problems of physical verbal abuse and neglect or even mental disturbances at home
- disabilities

At the same time, other researchers wanted to find out what differentiates these teens' behavior and success from teens who cannot cope with the same situations (Masten & Garmezy, 1985). However, Masten (2011) found that a teen's adaptation that is characterized as positive in adverse life circumstances is achieved throughout development and is enriched with new elements from daily life. Gradually studies focused on factors that motivate children to face difficult situations (Tzorgzoglou, 2021).

All older and recent studies that were carried out to investigate resilience, include four main phases or otherwise four waves (Wright et al., 2013).

SCHOOLS FOMENTING RESILIENCE IN ADOLESCENT

In the first wave, the researchers wanted to study the development of psychopathology and the ways to stop it. Masten et al. (1990) studied concepts such as individual power and available resources and found that the positive resources that protect a child from developing psychopathology are: effective and positive parental relationships and presence, school context and capable teachers, moral norms, the meaning one gives in his/her life, intelligence, self-control, perseverance, motivation to learn and succeed, self-efficacy, stress management.

The second wave of studies on resilience focuses more on resilience's dynamic process and as a systems approach. The researchers are investigating how the interaction between the child and the protective factors are related to the role of developmental systems (Masten, 2011). At this stage, the role of systems outside the family begins to play an important role (Tzorgzoglou, 2021).

The third wave essentially refers to prevention and intervention. The need for the smooth development of children that face difficult living conditions created the urgent need for interventions. The combination of protective factors that highlight resilience together with the special characteristics of the child creates the possibility to design interventions aimed at upgrading the developmental course of the child (Masten, 2011). During the third wave, there was a recognition of a common factor in children's protective systems that leads to positive adaptation to difficult living conditions. The common factors according to Masten & Obradovic, (2006) consist of family, peers, school, learning potential and self-efficacy.

The fourth wave focuses on genes, growth and cerebral function, while involving many sciences together (Cicchetti, 2010). A series of investigations regarding brain biology and neurobiological interactions that lead to the brain's development is set as a basis for new resilience interventional methods (Moore, 2013). The fourth stage of analysis is more of a combination of experience and research with current data. Now, the child's capabilities are mostly highlighted and not its weaknesses to be able to cope with life's challenges from an early age (Wright et.al., 2013).

Through appropriate interventions both in adolescents' important relationships (family, peers) as well as in the wider environment (school, society), their self-efficacy seems to be enhanced (Rutter, 1987). Similar research by Gilligan (2000) mentions five main axes in the teens' developmental path that are suitable for intervention and behavioral change to enhance resilience. The axes that must be included in the interventions are initially the provision of a safe base and a point of reference for the child, the development of self-esteem, the reduction of risks and problems faced by teens, the positive changes in the course of their development and finally the increase of self-efficacy (Tzortzoglou, 2021).

Schools fomenting resilience

In modern times, the school environment is considered the most suitable place which promotes psychosocial adjustment, development and learning (Henderson & Milstein, 2008). Education is a psychological and learning process, defined by various factors, such as social origins, socio-political context, relationships between students, as well as their motivations and desires. School affects children's emotional, cognitive and social development, so it may contribute to resilience and

empowerment by creating a sense in students and teachers that they belong to the school environment (sense of belonging), providing them with skills and knowledge and significantly positively affecting their mental well-being (Matsopoulos, 2011).

The school environment provides the possibility of creating communities, which develop student resilience by offering guidance and support (Henderson & Milstein, 2008). It is becoming increasingly imperative for schools to find ways to react positively to the special needs of students (Hatzichristou, 2015). This according to Masten (2011), will lead schools to delve into strengthening children's resilience and bettering the school's system.

Building resilience and mental health within the school environment promotes the learning process and students' functionality (Hatzichristou, 2015). In particular, resilience and its strengthening, help in the development of the well-being of the school community (Hatzichristou, 2015). Apart from the family institution, the school is considered the most important context, which may create the appropriate conditions and the right environment, to build resilience. A basic goal of resilience is for individuals to be able to recover from negative circumstances and often become stronger through coping with unpleasant experiences (Henderson & Milstein, 2008).

Literature shows that the provision of care and support, and the existence of suitable people, which the students can rely on for support, constitute factors that can foster the development of resilience (Masten, 2014). In recent years, research has increased on the effective school, whose main objective is to adapt its operation to the needs and characteristics of all those involved in the school environment. Although the failure and success of students depend on several factors, it has been shown that the classroom environment and certain teaching practices help to master them (Tzortzoglou, 2021).

In the past, evidence from many surveys are discouraging because they demonstrate that the non-resilient students either have dropped out or do not intend to be promoted, graduate or are not performing satisfactorily. According to Masten et al. (1990), people characterized by resilience seek to develop and support frameworks. The presence of a healthy relationship, e.g. an adult who will encourage the student constitutes an important parameter to developing resilience (Henderson & Milstein, 2008).

However, it is worth mentioning that most students, although they are in high-risk groups they are not monitored by social services or other agencies (Doll et al., 2009). Internationally, it is estimated that 10 to 20% of students show problems in their mental health, many of which receive advisory support. A similar percentage was found in the student population in Greece (Tzortzoglou, 2021).

Health and sentimental education programs

The Program "Social and Emotional Education at School - Program for the Promotion of mental health and Learning in the school community" recommends a primary prevention program that targets students and is practiced by teachers or school psychologists. These professionals are trained on the program's content, theoretical background, process implementation and supervision. This particular program is especially important because it connects the theoretical and the practical of its thematic units, it recognizes the necessity for emotional motivation, embraces the everyday school reality and does not

SCHOOLS FOMENTING RESILIENCE IN ADOLESCENT

concern the pathological circumstances. Finally, the effectiveness of the program is evaluated (Hatzichristou et al., 2009).

In addition, the program aims at awareness, social and mental empowerment of students, acceptance of diversity and other issues such as self-awareness, communication, externalization and expression of the individual's emotions (Hatzichristou et al., 2009). The program is for primary school and junior high school students, aiming at the reinforcement of cooperation between students and teachers as well as at the creation of an atmosphere of respect.

Its further purpose is to promote mental health and resilience in the school environment and to strengthen interpersonal relationships (Hatzichristou et al., 2017). At the same time, it aims to strengthen the role of the teacher as a consultant to manage challenges and strengthen the effectiveness of the school which seeks participation and strengthening of the interaction between the school community and the local community (Pluess et al., 2017).

Through this specific program and the strengthening of resistance, primary prevention is emphasized (Hatzichristou et al., 2017). The learning process is also emphasized. The development of social and emotional skills is another goal while strengthening the educational spirit and support capacities, of interaction and enforcement of orderliness and harmony, with incentives for change within the system. Lastly, the program strives for creating a better school organization and everyday life (Hatzichristou et al., 2017).

Briefly, the program contains the following thematic sections:

- 1) Communication skills
- 2) Description and conceptual framework of the program
- 3) Crisis management in the school community
- 4) Study skills
- 5) Family and school
- 6) Students with special educational needs and school
- 7) Social skills - social competence
- 8) Multiculturalism and school
- 9) Process to resolve conflicts
- 10) Dealing with stressful situations
- 11) Self-esteem, dimensions of self-concept
- 12) Emotion management, expression, and recognition.

In the last 10 years, it was implemented in schools in Cyprus and Greece. The evaluation results were very positive and confirmed the effectiveness of the corresponding programs.

Conclusion

The focus of the researchers lies in understanding the factors related to protection and the risks which are inextricably linked to the concept of resilience. Many variables can be presented as risk factors. Literature makes it clear that there is no single risk factor for each situation that has mental

health consequences, but rather the conditions arise from a series of factors that occur simultaneously or accumulate over the years. As it became clear, resilience is hindered by several risk factors, and at the same time improves with the help of protective factors. The school environment provides the possibility of creating communities, which develop student resilience by offering guidance and support. Intervention programs emphasize the fact that individuals are systems that grow and constantly change within the system with which they interact. Some programs have been implemented with a lot of success. These have managed to promote mental health and resilience in the school environment and to strengthen interpersonal relationships.

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SCHOOLS FOMENTING RESILIENCE IN ADOLESCENT

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