

Resilience in Children: A Comparative Analysis between Children with and without Parental Supervision Bandar Abbas

N. Taghinejad, F. Dortaj, N. Khodabandeh

Abstract—This research aimed at comparing resilience among male and female children with and without parental supervision in Bandar Abbas. The sample consists of 200 subjects selected through cluster sampling. The research method was comparative causal and Conner and Davidson's questionnaire form resilience was used for data collection. Results indicated that there is no difference between children with and without parental supervision regarding their resilience capacity. These findings may be challenging and useful for psychologists, officials of children's affairs and legislators.

Keywords—Resilience, children with parental supervision, children without parental supervision.

I. INTRODUCTION

RESILIENCE has been defined as protecting emotional constancy in presence of threatening and traumatic conditions [1]. Stumpfer used psychological approach and defend it as a model of psychological activities which provides strong incentive encountering extreme demands and is an energizing factor for purposeful behaviors for compatibility and returning to the initial state. Some of personal traits and virtues have been recognized as resilience characteristic including mental welfare, personal control, efficient cognitive control, hope, optimism, skill, self-efficacy, mental hardness, feeling integration, trust, flexibility, problem solving skills [2]. Walsh believes that resilient persons in deteriorating events and crisis develop their conduct, feel more purposeful, and increase their sympathy compared to others. Moreover, they believe that they have wasted some of their time and energy for remorse, compensation and recovery of old wounds but they have assessed their experiences and attempted to learn from them to guide them in future and make a better life for themselves [3]. Various studies and researches characterized resilient people in various ways including self-esteem, trust, optimism, independence, tending growth and self-promotion, coping stress, sociability, positive attitude encountering problems and solving them, insightfulness [5]. Pre-elementary school children with anxiety disorders have more behavioral problems compared to ordinary ones: e.g. low resilience, extremely controlled or lack of control, low compatibility and negative mood. 70% of children without parents who have

participated in a study performed by Sanford Conard had no behavioral problem and were resilient against stressors. Researchers attempted to identify main characteristics of resilience [4]. These characteristics are highly important because officials need experimental information for designing educational system for compensating potential risks and vulnerability threatening students and others. Identifying these characteristics helps teachers and parents to aid their children acquiring these characteristics.

A. Personal Traits

Personal traits of resilience are defined as innate abilities which the person has and remain innate during hard period [5]. These abilities are trained and grow over time [6], [7]. The goal of training individual the strategies of resilience is to increase abilities for success. Personal traits have been listed in researches as: assertiveness [8], problem solving ability [9] and self-efficacy [10].

B. Communicative Traits

Feeling attached and adaption with others is defined as the ability of making communication [11] This ability is a process forming relationships and people are engaged in a positive way with peers, parents and teachers [12]. Communicative traits have been defined in researches as following:

Child-centered parenting, appropriate emotional express and parental supervision in the family, social competence, significant relationship with others in school and home, perceived social support, and acceptance of peers.

C. Cultural Traits

Cultural traits are those developed in a person and include ones' lingual and cultural background. They are likely to be considered as the main resources of resiliency growth [13]. The effects of cultural environment may decrease or increase one's accession to learning, resources and success. Cultural traits are including affiliation to a religious body [14] bearing different ideologies and beliefs, managing cultural dispositions appropriately, self-correction [15].

D. Ecological Indicators of One's Physical Environment

Ecological indicators of one's physical environment include access of a student to a secure environment. These traits are defined as environmental factors that affect the one's vulnerability encountering a risk. Researches indicated that the environment within which a person lives is also related to his resilience growth. Ecological traits of physical environment

N. Tahinejad is with the Islamic Azad University, Bandar Abbas Branch (Corresponding author; phone: 0098-9171673904; e-mail: nooshin.taghinejad@gmail.com).

F. Dortaj is with the Allamatabatabae University, Tehran, Iran.
N. Khodabandeh is with the Sooreh University, Tehran, Iran.

are defined as: accession to a safe environment, feeling secure in the society, accession to entertaining spaces and sport involvement and doing sports.

Bernard introduces supportive and humanistic relationships, higher expectations and making opportunities for participation of persons as protective and promoting factors of resilience. When discussing the importance of family in case of children's resilience, [3] indicated that those parents who care expectations and encourage them to participate in family activities have resilient children. Recent studies on orphans in various countries indicated that losing one or both of their parents is a traumatic event. Children whom experience deprivation and neglect during their young ages have significant emotional and behavioral disorders. Lack of continuous care will be resulted in lacking adaption between child and family, and behavioral, cognitive, emotional, developmental and social problems [16]. The increasing reason for inconsistencies and unsupervised children and youth are among reasons ending with disintegration of the family, poverty, hunger, addiction and others. Moreover, cold and unemotional relationships in families and insensitive parents to children's feelings and emotions will be resulted in children with ill-tempered supervision and without supervision. Social inconsistencies of children create inappropriate relationships between them and their parents. Children who deprived guidance and encouragement because of parents' separation or their neglect and indifference to breeding will develop incorrect implications of world and will be public enemy in adult ages. Separation of the child from parents especially mother may result in inability to make healthy and correct emotional relationships in adulthood [5]. Lack of continuous care may result the child developing lack of adaption with family, behavioral, cognitive, emotional, developmental and social problems [16]. Studying available previous works of orphanage and comparing to ordinary children indicated that one's' behavior and growth affected by the type of family within which they live. Furthermore, adolescents living with one parent or adapted as a child are highly subject to risk of maladaptive behaviors. Studies indicate that these negative consequences are resulted from several reasons including the nature of the person with other members of their own family, the way of monitoring their behaviors by parents and other factors including the quality of relationship with peers and interpersonal cognitive thinking skills [24]. In this research, we seek this goal whether having a supervisor or lack of it affects resilience.

II. THEORETICAL FRAMEWORK AND LITERATURE

According to researchers in the field of resilience, there are three models surrounding resilience mechanisms [17]-[19]. Those models are: a) compensatory model; b) challenge model; c) protective model or neutral model. Compensatory factor model decreases negative outcomes regardless of risk rise [18]. Reference [20] found that the model for compensatory factor suggests that a positive factor in one's life may neutralize effects of risky factor. For instance, having friends abuse alcohol may increase adolescents' inclination

toward alcohol. These negative effects may be neutralized through engagement in school or social organizations. Likewise, a compensatory model never interacts with a risky factor. Like that in this model of stress risky and self-esteem factors are increasingly mingles to compensatory factor to predict competency in output. Therefore, when one of the independent variables (stress or self-esteem) is kept constant changes over competency will not alter with other levels of independent variables.

Contrary to the compensatory model, the challenge model which neutralizes risky factors expresses that a certain level of risk is necessary for psychological development. The challenge model explains a nonlinear relationship between the risk and output variable. Kristiansen and Evans performed a research regarding the fact that a certain level of risk is more effective than lacking any risk decreasing positive personal output and investigated resilience components, risk levels and supportive factor which associated with victimization of the person. Results indicated that presence of a certain level of risk including observing violence or family conflict decreases adolescents' vulnerability to traumas but the scale will change in a point and the vulnerability will rise. Having a certain level of risk, the person may acquire the skill of learning those experiences and developmental competencies aiding him preventing from traumas. Similarly, medium level of stress help people coping challenges and obtaining strong competency. If a challenge is appropriately treated, this process will help the person to be prepared for next problem. Therefore, when challenge and compensatory models are combined successfully persons will be enabled to recognize and use components of factors that have been provided. Protective model discusses resilience forces that are foundation for resiliency. This factor is likely affected by culture, gender, age and time and socioeconomic indicator. Supportive factors include relationships together with intimacy, high expectations and opportunities for attendance and participation [17].

Most of researchers are agreeing upon this result that protective factors form a triangle including positive personality dispositions, supportive family, and an external social mission; they all act as a supportive system strengthening and empowering child's challenging efforts. Reference [20] discusses clearly the distinction among internal and external components of supportive factors. As well, they identified factors of resilience and that they finally increase social outputs and educational acquisitions. They found that the supportive factor or the external component includes relationships together with intimacy which requires certain persons in family, school and the society. Moreover, women are guided by gallants in the realm of external components to maintain their high expectations in home, school and the society. This theory demonstrates that significant participation with a sympathetic person, school, church and the society will engage the supportive factors in one's life. Moreover, the resilience factors or internal components, social competencies include communicative skills and cooperation, empathy, respecting and problem solving skills. The second section of

the internal components consists of autonomy and sense of self which in turn include personal firm beliefs, self-efficacy and self-awareness. Developing a meaningful sense and purposefulness are third section of the internal components including goals, optimism and development in line with stimulation. while most of researchers found that personality traits, family conditions and supportive society [8] are essential components of resilience theory, others [19] quoting from [6] discuss that the resiliency is a process that grows over life cycle and shouldn't be considered as a mere trait. Alike, other researchers believe that the resiliency is affected by culture, values, beliefs and daily styles which coping with stress [2] for example, performed a study in different countries. Subjects were 12-23 years old and were in transition from childhood to adulthood and include those who were supposed to have acted well facing life disasters including poverty, war, social inequalities, cultural disintegration and massacre, violence, marginalization, alcohol and drug abuse, family breakdown, child or parents' mental retardation and premature pregnancy.

Although they faced those disasters in a diversified way, they overcome those traumatic disasters and could be able to continue their ordinary life receiving help from sympathetic and supportive people. Reference [8] expresses that relationship is considered as one of the main factors which identifies the extent to which people overcome being exposed to an environment either relationships with family members or friends, elderly people, teachers, mentors, models, partners and/ or opponents they facilitate accessing resources related to the resiliency. Findings support this hypothesis that core resiliency elements are still dominant though it is affected by culture, values, beliefs and daily style. Gender differences in resiliency over childhood abuses [1] expresses that women are more resilient against neurological effects of childhood abuse compared to men but in case of psychiatric symptoms which are correlated to childhood abuse women are less resilient compared to men. Evaluation of resiliency and strategies for coping among Italian adolescents, two years after Lacoila earthquake [10] indicated that boys who experience the earthquake had significantly higher scores of resiliency compared to girls. Both groups (boy and girl) had used problem-centered coping strategies. Reference [10] states that social services acts as a facilitator for positive compatibility and resiliency among children who had been exposed to abuse and discusses points for program and intervention planners to increase resiliency of this group: 1. Social supports and services must be available. 2. Design more flexible plans meeting children' special needs. 3. Focus on micro-populations within which children are being exposed to abuse. Reference [2] stated that resiliency affects illness model of youth with cancer as well as mechanisms through which they participate in music therapy sessions. Daily stressors are associated to higher levels of daily insolvency while the resiliency is associated to lower level of insolvency. Resiliency adjusts daily stressors and insolvency among adolescents. Reference [10] concluded from results that those children living in deprived and underprivileged regions for

several years will be less resilient compared to those who lived in privileged regions initially even at that time they are moved to privileged regions because they have been enjoyed weaker resources of resiliency [6]. Reference [12] indicated in his research that poor and violent social and physical environment can be one of risky factors threatening resiliency. A comparison of mood and inconsistency and resiliency among children exposed to a risk indicated that there is a difference between mood and resiliency and inconsistency among alcoholic and non-alcoholic boys and girls.

III. RESEARCH METHOD

Statistical population in this research includes all students with parents and orphans studying in Second and third grade of guidance school (13 and 14 years old) in Bandar Abbas from 2012 to 2013. This research is done on two groups of children without parents and orphans including girls and boys in both groups. The sample size based on required rate is considered 200 people. (According to Morgan table: the sample capacity of 180 people is accepted, but 200 people is considered. In this research Cluster sampling method was used. As Bandar Abbas city was divided to 8 districts and among them 4 districts were used randomly and among per district, 6 schools were selected randomly. The number of orphans was determined in per class through coordination with the school principal. In these classes sample selection was done. Before implementing research, the issues such as reasons, objectives and the results of the research, the emphasis on freedom of participants to leave the research and confidentiality of participant's name and information was explained.

IV. RESEARCH TOOLS

A. Connor-Davidson Children Resilience Test

This questionnaire includes 35 questions which were provided by Conner-Davidson resilience scale [3]. The test scoring method is based on Likert scale from zero (completely false) to four (always true) and to assess resilience, a total number is calculated. Scale reliability was gained based on analysis of convergence and divergence validity and stability based on retest and Cronbach's alpha method by the makers of the test in different groups (common and in danger). In Iran reported the scale stability of 93% by using Cronbach's alpha method. in the mentioned research, it is reported: the results of factor analysis using principal component analysis shows the existence of general agent in scale. Extraction criterion was Scree curve slope factors and net worth higher than one. KMO index was equal to 91% and Bartlett's sphericity index equal to 2174 in 0/0001 meaningfulness level shows the sampling of the questions in correlation matrix. The present research is inconsistent with other results such as [11] observed the reliability and stability of this scale.

Orphan children in this research are ones who have lost their one or both of the parents due to death, divorce and remained child has no legal sponsor based on legal authority (for example: parent is addicted, so such children were under

the supervision of the close families and lived in their houses.

Children with parents means; the ones who had parents and are not divorced, lived in a house together.

V. RESULTS

First hypothesis: There is difference between children resilience of orphans and children with parents among the girls.

Second hypothesis: There is difference between children resilience of orphans and children with parents among the boys.

TABLE I
 ANALYSIS OF VARIANCE (2*2) RESILIENCE VARIABLE BASED ON GROUP
 (ORPHANS AND CHILDREN WITH PARENTS) AND SEX (BOY AND GIRL)

Change source	Total squares	Freedom degree	Square mean	F	Meaningful level
Group	252/23	1	252/23	1/21	0/27
Sex	588/07	2	294/3	1/41	0/24
Group*sex	1/69	1	1/69	0/008	0/92
Error	36062/7	174	207/25	-	-
Total	1232463	179	-	-	-

As it is shown in Table I, observed F of group is equal to 1/21 that isn't meaningful in $p=0/27$ level. This result indicates: there is no meaningful difference between orphans and children with parents regarding resilience. Also observed F of sex is equal to 1/41 that isn't meaningful in $p=0/24$ level. This result indicates: there is no meaningful difference between boys and girls regarding resilience. Also there is no difference between orphan and with parents group and boy and girl group. ($F=0/008$ and $p=0/92$). In other words, there is no meaningful relation between orphan and with parents group and sex (girl or boy) regarding resilience. Therefore, first and second hypothesis could not be accepted.

VI. CONCLUSION

As it is shown in Table I, there is no meaningful difference between the orphan children and children with families regarding resilience. Also there is no meaningful difference between boys and girls regarding resilience. The results gained through this hypothesis is not in consistent with previous research results such as [5], [21], [22] and in consistent with previous research results such as: [7], [8], [19], [23], [24].

In explaining the gained results from observing present hypothesis, it could be deduced that: the orphans, in spite of having high stress, could use other positive sources that neutralize the effect of risk factors. Also passing time means long life in danger tissue, could provide the opportunity to develop individual abilities in infrastructure resiliency and cause the same performance and their sponsorship to the children with parents. Such results are in consistent with [11] compensatory factor models 1994 and resilience protection model [17] and models focused on the person [6] asserted that: In this model, stress, risk factors and self-esteem, compensatory factors are increasingly combined to predict the competence of outputs. Therefore, when one of the independent variables, stress or self-esteem is kept fixed, the

change in competence would be changed with other level of independent variables. This theory is the verification of present result. Other specifications that lead to lack of children resilience among the orphans or children with parents, is the residency of all orphans next to family members in this research. In spite of not having sponsor, living with the main family and touching family life tissue, intimacy and supports of family is acted as a protective factor for the orphans. These results are in consistent with resilience protective model [17] according to him, protective factors form a triangle collection including: positive personality dispositions, supportive family and a social foreign mission that acts as a supportive system to support and strengthen children oppositional efforts. Another specification that leads to lack of resilience among the children for the orphans and children with parents is passing time that provides the opportunity of resilience sources growth. Resilience is a process not a description [19]. Clearly telling, resilience is not a separated description just offered to children and teenagers, but dynamic process that changes from time to time and depends on the opportunities that occur for individual's life. Resilience is customizable and flexible quality. Therefore, in each part of the life could be formed, [19] these researches are in consistent with present research, conforms them. On the other hand, according to the results of present hypothesis in explaining the point that: there is no difference between resilience of the girls and boys among the orphans and children with parents, it could be deduced that nowadays gender boundaries is declining and stereotypes about the men and women could be seen less (traditional classifications). The families use the same educational methods for the boys and girls. It means they act the same toward both. Considering that the educational practice is having significant impact in shaping the character, the type of reaction and the performance of children, the difference between 2 sex (femininity and masculinity combination) is explained. Being androgynous is the integration of masculine and feminine traits [17]. Nowadays, many of the psychologists believe that being man or woman is independent trait and aren't the two different pole. People, who show the functions of the male form, could also show emotional expression of females. People with functional and emotional attributes at the same time, could be said that are having two psychological genders or a combination of masculinity and femininity in their character. Such view is an affirmation the on present results. On the other hand, according to [5] Children to learn experiences in life, need the environment first and their parents and it would determine the quality and quantity of what they gain. The behavior of the parents determines children's relationships with others and accordingly such realization could make permanent image in all over the age.

The possibility to access the children in family welfare centers due to legal ban was among the limitations of the research, so it is offered to the researchers to focus on them. Such result could be advantageous and challenging for the psychologists and responsible in cases related to children and legislators and any change from nowadays psychology to positive psychology. Orphans in present research in case of

not having parent, had grown resilience. It is recommended to the responsible related to the children to gain knowledge about resilience of orphan children so they could gain opportunities for growth and progress without any tags for orphaned children.

ACKNOWLEDGMENT

There all university students participated in this survey, school managers and participants are appreciated.

REFERENCES

- [1] C. E. Waugh, B. L. Fredrickson, S.F. Taylor, "Adapting to life's slings and arrows: individual differences in resilience when recovering from an anticipated threat", *Journal of Research in Personality*, 2008, pp. 42–46.
- [2] C. M. Skehill, "Resilience, coping with an extended stay outdoor Education program and Adolescent Mental Health". Canberra: university of Canberra: dissertation for the degree of Honours. 2001.
- [3] F. Walsh, *Strengthening family resilience*. New York: The Guilford press, 2006.
- [4] J. Wolfson, J. H. Fields, S. A. Rose, "Symptoms, Temperament, Resiliency, and Control in Anxiety-Disordered Preschool Children". *Journal of the American Academy of Child & Adolescent Psychiatry*, Volume 26, Issue 1, January 1987, pp. 16-22
- [5] M. Ungar, *Introduction: Resilience across cultures and contexts*. In M. Ungar (ed.), *A handbook for working with children and youth: Pathways to resilience across cultures and contexts* (pp. xv-xxxix). Thousand Oaks, CA: Sage, 2005.
- [6] S. J. Condly, Are view of literature with implications for education resilience inchildren, 2006, 41, pp.211-236.
- [7] D. K. Hall, J. Pearson, "Resilience giving children the skills to bounce back", *Education and Health*, 2005, 23(1). pp. 12-15.
- [8] R. B. Brooks, children at risk: fostering resilience and hope. *American Journal of orthopsychiatry*,1994, 64, pp. 545-553.
- [9] S. R. Miller, "Cross-age peer tutoring: A strategy for promoting self-determination in students with severe emotional disabilities behavior disorders". *Preventing school failure*,1995, 39(4), pp. 32-38.
- [10] V.S. Harvey, "Raising resiliency school wide". *The education Digest*, 72(7), 2007, pp. 9-33.
- [11] Bandura, self-efficacy, *Harvard Mental Health letter*, 13(9),1997, pp. 9-13.
- [12] K. C. Booker, "Exploring school belonging and academic achievement in African American adolescents". *Curriculum and Teaching Dialogue*, 6, 2004, pp. 131-143.
- [13] J. Bryan, "fostering educational resilience and achievement in urban school-family community partnerships". *Professional school counseling*, 8(3), 2005, pp. 219-227.
- [14] M. C. Wang, E. W. Gordon, *Educational resilience in inner-city American: challenges and prospects*. Hillsdale, N j: Lawrence Erlbaum associates, Inc.
- [15] J. M. Jones, "Exposure to chronic community violence: Resilience in African American children". *Journal of Black psychology*, 33,2007, pp. 125-149.
- [16] S. B. Hamilton, Behavior specific and generalized outcome resulting from student implemented self-modification projects. *Instructionally-Based Training in self-control*, 7, 1980, pp. 140-145.
- [17] A, Akpalu, "Adoption of children and contribution of the Osu children's Home in Ghana". *Science Direct*, 2007, 29: 10, pp. 70-84.
- [18] B. Bernard, " Resiliency: what we have learned". A Francisco, CA: wested, 2004.
- [19] E. J. Christiansen, W. P. Evans, "Adolescent victimization: Testing models of resiliency by gender". *The Journal of Earl Adolescence*, 25 2005, pp. 298,316.
- [20] B. M. Gillespie, "The predictors of resilience in operating room nurses". unpublished Dissertation, 2007, Griffith university.
- [21] N. A. Constantine, B. Bernard, & M. Diaz. "A new survey instrument for measuring protective factors and resilience traits in youth: The Healthy Kids Resilience Assessment". *annual Society for Prevention Research National Conference, New Orlean,1998*.
- [22] M. Bartley. *Capability and resilience: Beating the odds (Areaprivation)*, The UCL Department of Epidemiology and Public Health. www. UCL.ac.UK.2007.
- [23] S. Masten, & Powell, *The resiliency model Excellent source of indepth information on resiliency*. <http://resilnet.uiuc. Edu/library.2003>.
- [24] E. Nancy, Rg H, Tracy L. S, Claire H, Laurie C, Qing Zh, Anne K, Cynthia L. S, Carlos V, and Jeffrey L. "Relations of Temperament to Maladjustment and Ego Resiliency in At-Risk Children". *National institutes of health*.2011, 19, 3, pp. 577–600.