

A Brief Overview of the Relevant Findings From Positive Psychology on Childhood Development: The Concept of Protective Factors and Resilience in Childhood

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ABSTRACT

This chapter focuses on an overview of the contribution of positive psychology's findings to the body of knowledge about children's resilience. Firstly, different definitions of resilience are presented, which conclude that resilience is a process consisting of two mutually related conditions - the experience of severe adversity and positive adaptation despite it. Along with adversity, researchers refer to risk factors which are related to higher rates of undesirable developmental outcomes, and could include individual, family and environmental factors. Another inseparable dimension of resilience is positive adaptation which refers to better-than-expected outcomes despite the exposure to the risk factors. It could be assessed as the absence of psychopathological symptoms or as positive behaviors. Besides this, it could be examined as internal or external adaptation or both. Research on positive adaptation revealed that resilience and positive adaptation are context specific. Alongside positive adaptation, there are protective factors which refer to variables that are related to better-than-expected. Secondly, there is presented the contribution of the field of positive psychology to the research on children's resilience. Positive psychology moved away from the psychopathology perspective to an approach that focusses on strengths and resources which significantly contributed to development in the field of resilience. From this perspective resilience is not merely the absence of symptoms but also includes positive changes. Positive psychology contributed to the research on these positive changes in various areas, including protective factors in resilience and post-traumatic growth. Thirdly, there are presented positive psychology interventions aimed at fostering resilience. The chapter concludes with final remarks about the relationship between children's resilience and positive psychology.

KEYWORDS

adversity, positive adaptation, positive psychology, protective and risk factors, resilience

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1. Introduction

If someone mentions psychology or a psychologist, the first thing one might think about is dealing with personal problems. Rarely would one associate it with building personal strengths or empowering individuals and societies. This negative perception of psychology as focussed on only helping people get through tough times when they encounter problems also worried the pioneers of positive psychology, such as Martin Seligman and Mihaly Csikszentmihalyi. In 1998, when Seligman became the president of the American Psychological Association, he stated that the mission of psychology should be to not only cure mental illness but also achieve two other neglected goals—find ways to make people’s lives more productive and fulfilling and learn how to discover and further nurture high talent¹. That was the moment in time when positive psychology was officially established with one specific aim—to shift the focus of psychological research from resolving the problems to cultivating positive qualities among people and societies². Accordingly, positive psychology is broadly defined as follows:

“The field of positive psychology at the subjective level is about valued subjective experiences: well-being, contentment, and satisfaction (in the past); hope and optimism (for the future); and flow and happiness (in the present). At the individual level, it is about positive individual traits: the capacity for love and vocation, courage, interpersonal skill, aesthetic sensibility, perseverance, forgiveness, originality, future mindedness, spirituality, high talent, and wisdom. At the group level, it is about the civic virtues and the institutions that move individuals toward better citizenship: responsibility, nurturance, altruism, civility, moderation, tolerance, and work ethic.”³

Positive psychology moved from a reactive intervention approach involving the repair of the problems to a more preventive approach that builds and cultivates people’s existing strengths, and which could help them survive hard times in life⁴. However, many constructs the field deals with were already familiar to researchers. One of them is the research on resilience, which began in the 1970s with a similar mission—to learn more about what helps children and adolescents go through tough times in life without severe consequences and how to use that knowledge to promote resilience^{5,6}. One main concern of the research on resilience was to find out why some children, despite experiencing traumatic events, grow into healthy individuals and

1 Seligman, 2002, p. 4.

2 Seligman and Csikszentmihalyi, 2000, p. 5.

3 Ibid.

4 Seligman, 2002, p. 5.

5 Luthar, Cicchetti and Becker, 2000, pp. 543–544.

6 Masten, 2011, p. 494.

why others do not. Despite many similarities as well as differences between the fields of positive psychology and resilience research, positive psychology has contributed substantially to what we know about resilience today.

This chapter focusses on an overview of the findings on positive psychology that are relevant for children's resilience. First, the construct of resilience and its essential elements are defined. Then, the contribution of positive psychology to the field of resilience in children and adolescents is elaborated on, along with the protective factors and posttraumatic growth (PTG). The chapter ends with a brief overview of interventions to enhance resilience among children and adolescents and concluding remarks.

1.1. Definition of Resilience

As with many constructs in psychology, throughout the years, it has been difficult to find a unique definition of resilience. Definitions changed based on new insights about the construct, as well as based on the authors or research teams who examined it. An analysis of the history of studies on resilience distinguishes four research waves^{7,8}. Pioneering work on resilience started in the 1960s and 1970s⁹ in the context of children at high risk for developing serious mental disorders; surprisingly, these children developed successfully. This first wave of research was mainly descriptive and identified a list of characteristics, that is, protective factors (e.g. child's self-esteem and autonomy, family cohesion, and caring teacher) that were related to children's resilience. In the second wave, researchers realised that the identification of protective factors was not enough and stressed the need to find underlying processes that lead to resilience, for which it was necessary to conduct longitudinal research. The search for underlying processes should answer questions such as why some individuals keep their levels of self-esteem and self-efficacy in times of adversity, in contrast with others who give up and lose hope¹⁰. The third wave mainly focussed on interventions that were designed to promote resilience among children growing in high-risk environments. The last, fourth wave of studies aimed to integrate contributions and knowledge from earlier studies of resilience across different levels of analysis (e.g. gene-environment interaction and social networks), species, and disciplines, which offers opportunities for much deeper understanding of the process that leads to resilience in children^{11,12}.

Despite the different aims throughout the history of research on resilience and changes in its definition, the term resilience is typically used to describe three different outcomes: (1) a person with high-risk status shows good outcomes, (2) a person

7 Masten, 2007, pp. 922–923.

8 Masten and Obradović, 2006, p. 14.

9 Luthar, 2015, p. 740.

10 Rutter, 1987, p. 317.

11 Masten, 2007, p. 924.

12 Masten and Obradović, 2006, p. 23.

has sustained competence while the threat is under way, and (3) a person experiences recovery after trauma^{13,14}.

Therefore, Luthar¹⁵ in her summary of 50 years of research on resilience defines it as ‘a phenomenon or process reflecting relatively positive adaptation despite experiences of significant adversity or trauma’. This version of the definition encompasses all necessary parts of the construct that are broadly accepted and implies that resilience is a superordinate construct that necessarily includes two different dimensions: significant adversity and positive adaptation¹⁶. Based on this definition, it is crucial that resilience is a *process* or *phenomenon* but not a personality characteristic¹⁷. The misinterpretation of resilience as a personal trait can suggest that if a person does not have that specific trait or behaviour, he or she cannot resist adversities¹⁸ and could be blamed for not functioning well under threat¹⁹. Therefore, when someone is talking about resilience, he or she is not talking about some specific characteristic that one child has and the other does not, but about the process that includes two coexisting conditions—the experience of severe adversity and the presence of positive adaptation despite it²⁰.

1.1.1. Adversity and Risk Factors

One cannot claim that a child showed resilience if there is no demonstrable significant adversity or threat to his or her development, which can be present in the moment or can have happened in the past and has the potential to disrupt a normative child's development²¹. In this context, researchers often refer to *risk factors*. Risk factors are statistically associated with higher rates of undesirable developmental outcomes; that is, their presence can indicate a higher probability of developing a disorder²². It should be noted that one factor can be assumed as a risk factor for one outcome, but it can be an asset for another outcome at the same time²³. For example, a young mother's biological age can represent a risk for higher levels of behavioural and emotional problems, but at the same time, it is associated with lower risk for the trisomy 21 syndrome. On the other hand, *adversity* indicates that a person has experienced or been exposed to negative life experiences. In contrast to risk factors, adversity is not defined in relation to specific outcomes, and, in some way, it can be considered as a type of risk factor²⁴.

Throughout the years, numerous risk factors were identified, ranging from individual factors (e.g. sex, social and intellectual skills, potential biological, and

13 Masten, Best and Garmezy, 1990, p. 426.

14 Masten, 2007, p. 923.

15 Luthar, 2015, p. 742.

16 Masten et al., 1999, p. 144.

17 Luthar, Lyman and Crossman, 2014, p. 128.

18 Luthar and Cicchetti, 2000, p. 6.

19 Masten, 1994, cited in Luthar and Cicchetti, 2000, p. 6.

20 Luthar, Cicchetti and Becker, 2000, p. 546.

21 Masten, 2001, p. 228.

22 Masten and Garmezy, 1985, p. 3.

23 Obradović, Shaffer and Masten, 2012, p. 36.

24 Ibid.

psychological indicators), family factors (e.g. maltreatment), and children's environmental factors (e.g. residential area)²⁵. Risk factors can also be distinguished by the degree of direct influence on a child²⁶. Namely, there are distal risk factors, such as poverty, that do not affect children directly but indirectly. On the other hand, proximal risk factors, such as the mother's irritability due to work overload, directly affect children's development.

It is important to note that, in reality, only one risk factor is rarely present; often, multiple risk factors are present. Rutter²⁷ showed that when more risk factors are present at the same time, their effects combine, and children's developmental outcomes tend to be far more negative in contrast with the situation when only one risk factor is present. This notion led to cumulative risk assessment using two methods: risk indices and stressful life experience scores²⁸. The risk index considers an array of environmental and sociodemographic risk factors that might be present in the life of a child, and the common strategy to calculate it involves summing risk factors that are proven to have negative consequences for one or more specific developmental outcomes²⁹. The other strategy involves focussing on the specific negative life events a child has encountered during a longer period of life, and they are typically assessed using self-report instruments that list adverse events someone could experience³⁰.

Although it seems easy to detect risk factors among children, there are some important challenges. One of them is the scarcity of data on what defines mild, moderate, and severe levels of risk exposure, which would enable comparing them across different populations and contexts³¹. Therefore, those criteria are commonly defined based on data collected from participants who were involved in the study, which makes it harder to compare the results of different studies. Another important challenge is that many risk factors vary across time and are rarely static³². For example, the socioeconomic status of the family or the number of siblings can change over time. Consequently, it is very important to collect data from children repeatedly over time to capture the processes and changes in different developmental periods. Further, an important notion is that the same risk factor can have different effects depending on the developmental periods, especially during transitions such as adolescence³³. For example, parents' exposure to alcohol has different effects on a foetus, preschooler, adolescent, or young adult³⁴. Lastly, cumulative risk indices, although representing a more realistic picture of a child's life, can make it difficult to discover the unique contribution of a specific risk factor, since its role can change in the context of other

25 Masten and Garmezy, 1985, p. 3.

26 Baldwin, Baldwin and Cole, 1990, pp. 257–258.

27 Rutter, 1979, cited in Luthar, 2015, p. 742.

28 Masten and Reed, 2002, p. 71.

29 Obradović, Shaffer and Masten, 2012, p. 37.

30 *Ibid.*, p. 41.

31 *Ibid.*, p. 44.

32 *Ibid.*

33 Masten and Gewirtz, 2006, pp. 25–26.

34 Obradović, Shaffer and Masten, 2012, p. 45.

risk factors^{35,36}. As will be evident in the next paragraph, some of these challenges are not reserved exclusively for determining risk factors but can also make it hard to detect and measure positive adaptation.

1.1.2. Positive Adaptation and Protective Factors

Second, *positive adaptation* is an inseparable dimension of resilience that follows after a child experiences or witnesses significant adversity. Positive adaptation refers to better-than-expected functioning despite the exposure to observed risk factors³⁷. More specifically, the criteria for the quality of a child's adaptation must be evaluated as *good* or *OK*³⁸.

The estimation of children's positive adaptation (e.g. adaptation after parents' divorce, children's positive development despite their genetic vulnerability for different psychopathology states, maltreatment, loss of one parent, or living in poverty) is never an easy job, primarily because such adaptation is not constant but changes as children encounter new vulnerabilities and strengths due to changed life circumstances³⁹. Moreover, a child can leave the impression of good functioning in terms of behavioural indicators but, at the same time, experience inner distress, such as depression and anxiety⁴⁰. Consequently, this inner stress, if not treated, could undermine resilience⁴¹. These findings led to the conclusion that resilience is context specific⁴², which implies that a person can be resilient regarding some environmental threat, in some outcomes, and/or in one period but not in another⁴³. This is also typical for children who did not experience significant adversity: They usually do not show uniformly positive or negative adaptation in different developmental areas⁴⁴. Therefore, there is no reason to expect that positive adaptation among children who showed resilient behaviour should be an across-the-board phenomenon⁴⁵, since they can have strengths in some areas but concurrently have significant deficits in others. Luthar, Cicchetti, and Becker⁴⁶ suggested that positive adaptation domains should be theoretically similar; for example, if academic grades are examined, data from peers about a child's adjustment in the classroom could also be collected. For that reason, researchers must be specific about positive adaptation depending on the concrete areas in which it was examined⁴⁷ and clearly state that in their conclusions.

35 Ibid., p. 46.

36 Masten and Schaeffer, 2006, p. 14.

37 Luthar, 2015, p. 742.

38 Masten, 2001, p. 228.

39 Garmezy and Masten, 1986, pp. 508–509.

40 Luthar, 2015, p. 741.

41 Luthar and Cicchetti, 2000, p. 22.

42 Masten, Best and Garmezy, 1990, p. 439.

43 Rutter, 2006, p. 4.

44 Luthar, Doernberger and Zigler, 1993, p. 10.

45 Luthar, 2015, p. 741.

46 Luthar, Cicchetti, and Becker, 2000, p. 548.

47 Luthar, 1993, p. 2.

After considering the aforementioned facts, the answer to the question of how positive adaptation can be measured is still missing. Some researchers define positive adaptation as the absence of psychopathology symptoms, while others do so in terms of positive behaviour. Some focussed on external adaptation (i.e. how a child is doing), some focussed on internal adaptation (i.e. how a child is feeling), and others considered both dimensions⁴⁸. Positive adaptation is mostly defined as a behaviourally manifested social competence (e.g. judgements about a child's competence are made based on external standards observed by others, such as school achievement and absence of delinquency, and not based on their inner state, such as the child's feeling of depression or anxiety) or as meeting of developmentally appropriate tasks depending on the child's age⁴⁹. Developmental tasks are defined as standards for judgements about how well the child has adjusted according to culturally expected norms for behaviour at a specific time point and moment in history for certain groups of children^{50,51}. Those tasks are primarily oriented on external adaptation and not the child's internal well-being, such as happiness⁵². When the child's behaviour is characterised as resilient, it indicates that the child is successful at meeting developmental tasks despite the experience of significant adversity⁵³. Some of the most common indicators of positive adaptation among children and youth are different measures of academic achievement, conduct, peer acceptance, good mental health, and participation in different activities⁵⁴. Positive adaptation is therefore multidimensional, since there is an array of developmental tasks children need to perform in specific age periods and specific cultural contexts⁵⁵.

Furthermore, when considering positive adaptation, it is important to measure adaptation related to the risk domain due to its context-specificity, as discussed above, and to consider the stringency of the chosen criteria⁵⁶. The stringency of criteria must depend on the observed seriousness of the risk⁵⁷, which will determine if the criteria will be defined as having average instead of excellent levels of competence^{58,59}. If the major traumas are examined, then the appropriate adaptation criteria could be the absence of psychopathology instead of highly positive functioning in everyday life⁶⁰. To avoid a too narrow definition of positive adaptation, it is necessary that indicators of adaptation include different domains so that we can have a more realistic picture

48 Masten and Gewirtz, 2006, p. 27.

49 Masten, 2001, p. 229.

50 Masten and Gewirtz, 2006, p. 27.

51 Masten et al., 1995, p. 1636.

52 Masten and Obradović, 2006, p. 15.

53 Masten and Reed, 2002, p. 76.

54 Ibid.

55 Masten and Curtis, 2000, p. 533.

56 Luthar, 1993, pp. 2–4.

57 Luthar, 2015, p. 743.

58 Luthar, Cicchetti and Becker, 2000, p. 549.

59 Rutter, 2012, p. 342.

60 Masten and Powell, 2003, p. 7.

of children’s adaptation across domains. This helps us understand in which area children are doing well, and in which one they perform poorly⁶¹.

Closely related to positive adaptation are *protective factors*, defined as variables related to better-than-expected outcomes⁶². They can be determined in several ways based on whether they are related to (1) more positive outcomes, especially in the presence of negative environmental factors; (2) positive outcomes among average children who experienced severe adversity with apparently high diversity in adaptation; and (3) lower incidence of psychopathology among children who are high risk⁶³. Protective factors are assumed to counteract or counterbalance the effects of adversity due to negative life circumstances⁶⁴.

Adversity, protective factors, and positive adaptation are mutually related in several ways that are examined within the following models: *compensatory or main effect models*⁶⁵, *moderator or interaction models*^{66,67}, and *mediator models*⁶⁸, which are described in Table 1.

Table 1. Types of relationships between adversity, protective factors, and positive adaptation⁶⁹

Compensatory (main effect) models	The protective factor is assumed to counterbalance the negative effects of risk factors. <i>A child who has better parental support and nutrition and lives in a safe neighbourhood will have better outcomes.</i>
Moderator (interaction) models	1. a. Some stable characteristics of the child (e.g. <i>personality</i>) or environment have the potential to increase or decrease the effects of the threat on a child. 2. b. Protective factors are activated upon the occurrence of adversity (e.g. <i>airbags in cars</i>) and have the function of ameliorating the effect of that threat on the children’s developmental outcomes.
Mediator models	The effect of adversity on a child’s outcomes can be mediated by protective factors to reduce the impact of adversity on the child. <i>Use of interventions to help parents deal better with stressful situations (moderating the mediator) has implications for better outcomes among children.</i>

The compensatory models answer the question about what differentiates children who are doing well from those who are doing poorly among the sample of high-risk

61 Luthar and Burack, 2000, pp. 41–43.

62 Masten and Garmezy, 1986, p. 14.

63 Masten and Garmezy, 1985, pp. 14–15.

64 Masten and Gewirtz, 2006, p. 30.

65 Ibid., p. 33.

66 Ibid.

67 Masten and Reed, 2002, p. 79.

68 Masten and Gewirtz, 2006, p. 34.

69 Masten and Gewirtz, 2006, p. 33; Masten and Reed, 2002, p. 79; Masten and Gewirtz, 2006, p. 34.

children, while the interaction models answer the question about which characteristics of the child show differential positive outcomes at high but not necessarily low levels of risk⁷⁰. Depending on the data obtained from different models, there are differences between the type of proposed implications for policy and practice aimed at developing resilience among children and adolescents.

Based on everything written above about the definition of resilience, it can be concluded that resilience stems from some extraordinary processes that are reserved for only lucky individuals. However, that would be a wrong conclusion, since research showed that resilience often arises from well-functioning common human adaptation systems^{71,72,73}. These include attachment, mastery motivation, self-regulation, and cognitive development and learning. They are products of biological and cultural evolution that has equipped people with tools for adaptive functioning in both favourable and unfavourable conditions.

The problem occurs when these systems are damaged due to some adversity (e.g. deprivation of parenting). In that case, it is essential to restore conditions necessary for cognitive and social development to promote resilience among high-risk children. Therefore, policy and practice should first focus on protecting, restoring, and facilitating human adaptation systems if they are affected by risk factors to sustain resilience among the children and youth.

2. Positive Psychology and Resilience

As already mentioned, positive psychology moved away from the psychopathology perspective to an approach that focusses on strengths and resources that allow individuals to survive and grow despite extreme challenges and adversities. This paradigm shifts significantly contributed to development in the field of resilience. From this perspective, resilience is not simply recovery from adversity but rather a process that results in growth, knowledge, self-understanding, and increased resilience⁷⁴. Thus, resilience is not merely the absence of symptoms but also positive changes. Positive psychology contributed to the research on these positive changes in various areas, including protective factors in resilience and PTG.

2.1. Protective Factors Among Children

Many children face various, sometimes extremely challenging and high-risk, situations. As elaborated above, some of them may become overwhelmed by these events, but many manage to cope extremely well, with no apparent disruption in their functioning. Why do some children do better than others when faced with adversity? What

70 Luthar, 1993, p. 8.

71 Masten and Coatsworth, 1998, p. 212.

72 Masten and Powell, 2003, pp. 14–15.

73 Masten, 2001, p. 227.

74 Richardson, 2002, p. 7.

qualities of children and their environments might explain this difference? A vast number of studies on resilience in children and youth identified various protective factors that can be categorised into those within the child, family and other relationships, school, and community. We briefly summarise these findings as well as the contemporary research in positive psychology contributing to the understanding of protective factors.

2.1.1. Protective Factors Within the Child

Several large-scale longitudinal studies⁷⁵ showed that children with certain individual attributes cope successfully with adversity. The protective potential of various child characteristics includes high intelligence, self-mastery, planning skills, internal locus of control, good coping skills, and easy-going temperament. These are children's inner strengths that promote resilience. Positive psychology contributed to the research on protective factors within the child, mainly in the area of character strengths and positive emotions. Both character strengths and positive emotions have been found to promote children's resilience and help them cope with adversity.

2.1.1.1. Character Strengths

The field of positive psychology contributed further to the research on resilient children's individual characteristics by exploring the role of human strengths in adapting to difficult life events⁷⁶. Peterson and Seligman⁷⁷ defined character strengths as positive, morally valued traits of personality and proposed a classification of 24-character strengths that are assigned to one of six universal virtues. Table 2 presents the Values in Action (VIA) classification of character strengths modified for children⁷⁸.

Table 2. Values in Action (VIA) classification of character strengths for children⁷⁹

Intellectual Strengths	Interpersonal Strengths	Temperance Strengths	Transcendence Strengths
<ul style="list-style-type: none"> • curiosity • love of learning • creativity • appreciation of beauty 	<ul style="list-style-type: none"> • social intelligence • teamwork • leadership • kindness • perspective • love • bravery • fairness 	<ul style="list-style-type: none"> • forgiveness • modesty • self-regulation • authenticity • prudence • persistence • open-mindedness 	<ul style="list-style-type: none"> • spirituality • gratitude • hope • zest • humour

75 Werner, 2005, p. 95.

76 Peterson et al., 2008, p. 216.

77 Peterson and Seligman, 2004, p. 8.

78 Shoshani and Shwartz, 2018, p. 7.

79 Ibid.

Character strengths in children and adolescents are related to desirable outcomes such as subjective well-being, social adjustment, and school adjustment, as well as fewer symptoms of depression; less suicidal tendencies; and less social problems such as substance use, alcohol abuse, and violence^{80,81}. It has been documented that in children with life-threatening diseases, the strength of hope helps reframe difficult situations by encouraging expectations of a better future⁸². Gratitude can alleviate symptoms of post-traumatic stress disorder by stimulating a greater appreciation of life and reducing negative emotions⁸³. However, it should be noted that having strengths is not enough to promote resilience. In childhood and across the lifespan, individuals can possess strengths without using them⁸⁴. Therefore, the environment (including family, school, and community) is critical in enabling and maximising their use.

2.1.1.2. Positive Emotions

Besides character strengths, the positive affect, intensively studied within positive psychology, has been found to play an important role in resilience, as documented by several studies. Positive emotions, such as joy, hope, contentment, and interest, are more common among individuals with high-level resilience⁸⁵. Moreover, the experience of positive emotions contributes to the selection and usage of more adaptive strategies to cope with adversity. Resilient individuals use positive emotions to recover from stressful situations and find a positive meaning in such events. The adaptive benefits of positive emotions are greater when individuals are under stress⁸⁶.

The role of positive emotions in developing resilience can be explained by the broaden-and-build theory⁸⁷. According to this theory, the experience of positive emotions expands awareness, cognition, and behavioural repertoires and builds enduring and better physical, intellectual, and social resources. These resources in turn support the ability to recover better from adverse situations and are crucial for achieving resilience⁸⁸. For example, a study on children of alcoholics found that behavioural resilience is associated with decreased internalising problems and increased positive affect⁸⁹.

2.1.2. Family-Related Protective Factors: Strength-Based Parenting

Nurturant, responsive parenting is strongly related to positive outcomes in children, including fewer externalising and internalising behaviours⁹⁰ and higher peer social

80 Park, 2004, p. 12.

81 Shoshani and Aviv, 2012, p. 8.

82 Shoshani, Mifano and Czamanski-Cohen, 2016, p. 2014.

83 Israel-Cohen et al., 2015, p. 7.

84 Kashdan and Stager, 2011, p. 13.

85 Tugade and Fredrickson, 2004, p. 323.

86 Ibid., p. 325.

87 Fredrickson, 2001.

88 Tugade and Fredrickson, 2004, pp. 9–11.

89 Carle and Chassin, 2004, pp. 11–13.

90 Masten et al. 1999, p. 159.

competence⁹¹. While the importance of providing love and emotional support to children has long been recognised widely, the importance of deliberately identifying and building strengths in children is now beginning to gain more attention. As already mentioned, children's use of their strengths have various benefits when they are confronted with adverse situations. These studies have prompted interest in identifying factors that may cultivate the use of strengths in children and adolescents, including factors related to family.

Strength-based parenting (SBP) reflects the tendency of parents to recognise their children's strengths and encourage them to use these strengths. This style of parenting seeks to 'identify and cultivate positive states, positive processes, and positive qualities in children'⁹². The emphasis is on building a child's assets (e.g. curiosity, persistence, optimism, or bravery) to create positive experiences that can be called upon during adversities⁹³.

SBP has been shown to be positively related to well-being, life satisfaction, positive emotions, and self-esteem in children. Children of parents who use SPB have higher-level achievement as well as reduced risk of depression and anxiety. They also show higher-level mental toughness, persistence, and self-efficacy and cope better with stress and adversity such as friendship problems and homework challenges^{94,95,96}. One reason why SBP reduces stress in children is that it encourages them to take strength-based coping approaches when faced with adversity. SBP thus increases the internal resources (i.e. personal strengths) children can draw upon in challenging situations.

2.1.3. School-Related Protective Factors

Sometimes, the family is unable to provide enough support to the child facing adversity. In such circumstances, the community can be an important source of alternative support and care. At an early age, high-quality childcare with emotionally supportive caregivers with positive characteristics is particularly helpful for children in the most at-risk families⁹⁷. Later, protective factors include the presence of secure relationships with adults outside the family, including teachers⁹⁸. The school plays a very important role in fostering resilience in children and adolescents.

The application of a positive psychology perspective in education is known as *positive education*. It is not a single approach but generally aims at building strengths, abilities, well-being, and resilience in educational communities⁹⁹. One currently dominant theory within the field of positive education is the PERMA model, which includes the

91 Wyman et al. 1999, p. 653.

92 Waters, 2015, p. 690.

93 Sažkal and Özdemir, 2019, p. 8.

94 Jach et al., 2018, p. 575.

95 Loton and Waters, 2017, p. 8.

96 Waters et al., 2019, pp. 13–14.

97 Maggi et al., 2011, p. 1084.

98 Ebersöhn and Ferreira, 2011, p. 504.

99 Slep et al., 2017, p. 103.

five elements of well-being—positive emotions (P), engagement/motivation (E), meaning and purpose of life (M), positive relationships with others (R), and achievement (A)—and it is used widely in schools¹⁰⁰. It also encompasses a large variety of character strengths that have been associated positively with each element of PERMA in varying degrees¹⁰¹. Table 3 presents the application of the PERMA model for children.

Table 3. PERMA model for children¹⁰²

Dimensions of PERMA	Description
P – positive emotions	What makes the child feel good, happy, or grateful?
E – engagement/motivation	What strengths help the child get immersed and lose track of time?
R – positive relationships	Who brings the child joy, peace, and support?
M – meaning and purpose	What things are meaningful and worthwhile for the child?
A – achievement	What does the child want to achieve and when? What gives her/him a sense of accomplishment and helps manage setbacks?

A scoping review that included 190 studies showed that all PERMA aspects were associated with greater well-being and resilience as well as fewer symptoms of mental illness in primary school-aged children¹⁰³.

2.2. Posttraumatic Growth and Resilience

Resilience studies emphasised the importance of strengths in individuals, families, and communities for good adjustment under various extremely challenging life situations. However, they were not as explicitly concerned with positive outcomes as opposed to the absence of negative outcomes, as positive psychology has espoused.

One line of research that focussed explicitly on the development of positive functioning in relation to stress and trauma is the topic of PTG. PTG involves positive personality and life changes that enhance functioning and result from the emotional and cognitive processing of trauma exposure¹⁰⁴. Such conception implies that it is not the event itself but rather the struggle in the wake of trauma that leads to PTG.

Although both resilience and PTG are characterised by some positive post-adversity manifestations, they are distinct constructs. Resilience is the ability to overcome adversity, relatively quickly return to previous levels of functioning, and maintain usual functioning despite adversity. PTG refers to positive changes in the person beyond their previous developmental process and reflects positive adaptation despite significant life adversity. It refers to a transformative process by which one

100 Seligman, 2018, pp. 1-3.
 101 Wagner et al., 2019, pp. 8-10.
 102 Source: Author’s own work.
 103 Turner et al., 2023, p. 32.
 104 Tedeschi and Calhoun, 1995, p. 1.

experiences positive changes (i.e. extending beyond mere adjustment) because of his or her struggle after trauma¹⁰⁵.

Traumatic events threaten individuals' physical and mental integrity. The negative effects of trauma and adversity in adolescents are well documented. Around 80% of adolescents experience at least one negative life event (not necessarily traumatic), and 20% develop moderate levels of posttraumatic stress¹⁰⁶. However, negative outcomes are not inevitable. Traumatic experience can be restructured successfully and lead to the beginning of positive psychological changes or PTG.

Until recently, the research on PTG mainly focussed on adults, and studies among children and adolescents are scarce. These studies reported growth in children following an accident, disaster, illness, or other trauma^{107,108}.

Example of posttraumatic growth in adolescents

In a study by Altinsoy¹⁰⁹, five adolescents aged 15 years from the Marmara region of Turkey who had serious health problems and chronic diseases (brain, heart, blood, or endocrine) were interviewed. In a semi-structured interview lasting 45–60 min, three questions were posed: (1) *How did you feel after you learned about your disease?* (2) *After this event, what have you experienced in a positive sense in your relationships with other individuals? Can you give an example?* (3) *After this event, what have you experienced or discovered in a positive sense about your perspective on life? Can you give an example?*

The results yielded the following five sub-themes:

- Relationship with others: *I have learned to be able to listen to other people and accept them as they are and have become a more understanding human model.*
- Appreciation of life: *I thought that difficulties and diseases could happen to anyone, and I did not have to be bothered (too much) by them, so I moved on with my life, I understood better that the family is the most important thing in the world.*
- Personal strength: *I was able to go on with my life and realized that I was strong.*
- Spiritual and existential change: *In this sense, I have learned to be always understanding to everyone, I have learned to be always thankful, and I express my gratitude not to go through these events again.*
- Life opportunities: *I saw that life was short and I had to live; life takes (only) three days (very short), so I have to achieve my dreams, I have come to understand that very well.*

3. Positive Psychology Interventions in Fostering Resilience

There is evidence that protective factors such as positive affect, self-efficacy, self-esteem, optimism, social support, and life satisfaction have a stronger relationship with resilience than risk factors and sociodemographic variables in both children

105 Kilmer et al., 2014, p. 508.

106 Joseph et al., 2000, p. 479.

107 Joseph, Knibbs and Hobbs, 2007, p. 152.

108 Milam, Ritt-Olson and Unger, 2004, pp. 198–199.

109 Altinsoy, 2021, pp. 15, 17, 18–19.

and adults¹¹⁰. Therefore, to develop resilience, it might be more effective to enhance protective factors than to reduce the risk factors. Moreover, it may be difficult or sometimes even impossible to change some risk factors in children’s life, but it should be possible to enhance various protective factors at both the individual and environmental levels. Within positive psychology, a vast number of *positive psychology interventions* were developed. They are defined as ‘intentional activities specifically addressed to cultivate positive feelings, cognition, and behaviours’¹¹¹, which can serve as protective factors in fostering resilience.

Studies examining the effects of positive psychology interventions on the well-being of preschool children are scarce and produced inconsistent results. However, several studies demonstrated the importance of positive psychology interventions to promote positive aspects of development, such as positive emotions, engagement, accomplishment, and positive relationships¹¹². Studies on character strengths interventions in schools found increases in well-being, life satisfaction, positive affect, classroom engagement, class cohesion, relatedness and autonomy need satisfaction, strength use, social skills, academic performance, and improved problem behaviour¹¹³.

Positive psychology intervention in kindergarten

Positive emotions

Children are encouraged to identify their personal causes of happiness; participate in activities for expressing gratitude; practice the expression of various feelings through movement, art, speech, and facial expressions; and write about memories of happy experiences.

Engagement

There are opportunities for children to bring personally meaningful toys from home to kindergarten, choose a personally enjoyable topic or activity for the morning group meeting, and identify and use their personal character strengths in daily activities.

Positive relationships

Children participate in games that demand peer cooperation, play with friends in different situations, practice offering positive responses to other children, participate in conflict resolution situations, and are encouraged to care for their friends’ feelings.

Achievement

Children participate in games that require persistence in challenging situations and provide a sense of efficacy. They are encouraged to continue trying despite failure and select and work on personal projects such as producing a book of drawings or exploring an interesting topic¹¹⁴.

110 Lee et al., 2013, pp. 273–274.

111 Sin and Lyubomirsky, 2009, p. 468.

112 Benoit and Gabola, 2021, pp. 12–14.

113 Shoshani and Shwartz, 2018, p. 8.

114 Shosani and Slone, 2017, p. 3.

Character strengths-based intervention

The *Strengths Gym* positive psychology intervention programme for adolescents¹¹⁵ is based on the Values in Action classification of character strengths. During the programme, students complete strengths-based exercises through in-class activities, open discussion, and real-world home-work activities where they can apply the concepts and skills in their own lives. Here are examples of developing the strength of *love of beauty and excellence*.

Love of beauty and excellence – Description: You notice and love beautiful things, in nature, art, music, or people. During this week, you should engage with this strength. The following are some examples:

- Strength in action story: Can you remember a time when you or someone you know well showed love for beauty and excellence? Write, draw, or tell a story about love for beauty and excellence.
- Animal beauty contest: Which animals do you find beautiful? Why? (group work): Which animals do your classmates think are beautiful? Make a top list of the most beautiful animals. Compare your leaderboard with the list of other groups in the department.
- Look for beauty on the way to school. Tell someone from your family or a friend what you noticed on the way to school.

It should be noted that positive psychology interventions focus on all children and youth and not just on those with problems. Thus, they can be implemented in schools as primary prevention tools to promote resilience; individual growth; and positive interactions among all students, not just those at risk.¹¹⁶

4. Conclusion

The aim of this chapter was to define resilience and present an overview of positive psychology contributions to resilience among children. It can be concluded that although the research streams of resilience and positive psychology have similar missions and significantly overlap in their aims to foster resilience among children and adolescents, there are some differences that should be noted¹¹⁷. One of the first differences is that positive psychology focusses on all individuals and not only those who have faced adversity, as is the case with research on resilience. Moreover, resilience research focusses on individuals' resilience throughout the life span, while positive psychology is primarily oriented towards adults. Regarding indicators of positive adaptation, positive psychology typically considers only positive aspects of people's functioning, primarily through self-report measures, while resilience research examines both positive and negative outcomes, mostly by using reports of others about a child's adjustment. Despite these differences, much has been done in the past few years to overcome some limitations of each area of research and to

115 Proctor et al., 2011, p. 383.

116 McCabe et al., 2011, p. 179.

117 Luthar, Lyman and Crossman, 2014, pp. 132-133.

unite their findings to obtain a comprehensive view of resilience. Although many open questions remain about which processes lead to resilience, progress is evident. Moreover, this chapter reviewed contemporary findings, specifically from the positive psychology field, as a starting point for studying resilience among children and adolescents.

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