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Does Resilience Occur from Predisposed Characteristics, or from Experiences, Moments, and/or People The Individual Encounters Throughout his/her Childhood

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DOES RESILIENCE OCCUR FROM PREDISPOSED CHARACTERISTICS, OR

FROM EXPERIENCES, MOMENTS, AND/OR PEOPLE THE INDIVIDUAL

ENCOUNTERS THROUGHOUT HIS/HER CHILDHOOD

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A Project

Presented to the

Faculty of

California State University,

San Bernardino

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In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

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by

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ABSTRACT

This study explores how resilience is gained in childhood. Therefore the question becomes does resilience occur from predisposed characteristics or does it occur from experiences, moments, and people the individual encounters during their childhood. This project presents the results of a qualitative study of 15 master degree student participants that gave responses based on their childhood experiences. One of the requirements for this study, was that each participant had to have suffered from being at risk of factors that could have decreased their resilience, called contextual risks. There were three themes that emerged from this study and they are strengths, realizations, and support systems. Within the strengths theme, there were several variables to gaining resilience: descriptions that were given to the participants growing up, coping skills, and self-control. These themes suggest that resilience is gained through a combination of predisposed characteristics, life changing moments, and influential people.

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CHAPTER ONE

INTRODUCTION

Problem Formulation

There is always various perspectives to a story. For example, in a

hypothetical case a social worker is working on a case where the child is staying

with mom because parents are divorced. The mother of the client is

undocumented and cannot find a job. The child has suffered from homelessness

and the witnessing of domestic violence. The child is not doing badly in school,

but not doing well either and has various absences. The mother is not very

involved because she has limited resources and is mostly stressed over where

they are going to sleep that night or what will they will eat that day. The father of

the child is also not very involved, and will not provide the adequate help for the

child. So what is expected of this child's life in the long run, and what will be the

outcome of his/her life be? Is the outcome based on the family or on the sole

individual?

One perspective of this story is that the child will not succeed if the

parents are not involved. Some social workers may have the belief that the

change happens from within the family and the family working together as a

whole; hence, Child Protective Services and the courts work together to set up

resources and guidelines for the families to follow, in order for the parents to

manage to stay together by keeping their children. According to Wang and

Sheikh-Khalil, positive parental involvement and behaviors are indicators of promoting a positive impact on a child's social and academic achievement, as opposed to negative parental involvement in which this interaction decreases a child's achievement (2014). Viewing the case from this perspective, means that if the parent(s), do not make changes than the child will continue on a detrimental path and will be set for failure.

The second perspective of this story entails that if the parent(s) do not make changes to better their situation then there are other systems that can be put in place to help the child overcome such traumatic experiences. For example, mental health services. Counseling and therapy is a system where the social worker will focus on the individual, and help the individual build on his/her strengths. Children who acquire self-worth are able to develop coping skills that allow them to overcome adverse situations, and these children become identified as resilient (Rew, Grady, & Spooden, 2012). This perspective has the expectation that the child will be empowered by his/her own self, and that he/she will be able to overcome adversity.

The outcome of the above case is not one in which a social worker can have an absolute resolution for. The reason being is that resilience factors have not been accounted for. Depending on the social worker's perspective, he/she will set up the resources that he/she deem necessary, but they may not realize that due to their perspective he/she can set the child up for failure. For example,

if the social worker believes in the first perspective and the family does not follow the set limits that were set up to enhance the child's environment and parental involvement than the social worker might believe the child's life to be doomed and without hope. Without hope, this leaves no chances for the child to succeed in mental health services because the perspective is that the child can only strive with the support of the family. Having this perspective also insinuates that the social worker has set the child up for failure because there is no belief in the child's resilience. Secondly, if the social worker believes in the second perspective from the above case then the child will receive mental health services. This is also a disservice because not including the parent(s) can also set the child up for failure, which means that this perspective does not account for the child's resilience as a factor that arises from his/her surrounding experiences.

There are many different stories and circumstances that a social worker who works with children and adolescents will encounter throughout his/her profession. There is no clear way for a social worker to know the outcome a child can or will have later in life from their current life situation, either way children seem to survive their past. Surviving one's past is associated with resilience, as it is viewed as a person adapting by having stress-resistant qualities that allows one to thrive and overcome adverse situations and environments (Ahem, Ark, & Byers, 2008). Adverse situations that put children at risk include minority racial/ethnic status, low socioeconomic status (SES),

maladaptive temperament, abuse, and stressful environment (Rew, Grady, & Spooden, 2012). As social workers stay on the front lines of working with children, having a clear perspective of where a child gets their resilience can help formulate the ways in which social workers work towards enhancing children's lives.

Purpose of the study

The purpose of the research study is to find whether resilience is acquired by an individual's predisposed characteristics, or is it acquired through the individual's childhood experiences, such as inspirational moments and/or influential people. Developed from the idea that resilience can be gained from positive parental involvement or competence in adapting and coping strategies throughout childhood and adolescence, it was hypothesized that resilience is derived from a person's experiences in childhood.

Social workers work directly with clients as an individual and as a whole, a whole meaning part of the person's environment. Based off the knowledge from a Generalist Model, social workers work with individuals on a microsystem and a mezzo system, as well as have many diverse roles, in which the social worker is expected to perform. The problem is that some social workers line of work has a stronger emphasis on either a mezzo or micro level of work, and this can hinder the social worker's perspective when dealing and working with clients. The reason being is that the social worker can cause a disservice to an individual as

they set up resources and interventions, which can hinder a child's resilience in overcoming adversity. Once, social workers gain a better understanding of how resilience is acquired then the social workers are better able to provide adequate services to children that will increase resiliency.

This study measured the factors that increased resilience from an individual's childhood. The research was conducted in a nonrandom sampling, in which the convenience sample was generalized to the students enrolled at California State University of San Bernardino. The data gathered for this study was measured as a qualitative method. The method included open and closed ended questions, as well as a demographic questionnaire. This type of research design was selected since the study needed a more thorough explanations that could not be answered from a questionnaire.

Significance of the Project for Social Work Practice

Since resilience is such an abstract concept, this research will help social workers with the idea of having resilience as a concrete idea by understanding which factor(s) have a better influence on a child growing up and being successful later in life despite his/her traumatic childhood experiences. Acquiring this knowledge, will make resilience a concrete idea and it will help adjust social worker's patterns of understanding and methods of working with children.

Social workers work very closely with children who are vulnerable because children have little power, influence, and priority in society, which makes

them defenseless and/or helpless. The children who are faced with needing social services are children who have experienced physical, mental, and/or sexual abuse, neglect, maltreatment, violence, and or poverty. Regardless of such experiences, there are still children who are able to overcome such circumstances and become successful in life by achieving resilience.

There are different perspectives of how one gain's resilience, and this study will lessen the chances of social workers giving a disservice to a child because of his/her perspective. For example, if the findings show that resilience is highly influenced by people or a person in a child's life, then it would be safe to say that relationships have an impact on a child growing up to be successful. A social worker could then work on bettering the relationships that a child has in his/her life, instead of focusing solely on the individual.

Children have the ability to adapt to their circumstances and are able to conquer their difficult situations. One may view adapting, as a form of resilience. Resilience has been a process, outcome, trait, intervention, and/or practice, but mostly it is seen as a process of adaption that allows for a person's sustained well-being (Panter-Brick & Leckman, 2013). Going back to the case from earlier, the child was exposed to traumatic events and had limited resources. The outcome from the above case is that maybe the child is able to adapt and do better in school and even go to college, which means that the child became resilient to such adversity.

Authors Lee, Nam, Kim, Kim, Lee, and Lee (2012) found that resilience is tied to psychological and character attributes, such as support systems, competencies and personal characteristics. If resilience is tied to support systems, due to the reasoning that relationships are influential to attain resilience, then a school social worker can work on enhancing and promoting better teacher-child interactions. This concept of acquiring resilience through significant relationships in one's life can also grow into a societal change because children spend most of their days with their teachers and teachers would then need to acquire knowledge in enhancing their interactions with their students. This perspective can also help the parent-child interactions at home. With this information, social workers would be better equipped in providing services for children and their support groups.

According to authors Panter-Brick and Leckman (2013), resilience appraises risk and vulnerability which focuses on enhancing a person's strengths and capabilities. Focusing on a person's strengths by addressing and helping individuals identify their problems, is based on the strengths perspective in which social worker's use in order to empower individuals (Zastrow & Kirst-Ashman, 2013). Using the strengths perspective, aligns with the second perspective from the above case study, in which the individual will gain resilience by predisposed characteristics.

Another way that it can contribute to social work, is by bettering social work practice by enhancing several skills from the generalist model in both the

micro and macro aspect. The phases that would be most affected by this study

would be engagement, planning, and implementation. Whether resilience is

based on predisposed characteristics or specific experiences in one's life,

children are able to adapt, and it would be at a great advantage in social work to

find out which factor(s) have a greater effect on resilience. From this research,

the question needed to be answered by social workers is does resilience occur

from predisposed characteristics, or from experiences, moments, and/or people

the individual encounters throughout his/her childhood.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter will consist of an examination on how resilience can be effected by the individual's interactions with his/her environment and the possible experiences based on his/her environment. The study will look at resilience as a process or trait, which means that resilience is based on one's predisposed characteristic. Another section will focus on how resilience is acquired through the individual's personal support groups and/or moments that the individual encountered or experienced. Also, this chapter will focus on the contextual risks that can affect resilience. Lastly, theories will also be discussed in this chapter.

Predisposed Characteristics of Resilience

At a young age, children will learn from their parents and/or caregivers by observing and imitating them. This is referred to as modeling from social learning theory (Berger, 2003). Although clinicians understand this development in children, it is also recognizable that individuals acquire characteristics, such as personal strengths, qualities, and traits; therefore, clinicians continue to work with children on a micro level setting to increase the child's positive characteristics. Regardless of one's life course, a clinical therapist can help initiate change in a child by focusing on the individual and the individual's strengths (Hart, Blincow, &

Thomas, 2008). Strengths is described as the strategies, beliefs, and personal

assets that promote resilience by building on one's own competencies (Padesky

& Mooney, 2012). Having strengths is a contribution to a healthy way of coping

to negative factors. Therapists that engage actively with the client in a micro

level setting, can foster the learning and discovery in the individual's strengths

and abilities to help build on resilience skills.

One, trait in resilience is self-control. Self-control is the ability to be able

to shape, alter, and/or override maladaptive responses, such as behaviors,

thoughts, emotions, and impulses, to responses that are socially acceptable and

appropriate (Casse, Finkanauer, Oosterman, Van der Geest, & Schuengel,

2018). According to Casse et al. (2018), self-control is a protective factor and a

trait of resilience because it is a consequence of intrapersonal factors. When a

person is able to self-regulate, manage, and/or cope with negative environmental

and circumstantial factors, it is seen as a strength that promotes resilience

because it becomes a strategy used by the self to overcome adversity. These

are the traits, qualities, and strengths that incline an individual to gain resiliency

skills.

Resilience Influenced by Experiences

Subsequently, if resilience is not a process that is derived by individual

characteristics then resilience could be acquired through a process based on

one's mezzo systems level of interactions. This means that resilience could be

achieved through the positive or negative interactions with others in his/her

community, as well as the surrounding environment. Maybe resilience is

enhanced by positive relationships that leave meaning in one's life, or maybe it is

gained through the interactions that one has with the environment. For example,

a child who experiences seeing an environment with enough resources to

enhance well-being, might want to pursue that same style of living. Another

example, is when an individual lives in a detrimental environment it can help

increase the chances of resilience because the child may not want to ever have

to live in those circumstances again when they become adults. This can lead the

child wanting to strive for this type of lifestyle in the long run, in which the child

will gain resilience by overcoming obstacles in his/her life to not have to settle for

the same lifestyle. Although individual or environmental factors might affect

resilience in a positive way, risk factors also effect developmental outcomes in a

child, which have the potential of diminishing the resilience process.

Contextual Risks that Effect Resilience

Thus there are many situations that put children at risk, and being part of

this population can increase the chances of interacting with a more difficult

environment. Resilience is viewed as part of the reaction process and a

relentless environment can affect the reaction process (Panter-Brick & Leckman,

2012). When a child lives through such hardships, there will be a deficit in social

and cognitive development, which posits a threat to the child being able to

overcome obstacles (Jensen, Dumontheil, & Barker, 2014). Also, if a child continuously is exposed to traumatic events, the child is at risk of not being able to adapt to the trauma and can cause mental health problems to the child (Kagan & Spinazzola, 2013)

Furthermore, from a micro perspective of social work, personal interactions with one's environment has an effect on one's individual characteristics. As discussed in the above paragraph, children that are faced with contextual risks, such as children who live in poverty, face various risks that impact a child's social and cognitive functioning (Jensen, Dumontheil, & Barker, 2014). The impacts of a child being faced with contextual risks can decrease the chances of the child gaining resilience. As explained above, children who are faced with risks have a delay in development, as opposed to children who do not face these risks. Contextual risks increase the exposure to several factors, such as abuse, neglect, substance abuse, and community violence. Living in poverty increases levels of stress, and if one lives with stress for a long period of time it turns into chronic stress. This form of stress is toxic and it is correlated with risks that make for a difficult environment for children to live in (Black & Hoeft, 2015). There are several reasons that living in poverty will maintain children as an at risk population.

The first reason is that the parents and/or caregivers of impoverished children are also living in a stressful environment, which increases the chances of parents developing other mental health problems that are associated with

stress (Flouri, Midouhas, Joshi, & Tzavidis, 2015). Mental health problems that

involve stress are accompanied with depression, anxiety, and an increase in

temper (Flouri, Midouhas, Joshi, & Tzavidis, 2015). When parents are faced with

mental health problems, there is a detrimental effect on the quality of parenting

and caregiving environment (Escaravage, 2015). Lack of positive parenting has

an effect on the child's development and the child's self-esteem, which means

that these factors could effect a child's process of resilience on an internal and

external level (Flouri, Midouhas, Joshi, & Tzavidis, 2015).

Another risk towards achieving resilience on an individual level, is that a

high percentage of impoverished children also come from a one parent female

single headed household (Solem, 2013). Living with one parent, especially a

female parent and/or caregiver increases the stress levels in the child's

environment. Female single parent households have lower educational levels, if

employed are paid less than males, are unemployed, and have little social

support, which means that a child living in this environment is at a higher risk of

living with higher levels of stress due to financial and support struggles (Solem,

2013). Stress is then associated with having an effect on a child and his/her

interpersonal skills (Jensen, Dumontheil, & Barker, 2014). Stress is an added

risk that impacts the child in his/her immediate social and interpersonal

interactions, which could harm the chances of developing resilience (Jensen,

Dumontheil, & Barker, 2014).

Also, contextual risks in the form of poverty, increases negative risks to

the child because they are susceptible to abusive circumstances and neglectful situations. Children suffering from the maltreatment of abuse and neglect is highly correlated with having parents and/or caregivers who are stressed and are of lower social economic status (SES) (Escaravager, 2015). Maltreated children are a heightened risk because they are exposed to violence and aggression which means that they will have externalize their emotions by having delinquent behaviors (Holmes, Yoon, Voith, Kobulsky, & Steigerwald, 2015). Poverty is an indicator that leads to abusive circumstances, and it also leads to neglectful situations.

Neglect and maltreatment are other risk factors that arise from poverty because parents and/or caregivers living in poverty are occupied with the stressors associated with low SES (Escaravage, 2014). These circumstances put children at risk because the parent-child interaction is damaged, which means that there is poor attachment styles between the parent and child (Wang & Sheikh-Khalil, 2014). Another factor that is effected with lower SES families is the neglect in one's medical and dental health (Escaravage, 2014). This means that impoverished children are at risk of having long lasting health problems. Regardless of these factors, there are children who do become successful after living such traumatic experiences because it is an indication that a child can reach resilience skills regardless of the adverse situation from being neglected and suffering maltreatment (Rew, Grady, & Spooden, 2012).

Lastly, the risks of poverty include children suffering from an atrocious

environment. One example of living in an impoverished neighborhood that puts

children at risk is having inadequate conditions of living, for example no working

kitchen or bathroom (Jensen, Dumontheil, & Barker, 2014). As stated by Jensen,

Dumontheil, and Barker (2014), an impoverished area of living also increases

risks for children because of housing defects, such as mold, infestation, and

many more. Another example is becoming homeless due to the families

impoverished state which increases the risk of being malnourished and obtaining

adequate resources (Jensen, Dumontheil, & Barker, 2014). A child suffering

from malnutrition, for long periods of time, will effect the child's social and

cognitive development (Jensen, Dumontheil, & Barker, 2014). Another example

of living in a bad environment that puts children at risk is the exposure of

witnessing unsafe situations, such as substance abuse, domestic violence, and

unhealthy relationships (Galvani, 2015). These devastating situations that a child

is exposed to when living in a bad neighborhood are the reasons that children

are at risk for not gaining resilience skills.

Theoretical Framework

Social work practice and theories help to explain the person-in-

environment concept, which is the perspective of how individuals interact and

react to their environment. Obtaining information on resilience will help support

this concept that the theories of social work try to explain. The first theoretical

framework will help explain that resilience is dependent on the factors that

encompass an individual's interactions based on the ecological systems theory and its levels of micro and mezzo interactions. This way of viewing resilience supports the idea that resilience is an internal process and could be achieved by one's personal characteristics which is based on a micro level of interventions and methods.

Within a social work perspective of the person-in-environment fit, a child is able to conceptualize on his/her life's situations and events based on the interactions between his/her environment and personal characteristics. According to Black and Hoeft, there have been advancements and methodologies on the brain development and structure that explains the plasticity of the high response in young children in experiencing from external settings and internal activity (Black & Hoeft, 2015). This implies that children are affected on an interpersonal level by their environment and experiences. The high response from these experiences will make children vulnerable to stressors, but with the proper support and intervention, children's experiences can enhance their resilience to its capacity (Black & Hoeft, 2015).

The second theory that supports the person-in-environment concept is resilience theory. Resilience theory views resiliency as a process that is based on how an individual successfully adapts to the exposure of stressors and contextual risks (Braveman, 2001). For example, adapting to traumatic and aversive events in one's life entails that a person is able to adapt to their surroundings which is also affected by the interactions on a mezzo level.

Additionally, research highlighted that resilience is influenced by five protective factors which are family, schools, community, peers, individual characteristics, and these factors are effected by a person's predispositions towards dealing with difficult life situations (Oswald, Johnson, & Howard, 2003). This means that having proper support in a child's life, can enhance the interactions between the environment and personal attributes, which could then increase the child's chances at gaining resilience. Without proper support within the five protective factors, a child may not gain resilience.

The main protective factor that has an affect on children, is the family and the interaction with his/her parents and/or caregivers (Wang & Sheikh, 2014). The reason being, is that when parents provide adequate resources, it promotes resilience in a child because the interaction is positive (Wang & Sheikh, 2014). The positive relationship does not have to be with parents only it can be any positive support in the child's life. As explained by Oswald, Johnson, and Howard (2003), children with strong positive relationships and interactions, will benefit by gaining adequate skills in resilience. Furthermore, these perspectives help further the views on resilience based on the theoretical frameworks of the ecological systems theory and the resilience theory.

Summary

The framework provided can help clinicians and other professional social workers in carrying out interventions that could help in promoting resilience

internally and externally. Having positive individual strengths could explain how

children develop resilience, even when dealing with aversive situations.

Resilience can also be affected by one's environment and experiences.

CHAPTER THREE

METHODS

Introduction

This chapter will cover the methodology of this study. The first section will discuss the study design. Following the study design, there will be a section about the sampling of the study, the data collection methods, and the procedures of the study. Included in the chapter there will be a discussion on the independent and dependent variable of this research. Another topic that will be addressed in this chapter will be the limitations of the study.

Study Design

The purpose of this study was to explore whether one is predisposed to personal characteristics that elicit resilience, or if resilience is acquired through one's personal experiences, such as influential people in one's life or inspiring moments. This was an exploratory research project, due to the limited amount of research that has focused on the human experience when describing resilience. The patterns and concepts that arise from this research can help social workers address how they perceive their viewpoints of a child's way of overcoming adverse circumstances and how the child gains resilience from those circumstances. This study was a qualitative study that utilized one on one interviews with open ended question as the tool through which data was

collected from subjects.

The study had a demographic survey as a tool to collect data, which made this a quantitative study. The focus of the study was based on human experience by utilizing the interview guide which made it a qualitative study. The reason that it was qualitative is because participants were able to expand on their answers when answering questions about their past history from the interview, and because surveys would limit the responses. This study's design was trying to find patterns of resilience from childhood experiences.

There were several limitations to this design. The first limitation was that conducting the one- on-one interviews were intrusive because the participants gave their answers in front of the researcher. This may have caused the participants to withhold information, due to the participants feeling uncomfortable about sharing his/her experience to the researcher. This was also a limitation because the subject was not anonymous to the researcher giving the interview, which could have caused a limited number of participants to not be willing to participate in this research study. Another limitation, was that one-on-one interviews are usually time consuming because the researcher cannot limit the participants responses. These were the limitations in this study.

This study sought to find out whether resilience is acquired by an individual's predisposed characteristics, or is it acquired through the individual's experiences, such as inspirational moments and/or influential people.

Sampling

This research was conducted from a convenience sample. The non-random sample was conclusive to Master level of social work students who were enrolled in a Master of Social Work Program and who were willing to participate in the study. From a sociological perspective, an individual attending a Masters level program at a University has advantages that the majority of other individual's do not, which is considered a privilege; therefore, the sample selection is an advantage to this study because these individuals have been able to adapt successfully to life's circumstances. There was a total of 15 subjects participating in the one-on-one interviews.

Data Collection and Instruments

The qualitative data was collected via live from one-on-one interviews that were audio-recorded. Each interview began with an introduction and description of the study and its purpose. The data collected for this study included demographic information. The demographic information of this study included gender, ethnicity, and age. The researcher conducted each interview using the interview guide in Appendix C that was developed specifically for this study, by the researcher, for the purpose of eliciting the subject's childhood experiences and insights. The procedures were developed with assistance from Dr. Armando Barragan.

The researcher conducted the interview by addressing that the questions

were in terms of the subject's childhood experiences. The interview guide measured the subjects traumatic childhood experiences, such as be physical abuse, psychological abuse, sexual abuse, substance abuse (witnessing/or participating), homelessness, neglect, and impoverishment. Domestic violence and being raised by a single mother were also IV's that were considered as a traumatic experience because it poses a threat to a child's well-being. Race was measured to help determine if there was a correlation between findings of which factors are most influential within each race. Other questions that were asked during the interview were if the subject had any protective factors in childhood that were an attribute to gaining resilience, for example, positive support systems and personal strengths. Some of the strengths that were measured were the strategies, beliefs, and personal assets that the individual posited throughout childhood. These were some of the questions that were addressed during the interview.

Procedures

The participation was solicited through the interviewer and a mass email, in which the interviewer discussed the purpose and goals of the study, as well as the need for participants. The proposed dates and time slots were based on the subject's convenience, such as desired time and location. The mass email was sent out to the master's level students of the social work program with the researchers contact information, so that the participants were able to contact the

researcher and set up the interview. The interviewer also addressed the study in person, on campus, right before the participant's class starts on their scheduled class times. Participants were asked to RSVP by using the signup sheet during the interviewer's study presentation, or via email or phone call.

The researcher found empty rooms that were designated for the one-on-one interviews. Whether that was on campus, or off campus, but only the researcher and subject were allowed to be in the room. Each interview lasted approximately, anywhere from five minutes to 20 minutes, but a one hour time slot was designated for each participant. At the beginning of the interview, there was a brief introduction, confidentiality was discussed, and the signed demographic and consent form was collected. At the end of the interview, participants were thanked and the debriefing statement was read and handed out to each of the participants.

Protection of Human Subjects

The protection of human rights was addressed by keeping the individual's identity confidential. The researcher explained to the participant that their confidentiality and anonymity is limited due to the nature of it being an interview and the researcher was conducting the interview. The interview occurred in a private room behind closed doors. Participants were instructed not to mention names, but rather to use the participant's initials during the recording of the interview. The study had an informed consent that the participant read and

signed (Appendix B). Also, the study had a debriefing statement (Appendix A) which was given on the conclusion of the interview to the participants. The audio recordings were stored on a USB drive and kept in a locked desk. Each participants initials will be assigned a color-code which will be used when transcribing the data, so that the information given, once transcribed, cannot be traced back to the participant's identity. The color-code was kept in a locked desk. One year after the completion of the study, the audio recordings and color-code keys will be deleted from the USB drive.

Data Analysis

All data gathered in the one-on-one interviews were analyzed with qualitative techniques. First, the audio recordings of the interview were transcribed in written form. Individual participants were assigned a unique code to be used during the transcribing for the purpose of differentiating the comments of the participants. All of the comments, whether supporting or opposing the study, were documented on the transcription. One and two word statements were documented in the transcription.

Major themes and sub-themes were identified under each category and assigned a code. The codes were logged onto a master code list. The researcher read and reread transcripts to be certain of themes and sub-themes assigned. Individual statements were assigned under the corresponding category and entered into an excel document under their assigned code.

Summary

This chapter has covered the design of this study. The chapter explained how the study utilized direct questioning and a questionnaire that measured how the individual acquired resilience. The demographics and some of the questions were also discussed in this section, as well as the limitations and procedures of this study. This study design will help social workers gain a better perspective on how resilience is acquired through the measurements of this study.

CHAPTER FOUR

FINDINGS AND RESULTS

Results

     This chapter will cover how each participant added meaning on how resilience is acquired. There were 15 participants in the study, and each participant had to have suffered from a contextual risk during their childhood. The main findings of this study allowed for the emergence of themes regarding resilience being gained from predisposed characteristics and/or through the participant's personal experiences. The predisposed characteristics were measured through attributes of the individual, such as strengths, qualities, and/or traits. The personal experiences were measured through the participant's childhood experiences of having had influential life changing moments and/or having had supportive people in his/her life. From these measurements, the central themes that emerged from this study were strengths, realizations, and influences.

     There are two tables for this study. One table includes the participant's demographic information and the second table includes the contextual risks that the participants experienced during their childhood. Following the tables will be an explanation of the themes that emerged from the study.

Table 1

Demographic Characteristics of Study Sample

	N (%)	M
Age		33
Sex		
Male	2 (13%)	
Female	13 (87%)	
Race/Ethnicity		
Caucasian/White	4 (27%)	
African American/Black	2 (13%)	
Latino/Hispanic	8 (53%)	
Other	1 (7%)	
Education		
MSW	15 (100%)	

Table 1 presents the demographics of the study sample. The average age for the sample was 33. Majority of participants were female. Over 50% of the participants were Latino or Hispanic. All participant's education level was in the Master's level.

Table 2

Contextual Risks

Risks	N (%)
Low economic status	13 (87%)
Bad Neighborhood	10 (67%)
Homelessness	5 (33%)
Witnessed Domestic Violence (DV)	6 (40%)
Exposed to substances in the home	5 (33%)
Neglect	5 (33%)
Physical Abuse	6 (40%)
Sexual Abuse	2 (13%)
Emotional Abuse	4 (27%)
Raised by single parent	3 (20%)

Table 2 represents the contextual risks that each individual had lived. Each individual may have had one or more risks during their childhood. The results show that the majority of the participants, which are 13 out of 15 participants, reported having lived in a low economic status. Nearly 67% of participants responded to living in a bad neighborhood during their childhood, which makes it the second highest risk. The two least risks were sexual abuse at 13 % and being raised by a single parent at 20%.

<u>Strengths</u>

In this theme the importance of predisposed characteristic's is reflected in the results and seen as strengths. There are several aspects to this theme. The first aspect is that 13 participants (87%) had a predisposition of characteristic's, due to their family members giving them such descriptions growing up. The participants were able to recognize that the descriptions given to them influenced who they are today. One participant stated:

You're going to have a good job when you get older. And so that kind of always resignated with me that I had the ability and showed something to others…

Another participant's perception was:

…goodie two shoes, little miss perfect, know it all…I was good in school…but I don't think I'm better than you, I never thought I was ever

better, but it didn't matter because when you're a kid and somebody is telling you that you just believe it.

The second aspect of this theme is having had strengths growing up. All participants mentioned that they had strengths growing up. This shows that participants were had self-awareness of their strengths because they were able to describe what those strengths were. Some of the most used examples given were: sports, good in school, maturity, and positive. Although all participants had strengths, only 11 participants were able to discuss which coping skills they used when they were growing up. Two participants did not discuss coping skills and the other two participants had self-harming coping skills. Here are example of coping skills used by participant when they were children: positive self-talk, sports, reading, and listening to music.

Lastly, the third aspect of having strengths is having self-control and not being impulsive. There were 11 participants (73%) who had self-control growing up. Two participants who had both because they had moments in their childhood years where they lacked self-control, but were able to gain it back. One participant responded:

Between five and ten I was very emotional because my self-esteem…I cannot control the part of me that was very fragile.

Also, the other two participants had no self-control and ended up having self-harming coping skills. Regardless of these two participants and the participants who had a short period of time lacking control, a larger number of participants, which is 13, had self-control in their childhood years.

Realizations

A greater number of the participants, about 67%, responded to having had realizations, in which they remember having had thoughts and ideas about what they didn't want to be or become when they grew up. From this theme, there was a correlation between each participant having suffered from a contextual risk and having had a realization that helped them gain resilience from a life changing moment and/or experience. The following are quotes that embody the realizations that participants had in their childhood:

...how life could be and that it doesn't have to…continue the cycle of abuse.

So for me it was whenever I had kids, I would never have them in that type of environment…It was just growing up and getting out of that environment.

I realized, I don't be like them. I want something different with my life… whereas my brothers and sisters didn't see anything wrong about it, but I

knew it was   wrong…I didn't want to spend my last dollar on drugs.

Another part of this theme, is the participants having had life changing moments that were influential to their life. There were 12 participants (80%) who had life changing moments. For instance, one participant reported having a negative moment with her family and it gave her the realization that she had a voice and that she felt empowered. Another participant lived through a negative experience as well, where her friend died and after that the participant is very caring and tries to help out anyone who is living through that same experience because she remembers what it felt like. A third participant, mentioned having gone through, almost what seemed like abuse, when her father would discipline her, but that discipline made her tough and stronger. All of the 12 participants endured a hardship, which was seen as the life changing moment, in order to make a realization.

Influences/Support Systems

There were 14 participants out of 15 (93%) who had a positive support system and/or influential people in their lives. From the 14 participants, 11 of them considered family members as their support systems and three of them considered non-familial individuals to be influential. Some of the participants, four out of the 14 participants who had a support system, considered both family members and non-familial individuals as a support and/or influential people. This means that seven participants had support systems outside of the home and

from their community. For example, teachers, church leaders, family friends, and

peers. Some of the words used to describe such positive and influential support

systems were: safe, positive, encouraging, motivating, able to talk to, and never

giving up. The following are quotes that specify the participant's support system

and/or influential people the participant encountered in childhood:

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

Discussion

The purpose of this study was to determine how resilience is gained in childhood, whether it is based off of an individual's predisposed characteristics or is it gained through the individual's experiences and/or influential people in the individual's childhood. The three main themes that emerged from the study were strengths, realizations, and support systems. Based on the responses from the 15 participants, the conclusion is that resilience is a process that is gained through both from a person's predisposed characteristics and from a person's experiences, moments, and influential people.

One of the most notable predictors from the strengths theme was that nearly 87% of the participants were able to recognize that the descriptions given to them by their support systems while growing up was an inclination and an influence of who they had to be. The characteristics that the participants were given were by family members were positive characteristics, but even when the support system used it in a negative connotation where they were being sarcastic or where they were lowering the value of the child, it still influenced the participant's sense of self. This means that children are very susceptible to the characteristics that are given to them. In this study, the participants were able to gather those descriptions and gain a sense of self-worth in the descriptions that

were given to them, which increased their chances of being able to overcome the risk factors in their environment; hence, the client gaining resilience.

Secondly in the strengths theme, is that all participants discussed that they had strengths growing up. Having strengths where each participant was able to identify his/her coping skills, means that each participant was able to build on their own competencies of using their own methods, strategies, and assets. This means that each individual recognized such competencies in themselves, which in turn increased their ability and skills to overcome adversity by having a healthy way to cope. Also another characteristic that was a predictor of having gained resilience is having self-control. Majority of participants reported having had self-control growing up and not being impulsive. The two participants that did not have self-control ended up having self-harming behaviors. This implies that self-control is a huge factor in having resilience because a person must be able to self-monitor and self-regulate in a positive way.

Another significant result is that each participant had a realization. The realization theme was based off of a cause and effect causes interaction between participant and environment. The realization entailed a life changing moment that each participant had to have suffered from contextual risks that caused them to realize that they do not have to continue on the same path but instead they can break the cycle. Some of these realizations were based off of the individual wanting to strive for a better future for themselves and their kids that they would have as adults. Also, this allowed some participants to persevere

from negative life experiences because they were able to conceptualize less effective ways of being in life. The participant was then better equipped at approaching life events and interactions.

The last significant result was that influential people and support systems are a predictor of resilience. Nearly all participants had a positive support system and/or influential person(s) in their lives. This shows that resilience is gained through positive relationships that give children meaning in their life. The positive relationships in one's early life, does not have to come from parents in order for the child to gain resilience. It can come from other interactions that the child has, such as teachers, extended family, church leaders, friends, and many more.

These factors are all co-dependent of each other in order to gain resilience. For example, the two participants that did not have self-control and engaged in self-harming behaviors could mean that they had realizations and/or support systems that helped them overcome difficult experiences. Also, the two participants could have had other personal attributes and characteristics that allowed them to effectively manage the risks they faced. These results show the process on how resilience is gained.

<center>Limitations</center>

There were several limitations to this study. The first limitation was that the person conducting the interview had personal relationships with the subjects of this study. The interviewer and the subjects of this study attended the same

university, and some of the subjects shared the same classes as the interviewer. This is a limitation because it could have hindered the answers, due to the participants not willing to admit to their traumatic experiences. Another limitation was that this study was based on what the participants remembered from their childhood experiences. Sometimes our memories can be skewed, especially if the person lived traumatic experiences. This was also a hindrance on the study. These were the limitations in this study.

Recommendations for Social Work Practice, Policy, and Research

Based on the findings, it is recommended for micro social workers to build on a child's strengths, traits, and qualities. At the same time, reinforce positive interactions with the environment and people. Also in micro practice, it is recommended to psychoeducation caregivers on name calling or referring to the child by specific characteristics because children are susceptible to these labels. In macro social work, a recommendation would be to develop programs in school settings to work with teachers. Teachers were highly mentioned in the interviews as being influential people to the participants. There are not enough social workers working in the school setting field, and there should be to increase well-being in individuals. These are the recommendations that micro and macro social workers should take into consideration.

Conclusions

Resilience is gained through the many interactions one may have in early life, but it is also gained through characteristics and life experiences. As seen in the results, telling children who they should be by giving them characteristics is a huge predictor in how a child gains resilience. Also, strengths is another factor that helps increase resilience skills because the child was able to find healthy coping skills when dealing with adverse interactions and/or environments. One strength predictor was self-control. Additionally, life changing moments and experiences caused participants to know exactly what they wanted from life. Having positive support systems was also another predictor of how children gain resilience. Lastly the two topics discussed in this chapter were limitations and recommendations. In conclusions, resilience is not a process that is acquired through one method and/or strategy, it is a combination process.

APPENDIX A:

DEBRIEFING STATEMENT

Debriefing Statement

This study you have just completed was designed to inquire about how resilience is acquired from childhood experiences. We are interested in identifying insights and understandings about how one gains resiliency skills during difficult times of a person's childhood experiences. These results may be used to help social workers gain a better perspective of what resources a child and the child's family can use when in need of assistance. This is to inform you that no deception is involved in this study.

Thank you for your participation. If you have any questions about the study, please feel free to contact Dr. Armando Barragan or Dr. Janet Chang through the School of Social Work at (909)-537-5301. If you would like to obtain a copy of the group results of this study, please go online at http://scholarworks.csusb.edu after July 2017.

If after participating in this study you feel distressed, you may seek psychological treatment at the CSUSB Psychological and Counseling Services. You may reach them at (909) 537-5040.

APPENDIX B:

INFORMED CONSENT

College of Social and Behavioral Sciences
School of Social Work

INFORMED CONSENT

You have been identified as an eligible participant in the following study due to your status as a student currently enrolled in the Master of Social Work Program at California State University of San Bernardino. The study is being conducted by Marlene Anceno, a graduate student, under the supervision of Dr. Armando Barragán, Assistant Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board Social Work Sub-committee at CSUSB.

PURPOSE: The purpose of the study is to explore if resilience is acquired by an individual's predisposed characteristics, or is it acquired through the individual's childhood experiences, such as inspirational moments and/or influential people.

DESCRIPTION: Participants will agree or not agree to be audio recorded. Then the participants will be asked to respond to demographic questions that inquire basic information. After completion of the demographic section, participants will be asked to respond to a eleven question one-on-one interview with the researcher about how the participant gained resilience.

PARTICIPATION: Your participation in the study is totally voluntary. The study is not a requirement of the school. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY OR ANONYMITY: No identifying information will be collected in this study. Although the researcher will conduct the interview, your responses will remain anonymous.

DURATION: It will take about one hour to complete the survey and interview.

RISKS: Foreseeable risks are associated with participating in the study are minimal and consist of awareness of personal belief or attitudes about personal experiences during childhood that may produce negative memories. Resources will be provided at CSUSB Counseling and Psychological Services located at CSUSB's health center, please feel free to contact the counseling center at (909) 537-5040 or through email at psychcounseling@csusb.edu

BENEFITS: There are no direct benefits to the participants. But indirect benefits to the participants could be foreseeable in the long run. This research could help concerned individuals, researchers, and social workers to better understand the methods used when applying resources to children and families.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Barragán at (909) 537-3501, or through email at abarragan@csusb.edu.

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (http://scholarworks.lib.csusb.edu/) at California State University, San Bernardino after July 2018.

_____ initial here if you give consent to being audio recorded during the interview

This is to certify that I read the above and I am 18 years or older.

_____   _____
Place an X mark here   Date

APPENDIX C:

DEMOGRAPHIC SURVEY AND INTERVIEW GUIDE

Demographic survey

1. Gender

2. Ethnicity

3. Age

Interview Guide
Developed by Marlene Janice Anceno

1. Did you suffer from a trauma in your childhood years from infancy to 18 years old, such as witnessed Domestic Violence (DV), abused physically, mentally, sexually, neglect, lived in a bad neighborhood, low economic status, homelessness, or any other trauma? Yes or no? Can you specify which one?

2. Did you have a support system growing up? If so, who was considered part of your support system?

3. Did your support system have a positive or negative effect on you? What did that look like?

4. Did anyone influence you positively growing up? If so, how did they influence you?

5. Did you ever have any life changing moments, whether good or bad, growing up?

6. Do you remember having characteristics, such as strengths growing up?

7. Did your support system ever refer to you in a positive or negative way, in which they gave you specific characteristics? If so, what were those descriptions? Do you think that these descriptions influenced who you are today?

8. How did you overcome difficult experiences growing up?

9. Did you have self-control or did you lack control growing up?

10. Were you able to adjust to change easily?

11. How are you similar or not similar to your biological parents or family's characteristics?

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