Psychological Counseling and Developing Resilience for Young People with Psychological Trauma in Childhood or Adolescence

Rodica G. Enache*[ii]

***** Faculty of Psychology and Educational Sciences, Psychology and Social Work Department, „Ovidius" University, Constanţa, Romania

Abstract

Introduction*: A family resilience approach aims to identify and fortify key interactional processes that enable families to withstand and rebound from disruptive life challenges.*

Objectives*: The main objectives of study were to identify the level of development of social and emotional feelings of loneliness felt by young people with psychological traumas in childhood and to investigate a correlation between the level of social and emotional loneliness and the dependence on others felt by young people with psychological traumas in childhood.*

Methods*: The research was based on four surveys: Self-Determination Scale (SDS; Sheldon & Deci, 1996), Social and Emotional Loneliness Scale for Adults (SELSA; Di Tommaso & Spinner, 1993), Interpersonal Dependency Inventory (Hirschfield, Klerman, Gough, Barrett, Korchin & Chodoff, 1977) and Child Abuse and Trauma Scale (CATS; Sanders & Becker-Lausen, 1995). To validate the two hypothesis we have used correlations between characteristics of 30 people aged between 19 and 42 years.*

Conclusions*: Resilience is the result of interactions between individual, family and environment. Resilience and posttraumatic growth confirm the development of a potential cure for the persons that agree to participate in a program of counseling and cognitive-behavioral psychotherapy. These people must develop skills of resilience and self-determination through counseling techniques and cognitive behavioral psychotherapy.*

Keywords: psychological trauma, family resilience approach, social and emotional loeliness, dependence

[ii] Corresponding author: Rodica G. Enache, Murelor 12, 900508, Constanţa, Romania. Tel: 0723169247. E-mail: rodicaenache29@yahoo.com.

I. Introduction

The concept of "resilience" - theoretical approaches

Family life and the world around us have changed so dramatically in recent years, that while we yearn for strong and enduring relationships, we are unsure how to shape and sustain them in front of life's challenges. Although some families are shattered by crisis or persistent stresses, what is remarkable is that some people emerge stronger and more resourceful. With widespread concern about family breakdown, we need more than ever to understand those processes that can foster family resilience.

A family resilience approach aims to identify and fortify key interactional processes that enable families to withstand and rebound from disruptive life challenges. A resilience lens shifts perspective from viewing distressed families as damaged to seeing them as challenged and affirming their potential for healing and growth. This approach is based on the conviction that both individual and family strength can be forged through collaborative efforts to deal with sudden crisis or prolonged adversity. ***Resilience*** can be defined as the capacity to rebound from adversity stronger and more resourceful. It is an active process of endurance, self-righting and growth in response to crisis and challenge (Rutter, 1987).

Stress and resilience at different ages

Resilience has become an important concept in child development and mental health theory and research. With concern for early intervention and prevention, a number of child development and mental health experts redirected their attention in the 1970's and 1980's towards understanding vulnerability and susceptibility to risk and disorder (Garmezy, 1983; Murphy & Moriarty, 1976), as well as the protective factors that fortify the resources of children and encourage their resilience (Dugan & Coles, 1989; Luthar & Zigler, 1991; Masten, Best & Garmezy, 1990; Rutter, 1987; Simeonsson, 1995).

Most of these inquiries sought to understand how some children of mentally ill parents or dysfunctional families are able to overcome early experiences of abuse or neglect and live productive lives (Anthony, 1987; Cohler, 1987; Garmezy, 1987). Holmes and Masuda (1974) described a cluster of qualities in healthy adults who showed individual resilience despite growing up in dysfunctional, and often abusive, alcoholic families.

Stressful events are part of childhood, and most children learn to cope. However, stress that becomes overwhelming can lead to psychological problems. Illness, the birth of a sibling, day-to-day frustration and parents' temporary absence are common sources of stress for almost every child. Divorce or death of parents, hospitalization, and the day-in, day-out grind of poverty affect many children. Some children undergo the trauma of war, earthquakes or kidnapping. Such severe stressors may have long-term effects on physical and psychological well-being (Garmezy, 1983). Yet some children show remarkable resilience in surviving such ordeals.

The psychologist David Elkind (2001) has called today's child the "hurried child". He warns that the pressures of modern life are forcing children to grow up too soon and are making their childhood too stressful. Today's children are expected to succeed in school, to compete in sports, and to meet parents' emotional needs. Children are exposed to many adult problems on television and in real life, before they have mastered the problems of childhood. They know about sex and violence and if they live in single-parent homes or dual-earner families, they often must take over adult responsibilities. Yet children are not small adults. They feel and think like children, and they need their childhood years for a healthy development.

One source of stress is the disruption that occurs when families move. Moving is hard for children. They feel the loss of their friends, perhaps of extended family and of control over their lives. They generally have to change schools and are less likely to know well many adults. Children who move three or more times have about twice the risk of emotional, behavioural, health, or school problems as compared to children who have never moved, even when income and other social factors are taken into account. Given how much stress children are exposed to, it should not to be surprising that they worry a lot.

Coping with stress: The resilient child

Two children of the same age and sex are exposed to the same stressful experience: one crumbles while the other remains emotionally healthy. Why? ***Resilient children*** are those children who no matter the circumstances that would blight most others, manage to maintain their composure and competence under challenge or threat, or who bounce back from traumatic events. They are children of the ghetto who distinguish themselves in the professions. They are children of divorce who adjust and go on with their lives. They are neglected or abused children who manage to form intimate relationships and to become good parents.

Children under adverse circumstances who function well despite challenges or threats, or bounce back from traumatic events that would have a highly

negative impact on the emotional development of most children in general.

Family resilience as an interactive processes over time

The term ***"family resilience"*** refers to coping and facilitative processes in the family as a functional unit. A system perspective enables us to understand how family processes mediate stress and enable families to surmount crisis. Patterson (1983) contends that stressors affect children only to the extent that they disrupt crucial family processes. It is not just the child who is vulnerable or resilient, more importantly, the family system influences the eventual adjustment. Even individuals who are not directly touched by a crisis are affected by the family response, with effects for all other relationships (Bowen, 1978). How a family confronts and manages a disruptive experience, buffers stress, effectively reorganizes itself and moves forward with life, influences immediate and long-term adaptation for every family member and for the very survival and well-being of the family unit.

A family resilience approach has much in common with many competence based family therapy approaches: emphasizing a collaborative process and seeking to identify and build on strengths and resources. The similar concept of hardiness grew out of another line of research on stress and coping (Murphy & Moriarty, 1976). Examining the influence of stressful life events in a range of mental and physical illnesses, a number of investigators sought to identify personality traits that mediate physiological processes and enable some highly stressed individuals to cope adaptively and remain healthy (Antonovsky, 1979, Holmes & Masuda, 1974, Lazarus & Folkman, 1984). Building on earlier theories of competence, Kobasa (1985) proposed that persons who experience high degrees of stress without becoming ill have a personality structure characterized by hardiness (apud Rutter, 1985).

Walsh F. noted that strong self-esteem and self-efficacy make successful coping more likely, whereas a sense of helplessness increases the probability that one adversity will lead to another. Similarly, Kobasa and colleagues found evidence supporting their hypothesis that persons with resilient personalities possess three general characteristics:

1. The belief that they can control or influence events in their lives,

2. An ability to feel deeply involved in or committed to the activities in their lives,

3. Anticipation of change as an exciting challenge to further development (Kobasa, 1985).

Family resilience cannot be captured in a snapshot at a single moment in time. More than immediate crisis response or adjustment, resilience involves many interactive processes over time - from a family's approach to a threatening situation, through its ability to manage disruptive transitions, to varied strategies for coping with emerging stress in the immediate and long-term aftermath. Adaptation to divorce, for example, begins in pre-divorce climate and the decision to separate, moves through legal complexities, emotional bereavement and reorganization (of households, finances, parenting roles and custodial arrangements). Later, it involves further reconfigurations for most with remarriage and stepfamily formation.

Deterministic views that divorce inevitably has damaging effects on children fail to take such process variables into account and overlook the wide variability in adaptation over time. The post divorce functioning and well-being of family members, especially children, are influenced not only by the event of divorce, but even more by the many family processes involved in dealing with the various unfolding stressful challenges and in making meaning of the experience.

II. Objectives

1. To identify the level of development of social and emotional feelings of loneliness felt by young people with psychological trauma in childhood.

2. To investigate a correlation between the level of social and emotional loneliness and dependence on others felt by young people with psychological trauma in childhood.

III. Method

The research was based on four surveys:

1. The Self-Determination Scale (SDS, Sheldon & Deci, 1996)

2 The Social and Emotional Loneliness Scale for Adults (SELSA, Di Tommaso & Spinner, 1993)

3. The Interpersonal Dependency Inventory (Hirschfield, R.M.A., Klerman, G.L. Gough, H.G., Barrett L., Korchin, S.J. & Chodoff, P., 1977)

4. The Child Abuse and Trauma Scale (CATS, Sanders & Becker-Lausen, 1995).

IV. Results

In order to validate the two hypotheses of this study, we have used correlations between characteristics of 30 people aged between 19 and 42 years old. The purposes of this study were: 1. To

investigate a correlation between emotional dependency of others and self-awareness in persons with psychological trauma in childhood and adolescence and 2. To investigate a correlation between the level of social and emotional loneliness and dependence on others.

Hypothesis no. 1

From the beginning of the research, we had select 30 subjects with psychological trauma in childhood **or adolescence that had high scores** on the Child Abuse and Trauma Scale (CATS; Sanders & Becker-Lausen, 1995). To demonstrate the correlation between emotional dependency of others and self-awareness we assessed the level of emotional dependency of others by means of the Interpersonal Dependency Inventory (Hirschfield, RMA, Klerman, GL Gough, HG, L. Barrett, Korchin, Chodoff SJ, P. (1977) and the capacity to be aware of their own feelings and their self-determination. In the sample investigated, we have obtained r = -0.366, which indicates a negative correlation at a significance level p = 0.047. The level of emotional dependency of people with psychological trauma in childhood and adolescence varies inversely with their level of self-determination.

Hypothesis no. 2

To investigate a correlation between the level of social and emotional loneliness and dependence on others felt by young people with psychological trauma in childhood we had used the Social and Emotional Loneliness Scale for Adults (SELSA, Di Tommaso & Spinner, 1993) and the Interpersonal Dependency Inventory (Hirschfield, R.M.A., Klerman, G.L., Gough, H.G., Barrett L., Korchin, S.J., & Chodoff, P., 1977).

The results showed a positive correlation (r = 0.479 p = 0.007). The higher the level of social and emotional loneliness is, the higher the interpersonal dependency is. Social and emotional loneliness is a characteristic of people with tendencies to perfectionism, that are self-critical and who prefer to give up verbal communication for fear of being ridiculed by others. As stated by Rupert, these people tend to ruminate on their sadness and subsequently may develop depressive tendencies, suicidal thoughts or might attempt suicide.

In 1987, Rutter showed a positive correlation between avoiding interpersonal relations and the show of anxiety and also a strong correlation between self-criticism, criticism from others and low self-esteem. Rutter M., (1987) shows that the mechanisms that protect people against the psychological risks associated with adversity are discussed in relation to four main processes: reduction of risk impact, reduction of negative chain reactions, establishment and maintenance of self-esteem and self-efficacy, and opening up for opportunities.

V. Conclusions

Resilience characterizes a person who has lived or lives a traumatic event or a chronic condition and shows a good ability to adapt, with some differences based on this person's age and the socio-cultural context in which he/she lives.

Resilience is the result of interactions between individual, family and environmental factors. People with childhood or adolescence traumas show a range of psychological problems regarding the way they view life, and the cognitive distortions in their thinking. These people often use a number of negative strategies that devalue their self-image, such as:

a) Anticipation of some negative / dysfunctional events even if they have no reason to anticipate these events,

b) Removing the positive aspects of their life and that of others, especially of their family members,

c) Using "must" type formulations. Such persons permanently blame themselves (manifest self-criticism or hostility and distrust of others who consider them capable).

d) Unrealistic comparisons with others and the belief that they are unable to accomplish anything alone, to make decisions and to be successful.

Resilience and posttraumatic growth confirm the development of a potential cure for the people that agreed to participate in a program of counselling and cognitive-behavioural psychotherapy. These people must develop the skills of resilience and self-determination through counselling techniques and cognitive behavioural psychotherapy. Among the goals of therapy are:

a) Gradual assumption of duties in activities with a high degree of difficulty to allow self-strengthening and positive feed-back,

b) Development of behaviours and thoughts that facilitate adaptation to professional duties and involvement in social life,

c) Training of assertive communication skills and emotional intelligence.

d) Combat negative beliefs and carry out activities in the company of people who value them.

Seligman (2002) believes that when counselling people who have had traumatic experiences is very efficient to use psychotherapy based on the strengths of the individual. Since resilience is largely

conditioned by the patterns of interpersonal relationships, Rutter considered that the notion of resilience is suitable for the family therapy field.

The term ***"family resilience"*** refers to coping and facilitative processes in the family as a functional unit. A systems perspective enables us to understand how family processes mediate stress and enable families to surmount crisis.

Family resilience cannot be captured in a snapshot at a single moment in time. More than immediate crisis response or adjustment, resilience involves many interactive processes over time - from a family's approach to a threatening situation, through its ability to manage disruptive transitions, to varied strategies of coping with emerging stresses in the immediate and long-term aftermath. Wagnild G. and Young H. (1993) identified the following components of family resilience:

a) Keeping calm – keeping a balanced perspective on life

b) Perseverance – the trend to continue fighting to rebuild their lives after the trauma and to exercise self-discipline

c) Self-confidence – the capacity to have self confidence and to recognize its strengths and limitations

d) The ability to give meaning to life - to realize that in life, there are always goals to achieve.

References

Antonovsky, A. (1979). *Health, stress and coping*, San Francisco: Jossey-Bass.

Anthony, E.J. (1987). *Risk, vulnerability and resilience*: An overview. In Anthony E.J. & Cohler B. (Eds.), *The invulnerable child*. New York: Guilford Press.

Bowen, M. (1978). *Family therapy in clinical practice*. New York: Jason Aronson.

Cohler, B. (1987). Adversity, resilience and the study of lives, in E.J. Anthony and B. Cohler, (Eds.), *The invulnerable child*. New York: Guilford Press.

Dugan, T., Coles, R. (Eds). (1989). *The child in our times: Studies in the development of resiliency*. New York: Brunner/Mazel.

Elkind, D. (2001). *The Hurried Child: growing up too fast, too soon*, Third Edition. NY: Perseus Publishing.

Garmezy, N., Rutter, M. (1983). *Stress, coping and development in children*. New York: McGraw-Hill.

Garmezy, N. (1987). Stress, Competence and Development: Continuities in the Study of Schizophrenic Adults, Children Vulnerable to Psychopathology and the Search for Stress-Resistant Children. *American Journal of Orthopsychiatry, 57*, 159-174.

Holmes, T.H. & Masuda, M. (1974). Life change and illness susceptibility, in B.S. Dohrenwend and B.P. Dohrenwend, (Eds.), *Stressful life events: Their nature and effects*. New York: Wiley.

Kobasa, S. (1985). Stressful life events, personality and health: An inquiry into hardiness, in A. Monat & R. Lazarus (Eds.), *Stress and coping* (2nd ed.) New York: Columbia University Press.

Lazarus, R. & Folkman, S. (1984). *Stress, appraisal and coping*. New York: Springer.

Masten, A., Best, K.M. & Garmezy, N. (1990). Resilience and Development: Contributions from the Study of Children Who Overcome Adversity. *Development and psychopathology, 2*, 425-444.

Murphy, L. & Moriarty, A.E. (1976). *Vulnerability, coping and growth: From infancy to adolescence*. New Haven, CT: Yale University Press.

Patterson, G. (1983). Stress: A change agent for family process, in Garmezy N., Rutter M., (1983), *Stress, coping and development in children*. New York: McGraw-Hill.

Rutter, M. (1987). Psychosocial Resilience and Protective Mechanisms. *American Journal of Orthopsychiatry, 57*, 316-331.

Simeonsson, R. (1995). *Risk, resilience and prevention: Promoting the well-being of all children*. Baltimore: Paul H Brookes.

Wagnild, G., Young, H. (1993). Development and psychometric evaluation of the resilience scale. *Journal of Nursing Measurement, 1*(2), 165-78.