

UNDERSTANDING RESILIENCE IN
ADOLESCENTS: THE RELATIONSHIP BETWEEN
STRESS, RESOURCES, AND
WELL-BEING

BY

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ABSTRACT

The present study was carried out to understand the relationship between stressors, resilience resources and well-being in adolescents. Two sets of studies were carried out to achieve this. In the first study, the objectives were (i) to examine possible factors at the individual and socio-environmental levels that distinguish between resilient and non-resilient adolescents, and (ii) to examine the role of resilience resources on the stressor – well-being relationship. Based on the results of Study 1, the second study aimed to test the effectiveness of resilience-based intervention in improving adolescents' perceived social support, life satisfaction, and distress. In Study 1, the sample consisted of 294 adolescents aged 12-19 years ($mean=15.19$, $sd=2.38$). Results of the *k*-mean clustering technique identified 30.0% of the adolescents as resilient (high stress, high well-being) and 28.6% as maladjusted (high stress, low well-being). Resilient adolescents were found to have significantly higher scores on all the resilience resources (religious strength, personality, guardian-child communication style, social support, and school coherence) compared to the non-resilient maladjusted group. In addition, results of the structural equation modeling analysis indicated that resilience resources acted as a mediator in the relationship between stressors and well-being. In Study 2, the effectiveness of resilience-based intervention was examined by dividing 33 participants into two groups: the control group ($n=17$) and the treatment group ($n=16$). These two groups completed pre- and post-test scores on three measures: (1) Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet, & Farley, 1988); (2) The Brief Multidimensional Students' Life Satisfaction Scale (BMSLSS; Valois, Zullig, Huebner, & Drane, 2004); and (3) GHQ12 (Goldberg & Williams, 1988). Results showed that those in the treatment group reported higher social support, while no significant difference was shown in their life satisfaction and distress scores. Results of both studies have important implication for all counselors, teachers, and social workers who operate in school settings. The findings can be used to develop comprehensive school guidance plans, specifically when planning small group interventions. These findings were further discussed with respect to the current literature on stressors, resilience resources, and well-being.

خلاصة البحث

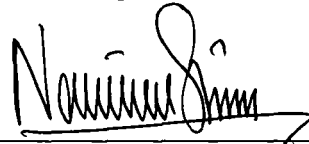
تسعى هذه الدراسة إلى فهم العلاقة بين عوامل الإجهاد، وطرق التحمل، وتحقيق الرفاهية في الحياة عند المراهقين. وتم القيام بنوعين من الدراسة لتحقيق ذلك، وتمثلت أهداف الدراسة الأولى في الآتي، أولاً: فحص العوامل التي تميز بين المراهقين ذوي التحمل، والمراهقين من غير ذوي التحمل على المستوى الفردي، ومستوى البيئة الاجتماعية، ثانياً: فحص دور مصادر التحمل في علاقة السعادة بعوامل الإجهاد. وبناءً على نتائج الدراسة الأولى فقد هدفت الدراسة الثانية إلى فحص أثر التحمل في تطوير المراهقين الذين يتلقون دعماً اجتماعياً، وحياة مريحة، والبعيد عن القلق. وقد حوت العينة في الدراسة الأولى على 294 مراهقاً تتراوح أعمارهم بين 12 إلى 19 سنة؛ بمتوسط قدره 15، 19 وانحراف معياري 2,38. وكانت نتيجة المتوسطات المتعددة العرف على 30,0% من المراهقين بوصفهم مقاومين للضغوط، و28,6% بوصفهم غير منسجمين. وأظهرت النتائج أن المراهقين المقاومين للضغوط أحرزوا معدلات عالية في مصادر التحمل مثل المظهر الديني، والهوية، وطريقة التواصل مع ولي الطفل، والدعم الاجتماعي، والتواصل مع المدرسة، وذلك مقارنة بين المراهقين غير المراهقين وصعبي الانسجام. وبالإضافة إلى ذلك فقد أشارت نتائج تحليل نموذج المعادلة الهيكلية أن موارد تحمل الضغوط يمكن أن تقوم بدور الوسيط في العلاقة الرابطة بين الضغوط والرفاهية في الحياة. أما في الدراسة الثانية فقد تم فحص تحمل الضغوط بقسمة المشتركين في الدراسة إلى مجموعتين؛ مجموعة التحكم وعدد أفرادها 17، ومجموعة الاستعراض وعدد أفرادها 16، وأكملت هاتان المجموعتان اختباراً قلياً وبعدياً في ثلاثة معايير؛ تمثلت في: المقياس متعدد الأبعاد الذي يقيس تلقي الدعم الاجتماعي كما ذكر ذلك زمت، وداهلم، وزمت وفيرلي 1998م. وأيضاً مقياس الرضا عن الحياة متعدد الأبعاد المختصر عند الطلاب كما هو عند فالويس، وزولج، وهينر و درين 2004م. ومقياس استبيان الصحة العام كما هو عند جولد بيرغ ووليم 1998م. وأظهرت النتائج أن مجموعة الاستعراض أحرزت معدلاً عالياً في الدعم الاجتماعي، بينما لا توجد فروق ذات دلالة في معدلات الرضا عن الحياة، وتجنب القلق. ولاشك أن نتائج الدراستين لهما انعكاسات على الاستشاريين، والمعلمين، والمرشدين الاجتماعيين الذين يعملون في بيئة المدرسة. وخلصت الدراسة إلى أن استفاد منها في تطوير خطة إرشادية مكثفة للمدارس، خاصة عند التخطيط لمجموعة تداخل صغيرة، وتمت مناقشة هذه النتائج بالرجوع إلى الدراسات الحديثة في الضغوطات، ومصادر التوتر، ورفاهية الحياة.

APPROVAL PAGE

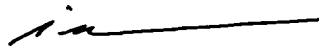
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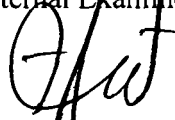


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DECLARATION

I hereby declare that this thesis is the result of my own investigations, except where otherwise stated. I also declare that it has not been previously or concurrently submitted as a whole for any other degrees at IIUM or other institutions.

Azlin Alwi

Signature.....*Azlin Alwi*.....

Date.....*9th August 2012*.....

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**UNDERSTANDING RESILIENCE IN ADOLESCENTS: THE
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.....
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9th August 2012
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Date

To my parents - Hj Alwi and Hjh Aishah

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In the name of Allah, Most Gracious and Most Merciful.
Thank you Allah for guiding me and giving me *hidayah* throughout this journey.

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CHAPTER ONE

INTRODUCTION

INTRODUCTION

The period spanning from late childhood to early adulthood is characterized by rapid and marked changes to the physiological, psychological, emotional, and social development of adolescents. The different transition phases have a profound effect on adolescents as they attempt to come to terms with and handle these changes and the challenges accompanying them.

Adolescence spans from ages 10 to 21 years (Arnett, 2010; Steinberg, 2005). Compared to other age groups (children and adults), during this period, adolescents' health needs are qualitatively different not only because of the dramatic internal transformations, but also adaptation to changes that take place in their families, with peers, and schools (Arnett, 2010; Cobb, 2007; Compas, 2004; Rew, 2005; (Sabatier & Lyda Lannegrand-Willems, 2005; Steinberg, 2008). In terms of family life, research has substantiated adolescence as a period in life characterized by a transformation and reorganization in family relationships (Steinberg, 2005). During this time, adolescents have a strong yearning to achieve psychological independence from their parents, often resulting in heightened family conflicts and defiant behaviours (Coleman & Hendry, 2006; Steinberg, 2005). At the same time, adolescents develop the ability to have close friendships; hence, their interactions and relationships with friends gain more importance and become more profound (Sumter, Bokhorst, Steinberg, & Westenberg, 2009). Within the school context, adolescents connect with their teachers (Santrock, 2007). Those who experience supportive relationships with their teachers

would tend to report enhanced motivation and possess higher self-esteem (Baker 1999; Davis, Davis, & Smith. 2003; Resnick, Bearman, Blum, Bauman, Harris, Jones, Tabor, Beuhring, Sieving, Shaw, Ireland, Bearinger, & Udry, 1997). As adolescents grow older, they face important challenges related to educational commitment, social behaviour, and career (Salazar-Pousada, Arroyo, Hidalgo, Pérez-López, & Chedraui, 2010). Inherent within the many changes that they go through are challenges associated with external stressors (Arnett, 2010; Salazar-Pousada, Arroyo, Hidalgo, Pérez-López, & Chedraui, 2010). Some of these stressors pertain to parental divorce (Emery & Forehand, 1994; Rutter, 1999), chronic illness (Steck et al., 2007), family conflict (Prellow Loukas, & Jordan-Green, 2007), poverty (Morales, 2000; Shek, 2003), and community violence (Zinzow, Ruggiero, Resnick, Hanson, Smith, Saunders & Kilpatrick, 2009).

Among other things, these changes impact the adolescents' conceptions and feelings about themselves and their relationships with others (Lerner, 2002). Of interests to theorists and researchers are the impacts of these changes (internal and external) on later development (Arnett, 1999). Nonetheless, in the adolescent literature, these various changes can create stress which can be detrimental to their mental health and development (Feldman, 2008; McMahan, 2009; Rak & Patterson, 1996). Those who perceive high levels of stress are often susceptible to negative outcomes. Strong evidence exists that these negative outcomes are either reflected in conduct disorders (Hidayah et al., 2003), criminal behaviours (Garnefski & Okma, 1996; Rew, 2005), tobacco use (Blum & Ireland, 2004), substance abuse (Hwang & Akers, 2006), or antisocial behaviours (Bergman & Scott, 2001; McWhirter, McWhirter, & McWhirter, 2004).

In Malaysia, as in other countries too, one of the major concerns is the significant rise in mental health and problem behaviours involving the young people (Lee, Chen, Lee, & Kaur, 2007; Yusoff, 2010). There is also a growing interest in adolescents' well-being due to the increased occurrence and evidence that these adolescents are vulnerable to poor health outcomes (depression and violence) as a result of multiple factors, such as exposure to adversities from the external environment to involvement in health risk behaviours (Bahador, Rozumah, & Leila, 2009; Khairani, Norazua, & Zaiton, 2007; Rahmah & Shahranaiza, 2008; Uba, Yaacob & Juhari, 2009).

Research however, indicates that many adolescents, despite having expected to succumb to the adverse effects of stressors, are able to manage and respond to them positively (Arnette, 2010; Elder, 1998). Research such as by Lussier, Derevensky, Gupta, Bergevin, and Ellenbogen (2007) and Masten and Reed (2002) reveal that these adolescents do not develop the anticipated problem behaviours due to the process of *resilience*, which describes those individuals who face risks but are able to cope with them without serious difficulties. Resilient adolescents usually develop into competent adults (Werner & Smith, 1982) having high levels of self efficacy, ability to distance themselves from risks (Drapeau, Saint-Jacques, Lépine, Bégin, & Bernard, 2007), high self-control (Alvord & Grados, 2005), low depression levels, and are less likely to be involved in smoking or drugs (Bonanno, Galea, Bucciarelli, & Vlahov, 2007).

Therefore, during times of transition and life stress, though some adolescents may experience adjustment problems, others adapt successfully. In fact, these adolescents are in some ways stimulated by the challenging circumstances they find themselves in. Those who adjust well in the face of major and enduring stress are

known to be resilient. Several factors have been associated with their resilience, and that the study of these individual differences may provide an understanding on potential factors that may help adolescents in at-risk contexts. As a background to the present work, relevant findings pertaining to resilience research is first presented.

RESILIENCE AND WELL-BEING

Resilience refers to patterns of positive adaptation in the context of past or present stressors (Masten & Reed, 2002; Riley & Masten, 2005) or, as mentioned by Rouse (2001), "...the ability to thrive, mature, and increase competence in the face of adverse circumstances or obstacles" (p. 461). In order to be defined as resilient, two key criteria are necessary: (i) significant adversity or threat to adaptation has occurred, and (ii) individual's functioning or development is satisfactory despite the adversity (Goldstein & Brooks, 2005; Masten & Powell, 2003; Wright & Masten, 2005).

Resilience research, therefore, usually considers the effect of stressors and resilience resources on well-being. Individuals cannot be considered as resilient if they have never experienced a significant threat to their development (Masten, 2001). Stressors create vulnerability in adolescents; hence they are more likely to be at risk in engaging in problem behaviours such as conduct problems, academic failures, alcohol and substance abuse, eating disorders, and depression (Jessor, 1991). On the other hand, the presence of certain factors known as resilience resources would block or reduce the negative impact of these stressors to decrease the likelihood of negative outcomes (Rew, 2005).

Past studies have identified a number of these resilience resources both at the individual and environmental levels. At the individual level, resources that have been shown to be positively associated with resilience include aspects of personality, such

as extraversion, conscientiousness, and emotional stability, while neuroticism has been found to be negatively related (Annalakshmi, 2008; Campbell-Sills, Cohan, & Stein, 2006; Davey, Eaker, & Walters, 2003). Resilient adolescents have also been found to report higher levels of intellect (Garmezy, 1985; Rutter, 1985; Werner & Smith, 1982), autonomy, social competence, problem-solving skills, and a sense of purpose (Brackenreed, 2010). At the environmental level, the sources of social support that have been found to strengthen adolescents' resilience include families, friends, and teachers (Bowen, Richman, Brewster, & Bowen, 1998; Ong & Bergeman, 2004).

Suffice to say, resilient adolescents thrive in the face of adversity. They use and benefit from various resources available in such a way as to overcome stressors and be successful in an adverse situation. These resources comprise of the individual's attributes such as personality and intellect, and social support from family, friends and teachers.

The resilience that these adolescents manifest is important to appreciate and understand in order to present a more balanced portrayal of their adaptational status. In addition, identifying the inner skills and external resources that they are able to draw from in more successfully adapting to their environments can shed light on resources that can promote mental health and preventing mental health problems. Due to the importance of this concept in adolescents, this study aims to better understand the variables that have influence on resilience within the Malaysian context.

JUSTIFICATION FOR THE STUDY

The present study is justified based on a number of reasons.

The first concerns the rise in behavioural problems among adolescents in Malaysia (Malik, 2010; Nagu, 2009; Yussop, 2009). It has been revealed by the Royal

Malaysia Police that a total of 110,218 students were involved in disciplinary problems in 2011, with 72,873 secondary school students, while the remaining were primary school students (110,218 tak disiplin, January 18, 2012). According to the Deputy Minister of Education, Datuk Dr. Wee Ka Siong, the disciplinary problems include aggression and truancy. In addition, the Royal Malaysia Police also revealed that criminal behaviour is increasing (Nagu, 2009). Between January and September 2010, 135,121 adolescents between the ages of 13-18 were caught for involvement in various crimes which include murder, rape, stealing, and endangering others. In 2005, over 70,000 adolescent girls were admitted to public hospitals in Malaysia and close to 37 per cent were for pregnancy and related problems (Malik, 2010). This has become a cause for concern to families, teachers, counsellors, policy makers, and society.

The Mental Health Advisory Council in Malaysia has advised that action be taken to address adolescents' behavioural problems (*Harian Metro*, 2012, January 12). One of the effective ways to deal with this is to understand the roots of the problems. Usually, the vulnerability to different kinds of maladaptive behaviours is a manifestation of the adolescents' inability to cope with stressors and challenges of everyday life. These inclinations are assumed to originate from the difficulty to adjust to normative changes and also the feeling of being pressured to perform well in schools (Kah, Mohd Shariff, Mohd Taib, & Abu Samah, 2008; Mellor et al., 2010). In fact, maladaptive behaviours do not always arise because of behaviours that they engage in or situations they find themselves involved in due to their own misconducts (Arrington & Melvin, 2000). In many circumstances, it is the adolescents' external environment (poverty, divorce, abuse) that directly affects their well-being (Arrington & Melvin, 2000; Dryfoos, 1996). The experience of these kinds of stressors can lead

to negative consequences, specifically alcohol use, eating disorders, depression, and suicide (Barrera, Hageman, & Gonzales, 2004; Bergman & Scott, 2001; McWhirter et al., 2004; Hashim, Khairulhelmi, Mohd Fahmi, & Syed Mohamed, 2008; Hidayah, Hanafiah, Rosnah, Ibrahim, & Nonnah, 2003). It is therefore, important to understand the effects of stressors on well-being and to ultimately find factors that can assist adolescents to cope and deal with stress and adversities effectively.

The second justification for the study pertains to the importance of a resilience approach in understanding the relationships between stressors, resilience resources, and well-being. Although much research has established that stress causes negative outcomes, empirically there are numerous research findings showing that not all individuals exposed to stressors experience negative outcomes (Henry & Milstein, 2004; Rouse, 2001). It has been established in the literature that many adolescents thrive despite experiencing high level of stressors (Lussier, Gupta, Bergevin, & Ellenbogen, 2007; Waxman, Padron, & Gray, 2004). Several phenomena can be highlighted from existing resilience studies:

- i. Most research on resilience tend to focus on a single stressor (Armstrong, Birnie-Lefcovitch, & Ungar, 2005; Carothers, Borkowski, & Whitman, 2006; Poelen, Engels, Scholte, Boomsma, & Willemsen, 2009; Skowron, 2005; Tiet et al., 2001) conceptualizing them in one domain of negative life events, such as financial problems, families with maternal psychopathology, single parenthood, parental illnesses, or neighbourhood violence. However, oftentimes, more than one stressor is present (Rolfe, 2004) which also means there is a combination of negative life events and daily aggravations which occurs simultaneously that affects adolescents' adjustments. Therefore,