Resumo

Apresentamos uma breve exploração da resiliência e o desenvolvimento infantil neste estudo. Os conceitos de resiliência e “competência de risco” são elaborados juntamente com algumas das implicações práticas destes em relação ao cuidado e bem-estar da criança. Algumas questões são levantadas em relação ao cuidado e dos riscos na infância e, ao mesmo tempo, permite que as crianças sejam capazes de avaliar e lidar com os riscos por si mesmas.

Palavras-chave: resiliência, competência em risco, desenvolvimento infantil.


*During the first period of a man’s life, the greatest danger is not to take the risk.*

Soren Kierkegaard
A recent suicide research conference in Ireland much media attention was paid to a speaker who spoke of his concern regarding how over-protecting children may be contributing to mental health problems and suicide risk. According to Barry, ‘parents have a massive role to play in not over-protecting children and helping them to problem-solve rather than solving problems for them. In later life, children who do not learn to problem solve sometimes lack the resilience to be able to find solutions to a crisis event’. He continued highlighting the role of building resilience, especially in early childhood, so that it is well embedded before the often challenging teenage years. Children need to be prepared to cope with disappointments, to be adaptable to the many trials and tribulations life presents and need to have their strengths, interests and supports fostered to assist in this. In sum, they need to be resilient.

These ideas reflect a current debate over whether, in the materialistic, western world, we are too overprotective of children, lacking the recognition that children may have to learn (and be supported) to cope with unhappiness in order to be resilient and happy. It raises the question of whether in the interest of protecting children we are overprotecting them from experiencing and dealing with failure, loss, disappointment, as well as taking challenges and engaging in risky play? Experiencing the spectrum of human emotions, taking thoughtful risks and experiencing adventures all enable children to extend their competence and can be argued to be ‘health sustaining’ rather than ‘health endangering. Some would argue that accidents to children may in part arise from them not having learned, or not being allowed to learn, how to look after themselves.

This brings us to the social pedagogic concept of ‘risk competence’, whereby learning opportunities through support in risky play is seen to beneficial for development. Risky play is contended to have a positive role in developing a child’s ability to be persistent in efforts, to rise to challenges, assess and manage risks. Learning how to take ‘thoughtful risks’ may also have wider cognitive as well as social and emotional benefits and in enhancing resilience. For this to happen though risk-taking skills, like others, need to be learnt and developed in a supportive manner.

Consequently a lack of risk in play may be damaging children’s well-being and undermining their resilience. Interestingly in the UK resilience has been linked to mental health problems by The Mental Health Foundation. But this raises the questions- Where should we ‘draw the line’ in protecting children versus exposing them to risk and upset? What is best in nurturing resilience in children? The media undoubtedly play a role in fostering awareness of risks but is this too excessive, leading us to be too restrictive in what we construe as ‘reasonable risks’ for children? And has this undermined children’s resilience?

Past decades have seen a striking elevation of risk assessment in the field of child care practice and society at large. Risk assessments have become a fundamental part of child care practice particularly in societies where there are high rates of litigation cases, such as Ireland. Concerns over the risks (and possible litigation) that running in a playground or climbing a tree may entail has curtailed the liberty children have in many facilities that care for young children. Children in contemporary Ireland, as in many other cultures, no longer have the freedom to roam or engage in activities and ‘risky play’ as previous generations have had. They may have less exposure to risk. Understandably this has arisen partly due to inadequate attention paid to such concerns in past decades.

Psychological interest in resilience per se has also burgeoned over recent decades. Resilience has received much attention as a theoretical concept, in research investigations and in the related implications for practice. It refers to the qualities, skills and resources that help equip a child to survive, cope, and even thrive, in the face of adversity in their life. Definitions of it vary but most construe it as more than just a trait. According to Fonagy et al. it refers to ‘normal development under difficult circumstances’. Ungar sees it as ‘both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being, and their capacity individually and collectively to negotiate for these resources to be provided in culturally meaningful ways’.

Three key ingredients contribute to a child’s resilience according to Gilligan:

1. A secure base, whereby a child feels a sense of belonging and security reflecting the role of a secure attachment(s)
2. Good self-esteem, i.e. an internal sense of worth and competence
3. A sense of self-efficacy, i.e. a ‘can-do’ attitude, a sense of mastery and control, along with initiative and an accurate understanding of personal strengths and limitations (self-insight).

An optimistic outlook is often seen to go hand-in hand with this.

Other important ingredients in fostering a child’s resilience include positive school and/or community (e.g. clubs) experience, interests and a sense of purpose, direction and meaning in one’s life in a child’s resilience. The latter often being forged through a child’s interests and developing competences. In a sense then it is the ‘ordinary magic’ of everyday life that helps children to be resilient and feel good about life. This includes supportive parents/guardians, the friends who make them feel good about themselves, the accomplishment in tackling a risky task or game, the interests and activities which bring enjoyment and a sense of accomplishment to their lives.

Rutter identified self-efficacy, a sense of mastery and control, the prevention of negative chain reactions (one problem begetting another) as well as the opening up of opportunities (reflecting the role of initiative, risk
taking and chances) as mechanisms leading to resilience. These protective factors buffer against the impact of adversity also share the common feature of enabling children to have more power and control over their lives. However, this is clearly easier to enact in a community or environment that does not entail significant risks to the child, such as criminal activity and substance misuse. Yet many children with the greatest need for support in nurturing their resilience (those in adverse environments) are living in such risky communities and not only they, but also their parents, feel forsaken and pessimistic without any sense of power or control over their lives.

Therefore in nurturing resilience, attention must also be paid to the community and environment in which families live by fostering family access to resources and their sense of ‘belonging’ and community integration as well as reducing real neighbourhood risks. This in turn contributing to enhanced self-determination and self-efficacy, thereby augmenting a sense of power and control and optimism which may then filter down to their children Prilleltensky et al.

Interventions to boost the resilience of children and young people include infant mental health and self-regulation Papousek, parenting programmes, such as the ‘Incredible Years Programme’ Borden et al., Furlong & McGilloway25, cognitive behavioural group work, such as the UK Resilience Programme Challen et al., mentoring and befriending programmes, such as the international ‘Big Brother Big Sister’ programme Dolan et al. and the ‘Team of Life’ which involves collective narrative practice in a group context Eames et al. All report benefits though debate persists over how best to produce long term impact and how best to adapt these to the needs of particular groups. The significance of timing of such interventions is also a critical concern.

On the medical front increased concern has arisen regarding children’s and human physical resilience in general. Many contend that a crisis in antibiotic resistance has had already started. The liberal and possible unnecessary use of antibiotics which may contribute to ‘antibiotic resistance’ is now seen as a major global health concern. As bacteria evolve to build defences against medicine, the medical fraternity are finding it more difficult to treat infections that can become fatal. Antibiotic usage is known to reduce the diversity of gut microflora which then leads to compromised health. The use of antibacterial cleaning products and antibiotics in animal husbandry and agriculture has also raised concerns about children’s physical resilience Orzech & Nichter. A link between the excessive use of antibiotics with childhood obesity and other long-term conditions is also a cause for concern Cullen.

While research into resilience has amplified, many of us still live in what some would describe as a ‘risk averse’ society. The challenge we need to consider is how best to marry our ‘risk consciousness’ with what is best for the resilience of our children, psychologically and physically.

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**REFERÊNCIAS**


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Abstract

A brief exploration of resilience and child development is presented. The concepts of resilience and ‘risk competence’ are elaborated on along with some of the practice implications of these with respect to child care and wellbeing. Questions are raised regarding managing childhood risks while at the same time enabling children to become capable in assessing and handling risks themselves.

Keywords: resilience, risk competence, child development.