

บทความวิชาการ

Resilience and Depressive Symptoms in Thai Adolescents

Kanok-on Chaowiang*

Thanapol Bundasuk **

Saowaluk Tuntisuwitwong**

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Abstract

Resilience and depressive symptoms are important in Thai adolescents as they are related to suicide. Recent research confirm that resilience has negative association with depressive symptoms. Several researchers tried to foster resilience in adolescents, since they believe that it is one of the best ways to prevent depressive symptoms. The purpose of this academic paper is to explain resilience and depressive symptoms in Thai adolescents. Literature from researchers in both Thailand and Western countries were reviewed. Resilience, a transcultural concept, is defined as the ability of individuals to become strong, happy, or successful again after a difficult situation or event; to withstand adversity and bounce back and grow despite life's downturns with good experience, determination, courage, flexibility, good mental health, and social competency in dealing with similar or more challenging experiences. In summary, resilience consists of three factors, namely individual, family, and social environment. Resilience has been associated with depression, self-esteem, negative thinking, and family relationships.

Keywords: Resilience, Thai Adolescence, Depression

*Instructor, Borommarajonani College of Nursing, Phraputhtabat E-mail: chaowiang@yahoo.com or Chaowiang2@gmail.com

** Instructor, Borommarajonani College of Nursing, Phraputhtabat



Introduction

Adolescence is a period of dramatic biological, psychological, and social human development. Furthermore, several unpleasant events, such as losing friends or parents, failing a subject, or being sexually or physically abused, and many others can happen anytime. This is also a time of increased risk for adolescents.

Generally, some adolescents successfully face difficult situations; other adolescents are overwhelmed by them. Those adolescents who effectively pass these events would grow from them. In other words, these adolescents exhibit resilience. In contrast, the adolescents who are overwhelmed by these negative life events often exhibit depression (Grothberg, 1999).

Nowadays, adolescents are more likely to experience depressive symptoms than in the past. The Youth Risk Behavior Survey (YRBS) (Division of adolescent and school health, 2018) reported that 17.2 % of adolescents had experienced depression and seriously attempted to commit suicide. The percentage of students who attempted to commit suicide in the past year increased significantly from 2007 through 2017. In addition, 7.4% had attempted suicide at least once in the preceding years. Obviously, the percentage of students who attempted suicide did not change significantly from 2007 through 2017.

In Thailand, the prevalence of major depressive disorder in youth found to be 11.5%. The trend of suicide in youth increased from 2017 (rate 4.9/ 100,000 cases) through 2018 (rate 5.33/100,000 cases) (Thai Department of Mental Health, 2017). The increasing prevalence of adolescent depressive symptoms deserves great attention from health providers including nurses, medical doctors, psychologists. Who should take immediate action to help them?

Various studies reported that resilience has been negatively associated with depressive symptoms

(Grothberg, 1999; Thai Department of Mental Health, 2017). Studying resilience is one way to deal with depressive symptoms in adolescents. It is important to know the relationship between resilience and depressive symptoms in Thai adolescents. This paper defines resilience and identifies factors associated with it. The relationship between resilience and depression. Association between resilience and other factors related to depression such as self-esteem, negative thinking, and family are respectively stated.

Definition of Resilience

Resilience is explored in many countries. However, cultures are different in each area. Studying resilience in various culture is very important in order to deeply understand how similar and different of it in each area.

In western countries, resilience was described in two ways, namely a process and individual's attributes to cope with negative life events. These two methods support each other to exhibit effective resilience. Cowen and Work (1988) found that adolescents have different attributes to cope with their negative events. They stated that adolescents who had high activity levels, good work, and academic records demonstrated self-understanding and the ability to reflect on changes in themselves when in the face of adversity.

Luthar (1991) described resilience as a complex construct involving interaction between adversity and an individual's internal and external protective factors. They also found that resilient individuals develop competencies that allowed them to overcome adversity. Nikki, Kulig, and Nowatzki (2003) described resilience as the human ability to bounce back from adversity.

Furthermore, the researcher (Nikki, Kulig, & Nowatzki, 2003) found that using effective coping



techniques, being adaptable and withstanding future adversities have been identified as skills necessary for resilience. Olsson, Bond, Burn, Vella-Brodrick, and Sawyer (2003) defined resilience as a dynamic process of adaptation of human in unpleasant events by involving interaction between a range of risks and protective factors from the individuals to the social.

Studies of resilience from several western countries can be grouped into two categories: those that considered resilience to be a trait of individuals, and those that considered resilience to be a process in which individuals' recover from adversity.

Studying resilience from opposite area of western countries are also revealed. Studying resilience in Thailand is represent knowledge from eastern countries.

In Thailand, resilience is explained in three aspects, namely: precursors are internal, external, and social factors; there is a process to make a solution; and outcomes are functioning well both socially, and academically. Jirachayaporn and Chetchaovalit (2015) described resilience as traits for adjustment to an excellent life. Chongruksa and Prinyapol (2019) concluded that resilience factors consisted of external supports and resources, internal strengths, and social and interpersonal skills, which help them to be able to minimize, overcome, or prevent the negative effects of adversities and still function well socially and academically.

The studies of resilience in Thailand and the western countries have pretty similar definitions. In sum, resilience is an ability of individuals to transform negative life events into a growth experience with flexibility, good mental health, and social competency, by one's own contribution to that process.

Therefore, it proved that resilience in Thailand, the eastern country, and resilience in the western countries showed almost similar definition. However, Thai studies

presented more detail of resilience's components including internal strength, external support or resources, and social skills or interpersonal skills. The western studies revealed two components of resilience consisting of individual protective factors and external protective factors. In conclusion, it showed that resilience is transcultural concept, worldwide.

Factors of resilience

One definition of adolescents' resilience is attributions to cope with their negative events. Several factors are considered as causes of resilience attributes. Resilience factors mean causes that enable people in adversity to reach effective solutions, recover a healthy phase, and grow from their negative events.

Factors of resilient normally grouped into two categories, such as: I am, I have, and I can; and risks and protective factors. Grotberg (1999) classified resilience factors into three factors. Those consist of I have, I am, and I can. I have means supports around each individual to promote resilience, such as trusting relationships, role model, and encouragement for autonomy and independence. I am means encouragement in developing the inner strengths of confidence, self-esteem, and responsibility. I can mean acquisition of interpersonal and problem-solving skills. In Thailand, most of studies on resilient based on Grotberg's theory (Ninthchan, Orathai, & Jenpanichwisuthiphan, 2014; Jirachayaporn & Chetchaovalit, 2015).

In the western countries, for example, Rutter (1987) classified resilience into two factors: "risk and protective". The researcher found that risk factors can be changed to risk situations and these situations motivate some individuals to exhibit resilience. Furthermore, he found that protective factors were highly robust predictors of resilience and likely to play a crucial role in the

processes involved in individuals' response to risk circumstances.

Those two groups of resilient factors from Thailand and western countries have some agreement in the content of each factor, so in this article, resilience factors are grouped into three factors, namely individual, family, and social environmental factors. Details of three factors are consecutively presented.

Individual factors

Individual factors define as internal characteristic helping people effectively pass terrible experiences. Individual factors consist of personal attributes, communication skills, intelligence, problem solving skills, and sociability.

Personal attributes associated with resilience include tolerance of negative events, self efficacy, self esteem, internal locus of control, sense of humor, hopefulness, strategies to deal with stress, enduring set of values, balanced perspective on experience, malleable and flexible, fortitude, conviction, tenacity, and resolve (Jacelon, 1997, Olsson, Bond, Burn, Vella-Brodrick, & Sawyer, 2003, Jirachayaporn & Chetchaovalit, 2015). For people to become resilient, they must feel that they have the ability to cope with negative events and then meet effectively their new challenges. Therefore, their positively personal attributes would be good buffer in protecting them from failure and find their successful solution.

Communication skills include developed language and advanced reading. Communication skills serve as an individual barrier to adversity. People in severe stress usually try to solve terrible events. It is easy for them to quickly cope with their negative events, when they have effective communication skills. People who have these two useful skills can effectively ask for help and

successfully solve their negative events because they have alternative ways (Jirachayaporn & Chetchaovalit, 2015).

Intelligence includes academic achievement approaches developed in the course of growth and development. Academic achievement means people's ability to lead them to success in their studies. Academic achievement presents people's traits such as self-control, perseverance, and aspiration. Furthermore, academic achievement also presents coping mechanism with academic stressors such as complicated methods of teaching, overwhelming academic assignment, and examination. Therefore, people having academic achievement have the ability to recover from academic stressful events.

Problem solving skills refer to the ability to assess the nature of the problems, decide what they need to do to resolve them and seek help from others. Individuals can negotiate solutions with others and may find creative or humorous solutions. They would have persistence to deal with problems until they are solved (Somchit, 1998). Problem solving also promotes resilience.

Sociability refers to a characteristic which people are responsive to others and make positive attachment with others. In this factor, people have insight in to their temperament, for example, how active, impulsive, and risk-taking; or quiet, reflective, and cautious they are into the temperament of others (Songprakun, & McCann, 2012, and Somchit, 1998). This helps people know how fast to move into action, how much time is needed to communicate, and how much they can accomplish an action in various situations.

Furthermore, making positive attachments or seeking trusting relationships to others are also sociability. People can find someone such as a parent, a teacher, or a friend to ask for help, to share feelings and concerns, to explore

ways to solve personal and interpersonal problems, or to discuss life conflicts (Thanoi, Phanchaoenworakul, Thompson, Panitrat, & Nityasuddhi, 2010). This characteristic presents a way that helps people to rebound after facing problems.

Family factors

Family factors, for young people, remain crucial resilience factors despite an emerging focus on the individual factors. Family factors help adolescents cultivate resilience. Many research show that family dynamics must be developed and sustained since they are positively related to resilience (Burn, 1994, Hunter & Chander, 1999, Olsson, Bond, Burn, Vella-Brodrick, & Sawyer, 2003, Ninthchan, Orathai, & Jenpanichwisuthiphan, 2014, Jirachayaporn & Chetchaovalit, 2015, and Chongruksa & Prinyapol 2019). Resilience in children depends on adult contribution to its promotion. In other words, resilience does not develop in a vacuum but within a context. As children become older, they appear to assume a larger role in the promotion of their own resilience. Family factors comprise of 1) close relationship including trust, encouraging autonomy, access to health care, and being a role model, 2) structure and rules.

Close relationships refer to relationships in the family, especially between parents and children. This relationship includes trusting relationships, encouraging their children to be autonomous, accessing to health care, education, welfare, and security services, and being a role model.

Trusting relationships refer to the relationship of parents to other family members. Children of all ages need unconditional love from their parents and primary care givers. This relationship helps children obtain a sense of love and trust, so they can give love and trust to others. Love and trust are basic human emotions. People who

have these two emotions can easily adapt themselves in unpredictable and complicated events, and can easily make close relationships with others, becoming therefore strong, independent and confident.

Encouraging autonomy refers to a method that parents, who encourage the children to do things by themselves and to seek help as needed, use to help their children become autonomous. They praise their children when they show autonomy, and help them to do things independently. Parents must be aware of a child's temperament, so they can adjust the speed and degree to which they encourage autonomy in the child. The goal is for children to learn how to deal with their problems by themselves.

Accessing to health care, education, welfare, and security services is important. Parents should seek out these services for their children to fulfill their needs, make them feel secure, and learn from experiences they cannot receive in their family. These factors will help people live their lives outside their homes and obtain a sense of protection and security.

Being a role model refers to family members who act in a way that shows the children desired and acceptable behaviors, both within the family and toward outsiders. These people demonstrate how to do things, such as dress, or ask for information, and encourage their children to imitate them. They are also models of morality and may introduce their children to religious customs. These ways offer children confidence to interact effectively with others.

Structure and rules, at home, refer to the rules and routines that parents expect their children to follow. Parents rely on their children to obey those rules. Rules and routines include tasks that children are expected to perform in the home. The limits and consequences of behaviors are clearly stated and understood. When rules

are broken, children are given time to understand what they did wrong, encourage to tell the parents what happened, punish or forgive when necessary, and reconcile with their parents in a due time. When the children follow the rules and routines, they are praised, thanked, or rewarded in one way or another. These ways help children learn how to happily stay within the rules.

Social environmental factors

Social environmental factors are an important avenue to promote resilience in people (Olsson, Bond, Burn, Vella-Brodrick, & Sawyer, 2003, Ninthchan, Orathai, & Jenpanichwisuthiphan, 2014, Jirachayaporn & Chetchaovalit, 2015, Chongruksa & Prinyapol, 2019). Social interaction can affect their developing resilience by promoting or impeding it. Because people must interact with their environment, they will have to face both positive and negative social interaction. Social environmental factors consist of socio-economic status, school experience, and supportive communities.

Socio-economic status is posited to lead resilience. Socio-economic status is related to social class, social justice and equality in any given society. Olsson, Bond, Burn, Vella-Brodrick, and Sawyer (2003) found that people from poor families usually exhibit adjustment problems in the form of confrontational behaviors. Their coping behaviors are usually aggressive and the outcome is not usually resilience. However, socio-economic has not been addressed as a resilience factor in Thai adolescents; instead, it is used in term of social factors (Ninthchan, Orathai, & Jenpanichwisuthiphan, 2014, Jirachayaporn & Chetchaovalit, 2015, and Chongruksa & Prinyapol, 2019).

School experiences are an important factor to boost resilience. People form their positive or negative traits in their childhood. This makes schools a vital system to

create resilience in young people, because people especially in their childhood spend up to a third of their waking hours in their schools. School experiences also involve a supportive peer relationship, positive teacher influence, and opportunities for success (Rutter, 1987, Werner, 1995, Ninthchan, Orathai, & Jenpanichwisuthiphan, 2014, Jirachayaporn & Chetchaovalit, 2015, Chongruksa & Prinyapol, 2019). These factors are positively related to people's resilience.

Supportive community is one of the most crucial resilience factors. The broader support from the community, neighborhood, region, and country may also play an important role for promoting resilience. The impact of a supportive community is positively related to developing resilience. A supportive community includes beliefs about the individual's stress, non-punishment, assistant resources, and values of a society. When people face unexpected and negative events, they are usually shocked and try to release their uncomfortable feelings. It is easy to do that, if they have a strongly supportive community. Therefore, they can certainly spring back and grow from their unpleasant situations. That is resilience.

Resilience and depression

Several studies (Khuannet, 2014, Sangon, Nintachan, & Kingkaew, 2018, and Songprakun, & McCann, 2012) reported that resilience has a negative association to depression. One of the important causes of depression is severe stressful events, such as loss of parents through death, severe conflict with girlfriends or boyfriends, parents' problems, separation through moving to distant places, failing a subject, sickness, not being able to join the team, being sexually or physically abused, being betrayed, or being humiliated (Grotberg, 1999). Highly stressful events can be considered as disasters in one's life. However, people can exhibit resilience when using

effective and positive coping mechanisms (Chaisang & Chaisang, 2017).

Wu, Hoven, Liu, Cohen, Fuller, and Shaffer (2004) presented that positive coping mechanisms could increase resilience, while depression is a result of negative coping mechanisms. Benjet, Wagner, Borges, and Medina-Mora (2004) also stated that adolescents who use negative coping mechanisms, such as alcohol abuse or cigarette use, usually exhibit depression or suicide attempt. This has been also reported by Chaisang and Chaisang (2017).

Moreover, Hurd (2004) found that an adolescent who had lost her father did not experience depression if she had a supportive person in her life, a strong self-concept, and positive thinking. Hurd's findings claimed that individual factors such as family or external factors can foster resilience in adolescents with depression. Grotberg (1999) also presented the model of the five building blocks of resilience to foster resilience in adolescents in order to prevent depression from them. She emphasized that resilience can be fostered in adolescents who have both protective and risk factors.

Chaisang and Chaisang (2017) stated that resilience should strength healthy adjustment to stressful life events rather than absence of risk factors. Therefore, resilience in adolescence can prevent ulterior disasters, and depressive symptoms (Phongto & Lueboonthavatchaail, 2014, Khuannet, 2014).

Resilience and others factors related to depression

It is confirmed that resilience negatively associated with depression. Then, to better understand this relationship, others important factors associating with depression including self-esteem, negative thinking, and family factors will be revealed for their relationship with resilience.

Resilience and self-esteem

Self-esteem is an internal sense that includes confidence in one's abilities and judgments. The major source of self-esteem is achievement. Self-esteem is not a fixed concept. It fluctuates whenever the self-concept is challenged by life transitions or crisis, illness, or changes in a status or a role. Studies confirm that resilience and self-esteem have positive relationship. Situations in which low self-esteem returns to high self-esteem develop resilience. Resilience and self-esteem are also the positive outcome of positive coping (Khuannet, 2014, Phongto & Lueboonthavatchaail, 2014).

Haase (2004) presented that resilience is a factor of quality of life, and is composed of sense of confidence, self-transcendence, and self-esteem. Hechtman (1991) also believed that self-esteem was a factor of resilience. Hechtman (1991) identified that resilience was several personal traits. It consists of positive temperament factors, activity, adaptability, social responsiveness, autonomy, and positive self-esteem. Khuannet (2014) also showed that self-esteem was one factor of resilience. Resilience is an antecedent of self-esteem.

In contrast, some studies reported that self-esteem was antecedent of resilience. This result means that both self-esteem and resilience are antecedence and results of each other. In other words, if a person has self-esteem, he or she can easily develop resilience.

Considering Rosenberg Self-esteem scale (Rosenberg, 1965), each item, such as I am satisfied with myself or I take a positive attitude toward myself, is similar to part of resilience individual factors. Individual factors consist of personal attributes, communication skills, intelligence, and sociability. Self-esteem is part of personal attributes. Therefore, self-esteem supports resilience. Then, when a person has resilience, he or she will fell successful and increase self-esteem. This process of developing self-esteem and resilience works like a cycle.



Resilience and negative thinking

According to various studies, negative thinking has a positive and strong relationship with depression. For example, Khuannet (2014) presented that adolescents who had depressive symptoms usually had negative thinking. Since depressive symptoms have negative relationship with resilience. Resilience should have negative relationship to negative thinking.

Even though studies about negative thinking and resilience are rare, there are studies about resilience and positive thinking or optimism. Major, Richards, Cooper, Cozzarelli, and Zubek (1998) claimed that resilience consisted of hardiness, optimism, dispositional humor, and positive coping patterns. Khuannet (2014) revealed that self-esteem, optimism, and control beliefs may be thought of as sources that contribute to a resilient personality. They also found that a person with a resilient personality had a positive view of himself or herself, a sense of control, and future outlook. Luthar (1991) and Colomba, Santiago, and Rossello (1999) also did not study about negative thinking and resilience, but claimed that resilience has a positive relationship with positive perception.

Colomba, Santiago, and Rossello (1999) studied coping strategies used by Puerto Rican adolescents. He found out that investing in family relationships and developing positive perception about life situations seemed to reduce depression or increase resilience. Luthar (1991) studied high risk students and resilience. It was found that the people rank situations as negative because of their adjustment on them. If they can adjust to those situations, this implies that they have positive thinking.

Resilience and family relationship

Adolescents' relationships with their families provide them with a good identity and behaviors (Ninthchan, Orathai, & Jenpanichwisuthiphan, 2014,

Jirachayaporn & Chetchaovalit, 2015, and Chongruksa & Prinyapol, 2019). Even in families that face difficult situations, adolescents can maintain a positive identity, be strong and optimistic in facing challenges confronting them. Furthermore, many studies showed that adolescent learn valuable skills through interactions with their caregivers that are necessary for maintaining their healthy lives.

Ungar (2004) found that adolescents in families that gave them more mature roles and let them practice some skills with independence would effectively cope with difficult situations in their lives.

In contrast, Dishion and McMahon (1998) illustrated that monitoring or parents' supervision was accomplished as part of a proactive parenting style that anticipate adolescents' needs.

This psychologically controlling behavior style has been associated with adolescents' negative emotional growth and kept them to being dependent on one or both parents. Therefore, higher levels of monitoring are a cause of a psycho mental health problem, such as anxiety, depression, and delinquency (Ungar, 2004). It was confirmed that some families exert an influence on the patterns of behaviors and resilience in adolescence (Rutter, 1987, Ungar, 2004).

Similarly, Tuttle, Landau, Stanton, King, and Frodi (2004) studied the association between family and sexual behavior of young women. They found that young women who perceived their connection with previous generations in a resilient light tended to be more individuated and report less risky sexual behaviors. Furthermore, they suggested that family interventions should reduce sexual risk taking and enhance positive health behaviors.

Tuttle, Landau, Stanton, King, and Frodi (2004) revealed that better family functioning had a resource

effect, but no protective effect. In addition, resilient youth tend to live in higher-functioning families and receive more guidance and supervision from their parents and other adults in the family. They emphasized that parents can be taught to maximize the potential of existing external protective factors and to nurture the internal protective factors of each adolescent. Hurd (2004) studied teenager resilience as well as healthy mourning and found that effective external protective factors are rooted in the quality of family life.

Discussion

This academic paper on resilience and depressive symptoms in Thai adolescents presented definitions of resilience in both Thailand, eastern country, and western countries' adolescents. Even though they are from different in cultural backgrounds, the definitions of resilience in different area are pretty similar. This finding confirm that concept of resilience is a transcultural concept.

Resilience consists of both traits and process that are important in adolescents to effectively cope with difficult situations. It consists of individual, family, and social environmental factors.

Some adolescents who experiences stressful situations may exhibit depressive symptoms if they use negative coping mechanisms. Several studies confirmed that resilience has a strong and negative association with depressive symptoms, thus, it is a protective factor of depressive symptoms.

Various researchers suggested that resilience should be used as a way to prevent adolescents from negative behaviors, especially depressive symptoms.

Self-esteem is clearly known to have strong and negative association with depression. Therefore, it has a positive association with resilience. Many studies show

that self-esteem and resilience are antecedents and outcomes of each other. If one is fostered, the other will also occur. Self-esteem is considered on an individual resilience factor.

Also, many studies confirm that negative thinking was a risk factor of depressive symptoms. There is little research studies on negative thinking and resilience, but there is much more on resilience, positive thinking, optimism, adjustment, and positive emotion. Some studies claimed that positive thinking, optimism, adjustment, and a positive emotional have positive association with resilience but had negative association with depression.

Resilience had an association with family relationships. Families included functioning of family and family members. Adolescents could learn coping strategies and develop their characteristics from their families both directly and indirectly. The process of building resilience in adolescents may occur in their families. A family is considered as a crucial protective factor of resilience. Therefore, resilience, depressive symptoms, negative thinking, and family relationship are associated with each other; interact with one another; and then their interaction might increase or decrease an association level.

Summary and Conclusion

The combination of resilience including individual, family, and social/environmental factors and family support exerted on Thai adolescent can foster self-esteem and decrease negative thinking and depression, making the adolescent healthy and strong, able to withstand any kind of life pressure.

Suggestion

The association among resilience, depressive symptoms, self-esteem, negative thinking, and family relationship should be studied to clearly understand



resilience in Thai adolescents with depression. Then, promoting resilience in order to prevent depression is needed.

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