

# The resilience of adolescents in the time of the Covid-19 pandemic

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## Abstract

*The Coronavirus pandemic has had major consequences on all affected populations, adolescents are among those who have paid the highest price, manifesting anxiety, depression, distress, stress and a sense of uncertainty. An entirely legitimate response which, however, has not been elaborated and experienced by all adolescents in the same way: in fact, if someone has proved capable of facing the effects of the pandemic with functional adaptability, many others have allowed themselves to be overwhelmed by this particular and unpredictable condition. The aim of this work is to try to understand why adolescents have shown different resilience capacities in order to propose specific educational actions, at a preventive and intervention level, aimed at enabling them to face not only the consequences of the pandemic, but also any other traumatic event.*

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La pandemia da Coronavirus ha determinato conseguenze importanti su tutte le popolazioni colpite e gli adolescenti sono tra coloro che hanno pagato il prezzo più alto, manifestando ansia, depressione, angoscia, stress e senso di incertezza. Risposte del tutto lecite che, però, non sono state elaborate e vissute da tutti gli adolescenti allo stesso modo: infatti, se qualcuno si è dimostrato capace di affrontare gli effetti della pandemia con funzionale adattabilità, molti altri si sono lasciati travolgere da questa particolare ed imprevedibile condizione. Obiettivo del presente lavoro è cercare di comprendere perché gli adolescenti abbiano mostrato capacità di resilienza diverse al fine di proporre specifiche azioni educative, a livello preventivo e di intervento, finalizzate a renderli capaci di fronteggiare non solo le conseguenze della pandemia, ma anche qualsiasi altra evento traumatico.

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Keywords: Coronavirus pandemic, adolescents, resilience, prevention, intervention

Parole chiave: pandemia da Coronavirus, adolescenti, resilienza, prevenzione, intervento

## 1. The effects of the Covid-19 pandemic on adolescents

The Coronavirus (Covid-19) pandemic, which began in China in December 2019 and then spread rapidly around the world, has prompted most world leaders to take specific measures to try to contain and control the spread of the virus, such as social distancing, physical distancing and mass quarantine. This was necessary because, right from the start, the World Health Organization highlighted the high number of infected subjects, the rapid and incessant spread of the virus and also the large number of deaths related to it. The whole world, therefore, has been faced with a total blockade that has imposed the stay at home of all citizens, as well as the closure of schools, recreational places, shopping centres and any other type of activity. After the total lockdown in the spring of 2020, there has been a whole series of more or less partial closures and restrictive measures aimed at trying to stem the spread of the virus. The pandemic has had important consequences for all affected populations. In fact, there are numerous studies that have dealt with the effects of quarantine in subjects who have been victims and that have highlighted how, in the short and long post-quarantine period, they have manifested important consequences in terms of physical (increase in deficits in the immune system, heart disease, neurocognitive disorders, etc.) and mental health (emotional disorders, anguish, stress, depression, anxiety, sleep disorders, bouts of anger, manifestation of obsessive compulsive behaviours)<sup>1</sup>. Just

<sup>1</sup> Cfr. World Health Organization, *Mental health and COVID-19*, <https://www.who.int/teams/mental-health-and-substance-use/covid-19>; G.J. Rubin - S. Wessely, *The psychological effects of quarantining a city*, in «Bmj», 368:m313 (2020), pp. 1-2; S. Galea - R.M. Merchant - N. Laurie, *The mental health consequences of Covid-19 and physical distancing: the need for prevention and early intervention*, in «JAMA Internal Medicine», 6 (180/2020), pp. 817-818; S.K. Brooks - R.K. Webster - L.E. Smith - L. Woodland - S. Wessely - N. Greenberg - G.J. Rubin, *The psychological impact of quarantine and how to reduce it: rapid review of the evidence*, in «Lancet», 395 (2020), pp. 912-920; W. Cullen - G. Gulati - B.D. Kelly, *Mental health in the COVID-19 pandemic*, in «QJM: Monthly Journal of the Association of Physicians», 5 (113/2020), pp. 311-312; R. Tandon, *COVID-19 and mental health: preserving humanity*,

as the tendency to engage in inappropriate behaviour (smoking, alcohol or substance abuse, domestic violence, avoidance behaviours, etc.) also seems to have increased. The mental health and well-being of children, adolescents, young people, adults and the elderly have therefore been seriously affected by the Coronavirus health emergency, causing a profound change in the balance and routines of those who have been victims. Teenagers are among those who have paid the highest price of the pandemic because schools and recreational activities have closed before the offices and work activities of adults, as a result, every social system has failed. And this has occurred in a particular phase of the life cycle that should be characterized by the exploration of the outside world, by the search for autonomy and independence, by the need to make new experiences, by the need to build meaningful relationships even outside one's family of origin, by giving importance to values such as openness to change, from the reconnaissance of projects for the future, etc.<sup>2</sup> Having been victims of such drastic and painful decisions has led adolescents to change their habits and routines, thus making them perceive a strong sense of disorientation. Although some studies have found the presence of responsible and appropriate behaviours and attitudes on the part of adolescents, in reality, it would seem that they have experienced and are still experiencing a situation of generalized malaise<sup>3</sup>. International studies have shown that

*maintaining sanity, and promoting health*, in «Asian Journal of Psychiatry», 51 (2020), pp. 1-3; J. Li - Z. Yang - H. Qiu - Y. Wang - L. Jian - J. Ji - K. Li, *Anxiety and depression among general population in China at the peak of the COVID-19 epidemic*, in «World Psychiatry», 2 (19/2020), pp. 249-250; E.S. Erbiçer - A. Metin - A. Çetinkaya - S. Şen, *The relationship between fear of COVID-19 and depression, anxiety, and stress*, in «European Psychologist», 4 (26/2022), pp. 323-333; D. Szcześniak - A. Gładka - B. Misiak - A. Cyran - J. Rymaszewska, *The SARS-CoV-2 and mental health: from biological mechanisms to social consequences*, in «Progress in Neuro-Psychopharmacology and Biological Psychiatry», 104 (2021), pp. 1-9; L. Pancani - M. Marinucci - N. Aureli - P. Riva, *Forced social isolation and mental health: a study on 1.006 italians under COVID-19 lockdown*, in «Frontiers in Psychology», 12 (2021), pp. 1-10; S. Mahmud - M. Mohsin - M.N. Dewan - A. Mueyed, *The global prevalence of depression, anxiety, stress, and insomnia among general population during COVID-19 pandemic: a systematic review and meta-analysis*, in «Trends in Psychology», 31 (2023), pp. 143-170.

<sup>2</sup> Cfr. A. Palmonari, *Psicologia dell'adolescenza*, Il Mulino, Bologna 2011.

<sup>3</sup> Cfr. B. Oosterhoff - C.A. Palmer - J. Wilson - N. Shook, *Adolescents' motivations to engage in social distancing during the COVID-19 pandemic: associations with mental and social health*, in «Journal of Adolescent Health», 2 (67/2020), pp. 179-185; P. Musso - R. Cassibba, *Adolescenti in tempo di COVID-19: dalla movida alla responsabilità*, in «Psicologia Clinica dello Sviluppo», 2 (24/2020), pp. 191-194; M. Paulsen - A.Z. Scharff - K. de Cassan - R.I. Sugianto - C. Blume - H.B.D. Eng - M. Christmann - C. Hauß - T. Illig - R. Jonczyk - N. Klopp

the stressful situation that characterized the pandemic has brought out in young people fears and frustrations related not only to the disease, but also to the consequences that it can determine from multiple points of view both for themselves and for their family<sup>4</sup>. The restrictive measures, then, forced young people to spend many hours in front of the screens with a consequent reduction in their physical activity. In fact, daily routines have also been strongly influenced, leading, for example, on the one hand to a greater number of hours of sleep, on the other hand to disturbances in the quality of the same. Studies at the national level also underline the presence among adolescents of a growing multidimensional discomfort that manifests itself at different levels. Research conducted by the University of Palermo<sup>5</sup> indicates that during the first lockdown adolescents experienced feelings of anxiety and discomfort, low levels of optimism and low expectations for the future. Similarly, another study conducted by the University of Parma found high levels of sadness, especially in the 14-19 age group. In particular, it would seem that females more than males and adolescents

- V. Kopfnagel - R. Lichtinghagen - H. Lucas - A. Luhr - F. Mutschler - T. Pietschmann - P.C. Pott - J. Prokein - P. Schaefer - F. Shahl - N. Stanislawski - J. Von der Born - B.M.W. Schmidt - S. Heiden - M. Stiesch - N. Memaran - A. Melk, *Children and adolescents' behavioral patterns in response to escalating COVID-19 restriction reveal sex and age differences*, in «Journal of Adolescent Health», 3 (70/2022), pp. 378-386.

<sup>4</sup> Cfr. R. Francisco - M. Pedro - E. Delvecchio - J.P. Espada - A. Morales - C. Mazzeschi - M. Orgilés, *Psychological symptoms and behavioral changes in children and adolescents during the early phase of COVID-19 quarantine in three European countries*, in «Frontiers in Psychiatry», 11 (2020), pp. 1-14; S. Kapetanovic - S. Gurdal - B. Ander - E. Sorbring, *Reported changes in adolescent psychosocial functioning during the COVID-19 outbreak*, in «Adolescents», 1 (1/2021), pp. 10-20; M.S. Amran, *Psychosocial risk factors associated with mental health of adolescents amidst the COVID-19 pandemic outbreak*, in «International Journal of Social Psychiatry», 1 (68/2022), pp. 6-8; S. Singh - M.D. Roy - C.P.T.M.K. Sinha - C.P.T.M.S. Parveen - C.P.T.G. Sharma - C.P.T.G. Joshi, *Impact of COVID-19 and lockdown on mental health of children and adolescents: a narrative review with recommendations*, in «Psychiatry Research», 293 (2020), pp. 113-429; M.E. Loades - E. Chatburn - N. Higson-Sweeney - S. Reynolds - R. Shafran - A. Brigden - C. Linney - M.N. McManus - C. Borwick - E. Crawley, *Rapid systematic review: the impact of social isolation and loneliness on the mental health of children and adolescents in the context of COVID-19*, in «Journal of the American Academy of Child Adolescent Psychiatry», 11 (59/2020), pp. 1218-1239; C. Park - A. Majeed - H. Gill - J. Tamura - R.C. Ho - R.B. Mansur - F. Nasri - Y. Lee - J.D. Rosenblat - E. Wong - R.S. McIntyre, *The effect of loneliness on distinct health outcomes: a comprehensive review and meta-analysis*, in «Psychiatry Research», 294 (2020), pp. 113-514.

<sup>5</sup> S. Ingoglia, A. Lo Coco (2020), *I CARE - Impegno civico, atteggiamenti e fattori individuali e sociali di reazione durante e dopo l'emergenza da COVID-19*, <https://www.unipa.it/Progetto-di-ricerca-UniPa-I-CARE---Impegno-Civico-Atteggiamenti-e-fattori-individuali-e-sociali-di-Reazione-durante-e-dopo-lEmergenza-da-COVID-19>.

more than pre-adolescents are particularly sensitive to the negative effects of the pandemic<sup>6</sup>. Further research has found in adolescents frustration, melancholy, boredom, loneliness, lack of their affections, circadian rhythm reversal, irritability, mood disorders, obsessive-compulsive and eating disorders, strong disinterest in daily activities, mental health problems (for example, phobias, depressive states, self-injurious behaviors, suicidal ideations and suicide attempts), general psychological malaise<sup>7</sup>.

The different restrictive measures and more or less total lockdowns have also led adolescents to spend much more time at home, to surf the Net a lot, to use all those technological devices that allowed them in some way to stay in touch with the external reality and, at the same time, also offered them the possibility of making time flow. All these new habits related to the use of technology and the Internet seem to have also increased the risk

<sup>6</sup> Cfr. S. Esposito - N. Giannitto - A. Squarcia - C. Neglia - A. Argentiero - P. Minichetti - N. Principi, *Development of psychological problems among adolescents during school closures because of the COVID-19 lockdown phase in Italy: a cross-sectional survey*, in «Frontiers in Pediatrics», 8 (2021), p. 975.

<sup>7</sup> Cfr. Telefono Azzurro, *Coronavirus. L'indagine di Telefono Azzurro e Doxa*, <https://azzurro.it/press/coronavirus-lindagine-telefono-azzurro-e-doxa>; G. Catone - V.P. Senese - A. Gritti, *Effetti psicologici e sulle abitudini di vita della pandemia da COVID-19 e delle misure restrittive in un campione di studenti: dati preliminari*, in «Giornale di Neuropsichiatria dell'Età Evolutiva», 2 (40/2020), pp. 66-72; F. Bearzi - A.L. Menga - E. Orezzi - S. Recchi - S. Colazzo, *Il mondo della pandemia raccontato dagli adolescenti*, Armando editore, Roma 2020; P. Musso - R. Cassibba, *Adolescenti in tempo di Covid-19...*, cit., pp. 191-194; R. Saulle - S. Minozzi - L. Amato - M. Davoli, *Impatto del distanziamento sociale per COVID-19 sulla salute fisica dei giovani: una revisione sistematica della letteratura*, in «Recenti Progressi in Medicina», 5 (112/2021), pp. 347-359; S. Muzi - A. Sansò - C.S. Pace, *What's happened to Italian adolescents during the COVID-19 pandemic? A preliminary study on symptoms, problematic social media usage, and attachment: relationships and differences with pre-pandemic peers*, in «Front Psychiatry», 12 (2021), pp. 1-11; F. Nearchou - C. Flinn - R. Niland - S.S. Subramaniam - E. Hennessy, *Exploring the impact of COVID-19 on mental health out-comes in children and adolescents: a systematic review*, in «International Journal of Environmental Research and Public Health», 17 (2020), pp. 1-19; O. Ezeoke - M. Kanaley - D. Brown - O.R. Negriz - R. Das - C. Kim - A. Brewer - L. Lombard - R.S. Gupta, *The impact of COVID-19 on adolescent wellness*, in «Pediatrics», 147 (2021), pp. 224-225; Centro Nazionale di Documentazione e Analisi per l'Infanzia e l'Adolescenza, *Covid-19 e adolescenza*, [https://famiglia.governo.it/media/2362/covid-e-adolescenza\\_report\\_maggio2021.pdf](https://famiglia.governo.it/media/2362/covid-e-adolescenza_report_maggio2021.pdf); A.H. Ebrahim - A. Dhahi - M.A. Husain - H. Jahrami, *The psychological well-being of university students amidst COVID-19 pandemic: scoping review, systematic review and meta-analysis*, in «Sultan Qaboos University Medical Journal», 22 (2022), pp. 179-197; E. Comodari - V.L. La Rosa, *Riflessioni sull'impatto della Pandemia da COVID-19 sul benessere psicologico degli studenti universitari: una rassegna della letteratura*, in «Annali della facoltà di Scienze della formazione. Università degli studi di Catania», 21 (2022), pp. 17-26.

that young people no longer feel the need to leave home because they are now fully adapted to the *new lifestyle* that *makes them safe*. An expression that does not refer only to the domestic walls, but also to interpersonal and affective relationships that become increasingly reduced and exclusive.

Moreover, among these subjects the cases of early school leaving seem to have significantly increased because for those who before the lockdown were considering the possibility or not of leaving school or began to perceive disinterest and malaise towards the latter, the arrival of forced isolation has chosen for them creating the conditions for them to temporarily leave the school system. The problem is that even after the end of the quarantine these children no longer felt the need to return to school because they are now well adapted to the new lifestyle that has allowed them to carry out a whole series of rewarding experiences, but incompatible with school attendance (sleeping late, watching TV without limits, having plenty of time available for your hobbies and interests, etc.). On early school leaving, in addition to forced isolation, parents' attitude towards school and Distance learning (DaD) also seem to have played an important role. In relation to the first aspect, an attitude of hypoinvestment on the part of parents towards school, characterized by underestimating the formative and evolutionary value of the study, has done nothing but confirmed in adolescents the idea that school was useless and that, therefore, not attending it they would not have missed anything. With reference to DaD, some research shows that about 38% of students attribute a negative connotation to it due to the difficulty in concentrating and the difficulties caused by technical connection problems<sup>8</sup>. The same research has also found that many teens report feeling tired, uncertain, worried, irritable, anxious, disoriented, nervous, apathetic, and discouraged. Negative emotions and feelings that some talk about mostly with family and/or friends, while others keep them inside without sharing them with anyone. On this last aspect, some scholars point out that many adolescents have perceived

<sup>8</sup> Cfr. Save the Children, *Riscriviamo il futuro - Dove sono gli adolescenti? La voce degli studenti inascoltati nella crisi*, [https://s3.savethechildren.it/public/files/uploads/pubblicazioni/riscriviamo-il-futuro-rapporto-6-mesi\\_1.pdf](https://s3.savethechildren.it/public/files/uploads/pubblicazioni/riscriviamo-il-futuro-rapporto-6-mesi_1.pdf); G. Mascheroni - M. Saeed - M. Valenza - D. Cino - T. Dreesen - L.G. Zaffaroni - D. Kardefelt-Winther, *La didattica a distanza durante l'emergenza COVID-19: l'esperienza italiana*, Centro di Ricerca Innocenti dell'Unicef, Firenze 2021; J. Lee, *Mental health effects of school closures during COVID-19*, in «The Lancet. Child & Adolescent», 4 (6/2020), p. 421; N. Patrizi, *La DaD ai tempi della pandemia da COVID-19*, in M. Smeriglio - N. Patruzi, *Didattica a distanza e didattica emergenziale. Le ragioni di un equivoco concettuale (teorico-operativo)*, Trepress, Roma 2022, pp. 13-26.

the relationship with their parents as “flattened”, during the various lockdowns, that is, they have perceived it as less supportive on an emotional level<sup>9</sup>.

Although many teenagers assert that having been forced to live in a world of only virtual meetings has made them rediscover the value of the “live” relationship with peers, many others declare that they have understood that going out is not so important and that you can maintain relationships online. Still others, however, point out that their ability to socialize has suffered negative repercussions and that their friendships have been put to the test, as a result, their mood has been strongly compromised<sup>10</sup>. Looking to the future, only a few think that everything will return as before, most believe that they will continue to be afraid<sup>11</sup>. From what has been said so far, it clearly emerges that states of anxiety and depression, anguish, stress and a sense of uncertainty are certainly legitimate responses that adolescents have been able to manifest in an unpredictable situation such as that of the Coronavirus pandemic. These responses, however, have not been perceived, processed and experienced by all adolescents in the same way:

<sup>9</sup> Cfr. M.H. Donker - S. Mastrotheodoro - S. Branje, *Development of parent-adolescent relationships during the COVID-19 pandemic: the role of stress and coping*, in «Developmental Psychology», 10 (57/2021), pp. 1611-1622; E. Canzi - L. Ferrari - G. Lopez - F. Danioni - S. Ranieri - M. Parise - A. Pagani - D. Barni - S. Donato - A. Bertoni - G. Rapelli - R. Iafrate - M. Lanz - C. Regalia - R. Rosnati, *Genitori durante l'emergenza COVID-19: stress percepito e difficoltà emotive dei figli*, in «Abuso e maltrattamento», 1 (23/2021), pp. 29-46; A.L. Murphy - K.R. Bush - J.E. Jurasek, *Parent-child/adolescent relationships during the COVID-19 pandemic*, in H. Selin (ed.), *Parenting Across Cultures. Childrearing, motherhood and fatherhood in non-Western cultures*, Springer, Berlino 2022, pp. 367-384; T.V. Vu - X.T.K. Nguyen - T.T.T. Vu - V.L.T. Chi, *Parent-adolescent conflict during the COVID-19 pandemic*, in «Studies on Ethno-Medicine», 3-4 (16/2022), pp. 106-113; B. Forresi - L. Giani - S. Scaini - G. Nicolais - M. Caputi, *The mediation of care and overprotection between parent-adolescent conflicts and adolescents' psychological difficulties during the COVID-19 pandemic: which role for fathers?*, in «International Journal of Environmental Research and Public Health», 3 (20/2023), p. 1957.

<sup>10</sup> Cfr. W.E. Ellis - T.M. Dumas - L.M. Forbes, *Physically isolated but socially connected: psychological adjustment and stress among adolescents during the initial COVID-19 crisis*, in «Canadian Journal of Behavioural Science/Revue canadienne des sciences du comportement», 3 (52/2020), pp. 177-187; V. Cauberghe - I. Van Wesenbeeck - S. De Jans - L. Hudders - K. Ponnet, *How adolescents use social media to cope with feelings of loneliness and anxiety during COVID-19 lockdown*, in «Cyberpsychology, Behavior, and Social Networking», 4 (24/2021), pp. 250-257; J. Stuart - K. O'Donnell - A. O'Donnell - R. Scott - B. Barber, *Online social connection as a buffer of health anxiety and isolation during COVID-19*, in «Cyberpsychology, Behavior, and Social Networking», 8 (24/2021), pp. 521-525.

<sup>11</sup> Cfr. Centro Nazionale di Documentazione e Analisi per l'Infanzia e l'Adolescenza, *Covid-19 e adolescenza*, cit.

in fact, if someone has shown himself capable of facing the effects of the pandemic with functional adaptability, many others have let themselves be overwhelmed by this particular and unpredictable condition. This extremely functional ability to know how to face and overcome a traumatic event or a period of difficulty, is called resilience.

## 2. Resilience of adolescents in times of the pandemic

Resilience is the ability of the individual to cope with any traumatic event, temporary or chronic, restoring the psycho-physical balance prior to the trauma and, in some cases, improving it. It is a dynamic process in which a successful adaptation to stressful life situations is successfully realized despite the experience of adversity and significant first-hand experienced trauma<sup>12</sup>. This functional adaptation presupposes the involvement of the person in his bio-psycho-social entirety, together with cultural and contextual factors. According to J. W. Reich's<sup>13</sup> "3 Cs" model, resilience consists of three fundamental components: control, coherence, and connection. Control allows the individual to implement problem-oriented strategies, to seek different solutions and alternatives of behaviour, and to maintain control over their lives. Coherence is expressed in finding a meaning to what has happened because the subject recognizes and grasps the positive effects of the situation. Finally, connection refers to people's ability to come together, seek out others, and establish bonds: social support helps to have hope. L. Y. Saltzman and collaborators<sup>14</sup> emphasize that we must not forget that social support has always played a key role in the well-being of the individual who, faced with the most disparate problem situations, seeks greater closeness with the people who constitute an im-

<sup>12</sup> Cfr. M.D. Seery - E.A. Holman - R.C. Silver, *Whatever does not kill us: cumulative lifetime adversity, vulnerability, and resilience*, «Journal of Personality and Social Psychology», 6 (99/2010), pp. 1025-1041; S.S. Luther - D. Cicchetti, *The construct of resilience: implications for interventions and social policies*, in «Development and Psychopathology», 4 (12/2000), pp. 857-885; C.D. Bethell - N. Gombojav - M. Solloway - L. Wissow, *Adverse childhood experiences, resilience and mindfulness-based approaches*, in «Child & Adolescent Psychiatric Clinics», 2 (25/2016), pp. 139-156.

<sup>13</sup> Cfr. J.W. Reich - A.J. Zautra - J.S. Hall (eds.), *Handbook of Adult Resilience*, Guilford Press, New York 2010.

<sup>14</sup> Cfr. L.Y. Saltzman - T.C. Hansel - P.S. Bordnick, *Loneliness, isolation, and social support factors in post-COVID-19 mental health*, in «Psychological Trauma: Theory, Research, Practice, and Policy», 12(s1) (2020), pp. s55-s57.



portant support. That is, social support and interpersonal relationships are both protective factors for the psychophysical well-being of individuals and predictive factors of resilience and adaptation following disastrous events of various kinds. The reference literature has highlighted that, faced with difficulties, subjects with higher levels of resilience are used to manifest more positive adaptive behaviours than those with lower levels<sup>15</sup>.

In addition, resilience has been shown to be a crucial factor that mediates on the impact of psychological maltreatment, on the manifestation of emotional and behavioural problems<sup>16</sup> and protects against the onset of psychiatric disorders<sup>17</sup>. A vast line of research emphasizes the importance of an individual's resources with respect to their own capacity for self-repair for survival, that is, it highlights the role of protective factors at the individual and contextual level<sup>18</sup>. The basic assumption is that protective factors can modulate the negative influence of risk factors by predicting an interaction between the two orders of factors and not a substitution. Some scholars<sup>19</sup> believe that protective factors can be traced back to:

<sup>15</sup> Cfr. L. Peng - J. Zhang - M. Li - P. Li - Y. Zhang - X. Zuo - Y. Miao - Y. Xu, *Negative life events and mental health of Chinese medical students: the effect of resilience, personality and social support*, in «Psychiatry Research», 1 (196/2012), pp. 138-141; T. Hu - D. Zhang - J. Wang, *A meta-analysis of the trait resilience and mental health*, in «Personality and Individual Differences», 76 (2015), pp. 18-27.

<sup>16</sup> Cfr. G. Arslan, *Psychological maltreatment, emotional and behavioral problems in adolescents: the mediating role of resilience and self-esteem*, in «Child Abuse & Neglect», 52 (2016), pp. 200-209; C.D. Bethell - P. Newacheck - E. Hawes - N. Halfon, *Adverse childhood experiences: assessing the impact on health and school engagement and the mitigating role of resilience*, in «Health Affairs», 12 (33/2014), pp. 2106-2115.

<sup>17</sup> Cfr. M. Skrove - P. Romundstad - M.S. Indredavik, *Resilience, lifestyle and symptoms of anxiety and depression in adolescence: the Young-HUNT study*, in «Social Psychiatry and Psychiatric Epidemiology», 48 (2013), pp. 407-416; C.D. Bethell - P. Newacheck - E. Hawes - N. Halfon, *Adverse childhood experiences...*, cit., pp. 2106-2115.

<sup>18</sup> Cfr. S.S. Luthar - E. Zigler, *Vulnerability and competence: a review of research on resilience in childhood*, in «American Journal of Orthopsychiatry», 71 (1991), pp. 6-22; A.S. Masten - K.M. Best - N. Garmezy, *Resilience and development: contributions from the study of children who overcome adversity*, in «Development and Psychopathology», 2 (1990), pp. 425-444; M. Rutter, *Psychosocial resilience and protective mechanism*, in «American Journal of Orthopsychiatry», 3 (57/1987), pp. 316-331; S.S. Luthar - D. Cicchetti, *The construct of resilience...*, cit., pp. 857-885.

<sup>19</sup> Cfr. N. Garmezy - M. Rutter, *Acute reactions to stress*, in M. Rutter - L. Hersow (eds.), *Child and adolescent psychiatry: modern approaches*, Blackwell Scientific, Oxford 1985, pp. 152-176; R.B. Cairns - B.D. Cairns, *Lifelines and risks: pathways of youth in our time*, Cambridge University Press, New York 1994; N. Garmezy, *Stressors of childhood*, in N. Garmezy - M. Rutter (eds.), *Stress, coping and development in children*, McGraw-Hill, New York 1983,

- socio-environmental variables (membership in the social network, relationship with peers, community support, life events, assistance programs, neighbourhood safety, living contexts, adequate social policies, social status, etc.);
- family variables (adequate reference adults, supportive family, parenting styles, etc.);
- individual characteristics of the subject (temperament, psycho-physical maturity, optimistic attitude, sensitivity, autonomy, social, emotional and interpersonal skills, physical/psychological health, self-esteem and self-efficacy, locus of internal control, problem-solving skills, critical thinking, etc.).

Another important element is that resilience presupposes a whole series of socio-emotional skills that develop and consolidate from childhood in the main contexts of life. These relationships make the subject perceive a great sense of emotional security and support and are particularly important because through them resilience can always and constantly be nourished<sup>20</sup>. With reference to the socio-emotional skills underlying resilience, studies have shown that being aware of one's emotions, knowing how to conform them with thoughts, understanding their causes and consequences, managing one's own and others' emotions and knowing how to regulate them, are all skills that help to manage suffering, to use one's own experience to be stronger, to improve one's ability to withstand stress and, therefore, to report a lower rate of depressive experiences<sup>21</sup>. It would seem,

pp. 43-84; M. Rutter, *Protective factors in children's responses to stress and disadvantage*, in M.W. Kent - J.E. Rolf (eds.), *Primary prevention of psychopathology*, University Press of New England, Hanover 1979, pp. 49-74; M. Cederbland - L. Dahlin - O. Hagnell - K. Hansson, *Coping with life span crises in a group at risk of mental and behavioral disorders: from the Lundby study*, in «Acta Psychiatrica Scandinavica», 5 (91/1995), pp. 322-330; E.L. Cowen - W.C. Work, *Resilient children, psychological wellness and primary prevention*, in «American Journal of Community Psychology», 4 (16/1988), pp. 591-607.

<sup>20</sup> Cfr. L. Grabbe - M.K. Higgins - M. Baird - P.A. Craven - S. San Fratello, *The Community Resiliency Model® to promote nurse well-being*, in «Nursing Outlook», 3 (68/2020), pp. 324-336; S. Joyce - F. Shand - J. Tighe - S. Laurent - R.A. Bryant - S.B. Harvey, *Road to resilience: a systematic review and meta-analysis of resilience training programmes and interventions*, in «BMJ Open», 8 (2018), pp. 1-9; I.T. Robertson - C.L. Cooper - M. Sarkar - T. Curran, *Resilience training in the workplace from 2003 to 2014: a systematic review*, in «Journal of Occupational and Organizational Psychology», 3 (8/2015), pp. 533-562.

<sup>21</sup> Cfr. J.D.A. Parker - R.E. Creque - D.L. Barnhart - J.I. Harris - S.A. Majeski - L.M. Wood - B.J. Bond - M.J. Hogan, *Academic achievement in high school: does emotional intelligence matter?*, in «Personality and Individual Differences», 7 (37/2004), pp. 1321-1330; J.D. Mayer - R. Roberts - S. Barsade, *Human abilities: emotional intelligence*, in «Annual Review

therefore, that there is a close correlation between socio-emotional skills, high levels of vulnerability and good resilience skills. In relation to the resilience of adolescents at the time of the pandemic, if many of them have proved resilient, therefore able to build new skills and abilities, identify new goals and create new meanings, many others have been overwhelmed by the negative events related to the pandemic and have failed to give a functional response to new habits / life situations perceived as something that was not able to manage<sup>22</sup>. On the former, protective factors would seem to have played a fundamental role, such as community resources, positive relationships with the adults of reference, high sense of self-efficacy, adequate problem-solving skills, suitable skills of self-regulation of emotions, etc.; while the latter would seem to have negatively influenced multiple contextual variables attributable to:

- the perceived threat to one's own and others' health;
- information on the poor predictability of the virus associated with the infection;
- especially in the initial phase, the dissemination of fragmented and contradictory information that has led to an increase in the sense of bewilderment in the face of an "invisible" and "uncontrollable" enemy;

of Psychology», 59 (2008), pp. 507-536; J.D. Mayer - P. Salovey - D.R. Caruso, *Emotional intelligence: new ability or eclectic traits?*, in «American Psychologist», 6 (63/2008), pp. 503-517; K. Droppert - L. Downey - J. Lomas - E.R. Bunnett - N. Simmons - A. Wheaton - C. Nield - C. Stough, *Differentiating the contributions of emotional intelligence and resilience on adolescent male scholastic performance*, in «Personality and Individual Differences», 145 (2019), pp. 75-81; S. Mavroveli - K.V. Petrides - C. Rieffe - F. Bakker, *Trait emotional intelligence, psychological well-being and peer-rated social competence in adolescence*, in «British Journal of Developmental Psychology», 2 (25/2007), pp. 263-275; A.R. Armstrong - R.F. Galligan - C.R. Critchley, *Emotional intelligence and psychological resilience to negative life events*, in «Personality and Individual Differences», 3 (51/2011), pp. 331-336.

<sup>22</sup> Cfr. M. Manchia - A.W. Gathier - H. Yapici-Eser - M.V. Schmidt - D. de Quervain - T. van Amelsvoort - J.I. Bisson - J.F. Cryan - O.D. Howe - L. Pinto - N.J. van der Wee - K. Domschke - I. Branchi - C.H. Vinkers, *The impact of the prolonged COVID-19 pandemic on stress resilience and mental health: a critical review across waves*, in «European Neuropsychopharmacology», 55 (2022), pp. 22-83; K.E. Riehm - S.G. Brenneke - L.B. Adams - D. Gilan - K. Lieb - A.M. Kunzler - E.J. Smail - C. Holingue - E.A. Stuart - L.G. Kalb - J. Thrul, *Association between psychological resilience and changes in mental distress during the COVID-19 pandemic*, in «Journal of Affective Disorders», 282 (2021), pp. 381-385; J. Blanc - A.Q. Briggs - A.A. Seixas - M. Reid - G. Jean-Louis - S.R. Pandi Perumal, *Addressing the psychological resilience during the Covid-19 pandemic: a rapid review*, in «Current Opinion in Psychiatry», 1 (34/2021), pp. 29-35.

- the various measures of social distancing and interruption of normal life activities that have produced an increase in fear;
- the telematic exposure of highly stressful images or news;
- to all the restrictive measures that have led to a perception of reduction in life planning which, in turn, has been perceived as generating opposite experiences: on the one hand security and control, on the other hand anger and frustration.

Further purely individual factors that may have negatively affected the manifestation of non-resilient behaviours are relational difficulties, lack of autonomy, predisposition to a negative attitude, difficulty asking for help, inadequate problem-solving skills, communication difficulties, lack of flexibility in new situations, absence of critical consciousness, difficulty recognizing and managing emotions, negative self-image, poor self-confidence, difficulty in interpreting the results of one's actions as determined by one's own attitudes and not only by external factors, etc. All elements that would not have favoured in the adolescent the control of the situation in terms of planning and pursuit of the set objectives.

### **3. How to improve adolescent resilience: prevention and intervention strategies**

From what has been said it clearly emerges the need to act promptly from a purely educational point of view so that our adolescents have the opportunity to become resilient and, therefore, able to face not only the consequences of the pandemic, but also any other future traumatic event. But what can be done concretely so that they become resilient? Surely school can play a fundamental role, not because it must necessarily be overloaded with all educational issues, but because it represents that educational agency that, thanks to compulsory schooling, allows to engage a multiplicity of subjects. Within school classes you could, therefore, think of conducting real training on resilience that would be integrated with traditional educational activities and that should be carried out by qualified personnel. Promoting resilience at school means both helping the adolescent to transform a critical and destabilizing event into an opportunity for personal growth and consolidating those emotional, cognitive and relational strategies that allow him/her to reconnect the relationships between past, present and future in order to create the conditions to be able to reconnect to a physical, social and mental environment that s/he had

to temporarily abandon<sup>23</sup>. Acting in this direction, school will have the opportunity to configure itself as a valuable laboratory of ideas, emotions and relationships, and to act as a tutor of resilience for students. In the literature there are many trainings that promote resilience and even if each of them has specific characteristics and peculiarities, it is also true that many of them have in common some specific objectives that are thought to be fundamental to be able to develop and/or enhance the capacity for resilience and that lend themselves well to adolescence, among them:

- consolidating an internal locus of control;
- developing good self-esteem and a good sense of self-efficacy;
- being aware of their emotions and knowing how to verbalize and manage them, especially the negative ones;
- manifesting a positive and optimistic attitude;
- being able to set realistic, achievable and time-limited goals;
- designing and implement realistic plans;
- externalizing a flexible and adaptable attitude;
- improving their communication, relational and problem-solving skills.

Another goal is to make adolescents acquire the ability to positively process their suffering in order to facilitate their identification and emotional verbalization. This is because being resilient does not mean not feeling in difficulty or not feeling pain and suffering, but it means learning to “stop” in that pain, becoming aware of it and transforming it into an experience that makes you better. The achievement of all these objectives will help adolescents in times of pandemic to develop a new *mindset*, to acquire those functional strategies to face everyday life and difficulties without feeling overwhelmed, and to reflect on what dimensions of their personal e non-personal life deserve to be *treated* because they are sources of well-being and personal satisfaction. Going even more specifically, one could think of the implementation of a resilience training aimed at adolescents that could be composed of seven units, each of which focuses attention on the development and enhancement of specific cognitive, emotional and social skills. The training could be structured as follows:

<sup>23</sup> Cfr. E. Malaguti - B. Cyrulnik, *Costruire la resilienza. La riorganizzazione positiva della vita e la creazione di legami significativi*, Erickson, Trento 2005.

Resilience	Define resilience and identify the individual and contextual processes and variables that influence it
	Explain what it means to resist adversity
	Clarify why and how to process suffering
Self-awareness	Identify your thoughts, emotions, feelings, and behaviours
	Recognize disadvantageous behaviours
Self-management	Manage thoughts and emotions
	Express and verbalize your emotions
	Identify the behaviours functional to the achievement of specific objectives
Optimism	Identify all those resources that you think can be controlled and use them
	Consolidate an internal locus of control
	Avoid erroneous and harmful beliefs
	Be objective with yourself
Mental flexibility	Think positively and flexibly
	Develop new problem-solving strategies
Knowing your strengths and weaknesses	Build a realistic self-concept
	Develop high self-esteem and an adequate sense of self-efficacy
	Be aware of your strengths and weaknesses
	Focus on your strengths
	Have a positive/optimistic attitude
	Set realistic and achievable goals
Social, communication skills and problem-solving	Build meaningful interpersonal relationships
	Develop and enhance social skills
	Acquire positive and effective communication
	Identify fast and effective solutions

In order for the newly proposed path to have important repercussions in terms of developing and restoring resilience, these work units could be supported by both a reflective and information-based approach. The reflective approach would offer adolescents the opportunity to become aware of their emotional, psychological and social baggage that acts as an unconscious filter of any information they process. In this regard, G. E. Richardson<sup>24</sup> emphasizes that this phase is necessary for the subject to have the opportunity to free himself from cultural pressures and social conventions that, inevitably, condition him/her when s/he is faced with a problematic and stressful situation. It is necessary, therefore, to help the subject to get out of that state of resentment and anxiety that generates confusion and disorientation in order to help him/her identify those personal resources that can allow him/her to react to life events with calm, reflection, courage and balance. It is, therefore, a matter of making the subject empowered and this implies a process that leads individuals to acquire and increase their abilities in order to control their lives. Moreover, the reflective approach would create the conditions so that the use of an information-based approach does not turn into a pure and simple training of “good practices”, but it is configured as a moment of conscious and critical acquisition of that equipment necessary to be resilient. The information-based approach, on the other hand, would prove to be particularly useful and valuable for achieving certain goals, for learning to be resilient, for growing personally and for acquiring new points of view that can be useful to adapt to difficult situations and changes. In other words, the union of the two approaches would make active adolescents builders of their own knowledge and skills and conscious interpreters of their own actions.

The Covid-19 pandemic is one of the many traumatic events that can suddenly affect adolescents and this underlines the importance of providing and implementing preventive educational actions aimed at making children and adolescents resilient. From this point of view, it would be very important to work in terms of promoting social and emotional skills and preventing vulnerability from childhood. This is because, as mentioned above, resilience rests on a whole set of socio-emotional skills that are built from very early childhood in the interactive context of family-school-relationships with peers. These relationships provide a deep sense

<sup>24</sup> Cfr. G.E. Richardson, *The metatheory of resilience and resiliency*, in «Journal of Clinical Psychology», 58 (2002), pp. 307-321.

of emotional security and support from others and it is precisely through them that resilience can be cultivated and nurtured on a daily basis. This implies, therefore, the possibility of being able to operate in various contexts in favour of the acquisition of those individual protective factors capable of modulating the impact of risk factors. The basic assumptions are that resilience emerges from everyday life as a process that regulates the stress of everyday life and that the ability to react successfully to stress is built over time by facing small challenges. Moreover, since resilience is a phenomenon common to all individuals and results from healthy biological, social and emotional development in well-functioning families, schools and communities, all individuals can learn the skills to improve it<sup>25</sup>.

Promoting development and supporting adaptive capacities at the population level would also facilitate monitoring of community contexts, the family environment and the development of the subject and this would prove to be of fundamental importance since it is now certain that adaptive skills develop better in an appropriate context, while chronic exposure to trauma and growth in an inadequate environment put their emergency at risk. This underlines a further important element, that is, in addition to providing for the implementation of programs aimed at future adolescents, it would also be desirable to think of paths addressed to parents and teachers in order to put them in a position to acquire all those skills, abilities and competences necessary to make children resilient. This is because effective parenting and good teaching practice can develop children's resilience and make them become adolescents and then adults with good adaptive abilities. This mode of action could prove particularly useful especially in a historical moment like ours in which the family structure and extra-family support systems do not always seem to be able to support an adequate socio-emotional development of the subject. The possibility of operating simultaneously on several levels (prevention and intervention) would allow to achieve important objectives in terms of ability to cope with and overcome difficulties. The realization of well-structured prevention and intervention paths could provide, in the different contexts of life (family, school, community), the opportunity to

<sup>25</sup> Cfr. A.S. Masten, *Ordinary magic: resilience processes in development*, in «American psychologist», 3 (56/2001), pp. 227-238; Id., *Global perspectives on resilience in children and youth*, in «Child development», 1 (85/2014), pp. 6-20.



learn, re-learn and use the multiple socio-emotional skills and to strengthen them when these emerge. This is because being resilient does not mean avoiding stress, emotional upheaval and suffering, it does not only mean having mental flexibility, but it also means possessing the ability to positively process emotional pain and suffering. Finally, it would be desirable that these programs could be individualized and based on the strengths and needs of each individual, developed within an exchange network that allows collaboration between parents, teachers and professionals, and that they could be subjected to continuous checks in order to document their effectiveness not only in terms of achieving objectives and possible repercussions on the context, but also of correctness of the methodologies used and of correspondence objectives-outcomes. Resilience represents a path to follow, a capacity that can be learned and that also concerns the quality of living environments, therefore, it is necessary that educational contexts know how to promote the acquisition of resilient behaviours from the very first years of life. In particular, the development and enhancement of specific socio-emotional skills, the possibility of living in functional contexts and creating a network of meaningful relationships, are those essential elements to be able to lead life according to one's aspirations and without being overwhelmed by sudden and traumatic events that may occur.

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