

ASPECTS OF INCREASING RESILIENCE IN STUDENTS*

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Abstract

In our century we face emerging challenges of uncertainty and because of that our resilience skills, which are beginning to be more and more present in the academic discourses, occupy an important place in everyday life. The strategies of increasing resilience prove to be useful in difficult times. The understanding of our own experiences or those of other people and groups can help us better manage the impact of COVID-19 in a constructive and collaborative way. The positive approach to mental health and the development of resilience are linked to the global perspective of individual and collective health. Resilient people have good/ positive mental health. In this regard, with this study we aimed to specify the main ways of increasing resilience in students, ways that contribute to the positive adjustment in conditions of adversity. The research took place during the first semester of the academic year 2020-2021 and gave us clues about the impact that the pandemic had on students. In relation to their answers, we rethought the approach of the curricular contents so as to offer understanding and support in order to increase the resilience of the students.

Key words: Resilience; Mental health; Students; COVID-19 Pandemic.

1. Introduction

Resilience is the human ability to cope with the problems encountered, to surpass the adversities of life. It can be learnt and strengthened during life. It is good to know that we are allowed to feel bad after a negative event and after we have processed the event, we can recover so that we feel good again. This has to do with the cognitive flexibility and the way we relate to situations. It is necessary to take the time to process the unsuccessful experience, to reflect on the situation, to learn from what we have gone through and to better understand ourselves. There are also external factors that influence us: the family environment, the parental style and the socio-cultural context which broaden the framework of influences on our personality.

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It is estimated that the interest in the positive indicators that determine the development of young people has replaced the initial perspective, which distinguished between “young people at risk” and “all young people”: “In the early stages of the emergence of the term, positive youth development tended to be positioned as a strategy – complementary to reducing risks – for preventing high-risk behaviors, particularly among that subset of youth particularly susceptible to the potential harm of poverty and dysfunctional families and/ or communities” (Bensons *et al.*, 2007, p. 896). In addition to the risk factors, which increase the probability of a negative result, there are several protective factors that reduce the risk and the negative results. These markers can be individual or collective and they influence the mental health of young people. Many young people experience various stressful events. As a result, some develop psychological problems while others do not. Usually, people with higher endurance are flexible and adaptable. However, they may also feel bad, but they know how to cope emotionally and how to deal with negative situations. The development of cognitive, social and emotional skills in young people must also be cultivated as part of the educational process, taking into account the fact that young people have lately been approached more as resources than as problems.

The positive perspective on development brings to the foreground the potential and not the vulnerabilities or disabilities of young people. The positive approach to youth development admits the existence of some challenges and adversities in development, but opposes the conception of the development process as an effort to overcome deficiencies and risks: “The positive youth development approach aims at understanding, educating and engaging children in productive activities rather than at correcting, curing, or treating them for maladaptive tendencies or so-called disabilities” (Damon, 2004, p. 15).

Because everyone today faces an acute public health emergency due to the COVID-19 pandemic, people's reaction is different from one country to another, from one age group to another, from one person to another. This pandemic has affected our lives and young people may be worried about their future, the health and well-being of their family and friends. During this time, many people have struggled to cope and thus have experienced a low mood. As many young people have worked/ learnt from home, it is possible for this to have changed the existing routines and disrupted the balance needed for a healthy life.

2. The theoretical framework

2.1. Resilience and positive mental health

Being mentally healthy mainly means that positive characteristics such as pursuing a goal, contentment, maintaining satisfying relationships and active participation in social relationships are present. The positive dimension of mental health includes subjective well-being, perceived self-efficacy, autonomy, competence and recognition of the ability to reach one's intellectual and emotional potential. Starting from the definition given to health by the World Health Organization, V. Kovess-Masfety, M. Murray and O. Gurejy refer to J. Jahoda's

approach: "WHO defines health as being a complete state of physical, psychological and social well-being. Jahoda (1958) elaborated on this by separating mental health into three domains. First, mental health involves "self-realization" in that individuals are allowed to fully exploit their potential. Second, mental health includes "a sense of mastery" by the individual over their environment and, thirdly, positive mental health means "autonomy", as in individuals having the ability to identify, confront and solve problems" (2005, p. 35). In order to give more meaning to the term in question, we complete it with H. B. M. Murphy's words, who states: "The first, most operational and probably commonest use of the term "mental health" is to signal the absence of recognizable mental illness and absence of need for psychiatric care. (...) A second concept of mental health refers to an attainable, positive, mental state rather than the mere absence of illness" (1978, p. 74).

The use of the term "resilience" indicates a paradigm shift. It shifts the focus from identifying an individual's risk factors (eg from pathological vision) to identifying an individual's strengths. The term refers to people's positive responses to stress and adversity. "Steeling effects" is an aspect that characterizes research in the field of resilience: "That is exposure to stresses or adversities may either increase vulnerabilities through a sensitization effect or decrease vulnerabilities through a steeling effect" (Rutter, 2012, p. 337). The mechanisms that mediate these effects (cognitive control, duration of exposure to stress/ adversity, environmental conditions, maturity and experience, exercise of resilient personality skills, etc.). Analyzing the relationship between stress, competence and resilience, N. Garmezi and AS Masten state: "Our definition of stress-resistance is disarmingly simple: a stress-resistant child is one who maintains competence despite exposure to adverse stressful events" (1986, p. 513). N. Garmezi introduced the notion of "invulnerable child", referring to resistance to the most severe stressors of life. Starting from the identification of potential protective factors, he identifies three categories: dispositional attributes of the child, emphasizing such temperament/ personality attributes as activity, hardiness, autonomy, positive social orientation, self-esteem and related qualities; family cohesion and warmth and an absence of familial discord and neglect; the availability and utilization by parent and child of external support resources (Garmezi, 1985).

E. Werner adopted the classic term of resilience to refer to the quality of prospering in spite of any adversity. Following the studies on children in Hawaii, research on resilience has increased. The study concludes: "While the focus of this report has been on young people who were vulnerable, one could not help but be deeply impressed by the resiliency of the overwhelming majority of children and their potential for positive change and personal growth" (Werner and Smith, 1979, p. 305). B. Benard (1991) extended Werner's discovery to all young people, arguing that every child has the potential to develop resilience. He states: "Resilient children are considerably more responsive (and can elicit more positive responses from others), more active and more flexible and adaptable even in infancy" (Benard, 1991, p. 7). Young people with certain mental disorders or social problems are not the only vulnerable ones: „Murphy and Moriarty (1976) conceived a "continuum of

vulnerability” in which even normal children would vary considerably with respect to their susceptibility to external and internal stresses. A parallel continuum would be one of resilience, and this view is supported by Murphy and Moriarty's depiction of two types of coping: Coping I, reflecting the “capacity to cope with opportunities, challenges, frustration, threats in the environment”, and Coping II, as the “maintenance of internal integration” (Gramezi and Masten, 1986, p. 508). Psychosocial adversity can be considered a threat to development, the success of adaptation depending on the strategies for training socio-emotional development skills.

Research on resilience or on the development of positive adaptation in the context of significant adversity has taken root in the second half of the last century. There have been three waves in human development research from the perspective of resilience. The first wave of research came from scientists in the field of psychopathology, who analyzed children that seemed to be progressing in risky situations. The second wave of research on resilience focused on detecting the processes and regulatory systems that took into account the protection factors associated with resilience. The third wave emerged amid growing interest in the well-being of children growing up with adversity and in this context research has focused on promoting resilience through prevention, intervention and policy (Zolkoski and Bullock, 2012, p. 2296).

According to Grotberg, resilience is “a universal capacity which allows a person, group or community to prevent, minimize or overcome the damaging effects of adversity” (1995, p. 7). As part of a project investigating this construction internationally, Grotberg turned a set of concepts into practical tools. He examined what parents, caregivers, or children who seem to promote resilience do. In this sense, an international perspective was offered, with several countries being involved in the project. The answers provided refer to questions such as: What do different cultures do to promote resilience? Are they based on the same resilience factors? Are there variations in the combination of factors in the approach to adversity?

H. B. M. Murphy (1978) talks about the cultural foundation of positive mental health. In addition to culture, however, there are certain personal factors that contribute to how people adapt to adversity: a) The perception of social relations and the ability to access and use social support; b) The capacity for self-control and self-management; c) The degree of focusing, saving time and energy in relation to the tasks and situations on which they have a certain impact and influence; d) The ability to manage emotions (experiencing positive and negative emotions and the capacity to give an adaptive response); e) The cognitive flexibility, the use of metacognitive strategies; f) Engaging in activities that are in accordance with the authentic values; g) A balanced perspective on life.

Resilience programs reduce suffering, improve well-being and promote learning. One of these programs is The Penn Resilience Program (PRP). This is a curriculum-based program that is designed to boost student resilience and has been implemented in schools in the United States of America, United Kingdom, Australia,

China and Portugal. In Australia, Bernard and Walton (2011) evaluated the efficacy of a social and emotional resilience skills curriculum called “You Can Do It!” (YCDI). The YCDI program gives lessons in resilience, confidence, persistence, organization and getting along (Waters, 2011, p. 81). It means that resilience is trainable and can be included as a goal of community-based interventions and school and academic programs.

2.2. Difficulties encountered in the pandemic and ways to manage them

Interest in mental health care has grown in recent years. Mental health problems can affect students' academic success. Because of the COVID-19 pandemic, we are all experiencing massive changes in the way we live and interact with each other. There is a significant psychological impact associated with COVID-19, which generates anxiety and uncertainty for individuals and for the societies. Because all the routines we have had so far have been affected, most people have difficulty adapting to the new conditions, despite efforts of social solidarity. Each of us has suffered a loss (eg an acquaintance, a relative, a friend, a school year, a job, a relationship). Our responses to uncertainty, fear and threat involve both the body and the mind. There are people who have noticed an increase in heart rate, profuse sweating due to hyperagitation, but also people who have gained weight due to lack of exercise. On the other hand, many people have experienced sadness, anger, panic; some of them have developed obsessive compulsive behaviors (eg excessive hand washing, daily disinfection of household items), others have taken refuge in drug or alcohol use. The bodily changes that come with their associated emotional responses have led many people to become more aware of their own vulnerability in an insecure world.

Research addressing the relationship between resilience and mental health is largely cross-sectional studies and most intervention studies pay attention to the influence of resilience training to improve mental health. For example, “in a meta-analysis, Dray *et al.* (2017) found that resilience-focused interventions were effective relative to a control in reducing depressive and anxiety symptoms for children and adolescents, particularly if a cognitive-behavioral therapy based approach is used” (Wu *et al.*, 2020, p. 2). Biology trends, environmental conditions and social influences contribute to the reasons why people become upset or disturbed. The cognitive-behavioral theory is often used to maintain and increase mental resilience. Mainly, it focuses on the cognitive elements of the disorder because changing a basic irrational belief (eg “I'm sure I'll get sick too!”) can bring profound emotional and behavioral improvements.

The cognitive ABC model (initiated by A. Ellis, 1962) is used in rational-emotional and behavioral therapy and has the following components: A – triggering event (the adversity that a person may experience in life, such as a situation, a thought etc.); B – the belief related to the triggering event that, in fact, causes the consequence; C – the emotional and/ or behavioral consequence related to A (Ellis and MacLaren, 2018, p. 65). The ABC behavioral model emphasizes the role of reinforcements: A – antecedents (represented by stimuli and information processing;

B – operant behaviors; C – consequences (including reinforcements and punishments). These two models are complementary: “The use of the cognitive ABC model is especially indicated when the problem we focus on is an emotional one, but if it involves operant behavior, then it is more useful to use the ABC behavioral model for conceptualization” (David, 2017, p. 109).

Mental health promotion programs that specifically target resilience can be called social and emotional learning programs, mindfulness programs, stress management programs, or emotional well-being programs. In essence, “mental health promotion programs promoting resilience focus on the development of coping skills, mindfulness, emotion recognition and management, empathic relationships, self-awareness, effectiveness and help-seeking behavior. Secondary outcomes often include decreased symptoms of anxiety, depression and increased academic outcomes)” (Fenwick-Smith *et al.*, 2018, p. 2).

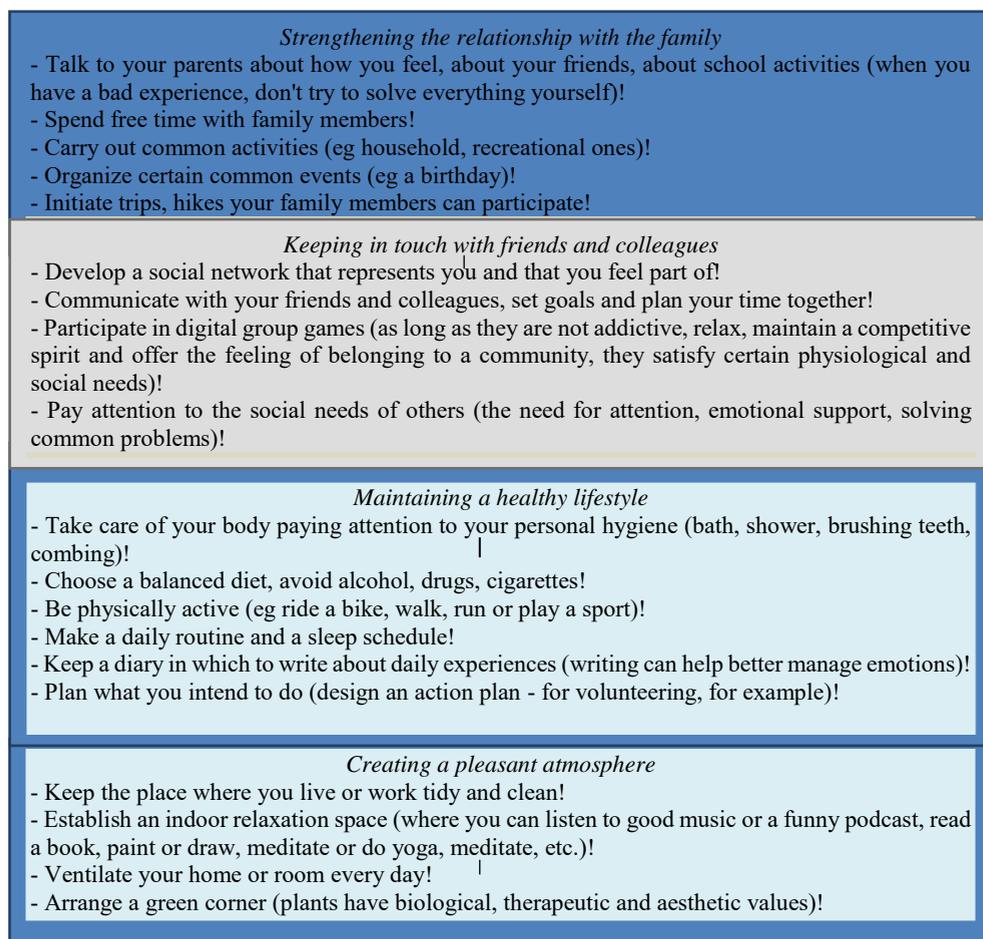


Figure 1. Ways and tools to increase resilience

It has been established that school interventions can have a significant impact on achievement, social and emotional skills, behavior and symptoms of anxiety, depressive disorders, deviant or problematic behavior (Weare and Nind, 2011; Durlak *et al.*, 2011; Catalano *et al.*, 2003). Moreover, the main mechanism through which resilience approaches seek to facilitate the positive development is made through intervention and prevention programs: “Many preventive interventions focus on supporting improved emotion regulation and problem-solving skills in which executive functions (EF) and the actions of the prefrontal lobes play a central role” (Greenberg, 2006, p. 142). Following the reduction of maladaptive results in risk conditions, resilience depends on the characteristics of the individual (eg temperament, intelligence), relationships with others, etc.

Resilience does not mean avoiding stress or negative emotions. There are a number of personality traits, skills and tools that help increase resilience. Analyzing the difference between the interpretation of resilience as a personality trait, respectively as a process, Luthar, Cicchetti and Becker state that A. S. Masten (1994) recommended that the term resilience be used exclusively when referring to the maintenance of positive adjustment under challenging life conditions. The mentioned authors agree with Masten's recommendation according to which competence, despite adversity, be referred to by the term “resilience” and never “resiliency”, which carries the misleading connotation of a discrete personal attribute” (Luthar *et al.*, 2000).

3. Elements of research

The purpose of our intervention is to increase the resilience of students.

During the activity with the students we set ourselves the following *objectives*:

- The assimilation of basic knowledge about the impact of COVID-19 on ourselves and others by the students;
- Understanding the psychological impact of COVID-19 on the well-being and mental health of the students;
- Training the ability to apply this knowledge in terms of managing the well-being and mental health during this pandemic;
- Reflecting on one's own and others' experiences with COVID-19.

The participants were recruited from the student population. The study was attended by 134 students from the Faculties of Science and Technology of the University of Craiova (Bachelor, year II – 60 students of and Master, year II – 74 students) and 8 Romanian students from the University of Manchester (Bachelor, year I). The study took place between October 2020 - January 2021, a period that coincides with the first semester of the academic year 2020-2021.

Having a constative nature, our research started from the analysis of the answers given by the students to the applied questionnaire and continued with the insertion of online interventions during current activities, interventions designed to take into account the current learning context of students and the general state of uncertainty and anxiety.

The questions of the questionnaire tried to find out whether or not students were affected by the effects of the COVID-19 pandemic and to inventory the ways in which they coped with the stress associated with the pandemic situation. As far as students are concerned, the isolation caused by distance education has influenced some stereotypes and prejudices, but it has also changed the way they interact and relate to current school activities. Obtaining information about individual situations allowed us to understand how some young people feel the effects of the pandemic.

The questionnaire we used includes the following questions:

1. How has COVID-19 affected you?
2. How did your body and mind react during this pandemic?
3. How has the pandemic affected your daily routine?
4. What are the main changes in your life during COVID-19?
5. What did you do to maintain or strengthen your resilience (resistance to stress and adversity)?

During the activity with the students, we took into account the answers given by them and we resorted to the infusion approach, so that, where the contents circulated in the course allowed, we initiated group discussions and debates on this topic.

4. Results

When asked how students were affected by COVID-19, the majority of the students (over 80 %) said that their whole life had been affected, starting with the current activities (including school activities) and continuing with spending their free time and managing their daily routine. Some did not visit their parents so often, others became more attentive to their hygiene conditions, but almost all said they spent a lot of time at home.

In item 2, the answers given by the students were grouped as follows: some said that they did not have time to think about this aspect because they focused on the learning tasks specific to each educational discipline and many of them (over 60%) stated that they reacted well (even though a few were infected with the new virus). There were also students who said that they experienced various feelings during this period – fear, anxiety, confusion, fatigue, resignation, but also awareness of the manifestation of responsible behavior.

Item 3 referred to how the pandemic affected the daily routine. Over 90% of students said they worked from home, trying to avoid physical contact with colleagues, friends and family members. The routine could be positive and negative. There were situations in which it helped (eg physical exercises performed daily, virtual cafe, telephone conversations with friends or family), but also situations in which it killed creativity and limited emotions, numbed the senses and slowed the development of the brain (eg dependence on social networks, daily alcohol consumption). Because it matters how we relate to routine actions, it is important to act from the perspective of caring for and maintaining mental health. About 75% of the students said that they had to give up certain habits (walking, hiking, etc.), being forced to spend many hours a day in front of the computer.

Regarding the main changes during COVID-19, some students (over 30%) said that they became more compassionate, more tolerant, more attentive to the problems of others, but also more self-aware of what they felt and thought:

“During this period I have become more responsible, much more attentive to the needs of those around me, more active and I have learned to appreciate more the simple moments and, especially, the walks in nature” (student, year I, Bachelor's degree).

“I have learned to appreciate life more and to work more on the psyche so that I don't think too much about the virus. I have learned to appreciate more everything around us” (student, year II, Bachelor's degree).

“My social relationships started to present some problems, but there were also beneficial changes - I started to accept myself much more, I invested time in my development, I fulfilled certain desires, I spent more time with my family” (student, year II, Bachelor's degree).

“I have learned to be more careful about my health, my lifestyle which is also very important and I have learned to appreciate certain things that I may not have considered so significant” (student, year II, Master).

“The main changes are to protect against other dangers, to be calmer, not to judge by appearances and to be better in most cases where it is necessary to be with someone, to think several times before doing something, to be more thoughtful in everything and to believe that things will return to normal in time” (student, year II, Master).

The last item addressed the ways the students resorted to during the pandemic, so as to maintain or strengthen their resilience. The students' answers were diverse, but we identified some ways that recorded higher frequencies: reading, painting, participating in household chores, watching movies, cultivating hobbies (eg photography), communicating on social networks.

For example, we selected three cases. We are going to present the answers given by the students to the questions.

Table 1. The answers of the students

Items	Romanian student who studies in Romania	Foreign student who studies in Romania	Romanian student who studies in England
How have you been affected by COVID-19?	From my point of view, everyone's life has been affected during this period. As much as we would like to believe that things are the same as before, relationships	Very much. I haven't seen my parents for a year and a half and	I think that, academically, it is much more difficult to access resources such as motivation or to be efficient because, during the pandemic, we faced the impact of change, the need to adapt to the new and the lack

	<p>between people are much harder to build, the online environment can sometimes be tiring and concentration, at least in my case, becomes much more difficult. On the other hand, the fact that I was able to spend more time at home with my family was one of the pleasant parts that helped me get through these moments more easily.</p>	<p>our salaries decreased.</p>	<p>of socialization in the traditional format. For me, the study spaces provided by the university were useful, because for the study hours, an adequate academic framework is also needed. In the pandemic context, the personal plan inevitably overlapped with the professional one and many people in my age group (19 years old) faced moments of anxiety, loss of meaning, discouragement.</p>
<p>How has your body and mind reacted during this pandemic?</p>	<p>Like most people, we initially had a period of fear, followed by a period of resignation and awareness that the only thing we can do is follow the rules and protect ourselves as much as we can. Fear only blocks your mind and feelings and this was the first thing I had to realize to adapt to the current situation.</p>	<p>Quite well</p>	<p>Walt Whitman defined himself as a conglomeration of crowds. During the pandemic, we all had time for introspection, which allowed us to access these crowds of which we are formed, often contrasting. Probably panic and discouragement were man's natural reactions to confronting his own self. We detach ourselves from daily hyperactivity and have, after such an extended period, time to think about our desires, actions and plans. In my case, the body was not always supported by the mind, thus falling into sedentary lifestyle.</p>
<p>How has the pandemic affected your daily routine?</p>	<p>The level of socialization decreased, the moments spent outdoors and the walks decreased. But I discovered passions I</p>	<p>I can no longer go to parties or weddings, visit</p>	<p>The pandemic did not allow me to meet as many people as I would have liked in my first year of college, when</p>

	never had time for and maybe I would have never thought to be attractive for me or that I could have managed, such as painting.	relatives, etc.	socialization is a key factor in interpersonal relationships.
What are the main changes in your life during COVID-19?	I started painting and I discovered that I like it, I had more time to read, cook and spend with my family. On the other hand, work seems much more tiring since we started doing it from home and relations with my colleagues have cooled.	Online studies	The shock, in my case, was brought about by the lack of change from an environmental perspective. It was difficult to see myself in the same situation I was in a year ago, as if time had frozen. Going to a college abroad, I did not consider the possibility of returning for such a long time in the country.
What have you done to maintain or strengthen your resilience?	I read and painted more, I tried to do sports and keep in touch with my loved ones as much as possible.	I started cooking.	I consider exercise, sports in general, an essential activity in maintaining the vitality of the body.

5. Discussions

The qualitative analysis of the answers obtained after applying the questionnaire provides information about the students' degree of resilience. The COVID-19 pandemic has affected all our lives, including the students', making direct and immediate interaction with other people (colleagues, friends) to decrease significantly. Participants expressed their concern about program changes, learning organization and even lifestyle changes. On the other hand, they have become more aware of the importance of health and gave more time to reflection. Resuming certain relaxing activities or hobbies for which they did not find time before was a positive aspect, which contributed to increasing mental endurance.

Communication with family members was one of the main ways of psychological support. No student mentioned that they called or received support from a psychologist, professional therapist or mental health center. It is desirable to have more support for the students in this regard and, at the University level, it is important to multiply the interventions of multidisciplinary teams. L. Waters conducted a review of school intervention programs based on positive psychology, which aim to promote student well-being and academic performance. The author states: "A key tenet within the field of positive education is that the skills and

mindsets that promote positive emotions, positive relationships, resilience and character strengths can be explicitly taught and assessed by schools (Green *et al.*, 2011; Norrish & Vella-Brodrick, 2009; Seligman *et al.*, 2009) (Waters, 2011, p. 77).

Among the identified pandemic effects there is the concern for one's own health and the health of others. This can have negative effects, leading to a lack of concentration, panic attacks, insomnia. In order to cope with stress and anxiety, the students noted, rather, individual activities and exemplified in ways that do not necessarily involve team/ group activity or outside intervention. Most of them resorted to positive coping strategies (meditation and breathing exercises, maintaining routines, spiritual measures), had positive thinking (hope, confidence that it will be good) and resorted to a healthy lifestyle. We did not notice significant differences between the answers of Romanian or foreign students studying in Romania and those of Romanian students studying in Great Britain. Of course, we could notice some nuances in their answers, differentiated by the year of study (I or II), the study program (bachelor's or master's). Beyond the common difficulties, it was more difficult for the first year students to carry out their activities online because this was a new experience, the fact that they could not meet face to face with their colleagues and teachers generating disappointment, regret, loss of enthusiasm.

Although positive education is a relatively new field, the results of our research join similar ones, leading to the idea of the need to use strategies to guide students from the perspective of increasing resilience.

6. Conclusions

The increase of psychic resilience is a constant of the teacher-student activity, an aspect that was brought into focus during this pandemic. We must state that additional studies are needed to determine the effects of the pandemic on the mental health and well-being of the students. We took into consideration the positive mental health and insisted on rhythmic interventions during the current training program, without supplementing the number of hours or changing the contents specific to the educational disciplines. We considered that one of the teacher's roles is also that of counseling and we insisted on offering useful advice, meant to increase the resilience of the students during the COVID-19 pandemic.

Maintaining regular connections with family, friends and colleagues is a very important strategy, even if the way we do it looks very different now. The devices for online meetings can facilitate group exercises, coffee discussions, work meetings in school and professional activities. Excessive exposure to social networks can be a risk to mental health. However, when they do not take up a lot of time, they can be relaxing, stress removing and they can also facilitate communication. Distancing yourself from negative messages and resistance to the desire to frequently check social networks can be very useful to promote a positive mood, especially if we are in difficulty.

We anticipate that there will be more and more intervention programs in order to maintain mental health, an aspect that strengthens our belief that the development of mental resilience is one of the conditions for increasing the quality of life.

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