

**FROM RISK TO HAPPINESS: THE RESILIENCE OF ADOLESCENTS IN  
RESIDENTIAL CARE**

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**SUMMARY**

*This paper aims to explore some mechanisms in the resilience process. The goal of the study is to determine the relation between risk, protective mechanisms, and levels of happiness. These relationships have been tested among youth in residential care, a population exposed to numerous risks, exhibiting behavioural problems, but also other relevant developmental outcomes that have so far been under-researched. The research was conducted with the convenience sample of 118 youth placed in community residential home in Zagreb, Karlovac, Rijeka, and Osijek, and in the state residential home in Centre Bedekovčina. The participants' age ranged from 14 to 18 ( $M=16.47$ ,  $SD=1.21$ ). The data were analysed utilizing descriptive statistics, bivariate correlations and hierarchical regression. The results indicate that participants are involved into resilient process, as they, on average, satisfy two of the most important criteria for resilience: high risk and favourable outcome. The participants have assessed their own risk levels (major life events/stressors and everyday stressors) and their levels of happiness as relatively high. Additionally, they have assessed the level of their protective mechanisms as high, which is assistive in the resilience process, according to the relevant literature. Among the risk factors, only the*

*everyday stress was found to be correlated (negatively) with the self-assessment of happiness. Three of four protective mechanisms were significantly positively correlated with the level of happiness (individual resources, caring relationships with the professional staff and friends), while caring relationships with family were not correlated with the level of happiness. Among all of these predictors, only the individual resources had a significant independent effect in explaining the variance in happiness levels. The results have been interpreted in line with the relevant findings in the area of resilience and subjective well-being, according to which some intervention guidelines have been discussed.*

**Keywords:** *risk, happiness, resilience, adolescence, residential care*

## **INTRODUCTION**

The behavioural problems of the children and youth placed in residential care are this population's most commonly researched developmental outcomes. This is hardly surprising, given these children and youth have been placed in these institutions primarily because of their behavioural problems. However, contemporary research has recognized that the issues of developmental outcomes among these youth are highly complex. Namely, Liborio and Ungar (2010) stress that the indicators of positive outcomes among the adolescents are "adult-centric" and adjusted to a general population of youth in the western countries. In determining developmental outcomes, particularly when these are categorized as good or bad, little attention is being paid to these youth' "starting positions", i.e. the risks they have been exposed to, on the one hand, and to the other relevant developmental outcomes on the other hand. Luthar (1993, in Luthar, 1996) warns that the manifestations of behavioural problems (with less intensity) can sometimes be considered favourable outcome among those who have been exposed to risks that would lead one to expect intense psychological disturbances to appear. Additionally, it is important to take into account other indicators of external and internal adjustment when assessing the young persons' psychosocial functioning. Along with behavioural problems, competences in different developmentally important areas (academic, social, business competence) are used to assess external adjustment. Subjective well-being, or happiness and life satisfaction, is most commonly used as an indicator of internal adjustment (Masten, 2001, in Masten and O'Dougherty Wright, 2010).

It should nevertheless be pointed out that subjective well-being is rarely used as an indicator of outcomes in research on children and youth (Clark, 2008), especially for those in residential care (Gilman and Handwerk, 2001). This is a surprising neglect, since this is a very important aspect of one's life, or as noted as Csikszentmihalyi (1990, in Huebner et al., 2004), the subjective perception of well-being is not just one dimension, but is rather encompassing of all areas of life.

Furthermore, the level of happiness can be more than a relevant indicator of current developmental outcomes, as it may be used as a predictor of future developmental outcomes. In summarizing the findings of numerous research, Lyubomirsky, Sheldon and Schkade (2005) determined that the higher levels of happiness are correlated with more relationships with other people, and with a higher quality of relationships, richer social interactions, higher level of energy, but also with higher levels of self-control and self-regulation, constructive ways of dealing with problems, and with more pro-social behaviour. Accordingly, lower level of happiness is correlated with a series of unfavourable outcomes, such as drug abuse, suicide, death by fatal injury, and similar (Kim-Prieto et al., 2005). Thus, the level of happiness could be a preventive or curative factor for the behavioural problems in the youth population.

Accordingly, there is a growing number of authors (for a review, see Gilman and Handwer, 2001) who advocate the inclusion of measures of children and youth' subjective well-being.

The aim of this paper is thus to contribute to a relatively non-researched area of subjective well-being of the youth who are directed into residential care. The paper will also endeavour to investigate the level of happiness of youth in residential care, and the potential predictors of happiness among the risk factors and protective mechanisms. This study is a part of the pre-dissertation research conducted in order to examine the metric characteristics of research instruments (Maurović, 2015).

Since the risks, the protective mechanisms, and the developmental outcomes are parts of the concept of resilience, this paper also contributes to the study of that complex construct. Resilience refers to a dynamic process encompassing positive adaptation within the context of significant adversity (Luthar, Cicchetti, Becker, 2000). This process is facilitated by the protective factors (or protective mechanisms, as they are referred to in the more recent literature), or the strengths and resources within the individual and the environment (Windle, 2011).

In this paper, the risk will be operationalized through a number of major life events/stressors and number of daily stressors. This is in line with current trends in research of resilience, according to which it is not sufficiently to take into account only the major life events that rarely occur, but also everyday stressors that can have pronounced impact on developmental outcomes (Dumont and Provost, 1999).

The literature operationalizes the protective mechanisms as two (internal and external) or as three (individual, familial, environmental) categories. In this paper, we use three categories of protective mechanisms: individual resources, caring relationships with family member(s), and the two elements of the environmental category, i.e. the caring relationships with the professional staff, and caring relationship with one's friend(s).

As mentioned, the **developmental outcome** will be operationalized by a measure of subjective well-being. Subjective well-being is defined as one's individual subjective enjoyment of and satisfaction with life, i.e. the degree to which the individual finds her whole life as favourable and pleasant (Veenhoven, 2001, in Tadić, 2011). Thus, subjective well-being consists of a cognitive component (assessment of satisfaction with life in general, or with particular areas of one's life, based on one's own standards), and an affective component (where often an indicator of a well-functioning is the prevalence of pleasant over the unpleasant affects; Martin and Huebner, 2007). Within the affective component of subjective well-being, the pleasant and unpleasant affects represent separate, relatively independent dimensions of experience, which have differing antecedents and consequences (Diener, Smith, and Fujita, 1995).

In this paper, the focus will be on a general self-assessment of happiness. The level of happiness among the beneficiaries in residential care will be examined, as well as predictive role of risks and protective mechanisms in explaining their level of happiness.

According to relevant research, in different countries and across different populations, it has been found that most people (regardless of age) provide a medium to high level of self-assessed happiness (for a general overview, see Proctor, Linley, Maltby, 2008). The question is whether this is the case among the youth referred to residential care. According to Sastre and Ferriere (2000), the adolescents referred to these institutions tend to be significantly less happy than the control group. On the other hand, Gilman and Handwerk (2001) found that adolescents in such institutions exhibit a positive level of life satisfaction shortly after their placement there. This life satisfaction was found to be increasing after a period in the facility, and this increase was found in several areas.

The causes, correlates, and consequences of different levels of happiness have been intensely studied over the last three decades. The position that the level of happiness is predetermined by genetics and personality traits has been dominant in the literature on subjective well-being (Nelson, Kurtz and Lyubimirski, 2014). In this view, the level of happiness changes after an exceptionally positive or negative event, but with time reverts back to the person-specific range.

Nevertheless, some authors (e.g. Huppert, 2005, in Tadić, 2010) have warned that, in accordance with the social ecology theory, some genetic potential may or may not be manifested, depending on the environment a person lives in. Similarly, Fujita and Diener's (2005) longitudinal research has found that in a quarter of participants the life satisfaction changed significantly over the 10-year research period, while their personality traits remained largely unaltered. The potential for a change in subjective well-being, or the level of happiness, is particularly important for adolescents, because their personality traits are not fully consolidated yet (Costa et al., 1986, in Gudmundsdottir, 2012). Apart from that, the findings of a series of research projects indicate that the subjective well-being is also affected by other factors (e.g. motivational and cognitive) that are subject to volitional control (Lyubomirski, Sheldon and Schkade, 2005).

Though we are not aware of research on the links between the number of "major" and "minor" stressors and level of happiness among beneficiaries of residential care, we may hypothesize on these links on the basis of some similar research in the area. For example, change in location is one of the major stressors in the lives of children and youth in residential care. In our literature review we found that Brown and Orthner (1990) determined that the number of changes of location is negatively correlated with the subjective well-being of youth. Additionally, the degree of daily stressful experiences significantly reduces the adolescents' feeling of happiness (Natvig, Albrektsen, and Qvarnstrøm, 2003).

With regard to the protection mechanisms, it has been found that quality relationships with other people, and social support from persons that are important in one's life in particular, are positively correlated with the adolescents' level of happiness (White Tiffany, 2009). However, one needs to ask what types of relationships are the most important for the happiness of youth in residential treatment? The research by Natvig, Albrektsen and Qvarnstrøm (2003) found that happy adolescents differ from the unhappy ones in the level of social support they receive from teachers and friends. On the other hand, qualitative research by Cashmore and Paxman (1996) indicated that the youth that have left residential care link the feeling of happiness with satisfactory relationships in general, and that they note the relationships with family as the most important. Similar was found in a series of other research projects (Aldgate, 1980, Fanshell and Shinn, 1978, Hess, 1987, in Cashmore and Paxman, 1996). Analysing data of male subsample from current research, Klasić (2013) found that only the relationships with friends contribute to the explanation of the participants' happiness (the same was not found for the relationships with the staff, nor was happiness related to a lack of resources in the treatment facility).

Along with interpersonal relationships, numerous individual resources have been found to be correlated with happiness. Some of these are the emotion regulation skills (Hansenne, 2012), self-efficacy (Natvig, Albrektsen, Qvarnstrøm, 2003), and some social skills, such as ability to establish and maintain contacts and relationships (Larson and Csikszentmihalyi 1983, in Schnittker, 2008).

To summarize, according to literature, various kinds of risk and protective mechanism can be expected to have significant role in predicting happiness. Nevertheless, previous research on these relationships among youth with behavioural problems in residential setting is scarce. Therefore, it would be useful to determine which of these mechanism are most important in this specific population.

## **AIMS, RESEARCH PROBLEMS AND HYPOTHESES**

The aim of this research study is to examine the relationship between risk, protective mechanisms, and the level of happiness among the beneficiaries in residential care. In accordance with this aim, we put forth the following problems and hypotheses:

**P1: To determine the correlation of risk** (the number of major life events/stressors and the number of everyday stressors) **and the protective mechanisms** (individual, familial, environmental), with **the levels of happiness**.

H1: *The number of major life events/stressors and the number of everyday stressors will be negatively and significantly correlated with the level of happiness.*

H2: *All protective mechanisms (individual resources, caring relationships with family, caring relationships with staff, and caring relationships with friends) will be positively and significantly correlated with happiness.*

**P2: To explore the contribution of risk and protective mechanisms in explaining happiness.**

H3: *Everyday stressors, caring relationships with friends, and one's individual resources will be significantly contributing to the explanation of the level of happiness.*

## METHODOLOGY

### Participants

The research was conducted with a convenience sample of 118 youth (74% boys, 26% girls), aged 14 to 18 ( $M=16.47$ ,  $SD=1.21$ ), placed in seven community residential home in Croatia (Zagreb, Karlovac, Rijeka, and Osijek), and in State residential home (Bedekovčina). The latter was selected primarily with the aim of increasing the proportion of girls in the sample, as it is the only facility of this type that specializes in care and treatment of girls. Table 1 shows number of participants in relation to specific institution.

**Table1:** The number of participants, per residential institution

<b>Institution</b>	<b>Number of participants</b>
Community residential home Zagreb	51
Community residential home Karlovac	14
Community residential home Rijeka	11
Community residential home Osijek	21
State residential home Bedekovčina	21
<b>Total</b>	<b>118</b>

It should be pointed out that youth enter these facilities as mandated by the courts and social welfare centres, with the purpose of alleviating the behavioural problems the children are manifesting and for assisting them in dealing with problematic circumstances in the family.

### MEASUREMENT INSTRUMENTS

The measurement instruments administered in this study have been previously designed and/or tested for the purpose of the doctoral thesis (Maurović, 2015). The need to design the instruments arose due to insufficient contextual specificity of existing measurements of risk and protective mechanisms in our context. The existing instruments (e.g. Hjemdal et al, 2006, Byrne, Davenport and Mazanov, 2007) most commonly are designed for general population of adolescents, therefore do not address life events of this specific population prior to their referment to residential care or living conditions in the institution. These instruments also contain some questions that could be less appropriate for youth in residential care (e.g. questions on family cohesion) or do not consider

stressors relevant for this population, such as changes of accommodation (foster families, or care and treatment facility). Furthermore, questions specific to the life in the care institution are missing, such as those on the potential of a protective mechanism in the relationship with the staff, or the peers. The following section briefly describes the instruments we used, and a test of their metric characteristics can be found in the above referenced doctoral dissertation (Maurović, 2015).

### **The List of Major Life Events/Stressors (LMLES)**

For the purpose of this project, a List of Major Life Events/Stressors has been compiled. It consists of 13 statements that describe following events/stressors: alcoholism in the family, experience of physical, psychological, and sexual violence, not knowing one's father/mother, death of a loved one, separation from siblings, parents' illness (mental illness, addiction, and some more difficult physical illnesses), changing schools and friends, experience of multiple relocations. The instrument is aimed to assess the number of major life events/stressors that could have been experienced by these adolescents. Each participant was given the option of stating that the statement was CORRECT or INCORRECT in his/her case. The range of possible scores is 0-13, depending on the number of stressors each of the participants marked as experienced.

It was important that the instrument encompassed as wide a range of stressors as possible. However, since the major events refer to the changes in the environment which are not expected to be necessarily correlated, standard metric characteristics (such as internal consistency), regularly applied to other constructs (e.g. personality traits) is not straightforwardly applicable (Aldwin, 2007). Therefore, the reliability of internal consistence for this instrument has not been calculated.

### **The Everyday Stress among Adolescents in Residential Care (ESAR)**

This instrument encompasses 30 items concerning various aspects of the adolescents' lives: family, life in the residential care, school, peers, resources, and the future. The participants were asked to note whether they experienced the particular event next to each item. The total score on this instrument is calculated by adding the number of affirmative responses. The possible range of scores was 0-30, with higher score indicating more experience of everyday stressors. The factor analysis with a presumed single factor indicates that all the questions are saturated by the factor that can be referred to as Everyday Stressors. The reliability of the scale is high (Cronbach  $\alpha = .83$ ) (Maurović, 2015).



### **The Protective Mechanisms among Adolescents in Residential Care Questionnaire (PMARQ)**

This questionnaire was designed for the purpose of this study, and it utilizes 25 items that measure the protective mechanisms among adolescents in residential care. All items are positively oriented. The assessment is made on a 1-5 Likert scale, whereby 1 indicates a complete disagreement with the item, and 5 indicates complete agreement with the item. The data from our sample were used to test the factor structure of this instrument (Maurović, 2015). The instrument yielded four factors: *caring relationships with friend(s)* (the content of the item referred to the friends' provision of emotional support, the provision of emotional support for one's friends, relevance of a friendship for the participant), *caring relationships with the professional staff member(s)* (the professional staff members' social support, the positive perception of staff), *caring relationships with family member(s)* (social support by the family member(s), relevance of family member(s) for the adolescent), and *individual resources* (the content of these items referred to planning and organizing one's time, efficacy, flexibility, feeling comfortable in social interactions, emotion regulation). The reliability coefficients were found to be high for all four factors (Cronbach  $\alpha$  over .80).

### **The Subjective Happiness Scale (SHS)**

This scale was developed by Lyubomirsky and Lepper (1999). It consists of four items that assess the participant's general level of happiness, based on the self-assessment of one's happiness in general, and in comparison with others. The first three items on this scale are positively oriented, with the higher score indicating greater agreement, while the fourth item is negatively oriented. The total result is formed as the average score for the items, after the recoding of the answers on the fourth item, and it ranges from 1 to 7. A factor analysis of the scale (Maurović, 2015) has showed that the first three items form a factor with high item saturations (above .80), with the exception of the fourth item (.09). Therefore, the happiness variable in this study was formed as the mean of scores on the first three items. The reliability of the thus formed scale is satisfactory, as the Cronbach  $\alpha$  is .78.

## **PROCEDURE AND DATA ANALYSIS**

Prior to commencing the research, the permission of the Ethical Review Board was requested, as well as those of the Ministry of Social Policy and Youth, and each included institution. Also, the participants' informed consent was gained. The research was conducted in March and April 2013. The participants filled in the questionnaires in small groups (up to 5 participants).

Ethical aspects of the project were high on the list of priorities, especially the consent and voluntary

participation, safety, privacy, and confidentiality in the research process. Thus, the project was carried out in line with the Ethical Code for Research on Children (Ajduković, Kolesarić (eds.), 2005) and the Convention on the Rights of the Child (Maleš (ed.), 2001).

Along with descriptive statistics, in order to test the above hypotheses, the correlation coefficients were calculated, and hierarchical regression was conducted, using SPSS 18.0.

## RESULTS

### Descriptive indicators

#### Major Life Events

According to the results of the descriptive analysis, the participants have experienced on average  $M=4.02$  major life events/stressors ( $SD=2.39$ ). The Kolmogorov-Smirnov test showed that the distribution of the results does not significantly differ from the normal ( $KS=1.28$ ;  $p>.05$ ). Further data on the percentages of experiencing particular events are provided in Table 2.

**Table 2:** Frequencies of affirmative answers for each of the item

Claim	F	(%)
I had to change school and all of my friends	89	76.1
I have experienced the death of a loved one.	71	62.3
I have the experience of being separated from my siblings.	55	47.0
At least one of my family members was abusing alcohol.	42	35.2
My mother/father has a serious physical health problem	35	19.9
At least one of my family members often yelled at me, shamed me, or threatened me.	35	30.2
I have often been relocated (foster family, another home)	34	29.1
At least one of my family members would often beat me.	29	24.8
My parents were physically violent with one another (beatings, pulling hair)	26	22.0
I do not know my father.	20	16.2
I have the experience of being forced into sex.	18	15.7
My mother/father has mental health problems or is addicted to drugs.	18	15.7
I do not know my mother.	5	4.3

The results clearly show that the most commonly experienced events/stressors among participants

are the change of school/friends, death of a loved one, experience of separation from siblings, and parents' alcohol abuse. It should be pointed out that the list does not contain the participants' separation from family, which is a major life event, and one that draws numerous other stressors as consequence, such as those listed above (e.g. changing schools, separation from siblings, and similar).

### Everyday Stress

Based on the Everyday Stress among Adolescents in Residential Care Questionnaire, we were able to acquire data on the average number of everyday stressors and the frequency with which they appear. The participants have, on average, experienced  $M=9.79$  ( $SD=4.98$ ) of everyday stressors. According to the Kolmogorov-Smirnov test, the distribution of results does not significantly differ from normal ( $KS=.86$ ;  $p>.05$ ). Table 3 lists the frequencies for each of the sources of stress.

**Table 3:** The frequencies of affirmative answers to the everyday stress questionnaire

Item	F	%
My allowance is too small.	92	79.3
I am often bored at the institution.	91	77.8
I do not spend enough time with my family members.	75	64.7
My personal belongings have been stolen in the institution.	69	59.5
I worry about what will happen to my parents.	57	51.8
I am not allowed to do what my peers outside the institution are allowed (evening outings, and similar)	49	44.5
Sometimes, I stay hungry (there is not enough food I like, I miss meal times, and similar)	48	44
I do not spend enough time with my peers who are not in the residential facility.	47	43.9
I worry about what I will be doing and where I will be living in 10 years' time.	45	41.7
I do not have the things/equipment that my peers who live with their families do (access to a computer, internet, bicycle, roller-skates, and similar).	41	38.3
I am under pressure to perform well in school.	41	37.6
I do not get along with my teachers.	42	36.2
The professional staff here is nagging me.	36	31
I do not have enough of nice clothes.	36	30.8
I worry about not knowing what to do with my life.	33	30
My family members do not get along.	35	29.9

The professional mostly do not care about my opinion on the important issues (school/traineeships/institution and similar)	32	29.4
I do not have a room of my own.	28	24.6
My grades are poor.	27	23.5
There is nobody that I talk to about my life after leaving the treatment institution.	26	22.2
School is too hard for me.	24	20.9
A family member wants contact with me, even though I do not want contact with him/her.	20	18.2
I have problems in the relationship with my boyfriend/girlfriend.	19	17.8
I do not get along with my family.	19	16.4
I do not get along with the students in my school.	17	15.5
My peers belittle me.	16	13.8
I do not know where I am going to live immediately after leaving the institutions.	15	12.9
There is nobody I could rely on once I leave the care and treatment institution.	13	11.3
My peers are pressuring me into doing things I do not want to do.	13	11.2
My peers are ignoring me/not inviting me to their social events.	11	9.5

Participants have in large proportions responded positively to the items that concern the stressors in the treatment facility, be they in the form of relationships with peers or staff, or in the form of lack of resources. The largest frequencies of confirmatory answers are found for the items concerning a small allowance, and boredom in the treatment facility, theft of their personal belongings in the facility, experience of staying hungry, lack of equipment that their peers who live with families have, too many complaints by the professional staff, lack of nice clothes. More than half of participants agreed with items related to the stressors in the family, such as lack of contact with family members and concern for what will happen to their parents. Some of the school-related stressors have been found in more than a third of participants (*I am under pressure to perform well in school, I do not get along with the teachers*). All claims but one (*I do not spend enough time with my peers from outside the institution*) concerning the relationships with their peers were found to be rare among the participants.

### **Protective Mechanisms**

The instrument of Protective Mechanisms among Adolescents in Residential Care Questionnaire (PMARQ) assessed protective mechanisms in four areas: individual, familial, relationships with professional staff, relationships with friend(s). Table 4 provides the descriptive statistics and the results of the Kolmogorov-Smirnov test for these protective mechanisms.

**Table 4:** Protective mechanisms, descriptive statistics

	M	Median	Mode	SD	Min – Max	Z
Caring relationships with friend(s)	4.13	4.33	5.00	.87	1.00-5.00	1.66*
Caring relationships with the professional staff member(s)	3.61	3.80	5.00	1.09	1.00-5.00	1.08
Caring relationships with the family member(s)	4.27	4.75	5.00	.96	1.00-5.00	2.35**
Individual resources	3.86	3.88	5.00	.73	2.3-5.00	.80

\* $p < 0.01$ , \*\* $p < 0.001$ ; Z- Kolmogorov – Smirnov test

As can be seen from the table, two of four distributions significantly diverge from normal: the caring relationships with friend(s), and caring relationships with family member(s). For both of these, the mode is 5.00, which indicates that the participants found these two areas as very satisfactory. However, as can be seen from the results, the participants have given poorer assessments of caring relationships with the professional staff, and of their individual resources. Thus these two latter distributions do not significantly differ from normal. The relationships with the professional staff were assessed at  $M=3.61$  ( $SD=1.09$ ), while the individual resources were found to be at  $M=3.86$ , ( $SD=.73$ ). The range we found was 1-5 for all of the protective mechanisms, except for individual resources, where the range was 2.3-5.

### **Happiness Level**

The distribution of the subjective happiness level variable does not significantly differ from normal, based on the results of the Kolmogorov-Smirnov test ( $KS=.86$ ,  $p < .50$ ). With a range of 1.67-7, the participants' mean happiness level was 5.09 ( $SD=1.27$ ).

### **The Correlation of Risk and Protective Mechanisms with the Happiness Level**

The first research problem concerns the correlations of the resilience elements. As some of the variables significantly differ from normally distributed, we used the Spearman (for the correlation of happiness level and relationships with friend(s) and family member(s)) and Pearson correlation coefficients (for the remaining variables). Results are presented in Table 5.

**Table 5:** The correlation of risk and protective mechanisms with the levels of happiness

		<b>LEVEL OF HAPPINESS</b>
<b>RISKS</b>	The number of major life events/stressors	-.13
	The number of everyday stressors	-.30*
<b>PROTECTIVE MECHANISMS</b>	Caring relationships with friend(s)	.33*
	Caring relationships with the professional staff member(s)	.32*
	Caring relationships with the family member(s)	.18
	Individual resources	.44*

As can be seen from the table, among the risk variables, only the number of everyday stressors is significantly correlated with the happiness level, with a negative low value ( $r=-.30$ ). The number of major life events is not correlated with the level of happiness. Based on results, the first hypothesis is only partially supported.

All the protective mechanisms, apart from the relationship with the family member(s) are statistically significantly correlated with the happiness, at low to medium levels. The coefficients are largest for the correlation between happiness and individual resources ( $r=.44$ ). Given that we expected that all four protective mechanisms would be correlated with the happiness levels, results also just partially supported the second hypothesis.

### **The contribution of risk and protective mechanisms to the level of subjective happiness**

In order to test the third hypothesis, we have assessed the presumptions for conducting hierarchical regression (normally distributed variables, absence of singularity and multicollinearity). The precondition of normally distributed variables is not necessary if all the predictors' distributions differ from the normal in the same direction (Tabachnick and Fidell, 2007). This is the case here, as all distributions that diverge from normal are asymmetric in the same way, i.e. negatively. There is no singularity present in our set of predictors, i.e. not a single one of the variables can be expressed as a linear combination of any other variables. The correlation matrix (available on request) indicates that none of the independent variables are highly mutually correlated. The highest correlation is that of relationships with friend(s) and individual resources ( $r=.57$ ). Furthermore, there is no multicollinearity of the data - we find no evidence of the multicollinearity criterion of

simultaneous presence of a condition index higher than 30, with the proportion of variance higher than .50 for at least two variables (Belsely et al., 1980, in Tabachnick and Fidell, 2007). In other words, all the preconditions for conducting regression analysis are fulfilled, with happiness as the dependent variable, and three blocks of predictors. The first of those includes sex and age, the second includes the risk variables (number of major life events/stressors and the number of everyday stressors), while the third contains the protective mechanisms. According to our results, this set of predictors explains 16.3% of the total variance in self-assessed level of happiness.

**Table 6:** Hierarchical regression results for the happiness level predictive model

Variables	Step 1		Step 2		Step 3	
	$\beta$	t	$\beta$	t	$\beta$	t
Sex	-.19	-1.794	-.117	-.928	-.166	-1.310
Age	.005	.042	-.010	-.094	-.003	-.026
The number of major life events/stressors			-.031	-.246	-.003	-.024
The number of everyday stressors			-.177	-1.455	-.001	-.010
Caring relationships with friend(s)					.064	.481
Caring relationships with the professional staff member(s)					.114	.891
Caring relationships with the family member(s)					-.030	-.256
Individual resources					.325	2.330
R	.117		.270		.478	
R <sup>2</sup>	.014		.073		.229	
Corrected R <sup>2</sup>	-.006		.035		.163	
$\Delta R^2$	.014		.059*		.156**	

\*p<.05 \*\*p<.01

As can be seen in Table 6, the predictors in the first block (sex and age) do not contribute to the explanation of the level of happiness. The second and third blocks of predictors are statistically significant. The second block adds the variables concerning the number of major life events/stressors and the number of everyday stressors, leading to a significant increase in the R<sup>2</sup>.

These variables explain 5.9% of the variance in self-assessed happiness. Yet, none of the risk variables have a significant independent contribution in explaining happiness. A significant increase in  $R^2$  takes place when the variables of protective mechanisms are included. These variables contribute 15.6% to the explanation of the variance in happiness levels. Only the protective mechanism of individual resources has a significant individual contribution to the explanation of happiness.

Based on results, the third hypothesis is only partially supported. In accordance with our expectations, individual resources are a significant predictor of happiness, while the caring relationships with friend(s) have not appeared statistically significant. Furthermore, the number of everyday stressors does not have a significant individual contribution to the explanation of happiness, while it does contribute to the proportion of total explained variance in combination with the number of major life events.

## **DISCUSSION**

We may assert that, on average, the participants in this study have been involved a resilience process, as reflected in the high values of self-assessed happiness, in spite of the great risks that these young people are exposed to. This is indicated by the average of 4 major life events/stressors that they report (beside separation from their family). According to the leading researchers in the field (Rutter, 1979, in Clements, Aber and Seidman, 2008; Werner and Smith, 1992, in Werner, 2011) four or more risk factors could be especially damaging for developmental outcomes of children and youth. Furthermore, the risks for these youth increase when the average number of 9.79 stressors ( $SD=4.98$ ) they are exposed to on a daily basis is considered.

On the other hand, the participants also assessed their own developmental outcome, in the form of level of happiness, in middle to high values. Since the resilience process depends on the presence of protective mechanisms, the data showing these mechanisms as present in relatively high level among participants also support the assumption of resilience process present in this sample.

Results indicate that the everyday stress and all protective mechanisms (except for caring relationships with family member(s)) are correlated with the self-assessed level of happiness. The correlation of stress and happiness is negative, while the correlation of protective mechanisms and happiness is positive. The non-significant correlation between major life events/stressors (these mostly took place prior to placement into treatment) and self-assessed happiness could be in line



with the presumption that considers one's level of happiness as relatively stable, and returning to a baseline even after major events (Diener, Lucas and Scollon, 2006). Apart from that, the effects of life events on a person greatly depend on individual interpretation and context, i.e. the available personal or environmental resources that can make a significant difference in one's ability to adjust to the major life events.

Additionally, the negative correlation of the number of everyday stressors and happiness indicates that these events may interfere with the happiness levels. One of the mechanisms that might be behind this relation concerns the effects of stress on the complexity of affective experiences. The studies of everyday events show that, in situations of stress, even in everyday discomforts and "hassles", unpleasant affects increase, while one's focus of attention narrows, which leads to reduced capacity for experiencing pleasant affects (Zautra et al., 2005; Križanić, Kardum and Knezović, 2014). This general unpleasant mood can reflect on one's general self-assessment of happiness (Schwarz and Strack, 1991), with these effects potentially more pronounced in persons that have insufficient mood regulation skills.

This interpretation might be supported by the results of regression analyses, which show that the risk variables are explaining a portion of variance in happiness levels, but are not independently statistically significant. The protective mechanisms have a greater contribution to explaining the variance of the happiness variable, but here only the individual resources have an independent statistically significant effect. These findings are in accordance to previous interpretations - the potential for an objective event to be stressful for a person, and to affect other outcomes adversely, depends on the person's individual resources. The items that pertain to individual resources concerned emotion regulation, self-efficacy, flexibility, feeling comfortable in social interactions, and planning and organizing one's time. Results are thus not surprising. The emotion regulation skills may help youth to feel good, or feel happy even in face of stressors they are exposed to. Furthermore, social skills, i.e. the ability to initiate and maintain contacts and relationships with others can also encourage the creation of caring relationships that are, as our results show, correlated with happiness. The skills of planning one's everyday life can be an important factor for happiness, as those who meaningfully use their time also exhibit higher levels of happiness (Lyubomirsky, Sheldon and Schade, 2005).

Though caring relationships do not have an independent statistically significant contribution in explaining happiness, they are nonetheless positively correlated with happiness (this is the case for all relationships except those with family member(s)). While the positive correlation of caring

relationships and happiness is expected and in accordance with existing research, the lack of such correlation for the variable of existence of caring relationships with family can be interpreted in several ways. First, the question of objectivity of the assessment of these relationships may be brought into question. It may be that some participants have overestimated or even idealized their relationship with family member(s). Idealization may be one of the defence mechanisms that one might use when dealing with an unpleasant situation or relationship that would be too painful to consider objectively. Also, the youth have assessed the existence of a caring relationship with at least one family member, which does not have to be case for the family as a whole. It would be useful to further explore these distinctions in future research.

The finding of risks and protective mechanisms explaining a relatively small proportion of the variance in self-assessed happiness level leads us to consider possible limitations of this study. Namely, the general measures of subjective well-being may be under the influence of "personal comparison standards", which may change with the context of the measurement (Kim-Prieto et al., 2005). Since the measurement in our case took place in small groups, in residential care that the participants reside in, these conditions may have provided "situational" setting to their standards of comparison. Thus the high self-assessed happiness may be reflecting one's conclusion that he/she feels happier when compared to the peers around him/her (i.e. the peers in the residential care, not peers in general).

Additionally, the convenience sample is one of the more important limitations of this study, particularly in its lack of gender balance. Furthermore, the research is based on the self-assessment methods, which offer both, advantages, and some limitations. One of the problems with self-assessment measures may be related to the individual's propensity to be unrealistic when assessing one's own characteristics, behaviours, and other, whether it is manifested by overestimating or underestimating.

Further research on the determinants of level of happiness would need to be augmented by the utilization of variables such as personality traits, but also some others that are known to be correlated with happiness, but have not been included in our research: the satisfaction of basic psychological needs (Sabol, 2005), participation in meaningful daily activities (Lyubomirsky, Sheldon and Schade, 2005), but also the psychosocial climate in the treatment institution (Klasić, 2013) and similar. Further, it would be useful to test the correlation of happiness and the behavioural problem of the beneficiaries in residential care.

The main contribution of this paper is primarily in putting forward the issue of subjective well-being, protective mechanisms, resilience, or the positive aspects of psychosocial functioning in a youth population that has so far only been considered in its negative aspects. Results of the study indicate that the issue of resilience is an important topic among youth in residential care, that should not be neglected. This is why one of the recommendations for future research is that this youth's functioning ought to be assessed taking into account all areas of psychosocial functioning. We also recommend the youth' own considerations on the issues they find important to be investigated, particularly because their "starting points" in life most likely greatly diverge from those in the general population.

The results of this study may also be used in planning treatment interventions with youth in residential care. Since independent effects of risk and protective mechanisms on the level of happiness was found, importance of lowering the levels of risk, and increasing the relevant protective mechanisms, should be considered when creating interventions. The space for the interventions of professionals who work directly with the youth in the institutions, and in other systems (schools, local communities, decision-makers) is thus extensive. This primarily relates to reducing particularly the most common daily stressors (low allowances, theft in the residential facility, or lack of time that can be spent with family member(s)). Furthermore, appropriate interventions are important for a strengthening of protective mechanisms. This is particularly relevant for supporting the youth in developing individual resources that are vital to one's ability to deal with risks, such as the skill of regulating one's emotions. In addition to that, it is important to strengthen the youth in planning and organizing everyday life, and to set long-term goals that will guide them in structuring their daily lives. Working on improving the young persons' social skills is vital, since these are an important individual resource, one that helps the youth establish and maintain quality relationships with others, which are in turn a factor connected to happiness. This can be achieved by means of continuous social skills training, but also through daily demonstrations of appropriate social skills on the part of the nearest environment of youth in residential care.

## **CONCLUSION**

Our findings suggest that resilience holds an important place in the study of psychosocial functioning of the youth in residential care. The participants in this study have assessed a high level of major life events/stressors, along with a high level of daily stressors. In spite of that, they provide relatively high self-assessed levels of subjective well-being, operationalized as the level of

happiness. It is precisely these elements (high risk/favourable outcome) that form the key elements in resilience. As the facilitation of the resilience process is affected by the presence of protective mechanisms, so the high self-assessment of both internal and external protective mechanisms support the hypothesized presence of the resilience process among participants. The aim of the paper was to establish the correlation of risk, protective mechanisms, and happiness among the beneficiaries in residential care. Results show that, among the risk variables, the number of everyday stressors is correlated with happiness (negatively), while that was not the case with the number of major life events/stressors. All protective mechanisms (except for caring relationships with family member(s)), i.e. caring relationships with friends and professional staff, and one's individual resources are all positively correlated with happiness. This paper points to some guidelines for interventions in order to reduce the levels of everyday stressors and strengthen the protective mechanisms, with the aim of affecting the subjective well-being among the beneficiaries of youth care and treatment institutions.

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