

## *Childhood, Trauma, and Psychological Resilience*

### الطفولة والصدمات والمرونة النفسية

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#### **Abstract:**

Within the framework of studying the characteristic of psychological resilience as a developmental phenomenon, the "Trauma–Resilience Model" in children is considered a psychological approach linked to a structured organization of the psychological development process. This model highlights a set of negative factors whose impact is assumed to be mitigated by the presence of constructive protective factors in the child. This, in turn, enables the child to mobilize various defense mechanisms to confront external traumas.

This article aims to clarify the role of resilience in children who have experienced a specific trauma, and how they construct a personalized resistance model to cope with various crises.

**Keywords:** Childhood; Psychological resilience; Trauma

#### **ملخص**

في إطار دراسة خصائص المرونة النفسية كظاهرة نمائية، يُعتبر "نموذج المرونة النفسية للصدمة" لدى الأطفال نهجًا نفسيًا مرتبطًا بتنظيم مُنظَّم لعملية النمو النفسي. يُسلط هذا النموذج الضوء على مجموعة من العوامل السلبية التي يُفترض أن يُخفِّف من تأثيرها وجود عوامل وقائية بناءة لدى الطفل. وهذا بدوره يُمكن الطفل من حشد آليات دفاعية مُختلفة لمواجهة الصدمات الخارجية.

يهدف هذا المقال إلى توضيح دور المرونة النفسية لدى الأطفال الذين تعرضوا لصدمة مُحددة، وكيفية بناء نموذج مقاومة مُخصَّص لهم للتعامل مع مختلف الأزمات.

الكلمات المفتاحية: الطفولة؛ المرونة النفسية؛ الصدمة

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## **1- Introduction**

Contemporary psychological discourse focuses on the capacities of the human being within the boundaries of the individual's human condition, wherein one may possess intrinsic and social competencies that enable adaptation across various circumstances and states.

Human distinction is defined by what is referred to as psychological resilience, which is a term synonymous with mental toughness, psychological hardiness, or psychic elasticity. The study of this concept has been intrinsically linked to psychological pressures and traumatic events, particularly in the context of the Algerian society's experience of severe crises, ranging from the brutal legacy of French colonialism to political upheavals and civil conflicts during the "Black Decade", and later, natural disasters. These collective experiences have contributed to the proliferation of issues such as violence, failure, loss, and abuse.

The study of the Algerian individual, with his diverse cultural identities and his exposure to psychological wounds and trauma, represents a subject that embodies the most socially representative pathological group. This is especially true in light of the absence of structured therapeutic systems, social care frameworks, and necessary psychological follow-up to traumatic events.

These social transformations have affected, directly or indirectly, Algerian childhood, especially amidst disturbing phenomena such as child abduction and sexual abuse. Moreover, children endure violence, school dropout, and educational neglect prevalent in our institutions at all administrative levels. This compels us to posit that it is the responsibility of both the family and the society to intervene as primary agents in equipping the child with a level of resilience necessary to confront risk factors.

Resilience theories emphasize assisting this vulnerable category in overcoming the strenuous experience that results from trauma itself. In a similar vein, psychoanalytic theories concur with this perspective, contending that incidental and adverse conditions destabilize the balance of instinctual forces, disrupt the ego, and lead to a fragmentation of the psychic structure, followed by intense repression, ultimately manifesting in symptoms, inhibitions, and various forms of neuroses.

In this context, S. Freud underscores the importance of recognizing the specific developmental stage and the consequential link between the trauma and the child's age. He warns against psychological injury and external traumas during childhood, advocating instead for allowing the child to traverse the developmental stages safely. The child is obliged to live through psychological crises and the conflicts of instinctual relational dynamics in order to attain healthy psychological development. However, the occurrence of traumatic wounds, particularly those resulting from primal separations, constitutes a condition of risk.

This compels us to hypothesize that resilient functioning in the child creates a state of equilibrium or facilitates overcoming trauma through specific factors that enhance the child's psychological resilience in coping with traumatic wounds.

Indeed, the sensitivity and distinct characteristics of the childhood stage have led specialists to assign it special importance, focusing their research on the child and all variables that might hinder his or her healthy development. All types of trauma are considered among the most serious developmental risks and can have grave repercussions on the future of this population. Hence, we may raise several questions, the most important of which are: How does the child confront trauma? And is it possible to speak of a psychological process within the child that undertakes this task?

### **1.1- Historical Roots of the Concept of Resilience**

Although studies on psychological resilience are relatively recent, dating back to the 1970s, this does not imply the absence of this faculty in the depths of ancient human experience. Rather, it is a broad concept whose idea has been present since antiquity, as attested in myths and classical literature that treated it as a positive element of human existence and as a reality that the self can embody.

- The term Resilience is French in origin, derived from the Latin word *resilientia*, a concept originally used in mining and physics, signifying the ability to return to an original state after being subjected to continuous shock and pressure, namely, the ability to absorb kinetic energy without collapse. It was later appropriated by the human sciences, where it acquired broader significance.

In the French dictionary, *resalir* denotes the act of resuming movement, where *salire* refers to repetition and leads to the idea of rebound. The prefix *re-* indicates leaping and jumping, thus making resilience the act culminating in commitment and a promise to endure (Anaut, 2003, p. 35).

- The first person to employ this term in the fields of medicine and psychology was N. Garmezy in the United States in 1984. According to analyst Simone Korff-Sausse, S. Freud laid the initial epistemological foundations of this approach through his theory of defense mechanisms in psychoanalysis, albeit using other terms such as the concept of sublimation (Morale, 2007, p. 4).

- However, some sources attribute the emergence of this term to the American specialist Emmy Werner, whose longitudinal study spanned thirty years (Taleb, 2010). The widespread adoption of the concept was further driven by the interest of numerous researchers and specialists, such as Michel Manciaux, Ionescu Serban, and Boris Cyrulnik. The latter, in particular, popularized the term across media, television programs, YouTube platforms, and in his book *Un merveilleux malheur* (1999), where he depicted the triumph of certain individuals over painful blows and their success in finding meaning in their lives (Morale, 2007, p. 4).

Today, the term psychological resilience or mental toughness is no longer a simplistic concept; it has evolved into a framework that aids in understanding the individual in both normal and pathological dimensions. This is what we seek to elucidate through the stages of this research.

## **1.2- The Concept of Psychological Resilience**

### **1.2.1- Definition of Psychological Resilience**

According to Lecomte, Boris Cyrulnik, Michel Manciaux, Stefan Vanistendael, and Jacques, resilience refers to the ability of an individual or a group to achieve positive development and maintain a constructive orientation toward the future despite the presence of traumatic injury (Anaut, 2003, p. 37).

### **1.2.2- The Concept of Psychological Resilience in Children**

- M. Rutter defines psychological resilience as a phenomenon that emerges in young individuals who develop in an appropriate and healthy manner when exposed to stress caused by adverse consequences.

- L. Goodyer asserts that resilience occurs when a child exhibits moderate and acceptable responses while facing harmful stimuli from their environment(Wadfel, 2008).

It is worth noting that this researcher treated resilience merely as an adaptive reaction to a stressful situation, neglecting the crucial developmental aspects, both environmental and internal, that are essential to fully defining resilience.

## **1.3- Theoretical Approaches to Resilience**

### **1.3.1- Attachment Theory and Resilience**

Attachment theory focuses on studying the formation of early relationships. The initial developmental stage is considered a foundational base of safety, leading to the functional development of cognitive growth through early attachment patterns and their impact on the child's personality.

A strong mother–child bond is essential and primary for the development of resilience. The first three years of life give rise to a specific type of attachment, determined by the quality of interaction with caregivers, which in turn affects the child's later developmental potential for resilience.

### **1.3.2- The Situational Theory of Resilience**

Gilligan established three core psycho-social-mental foundations to explain the structure of the resilience process:

#### **- A sense of internal security:**

This entails belonging from the earliest attachment experiences to a family, lineage, or kinship group that provides emotional containment. This fosters internal safety, which is critical to constructing psychological resilience. In this regard, M. Rutter affirms that when care and secure

relationships are absent, they must be compensated for within the social network, which acts as a highly significant protective factor.

- **Self-esteem:**

Self-esteem is related to the development of narcissism through experiences of parental investment. According to Rutter, the positive growth of self-esteem requires two fundamentals:

- Intimate relationships characterized by reassuring and harmonious love.
- The achievement of personal goals and focal points of interest.

- **A sense of personal efficacy:**

Barqué emphasizes that parenting styles influence the child's development through their awareness of internal control and their ability to perceive desired objects. Parenting thus becomes a relational and educational model that defines the child's autonomy or dependency.

Rational processing begins at birth through the quality of maternal mediation or its psychological substitute. Resilience emerges through:

- The rigidity or flexibility of ego defense mechanisms.
- The capacity for mental reconstruction: the ability to articulate the trauma and the associated emotions through words and narrative.

**1.3.3- The Ecological Model**

This model incorporates hypotheses concerning both risk and protective factors, addressing the individual and their environment. It seeks to understand the complex internal relationships between the person and their context. Within this framework, Tousignant proposed an ecological model of resilience that highlights the interaction between person and environment (Anaut, 2003, p. 75).

This model offers an approach that envisions a network of interrelated and coherent causes, examining the relationship between the person and the self, and then between the person and their surroundings. Therefore, it is essential to explore the psychological process of resilience as it transitions from one model to another.

**1.3.4- The Psychological Process of Resilience Functioning**

According to Bourgnignon, resilience arises from a process of negotiating a hazardous situation, where protective factors enable resilience to activate intermediary mechanisms. These mechanisms can be distinguished across two temporal levels: short-term resilience and long-term resilience.

- Facing trauma and resisting psychological disintegration: This implies not fully internalizing the traumatic reality, by employing defense mechanisms such as identifying alternative familial support, engaging in fantasy, or denial.

- Integrating the trauma and self-repair: This process involves re-establishing lost connections following the traumatic wound. From adversity, a reconstructive process begins by attributing meaning to the injury, utilizing adaptive defense mechanisms, or what is termed mature rationalization.

According to Tychev, rationalization refers to the capacity to translate experiences into words or verbal representations that can be shared, thus rendering them communicable and meaningful to both self and others (Anaut, 2003, p. 85).

## **1.4- Protective and Risk Factors**

### **1.4.1- Protective Factors**

Protective factors are all existential conditions that assist psychological resilience in overcoming various crises and traumatic events. They are classified into three levels:

- Personal resources: optimism, mature rationalization, self-esteem, creativity.
- Community or societal resources: support from group or communal structures.
- Family resources, including:
  - Fewer than five children.
  - Wide spacing between births.
  - Parents' positive attitude toward the pregnancy.
  - Harmonious family dynamics.
  - Positive, rich, and secure relationships between child and parents (affection, warmth, and effective communication).
- Presence of family rituals (set schedules for homework, traditions).
- Empathic capacity.

Absence of domestic violence

- Financial stability

### **1.4.2- Risk Factors**

Risk factors are all existential conditions inherent to the child or their environment that place them at risk of functional impairment due to organic or environmental events or circumstances. These too fall into three level:

- Child-related: cognitive disability, early maternal separation, twinship, illness.
- Society-related: child labor, poverty and low socio-economic status, overcrowded housing, or social isolation.
  - Family environment-related:
    - Maternal separation, chronic conflicts, or domestic violence.
    - Alcoholism in the family environment.

- Death of a close relative.
- Chronic illness (physical or mental) in one of the parents.
- Incomplete marriage (e.g., single mothers), adolescent or emotionally immature mothers.

Despite the categorical distinction between risk and protective factors, researchers note that intersections exist between the two domains, indicating overlapping influences (Wadfel, 2008).

### **1.5- Interplay Between Risk and Protective Factors**

The concept of resilience often involves the intersection between risk and protective factors. The notion of a risk factor refers to a probabilistic framework, typically involving a phenomenon such as low family socio-economic status, poor school integration, loss, early separations, accidents, illness, and similar causal events.

In contrast, a protective factor is defined by encouraging features of the child's personal and social environment (e.g., small family size, strong mother-child bond, absence of separation, deprivation, or loss), which constitute essential resources supporting resilience.

What ultimately determines the impact of a traumatic event is not the event itself, but rather the mechanisms—whether positively or negatively employed, that process it. This underscores that the nature of the risk factor is not paramount; rather, it is the interactive feedback dynamic between risk factors that is most significant.

Simply put, some protective factors and risk factors may represent two poles of the same phenomenon. The following example illustrates this: the departure of an alcoholic father from the family might act as a protective factor, yet the accompanying emotional deprivation and loss of financial income may simultaneously function as risk factors (Anaut, 2003, pp. 25–26).

Ultimately, the resilience model is a psychological approach connected to the organized structure of the psychological development process. It proposes a spectrum of either harmful or protective factors that an individual might internalize, thus enabling the use of diverse defense mechanisms when confronting trauma and fostering a flexible ego, one that mediates between the self and others as part of an effective therapeutic relationship (Klopfer, 2003, pp. 2, 12).

## **2- Methods and Materials**

### **2.1- Objective:**

The aim of conducting this fieldwork is to identify the contributing factors that help shape the resilient profile in children. We sought to identify the flexible characteristics associated with this profile through the administration of the Rorschach Test on children who have been exposed to psychologically taxing traumas and injuries.

**2.2- Methodology and Instruments**

Our study relied on the clinical approach, which emphasizes individualization and focuses on the specific phenomenon or trait under investigation and the influencing factors surrounding it. This method allows for an in-depth, comprehensive case study analysis, as conducted using the following instruments:

**2.2.1- Semi-Structured Clinical Interview**

This technique aims to establish a dialogical exchange with dynamic dimensions by directing and structuring a set of questions that align with the research objective, while maintaining the child's freedom of expression.

We employed two axes of inquiry:

(A) Peripheral relational dynamics both inside and outside the family unit, centering on the binary relationships: Child–Mother/Father, Child–Siblings or other relatives.

(B) The psychological resilience profile (internal factors), within which we applied the Rorschach Test, connecting the results with questions relevant to the study's theme.

**2.2.2- Rorschach Test**

This is a projective test composed of ten ambiguous inkblot plates, premised on the hypothesis that a relationship exists between perception and personality. The aim is to extract the resilient child's profile and uncover non-learned emotional and behavioral traits. It assists in identifying the nature and extent of certain aspects of the child's personality, such as cognitive and intellectual dimensions, affective and emotional dynamics, ego effectiveness, self-perception, emotional response mechanisms under pressure, and the breadth of interests, all of which collectively reflect the resilient profile (Anaut, 2003, p. 48).

**2.2.3- Content Analysis**

In this study, we treated the interview data statistically. We extracted the frequency of each thematic unit and calculated percentages based on the following equation:  $P = (X \times 100) / N$

**2.3- Case Studies**

TraumaticEvent	Age	Case Description
A fostered child discovered the truth about his biological lineage at an early age, which led to a suicide attempt before the age of 11, a tragedy averted by the containment provided by the foster family.	11 years	Case One (Male)
The case involves a child who lost her father.	10 years	Case Two (Female)

## 2.4- Content Analysis Tables

Table (01): Quantitative Content Analysis – Case One

Categories	Units	Frequency	Percentage
Personal Factors	How the trauma is perceived	32	11.22%
	Self-esteem	30	10.52%
Environmental Factors	Child–Parent relationship	50	17.54%
	Child–Environment relationship	23	8.07%
Total	—	135	48.08%

Table (02): Quantitative Content Analysis – Case Two

Categories	Units	Frequency	Percentage
Personal Factors	How the trauma is perceived	32	13.55%
	Self-esteem	44	18.64%
Environmental Factors	Child–Parent relationship	36	15.25%
	Child–Environment relationship	26	11.01%
Total	—	138	48.08%

## 3- Discussion of Results

Within the framework of exploring the contribution of resilience factors in children affected by traumatic wounds, and based on the Rorschach Test results and overall analysis of both cases, we have arrived at the following:

### 3.1- First Partial Hypothesis

Despite the interference of external risk factors in shaping the traumatic wound experienced during the latency period in both cases (a period traditionally considered one of recovery from natural traumas and separations) the dynamic activation of internal protective factors facilitated the engagement of various defense mechanisms. These factors enabled optimal psychological investment in cognitive abilities, adaptive and social skills, empathetic capacity, intelligence, academic success, optimism, humor, and a sense of responsibility, all of which contributed in varying degrees to ego flexibility and socio-cognitive adjustment.

This aligns with I. Kresler's assertion that resilience is the individual's ability to overcome difficult circumstances by relying on specific cognitive, behavioral, and adaptive traits (Moualim, 2010, p. 40) , which can modulate the traumatic impact and neutralize the dominance of risk factors.

Hence, this confirms our hypothesis regarding the contribution of internal factors to the development of psychological resilience in trauma-affected children.

We represented these internal factors by constructing a resilient psychological profile, assessed through the Rorschach Test, revealing the following characteristics:

**Cognitive Structure:** High productivity indicates solid rationalization, intellectual integration, and the ability to verbalize representations and associate them with the child's emotional state, signaling robust self and other awareness. The low response latency corresponds with the child's spontaneity.

**Environmental Perception Style:** A rich and diversified approach to the external world was observed, with focus on specific subjects through a consistent projection sequence, marked by anatomically and formally defined animal content. The percentage of undefined content dropped to 12%, compared to the typical 30%.

**Presence of "K" (movement responses):** Although not intense, the presence of "K" with preserved fragmentation reflects the child's defensive response to latent anxiety, suggesting an internalized ability to empathize through effective reality contact (Boucenna, 2012, p. 18).

Hermann Rorschach noted that a normal protocol typically contains 7/10 "K" responses, indicative of analytical and abstract thinking. Chabert interprets this, in children, as a sign of solid bodily projection.

**Affective Structure:** The protocol demonstrated extroverted patterns of intimate emotional return, reflecting the child's capacity for emotional discharge. Form-color responses were emotionally expressive and socially acceptable, revealing that the child had experienced affirming social encounters and interpersonal validation, key indicators of flexible psychological investment and a varied use of defense mechanisms.

**Elevated Anxiety:** Though above average, the anxiety recorded in both cases likely reflects latent-phase pressure rather than pathology. Nonetheless, the strong ego maintained balance, as evidenced by the projected adaptive responses and monitoring behaviors. Melanie Klein emphasized that affective manifestations such as anxiety are indeed signs of psychological normalcy (Anaut, 2003, p. 48).

**Affective Regulation:** Both resilient profiles exhibited form-dominant responses, showing controlled emotional life alongside a capacity for childlike emotional arousal.

**Adaptability:** The predominance of detail-focused responses indicated good social adaptation. This was reinforced by clear, bright emotional responses, color associations with positive determinants suggesting a joyful, relationally expansive mode of interaction with the world and others.

### **3.2- Second Partial Hypothesis**

However, validating the first hypothesis necessitates the confirmation of the second, which highlights the existence of environmental factors that also supported psychological resilience in both

cases. This aligns with Tousignant's ecological model of resilience, which emphasizes the interplay between the individual and their environment.

The environment offered family-based protective factors, including a warm father-child relationship and the absence of domestic violence, which encouraged internalization of parental modeling and secure attachment. According to Masten and Garmezy, such conditions (parental warmth, effective caregiving, and familial harmony) are among the most essential protective elements promoting resilience (Wadfel, 2008) .

Additionally, society provided supportive external factors through extended family involvement and nurturing within social networks. This echoes Vanistendael's assertion that resilience in children is strengthened by community and parental roles that transcend basic service provision, focusing instead on fulfilling the child's holistic developmental needs.

### **Conclusion**

Ultimately, the resilience model (or psychological endurance) is a psychological approach grounded in the structured process of psychological development. It posits a dynamic interplay between damaging factors whose influence can be neutralized by constructive protective factors adopted by the child. These enable the child to mobilize diverse defense mechanisms and capacities, forming a flexible ego capable of establishing adaptive relationships with both self and environment.

We may thus predict that a resilient child, despite traumatic wounds and hardship, can sustain positive developmental trajectories thanks to the protective contributions of family and society, which enhance their adaptive capacity relative to others. The lived experience of trauma, uniquely faced and processed, grants such children psychological fortitude and resilience.

Through this modest work, we recommend nurturing this innate capacity for psychological resilience in children who have borne painful burdens of trauma and loss. Such nurturing will empower them to approach future experiences with firmness (as a positive counterforce to trauma) and enable them to journey safely into maturity, toward a tranquil self that finds peace in the divine breath it carries. Through faith in both divine and human potential, the resilient self is forged in familial and social wombs that transform wounding into wisdom, and anguish into restored psychological equilibrium.

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