# Perspective Review

## Parenting that Works Toward Raising a Resilient Generation: Insights from a Multistakeholder Forum on Parenting and Child Development

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**ABSTRACT**

**Background:** Resilience is increasingly recognized as an important determinant of child and adolescent health. However, it is often misunderstood as an individual trait characterized by toughness, perseverance, or success achieved through adversity.

**Objective:** To synthesize key insights from a multistakeholder parenting forum conducted during the Second Malaysian Conference on Paediatrics and Child Health in May 2026 and examine their relevance to current evidence on resilience.

**Methods:** The forum was informed by six months of moderated discussions involving a secondary school student, young adults, parents, a child advocate, and healthcare professionals. Themes emerging from the discussions were reviewed and synthesized pertaining to resilience's relevance to parenting, child development, and mental health.

**Results:** Six major themes emerged. Resilience was viewed as more than individual toughness and was understood to develop within supportive relationships and systems. Parents were recognized as important models through their own coping behaviors. Resilience was distinguished from conventional definitions of success and understood within each child's unique strengths and circumstances. Positive parenting approaches that combine warmth, guidance, and boundaries were considered more effective than punitive discipline. Adversity alone was not seen as sufficient to build resilience, highlighting the importance of supportive relationships. Children were also seen as needing a safe place and trusted relationships to which they can return during times of difficulty.

**Conclusion:** Resilience is a dynamic and relational process shaped by families, schools, communities, and broader support systems. Supporting resilient children begins with supporting resilient parents, strengthening family relationships, and creating environments that enable children to thrive.

**Keywords**: Resilience; Parenting; Child Development; Positive Parenting; Adverse Childhood Experiences; Mental Health; Family Resilience; Child Well-being.

## INTRODUCTION

Resilience has gained increasing prominence within the field of child and adolescent health. Amid growing concerns about mental health difficulties, academic pressures, social media influences, cyberbullying, family

stressors, and broader societal uncertainties, resilience is frequently presented as a desirable characteristic that enables children and adolescents to manage challenges, overcome adversity, and sustain positive developmental trajectories. Despite its widespread use, resilience remains poorly understood.[1,2] Traditional narratives often portray resilient individuals as exceptionally strong, independent, or successful, implying that resilience is primarily an internal trait developed through hardship. Although these accounts may be inspirational, they risk oversimplifying a complex developmental process and reinforcing the misconception that hardship is inherently beneficial.

Current developmental science offers a broader perspective concerning resilience.[1,2,3] It has been described as a positive adaptation despite serious threats to development.[1] Resilience is now recognized as the capacity of a dynamic system to adapt successfully to disturbances that threaten system function, viability, or development.[3] Rather than constituting a fixed personality trait, resilience emerges through interactions between individuals and their environments.[1,2] It reflects the ability to adapt to challenges with the support of relationships, resources, and opportunities that promote healthy development. Accordingly, resilience is not simply a child's characteristic but also reflects the family, school, community, and societal systems surrounding the child.[2]

These considerations formed the basis of a forum entitled *Parenting that Works Toward Raising a Resilient Generation,* held during the *Second Malaysian Conference on Paediatrics and Child Health* (2nd MCPaCH) on 9 May 2026 in Penang, Malaysia. The forum brought together a secondary school student, a child advocate, young adults, parents, and healthcare professionals (Supplementary File A). The moderated discussion, supervised by a pediatric consultant, explored the meaning of resilience, how it develops, and the roles of parents, schools, healthcare professionals, support systems, and communities in fostering resilience among children and adolescents.

## Objective

The forum represented the culmination of approximately six months of moderated discussions among the panelists. This paper synthesizes key insights from a multistakeholder forum on parenting and child development and examines their relevance in relation to current evidence on resilience.

## METHODS

A dedicated WhatsApp discussion group was established in November 2025, involving the moderator and panelists. Over the following six months, panelists shared personal experiences, professional insights, reflections, and relevant literature on resilience, parenting, child development, and mental health. These discussions allowed themes to emerge organically and informed a thematic framework (Supplementary File B). Based on these themes, the moderator prepared a script to guide the forum and ensure coverage of major topics (Supplementary File C). The thematic framework and moderator script were developed with the assistance of artificial intelligence tools, as detailed in the Artificial Intelligence Use and Manuscript Development Statement. For documentation and

thematic synthesis, the forum discussion was recorded using Heidi Health.[4] The resulting outputs were subsequently reviewed by the moderator and panelists during manuscript preparation (Supplementary File D).

This commentary synthesizes six major themes identified both from pre-forum discussions and the live forum, examining them in relation to current evidence on resilience, parenting, child development, and mental health. These themes are summarized in Box 1 and discussed in detail below. Although the perspectives originated from individual lived experiences and professional backgrounds, they demonstrated significant alignment with current scientific understanding of the development and nurturing of resilience throughout childhood and adolescence.

**Box 1.** Six Key Messages on Raising a Resilient Generation

1. Resilience is more than individual toughness; it develops within supportive relationships and systems.
2. Parents are important models of resilience through their own coping behaviors and emotional regulation.
3. Resilience should not be equated with conventional measures of success.
4. Positive parenting that combines warmth, guidance, and boundaries is more effective than punitive discipline.
5. Adversity does not automatically build resilience; supportive relationships are critical for recovery and adaptation.
6. Children and adolescents need a safe place and trusted relationships to which they can return during times of difficulty.

## RESULTS

### Theme 1 – Resilience Is More Than Individual Toughness

One of the most striking themes emerging from the forum was the rejection of resilience as merely individual toughness. Resilience is often equated with perseverance, determination, and the ability to endure hardship in search of success. While these qualities may contribute to adaptation, they represent only one aspect of a broader, more complex construct.

As the discussion evolved, it became clear that resilience cannot be understood solely by examining the individual child. Rather, it develops within the context of relationships, environments, and support systems that surround the child. This perspective matches closely with Ann Masten's concept of resilience as "ordinary magic," whereby resilience comes from ordinary yet powerful protective systems, including nurturing caregivers, stable family environments, effective schools, supportive peer relationships, and safe communities.[1] From this perspective, resilience is not a rare characteristic possessed by a select few, but the expected outcome when these protective systems function effectively.[1,5]

This understanding is further supported by Bronfenbrenner's ecological systems framework, which stresses the multiple layers of environmental influence shaping child development.[6] Resilience is therefore not

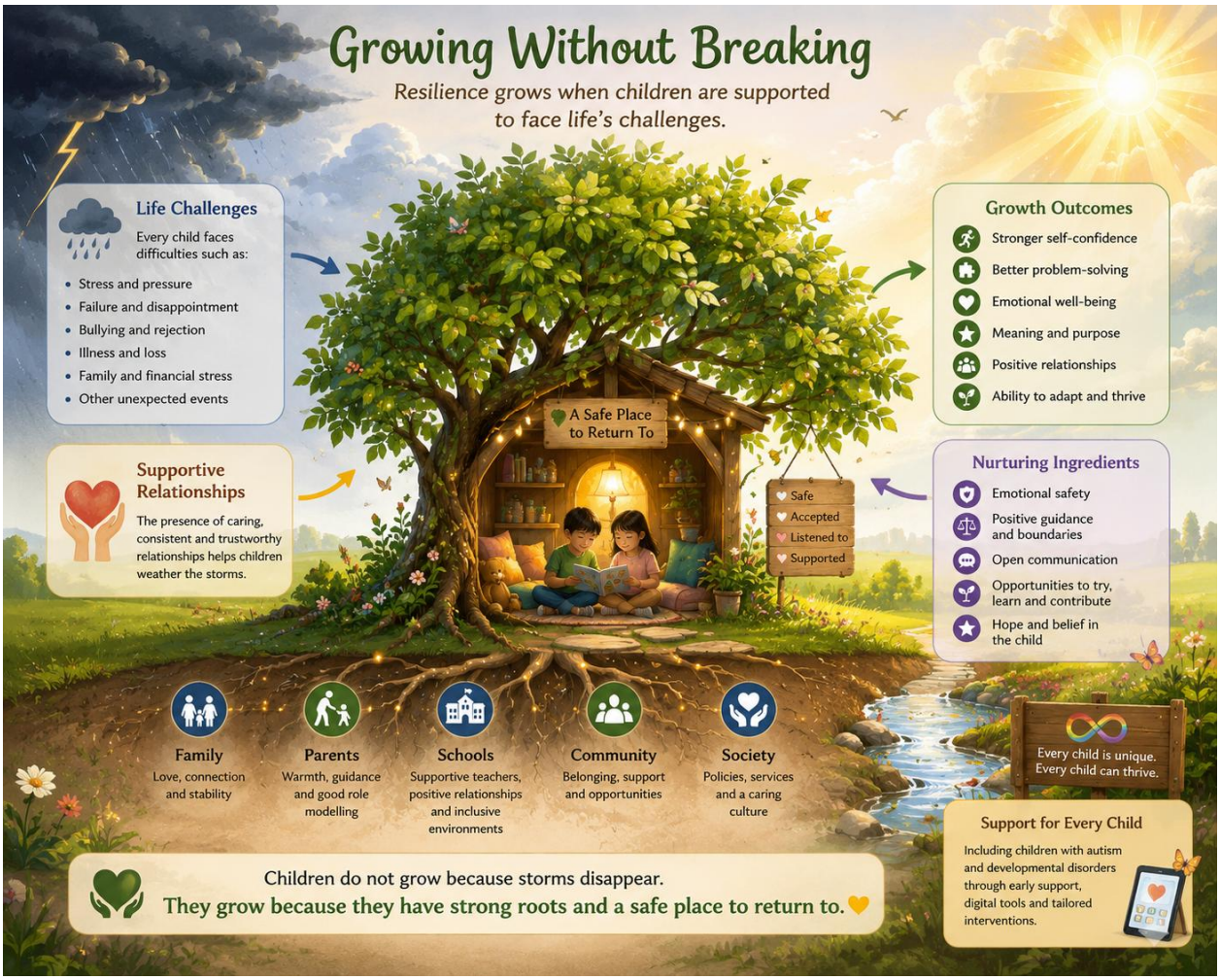



**Figure 1.** Growing Without Breaking: A Relational Model of Childhood Resilience. The figure illustrates resilience as a developmental process arising from the interaction between life challenges and supportive relationships. Strong roots, representing family, parents, schools, community, and society, provide the foundation for growth, while the sheltered space beneath the tree symbolizes a safe place to return to during adversity. Resilience emerges when children are supported to face challenges rather than being protected from all difficulties. Conceptual framework developed by the authors and graphically rendered using artificial intelligence-assisted image generation (ChatGPT, OpenAI, June 2026 version).

something children simply possess; it is a capacity that develops through ongoing interactions between children and their environments. Secure relationships, predictable routines, supportive schools, and connected communities all add to a child's ability to adapt successfully when faced with challenges.

The discussion repeatedly returned to the importance of relationships. Resilience is not about-facing difficulties alone, but about having confidence that support is available when difficulties occur. In daily life, the most resilient individuals are not necessarily those who overcome adversity independently, but those who have access to trusted adults, caring peers, and environments that nurture belonging and security. These observations

are consistent with evidence demonstrating that supportive relationships are among the strongest predictors of positive developmental and mental health outcomes.[5,7]

The implications are significant. Efforts to strengthen resilience should not focus solely on making children tougher or exposing them to hardship in the hope that they will become stronger. Instead, equal attention should be directed toward strengthening the families, schools, communities, and support systems. Building resilience is not solely about changing the child; it also involves creating environments in which children feel safe, supported, connected, and able to grow through challenges without breaking (Figure 1).

**Theme 2 - Parents as Models of Resilience**

A recurring theme throughout the forum was the powerful influence of parental behavior on children's emotional development and capacity for resilience. While resilience is often discussed in relation to children, many of the skills underlying resilience are first learned by observing the adults around them. For example, parents on the panel openly reflected on how their own emotional responses were often mirrored in their children. Moments of impatience, frustration, or emotional exhaustion frequently reappeared in children's interactions with siblings and peers. Conversely, when parents modeled calm problem-solving, emotional regulation, and thoughtful responses to stress, children appeared better in managing their own emotions constructively. These observations highlight the profound influence parents have, not only through what they teach but also through what they model in everyday life.

Within families, emotional regulation is often learned through daily interactions rather than direct instruction. Children observe how parents respond to disappointment, conflict, uncertainty, and adversity; gradually shaping their own coping strategies, communication styles, and emotional responses. Parenting can be demanding, and stress, fatigue, health problems, work commitments, and competing responsibilities inevitably influence how parents respond to their children. Recognizing and managing these pressures are therefore important aspects of creating a stable and supportive home environment. In this context, resilience is not simply a quality parents cultivate in their children; it is also one they must continuously develop within themselves.

These reflections are supported by evidence linking parental well-being to child outcomes.[8] Children whose caregivers experience chronic stress, depression, or emotional burnout have greater risks of behavioral difficulties, emotional problems, and impaired social functioning. Conversely, warm, responsive, and emotionally available parenting promotes emotional security, self-regulation, and adaptive coping skills, leading to resilience.[7,8,9]

Importantly, resilience does not require perfect parenting. Children benefit from observing adults who encounter challenges, acknowledge difficulties, seek support when needed, and recover constructively following setbacks. Such experiences teach that adversity is a "normal" part of life and that difficulties can be managed instead of feared or avoided. In many ways, witnessing healthy recovery may be more valuable than observing flawless performance.

The forum also highlighted the value of co-parenting and shared support within families. In two-parent households, resilience may be strengthened when parents complement each other's strengths and provide children with multiple sources of support and security. Ultimately, resilient children are most likely to emerge from environments supported by resilient adults. Efforts to strengthen resilience in the next generation should therefore go beyond children themselves to include supporting parental well-being, reducing caregiver stress, strengthening family relationships, and fostering supportive parenting partnerships. Building resilience in children begins with creating conditions that allow parents to thrive.

**Theme 3 - Resilience Is Not the Same as Success**

A central theme emerging from the forum was the need to distinguish resilience from conventional definitions of success. Panelists repeatedly challenged the assumption that resilience is synonymous with high achievement or that resilient children are necessarily those who excel academically, athletically, or professionally. Instead, resilience shall be viewed as a process of adaptation and growth that may manifest differently across individuals. While striving for excellence can be beneficial, an excessive focus on achievement may unintentionally create pressures that compromise emotional well-being, particularly when children feel valued primarily for their performance rather than for who they are as individuals.[1]

The approach to child-rearing shall be individualized, while acknowledging that every child has a unique temperament, interests, abilities, challenges, and developmental trajectory. Consequently, resilience should not be expected to look the same in every child. What constitutes a major achievement for one child may differ substantially from what constitutes success for another. For some children, resilience may involve excelling academically, achieving in sports, or pursuing demanding extracurricular activities despite obstacles. For others, it may mean attending school despite anxiety, forming friendships despite social challenges, persevering through learning difficulties, or maintaining self-esteem despite repeated setbacks. The ability to continue adapting, learning, and growing may ultimately be a more meaningful indicator of resilience than achieving externally defined standards of success.[3]

This perspective is particularly relevant for children with neurodevelopmental conditions, disabilities, chronic illnesses, or histories of adversity.[2,5] The goal should not be to force children into a single model of success, but rather to provide the support and opportunities necessary for each child to flourish according to their own strengths and circumstances. Allowing children to explore their own interests and discover their own pathways, rather than being pushed toward activities or goals that primarily reflect parental aspirations, is therefore an important parenting prerequisite for raising a resilient generation. Such autonomy promotes genuine engagement, personal growth, and a stronger sense of competence.

Importantly, the discussion did not suggest a laissez-faire approach to parenting. Respecting a child's individuality does not mean abandoning parental responsibility or allowing unrestricted freedom. Rather, resilience develops when autonomy is balanced with appropriate structure, expectations, and boundaries. Effective parenting

involves providing guidance, encouragement, support, and age-appropriate limits while progressively allowing children greater opportunities to develop confidence, responsibility, and independent decision-making.[9,10]

The growing neurodiversity movement further reinforces this perspective. Conditions such as autism spectrum disorder and attention-deficit/hyperactivity disorder should not be viewed solely through deficit-based frameworks. Instead, resilience involves creating environments that recognize and accommodate individual differences while promoting participation, competence, self-determination, and a sense of belonging.[2]

Ultimately, resilience is not about being the best compared to others; it is about becoming the best version of oneself despite life's challenges. The forum repeatedly returned to a simple but powerful question: *What does this child need to grow up without breaking*?

**Theme 4 - Positive Parenting and the Myth of the "Bad Cop"**

Discussions regarding discipline generated important insights into parenting and the role of parents in fostering resilience. Traditional parenting models often assume that one parent must serve as the disciplinarian, or "bad cop," responsible for enforcing rules and maintaining order in the family. While structure, expectations, and boundaries are important, resilience is unlikely to flourish in environments dominated by fear, intimidation, or punitive discipline.

Instead, evidence supports positive parenting approaches that combine warmth, responsiveness, consistency, and appropriate consequences while maintaining strong parent-child relationships.[9,10] Positive parenting should not be confused with permissive parenting. Rather, it involves setting clear expectations, teaching responsibility, and providing guidance without resorting to intimidation, humiliation, or physical punishment. In this approach, discipline is viewed not as punishment but as an opportunity for teaching, learning, and relationship building while preserving a child's sense of security, dignity, and emotional connection with caregivers.

Studies have shown that positive parenting programs can reduce harsh parenting practices, improve child behavior, strengthen family relationships, and enhance parental confidence.[10,11] Positive parenting has also been associated with better emotional regulation, empathy, social competence, and psychological well-being in children.[10,11] These findings suggest that parents do not need to adopt punitive roles to raise responsible and resilient children. Instead, they benefit from access to evidence-based parenting support, education, and practical strategies that promote healthy family functioning.

Importantly, positive parenting is not a "soft" approach that ignores inappropriate behavior. Children require structure, limits, and accountability. Resilience develops not in the absence of boundaries, but within environments that combine emotional warmth with consistent guidance and age-appropriate expectations. Such environments help children learn to manage frustration, accept responsibility, solve problems, and cope with setbacks while feeling supported and valued.

Corporal punishment remains relatively common in many societies worldwide, including Malaysia.[12] Although often intended to promote discipline and correct behavior, a growing body of evidence has linked physical punishment with adverse behavioral, emotional, developmental, and mental health outcomes in children and adolescents.[12,13] Positive parenting offers an alternative approach that promotes accountability and learning without relying on fear or physical force.[10,11]

Ultimately, the forum challenged the notion that families require a "bad cop" to raise resilient children. Children are most likely to develop resilience when they feel secure, respected, understood, and supported, even when limits are being enforced.

**Theme 5 - Adversity Does Not Automatically Build Resilience**

Perhaps the most powerful and emotionally resonant theme emerging from the forum was the challenge to the widely held belief that adversity automatically builds character. Across generations, children have often been told that hardship makes people stronger and that difficult experiences are necessary for personal growth. While adversity may sometimes lead to subsequent growth and adaptation, there is little evidence that hardship itself is inherently beneficial.[12,14]

Current developmental science suggests that adversity is neither necessary nor protective. Exposure to bullying, abuse, neglect, discrimination, violence, chronic stress, or other adverse childhood experiences may result in significant and lasting psychological, social, and biological consequences throughout the lifespan.[15-17] Toxic stress, particularly in the absence of supportive relationships, can disrupt healthy brain development and impair adaptive functioning.[15]

Importantly, it is vital to distinguish between adversity itself and the factors that enable recovery from adversity. While some individuals emerge from difficult experiences with greater confidence, empathy, or determination, this does not mean that adversity was beneficial. Rather, positive outcomes are often attributable to protective factors that help children cope with and recover from challenges.

This distinction was illustrated by the experiences shared by the student and young adult panelists. Neither described their experiences of bullying as character-building or beneficial. Instead, they emphasized the importance of having supportive parents who listened, validated their feelings, reassured them that the mistreatment was not their fault, and helped them access appropriate support. What strengthened resilience was not the bullying itself but the presence of trusted adults and protective relationships that fostered recovery, safety, and self-worth.[14] These reflections align closely with resilience research, which consistently identifies supportive relationships as one of the most important protective factors for children facing adversity.[5,7,12] Resilience develops not because children suffer, but because they are supported as they face challenges. Caring adults, emotionally responsive caregivers, supportive schools, and connected communities can buffer the effects of stress and help children regain a sense of competence and control.

Therefore, children do not need to be deliberately exposed to hardship in order to become resilient, nor should adversity be romanticized as a developmental necessity. While challenges are an inevitable part of life, the adults' role is to ensure that children have the support, guidance, and resources needed to navigate them successfully. Ultimately, resilience emerges not from hardship alone, but from the interaction between challenge and support.

**Theme 6 - The Importance of a Safe Place to Return To**

Across all discussions, one concept consistently resurfaced: children and young people need a safe place to return to. Although resilience is often discussed in terms of individual strengths and coping skills, it is fundamentally relational. Children are better able to navigate adversity when they know there is someone they can turn to for support, understanding, and guidance.

This safe place is often found not in physical environments. Rather, it exists within relationships characterized by trust, acceptance, emotional security, and unconditional support. Children who know they can approach a trusted adult without fear of judgment, ridicule, or dismissal are more likely to seek help when difficulties arise, discuss their worries openly, and develop confidence in their ability to cope with challenges.[7] The reassurance that they do not have to face problems alone provides a powerful foundation for resilience.

Attachment theory provides a useful framework for understanding this phenomenon. Secure relationships with parents or caregivers serve as protective buffers against stress and adversity while supporting exploration, learning, and development.[5,7] Children who experience secure attachment are more likely to develop emotional regulation, self-confidence, and adaptive coping skills. These secure relationships act as a "safe base" from which children can explore the world and a "safe haven" to which they can return during times of distress.

Emotional safety is particularly important during adolescence.[18,19] Although adolescents naturally seek greater independence and autonomy, they continue to rely heavily on trusted relationships for guidance, validation, and support. While they may seek advice less openly than younger children, they continue to benefit enormously from emotionally available adults who provide stability, encouragement, and perspective during periods of uncertainty and change. Parents and caregivers can foster such environments by listening without immediate judgment, validating emotions before offering solutions, dedicating uninterrupted time to children, showing genuine interest in their experiences, and providing reassurance during difficult situations. Such practices communicate a simple but powerful message: your thoughts, feelings, and experiences matter, and you do not have to carry your burdens alone.

Nevertheless, creating a safe place does not mean shielding children from all difficulties or removing every obstacle from their path. Rather, it means ensuring that when adversity inevitably occurs, children have access to trusted relationships that provide support, encouragement, and guidance.

Ultimately, resilience is strengthened when children know that no matter how difficult life becomes, there is always a safe place — and a safe person — to return to.

**Implications for Pediatric and Child Health Practice**

Traditionally, pediatric care has focused primarily on diagnosis, treatment, and prevention of disease. However, current child health practice increasingly recognizes that children's developmental, behavioral, emotional, and social well-being are equally important determinants of lifelong health outcomes. Resilience provides a useful framework through which pediatricians and other child health professionals can support not only children, but also the families and environments in which they develop.

Resilience is not solely an individual characteristic but a product of relationships and supportive systems.[2,5] This perspective challenges healthcare professionals to move beyond asking what is wrong with a child and instead consider what protective factors exist within the child's family, school, and community environments. Identifying and strengthening these protective factors may be as important as identifying risks and deficits.

Pediatricians are uniquely positioned to promote resilience because they engage with children and families throughout critical developmental periods. Routine consultations provide opportunities to discuss parenting practices, emotional well-being, family relationships, and developmental concerns. Screening for bullying and adverse childhood experiences, supporting neurodiverse children through strengths-based approaches, and facilitating timely referral to appropriate services are practical ways to strengthen resilience within clinical practice.[14,20]

It is important to recognize an often-overlooked principle: supporting resilient children begins with supporting resilient parents.[7,8] Parenting is often one of the most rewarding yet demanding experiences in adult life. Parents may face multiple sources of strain, including work demands, financial pressures, caregiving responsibilities, social isolation, concerns about their children's health, development, and future, and challenges related to their own health and well-being.[21] Evidence suggests that parental well-being plays a critical role in child development and family functioning, and children's capacity for resilience.[7,8,21] Supporting parents through family-friendly policies, workplace flexibility, community resources, and accessible mental health services may therefore represent an important investment in child health. [7,8] Well-supported parents are better positioned to provide stable, nurturing, and responsive relationships that help children develop resilience and thrive.

Resilience should not be viewed as the sole responsibility of children or families. Children develop within interconnected systems that include families, schools, healthcare services, community organizations, and broader social policies. Pediatricians and child health professionals can play important advocacy roles by supporting evidence-based parenting programs, promoting child-friendly policies, strengthening school-health partnerships, and advocating for services that support children and families experiencing adversity.[20]

Ultimately, fostering resilience is not about helping children become tougher or more independent in isolation. Rather, it is about creating conditions in which children feel safe, supported, valued, and connected. By strengthening families, supporting parental well-being, and advocating for nurturing communities, pediatricians and child health professionals can make meaningful contributions toward raising a more resilient generation.

## Conclusion

The discussions arising from the 2nd MCPaCH Forum reinforce a current understanding of resilience as a dynamic and relational process rather than an individual trait. Resilience is not synonymous with success, nor is it automatically produced by adversity.[5,17] Instead, it emerges through supportive relationships, responsive parenting, positive environments, and protective systems that allow children to adapt and thrive despite life's challenges.[1,2]

Across the six themes identified, a consistent message emerged: resilience is less about teaching children to endure hardship alone and more about ensuring that they have the support needed to recover, adapt, and continue growing when difficulties arise. Children thrive not because adversity strengthens them, but because trusted adults, supportive families, nurturing schools, and connected communities help them navigate it and move forward.[17,20]

For parents, this means balancing emotional security with appropriate guidance, boundaries, and opportunities for independence. For healthcare professionals, it means recognizing that supporting children often requires supporting parents and strengthening the protective relationships surrounding the child. For policymakers and communities, it means investing in family-friendly policies, accessible support services, and environments that promote healthy development and well-being.

Ultimately, resilience is not about ensuring that children never struggle. Rather, it is about ensuring that when they do struggle, they have a safe place to return to, trusted people to turn to, and the confidence that they will not face life's challenges alone. Supporting resilient children, therefore, begins with supporting resilient parents, strengthening resilient families, and building resilient communities.[5,7] Only then can we truly work toward raising a resilient generation.

## Artificial Intelligence Use and Manuscript Development Statement

The forum was preceded by approximately six months of moderated discussions conducted through a WhatsApp discussion group involving the moderator and panelists, supervised by a consultant pediatrician (Supplementary File A) from November 2025 to May 2026. These discussions allowed themes to emerge organically and informed a thematic framework that was summarized with the assistance of ChatGPT (GPT-5.5, OpenAI) (Supplementary File B). Based on the themes identified, the moderator prepared a moderator script to facilitate the flow of the forum on 9 May 2026 and ensure coverage of the major topics, using the same artificial intelligence (AI) tool (Supplementary File C).

To facilitate documentation of the forum, the discussion was recorded using Heidi Health, an AI-assisted documentation platform. Rather than generating a verbatim transcript or a conventional Subjective, Objective, Assessment, and Plan (SOAP) note, Heidi was instructed to generate a panel-discussion summary template (Supplementary File C) to better capture key themes, perspectives, and the overall flow of the discussion.

The AI-generated outputs were reviewed critically by the moderator and supervising consultant, and used solely as an aid for documentation, thematic synthesis, and manuscript development. An initial draft was prepared based on the pre-forum discussions, the live forum, and the supporting literature. Interpretation of the discussion, selection of themes, integration of relevant literature, and preparation of the manuscript were undertaken by the moderator and supervising consultant. All panelists subsequently reviewed the manuscript, contributed revisions and additional perspectives, and approved the final version before submission.

The authors accept full responsibility for the content, interpretation, and conclusions presented in this paper.

**Author Contributions**

AZT conceived and designed the article, conducted review and prepared the initial manuscript draft, with the supervision of THT. All authors contributed to the development of the forum content, participated in the pre forum discussions and live forum, and provided intellectual input to the manuscript. All authors critically revised the manuscript, approved the final version, and agreed to be accountable for all aspects of the work. All authors had full access to the manuscript and shared responsibility for the decision to submit it for publication.

**Conflict of Interest**

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**Note: The supplementary files can be accessed by contacting the correspondence author.**

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