



Using Storytelling to Build Resilience Among Learners in the Post-Covid-19 Pandemic Era

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ABSTRACT

The COVID-19 pandemic has created anxiety, depression and loss of existential meaning in local and global communities. It left behind children who bear the pain of losing their parents, siblings, relatives and friends while dealing with their sicknesses, including those that result from psychosocial stress, and/or contending with poverty. The problem is that children did not receive adequate psychosocial interventions that could contain their negative emotional experiences, help them to heal and build resilience that could enable them to deal with future adversities. Post-Traumatic Stress Disorder (PTSD) may manifest later in their lives. This paper investigated the use of storytelling to build learners' resilience and restore their existential meaning Post-COVID-19 pandemic. This conceptual article has been designed within qualitative research and follows an interpretivist paradigm. Document analysis was employed to collect data. Documents reviewed indicated that there is limited research done on the effects of integrating bibliotherapy in learning processes. The article contends that classroom pedagogies should integrate storytelling to help children build resilience. This paper recommends storytelling as an innovative teaching strategy that could help young children build resilience. Therefore, the relationship between bibliotherapy and resilience has been discussed. The recommended strategy is premised on the understanding that when children are involved in storytelling that aligns with their cultures and experiences, it can foster change in cognitions and mobilise intrinsic and extrinsic assets that enable them to cope with adversities.

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INTRODUCTION

People across the globe are still dealing with the long-term effects of the Covid-19 pandemic. Governments worldwide are still trying to find measures to deal with the consequences of the pandemic on the economy as well as people's physical and mental well-being. Findings from various studies show that in South Africa, poor communities suffered more economic and health challenges than middle-class and high-class communities.¹ According to the January 2021 World Bank updates, the pandemic alone may have pushed approximately between 119 and 124 million people to extreme levels of poverty in 2020 and between 143 and 163 million in 2021.² Quarantine measures also played a very significant role in increasing levels of poverty in poor families because many people became unemployed and were unable to provide for their families. The negative long-term effects of quarantine on mental health include among others, post-traumatic stress, anxiety, depression,

¹ Alejandra Álvarez-Iglesias, Emily Garman, and Crick Lund, "Effects of COVID-19 on the Economy and Mental Health of Young People in South Africa: Opportunities for Strengthening Social Protection Programmes by Integrating Mental Health," *South African Journal of Psychology* 51, no. 2 (2021): 200-201.

² C. Lakner et al., "Updated Estimates of the Impact of COVID-19 on Global Poverty: Looking Back at 2020 and the Outlook for 2021," *World Bank Blogs*, 2021, <http://www.worldbank.org/>.

anger and emotional exhaustion.³ The pandemic, therefore, increased the levels of economic and psychosocial challenges in many communities. Young children also suffered psychosocially because they witnessed deaths, health deteriorations, hopelessness and helplessness of their significant others. Interactions with their peers were also stifled and this deterred their development of intra-personal and interpersonal skills. In the education sector, a new phenomenon surfaced with the introduction of digital learning.

Digital learning added to the psychosocial challenges that school children were already experiencing. While dealing with the unexpected and unusual deaths and sicknesses in their communities, they were suddenly faced with an inevitable mode of learning. Many South African teachers in rural areas also had challenges with digital learning because they were not trained for this kind of teaching. The concept of the Fourth Industrial Revolution (4IR) was new to them. All these changes were overwhelming to both teachers and learners, adding to the challenges that they were already facing in their homes. Digital learning worked against children from low-income communities because they did not have the gadgets, networks and human resources that could enable them to learn digitally. These frustrations created a loss of meaning in education and existence, resulting in many learners dropping out of school.

On 22 July 2021, UNICEF reported that in South Africa, “*the impact of disrupted education since the COVID-19 outbreak has been devastating...Some 400,000 to 500,000 learners have reportedly also dropped out of school altogether over the past 16-months. This is most likely for children living in informal urban and rural settings, with household poverty also playing a critical role. The total number of out of school children is now up to 750,000.*”⁴

The problem is that when children returned to school after the disruption, they did not receive psychosocial interventions that could contain their negative emotions, help them heal from their traumatic experiences and build resilience for future adversities. The prevalence of post-Covid PTSD in children has already been reported in other countries.⁵ Even if they currently do not present with symptoms of PTSD, the disorder may manifest later in their lives. The literature reviewed about the after-effects of the COVID-19 pandemic has limited information about how the learning processes can help children build resilience.

Many articles have been written about the effects of the COVID-19 pandemic on learning and development, however, there is limited research about what can be done to restore existential meaning and build resilience among learners and teachers in low-income communities. This paper aims to explore using the learners’ learning processes to help them heal and build resilience. The study uses a qualitative research method and uses document analysis to collect data. The discussion is presented under the following subheadings: literature review, methodology, findings and discussions, recommendations and conclusion.

LITERATURE REVIEW

The concept of resilience can be defined as a pattern of life or trait that capacitates people to adapt to, withstand and recover successfully from disturbances that threaten their functioning and/or development.⁶ Successful adaptation of human beings after trauma depends on the availability of supportive resources.

According to the Resilience Theory, coping focuses on how the multiple regulatory subsystems work together to help children deal with stress. These subsystems include the emotional, behavioural, motivational, attentional, cognitive and social processes.⁷ The development of these aspects forms the basis upon which future coping resources are built. Lack of positive reciprocal functioning between these subsystems often results in psychopathology. Maladaptive functioning is usually manifested through among others, low self-esteem,

³ Lola Kola et al., “COVID-19 Mental Health Impact and Responses in Low-Income and Middle-Income Countries: Reimagining Global Mental Health,” *The Lancet Psychiatry* 8, no. 6 (June 2021): 535, [https://doi.org/10.1016/S2215-0366\(21\)00025-0](https://doi.org/10.1016/S2215-0366(21)00025-0); Ravi P. Rajkumar, “Bipolar Disorder, COVID-19, and the Risk of Relapse,” *Bipolar Disorders* 22, no. 6 (September 18, 2020): 640, <https://doi.org/10.1111/bdi.12947>; Samantha K Brooks et al., “The Psychological Impact of Quarantine and How to Reduce It: Rapid Review of the Evidence,” *The Lancet* 395, no. 10227 (March 2020): 913, [https://doi.org/10.1016/S0140-6736\(20\)30460-8](https://doi.org/10.1016/S0140-6736(20)30460-8).

⁴ Unicef, “Learners in South Africa up to One School Year behind Where They Should Be,” *UNICEF Report, Pretoria*, 2021, 1.

⁵ Ioanna Giannopoulou et al., “COVID-19 and Post-traumatic Stress Disorder: The Perfect ‘Storm’ for Mental Health,” *Experimental and Therapeutic Medicine* 22, no. 4 (2021): 3, <https://doi.org/https://doi.org/10.3892/etm.2021.10596>.

⁶ Shannon Tovey, “Building Resilience Skills Using Children’s Literature,” *The Reading Professor* 44, no. 1 (2021): 46; Ann S. Masten, “Resilience Theory and Research on Children and Families: Past, Present, and Promise,” *Journal of Family Theory & Review* 10, no. 1 (March 26, 2018): 14, <https://doi.org/10.1111/jftr.12255>; Tuppet M Yates, Fanita A Tyrell, and Ann S Masten, “Resilience Theory and the Practice of Positive Psychology from Individuals to Societies,” *Positive Psychology in Practice: Promoting Human Flourishing in Work, Health, Education, and Everyday Life*, 2015, 774; Pauline Boss, Chalandra M Bryant, and Jay A Mancini, *Family Stress Management: A Contextual Approach*, 3rd Edition (Sage Publications, 2016); Ann S. Masten, Karin M. Best, and Norman Garmezy, “Resilience and Development: Contributions from the Study of Children Who Overcome Adversity,” *Development and Psychopathology* 2, no. 4 (October 31, 1990): 426, <https://doi.org/10.1017/S0954579400005812>.

⁷ Ellen A. Skinner and Melanie J. Zimmer-Gembeck, “Ways and Families of Coping as Adaptive Processes,” in *The Development of Coping* (Cham: Springer International Publishing, 2016), 28, https://doi.org/10.1007/978-3-319-41740-0_2.

impulsivity responses to emotion-provoking situations, lack of perseverance in stressful situations, poor emotional regulation, inappropriate ways of resolving conflict, bullying, continuous self-pity and cheating. These behaviours manifest maladaptive coping mechanisms that children adopt to deal with stress and which hinder the development of resilience.⁸ PTSD is a more severe consequence of a lack of connection between the regulatory subsystems necessary to build resilience.

Children who have experienced trauma early in their lives are considered at high risk of developing loss of existential meaning, depression and suicidal ideation because of limited regulatory subsystems. However, for people of any age, developing coping skills after trauma and building resilience takes a long time, effort, persistence and practice.⁹

Findings from studies in neuroplasticity show that when children constantly practice stress-coping skills such as self-discipline, empathy and cooperative learning, a solid ground for building resilience is formed.¹⁰ Neuroplasticity can be defined as the capacity of brain cells to change and develop in response to intrinsic and extrinsic factors. Learning processes play a significant role in facilitating neuroplasticity because children are provided with sufficient supportive resources cognitively, socially and emotionally. Their attitudes towards life and coping skills change and they can cope with stressors and adjust positively. This researcher contends that children should be taught these life skills early in life to enable them to develop what Moskowitz in Haggerty, et al refer to as “hardness of spirit” and “affirmation of life”.¹¹ It is the development of the hardness of spirit that enables children from poor communities, who have experienced very gruesome situations to carry on living and manage to lead well-balanced and dignified lives in their youth and adulthood.¹² Stress-coping skills enable children to find meaning in existence even when they are faced with multiple stressors.

The Resiliency Theory advocates a strengths-based approach and forms the foundation for age-appropriate intervention strategies in dealing with young children and adolescents. The context in which positive coping skills are taught should be taken into cognisance when developing programmes that aim at helping children build resilience because it is in the same contexts that maladaptive cognitions, emotions and behaviours emanate.¹³ These contexts also have strengths upon which intervention strategies can be built. This implies that social contexts should form the backdrop against which coping skills are taught to children. In South Africa, there is a diversity of cultures and social contexts; however, they are united in the common philosophy of “ubuntu”, the concept that comes from the Nguni languages. All the indigenous people of South Africa use this concept in their own languages, for example, “vumunhu” in Xitsonga, “botho” in Sesotho and “vhuthu” in Tshivenda. This philosophy advocates the spirit of interdependence and sharing in all aspects of life including food, space, ideas and emotional support, for both positive and negative emotions.

It is therefore important for these communities to work together to build resilience.¹⁴ Children in these communities are taught these values and view each other as brothers and sisters by virtue of being in the same biosphere, even if they are not biologically related.

It is therefore important that coping skills in their schools are taught in a manner that encourages them to foster empathy and emotional support for one another. Playing together and telling stories to one another are some of the most effective ways of helping children build resilience in these communities. This paper contends that storytelling could be used to help children read and construct their own stories based on the meanings they assign to their lived experiences. This helps them to heal, reaffirm meaning in their existence and co-develop coping skills that will help them to be resilient when faced with adversities in the future.

⁸ Mandie Shean, “Current Theories Relating to Resilience and Young People,” *Victorian Health Promotion Foundation: Melbourne, Australia* 2 (2015), 4; C. S. Dweck, C. Y. Chiu, and Y. Y. Hong, “Implicit Theories and Their Role in Judgments and Reactions: A Word from Two Perspectives,” *Psychological Inquiry* 6, no. 4 (1995): 268, https://doi.org/http://dx.doi.org/10.1207/s15327965pli0604_1.

⁹ Adina M. Seidenfeld et al., “Theory of Mind Predicts Emotion Knowledge Development in Head Start Children,” *Early Education and Development* 25, no. 7 (October 10, 2014): 934, <https://doi.org/10.1080/10409289.2014.883587>.

¹⁰ Daniel Goleman, *The Brain and Emotional Intelligence: New Insights*, vol. 94 (More than sound Northampton, MA, 2011).

¹¹ R. J. Haggerty et al., *Stress, Risk, and Resilience in Children and Adolescents: Processes, Mechanisms, and Interventions* (Cambridge University Press, 1996), 12.

¹² Haggerty et al., *Stress, Risk, and Resilience in Children and Adolescents: Processes, Mechanisms, and Interventions*, 12.

¹³ Michael Ungar, “Putting Resilience Theory into Action: Five Principles for Intervention,” *Resilience in Action* 17 (2008): 38; Karen Seccombe, “‘Beating the Odds’ versus ‘Changing the Odds’: Poverty, Resilience, and Family Policy,” *Journal of Marriage and Family* 64, no. 2 (2002): 384–94; Katherine E Wolkow and H Bruce Ferguson, “Community Factors in the Development of Resiliency: Considerations and Future Directions,” *Community Mental Health Journal* 37 (2001): 489–98.

¹⁴ Masten, “Resilience Theory and Research on Children and Families: Past, Present, and Promise.”

METHODOLOGY

The study was designed within a qualitative research framework. A systematic literature review was used to collect data. Data was collected by using cross-sectional analysis based on inclusion criteria. Cross-sectional studies are suitable for collecting data on the prevalence of among others, knowledge, intentions, attitudes and behaviours.¹⁵ The documents reviewed included published articles about the prevalence of therapeutic learning processes aimed at building resilience in schools after the COVID-19 pandemic. The articles chosen were published between September 2021 and March 2023. The databases used for the search were Google Scholar and Psych info. Articles were checked manually for their relevance. The selection of relevant articles was done in stages. Firstly, it was done from the title and abstract. Resilience, lockdown, quarantine, post-covid-19 interventions, post-traumatic stress disorder, bibliotherapy, storytelling, school interventions and regulatory subsystems were concepts that were used in the search. At the second level, the whole text of the article was studied. At the final stage, eight articles that could address the research objectives were selected based on search words and phrases such as psychosocial interventions for learners after the COVID-19 pandemic, school-based intervention strategies, innovative teaching strategies, school re-entry, restoring existential meaning among children and adolescents and therapeutic learning processes. Findings were analysed by using interpretive analysis of the literature reviewed.

FINDINGS AND DISCUSSIONS

It is evident from the findings that there is little information about resilience strategies that have been employed when children returned to school after the lockdown. Findings show that many intervention strategies that were implemented across the globe were aimed at helping people cope with trauma during the pandemic in 2020. During this period, building resilience was aimed at coping with the then-prevalent conditions of risk related to the pandemic.¹⁶ Health coaching was, therefore, the main strategy used.¹⁷ The limited available information does not adequately provide applied interventions to deal with psychosocial difficulties and mental well-being issues after the pandemic. Also, the studies conducted mainly provide information about the intervention strategies in the general population but are limited among school children and adolescents in the school context.¹⁸

School-based intervention programmes carried out in the US among 11–12-year-old learners by mental health educators aimed at improving mental resilience through training skills and coping strategies to develop self-efficacy. The programmes used the interview method and motivation.¹⁹ These strategies are related to the coaching strategies that were used in the general population across the globe. This means that pedagogic child-specific therapeutic strategies were not implemented. This left out some cognitive and social regulatory subsystems that are essential in helping children cope with stress. Play, art and storytelling are examples of such subsystems. The dynamics of age-appropriateness and context in young children's learning processes and healing were also not considered in the intervention strategies that were implemented. This paper proposes storytelling as an intervention strategy that is age-appropriate and considers the children's social contexts in helping them to heal and build resilience.

Storytelling as an Intervention Strategy

Storytelling is one of the effective methods to help young children build resilience because it interconnects the multiple regulatory subsystems that work together to help them cope with stress. It is, therefore, important to understand the relationship between bibliotherapy and resilience. The concept of bibliotherapy refers to using

¹⁵ L.M. Connelly, "Understanding Research: Medical-Surgical Nursing," Cross-sectional Survey Research, accessed November 13, 2023,

[Indian Journal of Dermatology 61, no. 3 \(2016\): 261, <https://doi.org/10.4103/0019-5154.182410>.](https://go.gale.com/ps/i.do?id=GALE%7CA470159876&sid=googleScholar&v=2.1&it=r&linkaccess=abs&issn=10920811&p=AON E&sw=w; ManinderSingh Setia,)

¹⁶ Jonas Vlachos, Edvin Hertegård, and Helena B. Svaleryd, "The Effects of School Closures on SARS-CoV-2 among Parents and Teachers," *Proceedings of the National Academy of Sciences* 118, no. 9 (March 2, 2021), <https://doi.org/10.1073/pnas.2020834118>; M Deolmi and F. Pisani, "Psychological and Psychiatric Impact of COVID-19 Pandemic among Children and Adolescents," *Acta Bio Medica* 91, no. 4 (November 10, 2020): 1–5, <https://doi.org/https://doi.org/10.23750%2Ffabm.v91i4.10870>.

¹⁷ Joey A Lee et al., "Evaluation of a Resiliency Focused Health Coaching Intervention for Middle School Students: Building Resilience for Healthy Kids Program," *American Journal of Health Promotion* 35, no. 3 (2021): 346.

¹⁸ Tatiani Gkatsa, "A Systematic Review of Psychosocial Resilience Interventions for Children and Adolescents in the COVID-19 Pandemic Period," *Journal of School and Educational Psychology* 3, no. 1 (2023): 34; Steven Taylor, "The Psychology of Pandemics: Lessons Learned for the Future.," *Canadian Psychology / Psychologie Canadienne* 63, no. 2 (May 2022): 233–46, <https://doi.org/10.1037/cap0000303>.

¹⁹ T. Gkatsa, "Re-Entry to School, During the Pandemic Covid-19 and Psychosocial Interventions," *International Journal Of Scientific Advances SP*, no. 2 (2021), 35. <https://doi.org/10.51542/ijscia.spi2.05>.

literature as an intervention strategy that fosters change in cognitions and mobilises intrinsic and extrinsic assets that enable an individual to cope with adversities. These cognitive changes take place through the processes of “reading, reflecting upon, and ...discussing personal narratives and stories.”²⁰ Intrinsic assets include among others, self-esteem, confidence, competence, a sense of belonging, personality traits, interests, self-actualisation and character. Extrinsic assets include connection with other people and contribution to society.

Human beings connect through stories.²¹ Schools should, therefore, create environments in which these connections can occur between learners, between teachers and learners and between learners and the community. According to a neuroscientist, Zac, the human brain loves stories because a story has a “cathartic effect... it is a testament to overcoming adversity and a gift to the listener”.²² He further asserts that when a story is read, the listener’s brain produces the stress hormone cortisol which transports the narration and allows the listener to focus and vicariously experience the emotions of the characters in the story. The exciting parts of a story “release oxytocin, the feel-good chemical that promotes connection and empathy... a happy ending... triggers the limbic system, our brain’s reward center, to release dopamine which makes us feel more hopeful and optimistic.” These brain processes foster a sense of belonging to others thus enhancing positive intrapsychic and interpsychic relationships. A sense of belonging is essential in building resilience because it gives both the reader and listener a feeling of being loved and accepted. This means that when a story is read, a child becomes part of it and identifies with a particular character, vicariously experiencing the emotions of the character. Sharing emotions with others helps the child to find meaning in existence and enhances both the reader’s and listener’s coping skills when faced with stressors.

When children share stories, cultural narratives are carried in their stories. It is, therefore, of vital importance to select stories that agree with their cultures. Teachers should be encouraged to select or write stories that support cultural consonance. Cultural toolkits form a basis upon which healing processes occur. Teachers must be sensitive and cautious in selecting or creating stories. The content of the stories should be culturally sensitive, age-appropriate and sensitive to the experiences of the children. It is, therefore, necessary to understand the demographics and family contexts of their learners. After reading the story, questions from the story that relate to resilience factors can be asked. Examples of resilience factors are coping, connection, character, confidence and competence.²³

Resilience factors can be facilitated by mobilising the children’s creativity. Children can be asked to draw, write a story about their drawings and orally share their stories with others. Self-created stories often help children express their thoughts and emotions about their lived experiences which forms a solid foundation for healing processes and building resilience.

A teacher could also provide them with story illustrations or sketches and ask them to colour and tell stories about the sketches. Colouring is one of the non-verbal expressions of emotions that can help children cope with negative emotions and renew their sense of control in adversities.²⁴ A combination of drawing, colouring and telling stories comes naturally for children therefore, the author contends that this strategy can help children in coping with adversities and building resilience. The following is an example of a sketch that can be provided.

²⁰ Daniela Monroy-Fraustro et al., “Bibliotherapy as a Non-Pharmaceutical Intervention to Enhance Mental Health in Response to the COVID-19 Pandemic: A Mixed-Methods Systematic Review and Bioethical Meta-Analysis,” *Frontiers in Public Health* 9 (March 15, 2021), 2. <https://doi.org/10.3389/fpubh.2021.629872>.

²¹ Sharon Casapulla, “Asset-Based and Narrative-Oriented Medical Education for Rural and Urban Underserved Practice,” *Health Communication* 36, no. 6 (2021): 789; Rita Charon, “At the Membranes of Care: Stories in Narrative Medicine,” *Academic Medicine* 87, no. 3 (2012): 343; B. Hooks, *Teaching Community: A Pedagogy of Hope* (New York: Routledge, 2003), xi.

²² P. Zac, “How Stories Change the Brain. Greater Good Magazine – Science-Based Insights for a Meaningful Life, 2” Claremont Graduate University, 2021, https://greatergood.berkeley.edu/article/item/how_stories_change_brain.

²³ Tovey, “Building Resilience Skills Using Children’s Literature,” 17.

²⁴ C. Lester, “Colouring Grief: Translating the Feelings and Experiences of Parentally Bereaved Children into a Therapeutic Colouring Book” (Concordia University, 2010); Karen L. Carney, “Barklay and Eve: The Role of Activity Books for Bereaved Children,” *OMEGA - Journal of Death and Dying* 48, no. 4 (June 3, 2004): 307–19, <https://doi.org/10.2190/5D4K-LWHX-3H17-7TDB>; H.G. Coward, *Journey Through the Brain: A Colouring Book* (New York: SUNY Press, 1985).



Figure 1: Langu the lion and Hambu the hare²⁵

From the children's narrations, the teacher could develop a set of questions that can help them share the cognitions and emotions they have vicariously acquired from the story. The following table provides examples of such questions.

²⁵ V.C. Babane, *Friends of Shangala* (Lungu, C., Illus.: Self-published, 2022), 11.

Table 2: Questions

1. Where did Hambi and Langu meet?
2. Why is Hambi crying?
3. What is she saying to Langu?
4. What is Langu saying to comfort her?
5. What do you think Langu must do when she feels sad?
6. Would you like to be Hambi's friend? Give reasons.
7. If you were her friend, what would you do together?
8. Draw and colour a picture of what the two of you would do together to feel happy.
9. Paste your drawings on the wall at the reading corner/next to your desk.
10. Can you think of another picture that you can draw and colour?

RECOMMENDATIONS

This study recommends the usage of therapeutic learning processes to provide children with a platform to heal from adversities and develop coping skills. Curriculum designers, teacher-training institutions and teachers should take heed of the power of stories in helping children cope with adversity and build resilience. Allowing children to create their own stories also empowers them to have a voice in their healing processes and restores their existential meaning. Teachers are the significant others to school children therefore, they should take the lead in helping children to heal.

CONCLUSION

This paper has investigated the use of storytelling to build learners' resilience and restore their existential meaning post-COVID-19 pandemic. The research findings have shown that there is limited knowledge available on the intervention strategies implemented to build resilience in schools after the COVID-19 pandemic. It has been recommended that the stakeholders, especially the teachers should be well-equipped to help the children heal through various means such as storytelling which this paper emphasizes. Stories also help teachers to cope with their adversities as well as build their resilience. The South African philosophy of ubuntu should form the basis upon which the healing processes are built.

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