CHAPTER 4

# The Resilience Revolution

## *A Paradigm Shift for Research and Policy?*

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As is clearly indicated in the chapters of this volume, research on resilience has sought to explain why some (often the majority) of individuals show adaptive functioning in the context of adverse circumstances. A central goal of resilience research is to increase knowledge not only about the strengths or competencies of individuals, families, and communities but also the conditions or *contexts* that are necessary to maintain, promote, or enhance strengths and competent functioning in the face of adversity. This research has also begun to identify the protective *processes* that operate at individual, family, and community levels to enable adaptive functioning over the long term. These contributions have lead to a shift in emphasis beyond (but not excluding) the rich foundation of research that has illuminated the risks, problems, and negative consequences that can result from the effects of living with chronic stress, adversities or traumas.[1]

We will argue that research on the concept of resilience also demands a paradigm shift in our approaches to research, policy, and

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[1] This chapter builds on the collaborative work of an American Psychological Association Task Force that has joined resources from the Divisions of Child, Youth, and Family Services (Division 37) and the Society for Community Research and Action (Division 27). This union has produced an edited volume entitled "*Investing in Children, Youth, Families, and Communities: Strengths-Based Research and Policy*" (Maton, Schellenbach, Leadbeater, & Solarz, 2004).

programs that seek to understand and alleviate the negative consequences of a wide range of social problems. This research raises questions about several time-honored and fundamental principles of scientific research and challenges our past, almost exclusive, emphasis on large-scale generalizability; comparisons between groups of individuals with successful versus unsuccessful outcomes; and characteristics of individuals. It focuses our attention on the diversity of responses to adverse experiences, and we need to know more about the characteristics of the adversities themselves. We also need to undertake individual, family, and community levels of analyses, and to investigate long-term processes of change that support and sustain adaptive functioning in the long term.

To make these differences in focus concrete in an example, we can consider the research on domestic violence. This research has traditionally investigated the personality or behavioral characteristics of men who assault their intimate partners in contrast to other men or of women who remain in abusive relationships in contrast to women who leave. From a resilience perspective, we need to know more about the competencies as well as the family and community resources of women (actually the majority) who leave abusive relationships. One study of women who left abusive relationships showed that they had made, on average, 3.3 attempts before successfully leaving (Dutton, Goodman, & Bennett, 1999). This suggests that we need to understand more about the diversity in help-seeking efforts of these women and the supports for and obstacles to their success. Recent research has shown that limited choices, financial insecurity, mental or physical health problems, inadequate access to resources (transportation, child care, family support), police attitudes or inaction, and slow criminal justice responses all compound the adversities experienced by women who are assaulted by an intimate partner (Cook, Woolard, & McCollum, 2004). This work suggests that we need to look both at and beyond individuals' and families' capacities for adaptive functioning in contexts of adversity towards the systems and institutional responses that build on or serve to challenge these capacities. The long-term consequences of women's choices for themselves and their children are also not well understood (Cook et al., 2004; Leadbeater & Way, 2001).

In this chapter, we argue that the paradigm shift brought about by resilience research requires changes in our approach to research, policy, and programs (see Table 4-1). While not ignoring problems, deficits, or deviance of the individuals, there is a need for more research that focuses our attention on a) the diversity of individual, family, and community responses to adverse circumstances rather than just generalized population risks; b) the strengths, competencies, and resources needed

**Table 4-1**   The Scientific Revolution: Expanding the Focus of Risk Research

| Risks-Based Focuses on | Strengths-Based Focuses on |
| --- | --- |
| Generalizable or population risks | Diversity of characteristics of adversities and responses |
| Deficits, deviance, and pathology | Strengths and competencies |
| Targets individuals and/or dysfunctional families | Targets individual, family, and community interrelations |
| Modeling multivariate risk and protective factors | Illuminating mechanisms of change |
| Immediate outcomes | Life-span pathways |

for dealing with adversities rather than just the deficits, pathologies, and deviance that can result from them; c) the long-term pathways or life-span trajectories that are affected by variations in response to adversities rather than just the immediate outcomes; and d) on the inter-relations among individual, family, and community levels of development rather than just the characteristics of adapted individuals. It also requires policy decisions that take a strengths-based approach in supporting the resources of individuals, families, and communities and that anticipate and strive to affect the long-term consequences. Resilience research also requires that we rethink interventions aimed at solutions to societal problems. With a strengths-based gaze, our attention is broadened beyond the challenges of fixing individuals' deficits and pathologies or punishing their deviance towards the ways to support key protective processes and life-span, adaptive outcomes for individuals, families, and communities who are facing adverse circumstances. These outcomes depend on the collaboration of those affected by adversities as active decision makers and participants in change rather than as merely the recipients of services.

## THE RESILIENCE REVOLUTION: HOW HAS RESEARCH CHANGED?

One more example sets the stage for understanding the nature of this scientific revolution as a paradigm shift from an exclusive focus on risks to an emerging focus on strengths. While teen parenting was, and often still is, considered to be a marker of a general problem behavior syndrome for girls that might also include promiscuity, school dropout, alcohol abuse, and delinquency (Woodward & Fergusson, 1999), recent research suggests that there is considerable diversity in both the precursors to unwanted teen pregnancies and the outcomes for adolescent

mothers. Indeed, the majority of young mothers are not engaged in problem behaviors; they are working to complete high school and are competent parents. What we have overlooked in our focus on risk statistics particularly for minority group, poor, inner-city mothers is that many do not manifest the stereotypic negative outcomes (Furstenberg, Brooks-Gunn, & Morgan, 1980; Hamburg, 1986; Leadbeater & Way, 2001). Focusing on subgroup differences in outcomes illuminates the extent of the adversities that are experienced by some young mothers, as well as the strength-building processes that affect the outcomes for them. Becoming an adolescent parent can compound multiple, preexisting adversities (e.g., inner-city poverty, minority status, learning disabilities, school failure, and housing instability), or it can contribute to reduced problem behaviors as it inspires some young women to make something of themselves on behalf of their children (Leadbeater & Way, 2001). Lifespan outcomes are not static; rather, they follow pathways or trajectories that build on past experiences and anticipate the future. Developmental pathways can be affected positively or negatively by turning points (like having a baby while a teenager), but they are built on the context of past adversities and resources of individuals, their families, and their communities and they relate to the future opportunities that are available.

## Understanding the Diversity of Individual Responses to Adversity

Difference in responses to adversities *within* populations challenge the generalizability and often the validity of risk-based statistics. Adversities can have very different effects for individuals, families, or communities with or without resources to deal with them. But how should research change? Focusing on within-group differences forces us to ask which individuals, families, or communities who are coping with what adverse circumstances will experience negative or positive outcomes. Finding appropriate comparison groups has long haunted research methodology in applied settings. Too often, comparisons of groups experiencing challenging circumstances (e.g., poor teenage mothers) are compared to apparently normative groups (e.g., poor women who delayed child bearing). Not surprisingly the "at-risk" group is found to be, on average, deficient or deviant in some way (such as having lower levels of education, income, or poorer parenting skills). This is problematic and can misguide public opinion and policy when, despite higher risk, the *majority* in the "defective" group are very similar to the normative one. While 1987 statistics (Alan Guttmacher Institute, 1994) showed that teen mothers are at risk for not finishing high school (29% did not finish)

when compared to women who give birth at age 20 or over (9% did not finish), the large majority of teenage mothers (71%) did in fact earn a high school diploma. With our emphasis on risk, we know very little about the experiences of the majority of young mothers who graduate or about the one in five teen mothers who go on to college. What supports would be needed to make these normal transitions to adulthood possible for all young mothers? Both adversities (e.g., welfare status, school dropout) and competencies (e.g., social skills, acquiring human capital) are not static events even for teenage mothers (Schellenbach, Leadbeater, & McCollum, 2004).

The status of risks, protective factors, and outcomes changes over time. In the New York study of teenage mothers (Leadbeater & Way, 2001), 41% of the mothers had continuously attended school throughout the pregnancy and the first year postpartum; 21% dropped out during the pregnancy or early postpartum period but returned by the time their child was one year old; 12% of mothers dropped out before the pregnancy and did not return; 26% of mothers dropped out of school during the pregnancy or early postpartum period and did not return. At 3 years postpartum, there was considerable stability in these groupings: 78% of the mothers remained in the group they had been in at 12-months postpartum (Leadbeater, 1996). The effects of several variables including whether the teen lived with her mother, the quality of their relationship, the presence of support from friends and boyfriends, levels of self-reported stress and depressive symptoms, the number of repeat pregnancies, and occupational aspirations or commitment helped to predict school outcomes for these mothers. However, when the teen's grade placement before the delivery (ideal grade for age minus last grade completed; i.e., an assessment of prior school performance) was entered into this equation, it was found to be the *only* independent predictor of the mothers' delayed grade placement at 1 and 3 years postpartum (Leadbeater, 1996) and it remained a strong predictor of educational achievement at the 6-year follow-up (Leadbeater, 1996, 1998; Way & Leadbeater, 1999). Trajectories for school engagement and school outcome expectations are established in elementary school, and these may be better targets for policy and programming hoping to affect long-term welfare use than targets that focus on reducing benefits for teenage mothers.

## Understanding the Complex Nature of Adversities

Findings of within-group differences also require that we refine our understanding of the nature of adversities. What constitutes adversity? What constitutes exposure? Establishing the magnitude of risks or thresholds of exposure has not been the focus of much attention.

We know that contexts of adversity are not static or unidimensional. Family violence can range from a single episode to long-term abuse. Divorce can have negative or positive effects on children's development, for example, by increasing the likelihood of living in poverty or providing relief from family conflict, respectively (Braver, Hipke, Ellman, & Sandler, 2004).

*Definitions of adversities* have emphasized their differential impact on individuals' competencies, but variations in the adversities themselves are often not addressed. Adversities comprise either a significant threat to an individual (e.g., urban poverty, teenage parent) or exposure to severe adversity or trauma (e.g., parental illness, abuse, divorce) (Masten & Coatsworth, 1998). What Ann Masten (2001, p. 30) has called the "ordinary magic" of resilience that emerges from "the normal operation of ordinary protective systems" is compromised under the extraordinary conditions created by *simultaneous* exposure to multiple risks, or severe traumas. Sandler, Ayers, Suter, Schultz, and Twohey-Jacobs (2004) also focus our attention on the influence of person-environment relations in defining adversities. They argue that adversities refer to environments in which individuals' basic human needs, motivations, and goals are not satisfied and in which competencies to carry out valued social roles are not developed.

Adversities, like strengths, are not present or absent. Developmental outcomes for individuals, families, or communities involve feedback loops in which adversities are affected by and affect ongoing processes of changes in both individual competencies and the circumstances in which they function. These processes create multiple chances for competent functioning or recovery and suggest points for interventions that target not only individuals but also adversities and protective systems. For example, maternal mental illnesses, like depression, may affect children's development, but its impact can be mediated through family education and enhanced supports (e.g., child care) that enable positive parenting and reduce stresses that trigger depressive episodes (Beardslee & Knitzer, 2004). We need to know more about these ordinary protective systems, including how they are disabled and how they can be supported.

Also of concern when defining adversity are the points at which individual, family, or community levels of competence are overwhelmed. Research has demonstrated that the negative effects of multiple risk factors increase factorially, rather than additively, in creating challenges to children's development (Gorman-Smith, Tolan, & Henry, current volume; Sandler et al., 2004; Tolan, Sherrod, Gorman-Smith, & Henry, 2004). The effects of resilient personal characteristics (such as intelligence, optimism, internal locus of control, and interpersonal skills) or even family characteristics (such as parenting warmth) can be blunted

by the extreme stress associated with living in inner-city, economically deprived neighborhoods (Tolan et al., 2004). Multiple forms of stresses including negative life events, daily hassles, chronic stresses, and role strain are founded in the social, educational, and economic base of inner-city communities. These adversities intersect with developmental outcomes for children in these communities through their experiences as victims of, and witnesses to, high levels of violence; less than adequate access to conventional levels of classroom instruction, school supplies, safe buildings, and after-school activities; daily encounters with family economic strains and resulting parenting stress; isolation from supportive networks of neighbors or extended family; lack of opportunities for success; inadequate adult supervision; health compromising or disorganized environments; and insufficient access to health care (Gorman-Smith et al., this volume; Perkins, Florin, Rich, Wandersman, & Chavis, 1990; Tolan et al., 2004). Exposure to unconventional peer socialization can also add to the cycling of adversities for inner-city youth (Kupersmidt, Coie, & Howell, 2004). Individual efforts to cope with or adapt to the challenges of these stresses in order to meet basic needs for safety, food, affiliation, and housing (e.g., through illegal activities or gang involvement) can take priority over actions that may be more effective in the long term in diminishing these stressors (e.g., college attendance). Without clearly identifying and addressing the adversities that characterize many poor, inner-city communities, individual coping capacities must deal with short-term goals. The possibilities for long-term adaptive functioning are compromised. One of the young mothers in the New York study explains this difference between living day-to-day and building a rock to stand on in the future as she describes what it means to her to grow up and become "independent." Quoted in Leadbeater and Way (2001, pp. 47–48), Charise says;

> I'm not helpless and . . . in order to go somewhere you have to come from somewhere and you have to make a rock for yourself to stand on. Basically, I feel I've done that . . . Like, if you're not independent, you have no worries, no plans for tomorrow, nothing to look forward to, like, you're just living on a day-to-day basis. And basically, I'm not. I know what the future holds and I know what everyday life is and basically I can see that this is for today, but I know I'm going to need this for tomorrow.

## Focusing on Developmental Trajectories and Processes of Long-Term Changes

The extensive study of characteristics of resilient individuals (intelligence, optimism, social supports) has created the foundation for current research on the developmental processes or mechanisms that modify person-environment responses to adverse circumstances. The

acquisition and maintenance of competence is a function of the risk and protective processes that are encountered by individuals, families and communities over time. From a process-oriented perspective, the concept of resilience must be set in motion to address intra-individual continuities and discontinuities in adaptive behaviors over the lifespan. Variations reflect the multiple, co-occurring risk and protective processes created by changing individual, family, and community circumstances (see Leadbeater, Schellenbach, Maton, & Dodgen, 2004). Families and communities also follow predictable trajectories in their responses to the adversities or risks and protective processes that they encounter over time. Understanding the continuities, discontinuities, and individual differences in strengths and competencies, as well as the resources that maintain or promote adequate functioning in the face of adversity, all need to be the focus of more targeted research efforts.

However, the complexity of the co-occurring and transacting processes that promote individual, family, and community strengths often challenges the ability of individual researchers to investigate or understand them. No one university discipline or community organization can develop the understanding and skills needed to promote individual, family, and community strengths. Interdisciplinary, community-based collaborations need to be fostered by universities, communities, and funding agencies (see Peters, this volume). These collaborations can bring together researchers with expertise in many different disciplines and methodologies (e.g., public health surveys, longitudinal and quasi-experimental designs, and ethnography) that are needed to illuminate within-group differences and resilience processes. Professional workshops are also needed for researchers to feel comfortable with and responsible for the translation of research evidence into action (e.g., talking to the media, preparing research briefs, and educating the public).

## THE POLICY REVOLUTION: WHAT DOES RESILIENCE MEAN FOR POLICY MAKERS?

Policy making both marches ahead of scientific research and lags behind it. Public policy often sets agendas and priorities for research questions and funding but it may also set agendas for programming before there is adequate scientific knowledge. Why? Gaps in policy and research stem from differences in their settings, goals, priorities, orientations, methods, and time schedules (e.g., see Shonkoff, 2000). Institutionalizing the gaps between the two worlds, the major players in research and policy are segregated into separate spheres of practice (universities versus government agencies), where they utilize different

sources of information and develop divergent sets of terminology. Policy makers make decisions that have immediate effects on such things as the distribution of tax dollars in ways intended to advance public welfare or serve a particular constituency. Plights of individuals, bottom lines, popular opinion, and economic concerns weigh in heavily in their decision-making processes. Policy dialogue takes the form of verbal debates, often among strongly held views and competing interests.

Although many policy makers would agree that scientific research is important to their decision making, their access to scientific knowledge is limited by the very scientific processes that are designed to ensure its validity. Research is oriented toward the generation, and frequently regeneration, of knowledge in changing social circumstances. Paradigmatic research methods are time consuming and focus on the verification or certainty of knowledge claims. Research dialogue is fueled by funding decisions, data collection, systematic analyses, and peer reviews of written findings. Despite these differences, however, a reconciliation of the disparate research and policy universes is overdue.

Policy and program efforts directed at supporting family, community, or institutional strengths can also have effects on individuals (Duncan & Brooks-Gunn, 2000; Zigler & Hall, 2000). Research on the consequences of the quality of school environments (Smith, Boutte, Zigler & Finn-Stevenson, 2004) and the timing of middle school transitions (Eccles, Lord, Roeser, Barber, & Hernandez Jozefowicz; 1997; Seidman, Aber, & French, 2004) provide salient examples of how institutional polices can have direct effects on children's development. For example, decisions about when children move from elementary schools to middle schools have been largely based on economic, space, and staffing concerns. These transitions vary from as early as 5th grade to as late as 8th grade. Declines in academic competence and engagement that are frequently observed at the time of middle school transitions were previously thought to be a consequence of individual students' inability to handle a more difficult curriculum. Characteristics of the school setting (such as teacher attitudes and support, classroom size, community involvement, and school climate) and curriculum (such as cultural relevance of instructional methods and content) were rarely considered (Smith et al., 2004). However, the match (or mismatch) of school transitions with developmental concerns of early adolescence appears to be important. Early transitions that coincide with the biological, cognitive, and interpersonal changes that are also occurring at different rates among children ages 10 to 14 can set in motion processes of disengagement from schools for some children that can have long-term negative consequences. Research shows that some children who make the transition to middle school in early adolescence show decrements in

academic performance, and are more likely to drop out of school and to have declines in self-esteem compared to students who attended schools with a kindergarten to 8th and 9th to 12th grade organization (Seidman et al., 2004; Smith et al., 2004). Solutions to student problems historically focused exclusively on remedial programs for affected children or prevention programs to prepare most children for these transitions. However, recent research suggests that organizational and structural changes that create smaller, more holistic social units or school communities within schools are more responsive to students' needs and are able to sustain their engagement and competence across school transitions (Seidman et al., 2004). Similarly, changes in classroom levels of victimization can affect individual differences in children's behavioral and emotional problems (Leadbeater, Hoglund, & Woods, 2003). Although children's voices are rarely heard by policy makers, children's developmental pathways are influenced by policy decisions about health care, family support, parental leaves, media regulation and so on (Zigler & Hall, 2000).

## What Is Needed to Incorporate Scientific Research into Strengths-Based Policy?

### Bridges Are Needed to Cross the Communication Gaps Between Researchers and Policy Makers

Research that exists to guide policy on major social problems is frequently jargon-ridden, hard to access, and ignored by those in positions to make policy decisions. Traditional avenues for gaining access to scientific research through hearings that solicit short testimonies from experts are costly and often target issues suddenly drawn to public attention by newspaper headlines, for example, about epidemics, youth violence, or environmental disasters. However, research-based knowledge is hard to access and crisis-driven responses can leave policy makers and the public believing that nothing is known about a social problem and that we are starting from ground zero. For example, in the panic that followed the shooting of 12 students and one teacher in Littleton, Colorado, researchers were barraged with newspaper reports of unpredictable and out-of-control youth violence that seemed to have no solutions, despite the existence of knowledge addressing youth violence that is founded on more than 50 years of research (Elliott, Hamburg, & Williams, 1998). Legislation that follows such anecdotes can lead to the passage of laws that have disastrous, unintended consequences. For example, juvenile transfer laws, which were intended to move older teenagers convicted of murder into adult prisons, have also lead to increased numbers of

young offenders convicted of drug or property offenses who are in adult prisons—at a time when youth crime is on the decline and the public costs of prisons is rising.

Policy based on research can decrease the risks of misplaced investments of public funds. As well said by Sherrod (quoted in Tolan, et al., 2004. p. 24),

> Research-based policy leads to increased effectiveness through the objectivity and enduringness of research that transcends highly charged political environments . . . It promotes investment in youth capital, addresses core causes rather than treating symptoms, promotes a long-term perspective, and acknowledges that it's never too late to invest in children (i.e., investment need not be early).

Collapsing the differences in specific interests of academics, lobbyists, and policy makers may diminish the value of their independent contributions to public policy. However, generating opportunities for more open discussions among these groups is essential to generating science-based solutions. More joint conferences and networking among policy makers, lobby groups, the media and academics needs to be funded and instituted. Websites could provide accessible links among academic centers, governments, and lobby groups, but funding for monitoring and maintaining specific sites is typically not available in academic centers. Researchers must become more skilled at translating their research findings into formats that are both understandable by, and easily transferred to, policy makers. Funding for research and policy development needs to be directed to academic settings for the preparation and distribution of readable policy briefs from relevant research.

### Policy Makers Should Seek to Identify and Build on the Knowledge about Supporting Resilience or Strengths in Individuals, Families, and Communities

This research frequently cuts across isolated social problems such as reducing teenage pregnancy, school dropout, or youth violence. Models stemming from resilience research can elaborate the transactions among vulnerabilities, ongoing adversities, protective factors and the development of competence. These suggest integrated targets for policy and programming that are critical for promoting child, youth, family, institutional, and community strengths. The expected rippling effects of policy decisions across specific societal problems needs to be specified. Since perturbing or vitalizing the development of competence at one level has direct and indirect effects on others, integrated

approaches to promoting adequate functioning should have benefits across a range of specific social problems. For example, there is little doubt that creating processes and contexts that support the capacity for parenting warmth or the school engagement of young adolescents would have widespread effects on children's and teenager's problem behaviors, educational achievements, health, interpersonal skills, and pregnancy rates (Leadbeater & Way, 2001; McLoyd, 1998; McLoyd & Hernandez Jozefowicz, 1996; Sandler et al., 2004). Parenting skills and warmth could be affected by measures that decrease the stresses of work for parents, increase flexibility of work schedules, increase funding for the treatment of depression or other mental health problems, or increase educational opportunities and incomes of single-parent heads-of-households. Similarly, school engagement can be enhanced by creating favorable, non-violent school climates, equalizing resources available to inner-city and rural neighborhoods, instituting co-op programs to integrate schools and communities, reducing the mismatch of timing for transitions to middle school, or creating schools-within-schools to better address individual students' needs for adult attachments and opportunities for developing their competencies (Connell, Spencer, & Aber, 1994).

## *Policy Makers Need to be Held Accountable for Delineating the Expected Long-Term Consequences of Their Current Decisions*

A strengths-based or resilience perspective draws attention to the need to consider not only immediate changes and innovative approaches but also how to sustain positive trajectories of individual, family, or community development. How are funds spent on innovative programs going to support the maintenance of successful programs? How are welfare reforms going to reduce not only the number of people on welfare but also the number of families living in poverty? Understanding apparently negative "outcomes" as points in a trajectory that connect past experiences with anticipated future opportunities again demands longer-term commitments to sustaining development.

What conclusion can we draw from the resilience revolution? The foundations for a paradigm shift in research, policy, and program are evident. This shift modifies our beliefs about the nature of risk and protective factors and the inter-related processes of change. Our optimism about the possibilities for real changes in the developmental trajectories of individuals, families, or communities dealing with adversities is warranted as we consider the many integrated targets that make intervention possible. Our optimism is tempered, however, by the complexity of the

challenge to make the needed shifts in research, policy, and programming to reflect a strengths-building perspective and help to guide this new direction for social change.

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