Enhancing Resiliency in Girls and Boys: A Case for Gender Specific Adolescent Prevention Programming

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Resiliency is the ability to bounce back or cope well in the face of adversity, and preventionists are recognizing the promise of this approach, with its emphasis on strengths and the enhancement of individual and environmental protective factors. Feminist scholars and resiliency researchers have highlighted significant gender differences in susceptibility to, and protection from, situations of risk. However, there are few prevention programs that have incorporated gender-specific resiliency strategies. This paper will argue for the importance in the field of substance abuse prevention of developing different strategies for girls and boys to meet their varying needs.

KEY WORDS: gender; resiliency; prevention.

When President Clinton said in his inaugural address that "there is nothing wrong with America that cannot be fixed by what is right with America" he was expressing the philosophy behind the resiliency approach. Resiliency is the ability to bounce back or cope well in the face of adversity, and preventionists are recognizing the promise of this approach, with its emphasis on strengths and the enhancement of individual and environmental protective factors. The paradigm shift from targeting what is wrong and trying to fix it to looking for what is right and trying to sustain and protect it represents a dramatic departure from the direction of prevention efforts in the past. In fact, scholars from several different fields (prevention, medicine, developmental psychology, social work, education, public health,

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and sociology) are investigating resiliency and integrating its concepts into their work (Hauser et al., 1989; Gullotta, 1987; Benard, 1990, 1993; Garmezy, 1991; Werner and Smith, 1982, 1992; Rutter, 1979, 1989).

Some of the new feminist scholarship is also examining resiliency and resistance in girls, and seeking ways to enhance these qualities (Schultz, 1992; Gilligan, Lyons, and Hanmer, 1990; Gilligan, Rogers, and Tolman, 1991). Resistance in this context is seen as a "healthy quality" rather than as an impediment. Gilligan et al. (1991) reframe resistance as a psychological strength - an ability to resist disease processes.

Feminist scholars and resiliency researchers have highlighted significant gender differences in susceptibility to, and protection from, situations of risk. However, the next step of designing and implementing prevention programs that incorporate resiliency enhancement strategies with gender specific strategies has not yet been taken (Rutter, 1979, 1989; Werner and Smith, 1982, 1992; Werner, 1987; Hauser et al., 1989; Beardslee, 1989). This paper will argue for the importance in the field of substance abuse prevention of taking this next step, and developing different strategies for girls and boys to meet their varying needs at each developmental stage.

KEY CONCEPTS OF RESILIENCY

Robert Louis Stevenson was describing a key concept of resiliency when he wrote: "Life is not a matter of holding good cards but of playing a poor hand well" (Garmezy, 1981). How do youngsters learn how to play a poor hand well? The given is that they are growing up in environments or situations of risk or stress (some practitioners believe that every adolescent growing up in America today is in an environment of stress). Protecting and enhancing inherent strengths help youngsters learn how to cope well. What is promising is that resilient kids do not need to be "superkids," they just need to be able to swim "well enough" in the waters of adversity.

Self-esteem and self-efficacy may be the most important traits in resilient people. Self-esteem can be defined as a belief that there is not a discrepancy between one's ideal self-image and actual self-image (Long, 1991). Self-efficacy is a self-perception that one has the ability to successfully perform specific tasks. People who have a high degree of self-efficacy believe that they can master difficult tasks, and they will expend the necessary effort in dealing with stressful situations (Bandura, 1977). Youth with high self-esteem and a sense of self-efficacy have positive feelings about themselves, their social environment, and their ability to deal with life's challenges and to control what happens to them (Werner, 1987; Rutter, 1989).

Some of the other essential characteristics of resiliency are: 1. Possessing intellectual capabilities—especially good verbal and communication skills (Garmezy, 1984, 1985; Masten et al., 1990). 2. Having an easy temperament (generally a genetic or biological trait) which helps to attract the positive regard of adults (Garmezy, 1985; Rutter, 1989; Werner, 1990). 3. Acquiring good social- and problem-solving skills (Rutter, 1979; Werner and Smith, 1982; Masten, et al, 1990). 4. Having a sense of humor that enables a person to laugh when things do not go exactly as planned or in times of frustration and upset (Masten, 1982; Garmezy, Masten, and Tellegen, 1984; Kumpfer, 1993). 5. Being able to separate from "toxic" situations and environments—especially a "toxic" family (Beardslee, 1989; Kumpfer, 1993). This separation does not have to be an actual physical one, but can be a psychological one in which a youngster is able to say "I am different from my parents." 6. Being able to be empathetic, and experience true compassion and understanding of others (Werner, 1985, 1987; Cowen, Wyman, Work, and Parker, 1990).

Resilience is not a fixed constitutional attribute, but a process, and the choices one makes at key turning points in life can greatly influence this process. Thus, a decision to stay in school, study hard for an important exam, or try out for a play or team sport may have more influence on school performance and one's future opportunities than any long-standing attributes such as being smart or being a good athlete (Rutter, 1989). Intervention at key turning points in youngsters' lives may have profound effects on their future years.

THEORETICAL FOUNDATION OF RESILIENCY

The resiliency model builds on three theoretical foundations: Social Learning Theory (Bandura, 1977), a major theoretical framework for prevention approaches of the 1980's; Cognitive Behavioral Theory (Beck, 1976); and Health Realization Theory, recently developed by Mills (1991). The primary tenet of Social Learning Theory is that behavior is learned and molded by watching others' behavior and by integrating how people respond to one's own behavior.

Thus, according to Social Learning Theory, adolescents are more likely to use alcohol and other drugs to relax or cope with stress if these behaviors are modeled by their parents, peers, or the culture in general (Bandura, 1977).

Cognitive Behavioral Theory (Beck, 1976) asserts that how we think about ourselves is of utmost importance. If people have developed negative mind sets or images of themselves, they can be helped to recognize this

and be taught techniques to achieve goals that will help them change these negative thoughts (Beck, 1979).

Mills' Health Realization Theory has much in common with Social Learning Theory and Cognitive Behavioral Theory in that it recognizes the importance of thought, perceptions and behavior modeling. Like Beck, Mills contends that "thought is the mediator of a person's responses to his or her environment" (Mills, 1993). However, Mills' primary emphasis is on his belief that people have the innate capacity to function with self-esteem and good judgment, and that a core of health is always directly accessible. He states: "Everyone goes in and out of moods. In high moods, we are more likely to connect with our common sense. In low moods, we fall victim to insecure, habitual thinking which usually makes things worse" (Mills, 1993, p. 27). Secure feelings can emerge from learning how to recognize good moods and then make decisions and take actions when one is in a good mood (Mills, 1991).

GENDER SPECIFIC STRESSORS AND RISK VARIABLES

Researchers in several disciplines are discovering differences not only in how boys and girls develop, both emotionally and psychologically, but also in their vulnerability to stress and situations of risk, and in their ability to cope with the different stressful situations they encounter at varying times in their lives (Gilligan, 1982; Werner and Smith, 1982, 1992; Rutter, 1985). In their studies of resiliency, Werner and Smith (1982, 1992) analyzed gender variations and found significant differences. They found that, in general, boys are more vulnerable in the first decade of life, whereas girls become more vulnerable in the second decade. Not only are boys and girls likely to differ in the ages at which they are most susceptible to stress and vulnerability, they also are likely to differ in the ways that they adapt and cope with strain.

Risk Factors for Girls

In the first decade of life fewer girls than boys suffer from birth problems; those who do, however, are as adversely affected by congenital defects and problems in physical development. From ages two to ten, serious risk factors for girls are the death of a mother, long-term absence of a father, and chronic conflict between parents. (Werner and Smith, 1992). However, it is in the second decade of life that girls are the most vulnerable. The social and emotional demands of adolescence are particularly trying for

girls. Scholars in prevention and developmental psychology as well as in feminist theory have found striking differences in the way boys and girls experience adolescence—especially its effect on self-esteem. Rutter (1979, 1989) and Werner and Smith (1982, 1992) found that girls who got pregnant and/or who married as teenagers, without being able to plan their marriages or pick suitable partners, ended up with deviant and unsupportive spouses; and this fact put them in situations of great risk. Teenage girls who had poor relationships with peers were also more vulnerable to mental health problems as teens and as adults. While there is some agreement that adolescence takes a terrible toll on American girls' sense of self-esteem and self-efficacy, there is little concurrence as to the reasons *why* 12- and 13-year-old girls suddenly start to think so poorly of themselves, and loose confidence in their abilities.

Rutter (1981, 1984) has found that as girls become subjected to gender traditional values and expectations they become more and more subdued and unsure of themselves. While our society tolerates *young* girls who are active and assertive—even honest and courageous—this kind of behavior is not considered acceptable for *adolescent* girls.

Girls from second to fifth grade are able to speak honestly and boldly (Brown, 1992). As they move into adolescence they lose this spirit and natural ability to speak their minds, and 12- and 13-year-old girls begin to live under the "tyranny of the perfect girl," who is expected to be always "kind and nice" (Rogers, 1990). Rogers comments that as girls enter adolescence they struggle to hold onto their own experience and perceptions. However, they are also encouraged to see the world largely as it has been seen by men and they are conflicted. "What girls know seems as if it cannot be known, and what they want to say suddenly seems unspeakable" (Rogers, 1990, p. 14).

By puberty or early adolescence, autonomy and mastery are no longer expected or desired in girls. Dependency is what is rewarded (Bernard, 1991). By age 13 or 14, girls have gotten the message that it is not considered feminine to be assertive and full of confidence (Gilligan, et al 1990). The Catch-22 here is that if girls behave and think as they are taught, they are putting themselves in situations of great risk and heightened vulnerability because of the toll that passive and dependent self-images and behavior take on self-efficacy. However, since rebelliousness is so little tolerated in girls, and non-feminine behavior is not valued, not to "behave" at ages 12 and 13 can also be very dangerous. Girls who rebel, especially if they do it alone, risk rejection and alienation.

Schultz (1990) reports on a study that found twice as many girls as boys experience high levels of stress. Girls are four times more likely to be physically or sexually abused, three times more likely to have a negative

body image, and twice as likely to attempt suicide. "In response to stress girls tend to self-destruct with quietly disturbed behaviors rather than act out as boys do" (Schultz, 1990). Several studies have found that schools tend to accept, if not encourage, this kind of quietly self-destructive behavior in girls (A.A.U.W., 1992; Dweck, 1978; Gilligan et al., 1990 a; Gilligan et al., 1990 b). Dweck (1978), who has studied the origins of learned helplessness in girls, has found that they are more likely to feel it is their own fault if they do not do well in something; they internalize failure and feel that something is wrong with them. Boys, on the other hand, are more likely to think that something was wrong with the situation that caused the failure (the test was too hard, the teacher was mean, the other team cheated, etc). Dweck (1978) also found that teachers tend to reinforce this by giving the message to boys that they are not trying hard enough if they do not do well, but to girls they say "you did the best you could." The underlying message is that girls' best is not good enough.

Risk Factors for Boys

Boys are more susceptible to prenatal stress, are more physically vulnerable as infants, and in the first decade of life, are likely to be more emotionally vulnerable (Werner, 1987; Werner and Smith 1982). Werner and Smith (1992) found that during this time boys are more adversely affected than girls by growing up in poverty and by disharmony in the home, although precisely why boys should be more affected by poverty is not known. Werner and Smith (1992) found that boys are more likely to be sent to institutions if they cannot be kept at home, and that parents are more likely to argue in front of boys, presumably because they are considered tougher and more able to deal with tension.

Other researchers have found that boys tend to have more difficulty with social skills in pre-school and kindergarten than do girls. Those who exhibit a combination of shy and aggressive behavior (not uncommon for 4 and 5-old year boys), may have a particularly difficult time forming friendships with peers, and positive relationships with teachers (Schinke et al., 1988; Hawkins et al., 1992).

In middle childhood—up until the age of 10 or 11, boys are more adversely affected than girls by the absence of a father and a change in schools. From ages eleven to eighteen, it is the absence of a mother that is more stressful for boys, as well as conflict with a father and/or school failure (Werner and Smith, 1992).

PROTECTIVE FACTORS THAT ENHANCE RESILIENCY

Researchers who are conducting gender-specific evaluations are hypothesizing about what might serve as varying protective factors for boys and girls (in addition to those which will well serve both sexes) (Werner and Smith, 1982, 1992; Rutter, 1979, 1989). Protective factors are the "steeling qualities" of the environment (the family, school, and community) that enhance and support a person's response to stressors or challenges (Kumpfer, 1993; Rutter, 1987).

Protective mechanisms for both sexes will first be discussed. 1. A warm, positive relationship with a caring adult (parent or other significant adult such as a teacher, coach or counselor, older sibling, etc.) that continues over time. This may be the single most important protective factor (Rutter, et al., 1979; Werner and Smith, 1982). 2. Membership in a cohesive, supportive family, with firm boundaries and clear patterns of communication. Parental involvement in their children's lives in ways such as influencing peer choice, and fostering pro-social activities will create a strong positive bond (Brook et al, 1986). 3. Having parents who have high but realistic expectations for achievements and behavior. A continuous parental message of "You can do it!" will help youngsters internalize an optimistic attitude about his or her own ability (Mills, 1991; Benard, 1990). 4. Having parents who have good parenting skills and who serve as positive role models. Baumrind (1991) found that authoritative but democratic parents who developed coherent and consistent family policies tend to produce resilient youth. 5. Being given family responsibilities such as chores and care of younger siblings. Youth who are given responsibility for taking care of some aspect of family life will internalize a feeling of competence, and a sense that they can be counted on to contribute (Benard, 1990; Werner and Smith, 1982, 1992). 6. Membership in families with strong traditions and rituals. Family rituals, such as Sunday dinners or observance of holidays, help youngsters develop a sense that their environment is reasonably predictable, and a feeling that they are part of a unit larger than themselves. These are both important for developing effective coping strategies (Werner, 1987). 7. Being in a school and community environment that is supportive and caring. Schools and communities that provide opportunities for positive involvement in activities and encourage youngsters to develop their own special interests or talents help establish a strong sense of belonging. (Rutter, 1979, 1984; Benard, 1990; Kumpfer, 1993). The above protective mechanisms all help develop and strengthen resilient traits in youngsters. They can also all be taught, supported, and provided to youth and their parents or caretakers. Prevention programs that provide coaching relationships and parenting skills training, and work toward creating a

school and community climate where youngsters feel a sense of belonging will help create and enhance these protective factors (Bernard, 1993, Kumpfer, 1993).

Some researchers have found that the possession of androgynous traits leads to a greater sense of self-esteem and thus to resilience (Werner and Smith, 1982). Androgynous individuals possess both masculine and feminine traits—that is, they are able to be both expressive and instrumental, yielding and assertive, and to act in a generally flexible non-sex-typed manner. Bem (1974), who developed the Bem Sex Role Scale, has also found that girls and boys, as well as women and men, who exhibit the most androgynous traits score the highest on self-esteem.

GENDER-SPECIFIC PROTECTIVE FACTORS

There are some researchers who are looking at gender-specific protective mechanisms, and it is in this area that the work of developmental psychology, substance abuse prevention, and feminist theory are converging. Scholars in all three fields recognize that boys and girls go through developmental stages at different times and encounter very dissimilar social, cultural, and psychological demands and messages at each stage. It therefore appears that they may require different protective mechanisms. For example, supporting and strengthening girls' "resistance" might nurture resilience, while doing this for boys might foster anti-social behavior.

PROTECTIVE MECHANISMS FOR GIRLS

The following are factors that are *important* for girls in the development of resiliency, but are also unfortunately *difficult* for parents, caretakers, or preventionists to instill or strengthen. For girls, to be perceived as affectionate and cuddly as infants and toddlers can help start a process of protection. Other important variables are having a mother who is competent and gainfully employed, and a father who has a high level of education; experiencing few behavior problems prior to age 10; and having caring adults outside the family including caring and supportive teachers (Werner and Smith, 1982, 1992). During adolescence, popularity with peers also assumes great importance for girls, as do positive high school experiences (Werner and Smith, 1982; Rutter, 1979).

Parents *can* be informed of the importance of assuming responsibility within the family—caring for younger siblings, doing regular household chores—and how this helps an adolescent girl to internalize a feeling of

being able to count on herself, and builds her sense of being a valued family member.

Other important protective factors for adolescent girls that can be fostered and supported are assertiveness, problem-solving skills, and competence. These qualities lead to strengthening self-esteem and self-efficacy, an internal locus of control, and a strong sense of identity (Rogers, 1990; Gilligan et al., 1990 a; Gilligan, et al., 1990 b). Colton and Gore (1991) have found that girls who participate in some kind of sports have higher self-esteem and less depression than those who do not. Werner and Smith (1982) have found that girls who grow up in homes where they are not overprotected and where there is an emphasis on risk taking (in a positive sense) and independence with reliable support from the primary caretaker are more resilient.

PROTECTIVE MECHANISMS FOR BOYS

As was true for girls, the following protective factors are difficult for prevention programs to influence greatly. It is protective for boys to be seen as active infants with few distressing habits, and in infancy the mother's educational level is also important. Also having a father present or another significant male who serves as a positive role model is crucial (Werner and Smith, 1982). By adolescence, high achievement, realistic educational and vocational plans, and teachers who serve as mentors assume great importance. Being the first born son also seems to serve as a protective factor for boys (Werner, 1987).

In fact, just being born a male, especially a white male, in our society will serve as a strong protective factor. When boys reach adolescence and are forging their sense of identity by joining or resisting the dominant voice, the major cultural story—the voice and story they are listening to are those of other males (Gilligan et al, 1990b). This in and of itself is cause for affirmation and protection.

Prevention programs that provide parenting skills training that stresses the importance of structure, rules, and supervision in the home, as well as encouragement of emotional responsiveness in boys, can help foster resilience (Werner and Smith, 1992).

RECOMMENDATIONS FOR GENDER-SPECIFIC PROGRAMMING

There are some prevention programs that have begun to develop gender-specific strategies, although the majority still seem to be operating un-

der the belief (popular in the 1980's), that "the developmental differences between the sexes was not great enough to warrant gender-specific programming" (Perry and Jessor, 1985). The present authors conducted a series of seminars in adolescent substance abuse prevention in 1992 and 1993 throughout New York State, and learned that a small percentage of them were doing some gender-specific programming. Some of their efforts have included attempts to enhance self-esteem, self-efficacy, and problem-solving skills through the use of same-sex groups. These groups address issues that boys and girls will not talk about in each other's presence (sexual issues, problems with dating and other relationships, and concerns about physical changes occurring in puberty). Even though staff report great enthusiasm about gender-specific programming, these efforts have yet to be formally evaluated.

For boys, providing social skills training in pre-school to help them learn how to overcome their shyness and aggressiveness and to establish positive relationships with peers and teachers could be critical in preventing emotional vulnerability and acting out behavior. If more males were to teach in pre-school and kindergarten, they might serve as positive role models for boys. If they were able to encourage boys' emotional responsiveness, this could greatly influence the development of resilient traits.

Given the findings about the resiliency enhancing value of androgynous characteristics for both girls and boys, parents and schools would serve their children well by encouraging them to engage in activities not narrowly sex-typed. For example, schools that encourage girls to learn karate or judo, and boys to take dance and gymnastics might help foster androgynous traits. But this has yet to be tested.

Our culture has long known about the value of sports for boys. There are several studies indicating that sports are of equal value for girls. Colton and Gore (1991) found that 50 percent of girls who were involved in some kind of sports activities had higher self-esteem than those who did not. This finding led them to conclude that "the best thing for girls is sports, whether it's an individual sport like running or a team sport" (Schultz, 1991). Two other studies by the Women's Sports Foundation (1988, 1989) found sports participation has positive effects for Hispanic, African American, and white rural and urban girls. Miller, director of a college sports program in New York City, contends that playing sports helps girls get past learned resistance to science, math, and technological learning (Schultz, 1990). A director of a substance abuse prevention program on Long Island told one of the present authors how the girls' school basketball team started yelling "Drug Free!" after they came out of a huddle instead of "Go Hempstead!" He believed this affected the girls' desire to associate being

drug free with team spirit and winning. Just being a member of the team possibly had a greater positive effect.

In her study of young women of color who have been "relegated to positions of substantial educational, economic, and social risk," Zane (1988) recommends school-based intervention strategies that bridge the needs of home and community with activities such as oral history projects, nontraditional vocational training, employment opportunities in the community, and school-based health clinics. In class, she recommends use of big sisters, peer tutoring, separate workshops for boys and girls, cooperative teaching and teacher interventions to help prevent female silence. Researchers recommend that prevention programmers study how marginalized girls experience stress and develop survival and resistance strategies (Fine and Zane, 1989). Surprisingly, one of their conclusions is that it may be a responsible and psychologically astute action for girls in inner city public schools to drop out and thereby resist staying in an environment that is insensitive to the complexities of their lives and that may be putting them physically at risk. But if they do drop out of school, they need to be able to access positive alternatives.

SUMMARY

Prevention experts, feminist scholars, and developmental psychologists all have come to similar conclusions about the necessity of protecting and raising self-esteem and self-efficacy in pre-adolescent and adolescent youngsters. Some preventionists and researchers in other fields have also discovered that because girls and boys pass through developmental stages in different ways and meet dissimilar social, cultural, and psychological demands they need different kinds of protection, encouragement, and support to become resilient adolescents. There is a need to wed resiliency research with feminist scholarship which identifies significant gender differences that put youth at risk. The challenge for the field of prevention now is to do this; and design and implement strategies and programs that fit both the similar and unique needs of girls and boys.

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