

Resiliency

WHAT WE HAVE LEARNED



WestEd

BONNIE BENARD

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“What began as a quest to understand
the extraordinary has revealed the power
of the ordinary. Resilience does not come
from rare and special qualities, but from
the everyday magic of ordinary, normative
human resources in the minds, brains, and
bodies of children, in their families and
relationships, and in their communities.”

— Ann Masten

Foreword

All of us have met individuals who overcame staggering challenges growing up. As their stories unfold before us, it is difficult not to wonder how they managed to become such positive and productive adults. So much of what we are asked to believe about young people facing similar challenges would have predicted their failure. But that is what Bonnie Benard's new book and, indeed, her whole career are about — letting the rest of us know that we human beings are all remarkable, that we have the capacity to thrive, and that we can all use a little help.

Bonnie Benard lives and breathes the belief that all people, particularly all children and youth, have enormous strengths. She also embodies the belief that as adults we are charged with helping young people build upon those assets, and so support them in becoming the adults they aspire to be, regardless of the conditions and challenges they encounter.

In *Resiliency: What We Have Learned*, Bonnie captures what she has learned throughout a career dedicated to seeking the positive, even when cultural forces and intellectual models have pointed others in her field to a more negative approach. She speaks of assets; others may identify deficits. She affirms and builds; many of us criticize and inadvertently tear down. I recently heard her tell the story of an after-school high school program that she considered excellent, yet to participate students were required to pass into a classroom labeled “At-Risk Youth,” proclaiming an expectation not of success but of failure.

Bonnie's book sensitizes us to the implications of building up rather than tearing down. Like labels with their unintended messages, Bonnie asks us to look carefully at our approach to testing in this country — and whether our rhetoric that no child be left behind might be at odds with testing and retesting our children with a focus on what each child lacks. The unintended consequences for hundreds of thousands of students could be an experience of themselves as endlessly deficient rather than full of potential.

In synthesizing the resilience research of the last decade and more, and in analyzing key approaches for supporting young people, Bonnie

illuminates a vision that I hope will be carefully explored by all educators and human service providers. It is also one for all parents to consider. The daily stresses and strains for children and youth are enormous, even for those who live in what appear to be the most positive of conditions. For me as a parent, Bonnie's work and coaching have been a mainstay as I seek to put aside the deficit model I internalized early on and instead find ways to support the unique strengths and magic that my two children possess. In reading this book, I have found renewed optimism and hope, together with concrete ways that I and others can make a difference for children and youth, our own and those whom our policies, practices, and initiatives can affect.

There is always a danger in highlighting research about how children in enormously challenging conditions may nevertheless survive and even thrive. Inevitably, some policymakers and practitioners interpret such findings as evidence that interventions, resources, and support are not necessary. That is not the message of *Resiliency: What We Have Learned*. This is not a "pull yourself up by the bootstraps" model. To the contrary. We all have roles to play and the responsibility to play them. Children are born with remarkable and unique gifts, qualities, and potential. As adults we need to rededicate ourselves to cherishing, nurturing, and supporting each child we can. The opportunity exists to make a difference in a child's life every time we make that small effort.

Glen Harvey
Chief Executive Officer
WestEd

P R E F A C E

A Pivotal Decade

It was over a decade ago when I first pulled together a summary of resilience research. The slim volume that resulted, *Fostering Resiliency in Kids*, has now grown to this less-slim volume, *Resiliency: What We Have Learned*, to reflect the fervor of interest, research, and programs about resilience — how children and youth overcome the odds to become “competent, confident, and caring” individuals (Werner & Smith, 1992) — that the last dozen years have brought. A simple but graphic measure of this attention is provided by the *Social Sciences Citation Index*. In the 1980s, “resilience” and its derivatives occurred only 24 times. In the 1990s, there were 735 such references. The current decade is on a pace to at least double the previous total output of scholarly research on the topic.

The recent past has been pivotal for all strengths-based movements — in education, prevention, and other human services. We now have considerable research and practitioner interest in resilience, youth development, asset-building, positive psychology, wellness, health promotion, health realization, strengths-based social work, social capital and its sub-categories, multiple intelligences, values-centered or spiritual intelligence, and emotional intelligence. Obviously, people in professions known for studying and ameliorating human problems are increasingly attracted to what has become a new paradigm, a new way of thinking about and working with human beings across the lifespan, but especially during the years of childhood and adolescence.

Unfortunately, even armed with new understandings and programs, practitioners face almost the same percentage of children and families living in extreme adversity as ten years ago. According to the latest Kids Count report from the Annie E. Casey Foundation (March 2002), the percentage of children living in “high-risk” families has dropped only 1 percent from 1990 to 2000. Twelve percent of American children continue to live not only below the poverty line, but in conditions not likely to improve — for example with parents who lack a high school diploma or full-time employment (2002, <http://www.kidscount.org>).

Similarly, the life conditions of non-college-bound youth and young families have barely improved in the last decade. In 1988, Samuel Halperin’s

**The prevention research
community is heartened
by the accumulating
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that resilience and
youth development
approaches work.**

two reports about this group, which he called “the forgotten half,” stirred the education world with statistics about the grim outlook for this large segment of the American population. Ten years later, in *The Forgotten Half Revisited* (1998), Halperin is unable to report much improvement, and in some areas, such as employment and incarceration, must report alarming regression. “Overall,” he notes, “the record of advances in the last decade ... — whether family life, schools, communities, employment, national service, or youth development — provides but a slim reed of hope for a better deal for much of the nation’s youth and young families” (1998, p. I).

The intransigence of the conditions facing our most challenged children and young people underscores why resilience is such a galvanizing concept. In the decade since the seemingly radical view espoused in *Fostering Resiliency in Kids* — that the most effective, efficient, and even rewarding and joyful approach to problem prevention is through supporting healthy youth development — resilience has become much more accepted. Practitioners respond to its intuitive, common-sensical appeal. The prevention research community is heartened by the accumulating research evidence that resilience and youth development approaches work. As one leading researcher explains, “While part of the support for health promotion as a preventive strategy can be made on conceptual grounds, the major evidence is present in outcome studies.... In other words, *empirical data suggest that promoting health is one way to prevent later problems* [emphasis in the original]” (Durlak, 2000, p. 221; Masten & Coatsworth, 1998; Wyman, et al., 2000).

A few highlights of the last decade’s resilience research and the resilience-focused youth development movement indicate how foundational and far-ranging this activity has been:

- Werner and Smith completed their longitudinal study of 700 “high-risk” children, following them to adulthood and midlife (ages 32 and 40).
- Several other longitudinal studies came of age: Clausen, 1993; Furstenberg et al., 1998; Hetherington & Kelly, 2002; Ryff et al., 1998; Vaillant, 2002.
- The MacArthur Foundation created the Research Network on Successful Adolescent Development Among Youth in High-Risk Settings.
- An interdisciplinary and cross-governmental-agency conference on the Role of Resilience in Mental Illness and Alcohol Abuse was convened.

- SAMHSA (Substance Abuse and Mental Health Services Administration) of the U.S. Department of Health and Human Services convened a “resilience working group” to inform funding initiatives.
- For the first time, a large-scale national survey of adolescent health included protective factors as well as risk factors (National Longitudinal Study of Adolescent Health).
- Many thoughtful qualitative studies of youth from culturally marginalized populations affirmed resilience theories.
- Program evaluations such as that of the Big Brothers Big Sisters mentoring program and the longitudinal follow-up of High/Scope’s Perry Preschool Program supported resilience-based approaches.
- Journals in many fields (e.g., developmental psychopathology, school psychology, and clinical psychology) devoted special issues to the topic of resilience.
- The “positive psychology” movement was born.
- The Search Institute focused national attention on assets.
- The Asset-Based Community Development Institute was launched at Northwestern University.
- *Resiliency in Action* became the first journal devoted to the application of resilience research and theory.
- The Center for Youth Development and Policy Research under Karen Pittman’s leadership began to support a national youth development movement.
- The International Youth Foundation and its Forum for Youth Investment (once again under Karen Pittman’s leadership) began to support research and practice networks devoted to promoting positive youth development.
- Brain science began documenting the incredible lifelong plasticity of the human brain as well as its intensive early development.

In the pages that follow, no attempt has been made to be inclusive of the abundance of strengths-based research now available. Instead, the goal is to synthesize and integrate some of the key research findings and their application in programs and movements that support positive youth development and resilience. The emphases here on providing a framework, research support, and a rationale for resilience-based prevention and education are in line with

Practitioners respond to the intuitive, commonsensical approach of resilience-based programs.

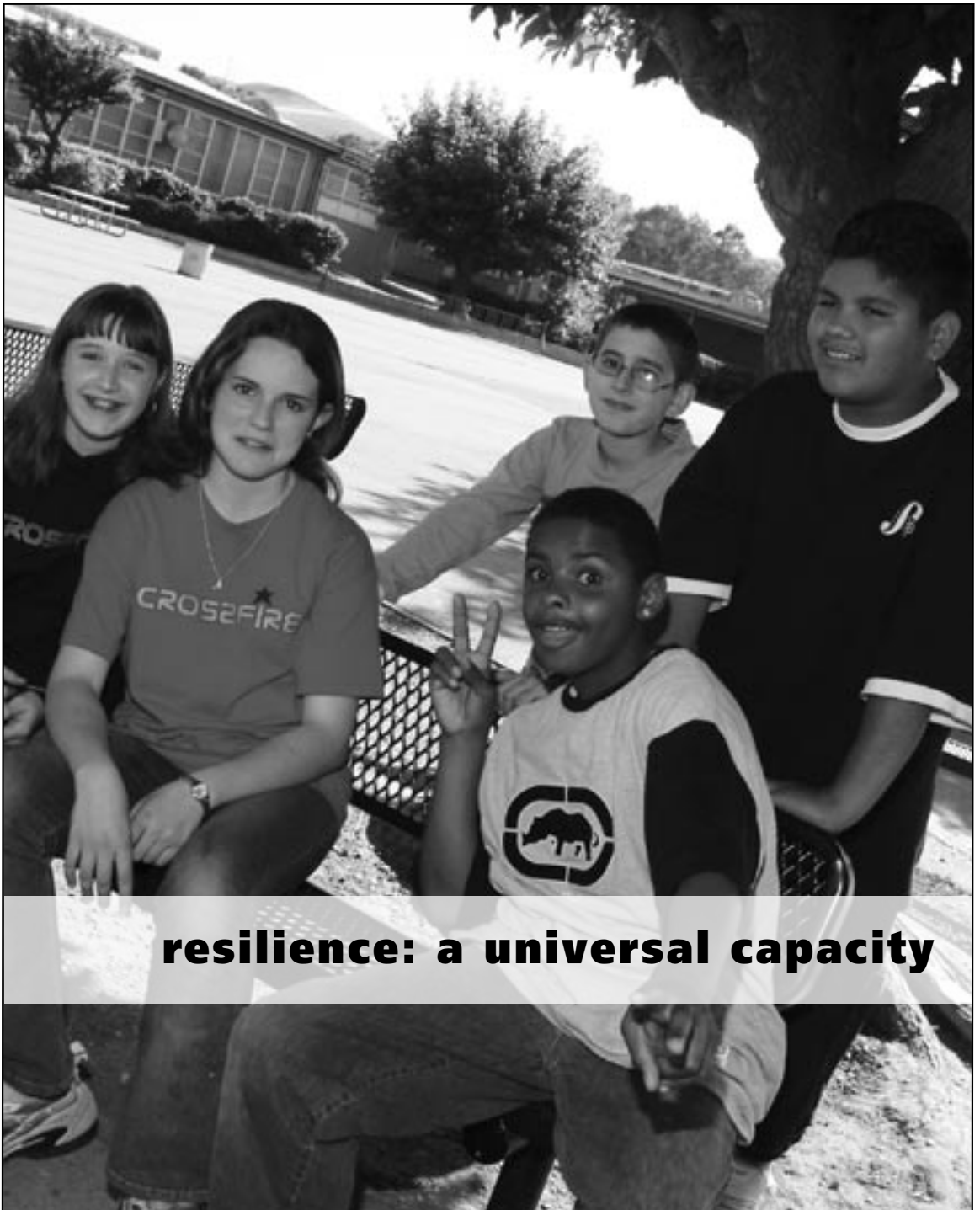
Highlights of the last decade's resilience research and the resilience-focused youth development movement indicate how foundational and far-ranging this activity has been.

the profound messages of long-term developmental studies of youth in high-risk environments:

- (1) Resilience is a capacity all youth have for healthy development and successful learning.
- (2) Certain personal strengths are associated with healthy development and successful learning.
- (3) Certain characteristics of families, schools, and communities are associated with the development of personal strengths and, in turn, healthy development and successful learning.
- (4) Changing the life trajectories of children and youth from risk to resilience starts with changing the beliefs of the adults in their families, schools, and communities.

Finally, *Resiliency: What We Have Learned* presents a perspective on resilience that calls for transformation of all our youth- and human-services systems. The challenge is not only to restructure policies and programs but to fundamentally alter relationships, beliefs, and power opportunities to focus on human capacities and gifts rather than on challenges and problems.

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resilience: a universal capacity

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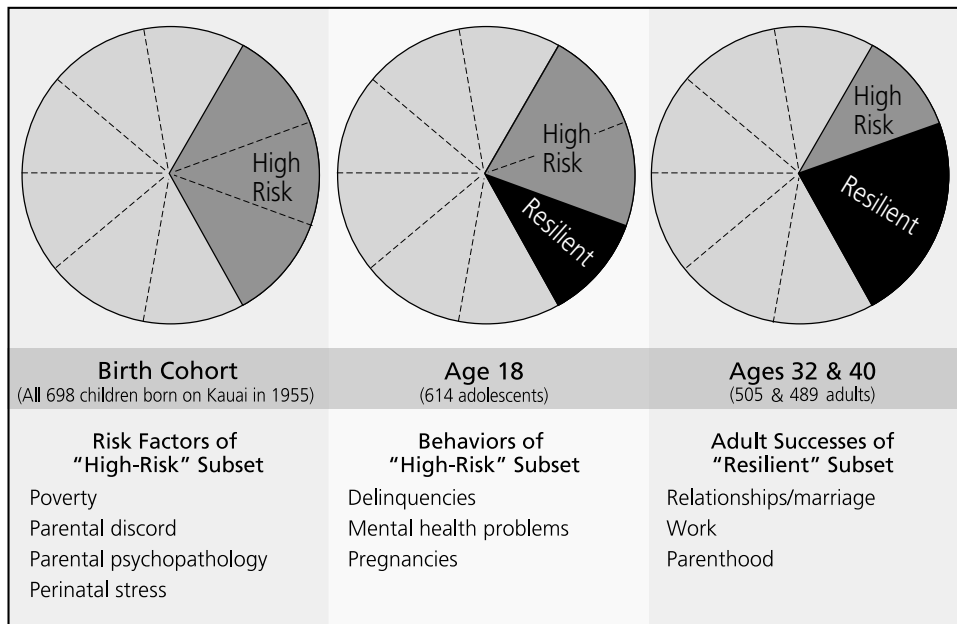
CHAPTER 1

Resilience: A Universal Capacity

A consistent yet amazing finding over the last two decades of resilience research is that most children and youth, even those from highly stressed families or resource-deprived communities, do *somehow* manage to make decent lives for themselves. In fact, for just about any population of children that research has found to be at greater risk than normal for later problems — children who experience divorce, live with step-parents, lose a sibling, have attention deficit disorder, suffer developmental delays, become delinquent, run away, get involved with religious cults, and so on — more of these children make it than do not (Rhodes & Brown, 1991). In most studies, the figure seems to average 70 to 75 percent and includes children who were placed in foster care (Festinger, 1984), were members of gangs (Vigil, 1990), were born to teen mothers (Furstenberg, 1998), were sexually abused (Higgins, 1994; Wilkes, 2002; Zigler & Hall, 1989), had substance-abusing or mentally ill families (Beardslee, 1988; Chess, 1989; Watt, 1984; Werner, 1986; Werner & Smith, 2001), and grew up in poverty (Clausen, 1993; Schweinhart et al., 1993; Vaillant, 2002). In absolute worst case scenarios, when children experience multiple and persistent risks, still half of them overcome adversity and achieve good developmental outcomes (Rutter, 1987, 2000).

Researchers Emmy Werner and Ruth Smith, in their seminal study of risk and resilience, followed nearly 700 children growing up with risk factors (one-third of whom had multiple risk factors) from birth to adulthood. As the cohort of children aged, they grew increasingly more like their peers without risk factors (see Figure 1). Werner and Smith report, “One of the most striking findings of our two follow-ups in adulthood, at ages thirty-two and forty, was that most of the high-risk youths who did develop serious coping problems in adolescence had staged a recovery by the time they reached midlife.... They were in stable marriages and jobs, were satisfied with their relationships with their spouses and teenage children, and were responsible citizens in their community” (2001, p. 167). In fact, only one out of six of the adult subjects at either age 32 or 40 was doing poorly — “struggling with chronic financial problems, domestic conflict, violence, substance abuse, serious mental health problems, and/or low self-esteem” (2001, p. 37).

Figure 1. A Longitudinal Look at Risk and Resilience: Werner & Smith (1982, 1992, 2001)



These findings confound a core belief of many risk-focused social scientists — that risk factors for the most part predict negative outcomes. Instead, resilience research suggests that risk factors are predictive for only about 20 to 49 percent of a given high-risk population (Rutter, 1987, 2000; Werner, 2001). In contrast, “protective factors,” the supports and opportunities that buffer the effect of adversity and enable development to proceed, appear to predict positive outcomes in anywhere from 50 to 80 percent of a high-risk population. According to Werner and Smith, “Our findings and those by other American and European investigators with a life-span perspective suggest that these buffers [i.e., protective factors] make a more profound impact on the life course of children who grow up under adverse conditions than do specific risk factors or stressful life events. They [also] appear to transcend ethnic, social class, geographical, and historical boundaries. Most of all, they offer us a more optimistic outlook than the perspective that can be gleaned from the literature on the negative consequences of perinatal trauma, caregiving deficits, and chronic poverty” (1992, p. 202).

Despite years of promising resilience research, popular myths about early adversity prevail. Ironically, the successful public relations campaign to

highlight the importance of the first three years of life misrepresents some of the brain science that was its inspiration. Lost in the media blitz are the findings over this past decade pointing to the plasticity of the human brain (Bruer, 1999; Diamond & Hopson, 1998; Eriksson et al., 1998; Kagan, 1998). As Daniel Goleman notes in his discussion of the “protean brain,” the “finding that the brain and nervous system generate new cells as learning or repeated experiences dictate has put the theme of *plasticity* [emphasis added] at the front and center of neuroscience” (2003, p. 334). Unfortunately, what the public has been left with instead, warns prominent developmental psychologist Jerome Kagan, is the “seductive” notion of “infant determinism” (1998).

Even among researchers and practitioners, the nature of resilience is commonly misunderstood. One misconception is the idea that resilience is a quality some people possess and others do not. Some researchers over the last decade have embarked on studies identifying “stress-resilient” and “stress-affected” children (Work et al., 1990), seeing resilience as a personality trait that one either has or does not have, rather than as an innate capacity bolstered by environmental protective factors. The popular press further distorts this limited understanding of resilience with stories about “invincible kids” (Brownlee, 1996), confirming many readers’ beliefs that since some kids succeed no matter what, those who do not must somehow be at fault. A related misconception is that the findings from resilience research only apply to “high-risk youth.” In fact, the supports and opportunities serving as protective factors for youth facing adversity apply equally to all young people. Distinctions between resiliency and concepts like “thriving” fail to recognize that resilience is itself normative.

The perpetuation of myths and misconceptions about resilience may well have its roots in a non-developmental, medical model of psychopathology that has dominated the field of social and behavioral sciences for decades. This deficit paradigm sees the proverbial glass as “half-empty.” But as Werner and Smith explain, “[Resilience studies] provide us with a corrective lens — an awareness of the *self-righting tendencies* that move children toward normal adult development under all but the most persistent adverse circumstances” (1992, p. 202).

In fact, the powerful, simply stated message of *Fostering Resiliency in Kids* — that “The development of human resiliency is none other than the process of healthy human development” (Benard, 1991, p. 18) — has been borne out in this last decade of research. Ann Masten, one of today’s premier resilience

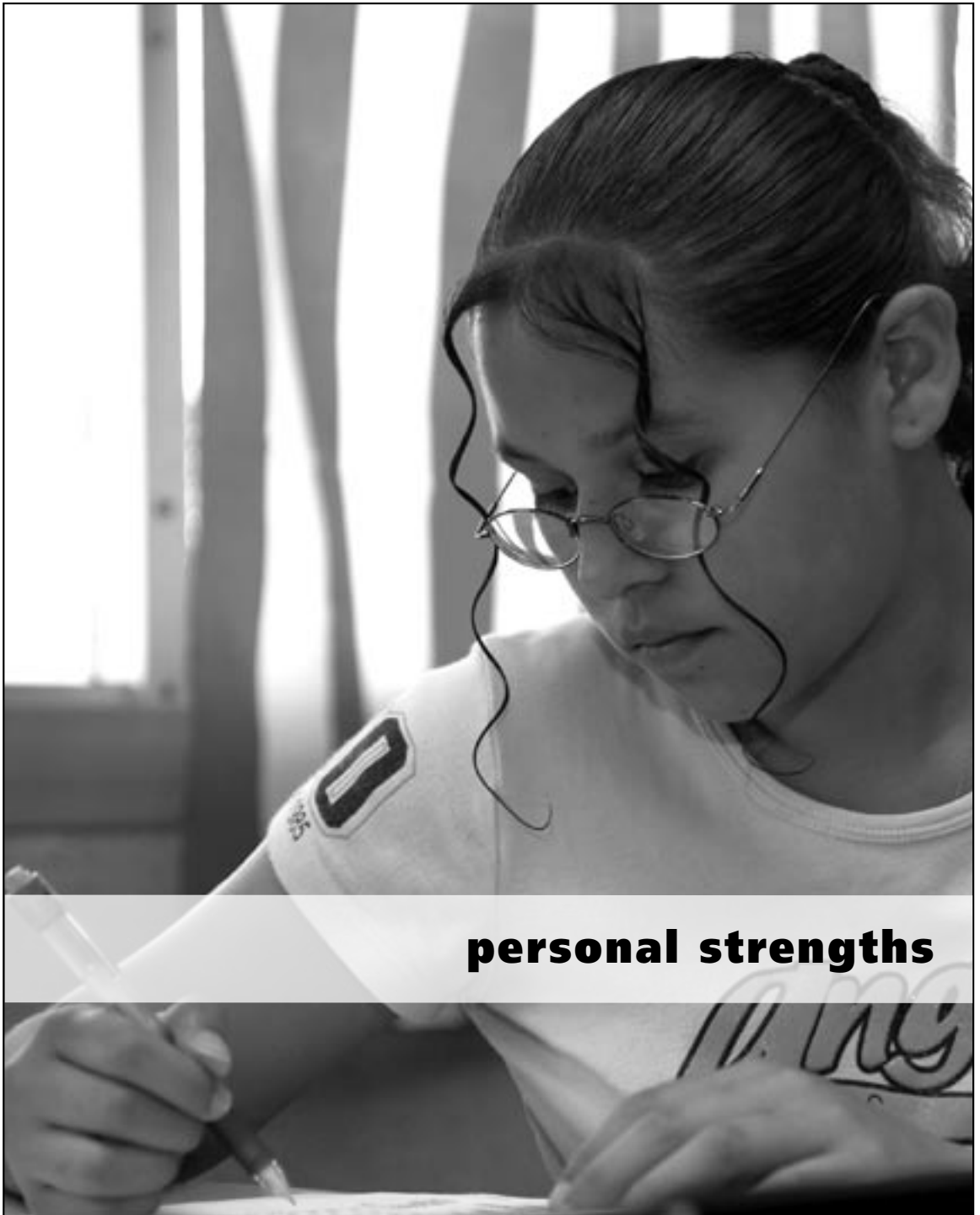
“Buffers [protective factors] make a more profound impact on the life course of children who grow up under adverse conditions than do specific risk factors or stressful life events. They appear to transcend ethnic, social class, geographical, and historical boundaries.”

**— Emmy Werner
& Ruth Smith**

researchers, has taken the lead in advocating the position that resilience is a normative process of human adaptation, encoded in the human species and applicable to development in both favorable and unfavorable environments (2001, p. 1; Masten & Coatsworth, 1998). According to Masten, “What began as a quest to understand the extraordinary has revealed the power of the ordinary. Resilience does not come from rare and special qualities, but from the everyday magic of ordinary, normative human resources in the minds, brains, and bodies of children, in their families and relationships, and in their communities” (Masten, 2001, p. 9). The innate self-righting tendencies and environmental protective factors that account for the resilience of young people facing adversity and challenge are precisely the same supports and opportunities that nurture us all.

As clear as it has become that all young people have the capacity for positive development, resilience research should never be used to justify social and political inaction on the grounds that, *somehow*, “Most kids make it.” In the face of growing global poverty, abuse, violence, and other threats to children’s development, the *somehow* can no longer depend on the luck of the draw. Increasingly, healthy youth development must depend on deliberate policies, practices, and interventions designed to provide young people with developmental supports and opportunities. As we are learning, young people are resilient, but they are not invincible.

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personal strengths

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CHAPTER 2

Resilience Outcomes: Personal Strengths

Personal resilience strengths are the individual characteristics, also called internal assets or personal competencies, associated with healthy development and life success. They do not cause resilience but rather are the positive developmental *outcomes* demonstrating that this innate capacity is engaged. Michael Baizerman, Professor of Youth Studies at the University of Minnesota, refers to this as “phenomenological resilience,” that which can be seen, observed, and measured. Said even more simply, these personal strengths are what resilience looks like (see Figure 2).

Four categories of often overlapping personal strengths, or manifestations of resilience, were outlined ten years ago in *Fostering Resiliency in Kids* and labeled (1) social competence, (2) problem solving, (3) autonomy, and (4) sense of purpose. While researchers and writers often use differing names for these personal strengths, regardless of terminology, these categories hold up under the scrutiny of another decade of research. [Appendix A compares popular terms for these personal strengths across various theoretical perspectives.] In fact, as Masten states, “Recent studies continue to corroborate the importance of a relatively small set of global factors associated with resilience” (2001, p. 8) that are both personal and environmental. These competencies and strengths appear to transcend ethnicity, culture, gender, geography, and time (Werner & Smith, 1992, 2001). According to a National Research Council and Institute of Medicine report on youth development, “The little available evidence suggests that most of these characteristics are important in all cultural groups” (Eccles & Gootman, 2002, p. 81). Similarly, Werner and Smith find that they also are important across gender (1982, 1992, 2001). These resilience strengths are most fittingly seen as developmental possibilities that can be engaged in all individuals through the provision of the supports and opportunities discussed in chapters 4 through 8.

Figure 2. Personal Strengths: What Resilience Looks Like

SOCIAL COMPETENCE	PROBLEM SOLVING	AUTONOMY	SENSE OF PURPOSE
Responsiveness	Planning	Positive Identity	Goal Direction
Communication	Flexibility	Internal Locus of Control	Achievement Motivation
Empathy	Resourcefulness	Initiative	Educational Aspirations
Caring	Critical Thinking	Self-Efficacy	Special Interest
Compassion	Insight	Mastery	Creativity
Altruism		Adaptive Distancing	Imagination
Forgiveness		Resistance	Optimism
		Self-Awareness	Hope
		Mindfulness	Faith
		Humor	Spirituality
			Sense of Meaning

SOCIAL COMPETENCE

According to Luthar, “Developmental psychologists consider social competence to be a particularly useful indicator of children’s overall positive adaptation or wellness” (Luthar & Burak, 2000, p. 30). Social competence includes the characteristics, skills, and attitudes essential to forming relationships and positive attachments to others. It runs the gamut from having an “easy” temperament to behaving altruistically. Daniel Goleman (1995) names social competence as one of the five ingredients of emotional intelligence. Referred to by Howard Gardner (1993) as “interpersonal intelligence,” it is one of his seven original multiple intelligences.

Responsiveness

Foremost, social competence depends on the ability to elicit positive responses from others. Werner and Smith found this quality, which they refer to as “easy temperament,” predictive of adult adaptation (1992, 2001). Wyman and his colleagues similarly found in the Rochester Child Resilience Project that characteristics of being “well-regulated” and “positive in mood” led to the responsiveness of others and predicted children’s healthy adaptation (1991, 1999). Lillian Rubin’s study of “transcendent” children referred to this quality as “adoptability” (1996), while Masten and Coatsworth (1998) use the terms

“appealing” and “sociable.” Wolin and Wolin, who identify relationship skills as one of their seven resiliencies, elaborate the process leading to mutually responsive relationships: “Early on, resilient children search out love by connecting or attracting the attention of available adults. Though the pleasures of connections are fleeting and often less than ideal, these early contacts seem enough to give resilient survivors a sense of their own appeal. Infused with confidence, they later branch out into active recruiting — enlisting a friend, neighbor, teacher, policeman, or minister as a parent substitute. Over time, recruiting rounds out to attaching, an ability to form and to keep mutually gratifying relationships” (1993, p. 111).

Early on, resilient children search out love by attracting the attention of available adults.

Communication

Social communication skills enable all of the processes of interpersonal connection and relationship building. A particular communication skill, the ability to assert oneself without violating others, is the basis of the conflict resolution/mediation programs that proliferated during the last decade, many with positive effects on reducing interpersonal conflict and other health-risk behaviors (Center for the Study and Prevention of Violence, n.d.; Englander-Golden, 1991; Englander-Golden et al., 1996, 2002).

Cross-cultural communication skills or cultural competence received much research attention over the last decade. For youth of non-dominant cultures, the ability to move back and forth between their primary culture and the dominant culture, or to accommodate the dominant culture without assimilating into it, means learning the “codes of power” while retaining their cultural and self identities. This ability has consistently been identified with school success and positive youth development outcomes (Delpit, 1995; Eccles & Gootman, 2002; Gibson, 1997a, b; Luthar & McMahon, 1996; Mehan et al., 1994). It has also been found to be related to less substance use among youth (Oetting, 1993).

Empathy and Caring

Empathy, the ability to know how another feels and understand another’s perspective, is a hallmark of resilience (Werner, 1989; 1992). Empathy not only helps facilitate relationship development, it also helps form the basis of morality, forgiveness, and compassion and caring for others. It is “the fundamental people skill” according to Goleman’s (1995) emotional intelligence work. He cites an international study of over 7,000 people that found “The benefits of being able to read feelings from nonverbal cues included being better adjusted

The presence of empathy and caring was found to be a differentiating characteristic in Werner and Smith's 18-year-old resilient males.

emotionally, more popular, more outgoing, and more sensitive” (p. 97). Conversely, he states, “The lack of empathy is seen in criminal psychopaths, rapists, and child molesters” (p. 97). Empathy has been identified as a strong predictor of males’ prosocial behavior (Roberts & Strayer, 1996). Moreover, the presence of empathy and caring was found to be a differentiating factor in Werner and Smith’s 18-year-old resilient males (1982).

The Search Institute found some “disturbing trends” in their survey research related to the internal asset of empathy and caring. First, caring appears to diminish as youth grow older. While 61 percent of those in grades 6–8 report themselves as caring, only 46 percent of youth in grades 9–12 express this value. According to Peter Benson, “These numbers suggest that we graduate into adulthood a majority of youth who have lost...the values of caring and compassion” (1997, p. 48). This decline in empathy is especially true for males, with only about one-third of young men holding this value in grades 10–12.

Compassion, Altruism, and Forgiveness

Compassion is the desire and will to care for and to help alleviate another’s suffering. It is a quality the positive psychology movement’s *Values in Action Classification of Strengths* (Peterson & Seligman, 2003) refers to as humanity, which consists of both kindness and loving and being loved or, more simply, as loving kindness. Recent mind-body research has documented both physiological (immune system) and psychological health benefits from experiences of compassion (Rein et al., 1995).

Like compassion, altruism is often thought of as empathy in action. “The claim that feeling empathic emotion for someone in need evokes altruistic motivation to relieve that need has been called the empathy-altruism hypothesis” (Batson et al., 2002, p. 488). According to these positive psychologists, “Results of the over 25 experiments designed to test this hypothesis against various egoistic alternatives have proven remarkably supportive, leading to the tentative conclusion that feeling empathy for a person in need does indeed evoke altruistic motivation to help that person” (p. 494).

Altruism is not synonymous with helping, however. It refers more precisely to “doing for others what they need and not what you want to do for them” (Durlak, 2000; Vaillant, 2002, p. 71). While altruism is a purely unselfish form of helping, it does, in fact, rebound to the benefit of the helper and is considered the highest form of social competence, (Higgins, 1994; Oliner & Oliner, 1989). In his longitudinal study of adult development, Vaillant (2002)

found altruism to be a “transformative” adaptive defense that turns lead into gold — even in the absence of environmental supports and opportunities.

Gina O’Connell Higgins (1994) documents this quality of compassion and altruism in most of her resilient adults who learned not only to love others but to help alleviate others’ suffering — in spite of their own childhoods of severe deprivation and abuse. Werner and Smith (2001) also cite a longitudinal study of adults who were imprisoned as children with their mothers during the Greek Civil War (Dalianis, 1994), noting that “The most striking qualities shared by these child survivors in adulthood was their compassion for others in need” (p. 11).

Clear in all the resilience literature is the value of forgiveness of self and others, including even one’s abusers. “In general, self-report measures of the propensity to forgive...are correlated positively...with measures of mental health and well-being” (McCullough & Witvliet, 2002, p. 451). Perhaps the most cited example of forgiveness is the story Robert Coles (1986) recounts of Ruby Bridges, the six-year-old African American girl who helped integrate the New Orleans public schools. Despite being spit on, cursed, jeered, and despised, she was able to forgive her tormentors by not taking personally their ignorance and racism.

PROBLEM-SOLVING SKILLS

This category encompasses many abilities, from planning and flexibility through resourcefulness, critical thinking, and insight. The glue that holds them together as a category is a figuring-things-out quality. Werner and Smith found that “Among the high risk individuals who succeeded against the odds, there was a significant association between...a nonverbal measure of problem-solving skills at age 10 and successful adaptation in adulthood” (1992, p. 176). This attribute is often referred to in resilience research as “good intellectual functioning” (Masten & Coatsworth, 1998).

Planning

Planning, as a form of problem solving, has been hypothesized to be the critical skill learned at age three or four in the High/Scope Educational Research Foundation’s Perry Preschool Program. The planning children engaged in enabled their sense of control and hope for the future, thus facilitating broad, positive, adult life outcomes (Schweinhart et al., 1993; Schweinhart & Weikart, 1997a, b, c). Quinton and his associates (1993) found planful behavior was

While altruism is a purely unselfish form of helping, it does, in fact, rebound to the benefit of the helper.

Flexibility is one of the foci of current conflict resolution programs.

the primary internal asset of individuals that helped them to avoid choosing troubled mates. This study supported an earlier study (Rutter & Quinton, 1984) that also found planning in the choice of mates to be the critical attribute of institutionally reared women who overcame the odds to lead healthy and successful lives. Similarly, John Claussen's (1993) longitudinal study of children growing up in the Great Depression found that "planful competence" in adolescence predicted greater educational attainment and fewer life crises in every decade up to their fifties. For the men it predicted greater occupational attainment and for the women happier and more lasting marriages.

Flexibility

Flexibility, another problem-solving skill, entails the ability to see alternatives and attempt alternative solutions to both cognitive and social problems. It includes the ability to change courses and not to get stuck. *Aging Well*, George Vaillant's (2002) book about Harvard University's more than 50 years of research on healthy and successful adult development, documents that adaptive coping, another form of flexibility, is a critical life skill. Similarly, in the last decade, the author has asked thousands of adults what personal strength has helped them deal with stress and challenge; flexibility is one of the most often named personal resources. It is also one of the foci of current conflict resolution programs (Crawford & Bodine, 1996).

Resourcefulness

Resourcefulness, a critical survival skill, involves identifying external resources and surrogate sources of support. It is a skill also referred to as help-seeking, resource utilization, and just plain "street smarts." Werner and Smith (1992) found this a critical survival skill that connected challenged youth with environmental resources. Gina O'Connell Higgins (1994), who reviewed the lives of adults who had been sexually abused as children, also documents how valuable this strength was in connecting to turnaround people and places. Of course, resourcefulness must be followed up with initiative, with actually reaching out to available supports and opportunities (see page 22 and the discussion of internal locus of control and initiative). The skill of resourcefulness was found to be an essential component in early intervention programs supporting children growing up in alcoholic families (Beardslee, 1997).

Critical Thinking and Insight

Critical thinking refers to higher-order thinking skills, analytic habits of thinking that go beneath surface impressions, traditional myths, and opinions

to an understanding of the context or to discovering the deep meaning of any event, statement, or situation (Schor, 1993). It can also include meta-learning skills, that is, learning how to learn, or meta-cognitive skills that allow one to examine one's own thought process (this is similar to what is described as self-awareness on page 26). Meta-cognitive skills include problem-solving appraisal (Heppner & Lee, 2002), and, according to researchers of this concept, problem-solving appraisal strengths are associated with better psychological and social adjustment, lower levels of depression and anxiety, greater hope, better physical health, and better coping with adversity (Heppner & Lee).

Critical thinking helps young people develop a sense of critical consciousness, the awareness of the structures of oppression (whether imposed by an alcoholic parent, an insensitive school, or a racist society, for example) and the creation of strategies for overcoming them, helping, thus, to prevent internalized oppression and a sense of victimhood (Freire, 1993; hooks, 1994).

Insight is the deepest form of problem solving and very similar to the concept of critical consciousness. It includes intuitive awareness of environmental cues — especially of danger — as well as realizations that transform one's perceived reality. According to Wolin and Wolin (1993), insight is the personal strength that contributes most to resiliency. They define it as “the mental habit of asking penetrating questions of oneself and, subsequently, providing honest answers” (p. 71). In her qualitative study of resilient children from troubled families, Lillian Rubin describes those able to use insight as follows: “They make their way comfortably in the social world while, at the same time, they move about that world with a healthy skepticism, rarely falling victim to naïve assumptions, always wary about accepting what they see around them at face value — a product, no doubt, of having grown up in an environment where the façade of family and social life was very different from the reality” (1996, p. 224).

Insight allows children growing up in great adversity to figure out that all fathers do not beat their children, that a schizophrenic mother's bizarre behavior is not normal, that many children do have enough food to eat and a safe place to sleep, etc. Insight helps children interpret and perceive their adversity in a way that allows them to move beyond victimhood and see themselves and their lives in new ways (O’Gorman, 1994). Insight is demonstrated, for example, when children growing up in troubled families “see themselves as different from their parents; remain relatively free of guilt because a parent's illness cannot be a child's fault; filter and evaluate the information disturbed parents

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pass along; and hold images of themselves and of the world they inhabit that are more pleasing than the ones their parents project” (Wolin & Wolin, 1993, p. 79). Lillian Rubin’s study of “transcendent” adults includes the following description of the development of her own sense of insight: “In my own life, although my mother kept telling me that my brother was the smart one in the family, my teachers reflected back another image of myself. Where my mother was rejecting, they were kind and accepting; where she told me I wasn’t smart, they let me know I was. It didn’t take the sting of my mother’s rejection away, but it did open up the possibility of another way of seeing myself that I could take comfort in” (Beneke, 1997, p. 10).

Like other resilience strengths, psychologists increasingly believe that insight is not just something we use “when confronted with perplexing obstacles. On the contrary, humans seek out problems to be solved; solving problems is one of our great joys” (Schulman, 2002, p. 322). In fact, Schulman’s research on children as young as two years old finds that even they are driven by four basic questions: “What’s out there? What leads to what? What makes things happen? and What’s controllable?” (p. 322).

AUTONOMY

The category of autonomy includes many inter-related and overlapping sub-categories of attributes revolving around the development of one’s sense of self, of identity, and of power. Autonomy involves an ability to act independently and to feel a sense of control over one’s environment. Gordon and Song’s (1994) retrospective qualitative study of successful African Americans who were raised in poverty found autonomy, or self-directedness, a common strength. In the field of motivational psychology, Deci and Ryan’s more than 30 years of research on self-determination theory has documented autonomy as the critical personal strength underlying other strengths and intrinsic motivation. They state, in fact, that “feelings of competence [in any skill or task] will not enhance intrinsic motivation unless accompanied by a sense of autonomy...” (Ryan & Deci, 2000, p. 70). This finding has profound implications for teaching and learning, as we will see in our discussion of engaging schools.

Autonomy is also associated with positive health and a sense of well-being (Deci, 1995; Ryan & Deci, 2000). “To be autonomous means to act in accord with one’s self — it means feeling free and volitional in one’s actions. When autonomous, people are fully willing to do what they are doing, and they embrace the activity with a sense of interest and commitment. Their actions emanate from their true sense of self” (Deci, 1995, p. 2).

Positive Identity

According to Erik Erikson's (1968) theory of psychosocial development, achievement of a positive, coherent identity — the sense of one's internal, relatively stable self apart from others — is the critical developmental task of adolescence. Harter concurs: "Defining who one is in relation to multiple others, determining what one will become, and discovering which of one's many selves is the 'true self' are the normative developmental tasks of this period" (1990, p. 383). Adams and his colleagues explain further, "Not yet firmly tied by adult commitments, the adolescent may try out a variety of commitments in occupation and ideology, eventually adopting a more or less permanent sense of who he or she is" (1992, p. 10).

Research has confirmed that a clear sense of identity is associated with optimal psychological functioning in terms of personal well-being and the absence of anxiety and depression; with goal-directed activity and problem solving; and with social competence, in terms of attitudes of social acceptance, cooperation and helping, and intimate personal relationships (Waterman, 1992). Positive self-identity is closely aligned and often used synonymously with positive self-evaluation or self-esteem. These characteristics are not only critical to normative development but have consistently been documented as characteristics describing "resilient" children and adolescents, those who have overcome many odds (Masten & Coatsworth, 1998; Werner & Smith, 1992).

Research in this last decade has also looked at the concept of social identities, identities related to one's membership in a social group. "For adolescents from ethnic minority groups, the process of identity formation has an added dimension due to their exposure to alternative sources of identification, their own ethnic group and the mainstream or dominant culture" (Phinney & Rosenthal, 1992, p. 145). Furthermore, according to Phinney and Rosenthal, "If ethnic minority youth are to construct a strong, positive, and stable self-identity, then they must be able to incorporate into that sense of self a positively valued ethnic identity" (p. 145).

While much research, especially longitudinal, still needs to be done, according to a National Research Council and Institute of Medicine report, "Recent studies have found that having a strong positive ethnic identity is associated with having high self-esteem, a strong commitment to doing well in school, a strong sense of purpose in life, great confidence in one's own personal efficacy, and high academic achievement" (Eccles & Gootman, 2002, p. 80).

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Neighborhood-based organizations that provide youth the opportunity to explore their ethnic identities as well as those of others have been found to be a major source of support for adolescents in developing a positive sense of self (Heath & McLaughlin, 1993; McLaughlin et al., 1994).

Internal Locus of Control and Initiative

Internal locus of control, a generalized sense of being in charge or of having personal power, was a key determinant of resilience in Werner and Smith's (1992) longitudinal study, in the Rochester Longitudinal Study (Wyman et al., 1992), and in the life-course study conducted by Norman Watt and his colleagues (1995). In the latter, 78 percent of these resilient adults agreed that "A primary requirement for transcending adversity...was to understand that they were able to control the course of their lives" (p. 233).

In a review of empowerment, Wallerstein states, "People with an internal locus of control have long been associated with better health habits, compliance, and fewer illnesses than those with an external locus of control" (1992, p. 199). While studies continually find an association between lack of control and depression (Seligman, 1992), a recent study also found that a sense of personal control explained most of the relationship between socioeconomic status and depression (Turner et al., 1999). Luthar and Zigler (1992) also found in their study of inner-city youth that believing "that events in their lives are determined largely by their own efforts" was associated with their motivation and effort to do well at school, a finding also of the earlier work of Jeff Howard and the Efficacy Institute (1992).

Recent research on HIV-positive men has revealed that even an *unrealistic* sense of personal control is health protective (Taylor et al., 2000). Making the case that the control motive is basic to the human condition, Thompson (2002) cites research studies that have demonstrated its many benefits: better ability to deal with stress, less anxiety and depression, less traumatization by victimization, and more initiative and better physical health. Conversely, powerlessness — external locus of control or learned helplessness (acting like a victim) — has a long history in stress research, experimental psychology, social psychology, and social epidemiology as a major risk factor for disease (Herman, 1997; Ryan & Deci, 2000; Seligman, 1992/1998; Wallerstein, 1992).

One important caution in looking at internal locus of control is that the development of this quality rests on individuals first recognizing what they *cannot* control, that is, what is outside of their "sphere of influence" (Stohlberg

& Mahler, 1994). For example, children must recognize that the abuse they've experienced at home or the racism they encountered in their school was not their fault and was not within their sphere of influence or control.

According to Higgins, recognizing prior victimization actually leads to heightening one's internal locus of control. "Once you see what you could not possibly control as a child, you can also honor what you are able to control in adulthood — primarily yourself and your own reactions to external events" (1994, p. 293). She goes on to observe that "The resilient resolve to put their fate in their own hands. To do this, they are willing to take great — although carefully calculated — risks to reshape their lot. They find the role of adult victim frightening, since it gives away power and control to others" (p. 294).

Initiative, a concept almost synonymous with locus of control, is defined by Larson as the "ability to be motivated from within to direct attention and effort toward a challenging goal" (2000, p. 170). Erikson (1968) saw the development of initiative as the critical task of childhood. Initiative, in terms of the action step that follows identifying resources and believing you can connect with them, is often labeled support-seeking in community psychology (Barrera & Prelow, 2000) or recruiting by clinical psychologists (Higgins, 1994; Wolin & Wolin, 1993). Vaillant found this quality to be one that differentiated healthy development across the lifespan. Resilient adults, he notes, "don't nurse resentments or the poor-me's, but ask for help" (2002, p. 308).

Larson claims that initiative is a core quality of positive youth development in Western culture and lies at the heart of other strengths such as creativity, leadership, altruism, and civic engagement. He sees initiative not only as the action of engaging resources but of engaging in a concentrated activity, similar to Csikszentmihalyi's (1990) concept of "flow" (see a further discussion of flow on page 29, under special interest, creativity, and imagination).

Self-Efficacy and Mastery

Bandura's 20 years of research on self-efficacy has documented that it is the *belief* in one's power that determines personal life outcomes, no matter whether one actually has power (1995, 1997). According to another researcher, "Believing that you can accomplish what you want to accomplish is one of the most important ingredients — perhaps the most important ingredient — in the recipe for success" (Maddux, 2002, p. 277). In fact, "The timeless message of research on self-efficacy is the simple, powerful truth that confidence, effort, and persistence are more potent than innate ability" (p. 285).

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During the last 15 years, much research has found that perceived self-efficacy is a critical factor in whether individuals change a whole range of health-risk behaviors (Schwarzer & Fuchs, 1995). “Perceived self-efficacy stands out as a major contributor [in adopting positive health behaviors] that affects not only the decision-making process but also the initiation and maintenance process” (Schwarzer & Fuchs, 1995, p. 281). In fact, all the major theories of health behavior include self-efficacy as a key component. According to Madux, “Researchers have shown that enhancing self-efficacy beliefs is crucial to successful change and maintenance of virtually every behavior crucial to health, including exercise, diet, stress management, safe sex, smoking cessation, overcoming alcohol abuse, compliance with treatment and prevention regimens, and disease detection behaviors such as breast self-examinations” (2002, p. 281).

Similarly, perceived self-efficacy plays a major role in educational success, in terms of both motivation and achievement. “The overall findings of cross-sectional, longitudinal, and experimental studies are quite consistent in showing that beliefs in personal efficacy enhance effort and persistence in academic activities” (Multon et al., 1991; Schunk, 1991; Zimmerman, 1995, p. 207). Not surprisingly, research has also demonstrated the impact of efficacy beliefs on actual academic achievement (Schunk, 1989).

Closely related to self-efficacy is mastery, which refers to feeling competent or experiencing the sense of doing something well. In fact, having mastery experiences is one of the most effective means of developing a sense of efficacy.

Experiences of overcoming challenges — whether intellectual or personal, help people recognize their resilience. According to Bandura, “After people become convinced they have what it takes to succeed, they persevere in the face of adversity and quickly rebound from setbacks. By sticking it out through tough times, they emerge stronger from adversity” (1995, p. 3). This statement is borne out in resilience studies again and again as a critical determinant of life success (Masten & Coatsworth, 1998; Rutter, 1989; Werner & Smith, 1992). According to Masten (2002), mastery is a powerful motivational system, serving to keep development on course. This researcher has asked thousands of people over the last ten years the following question: “What has fostered your resilience; what has helped you see yourself and your life in a new way?” One of the most common responses refers to adversity and challenge. Respondents learned that they could, indeed, mend stronger at the break.

Adaptive Distancing and Resistance

Much has been written about the protective power of adaptive distancing for children growing up in families troubled by parental alcoholism, abuse, and mental illness. Adaptive distancing involves emotionally detaching oneself from parental, school, or community dysfunction, realizing that one is not the cause of and cannot control the dysfunction of others and that one's own future will be different (Beardslee, 1997; Beardslee & Podorefsky, 1988; Chess, 1989; Rubin, 1996). According to Chess, "Such distancing provided a buffer that was protective of developmental course, of self-esteem, and of the ability to acquire constructive goals" (1989, p. 195). Rubin saw this quality in the lives she studied as follows: "The ability to hold onto a self, even in the face of the assaults they suffered — made it possible to stand back and observe the fray without getting bogged down in it. They may have been pained, angered, and frightened by the events of their lives, but they retained enough distance not to get caught in endlessly blaming themselves" (1996, p. 225).

Resistance is one form of adaptive distancing. The refusal to accept negative messages about one's self, one's gender, or one's culture or race serves as a powerful protector of autonomy. A whole literature on "oppositional identity work" emerged in the 1990s to describe the strategies of resistance that marginalized youth use "to protect what they regard as their true selves" (Hemmings, 2000). Herb Kohl's (1994) essay, "I Won't Learn From You," narrates how resistance, while usually perceived negatively by schools and juvenile authorities, can be a powerful ally when working with marginalized young people. While resistance appears to be an internal protective mechanism guarding a person's sense of self, it requires the complementary development of a critical consciousness, insight, or self-awareness to become a positive, transformative strength.

Mehan and his colleagues found academically successful Latino and African American students employed a resistance strategy they refer to as "accommodation without assimilation" (1994, p. 113). These young people negotiated dual identities by achieving academically at school while affirming their cultural identity and maintaining a critical consciousness. Gordon and Song (1994) found their resilient adults had been able to withstand peer pressure to be part of gangs, to gamble, and so on, and to "march to the beat of a different drummer." When this quality of physical and emotional distancing is examined more closely, researchers have found it undergirded by self-awareness and mindfulness (see below). Weinstein (2002, p. 193) cites research by Mavis Sanders who found successful African American students

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**— Daniel
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reframed racism as a challenge, employing an “I’ll show them” response which motivated their learning and life success: “All my life, I have hated to hear anyone say, ‘You can’t do this.’ If someone tells me that I can’t, I just find a way to do it. It makes me want to do it more” (Sanders, 1997, p. 90).

Self-Awareness and Mindfulness

Self-awareness, according to Daniel Goleman, is the most critical source of emotional intelligence. He defines self-awareness as “a nonreactive, nonjudgmental attention to inner states,” sometimes called mindfulness (1995, pp. 47, 315). Jon Kabat-Zinn, perhaps the leading writer on mindfulness practice, sees mindfulness as “the art of conscious living.... It is simply a practical way to be more in touch with the fullness of our being through a systematic process of self-observation, self-inquiry, and mindful action.... It has to do with waking up and seeing things as they are” (1994, p. 6). “When we are mindful, we become sensitive to context and perspective; we are situated in the present” (Langer, 2002, p. 214). According to Shapiro and her colleagues (2002), mindfulness qualities consist of the following: nonjudging, nonstriving, acceptance, patience, trust, openness, letting go, gentleness, generosity, empathy, gratitude, and loving kindness. These qualities also comprise what Herbert Benson (1996) considers the “relaxation response,” the innate capacity to tap into an inner source of peace. Thought/mood/affect recognition are other terms commonly used in the literature (Pransky, 1998; Vaillant, 2000).

Self-awareness includes observing one’s thinking, feelings, attributions or “explanatory” style as well as paying attention to one’s moods, strengths, and needs as they arise, without getting caught up in emotion. According to Goleman, “At a minimum, it manifests itself simply as a slight stepping-back from experience, a parallel stream of consciousness that is ‘meta’: hovering above or beside the main flow, aware of what is happening rather than being immersed and lost in it. It is the difference between being murderously enraged at someone and having the self-reflexive thought, ‘This is anger I’m feeling’ even as you are enraged” (1995, p. 47).

Over the course of 30 years’ research with resilient children growing up in families with mental illness or their own physical illness, Beardslee found that self-understanding, “the capacity to reflect on one’s surroundings,” was what allowed them to adaptively distance and “take appropriate action.” For example, Beardslee reports that those children he studied whose parents were ill “were able to articulate their difficulties at length and showed much awareness

of their parents' disorder. At the same time, they saw themselves as separate from their parents' illness and fully comprehended that they were not to blame and should not feel guilty about it. They attributed their ability to move on and take action outside the home in part to this understanding" (1997, p. 525).

According to one of the developers of the theory of emotional intelligence, John Mayer, self-aware people "have some sophistication about their emotional lives. Their clarity about emotions may underlie other personality traits: they are autonomous and sure of their own boundaries, are in good psychological health, and tend to have a positive outlook on life. When they get into a bad mood, they don't ruminate and obsess about it, and are able to get out of it sooner. In short, their mindfulness helps them manage their emotions" (Goleman, 1995, p. 48). The capacity for self-awareness serves as a powerful self-regulatory, adaptational system "keeping development on course and facilitating recovery from adversity when more normative conditions are restored" (Masten, 2002, p. 82).

Self-awareness often involves not only stepping back from the grip of emotion, but the mental act of reframing (also referred to as cognitive restructuring) one's experience, to see oneself and one's life in new ways. Some thinkers consider this transformative, reframing power to be the essence of resilience (Beardslee, 1997; Benard & Marshall, 1997; Bennett-Goleman, 2001; Dalai Lama, 1998; Frankl, 1984; Kumpfer, 1999; Mills, 1995; O'Gorman, 1994; Salzberg, 2002; Vaillant, 2000; Wolin & Wolin, 1993).

Viktor Frankl saw evidence of this reframing power over and over in his years in concentration camps in Nazi Germany. He wrote, "We who lived in concentration camps can remember the men who walked through the huts comforting others, giving away their last piece of bread. They may have been few in number, but they offer sufficient proof that everything can be taken from a man but one thing: the last of the human freedoms — to choose one's attitude in any given set of circumstances, to choose one's own way" (1984, p. 86).

Humor

Besides serving as a powerful social competence skill helping to build positive connections between people (Lefcourt, 2001), humor helps one transform anger and sadness into laughter and helps one get distance from pain and adversity. Dacher Kelter's research on the differing effects of trauma on people's lives puts laughter high on the list of what can bring about meaning and positive transformation after a traumatic event. "Humans have a wonderful capacity to find humor in the juxtaposition of life and death. Many

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of our positive emotions are directed at transforming the distress and trauma that results from the human condition” (McBroom, 2002). Others also make the case for humor’s ability to transform pain, for example in the midst of stress and challenge (Higgins, 1994; Kumpfer, 1999; Vaillant, 2000; Vande Berg & Van Bockern, 1995; Wolin & Wolin, 1993).

Higgins (1994) found in her research that healthy adults who had been sexually abused as children identified humor “as the polestar of their finding true pleasure despite their earlier agony. It is an aspect of them that they always engage, a part they always cherish.... It allows them to attain, as adults, some sense of [their lost] childhood” (p. 311). Likewise, Vaillant found humor to be one of the critical adaptive/mature defenses used by resilient individuals across the lifespan: “Mature humor allows people to look directly at what is painful...and permits the expression of emotion without individual discomfort and without unpleasant effects on others” (2000, p. 95).

A large research base establishes the power of humor even to physically heal (Lefcourt, 2002). Dr. Carl O. Simonton reports that “A ‘lightness of being’ — an ability to laugh, to play, or even simply to smile — can pull us out of despair and enlarge our wish to live by increasing the energy available for healing and recovery” (Burger, 1995, p. 15). Several studies over the last two decades have documented humor’s positive effects on immune system functioning and, over the last decade, on its effect on neuroendocrine hormones involved in stress responses (Lefcourt, 2002).

A SENSE OF PURPOSE AND BRIGHT FUTURE

This category of inter-related strengths ranges from goal direction to optimism to creativity to a sense of meaning and coherence — the deep belief that one’s life has meaning and that one has a place in the universe. These assets, based on an orientation toward a compelling and bright future, are probably the most powerful in propelling young people to healthy outcomes despite adversity (Werner & Smith, 1982, 1992). A positive and strong future focus has consistently been identified with academic success, a positive self-identity, and fewer health-risk behaviors (Masten & Coatsworth, 1998; Quinton et al., 1993; Seligman, 2002; Snyder et al., 2002; Wyman et al., 1993).

Goal Direction, Achievement Motivation, and Educational Aspirations

All of these future-oriented resilience strengths are attributed in the literature to young people who succeed in school (Anderman et al., 2002) and who do *not* get in trouble with alcohol and other drugs, with teen pregnancy, or

with dropping out of school, even in the face of multiple risks and challenges (Wigfield & Eccles, 2002; Furstenberg et al., 1998; Masten, 1994; Newcomb & Bentler, 1988; Watt et al., 1995; Werner & Smith, 1992). Goal-direction is also synonymous with planful competence, discussed earlier as a problem-solving skill. Higgins found that a “fierce fidelity to a nascent vision” enabled her challenged youths to persevere during their traumatic childhoods (1994, p. 124). Similarly, Watt and his colleagues used terms such as “relentless effort,” “persistent inner drive,” and “unshakable determination to survive” as the critical attributes in their longitudinal study of resilience (1995, p. 240). Such “anticipation,” defined by Vaillant (2000) as going beyond cognitive planning to also feeling about the future, is yet another adaptive mechanism contributing to health and wellness. The more general concept of intrinsic motivation, of having direction, persistence, determination, and intention, is also used by motivational psychologists to describe optimal human functioning (Ryan & Deci, 2000).

Achievement motivation is one of the key factors influencing behavior and performance. It “refers to motivation in situations in which individuals’ competence is at issue” (Wigfield & Eccles, 2002, p. 1). According to a literature review by Scales and Leffert (1999), achievement motivation has been consistently linked to academic success factors, such as increased high school completion, increased enrollment in college, increased reading and mathematics achievement test scores, and higher grades. Moreover, they also found achievement motivation associated with better mental health, communication skills, and lower levels of problem behaviors. In a 1992 analysis of two longitudinal studies, High School and Beyond (HS&B) and the National Educational Longitudinal Study of 1988 (NELS: 88), Peng (1994) found the individual factors of educational aspirations and internal locus of control to be the most powerful correlates of school success. Even in late life, according to Vaillant, “Gusto for education [remains] highly correlated with psychological health (2002, p. 246).

Special Interest, Creativity, and Imagination

Werner and Smith (1982, 1992) found that children who had special interests and hobbies that compelled their attention and gave them a sense of task mastery were among their resilient overcomers. “Most of the resilient children in our high-risk sample were not unusually talented, but they took great pleasure in interests and hobbies that brought them solace when things fell apart in their home lives” (1992, p. 205).

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Resilience research documents the critical role that creativity and imagination play in surviving and transcending adversity, trauma, and risk.

This special interest is often in some form of the creative arts — painting, drawing, singing, playing music, dancing, drama, etc. The value for children of expressing creativity is validated by a growing body of research on the creative arts (Catterall, 1997; Heath et al., 1998; Morrison Institute, 1995), brain science (Diamond & Hopson, 1998; Sylwester, 1998), and multiple intelligences (H. Gardner, 1993, 2000). Resilience research documents the critical role that creativity and imagination play in surviving and transcending adversity, trauma, and risk (A. Miller, 1990; Higgins, 1994; Wolin & Wolin, 1993). Conversely, creativity research has demonstrated the relationship between later creativity and earlier adversity. According to Dean Keith Simonton, a leading creativity researcher, “It is a startling testimony to the adaptive powers of the human being that some of the most adverse childhoods can give birth to the most creative adulthoods” (2000, p. 153). Moreover, studies of successful aging also demonstrate the link between creativity in childhood and adolescence and psychological and physical well-being in adulthood (Csikszentmihalyi, 1996; Vaillant, 2002).

The imagination provides a channel to a positive future for children living in stressful environments (Rubin, 1996). For example, children’s literature had been important to many in O’Connell Higgins study of resilient adults. “Books, the most accessible source of imagery during my subjects’ childhoods in the forties and fifties, were especially pivotal to virtually *all* of them. Hungry readers from early on, they found in literature an omnipresent, movable feast. Authors often write to communicate their own vision, and many children feel that an author is writing to them personally. Thus many subjects said that literature provided deeply influential and satisfying company (1994, p. 179).

Having a special interest and being able to use one’s creativity or imagination can result in “flow” or self-actualizing, optimal experiences, described earlier as experiences of total involvement, engagement, and participation. These flow experiences not only provide a sense of task mastery but offer a meaningful, compelling, transcendent experience, distancing one from current challenges and stresses and serving “as a buffer against adversity and prevent[ing] pathology” (Nakamura & Csikszentmihalyi, 2002, p. 102). As Csikszentmihalyi describes a flow experience, “Concentration is so intense that there is no attention left over to think about anything irrelevant, or to worry about problems. Self-consciousness disappears, and the sense of time becomes distorted. An activity that produces such experiences is so gratifying that people are willing to do it for its own sake, with little concern for what they will get out of it, even when it is difficult or dangerous” (1990, p. 71).

Csikszentmihalyi’s years of research on flow support findings “by psychologists who study happiness, life satisfaction, and intrinsic motivation; by sociologists who see in [flow] the opposite of anomie and alienation; and by anthropologists who are interested in the phenomena of collective effervescence and rituals” (1990, p. 5). They have all found optimal experiences to be discriminating between people who experience a sense of psychological well-being and those who do not. In his study of “talented teens,” Csikszentmihalyi and his colleagues (1994) found the nurturing of these experiences critical in adolescents who maintained their motivation and talents during the teen years.

Optimism and Hope

While optimism and hope each reflects a positive motivational stance and expectations toward the future, optimism is often linked to positive beliefs and cognitions, and hope is associated with positive emotions and feelings. Long-term studies of resilience as well as mind-body studies have found optimism and hope — usually referred to interchangeably in this literature — to be associated with holistic health: mental, physical, social, emotional, and spiritual (H. Benson, 1996; Carver & Scheier, 2002; Higgins, 1994; Peterson & Steen, 2002; Seligman, 1992/1998, 2002; Seligman et al., 1995; Snyder, 2000; Snyder et al., 2002; Werner & Smith, 1992, 2001).

Over the last decade, the influential psychologist Martin Seligman turned his research attention from depression and “learned helplessness” to optimism, strengths, and resilience (Seligman, 1992/1998, 2002; Seligman et al., 1995), mirroring and perhaps accelerating the paradigm shift taking place in the field generally. Seligman’s research on optimism has focused on explanatory style, on how a person explains the causes of bad events. It goes a step beyond the self-awareness and mindfulness of recognizing one’s thoughts and their role in creating one’s reality to the act of choosing to see the glass as half-full instead of half-empty or to say “yes” instead of “no.” Seligman and his colleagues found that the optimists they studied explained bad events in three very different ways from the pessimists:

	PESSIMIST	OPTIMIST
Personal:	“This is my fault.”	“We’re all doing the best we can.”
Pervasive:	“My whole life is rotten.”	“School is a challenge, but I love poetry.”
Permanent:	“I’ll always be a loser.”	“Tomorrow I’m going to win.”

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Research has shown direct connections between hope and the resilience strengths of social competence, problem solving, and self-efficacy, as well as with academic achievement.

Seligman's Penn Resiliency Project (Seligman et al., 1995), formerly called the Penn Prevention Project, takes the teaching of explanatory style down into the elementary grades. Children and youth were found to have less emotional distress and less physical illness after being part of this project (Peterson & Seligman, 2003). Others have found that even unrealistically optimistic beliefs about the future are health protective (Taylor et al., 2000).

With regard to the related concept of hope, Werner and Smith (1992, 2001) found that "The central component in the lives of the resilient individuals in this study which contributed to their effective coping in adulthood appeared to be a confidence [a hopefulness] that the odds can be surmounted." In Werner's three historical accounts of how children coped during the American Civil War (1998), as members of the Donner party crossing the High Sierras (1995), and during the London bombing raids during World War II (2000b), hope appears to have been the mainstay of these survivors. Higgins found hope so central in the lives of her survivors of childhood abuse, poverty, and cultural hatred that she frames her subjects' personal strengths and environmental supports and opportunities in terms of their "locus of hope."

In their studies of hope, positive psychologists have developed a "full hope model." According to these psychologists, "Hopeful thinking necessitates both the perceived capacity to envision workable routes [pathways] and goal-directed energy" (Snyder et al., 2002, p. 258). Not surprisingly, this research has shown direct connections between hope and the resilience strengths discussed above — social competence, problem solving, and self-efficacy, as well as with academic achievement.

Faith, Spirituality, and Sense of Meaning

This group of personal strengths represents the transformational quality of making meaning, whether by attributing meaning to that outside of one's control or by creating one's own meaning. It has been associated with healthy development throughout the lifespan.

Researchers have found that some resilient individuals draw strength from religion, others benefit from more general faith or spirituality, and others achieve a sense of stability or coherence by finding personal answers to questions about their sense of purpose and self-worth. According to Robert Coles (1990), "Children try to understand not only what is happening to them but why; and in doing that they call upon the religious life they have experienced, the spiritual values they have received, as well as other sources of potential explanation" (p. 100).

Having a belief system that allows one to attribute meaning to misfortune and illness, a form of reframing, has been found in mind-body medicine to produce better psychological and physical outcomes (O’Leary & Ickovics, 1995; Taylor et al., 2000). Other research has found that people who can attribute a spiritual design or meaning to personal adversity, tragedy, or trauma fare better psychologically — with less depression and anxiety — and physically (Masten, 1994; Gordon & Song, 1994; Pargament, 1997; Pargament & Mahoney, 2002).

“Religiosity,” the importance of religious faith (but not necessarily of attending services), has been found to correlate with health-risk behavior reduction. The National Longitudinal Study of Adolescent Health (Resnick et al., 1997) found that for both middle and high school students, religiosity was associated with noninvolvement in health-risk behaviors of substance use, early sexual debut, and unsafe sex. This finding is also borne out in surveys done by the Search Institute (Benson et al., 1997; Donohue & Benson, 1995). Donohue and Benson (1995) found that by promoting altruism, religiosity likely had its greatest effect in protecting against risk behaviors.

However, religiosity was not found to be universally beneficial (Maton & Wells, 1995). In fact, Benson and his colleagues (1997) report that some religious approaches were found to be harmful. “Faith with an accepting and liberating message appeared to be associated with less antisocial behavior and more prosocial behavior among youth, whereas faith that had a controlling and rigid orientation seemed to be associated with young people’s antisocial behavior” (Scales & Leffert, 1999, p. 162).

The poet and social critic Paul Goodman once said, “Faith is the knowledge that the ground will be there when you take a step” (Guy, 2003, p. 80). In her study of resilient adults, Higgins reports that most of them had as children found faith, regardless of religion. Drawing on faith development theory, (a developmental psychology approach to studying religion), she paraphrases Sharon Parks’s definition of faith: “Convictional knowing...that in which we invest our hearts, the anchor which is adequate to ground, unify, and order our lives” (1994, p. 173). Higgins organizes this meaning-making process in terms of “two overarching themes: faith in surmounting and faith in human relationships as the wellspring of overcoming” (p. 172). “First,” she suggests, “the resilient develop a core convictional foundation about the importance of loving well that withstands their harsh treatment as children. Second, their faith undergirds whatever specific religious or secular beliefs they might hold. Third, their faith is anchored in their relationships with others” (p. 173).

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“For the majority of the men and women in this cohort, faith was not tied to a specific formal religious affiliation but rather to confidence in some center of value.”

— Emmy Werner & Ruth Smith

Sharon Salzberg explains the beginning of her journey to “faith” or “core conviction” as follows: “My new story was about to begin. It would be one that explores what happens when, in the face of any circumstance, whether joyful or painful, we choose to have faith in generosity, kindness, and clear seeing. It would be the story of learning to have faith in our own innate goodness and capacity to love. It would be the story of seeing past the apparent randomness of ‘sheer happenings’ to uncover layers and layers of connection. It would be the story of knowing, even in the midst of great suffering, that we can still belong to life, that we’re not cast out and alone.” (2002, pp. 22–23).

Werner and Smith also found that “For the majority of the men and women in this cohort, faith was not tied to a specific formal religious affiliation but rather to confidence in some center of value.... [T]he resilient used their faith to maintain a positive vision of a meaningful life and to negotiate successfully an abundance of emotionally hazardous experiences” (1992, p. 207). This finding is perhaps best articulated by Mervlyn Kitashima, one of the “high-risk” children in Werner and Smith’s study: “When there was no Grandma Kahaunale, when there was no Ron Marsh, when there was no Wynona Reuben, [or] the many others — was that somewhere, someplace down the line, somebody had taught me, ‘There is somebody greater than us who loves you.’ And that was my hope and my belief. Whatever that translates for you — a belief in a God, a belief in a religion, a goal, a dream, something that we can all hang on to” (1997, p. 36).

The human search for meaning has often been labeled “spirituality,” and as such has over the past decade been increasingly explored by the positive psychology movement and in health research. Researchers Pargament and Mahoney describe spirituality as finding “ways to understand and deal with our fundamental human insufficiency, the fact that there are limits to our control” (2002, p. 655).

The making of meaning is not just about transforming pain and suffering, but applies as well to living a rewarding life. In ongoing studies of what people seek in their everyday lives, Emmons and his colleagues (1998) categorize these needs as “strivings,” such as achievement, intimacy, power, and spirituality. Spirituality was more highly correlated with measures of well-being than any other “striving.” Baumeister (1991) identifies four meaning-related human needs: to have purpose, to have value, to feel a sense of efficacy, and to feel a sense of self-worth. Muller (1996) translates these needs into “four simple

questions that reveal the beauty and meaning of [all] our lives”: Who am I? What do I love? How shall I live? and How can I make a difference?

Meaning-making in the form of writing or speaking one’s story is consistently associated in the research with positive health outcomes (Baumeister & Vohs, 2002; Esterling et al., 1999; Rubin, 1996) and even with academic ones (Pennebaker et al., 1990). According to Baumeister and his colleagues, the human organism is continually seeking stability in the face of change. “It turns to meaning to help create that stability. Thus, meaning can be regarded as one of humanity’s tools for imposing stability on life” (Baumeister & Vohs, 2002, p. 609). In these terms, the search for meaning can be viewed as one of the “self-righting tendencies” tracked by Werner and Smith in their lifespan research.

The human organism is continually seeking stability in the face of change. It turns to meaning to help create that stability.

CHAPTER 3

A Perspective on Strengths

Before we look at just *how* children and youth develop personal resilience strengths, the developmental possibilities inherent in *all* young people, I want to provide a brief, four-point perspective on strengths that also serves as an interface to the chapters on environmental supports that follow.

A LANGUAGE OF STRENGTHS

First, because resilience and other strengths-based approaches hold that personal strengths result when people in family, school, and community settings create opportunities for youth to develop these strengths and capacities, we must have a *language* of strengths.

Having a language of strengths helps practitioners and parents begin to look for and find strengths in their young people and then to name and reflect back to youth the strengths they have witnessed. This is a critical component of strengths-based practice (Saleebey, 2001), which we will come back to in our discussion of environmental protective factors. This positive language helps teachers, parents, and other caregivers start to *reframe* how they see their young people, to begin their shift from seeing only risk to also seeing the incredible resilience of young people, especially those facing a whole range of challenges and adversity.

The previous chapter presented dozens of terms used for sometimes overlapping categories and sometimes hard-to-distinguish attributes. Even though the current language is not always definitive, the strengths exist and are being referred to in the terms reported. Researchers and practitioners must have a language for the human qualities that far too often remain invisible, unrecognized, unnamed, and unacknowledged.

In terms of the research community, having a nomenclature helps legitimate the study of strengths. The positive psychology movement, with leadership from the University of Pennsylvania, has undertaken a massive project, the *Values in Action (VIA) Classification of Strengths* (<http://www.positivepsychology.org/taxonomy.htm>), which is intended to be psychology's positive response to psychiatry's *Diagnostic and Statistical Manual (DSM)*. With tongue only partly in

cheek, Peterson and Seligman refer to the VIA document as a “manual of the sanities” (Peterson & Seligman, 2003, p. 4).

They hope the VIA taxonomy will legitimate and facilitate the study of character and that it will also promote the “cultivation” of character. In service of such, a language of human strengths enables researchers to empirically measure developmental outcomes from prevention and education interventions, and to better understand what works and what does not (Peterson & Seligman, 2003, p. 4).

THE DYNAMIC QUALITY OF STRENGTHS

Second is the importance of re-emphasizing that these strengths are *not* fixed personality traits. What a resilience perspective acknowledges is the dynamic, adaptational quality of resilience strengths, recognizing that they are not fixed personality characteristics that one either has or does not have, or even that the more one has the better. In fact, resilience theory, viewing resilience not as a fixed trait but as a dynamic and contextual process, recognizes that these internal “assets” can also be deficits if they are out of balance. For example, too much caring without the balance of autonomy can result in being “co-dependent.” Too much autonomy without the balance of caring and connection can result in being self-centered and greedy.

Werner and Smith and others refer to healthy development as resulting in an “androgynous model of competence that includes being as well as doing, nurturance as well as risk-taking, for both sons and daughters” (1982, p. 162). Werner and Smith found that their resilient girls and women not only had high levels of social competence, a strength associated with being female, but also had high levels of autonomy and problem solving, strengths usually found in greater degree in males (1982, 1992). In contrast, their resilient boys and men not only had high levels of autonomy and problem solving, they also had high levels of social competence and relational skills. Similarly, these strengths vary in importance from culture to culture. For example, in cultures described as “individualist,” (such as mainstream U.S. culture), autonomy is a highly valued personal strength, whereas “collectivist” cultures (such as many minority and immigrant cultures) place more value on social competence and connectedness skills and attitudes (Greenfield & Cocking, 1994).

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What appears to be driving the process of human development, resilience, and adaptation is an internal force, an amazing developmental wisdom often referred to as intrinsic motivation.

THE ROLE OF PSYCHOLOGICAL NEEDS AND INTRINSIC MOTIVATION

A third point reiterates the earlier discussion that, contrary to a common misunderstanding, these strengths are not special qualities that cause resilience. While the study of human strengths is a relatively recent phenomenon in psychology, research suggests instead that human beings are biologically prepared to develop these strengths and to use them for survival (Watson & Ecken, 2003). Because resilience strengths are available to all of us, Higgins asks that we “consider the resilient not as a unique subspecies but as fellow travelers, amplifying qualities, dynamics, and potentials inherent in us all” (1994, p. 66).

What appears to be driving this process of human development, resilience, and adaptation is an internal force, an amazing developmental wisdom often referred to as intrinsic motivation. Human beings are intrinsically motivated to meet basic psychological needs, including needs for belonging and affiliation, a sense of competence, feelings of autonomy, safety, and meaning. (Baumeister & Leary, 1995; Deci, 1995; Hillman, 1996; Maslow, 1954; Richardson, 2002; Ryan & Deci, 2000; Sandler, 2000).

Because of our psychological need for belonging, we seek to relate to and connect with others, and thus develop our social competence strengths. Psychologists refer to this drive as our affiliation/belongingness adaptational system (Baumeister & Leary, 1995). Our psychological need to feel competent drives us to develop our cognitive problem-solving skills (Pearce, 1977/1992). This need to feel competent, combined with the psychological need to feel autonomous, leads us to seek people and opportunities that allow us to experience a sense of our own power and accomplishment. Psychologists refer to this as our mastery motivational system (Bandura, 1997). Our safety motivational system includes the need to avoid pain and maintain physical survival — which drives us to develop not only problem solving but also social competence, autonomy, and even purpose. Our need to find meaning in our lives motivates us to seek people, places, and transformational experiences that make us feel we have a sense of purpose, future, and inter-connectedness with life (Csikszentmihalyi, 1990; Hillman, 1996).

How these needs are expressed and met varies, of course, not only within a person and over time but from person to person and from culture to culture. The bottom line belief for resilience and youth development

theory and practice is that these psychological needs are a given. These needs are referred to by developmental psychologists as “fundamental protective human adaptational systems” (Masten & Reed, 2002, p. 82). All human beings are compelled to meet these needs throughout the lifespan. For young people, whether these needs are allowed expression in positive, prosocial ways depends to a great extent on the people, places, and experiences they encounter in their families, schools, and communities.

THE ROLE OF ENVIRONMENT

A fourth and last point in looking at resilience strengths is to understand that because these strengths are dynamic, contextual, and culturally expressed, and arise from our intrinsic motivation to meet basic psychological needs, they are not learned, for the most part or in a lasting way, through a social skills program or a life skills curriculum that attempts to directly teach them. A long history of prevention program evaluation (Kohn, 1997; Kreft & Brown, 1998) testifies to the short-lived effects of eight-week life skills programs. That this approach still predominates in both education and prevention speaks to the strong hold that behaviorism — in terms of focusing on concrete behavior change — and “kid-fixing” have over our culture and institutions.

From a developmental (as opposed to behavioral) perspective, resilience strengths are critical survival skills, intrinsically motivated or biologically driven, and culturally expressed — an apparently fail-safe adaptational system: Survival needs drive healthy development. Healthy development results in survival.

The catch, of course, is providing for these needs to be expressed in healthy, culturally valued, and prosocial ways. Were we to work with children and youth from a developmental perspective, we would understand that the deeper issue when a child doesn't express these critical skills — let's say for empathy — is not that the child has no drive to be empathic, it's that in the child's environment, expression of empathy is not valued and models of empathy are absent. If we truly want youth to develop their propensity to behave with empathy, then we must have people who model empathy and who create a climate in which empathy is the norm. If we want youth to have good problem-solving and decision-making skills, then we must provide them with the opportunities to actively engage in problem solving and to make real and valued decisions about things they care about. Alfie Kohn explains this process as follows: “It is widely understood that people

“It is widely understood that people learn by example. But adults who are respectful of children are not just modeling a skill or behavior, they are meeting the emotional needs of those children, thereby helping to create the psychological conditions for children to treat others respectfully.”

— Alfie Kohn

Positive youth development depends on the quality of the environment — the available supports, messages, and opportunities young people find in the people, places, and experiences in their lives.

learn by example. But adults who are respectful of children are not just modeling a skill or behavior, they are meeting the emotional needs of those children, thereby helping to create the psychological conditions for children to treat others respectfully” (Kohn, 1997, p. 15; Watson & Ecken, 2003).

In summary, resilience research continues to validate the model of human development identified over a decade ago in *Fostering Resiliency in Kids* — “a transactional-ecological model...in which the human personality is viewed as a self-righting mechanism that is engaged in active, ongoing adaptation to its environment” (Benard, 1991, p. 2; Bronfenbrenner, 1974; Pianta & Walsh, 1998; Werner & Smith, 2001). Developing and enhancing the resiliency strengths that can be engendered because of this “self-righting mechanism” are the natural tasks of youth development (Gibbs, 2001; Masten & Coatsworth, 1998; Sandler, 2001).

As research continues to shed light on this process, it continues to situate positive youth development in the context of family, school, and community — recognizing that “Human development is a cultural process; ... that people develop as participants in cultural communities” (Rogoff, 2003, p. 39). Young people learn what is lived around them, for the most part through modeling, cultural practices, and direct experience. Positive youth development, then, depends on the *quality of the environment* — the available supports, messages, and opportunities young people find in the people, places, and experiences in their lives. This is the focus of our next chapters.