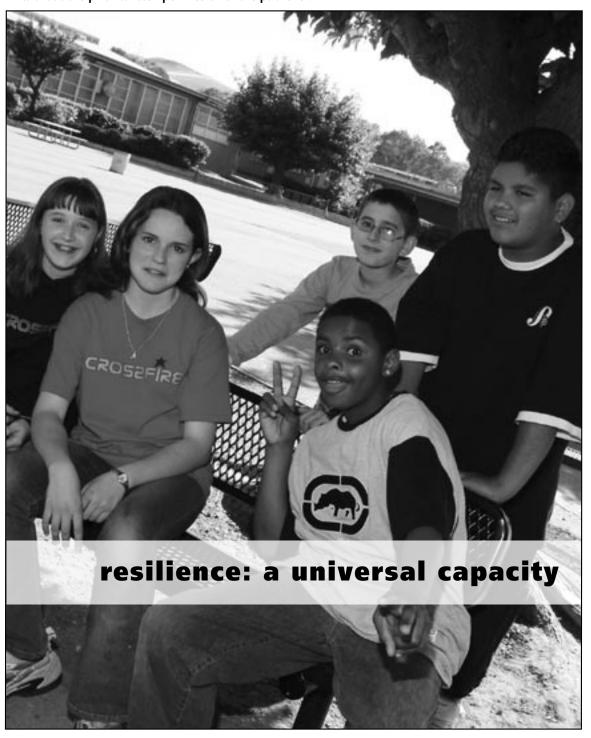
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## CHAPTER 1

## 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).

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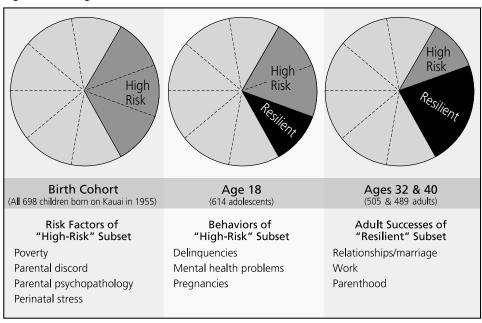


Figure 1. A Longitudinal Look at Risk and Resilience: Werner & Smith (1982, 1992, 2001)

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

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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

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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. l; 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.