Preface

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
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
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.