

Resilience Theory as a Framework for Teaching Human Development within HBSE

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The social circumstances of substantial numbers of children are declining in contemporary society. The developmental processes of these children, and of the adolescents and adults they become, are put at risk by circumstances of poverty, violence, discrimination, abuse and neglect, and parental mental illness or substance abuse (Institute of Medicine, 1989; U. S. Department of Health and Human Services, 1991). Theoreticians and researchers have recognized and responded to these challenges by examining resilience in children who experience trauma or other circumstances that put them at risk yet emerge from their challenges with positive developmental outcomes (Garmezy, 1985; Rutter, 1987; Sameroff, 1993).

The purpose of this paper is to propose a framework for teaching human development within the Human Behavior in the Social Environment content which is grounded in the theory and empirical work used to investigate resilience. The proposed Resilience Framework is an educational model which should assist students of social work and other human services in their quest to understand the complexity of growth and development in their clients over time. Unlike other models, the Resilience Framework emphasizes strengths over problems, and incorporates key contextual factors in its structure. It emphasizes transactions between the developing person and the social and physical environments, and therefore is highly compatible with the person-in-environment framework that guides the teaching of theory and practice in schools of

social work.

Defined as the “process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances” (Masten, Best, & Garmezy, 1990, p. 426), the concept of resilience provides a useful lens for viewing established theoretical frameworks and key developmental research, while orienting students to the strengths and potential for competence of the people they serve. The model presented in this paper is based on an analysis of the resilience literature, and is organized in relation to three key concepts: (1) resilience as a process influenced by culture, individual attributes, and life changes; (2) the family as the context of development; and (3) potential environmental supports for the development of resilience housed in societal institutions, friendship networks, and the extended family.

The Resilience Framework

In order to fully discuss the Resilience Framework, a brief literature review will be used to illustrate the diversity of conceptualizations of resilience, some basic conceptual definitions will be offered, and then the model itself will be considered.

The term resilience has been used to label three different types of phenomena: (a) individuals who have experienced traumatic events but have been able to recover well; (b) persons who belong to high-risk groups, but who have more favorable outcomes than expected; and (c) persons who show positive adaptation despite life stressors (Masten, Best, & Garmezy, 1990).

Researchers have long been interested in the instances of adaptive functioning in

those children and adults who have been buffeted by historical adversities or other traumatic events, but nevertheless have had positive developmental outcomes. Historically-based studies have focused upon children who have grown to productive adulthood despite being survivors of the Holocaust (Epstein, 1979; Moskowitz, 1985), and who have developed well in spite of being surrounded by Northern Ireland's political turmoil and frequent violence (Harbison, 1983).

Facing a high level of risk, children of parents with severe schizophrenia who flourished despite deplorable living conditions were at first judged to be "invulnerable", that is to be immune to the stressors that surrounded them (Anthony, 1975). With later reflection, and after other follow-up research, Anthony (1987) acknowledged that the concept of invulnerability had a somewhat mythical cast, offered the observation that the adaptation of the child must be viewed in the context of a particular threat and called for an examination of the resilience children exhibit in their coping and development of competence in the face of challenges.

Perhaps the most productive examination of resilience is found in the work of Garmezy and his co-workers, who have conducted research for over two decades at the University of Minnesota on the positive adaptation of children under conditions of high risk or facing an accumulation of life stressors. Building on earlier studies of children at risk for developmental psychopathology (Garmezy, 1970, 1971), Project Competence studied both normative community samples and children under high risk (Masten, Morison, Pelligrini, & Tellegen, 1990) and examined the relationship between life stress exposure and demonstrated competence. Project Competence researchers found

evidence that certain correlates of competence served as moderating protective factors for these children. They also observed that resilience, like adaptation in general, is contextual, and is affected by the constellation of protective factors and risk factors that are present in the families, and wider society (including culture) which make up the environments of individuals finding themselves in challenging situations. (Masten, Best, & Garmezy, 1991).

Key Concepts

Although resilience is sometimes conceptualized in terms of a profile of desirable personality and cognitive characteristics of stress-resistant persons, this definition fails to capture the dynamic phenomenon of individual adaptation which is necessarily process-based. Instead, we propose to present a framework which conceptualizes the phenomenon of resilience as the process of, capacity for, and outcomes of successful adaptation in spite of adversities which threaten development (Masten, 1994; Masten, Best, & Garmezy, 1990).

Developmentalists characterize adversity in terms of stressful life events which can be expected to cause stress in many people, and can seriously disrupt normal functioning (Masten, 1994). The stress is often experienced psychologically as discomfort based on a lack of correspondence between the demands of a situation, and one's own resources to handle them. Stressful life events can be classified as normative events which are experienced by many at a predictable time of one's life (e.g., entry into high school, joining the military service, birth of the first child), and non-normative events, which are either experienced by few, or which have a low probability of occurring

at a particular time in the life course (e. g., a diagnosis of multiple sclerosis, divorce in older adulthood, death of a child). Life stressors can also be examined by level of severity: traumas, ordinary stressors, and “daily hassles”. Traumatic experiences pose the most severe challenges, and are adversities of great magnitude, often with a sudden onset, such as a destructive earthquake, the experience of being raped, or witnessing a murder. These event tax the resources of the most resourceful of persons, and may cause lasting disruptions in the lives of those who bring fewer biographical assets to the experience (Rahe, 1987). Ordinary stressors are life events which disrupt functioning in most people, such as change of residence, being in a non-injury car accident, or entering preschool. Finally, daily hassles can be considered as disruptive life events when they “pile up” and cause frustration and difficulty functioning (Watson & Pennebaker, 1989).

Adaptation to the stress caused by life events is affected by risk factors which are associated with elevated probabilities of undesirable outcomes for a specific group. Risk factors include such adversities as poverty, low maternal education, low socioeconomic status, low birth weight, family instability, mental illness in the primary caregiver, and parental substance abuse (Chicchetti & Garmezy, 1993). The risks can be proximal and impinge directly on the person, such as inadequate nutrition or a caregiver’s alcoholism, or they can be distal, and be felt only as they affect the person through other pathways, such as social class distinctions, or racial discrimination. Masten (1994) cautions that by their very nature, risk variables reflect unknown causes of problems; if a person performs well despite the presence of a risk factor, we may not be able to infer that he or she is resilient in all cases, since it is not known how the factor directly or indirectly challenges

the adaptive processes.

Correspondingly, there have been correlates of positive outcomes in the presence of stressors, which have been identified as protective factors that appear to buffer psychological distress (Masten, Best, & Garmezy, 1990). Rutter (1987) states that protective processes produce turning points in people's lives, in which the trajectories of their development change in a positive direction. Protective factors that have been identified empirically are many in number, and can be organized into three major categories (Benard, 1991): protective factors within the individual; protective factors within the family; and protective factors in the wider environment (eg. school, community, ethnic group).

Recovery from stressful life events, produced through the "self-righting" processes labeled resiliency has been characterized using a variety of terms: attaining a positive developmental trajectory (Bowlby, 1997; Rutter, 1987), successful performance of life tasks (reference needed, date), and positive mental health (Felsman & Vaillant, 1987). Individual researchers look for such outcomes as academic success, flourishing careers, mature defenses, lack of sociopathy, absence of mental illness, and positive parenting practices for outcomes. We have chosen to focus upon the successful performance of life tasks as indicators of a positive adaptation to stress, this conceptual base has clear developmental connections.

A Resilience Framework for Human Development Theory

The proposed framework for human development theory follows from the current trend in clinical research to study health instead of illness, competence instead of maladjustment, and health promotion and prevention, instead of treatment of disorders (Fisher, Kokes, Cole, Perkins, & Wynne, 1987).

The framework begins by proposing that each individual brings to developmental processes a set of biographical assets, which include the personal, familial, and other environmental protective factors which have served them well in the past. On the other hand, individual development is also influenced by past risk factors, that is belonging to a group with a higher likelihood of encountering adversity, having been part of a family which itself carries elements of risk, or coming out of a harsh and difficult environment. Prior risk and protective factors do not produce stressful life events, but by their very presence, shape the perceptions which individuals have of life stressors. For example, when a mother faces the life stressor of having a sick child go through a set of diagnostic tests, her response will be shaped by the risk groups she may have belonged to in the past (childhood residence in a neighborhood with chemical dumps which led to illness and death of her some of her friends) and by past protective factors (family members who warmly supported her as she dealt with her childhood losses).

Stressors then, as they enter the developmental process, have effects on the individual's developmental trajectory. These effects are seen as being moderated by current protective and risk factors. Returning to our example of the mother's stressor of dealing with her child's illness, she may have the current environmental risk of residing

in a city with numerous sources of pollution, and the current asset of being an effective problem-solver. The totality of the risks and assets she possesses will moderate her adaptational processes, affect her developmental trajectory, and partially determine her level of success in performing her generative life tasks.

Social Work Practice and the Developmental Aspects of Resilience

Masten (1994) offers four strategies which may be followed by human services practitioners who are attempting to foster resilience in individuals. These strategies are based on the research findings in the area, and fit well with the human development framework which we have proposed in this paper. Her first approach is to reduce vulnerability and risk through instituting programs of primary prevention. The prevention strategy has been well accepted by social workers, and is put into practice in programs for a wide variety of persons at risk, from teenage parents who receive assistance in maintaining adequate nutrition in their families, and lessons in parenting practices, to older adults who are involved in social networking and intergenerational programs.

The second strategy is that of reducing stressors and limiting the accumulation of multiple stressors. Social workers take an active role in ameliorating and eliminating stress through community organization, and program planning efforts. When citizens are empowered to improve public safety, and to demand challenging and nurturing school environments in their communities, life stressors become fewer and of lesser magnitude.

Resilience is also promoted by the third strategy suggested by Masten, (1994), that of increasing the availability of resources to those at risk. Such programs as building

a caring community, in which each child at risk is paired with a supportive adult mentor, can make a significant difference in the adaptation of individuals to adversity they encounter (Benard, 1993). Social workers are often primary program planners in collecting resource bases for those at risk to draw upon.

The final suggestion, and the one with which we will spend considerable time, is the strategy of mobilizing the protective processes which have been identified through research as having a strong effect on the developmental outcomes of individuals. We will first consider building resilience through promoting personal protective factors, then turn our attention to the protective processes in families, which serve as the context of development, and finally to potential support for resilience found in societal institutions, friendship networks, and the extended family.

Personal Protective Factors

-social competency, problem-solving ability, autonomy, and expectation of shaping the future.

Familial Protective Factors

[Your section]

Other Environmental Protective Factors

[Your section]

Teaching Using the Resilience Framework

[Here I will discuss the framework as a vehicle for teaching such developmental theories

and approaches as life-span development, ego and object relations psychology, cognitive developmental theory, social learning theory, stress and coping theory. I will also talk about related longitudinal and cross-sectional studies which address resilience can be considered in some depth, and about the case studies that enrich the resilience literature. Also the context of development should be discussed at some length as well, including the importance of culture, gender and class]

The Resilience Framework from a Student's Perspective

The concept of resilience brings a current perspective to the study of human behavior, one filled with hope and possibility. Studying the many ways that human development is adversely affected by challenging or traumatic circumstances provides an incomplete understanding of human behavior, as researchers Michael Rutter, Norman Garmezy and others discovered. What of the many that not only survive, but seem to thrive in what we have traditionally considered impossible conditions; children who manage to negotiate developmental tasks amidst environments of parental abuse or neglect, parental mental illness or extreme poverty? These same children often grow to become well-adjusted, loving and contributing members of society.

For the student of human behavior, instruction in resiliency theory provides a practical lens through which to view human development with optimism and hope. Research into developmental psychopathology has overwhelmingly demonstrated that negative outcomes cannot, necessarily, be predicted based on the number or severity of risk factors present in the lives of individuals. Students need to be taught to recognize and understand the factors associated with positive outcomes in order to be fully prepared to effectively meet

the needs of our clients, the majority of which may be considered "at risk".

In my student placements in a teen pregnancy/parenting program and an elementary school, I was in the "unusual" position of working with young people who had less than optimum childhood experiences. Their problem-lists extended beyond the length of my arm including; broken families, parental drug abuse, physical abuse, sexual abuse, teen pregnancy and many other potentially debilitating risk factors. Initially, I very easily joined with my clients where they were, hopelessly buried beneath seemingly insurmountable obstacles and psychological pain. I felt as hopeless and discouraged as they felt. It would have taken years to dismantle the effects of the harm that had been done.

A dramatic change occurred within me when I shifted my focus to client strengths. I caught one particular young woman off guard when I met with her and asked her to tell me about what she did well. Previously, she had been sullen and uninvolved with our therapy sessions. On this occasion, she lit up and, after some prompting, I had difficulty writing down all she had to say. This was a turning point in our work together. We were both encouraged and were able to begin setting and working towards goals. The ability to envision a future and to establish goals is an important skill characteristic of resilient individuals.

Another young woman I worked with was being interrogated one day, by several adults in authority, concerning her behavior towards a peer. Her self-esteem during the proceeding was visibly draining from her as evidenced in her posture, her tone of voice and the look on her face. The interview took a turn when she was asked to describe the times she had managed to be successful in her encounters with this particular peer. Her self-worth

seemed to rise and she was able to become a participant in the meeting by a simple, yet important, shift in focus. How can a person be expected to make positive change when they are not able to see their own human potential? As a student in the process of developing an individual style of social work practice, these and other similar experiences had a significant impact on my personal philosophy and future style of practice.

In my current situation working with elderly individuals with chronic mental illness, the program has adopted a competency-based approach within the last year and a half. Since that time, the residents have shown more progress than they had in the five years prior. It is thought that this change in approach is a contributing factor. Program staff work with residents teaching and developing many of the protective factors associated with resiliency such as goal setting, coping and problem-solving.

Further, residents are regularly encouraged to explore their abilities and to learn from their daily, weekly or lifetime successes. The results have been fewer problem behaviors and more social and community activity among the residents on the unit.

An equally important result has been improved staff attitudes. The growth model of developing strengths and resiliency rather than the reductive model of problem elimination lends itself well to the creation and maintenance of a much more positive environment. Weekly staff meetings are becoming increasingly filled with stories and examples of residents' successes as staff shift their focus from problems to strengths. Reductions in residents' problem behaviors have become, primarily, a measure of improvement rather than the focus of treatment.

As a student of social work, the majority of my learning about a strengths-based

approach to practice and about resiliency took place outside of the classroom in independent study, which was very frustrating to me. I would have appreciated more opportunities within the formal context of the program to study, discuss and train in resiliency as a theory and as an approach to practice.

Figure 1

A Resilience Framework for Human Development Theory

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