Psychological resilience in disadvantaged youth: A critical overview

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Abstract
This paper provides a critical review of research into the notion of psychological resilience and its implications for studies of disadvantaged young people. A number of significant conceptual and methodological challenges are examined, the most important of these being the difficulties associated with the operationalisation of resilience, the development of culturally relevant thresholds and the circularity inherent in commonly used definitions. The limitations and potential value of integrated theoretical models, such as Bronfenbrenner’s ecological model and Bandura’s self-efficacy theory are considered, along with suggestions for methodological strategies to enhance the validity and comprehensiveness of resilience research.

Origins of and rationale for resilience research
“‘The study of children who overcome risk and adversity enhances the understanding of both normal development and maladjustment’ (Masten, Best, & Garmezy, 1990, p. 425).

For many years, it has become common for media and political commentators to express considerable pessimism about the future prospects of young people. With increased competition for university places, fewer employment opportunities, greater social and economic inequality, and greater family discord, it has become accepted that a substantial percentage of young people will be exposed to situations and experiences that will significantly test their ability to cope and survive. In recognition of this, a substantial body of research has been devoted to identifying the factors (e.g., lower SES, ethnicity, previous abuse history) that appear to contribute to poorer long-term psychosocial and employment outcomes. Such an approach is appealing, not only because of the strong emphasis given to prevention and the identification of the antecedents of potential psychological dys-function, but also because it serves to shift the blame for less favourable outcomes away from the individual to the environment and social circumstances with which they are faced. By doing this, it creates the hope that future improvements in social and economic welfare can be achieved by addressing the inequalities of the past.

More recently, however, there has been growing concern that this approach might not be the most useful way to proceed. This change in thinking has come about for two reasons. The first, and most obvious of these, is the recognition that significant risk factors are very much here to stay, and that any significant changes in the social and economic structure of current society is highly unlikely in the foreseeable future. Given the decreasing funding available for social welfare programs and education in many countries, it seems naïve to expect that young people can, at least to any significant degree, be shielded from the pressures and risk factors described above.

The second, and equally important, criticism has arisen from research findings which have shown that there are significant individual differences in how people respond to disadvantage and risk. Although it is true (ceteris paribus) that young people who experience significant disadvantage are more likely to experience subsequent difficulties in psychological functioning and life success, it is also clear that many young people clearly do not inevitably succumb to their circumstances, or become overwhelmed by the adversity with which they are faced. For this reason, it has been suggested that potentially more useful information could instead be obtained by considering the individual qualities and experience of
disadvantaged young people who have coped successfully.

This has been the fundamental starting point for research into the concept of psychological resilience. Based predominantly upon studies of young people living in the depressed urban areas of North America and Britain, the main aim of this research was to investigate how normal psychosocial development and life success was attained by many young adults previously exposed to a multitude of risk factors during childhood (Anthony, 1974; Blum, McNeely, & Nonnemaker, 2001; Ferguson & Lynskey, 1996; Rutter, 1981; Werner, 1984). A representative example of this research is the study of Garmezy, Masten and Tellegen (1984) who undertook a 10-year longitudinal study involving a large sample of children from depressed urban areas in America, as well as children with physical disabilities. Using measures such as academic success, classroom behaviour, and interpersonal competence (Garmezy et al.), it was found that a significant proportion of these young people had similar social and educational success to many of their less disadvantaged peers.

Similar findings were obtained by Werner and colleagues, who conducted numerous studies on a cohort of 698 children born in 1955 on the island of Kauai, Hawaii. Although many of the children were identified as being at significant risk during infancy ($n = 201$), approximately one third went on to lead successful adolescent lives and continued this success into adulthood (Werner, 1993, 1994; Werner & Smith, 1992). Another longitudinal study conducted by Michael Rutter investigated psychopathology amongst the children of people diagnosed as mentally ill on the Isle of Wight and in inner city London. After following some 125 children over 10 years, he discovered that many of the children of people with mental illnesses had not been affected by their parents’ condition, and went on to lead what could be seen as relatively “normal” adult lives with few, if any, clinical symptoms (Rutter, 1981). Other studies have obtained similar results using more diverse samples, including those who have been abused and neglected (e.g., Heller, Larrieu, D’Imperio, & Boris, 1999; Moran & Eckenrode, 1992); chronically ill children (e.g., Beardslee, 1989; Boekaerts & Roeder, 1999); and those not engaged in formal education (e.g., Finn & Rock, 1997).

The question that remained unclear from this body of research, however, was how this success was achieved. In particular, there was a need to determine what factors differentiated successful people from others, and whether these “success factors” were specific qualities of individuals, as opposed to environment or other external factors associated with variations in experiences and opportunities. Problems such as these undoubtedly have arisen because of fundamental difficulties associated with both the definition and operationalisation of the notion of resilience. Although there is no question that some young people deal successfully with adversity, there are difficulties in differentiating resilience from other similar meaning concepts such as coping, and many methodological and practical obstacles to determining how these positive outcomes came about. These complexities are examined in the present paper which provides a broad overview of findings from the extensive international resilience literature, as well as selective examples of specific research projects that illustrate particular points of concern and debate.

The meaning of resilience

Somewhat frustratingly, the meaning of the term resilience appears to vary considerably, not only across studies, but also across time and according to the theoretical context or participant group under investigation (Heller et al., 1999; Luthar & Cicchetti, 2000; Masten et al., 1990). For example, it has been defined in terms of success in educational achievement; positive behavioural adjustment; enhanced cognitive functioning; or as the absence of psychopathology. Despite this, all resilience research shares the basic assumption that almost all people are subject to adversity and stressors, and that there are potentially many factors that can contribute to how they deal with these experiences. In other words, whether a person is successful in displaying resilience in the face of significant challenges can be conceptualised as resulting from the interplay of factors beneficial or inimical to the person’s wellbeing (Roy, Rutter, & Pickles, 2000; Rutter, 1985, 1987). Counterbalancing the effects of risk factors are what are commonly termed “protective” or resilience factors which enhance an individual’s capacity for resilience (Blum, McNeely, & Nonnemaker, 2001; Rutter, 1987; Sandler, 2001). Not surprisingly, the search for, and identification of, these so-called protective factors has formed a substantial component of resilience research.

For example, Werner (1984) suggests that resilient children generally differ in their temperament, and possess characteristics that elicit positive responses from family members and strangers, which allows them to establish close bonds with adults at an early age. Furthermore, she suggests that resilient children exhibit an active approach toward problem-solving, a tendency to perceive their experiences constructively, the ability to gain positive attention from others, and the ability to perceive life from a more positive perspective. Similarly, in a study of young people living in impoverished conditions,
Garnezy (1993) identified a number of individual characteristics that appear to enhance outcomes. These included a wide array of social skills; positive peer and adult interactions; a high degree of social responsiveness and sensitivity; intelligence (measured by IQ); empathy; a sense of humour; high levels of self-esteem; an internal locus of control and critical problem-solving skills. Additional characteristics of resilient young people identified in other studies have included an “easy temperament” (Tschan, Kaiser, Chesney, Alkon, & Boyce, 1996), optimism (Carver, 1998; Floyd, 1996), personal determination and perseverance (Floyd, 1996; Smokowski, 1998; Smokowski, Reynolds, & Bezruczko, 1999), and family cohesion (Carbonell, Reinherz, & Giacconia, 1998).

Unfortunately, not all studies have been successful in establishing a link between such protective factors and successful outcomes. For example, in an analysis of resilient behaviours in a group of Brazilian homeless youth, it was found that neither the quantity nor quality of social supports increased the capacity of young people to cope on the streets (D’Abreu, Mullis, & Cook, 1999). Similarly, D’Imperio, Dubow and Ippolito (2000) failed to demonstrate a link between the level of protective resources available and the degree of apparent resilience. In an investigation of 185 high school students based upon self-report, parent and teacher evaluations, it was found that the number and magnitude of risk factors experienced by students was positively related to the level of stress experienced. However, contrary to expectations, they found that the overall number and level of protective resources available failed to distinguish those who coped with adverse circumstances from those who did not.

Although this research provides some support for the idea that young people can be protected from adversity in some circumstances, few of these studies provide guidance about how resilience, as a quality of an individual person, is to be distinguished from other factors. This issue was raised by Rutter (1985), who attempted to identify several features which he believed to be central to the concept. The first of these was that resilience results from the exposure to adverse situations and risk, rather than the avoidance of risk. According to this view, resilience is an active process. People who are resilient are successfully able to manipulate their environments to insulate them from the negative consequences of adverse events. Thus, merely avoiding a stressful situation or negative event does not constitute resilience because no active process is involved. In this sense, resilience differs from coping, in that a person can cope with situations by avoiding them (Gruen, Folkman, & Lazarus, 1988; Lazarus, DeLongis, Folkman, & Gruen, 1985; Lazarus & Folkman, 1987).

A second point Rutter (1985) raises is that previous experience plays a role in resilience. That is, although it is important to recognise that resilience refers to current functioning, previous experience clearly plays a role in the development of the skills and strategies that are required. For example, previous exposure to a situation involving people with substance abuse problems may serve to make the person better able to deal with similar experiences later in life. By contrast, the term coping style provides only a general description of how people usually deal with situations. Less emphasis is placed upon how these generalised strategies might have developed to start with.

A third factor is the varying significance of risk and protective mechanisms over time. Some risk factors can vary in importance depending upon such factors as the person’s age (Rutter, 1981, 1985, 1987). For example, low birthweight is associated with multiple health risk factors in early life, including such things as impaired cognitive and physical development (Bradley, Whiteside, Mundfrom, Casey et al., 1994) and a predisposition to certain diseases, whereas the reverse is usually the case during adulthood. Lower than average weight adults tended to experience fewer negative health symptoms, and experience lower rates of heart disease, stroke and cancer.

Fourth, Rutter (1985) draws attention to the fact that certain factors can function as both risk and protective factors, depending on the context. An example provided by Rew and colleagues (Rew, Taylor Seehafer, Thomas, & Yockey, 2001) relates to the process of running away from home. Although, as they point out, this behaviour would commonly be considered an example of an “at-risk” behaviour, exposing the young person to the vagaries of the world outside the home (see Chamberlain, 1999), this behaviour could also be considered a protective factor if it removes the child from a potentially hazardous situation and gives them access to services such as health care, education and new social supports.

The issue of normality: Social and cultural variations in notions of competence

Not all research literature focusing on resilience necessarily portrays the construct so clearly, or necessarily in a positive light. Rigby (1994), for example, has been critical of the manner with which the notion of resilience has been applied in the context of public policy and also in the social sciences. His major concern is that resilience, as it is usually defined, has become a concept intrinsically
associated with the cultural and social norms in the United States. For this reason, the definition has been heavily weighted towards the sorts of outcomes emphasised in an individualistic culture: namely, the achievement of financial and social success in the face of significant disadvantage. Although this criticism can be partially countered on the grounds that the term has been seen as relevant in other countries outside the United States, it is true that most research has been confined to westernised countries such as Britain and Canada that share very similar values. Thus, almost all resilience research has assumed very culturally-specific views about what defines normal functioning, and the outcomes or behaviours deemed to be indicative of success or failure.

This view of resilience as a means of achieving normality or healthy development is, for example, explicit in the work of Masten and Coatsworth (1998), who define resilience as “manifested competence in the context of significant challenges to adaptation or development” (p. 206), suggesting that an individual can only be deemed resilient if they are able to “appropriately” cope with the challenges that face them. In much the same way, Werner’s simple definitional notion of resilience as a “self-righting mechanism” (Werner, 1984, 1993, 1995) would also appear to assume a reference point against which outcomes should be compared. This issue would appear to be particularly problematic in approaches that use competence as the measure of resilience.

Furthermore, in addition to the problems of generalising specific competencies across different situations for a given group of people, it is also possible that different people will have different and equally successful ways of dealing with adversity. In particular, there is evidence that the and equally successful ways of dealing with possible that different people will have different situations for a given group of people, it is also
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Furthermore, in addition to the problems of generalising specific competencies across different situations for a given group of people, it is also possible that different people will have different and equally successful ways of dealing with adversity. In particular, there is evidence that the meaning of the term competence can vary substantially across social groups, classes, cultures, genders and historical periods (Arrington & Wilson, 2000). For example, in an analysis of coping style and self-esteem in 361 male and female high school students, Chapman and Mullis (2000) identified significant differences in the coping strategies adopted by African American and Caucasian students. In contrast to their Caucasian peers, African American students were more likely to utilise peer networks, self-reliance and spiritual supports. Cultural differences were also observed by Waller and Patterson (2002) in a qualitative examination of helping and resilience in a native American Navajo community. Specifically, they found that indigenous Americans tended to consider their problems more broadly, with physical, emotional and spiritual problems considered to be extrinsically linked, rather than as separate life domains requiring separate attention, as is commonly so in western cultures. Furthermore, there were apparent cultural differences in how two cultural groups responded to adversity. The Navajo were less likely to comment on the experience of isolation and stigma brought about by their social and psychological problems.

Another study by McCarty et al. (1999) examined variations in coping styles between Thai and US adolescents subject to everyday stressors. Although there were some common strategies used by both groups, there were also some noticeable differences, particularly in relation to how young people dealt with authority figures and separation. Thai children tended to adopt more passive coping strategies when confronted by stress, such as understating the magnitude of the stressor to minimise discomfort, or by trying to avoid it. Conversely, American children tended to actively try to influence the source of the stress. Further differences were obtained by Rokach (1999) in a study of loneliness in young people of West Indian, South East Asian and North American backgrounds. Whereas white North Americans tended to use self-reflection as a way of coming to terms with their circumstances, the other two groups relied more heavily on social supports available in their respective cultural communities.

**Resilience as an inborn trait or acquired competency**

A further issue in resilience research relates to the issue of nature and nurture. A conclusion arising from earlier studies was that a certain proportion of young people appeared to be invulnerable to hardship, and seemed capable of achieving normal development no matter what their circumstances. This led to the view that resilience was largely determined by innate factors, and was therefore relatively unaffected by development or by interactions with the environment (Rutter, 1991). Subsequent research, however, soon dismissed this idea of psychosocial immunity by showing that there were clear limits to the extent to which young people were able to overcome aversive situations (Blum, 1998; Cicchetti & Garmezy, 1993; Rutter, 1991). Given sufficiently severe stressors, it appeared that even presumably resilient youth would succumb to psychological and physical distress. Furthermore, in line with the arguments above, it has been found that young people who cope successfully in one situation do not necessarily achieve similar successes in other contexts (Grossman, Beinashowitz, Anderson, Sakurai et al., 1992; Luthar & Cicchetti, 2000; Roy, Rutter, & Pickles, 2000; Rutter, 1991, 2000).
Life success versus psychosocial wellbeing

Another source of contention is the function of resilience, in particular whether it regulates emotions, behaviour or general adaptation. According to Luthar, resilience relates predominantly to behaviour rather than merely the alleviation of emotional distress. In his view, resilience involves “behaviourally manifested success at negotiating salient developmental tasks, in spite of major stressors and possible underlying emotional distress” (Luthar, 1993).

In support of this view, Luthar (1991) observed that highly stressed, but socially competent young people frequently reported greater depression, anxiety and self-criticism in comparison to competent children with less stress. This view was supported by Dumont and Provost (1999) in a study of 297 high school students, which showed that resilient youth tended to have lower self-esteem and were more depressed than their peers. Similar findings led Luthar and Zigler to conclude that “Overt social competence among high risk individuals is not necessarily paralleled by superior adjustment on measures of internalising symptoms of psychopathology” (Luthar & Zigler, 1991, p. 17).

This view was also articulated by Wolf (1995) who expressed concern about definitions of resilience that emphasised behavioural success, at the expense of other important aspects of the person’s functioning. Such an example might be a person who is sexually abused as a child, and yet who has achieved considerable educational and career success. It is questionable whether one would be willing to classify that person as having risen above their adversity, if the person was also unable, because of the same abusive experience, to develop effective peer relationships? It appears therefore that the general definition of resilience defined in terms of life successes might be inadequate unless this resilience is manifested consistently across different domains of the person’s life.

Ongoing methodological and conceptual issues in resilience research

Despite the large number of studies of resilience, efforts to assess the construct are still plagued by numerous methodological difficulties, particularly in relation to the development of operational definitions of resilience. Clearly, as research on resilience has evolved, investigators have moved away from viewing resilience as simply the absence of psychopathology and towards a definition involving the demonstration of behavioural competence (Kinard, 1998). In general, young people confronted by adverse circumstances are considered resilient if they continue to function within normal or acceptable bounds on measures of behavioural, social or intellectual functioning. However, this assessment may be quite difficult to undertake in practice.

First, difficulties immediately arise in the identification of a critical level of normative functioning. For example, while IQ test scores have proved to be highly predictive of scholastic performance and occupational success (Herrnstein & Murray, 1994), they do not necessarily predict variations in psychological functioning, or occupational success in general. Having a higher IQ and being in a “higher-IQ” profession does not necessarily mean that one has been successful in that profession.

Second, there are conceptual problems when one tries to distinguish between factors thought to promote resilience, and those that would appear to be consequences of resilience. For example, while one researcher might argue that higher levels of intellectual functioning are a consequence of resilience, another might consider higher IQ to be a protective factor. A similar problem is associated with self-esteem which has been considered both an antecedent and consequence of resilience (Bartelt, 1994; Kinard, 1998). In other words, greater conceptual clarity is required concerning the distinction between what defines resilience and what gives rise to it.

Third, in studies using multiple measures, it may be very difficult to provide an overall indicator of resilience based upon more than one developmental domain or ability. For example, if intelligence, locus of control and behavioural problems are used to measure resilience, there is the question of where the line must be drawn to separate those who are resilient from those who are not. What level of intelligence, behavioural problems or internal locus of control would define someone as resilient?

Sampling issues in resilience research

In addition to the conceptual and methodological issues described above, there are also a number of logistical problems associated with studying resilience in young people classified “at-risk”. First, participants in these studies tend to come from a variety of backgrounds (different ethnicity, ages) making it very difficult to generalise findings from one group of young people to others (Heller, Larrieu, D’Imperio, & Boris, 1999). Second, involving disadvantaged young people is particularly difficult due to limited transport, lack of a stable residence, consistent telephone number and the absence of a consistent daily schedule or routine. Third, some studies may assume literacy or numeracy skills which are not present in the population being studied, and this may preclude a significant
number of young people from being included (Aldgate, Colton, Ghate, & Heath, 1992; Blome, 1997; Cashmore & Paxman, 1996). Fourth, many of the issues raised (e.g., offending behaviour, substance abuse) may be emotionally and socially sensitive for the participants, thereby decreasing participation and response rates.

Consequently, many of the participants in these kinds of research projects are obtained via opportunity or haphazard sampling techniques. Only those who live in a particular area, setting or who utilise a particular service are often invited to participate. Thus, the samples will not necessarily be representative of the target population. Furthermore, there will very likely be self-selection within such opportunity samples (Jackson & Martin, 1998), in that certain individuals will be more likely to participate in the study. This will be problematic if the participants are more likely to be those who have successfully dealt with trauma or adversity, and who have achieved greater success in education, or who have greater social supports. Those who have failed to deal with adversity will not be included. Furthermore, when interviewing people who have coped successfully, and who appear to be functioning effectively in terms of a number of life domains, it will be unclear whether this success is due to the availability of resources (e.g., social supports), or whether such resources have been developed through successful coping (i.e., a more psychologically well-adjusted person tends to make more friends and has a better chance of obtaining employment).

Further difficulties arise when trying to identify control groups with which to compare at-risk populations. People who have grown up in difficult circumstances have often experienced years of social and economic stress, have experienced abuse and neglect, family breakdowns, domestic violence and many other detrimental factors. Consequently, it may be very difficult to generalise from studies involving resilience and coping in the general population to at-risk populations. If one has, for example, shown that one factor appears to enhance the wellbeing of people in one at-risk population, it may be difficult to find a suitable comparison group to verify that the presence of this factor is indeed critical for the difference between the two groups. If the comparison group differs significantly from the group of interest, one cannot be certain whether those other uncontrolled factors are the source of the difference.

Resilience in social policy and applications

The problems described above suggest that considerable caution must be applied when applying the findings of resilience research to social policy and programs. However, as Doll and Lyon (1998) point out in their review of school resilience research, such caution has often not been applied by policy-makers and educators, who have adopted the concept of resilience with little heed of the research literature.

There has been a surge of interest in relation to resilience in the field of education, however resilience programs contain all of the hallmarks of educational faddism—interest in the topic is sudden, and many tend to see the resilience programs as a panacea, with the proliferation of programs in schools emerging independently of the methodologically rigorous research that gave birth to the topic. (Doll & Lyon, 1998, p. 349)

Community programs that have sought to improve the social, coping and life skills of marginalised young people have inevitably fallen victim to many of the problems previously outlined. For example, cultural and situational factors have frequently not been taken into account, making the programs unsuitable for young people from some social and ethnic backgrounds. Furthermore, the ad hoc and simplified nature of many such programs leads to a piecemeal approach to overcoming adversity. Only a few isolated skills and issues have been considered, and this has often ignored the broader problems and deficits with which people are burdened (Luthar & Cicchetti, 2000; Nightingale & Fischoff, 2001). Programs have often focused on quite specific skills of little functional utility in the real worlds of young people facing adversity, often providing skills that do not relate to the young people’s lives or that are not reinforced by the culture from which the young person comes.

The Role of theory in resilience research

Although the research literature is replete with factors thought to covary with, or influence, resilience, there is a need to integrate these findings in terms of a theoretical or conceptual framework. This task has been attempted by a number of authors (e.g., Blum et al., 2001; Brounstein, Zweig & Gardner, 1999; Howard & Johnson, 2000; Jackson & Martin, 1998; Masten, 1994 among others). For example, Masten (1994) argues that the likelihood of children developing resilience or adaptive outcomes can be enhanced via four strategies. The first involves the removal of risk factors via primary intervention strategies (e.g., safe sex campaigns, Head Start programs to enhance early cognitive functioning). The second involves the removal of “risk chains” or factors that compound social disadvantage. This component includes programs
to enhance parenting skills, delinquency, substance abuse and marital discord. The third component involves increasing available resources such as via the enhancement of the physical and service infrastructure of local areas. People in disadvantaged areas are given access to better housing, a safer and healthier living environment and greater access to services, employment opportunities and education. The final type of intervention to which Masten refers involves the enhancement of protective resources. For the most part, these are concerned with the strengthening of social networks such as mentoring schemes in which adults support young people thought to be at-risk, or where successful young people (e.g., youth workers) act as role models or support workers for others who are less successful.

In Brounstein, Zweig, and Gardners’ (1999) conceptualisation, similar recommendations are made, except that risk and protective factors are more specifically divided into different domains based upon their context. Young people are thought to be exposed to protective and risk factors at different levels, extending from broad society-related factors, to factors (e.g., genetic, personality) operating at an individual level. In between these two poles are factors arising from their local community, their family environment, at school, and among their peers. Thus, disadvantage could be seen as arising from poverty and high unemployment rates at a societal and community level, as well as from family conflict and unhealthy peer relations at the social level. In turn, there may be factors such as poor mental health, lower IQ, as well as personality and motivational factors (e.g., high impulsivity, low delay of gratification) operating at the individual level. The acknowledgment of these many different and intertwined levels suggests that programs and interventions have to operate in a broader, often multidisciplinary context, so that it may be different to deal successfully with problems at one level without taking other factors into account (Dickson, Derevensky, & Gupta, 2002).

In this sense, these views are very similar to the conceptualisations of risk and resilience set out in Urie Bronfenbrenner’s ecological systems theory (Bronfenbrenner, 1977, 1979a, 1979b; Bronfenbrenner & Ceci, 1994). Bronfenbrenner’s theory appears particularly attractive in that it provides a useful way of accounting for variations in the outcomes achieved by marginalised young people by considering personal factors in the context of broader social and cultural influences. Ecological systems theory focuses on the assumption that the individual is a central figure in a series of nested systems that encompass internal and external influences. Bronfenbrenner theorises that human development occurs through a complex reciprocal interaction between individuals and the people, objects, symbols and institutions around them. This occurs predominantly during childhood and adolescence, but also throughout life (Bronfenbrenner & Ceci, 1994). Closest to the individual, and of the greatest influence, is the so-called “microsystem” containing structures and people with which the individual interacts directly. These include the person’s family and friends, their school or workplace, and their peer networks. Bronfenbrenner contends that these factors interact with the individual’s internal behavioural, cognitive and emotional make-up and influence the way a person acts, thinks and feels, and ultimately the way they function and develop.

Beyond the microsystem, Bronfenbrenner theorises the existence of broader structures or influences, including such factors as laws and policy developments, religious and universal cultural beliefs, and economic trends. The influence of these microsystem factors then filter down to the environment and structures closer to the individual (Bronfenbrenner, 1977). As Howard and Johnson’s point out:

... when elements in one system change, elements in other systems react and interact. Children, located at the centre of these nested systems, are continuously affected, one way or another, by changes that occur in the environments that surround them ... In each child’s case, different patterns of action, interaction and reaction will pertain, even when stressors such as parental unemployment are the same. (Howard & Johnson, 2000, p. 323)

Although intuitively valid, Bronfenbrenner’s conceptual framework provides little guidance concerning the role and functions of these very broadly described ecological systems. In a sense, it does little more than describe what would appear obvious to most researchers; namely, that psychological or individual functioning is influenced by, and needs to be considered in the context of broader socioeconomic and political factors. Nevertheless, this schematic framework is useful insofar that it encourages cross-disciplinary approaches and perspectives, and at least makes an attempt to conceptualise how each of these might be brought together at a theoretical level. For the purposes of practical psychological research, however, it would appear that simpler models that are more parsimonious are required to allow the development of testable hypotheses, and which come closer to understanding the actual processes involved in the development of resilience at an individual level.
One such example may be Bandura’s social cognitive and self-efficacy theory (Bandura, 1977, 1997). According to this theory, resilience arises from the interaction of environmental, behavioural and personal factors. Young people’s expectations, beliefs and cognitive competencies are developed through interaction with social and structural factors in their environment, specifically by modelling the behaviours of others, through instruction, or through social persuasion brought about via peer pressure (Bandura, 1997). Building upon earlier learning theories, Bandura’s theory draws a distinction between learning and performance, and argues that behaviours learned in this manner would only be produced in the future if there were a reasonable expectation of them leading to reward. In this way, his theory shared much in common with the theory of learning advocated by Tolman (1932) who drew a distinction between learning (the production of appropriate behaviours in relation to specific circumstances) and performance (the production of behaviours based upon an expectation of reward). His work was also similar to the generalised expectation of control theory advocated by Rotter (1966) and operationalised in his well-known locus of control construct.

Bandura’s approach to understanding self-efficacy has not been extensively applied in the context of resilience research, which is surprising given the intuitive connection between efficacy, coping and resilience. His notion that people can develop cognitive schemas and expectations of success based upon prior experience captures the essential elements of Brofenbrenner’s model, but provides clear psychological mechanisms to explain the interaction of internal and external influences. Moreover, subsequent investigations which have examined the factors thought to enhance social learning have produced a number of findings that would help to provide a theoretical explanation for findings in the general resilience literature. For example, Mischel (1971) has described several social factors that would appear to be relevant to the development of resilience in disadvantaged youth: rewardingness, dominance and model similarity.

Rewardingness refers to the fact that children are more likely to develop effective behaviours when there is someone available to provide reinforcement. Although, for most children, this role is performed predominantly by parents, Mischel (1971) emphasises that there are many other people, including peers and teachers who provide this reinforcement. It is argued that children tend to imitate or model the behaviour of those who provide them with most attention and social reinforcement. Dominance is important because children tend to imitate more dominant peers or adults in their lives (Mazur, 1998), whereas model similarity refers to the fact that children tend to imitate people who are similar to them, for example, who have the same gender, age, race and similar interests (Davidson & Smith, 1982). All three of these findings would explain many of the findings described earlier. For example, it would explain why children who have greater and more nurturing social supports develop greater resilience than others do, and also why children with more outgoing or engaging personalities are better able to cope. More socially confident and responsive children are more likely to obtain social reinforcement. Such children evoke more social responses in others, and are therefore more likely to imitate the sorts of behaviours that foster successful outcomes involving interactions with others. Similarly, if social dominance is important, it explains why children who are deprived of suitable role models or mentors may be deprived of the opportunity to learn appropriate behaviours. Finally, the issue of model similarity explains why gender, age and race might influence resilience. Consistent with Brofenbrenner’s view concerning the influence of broader economic and political factors on personal experience, it could be argued that a significant disadvantage experienced by children of a particular race observed in previous studies, could be a function of a lack of successful and influential role models: a lack of rewards for appropriate behaviour, and lowered expectations of success based upon what others in similar circumstances have been able to achieve. Thus, taken as a whole, Bandura’s model, and the factors thought to influence self-efficacy would appear to provide a promising psychological framework in which to examine the broad and specific factors identified by Brofenbrenner.

Future directions: Addressing the issue of circularity in resilience research

Although self-efficacy theory would appear to provide a unified explanation for some findings in the resilience literature, there are nevertheless several issues which still need to be addressed. Apart from the problem of operationalising resilience or identifying appropriate culturally relevant thresholds, this theory also does not help to address the fundamental issue of circularity pervasive in resilience research. Specifically, how does one separate the outcomes of resilience from its causes? As indicated above, successful social functioning could be as much a cause, as it is an effect, of successful coping. How does one distinguish between coping skills or strategies that lead to resilience and resilience itself? Our suspicion is that this question is not easily answered. Although this argument could be partially countered by the fact that many resilience studies
have been based upon longitudinal designs that have identified the predictors of resilience long before, and independently of the outcomes, the issue of circularity still remains a problem in relation to the dependent measure (i.e., resilience).

To address this problem, we believe that greater focus needs to be placed upon the reports and experiences of people who appear to have overcome adversity, and that the definition of resilience itself should be based less upon so-called objective cut-off scores, but also upon culturally and socially relevant ratings of success. In other words, whether or not a person has proved to be successful and is well adjusted is very much an issue of individual determination. Thus, it may be of considerable value to ask people directly what they believe to be their definition of life success. To what extent have they been successful in achieving this ideal? If their expectations have not been met, what specific factors served to deprive them of the desired opportunities and outcomes in life? Information such as this could be combined with reports from peers and also used in the interpretation of test scores based upon standardised psychosocial measures. This would not only enhance the validity of standard psychosocial measures, but also place self-ratings into context; that is, to acknowledge the different interpretations and expectations of those in marginalised circumstances.

Finally, a further potentially beneficial addition to this self-report approach, particularly in studies of disadvantaged youth, is a critical event analysis. This approach recognises the fact that many significant changes in a young person’s life often come about as a result of good or bad fortune, or factors that are largely unpredictable. Thus, rather than only looking for relationships between predictors and outcomes, research should also consider the critical events or people that played a significant role in enhancing or inhibiting a young person’s development or perceived success in life? This approach has, for example, been recognised by the Australian Institute of Criminology’s Pathways to Prevention report which, in the context of juvenile delinquency and offending, argues that it is possible to highlight specific turning points, or critical thresholds, in young people’s lives, where their life trajectories could have been quite different if not for specific events, or the actions of certain people (Australian Institute of Criminology, 1999). Understanding these events may be crucial, not only because it may help to explain the limited explanatory power of multivariate models designed to predict long-term resilience, but also because it may provide insights into potential sources of intervention and the critical points at which this assistance is most likely to be important. Further research by the authors is examining this issue in relation to young people formerly in out of home care.

References


