

## **Parenting and resilience**



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# **Parenting and resilience**

**Malcolm Hill, Anne Stafford, Peter Seaman, Nicola Ross and Brigid Daniel**



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# 1 Introduction

In the last few years, the everyday word 'resilience' has captured the attention and imagination of an increasing number of academics and professionals. Resilience has positive connotations and entails understanding and seeking out good outcomes for individuals or families in circumstances where problems were to be expected. Compared with the traditional study of child development, which has tended to portray 'normal' and 'abnormal' patterns, a resilience approach offers a more differentiated account. In professional practice, resilience means looking for strengths and opportunities to build on, rather than (or alongside) problems, deficits or psychopathology to be remedied or treated.

This review considers parents' actual and potential contributions to children's resilience and to parental resilience, which is sometimes subsumed within 'family resilience'. However, since most publications are concerned with resilience in relation to children and young people, the specific role of parents often has to be inferred.

The review draws on important UK-based publications on resilience and includes more selective references to the comparatively huge American literature, as well as significant material from elsewhere.

## 2 What are ‘resilience’ and ‘adversity’?

### Academic and applied resilience ideas

There is an important starting distinction to be made between research and theory on resilience and applied approaches making use of resilience in practice and policy. The first embraces academic work to understand what factors and processes affect resilience. Theorisation and empirical investigations have been closely intertwined. They have been located mainly within developmental psychology or psychopathology frameworks, but a minority have adopted a more social constructionist or postmodern stance (e.g. Stein *et al.*, 2000; Ungar, 2001, 2004a, 2004b). Resilience frameworks for practice or policy apply the findings and ideas from research to provide or strengthen the resources available to individuals or families, in order to promote well-being and coping.

### Definitions of resilience

Several writers have noted that there is no consensus regarding the definition of resilience (e.g. Kinard, 1998), but rather a cluster of meanings associated with doing better than expected in difficult circumstances. Sometimes resilience is used to refer to general coping skills and mechanisms that help with the common challenges of everyday life. However, in both academic and practice contexts, the key feature of resilience is usually a capacity to deal with severe adversity, so that *two crucial conditions* need to be present (Luthar *et al.*, 2000; Gilligan, 2001):

- a significant threat or difficult circumstances
  
- positive adaptation.

It is this analysis of differentiated responses to adversity that offers something over and above conventional developmental psychology, attachment theory and assessments of children’s needs.

Definitions of resilience include the following, with different emphases and elements:

... normal development under difficult circumstances.  
(Fonagy *et al.*, 1994, p. 223)

... the ability of some individuals to maintain healthy functioning in spite of a background of disadvantage commonly associated with poor outcomes. (Ghate and Hazel, 2002, p. 15)

... developing well despite risk status or exposure to adversity. (Masten and Powell, 2003, p. 2)

... when, against common expectancies, children maintain development within, or accelerate markedly after, adverse situations. (Clarke and Clarke, 2003, p. 23)

Judgements about what constitutes 'normal development', 'healthy functioning' or 'common expectancies' will vary according to time, culture and perspective.

### **Resilience outcomes, processes and capacities**

Resilience has often been portrayed as an *outcome* (relatively good functioning or well-being), but it is also important to consider it as a set of *qualities or processes* that enable a person to make use of internal and external resources (Schofield, 2001; Yates *et al.*, 2003). Resilience can also be viewed as a *capacity* that causes the good outcome. An oft-quoted definition by Masten *et al.* (1990) indicates that resilience may be any of these three:

... the process of, capacity for, or outcome of successful adaptation despite challenging and threatening circumstances.

For the sake of clarity it is helpful to use double terms, such as resilient outcomes, resilience processes or resilience factors, to distinguish these.

Resilience as outcome is usually portrayed as *comparative* when people do better than expected or than 'normal'. Sometimes resilience is identified when an individual in difficult circumstances does as well as the average person not facing the same pressures or hurdles to overcome. It can also mean being less affected than others who experience similar adverse experiences. It may entail being affected like others, but recovering more quickly or better afterwards. Hence, resilience does not always involve doing well during or even shortly after stressful circumstances, but in the longer term. As Luthar and Zelazo (2003) state, resilience itself is not a separate variable, but is inferred from measures of adversity and positive adaptation. They suggest that adaptation is usually shown by relative success but, when very severe trauma is considered, then the absence of psychiatric diagnoses is sufficient.

There can also be degrees of resilient outcome. Gilligan (1997) refers to a spectrum of resilient outcomes ranging between survival, coping and thriving. But resilience is not necessarily generalised across all domains (Luthar, 1991; Anderson, 1997). For that reason, Olsson *et al.* (2003) suggest using specific terms such as emotional resilience and academic resilience.

Although resilience is normally characterised by functioning compared with others, it can be recognised by comparison of the same individual or family before and after a stressful event. Resilience occurs when the person or family returns to or surpasses the previous level of functioning after a period of difficulty (de Haan *et al.*, 2002). Indeed, Walsh (1998) viewed resilience as the capacity to rebound from adversity 'strengthened and more resourceful', implying a requirement not only to have coped well but also to have made gains.

Besides denoting responses to current adversity, resilience processes can refer to a preparedness to cope with difficulties that may arise in future. Thus the term resilience may be applied in three ways depending on the timing of exposure to adversity:

- *prospectively*: developing capacities likely to help manage future adversities
- *concurrently*: coping well during adversity
- *retrospectively*: recovering well from adversity.

## Types of adversity

There are many different kinds of adversity or stressor. Adversities or stressors are manifold. They include living on low income or in a disadvantaged neighbourhood, abuse, bereavement, trauma, separation, migration, disability, physical or mental health problems in self or key others, peer rejection, perinatal problems. Table 1 shows how types of adversity considered in the literature vary along different dimensions.

**Table 1 How types of adversity considered in the literature vary along different dimensions**

Dimension	Examples	
Severe or exceptional/common or everyday	Going through divorce War, the Holocaust	Handling a family row Living in a run-down neighbourhood
Specific/community-wide	Individual bereavement	Community disaster
Material/non-material	Living in poverty	Experiencing loss or separation
Time-limited/enduring or chronic	Having a child with a serious short-term illness	Having a child with a permanent impairment or terminal illness
Multiple/single	War, the Holocaust	Death of a loved one
Interfamilial/external	Experiencing violence in the family	Experiencing accidental injury to self or others

A common three-fold classification (Newman, 2004) is based on both the nature and duration of the stressor:

- indicators of high-risk status, like low birth weight
- chronic stress, e.g. living with drug- or alcohol-misusing parents
- extreme trauma, e.g. disaster, sudden death of close relative, abuse.

It is important to distinguish between *intrafamilial adversity* in which parents are implicated (such as child abuse, neglect and domestic violence), *individual challenges* (such as infertility or the onset of a serious illness) and *external adversities* (such as being a flood victim or in a motor accident). For example, in intrafamily adversity, the care or actions of one or both parents contribute to or ‘cause’ the adversity, so their role in overcoming it is likely to be more limited or problematic.

Much resilience research and thinking has been closely linked to work on the complementary notion of *risk*, sometimes used as an alternative for adversity. Risk in itself has multiple, overlapping meanings ranging from the *presence* of a danger or threats, to risk factors statistically related to the *probability* of something negative happening (Brearley, 1982; Rutter, 1985; Lupton, 1999; Parsloe, 1999).

An associated term is that of *protective factors*. This can be interpreted as either preventing risk or as moderating the effects of risk (Titterton *et al.*, 2002; Luthar and Zelazo, 2003). It is now most common to use the second sense, i.e. factors that buffer against stress (Rutter *et al.*, 1998; Hawkins *et al.*, 1999; Ghate and Hazel, 2002). Hammen (2003) suggests it is valuable for researchers to identify factors that

have an impact only in circumstances of high risk but have little effect for those at low risk. Similarly, he suggests that it is helpful to distinguish between a *resource factor* that is helpful to any child whether in adversity or not; and a *protective factor* that is specifically helpful in times of adversity.

### The 'location' of resilience

The literature is ambivalent regarding how far it is legitimate to consider resilience as residing in an individual or family. One viewpoint is that resilience is a universal process present to a greater or smaller extent in all individuals or families (Grotberg, 1995 and 1997; Turner, 2001). This relates to a view that resilience is normal or natural, so there is hope for everyone (Oddone, 2002).

Most commentators now argue that it is best to see resilience, not as an enduring personality trait or as an outcome, but as an evolving, interactive process between an individual or family and the features of their environment (Rutter and Smith, 1995; Gilligan, 2001; Schofield, 2001). The same person or family may show resilience in response to one type of stress but not another. Within a family the responses of different members often diverge. Wherever resilience is located, the research evidence does tend to converge around the pivotal role that parents play in children's resilience.

### Concepts within resilience

The resilience perspective has a subset of manifestations, elements and mechanisms that are shared with other theoretical frameworks. Several writers deploy the term *pathway* or trajectory, which summarises functioning over time (Walsh, 1998; Rutter, 1999; Gilligan, 2001; Prilleltensky *et al.*, 2001; Williams *et al.*, 2001; de Haan *et al.*, 2002). From a developmental perspective, a pathway can become negative when circumstances lead to lower-than-expected progress or regression. Positive pathways occur as individuals or families overcome adversities or recover from traumas. *Turning points* represent times when a pathway alters direction, such as when a change of environment or professional intervention enables an individual or family to start on or return to a positive pathway (Quinton and Rutter, 1988; Gilligan, 2001; Schofield, 2001). It is suggested that sometimes a single good or reparative experience can produce a *chain effect* (Rutter, 1985), such as when starting paid work produces a number of practical and emotional benefits for lone mothers on low income (Menaghan, 1997).

Much writing about family resilience has drawn on *stress-coping-support* theory, especially in relation to families. Stress is divided into the source of difficulty (the stressor) and its impact (strain). It is argued that the adaptation to one stressor or crisis affects how families react to subsequent stressors. Unresolved strains from previous crises or an earlier stage of the current one can come to the surface and hamper efforts at coping (McCubbin *et al.*, 1996; Schofield *et al.*, 2000).

There is a large separate literature on *coping*, for instance distinguishing coping styles that focus on problem solving or dealing with the emotional impact of stress (Lazarus and Folkman, 1984). A key coping strategy within resilience approaches involves 'reframing': altering perceptions in a positive direction by seeing adversity as a challenge and opportunity (Walsh, 1998; Newman, 2004).

### 3 Evidence about children's and young people's resilience

To understand the part parents may play in promoting (or hampering) resilience in children, it is helpful to review evidence about the capacities and processes to which parents and others can contribute.

Children's resilience is difficult to measure. A number of standardised measures have been developed, but all have drawbacks and few disentangle the role of parents. Dedicated questionnaires or checklists have been devised but they are not intended to be research tools (Rak and Patterson, 1996; McQuaide and Ehrenreich, 1997). However, the International Resiliency Project produced a checklist of statements that indicate resilient capacities in children. It includes items that directly relate to the role of parents, for example 'The child can count on his/her family being there when needed' (Grotberg, 1997).

On a larger scale, survey instruments have been used. The SEARCH institute in Minneapolis (Benson, 1997) has used the concept of 'assets' to describe the internal and external characteristics that act cumulatively to increase the likelihood of better outcomes. The focus of this work is on initiatives at school and community level, although the checklist contains many items that relate to the role of parents and the quality of family relationships.

Otherwise, studies have mostly applied research tools from conventional developmental, educational, psychopathological and risk approaches, perhaps modified or extended by resilience thinking. Informed by a common ecological perspective, the dimensions resemble those of the British Looking after Children and Integrated Assessment frameworks, e.g. health, behaviour, self-esteem (Ward, 1995; Horvath, 2001; Ward and Rose, 2002).

Commenting on the findings of such research, Masten and Coatsworth (1998) point out:

Resilient children do not appear to possess mysterious or unique qualities; rather, they have retained or secured important resources representing basic protective systems in human development. (Masten and Coatsworth, 1998, p. 212)

A wide range of factors that tend to be grouped into three levels have been identified (Garmezy, 1983 and 1993; Werner and Smith, 1992 and 2001; Rutter, 2000; Olsson *et al.*, 2003; see the Appendix):

- *individual or internal*, e.g. intelligence, gender
- *family*, e.g. quality of relationships, cohesion
- *community or society*, e.g. level of social support.

Parents are normally critical in relation to family factors, but also play a vital part in mediating individual and community factors, directly or indirectly. Studies by Daniel and colleagues (Daniel *et al.*, 1999; Daniel and Wassell, 2002a; 2002b, 2002c; Daniel, 2003) suggest that the interaction of adverse and protective factors, both internal and external, accounts for the degree of vulnerability or resilience shown by a child. Resilience is seen to be associated with the extent to which children are able to make use of, or benefit from, protective factors available to them. This capacity can be supported by positive care-giving relationships. Intrinsic and extrinsic factors and processes should not be seen as operating separately, as children vary in their ability to make good use of external resources, while the environment is a major influence on children's competencies and coping skills (Daniel *et al.*, 1999; Gilligan, 2001). Parents can buffer children from some of the worst effects of environmental adversity and can also nurture the characteristics in children that help them to cope with problems.

Sometimes parental factors contribute to the adversity either directly (as in abuse and neglect) or indirectly (as in parental disharmony or alcohol use). Children in such circumstances are likely to be at increased risk of poor outcomes and the evidence about what factors can promote resilience under these conditions is outlined below.

### **Individual, intrinsic factors**

Certain factors shown to promote resilience are relatively immutable and so not susceptible to parental influence, apart from their genetic legacy. Such factors include gender and intelligence. High IQ has been found to be a resilience factor with respect to a considerable number of adversities (Fergusson and Lynskey, 1996; Gilligan, 2001). General intelligence is often seen as relatively constant for an individual, although it is possible for substantial gains to be made in response to warm, stimulating parenting when intellectual capacity has been reduced by early deprivation (Rutter and Rutter, 1993; Clarke and Clarke, 2003).

There is little consensus regarding gender and resilience. Some studies indicate that girls and boys may have differing exposure to risks and adversity (Punamaki, 1996). However, even when boys and girls have experienced similar adverse events, findings have not revealed a consistent pattern with regard to whether one gender is more resilient than the other (Hubbard *et al.*, 1995; Hodes, 2000). Some studies do not report gender differences (Sameroff *et al.*, 1999); others report differing responses to adversity, with anxiety or depression more common in girls and attention deficit disorders more common among boys (Steinhauer, 1996; Gough, 1999; Titterton *et al.*, 2002). Certain findings also suggest that resilient girls tend to display autonomy and independence, and resilient boys tend to be emotionally expressive, socially perceptive and nurturant (Bauman, 2002). Parents are in a position to encourage these characteristics in children.

Among the more malleable intrinsic factors are (Gilligan, 1997, 2001; Rutter, 1999; Shapiro and Levendosky, 1999; Benard, 2004):

- emotional security and attachment style
- self-esteem (valuation of self)
- self-belief (confidence of being effective)
- self-efficacy (understanding of one's strengths and limits)
- social competence
- autonomy, also known as internal locus of control
- capacity for problem solving
- sense of purpose and future, including religious faith
- planful competence (having clear goals and an organised strategy for achieving them)
- humour.

Each of these is, in principal, amenable to change by parents and others. Warm, sensitive and supportive care by parents or others has been found to be critically important for the generation of most of these qualities, especially those to do with security, confidence and trust in others (Werner and Smith, 1992 and 2001; Howe, 1995; Daniel *et al.*, 1999).

Several writers have pointed out that intrinsic resilience factors, if unaccompanied by empathy and concern towards others, could (and probably do) result in people who are able to cope well with stresses, but are insensitive and anti-social (Masten and Coatsworth, 1998). However, being able to get along with people is a protective intrinsic factor and is clearly associated with parenting (Daniel and Wassell, 2002b). Children are more likely to develop positive values towards others within the context of warm relationships where parents (or alternative carers) model kind behaviour and where they have clear expectations that their children will also be kind to others (Zahn-Waxler *et al.*, 1979; Schaffer, 1996).

### Family factors

#### Evidence about parental factors that may contribute to resilience

Many texts have pinpointed parental factors that research has shown to promote *prospective resilience* in children, in other words, general coping capacities that usually enable them to do well in life (Pringle, 1980; Pugh *et al.*, 1995; Howard and Johnson, 2000; Hammen, 2003; Rosenthal *et al.*, 2003):

- warmth, responsiveness and stimulation
- providing adequate and consistent role models
- harmony between parents
- spending time with children
- promoting constructive use of leisure
- consistent guidance
- structure and rules during adolescence.

Such parenting not only helps children to develop intrinsic resilient capacities, it also directly mediates coping responses to many adversities, such as poverty, ill health, bereavement or community violence (Humphreys, 1998; Rutter, 2000; Wyman *et al.*, 2000; Masten, 2001). For example, in a study of schoolchildren experiencing community violence, parent support emerged as a strong predictor of resilience in the domains of self-reliance, substance abuse, school misconduct and depression

(O'Donnell *et al.*, 2002). Adolescents' responses to stresses have been found to be better when they have supportive and stable families (de Haan, 2002), while children aged nine to ten have been found to cope better with everyday stress and deploy a wider range of coping strategies when they have supportive mothers. In neighbourhoods with high rates of youth crime and substance misuse, children tend to be protected from involvement when parents are affectionate, involved and supportive of education (Hawkins *et al.*, 1999; France and Crow, 2001).

While family resource factors that help any child also tend to be important in adversity, certain features are distinctive. For example, firm application of rules and detailed awareness and control of children's whereabouts appear to be valuable in protecting children from the adverse effects of growing up in poor neighbourhoods, whereas more flexible parenting is generally deemed preferable in lower-risk environments (Titterton *et al.*, 2002; Seaman, 2004).

In adolescence, parental competence, shared parental values, good family communication and parental receptiveness to communication are important. Young people's responses to stresses are better when they have supportive and stable families (McCubbin *et al.*, 1999, de Haan *et al.*, 2002). Since mothers are often in the front line of any difficulties their children are facing, their active enlisting of involvement by fathers is often critical to better adjustment by children (Elizur, 1986; Beresford, 2000). Young people display more resilience when parenting practices encourage autonomy, offer effective discipline, support adjustments to cope with financial realities and provide links to the community and social networks (Gilligan, 2001). One American study concluded that children in high-risk environments were five times more likely to succeed when their parents engaged in effective in-home practices and management of the external world (Furstenberg *et al.*, 1999).

It is important, however, to take account of the cultural context of families, and of differing family formations, beliefs and aspirations (McCubbin *et al.*, 1996; Barnes, 2001; Schoon and Bynner, 2003). Research with African American families has demonstrated the positive influence of good extended family ties (Barnes, 2001) and strong ethnic identity on coping skills and school performance (Arroyo and Zigler, 1995; Oyserman *et al.*, 1995; Laursen and Williams, 2002). Culture also has a crucial effect on the meaning and significance of stressors, such as divorce, disability and health difficulties (Luthar, 2003).

### **Evidence about resilience when parents contribute to adversity**

Some parents contribute to the adversities faced by children or hinder their children's ability to deal with problematic circumstances. It is then that access to adults other than parents for compensatory care or support becomes crucial.

#### *Replacement parenting and compensatory support*

Evidence from both follow-up studies of sizeable populations and individual case histories has shown that very severe deprivation of emotional warmth, responsive care and stimulation is usually very damaging for intellectual development, communication and behaviour (Bowlby, 1969; Clarke and Clarke, 1976; Rutter, 1981). Yet, children who for these reasons function far behind their peers intellectually, socially and emotionally can still make dramatic recoveries when placed in an environment providing a better standard of care. This is particularly so when the new environment is a loving, supportive family through return to kin, fostering or adoption. Those who recover best appear to have:

- personal qualities or inner resources that enable them to respond (perhaps inborn)
- strong and long support/warmth/education in the new environment (Clarke and Clarke, 2003).

Clarke and Clarke (2000, 2003) have argued that research showing such marked changes helps to make obsolete a determinism that used to characterise much academic writing about children. The future personality, abilities and prospects of a child are not determined in infancy, *unless the same circumstances persist*.

Some of the most striking evidence comes from research on adoption. A number of studies have shown that children with poor health and development commonly make very rapid strides once they have gained adoptive parents (Rutter and ERA Study Team, 1998, 2000; Department of Health, 1999; Castle *et al.*, 2000).

Age is a crucial factor in the probability of success in fostering and adoption, with far higher rates of breakdown occurring when children make the move after the age of eight or nine (Berridge, 1996; Quinton *et al.*, 1998). Even though 'full' recovery is difficult in later childhood, it remains possible for carers to make a significant difference through a combination of love, support, modelling and offering opportunities. This can provide crucial turning points for young people, sometimes

triggering a positive chain of events, at the time or later (Howe, 1995; Schofield *et al.*, 2000; Cairns, 2002; Schofield, 2002). For some young people who have experienced persistently poor parenting, willingness and support to turn away from negative relationships with birth parents can be vital for good outcomes (Williams *et al.*, 2001; Walker *et al.*, 2002).

When parental care is deficient, then children and young people who have formed at least one trusting and supportive relationship with an adult outside their family have been able to sustain progress despite exposure to risk, or to turn round highly problematic lifestyles (Werner and Smith, 1992 and 2001). Resilient children in troubled families often actively recruit and form special attachments with influential adults in their social environments (Walsh, 1998). Supportive adults are frequently members of children's networks at school or in the community. But, for some, it is the more artificial allocation of a professional or mentor that proves vital (Gilligan, 1999a, 2001; Williams *et al.*, 2001). Benard (2002) identifies three qualities that characterise individuals who help young people resist stress ('turnaround people'):

- a caring relationship
- high expectations
- opportunities for contribution and participation.

In addition, American research has often highlighted membership of a faith community as a buffer against stress through both spiritual and social support (Werner, 1996).

### *Resilience in relation to parental violence, addiction or depression*

When children experience active abuse from their parents then they are especially in need of resilience-promoting factors. For example, Bolger and Patterson (2003) showed that children who had been maltreated but avoided becoming aggressive had better outcomes. Sagy and Dotan (2001) concluded from a comparative study of maltreated and non-maltreated children that general competence was associated with resilience. So it appears that resilience in children who have been abused is connected with the ability to exert control over one's own behaviour and feelings.

If it is solely or mainly one parent's problems that constitute an adversity (e.g. depression, alcohol misuse, violence), then the quality of the child's relationship with the other parent and of that parent's supportive competence are often crucial

(Velleman and Orford, 1999; Hammen, 2003). Sensitive and consistent early care can also promote latent resilience, which enables a child to cope better if parental difficulties emerge later (Heller *et al.*, 1999). However, the absence or paucity of such care by any parental figure means that other factors become critical for resilience, as noted above.

The effect on children of living in violent households is often profound (Humphreys, 1998). Where mothers are victims of violence they are often too stressed to help their children effectively (Erickson and Henderson, 1998). Qualitative research in this area has shown that children develop coping strategies that their parents and others are often unaware of (Hague *et al.*, 2002a, 2002b; Mullender *et al.*, 2002). Sibling communication and support is often central to this (Humphreys, 1998).

Some of the strategies adopted (like disengagement and isolation) may help the children cope in the short term, but at the cost of happiness and development (Erickson and Henderson, 1998). Potential helpers may find such children difficult to reach (Gorin, 2004). Thus, access to a supportive adult is often crucial for a child's chances to develop optimally in spite of traumatic experiences (Rosenthal *et al.*, 2003).

Young people tend to cope better with parental alcohol abuse if it relates to one parent only and when there have been some remembered 'good times' with the parent now misusing alcohol (Laybourn *et al.*, 1996; Velleman and Orford, 1999). Resilience is also associated with children developing strategies to avoid some of the effects of the drinking, for example, by staying with friends or relatives at times of difficulty.

In her work on the outcomes for people with parents who are depressed, Hammen (2003) found seven potentially protective variables: positive self-concept, social competence, good academic performance, low current maternal depression, low chronic stress in the family, absence of paternal diagnosis and father presence in the home.

## Environmental factors

The evidence concerning environmental factors and resilience clusters around two main areas:

- factors that protect children from negative effects flowing from adversity in the environment

- factors that the wider environment can offer that protect children from some of the impact of adversity in the home.

Both peer relationships and school settings are interesting examples, as they tend to be protective against both environmental and familial adversity. They appear to sit in a space between family and community relationships, and can be influenced by, and be influential to, both.

Many studies highlight the protective aspects of peer relationships. Bukowski (2003) suggests that they can have powerful influences on children's health, well-being, self-perceptions, social skills, cognitive abilities, school and behaviour. Many others have found that friendship and peer acceptance provide protection from the negative consequences associated with high-risk conditions (e.g. Hodges *et al.*, 1997, 1999; Criss *et al.*, 2002; Bugental, 2003). Good peer relationships also help moderate the adverse effects of parental separation, discord or chaotic lifestyles (Bukowski, 2003). For children in their late teens who have been in state care, engaged in persistent offending or experienced family discord, staying with a supportive partner often initiates a marked shift towards better functioning (Quinton and Rutter, 1988; Farrington, 1996; Velleman and Orford, 1999). A study of children with medical physical disorders emphasised that successful peer relationships require more active planning by parents in such circumstances (Bugental, 2003).

School has been accorded a central role in resilience by many studies in relation to both poverty and family difficulties (Werner and Smith, 1987; Geary, 1988; Coburn and Nelson, 1989; Masten and Coatsworth, 1998; Howard *et al.*, 1999). This relates to: academic stimulus and achievement; support and guidance by teachers; opportunities to develop interests and skills; access to peers and alternative identities away from home. It has also been found that an individual parent or carer can stimulate an interest in education that acts as a diversion from difficulties on other fronts – such as being in care – and as a compensating locus for achievement and self-esteem (Borland *et al.*, 1998a; Jackson and Martin, 1998; McLean and Gunion, 2003). In a study of children exposed to community violence, school support seemed to be a strong predictor of behavioural, academic and emotional resilience (O'Donnell *et al.*, 2002). This and other research has shown that strong parental interest in the child's education is often crucial for academic resilience despite poverty or intrafamilial problems (Jackson and Martin, 1998; Schoon and Bynner, 2003).

Research has shown the power of extreme material adversity in the local environment, which is hard for children and their parents to overcome. Some children living in disadvantaged areas have relatively good outcomes and show individual

resilient characteristics, but they usually have poorer overall outcomes than children who lack resilience, but live in low-risk environments (Sameroff *et al.*, 1999; Schoon and Bynner, 2003).

Community factors can, nevertheless, be protective in relation to other kinds of adversity; and even in relation to poverty there are often redeeming features in the local environment (Ghate and Hazel, 2002). Children are likely to find it easier to access supports outside the family when they live in communities that are interconnected and cohesive (high in social capital) and/or with formal facilities that facilitate participation and achievement (Runyan *et al.*, 1998; Bauman, 2002; Larson and Dearnont, 2002). Social services, schools, recreational facilities, churches and community centres have been identified as important positive influences in optimising responses to poverty and intrafamilial difficulties (Rae-Grant *et al.*, 1989; Masten and Coatsworth, 1998; Prilleltensky *et al.*, 2001). Children's ability to take part in neighbourhood-based activities has been linked to developing their self-efficacy, self-esteem and control (Gilligan, 2001; Waterston *et al.*, 2004).

## **Children's views**

Worryingly little evidence is available about the ways children and young people themselves view resilience and adversity, although considerable material is available about what they regard as threats to their well-being and sources of help (see, for example, Borland *et al.*, 1998b). Yet, to take one important example, many young people develop ways of coping with sexual abuse; and it is crucial that practitioner interventions should understand and be congruent with these strategies (Anderson, 1997). Two studies into the impact of domestic abuse have asked children about their coping strategies. Hague *et al.* (2002a, 2002b) found it was helpful for them to be told what was happening, and to be involved in decisions, for example, about whether to leave home and to go into a refuge. Similarly, Humphreys (1998, p. 160) found that children developed 'deliberate, creative ways of protecting their mothers', including actions such as calling the police during a violent episode.

An Australian study asked children aged nine to 12 in disadvantaged areas about their understandings of a 'tough life' (Howard and Johnson, 2000). They saw parents as having the most important role in helping them to do well and stressed the importance of parents and teachers supporting them to become competent learners. Children said less about the role of the wider community, but some said resilience would be assisted by a wider range of community activities and more protective attitudes by adults in their local areas. An international investigation of resilience

found that young children tend to rely more on other people for coping with adversity, whereas older children and adults make more use of their personal knowledge and skills (Grotberg, 1997).

Luthar and Burack (2000), meanwhile, observed that some young people value success in the context of their current relationships and activities (which may include gang membership or criminal activity), even though they may be unhelpful regarding their future prospects. It has also been argued that the resilience literature tends to disregard or devalue the activities and aspirations of young people seeking ways to survive in adversity, which may include 'anti-social' behaviour (Ungar, 2004a).

## 4 Evidence about parents' and family resilience

### Parents' resilience

#### General considerations

Many of the findings concerning resilience among young people as they move into adulthood are relevant to parents. The capacities and supports that assist their resilience as individuals also help them manage stresses arising from parental roles. A few studies have shown how qualities that help individuals do well despite adverse childhood experiences also contribute to their successful transition to parenthood (Quinton and Rutter, 1988). However, the word 'resilience' has not often been used explicitly in studies and analyses of parenting, although much of the work on parent and family support has implicitly been based on ideas of developing or building on the strengths of families facing difficulties (Pugh *et al.*, 1995; Quinton, 2004). A preferred concept has been that of 'coping', which may simply refer to common features of parenthood, but can also mean coping with serious material, emotional or interpersonal stresses. In the latter sense, successful coping equates to resilience. Erickson and Henderson (1998) argue that building resilience in parents who are dealing with extreme adversity is very important to ensure resilience in children.

However, children's and parents' resilience do not necessarily coincide. A process or outcome that is 'resilient' for an individual parent (e.g. living with a new partner) may have mixed or even negative consequences for their parenting. Conversely, parents may sacrifice their own welfare and comfort in order to cushion children from the effects of poverty or family separation (Middleton *et al.*, 1995). In relation to domestic violence and parental alcohol misuse, some children have been observed to develop a sophisticated understanding about what is going on, when the other parent (usually a mother) may be trying to minimise or deny the problem (Laybourn *et al.*, 1996; Erickson and Henderson, 1998).

Much of the literature examining parental resilience has a therapeutic or social work perspective, usually in the form of case studies. Research has also examined what helps parents cope well when they are faced with 'adversity' deriving from a characteristic of their child, such as disability<sup>1</sup> and emotional or behavioural problems. This is quite different from most other work on resilience. A further strand relates to separation and divorce. There is also a small body of work on responses to poverty.

Evidence on what parents think about resilience is sparse. A rare study described six Australian parents (all mothers) identified as having high support needs in relation to a disabled child (Gardner and Harmon, 2002). Key strengths that these women identified in themselves and their families were:

- a long-standing positive attitude to life
- an organised and confident approach
- recognition of both strengths and limitations
- supportive partners and others
- a strong sense of purpose, sometimes related to religious beliefs.

### Coping strategies

The ways in which parents cope with difficulties depend to some extent on the situation, but there is also a tendency to follow a particular coping style. Moreover children tend to base their own coping on their parents' styles.

A body of research points to 'problem-focused' coping, rather than avoidant or passive responses, as being most successful for a range of adversities. This involves responding to hardship by taking active steps to modify features in the environment or oneself that are contributing to the difficulty in question (Shapiro and Levendosky, 1999; Stein *et al.*, 2000). This approach has been found to help parents respond positively when they have a child with a severe disability or health problem (Lesar and Maldonado, 1996; Gardner and Harmon, 2002; Hodgkinson and Lester, 2002). The same applies to parents who have been sexually abused as children (Himelein and McElrath, 1997). Success has been demonstrated for cognitive-behavioural models that focus on helping parents specify problems, solutions and pathways to achieving them. These have been applied particularly to negative parent-child interactions, but with evidence about gains in overall family functioning (Herbert, 1998; Hill, 1999; Quinton, 2004).

However Stein *et al.* (2000) also showed that an 'emotion-focused' coping style can be successful where adults change the meaning of what has happened and so come to feel better about it. Indeed, a combination of active problem solving and emotional expressivity may be particularly helpful (Murphy *et al.*, 2003). Additionally, research by Lee (2003) has shown that maternal coping styles act as a moderator between stressful life events and depression.

### **Circumstantial factors**

Fraser *et al.* (1999) distinguish between *passive* effects of risk over which people have little control, *reactive* effects that are due to others' reactions (e.g. peer rejection) and *reflexive* effects where an individual can respond to an event in a more or less adaptive way. This classification can be applied to Ghate and Hazel's (2002) study of parental stress and coping in disadvantaged communities. Using regression analysis they identified the following protective factors for mothers:

- having an easy child
- a low malaise score (measuring mental stress)
- low level of current problems
- two children or one child
- resident partner.

For the most part, these are beyond the individual's control, though some (like family size) are in principle modifiable in advance (see Li-Tsang *et al.*, 2001; Gardner and Harmon, 2002). Reflexive adaptation is illustrated by the findings of Menaghan (1997) who found that maternal employment helped overcome economic hardship through creating a positive chain of improved income, self-worth and opportunities.

### **Parents' gender, personality, attitudes and orientation**

A few studies have identified differences between mothers and fathers in the meanings they attribute to their child's illness or impairment and their responses to these. For instance, an English study found that fathers of children with a life-threatening condition had better mental health outcomes than mothers, probably reflecting the greater salience and care responsibilities of mothers. Research into adults also echoes findings concerning children's resilience by identifying personality traits that help them respond better to adversity. Parents who adapt most successfully to having a child with profound or life-threatening health problems tend to have an 'easygoing' attitude and a sense of humour, perceive the good in situations and have a strong, but flexible faith (Beresford, 2000; Bugental, 2003; Fletcher and Clarke, 2003).

### Parent–child relations

Firm, consistent and confident parenting has been shown to be associated with positive coping in both parent and child, though it may be difficult to tease out causes from effects. For instance, children with single mothers have been found to have fewer behavioural problems when the mother has a strong sense of coherence. But this could be interpreted to mean that maternal coherence reduced problems or that more severe problems sapped coherence (Gottlieb, 1998). Similarly, several studies have demonstrated a statistical association between having a hyperactive child and both aggressive discipline and poor parental coping. But the causal direction and processes are unclear. McKee *et al.* (2004) reported that an authoritative discipline style of parenting was associated with problem-oriented coping and better outcomes for children. Golby and Bretherton (1999) examined mother–child relationships following divorce. They concluded that benefits occurred when mothers took charge of the situation but were sensitive to the child’s perspective.

### Access to supportive partners, networks and professionals

The presence of a supportive partner helps buffer many adversities for parents, just as serious partner tensions add to the stresses (Cleaver *et al.*, 1999, 2000; Bunting and McAuley, 2004; Lamb and Tamis-Lemonda, 2004). A vast array of research shows that parents in poverty, or facing other stresses, usually cope better when they have one or more close relationships outside the household *and* these are activated to give practical, emotional or informational support (Orford, 1985; Gilligan, 1999b; Ghate and Hazel, 2002). Most often this is informal but, for isolated parents, access to family centres, befrienders or professionals can make a great difference (Hodgkinson and Lester, 2002; Kirk, 2003; Newman, 2004; Quinton, 2004).

When faced with an unusual challenge (such as having a child with a rare impairment), then it can also be particularly stress reducing for parents to meet others in a similar position. This may require professional help to bring together parents facing similar issues to provide mutual support (Cochran *et al.*, 1990; Dent and Cameron, 2003).

### Agency and professional approaches to parents

There is considerable evidence that parents in adversity particularly value services that they experience as receptive, non-stigmatising and flexible. It has been

repeatedly found that it helps if services begin with a focus on parents' particular concerns rather than on professional priorities and are prepared to value parental expertise (Sloper, 1999; Quinton, 2004).

Access to specialist professionals is understandably helpful for parents responding to the emotional and practical demands of caring for children with severe impairments (Hodgkinson and Lester, 2002). Several studies have shown that parents adapt better when professionals discuss the nature and implications of impairments with honesty and sensitivity to parents' anxieties and with acknowledgement of parental knowledge based on daily care.

Likewise, studies of parents who have lost children through death, separation or adoption highlight how stress is heightened by secrecy and ignorance, while recovery is aided by full and frank information (e.g. Triseliotis *et al.*, 1997).

## **Family resilience**

While few publications deal explicitly with parental resilience (other than in relation to sick or disabled children), there is a significant body of work on family resilience, in which parental perceptions and behaviour are central. This tends to highlight qualities in families 'as a whole' that may help them cope better than others with crises and problems. Families are generally presumed to operate as systems and possess collective or shared features like understandings, relationships, communication, rules, rituals. Walsh (1998, 2003) groups these into three:

- belief systems (particularly how family members see the risk/stress)
- organised patterns (connectedness, resources, flexibility)
- communication processes (clarity, emotional expressiveness, problem solving).

As with parental resilience, the individual resources found to assist family resilience in the face of external or internal crises closely resemble the list of factors in the children's resilience literature, notably: intelligence, knowledge, humour, hardiness, good health, sense of mastery, good self-esteem (Walsh, 1998; McCubbin *et al.*, 1996, 1999). Not surprisingly, the main family-based resiliency 'resources' that have been identified centre largely on the extent to which family members co-operate, act independently or are in conflict. Families who respond well in a range of crises tend to have more open communication both between the parents and between children

and parents; shared values and goals; and a willingness to change (Daly, 1996; Lesar and Maldonado, 1996).

McCubbin and colleagues (1983, 1996, 1999) have developed the 'Resiliency Model of Family Stress, Adjustment and Adaptation', an outgrowth of family stress theory. Central to this is the double ABCX model, where four sets of factors are examined both pre- and post-crisis:

A = stressor

B = resources

C = meaning of the stressor

X = nature of crisis response.

This model recognises not only the interplay of internal and external processes, but also the significance of prior experiences in dealing with challenges (McCubbin *et al.*, 1996, 1999). They also introduce the idea of 'pile-up', where there are recurrent stresses that increase vulnerability.

A typology of family adaptation and adjustment, added to this model, seeks to explain why some families recover after a crisis, others remain vulnerable and others deteriorate. Key dimensions that have been investigated using a large battery of standard scales are:

- *pressures, stress and vulnerability* (based on life events, changes or pressures)
- *resistance and resiliency resources* (e.g. scales on family hardiness, traditions, social support)
- *problem solving and coping* (most explicitly labelled as coping, but a few with other themes, e.g. crisis orientation)
- *appraisal, coherence and schema* (two on coping coherence and family schemas)
- *adaptation* (e.g. attachment, well-being, distress)
- *composite measures* (e.g. family climate, regenerativity).

Collectively, these combine perceptions and responses by individual family members, of which parents tend to be seen as the most influential, with aspects of family interaction.

McCubbin *et al.* (1996) suggest, mainly from their work on chronic illness, that each family has a single overall 'schema' comprising shared beliefs, standards and priorities, which shapes the way they appraise a crisis situation and respond to it. This in turn affects the ability of both individual family members and the family as a 'unit' to cope with stresses. Coping by families operates in four main ways:

- direct action to eliminate or reduce the demands
- action to obtain additional resources
- managing the tensions (e.g. taking time out, humour, exercise)
- reassessing beliefs and values.

Families tend to use existing ways of thinking and relating until and unless these prove ineffective. Only then are new approaches tried. Past learning and successful coping often help with a current crisis, but habits and customs can also make it difficult to adapt to a new crisis. From a review of empirical evidence, the authors concluded that families who were emotionally close, had a strong sense of purpose and meaning, and were flexible also tended to spend more time together and value family celebrations and routines. Such families usually had significantly better outcomes compared with families who scored low on these characteristics. The most prominent family resources identified were cohesion (the bonds of unity running through the family) and adaptability (the family's capacity to meet obstacles and shift course). Other factors are family coherence, leadership, agreement, clarity of communication and problem-solving style.

An advantage of this approach is that it takes good account of the mutual influences and sharing that occur in families. But there is a danger of glossing over individual interests, differences and tensions. Family resilience writing commonly assumes that all families have a tendency to stay united and restore a prior 'balance' and harmony when challenged, and that this is necessary for success. While this may be so for many families in relation to external adversities, the well-being of individuals can be enhanced by separation in some circumstances, notably those involving intrafamilial violence.

### Applications to policy and practice

'Resilience approaches' in policy and practice focus on tackling problems, but with special emphasis on working with existing personal and environmental assets or developing new ones (Yates and Masten, 2004). For example, in relation to looked-after children, Gilligan (1997, 2000, 2001) has acknowledged the value of secure primary attachments but advocated that, where these have failed, it is important to attend to other potential resilience factors, like a relationship with a trusted non-relative, school or hobbies.

Resilience researchers also tend to advocate an holistic approach, developing interventions with integrated service delivery involving families, children and communities (Luthar *et al.*, 2000; Yates and Masten, 2004). It is suggested that initiatives should identify and capitalise on community strengths and resources, linking local associations and groups, and connecting people. Establishing relationships characterised by care, respect and trust is also recommended.

Gilligan (2001) offers many ideas from the resilience literature that could be applied to policy and practice – the following, for example.

- Although early intervention is desirable, change efforts can be effective even with older children and well-entrenched problems.
- Life transitions seem particularly fruitful opportunities for intervention (see also Newman and Blackburn, 2002).
- Parents and professionals can promote positives in a number of different domains, including school and recreational facilities. They should not 'get in the way' of informal helping processes.
- Favourable progress in one domain may spill over into others.

Writing on resilience often refers to projects seeking to help people experiencing adversity as relevant to resilience, even though many of these were based not on resilience models, but on closely related ideas such as family support, addressing risk, early intervention and parent training (e.g. Newman, 2004). However, some examples of initiatives with an explicit 'resilience' or 'strengths' framework have been described, mostly related to children's rather than parents resilience.

American examples (Saleeby, 2002; Schoon and Bynner, 2003; Benard, 2004; Newman, 2004) include:

- training teachers in resilience-enhancing strategies to increase children's range of attachments, sense of mastery, social competence and access to external resources
- training practitioners in the drugs field to move from a risk-focused model to a model based on resilience
- teaching children problem-solving techniques and an optimistic outlook
- enabling children to capitalise on community support through a telephone helpline with older residents offering advice.

In the UK, Barnardo's has established several projects with a resilience framework and a few evaluations have taken place or are in progress (Newman and Blackburn, 2002; Newman, 2004).

- *The Matrix programme* aimed to reduce the risk of offending and anti-social behaviour through interventions based at home, school and in community settings. Preliminary findings suggest the programme impacted positively on children's behaviour and school attainment, but the attitudes and behaviours of parents were more difficult to change (McIvor and Moodie, 2002).
- *The Arch Service* was set up to provide early intervention for children, aged five to 13 years, with emotional and behavioural needs. Feedback from staff suggested that positive change in the child's circumstances has occurred (Dowling, unpublished).

A resilience perspective has also been applied to the development of an intervention for children at risk of developing mental health problems (Place *et al.*, 2002). One London borough has adopted a resilience framework to underpin children's services and another is actively considering doing the same.

## 5 Critical appraisal of resilience

### Individualistic approach

The concept of resilience has informed community and schools-based programmes, but there is still a considerable empirical focus on individual capacity. The predominant paradigm has been located within developmental psychology and psychopathology frameworks. This has meant that thinking and research have been largely divorced from other disciplines that centre on the social, economic and political environment, such as sociology, geography and policy/political analysis. Yet there is considerable potential for linking resilience to the social studies of childhood (James and Prout, 1998; Holloway and Valentine, 2000; Mayall, 2002), with its key notions of children's agency and active participation.

An individualistic focus could, taken to extremes, be used to suggest that social adversity can be overcome simply by supreme individual effort (Rigsby, 1994). Moreover, if professionals concentrated on enhancing individual capacities alone, then those who found it difficult to respond might well feel blamed or ignored. The evidence, for example, suggests that very few parents or children manage to be resilient in the face of severe abuse and neglect, or multiple adversities like having a mentally ill parent, living in poverty and having little social support (Erickson and Henderson, 1998; Sameroff *et al.*, 1999; Clarke and Clarke, 2003; Newman, 2004).

A focus on helping individuals to cope better, if unaccompanied by attention to structural factors, could leave the causes of socio-economic disadvantage and other adversities untouched. Thus, Daly (1996) notes that issues of power and control are neglected in conceptualisations of resilience; for example in considering gender issues. Uncritical use of the term 'family' in much of the literature supports this assertion. Treating the family as a unit in research may mask differences in well-being among the different family members.

Hardly any systematic, comparative research to assess the impact of different services, social orders or policy regimes on responses to adversity has been carried out nationally, let alone internationally. Yet comparative studies of poverty and child protection indicate, in general terms, that different societies and policy orientations produce different levels of risk, ways of dealing with adversity and different outcomes (Harder and Pringle, 1997; Hetherington *et al.*, 1999; Vleminckx and Smeeding, 2001; Micklewright, 2002), though the details of managing adversity remain to be explored and connected to resilience.

## Definition difficulties

Problems defining 'resilience' run through the bulk of the literature and raise questions about the value of the concept. Factors that are considered to represent a good outcome (e.g. positive self-esteem, being good at school, social competence) are also factors associated with the process of attaining well-being, so that they appear to be both 'cause' and 'effect' (Kinard, 1998; Hammen, 2003).

Another pitfall comes from failure to recognise that a child who appears to be coping well outwardly may be suffering internal distress and developing unhelpful coping strategies and defences. Research in this area has indicated that some adolescents who were 'doing well' in most domains like school showed signs of depression and anxiety when carefully assessed. Luthar (2003) has termed this 'apparent resilience'.

The concept of 'good outcomes' can be also interpreted in different ways. It could, for example, be argued that factors such as social competence, self-efficacy, social conformity and school adjustment reflect a specific set of values concerning what is important. Further, research across the lifespan (Rutter and Rutter, 1993) suggests that there is always the potential for developmental change and, therefore, that an 'outcome' is an ongoing process rather than an end point. Well-being can improve across the lifespan; the onset of disorder can also occur at any stage (Hammen, 2003), making it hard to gauge who is resilient or not at any one point. Anderson (1997) argues, in relation to sexually abused children, that basing resiliency on notions of competence is too restrictive. These children may not exhibit competence in major areas of functioning – yet they are resilient just by dint of having survived the abuse.

Similarly, the use of 'adversity' is dogged by issues of definition. It is usually researchers who define events as 'stressful', but one person's (or one culture's) adversity may be another's challenge (Gore and Eckenrode, 1994). Little attention has been given to the meanings that children or parents attach to their experiences and many standard measures are ill-suited to understanding people's interpretations of events (McCubbin *et al.*, 1996; Ungar, 2004b). Reports of individual research studies normally define the kind of adversity that their conclusions refer to. Yet reviews in both the research and applied literature often fail to specify which factor is relevant to which kind of adversity; or they tend to assume that any or all of the factors listed are applicable to adversity in an undifferentiated way. More needs to be done to clarify the varying relevance of each factor.

There is, indeed, a central paradox that the presence of a protective factor (whether intrinsic or extrinsic) renders an adverse environment less damaging. Put another

way, better outcomes in the face of adversity may reflect the fact that the adversity was not, in fact, as all-encompassing as first seemed. Studies of parenting in poverty indicate that successful adaptation is linked to fewer and less severe stressors (Ghate and Hazel, 2002), while good recovery from maltreatment requires the presence of support and absence of other simultaneous problems, which make the overall experience more tolerable (Bolger and Patterson, 2003).

### Problems in operationalising resilience

A central aspiration in resilience approaches to professional practice with families in adversity is, not surprisingly, to try to nurture those factors and characteristics associated with resilience. However, this represents a leap of faith. There has been very little research into deliberate strategies to nurture resilience, especially on a family basis.

Countless projects at community, school, family and individual levels aim to increase emotional well-being for parents and children who are disadvantaged, abused or traumatised. But these draw on a wide range of theoretical strands, often not explicitly linked with resilience. Moreover, inferences about desirable interventions from the research on resilience are congruent with suggestions from other perspectives, such as attachment, attribution and ecological theories. This has prompted resilience writers to lay claim to forms of interventions or service models that were developed under other paradigms (e.g. Yates and Masten, 2004).

Resilience researchers have, indeed, been criticised for examining largely similar lists of factors based on previous studies, regardless of the theoretical relevance to the condition under consideration (Luthar and Zelazo, 2003). There is very little attention to the precise processes and mechanisms that operate. Masten and Coatsworth (1998) illustrate the difficulties of using research to guide intervention by referring to the association between self-esteem and competence. If it is assumed that self-esteem *causes* competence and intervention is based only on boosting esteem, then it is possible to end up with children 'who misbehave but think highly of themselves'. Instead, it may be more effective to boost competence, which will then positively affect self-esteem.

This issue is brought into sharp focus in the arena of child care and protection. It could be argued that children who are abused and neglected have most to benefit from the evidence regarding factors that enable people to survive adversity. However, there has been a dearth of studies on resilience to maltreatment (Heller *et al.*,

1999). One of the key aspects that underpin prospective resilience is the presence of supportive parenting that promotes secure attachments (Luthar, 2003). This is precisely what many of the children encountered by child care and protection lack.

## 6 Kindred concepts

It is useful to consider how resilience relates to other themes currently influential in policy and practice related to children and families. These may be grouped into three main categories.

### Explicitly linked concepts

The first are closely related ideas that have been included within resilience thinking. For example, the notion of *competence or mastery*, the ability to carry out socially expected tasks. This was first developed to explain how some parents with mental health problems and their children were performing much better than others (Masten and Coatsworth, 1998; Masten and Powell, 2003).

*Salutogenesis* is a concept developed by Antonovsky (1987, 1996) to act as a bridge between curative and health promotion models. It refers to the process of generating good health. A crucial characteristic promoting 'healthiness' among people exposed to extreme stress is seen as a *sense of coherence*. The key ingredients are perceptions that the environment is understandable, manageable and meaningful (Grøholt *et al.*, 2003). Antonovsky asserted that these are present in all cultures, though the interpretation and application vary. For families, it may be helpful to have considerable consensus, but also be open to change in response to challenges from the environment (Patterson and Garwick, 1994).

### Implicitly linked concepts

A second set of ideas comprise academic concepts that have recently gained interest in the realms of policy and practice, but have not been linked directly with resilience. *Social capital* covers the informal social environmental resources that can assist people to succeed in education, employment and health, including those who overcome difficult circumstances to do so (Baron *et al.*, 2000; Putnam, 2000; Pilkington, 2002; Waterston *et al.*, 2004). Key features are having access to trusted persons within the context of mutual aid in social networks and local communities. Another strand of thinking about social capital concentrates on within-household environment. It emphasises how the time and availability of parents affects outcomes for children, although with a tendency to overgeneralise about particular household

compositions (Coleman, 1988; Hill, 2003; Seaman and Sweeting, 2004). Runyan *et al.* (1998) have made an explicit link between resilience and social capital.

By contrast, *emotional intelligence* (EI) relates to the personal qualities affecting resilience. Academic use of this term has a narrow focus on the capacity to recognise the emotions of oneself and others, and to reason and problem-solve on that basis (Mayer, 2001; Carr, 2004). This is especially relevant to the resilience processes involved in recovery from trauma. A more popularised account of EI embraces a wider range of social skills and stress management techniques in addition to emotional reasoning (Goleman, 1995). This more closely resembles the interactive, holistic remit of most resilience approaches. A similar concept that is gaining policymaker attention is *learned optimism*, which encapsulates an approach to emotional well-being that is guided by 'positive psychology' (Seligman, 2002).

*Desistance* from youth crime is a term that indicates a 'good' outcome despite high risk, hence a form of resilience (Born *et al.*, 1997). Research and theory have highlighted three main clusters of influence within the individuals or their communities (Maruna, 2001; McNeill and Batchelor, 2004):

- 1 maturation
- 2 the development of significant ties to people, education and employment that discourage and substitute for criminal activities and associations
- 3 changes in identity.

Some youth justice interventions and community crime prevention strategies now blend methods for tackling offending with those that promote resilience (Catalano and Hawkins, 1996; Crow and Allan, 2000; France and Crow, 2001; McIvor and Moodie, 2002).

## **Practice links**

Thirdly, a number of approaches to professional practice embody similar ideals to the resilience approach. *Recognising and promoting positives* alongside dealing with problems have for many years been principles in community development, community education and health promotion (Tones and Tilford, 1994; Freeman *et al.*, 1999; Saleeby, 2002). Likewise, working with strengths as much as weaknesses has long characterised certain professional activities and been reinforced by recent

developments in *strengths- or competence-based* social work, family therapy and family support (Dunst *et al.*, 1988; Anderson, 1997; Walsh, 1998; Turner, 2001; Maton *et al.*, 2004). *Strengths* describe the resources that contribute to resilience (de Haan *et al.*, 2002). McQuaide and Ehrenreich (1997) suggest that resilience can provide detailed understandings that help specify the more generalised idea of strengths. *Empowerment* is now a commonly accepted foundation for many professionals in their work with service users (Beresford, 2000; Humphreys, 1998).

# 7 Conclusions

## Positives in resilience approaches

Among the advantages of resilience approaches to theory, research and practice is that they counter pessimism about adversity and determinism. They shift the focus from problems, pathology and negatives to strengths and opportunities. Specific evidence-based guidance is emerging about the factors and processes that parents and professionals can capitalise on to modify the impact of adversity on children or parents themselves. This energises professionals and appeals to service users as being more respectful, less stigmatising, and more future and solution oriented (Walsh, 1998; Scholte *et al.*, 1999; Saleeby, 2002). Attention is directed at promoting both inner and environmental resources, building strengths and reducing risks (Masten and Powell, 2003). Resilience, thus, chimes with the current interest in more positive approaches to family support (Daniel and Wassell, 2002a).

## Qualifications and drawbacks

Explicit understanding in practice and research about resilience is generally good regarding children and the part that parents can play in promoting children's resilience. Nevertheless, knowledge about parental resilience has, to a large extent, been inferred or transposed from the more general literature on parenting, family support and parental coping.

Many of the features of resilience identified in the literature are already familiar from earlier kinds of theory, research and practice. There is a fine line between helping parents and children in adversity and helping parents and children to have 'good outcomes' despite adversity. There is a wealth of practice experience and research evidence about the former, giving rise to a danger that this is simply relabelled as 'resilience'. It is important, therefore, to ensure that a resilience approach to policy and practice adds the extra dimensions of:

- working with the resilient capacities of individuals, families and communities to manage current difficulties
- promoting skills, strengths and supports that will assist in overcoming future challenges.

Practitioners used to 'strengths' or 'empowerment' approaches to work with families may feel they are already doing most of what is advocated. Especially away from the specialist literature, oversimplifications tend to occur (e.g. that people are either 'resilient' or 'not'; or that the same resilience factors apply regardless of circumstances).

However, even though environmental or ecological influences are usually included in these approaches, in practice there has been a tendency to focus on internal characteristics, which has the implicit potential for blaming or giving up on people who don't show resilience. Problems or trauma may be minimised or trivialised in the concentration on the coping capacities. Strengths-building should focus on changing environmental hazards and stressors, as well as enhancing individual and family responses to adversities.

### **Important distinctions**

There has been a tendency, not least in summaries designed for practitioners, to discuss resilience as if it was a single entity. This can lead to loose thinking and misapplications of the evidence. For instance, it is helpful to distinguish between resilient capacities, processes, factors and outcomes. The interplay of a person's capacities, external factors and specific interactions will all affect the extent of coping with adversity (the resilient outcome). Resilience can be displayed in relation to a wide range of adversities like poverty, external stress, intrafamilial adversity, trauma and multiple risks. Lists of resilience factors often derive from only one kind of adversity *or* have been blended from research on a range of adversities. Yet, what helps individuals or families to cope with one kind of setback (like bereavement) may be less relevant to another (like poverty or a flood).

It is also important to recognise that different kinds of help and interventions may be needed to promote latent coping capacities (prospective resilience), to assist during a tragedy or trauma (concurrent resilience) and to aid recovery (responsive resilience). Moreover, resilience can be displayed in one or more of several domains – emotional, social, educational, behavioural. This can cause 'apparent' resilience, where outer functioning seems satisfactory, but there is ongoing inner distress.

## **Key evidence**

The evidence reviewed in this paper is drawn from many different sources and from studies conducted with varying levels of rigour. Importantly, there are significant gaps in the evidence and all conclusions must be considered in the light of this.

Resilience perspectives have differing, though overlapping, implications for practice and policy with respect to children, parents and families. There is also, however, much common ground, such as the importance of access to informal support and the desirability for professional interventions to be responsive to parents' and children's perspectives. Evidence tends to converge around highlighting the pivotal role of parents, or alternative care givers, in promoting the knowledge, skills and environment that can help children be prepared for adversity and in supporting them through adversity. Warm, authoritative, responsive and supportive parenting is usually crucial in building prospective resilience in children, as well as helping them deal with many specific adversities. Parents who have, or can develop, open, participative communication, problem-centred coping, confidence and flexibility, tend to manage stresses well and help the rest of their families to cope well. When parents are implicated in the problems (e.g. family violence, neglect), then it is particularly crucial for children to have access to additional or alternative helpers who fit with the children's needs, wishes and expectations.

This evidence can inform policy and practice in a number of ways.

- Parenting support programmes can be informed by this evidence.
- Information can be provided for parents about the characteristics they can usefully encourage in their children.
- Practitioners, such as health visitors, community workers and social workers who are supporting families in difficulty, can provide support for parents to support their children.

Resilience shown by parents themselves can derive from some of the same characteristics seen in resilient children, such as an optimistic outlook and capacity to change oneself, or the environment. It is also promoted by ready access to informal support and, in some circumstances, sensitive and responsive professional help; with respect to children with severe impairments, for instance. Family resilience perspectives tend to emphasise the importance of shared and coherent thinking, communication and action among family members for positive responses to crises and stressors. There is, however, a danger of assuming common needs and goals

within families, when divergence may be strong in actuality or might be desirable in terms of an individual family member's interests.

The evidence about parent and family resilience offers pointers for practitioners about the most useful intervention strategies. For example, whole-family approaches can focus on the development of cohesion and adaptability. Both family- and individual-oriented research studies have highlighted the importance of promoting parents' skills, understanding and orientations (e.g. as regards appraising stresses, reducing anxiety, developing problem-solving skills) *and* of optimising access to and use of informal support. The concepts of developmental pathways and turning points offer valuable guidance for timely interventions to have maximum impact.

An understanding of the key role that parents play in family life also helps with appreciation of the impact of the absence of such care on children. When parents contribute to the adversity, then it can be doubly difficult for children to be resilient; few function well in the face of serious, multiple risks and many encounter difficulties when they become parents themselves. Nevertheless, personal qualities and the support of trusted peers or adults can make a great difference. The wider community is important to support parents or act as an avenue for children to gain support when this is not provided by parents. Interventions should, among other things, be based on promoting relationships with prosocial adults outside the family. Young adults who have experienced difficult childhoods can be offered support to turn around their experiences as they become parents themselves.

### **Priorities for future research**

Most existing literature has focused on children's resilience and, to some degree, parents' key role in helping them to respond positively in the face of adversity. Very little of the literature directly addresses the issue of building parents' resilience for its own sake, or even specifying in detail how they may help build resilience in children. There is a need for research and theorising to explore resilience as it applies to parenting, differentiating this more clearly from notions of parental and family problems and support. Much family resilience work has tended to be adult-oriented and there is a need to consider children's contributions to parental resilience as well as vice versa. This could be linked to ideas about families affected by parental health problems and disability, especially if this was done critically and with a focus on interactive strengths of parents and children (Banks *et al.*, 2001; Olsen, 2000; Wates, 2002).

Empirical understanding needs to be differentiated according to the many different kinds of adversity that parents and their children face – emotional, material, health or disability related and interactional. It should also relate to internal or external crises, chronic conditions, deteriorating circumstances or intermittent pressures. Further clarification is needed about which resilience factors and processes are fairly general and which apply only to one or more particular type of adversity. Understanding would be further extended by work using more sociological, (comparative) social policy and geographical frameworks. Much of the existing work concerning children's and family resilience is American and there is a need to assess the extent to which the findings apply in the UK.

More qualitative research is desirable. Thus far most of the literature has applied the concept of resilience 'from above' as an expert concept, rather than tapping into the meanings and suggestions of parents and other family members about what helps (or does not help) them to overcome different kinds of stressful and difficult experiences, and to develop strengths to face new challenges. As with family research and practice more generally, the roles and viewpoints of fathers require particular attention. Similarly, it will be valuable to move beyond considering parental resilience or resilience promotion in relation to individual children to an approach that encompasses sibling interaction and differentiation (see, for example, Mullender, 1999).

More evaluations are needed of initiatives that apply an explicit resilience perspective. This needs to distinguish carefully between services aiming to help parents deal with current adversity and those intended to build up more generalisable capacities for dealing with future problems. While it is essential to consider how parental resilience can improve children's well-being, it is also necessary to identify what assists parents to be robust, both as individuals and as parents.

The resilience framework can be used as a positive, strengths-based framework for professional interventions, which unifies and expands on developmental, attachment and ecological approaches. By itself it is inadequate as a touchstone for policy unless complemented by attention to structural influences and efforts to reduce adversity. Any application of resilience ideas should take account of the complex and diverse interactions that lead to good outcomes in response to different kinds of adversity. Greater understanding of parents' and children's own meanings, strategies and mechanisms for coping with adversity are vital resources for parents and for public agencies.

# Note

## Chapter 4

- 1 The social model of disability suggests that the 'adversity' of having a disabled child is at least as much due to societal responses as the impairment itself.

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# Appendix: A typical list of resilience factors

Resource	Mechanism
<i>1 Individual</i>	
Constitutional	Positive temperament Robust neurobiology
Sociability	Responsiveness to others Prosocial attitudes Attachment to others
Intelligence	Academic achievement Planning and decision making
Communication skills	Developed language Advanced reading
Personal attributes	Tolerance for negative affect Self-efficacy Self-esteem Strong sense of self Sense of humour Hopefulness Strategies to deal with stress Enduring set of values Balanced perspective on experience Flexibility Fortitude, resolve
<i>2 Family level</i>	
Supportive families	Personal warmth and encouragement Cohesion and care in the family Close relationship with a caring adult Belief in the child Non-blaming Marital support Talent or hobby valued by others
<i>3 Social-environmental level</i>	
Socio-economic status	Material resources
School experiences	Supportive peers Positive teacher influences Success
Supportive communities	Believes the stress Non-punitive Resources to assist Belief in the values of society

Source: Olsson *et al.* (2003).

