CHAPTER TWO

LITERATURE REVIEW
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The literature review is divided into seven sections. Initially a historical perspective of resiliency is presented, which is followed by a brief overview of the meaning of the term resilience Third, major theories on resilience are discussed Fourth, a summary of major research investigations on resilience is provides. Fifth, components of resilience, which includes risk and protective factors in the domains of family, school and community, are discussed. This is followed by a discussion on intrinsic protective factors and the relationship between demographic variables and resilience.

2.1 HISTORICAL PRESPECTIVE ON RESILIENCE

Some of the earliest works on the resilience in psychological literature were theoretical in nature emphasizing on the differences in the nature and development of healthy personality (resilient) in comparison to the unhealthy one (non- resilient) (Maslow, 1950). Thereafter, researches indirectly addressed this concept within the context of chronic stress such as holocaust (Frankl, 1946; Todorov, 1996), poverty (Elder, 1974; Long & Vaillant, 1984) and studies on animals identifying individual differences under various conditions of stress (Anthony, 1987).Researchers made use of both quantitative studies and individual case studies, and this kind of research was based on mostly psychodynamic models of ego function (Anthony, 1987).

After this phase, considerable interest was taken in the development of psychopathology and outcome of children who had parents with mental illness (Anthony, 1987; Glantz & Sloboda, 1999; Luthar & Cicchetti, 2000; Luthar 2006).It was discovered that many children with schizophrenic mothers thrived, despite their high risk status. This discovery led researchers to try and understand the individual differences made in response to adverse conditions (Luthar, Cicchetti & Becker, 2000; Masten, 2001).Studies were conducted researching the impact of various adverse conditions on children and
adolescents, including urban poverty, maltreatment, chronic illness and catastrophic life events (Cicchetti & Garmezy, 1993; Garmezy, 1993; Luthar et al., 2000). These early studies not only identified factors responsible for development of psychopathology but in doing so also identified the qualities of children who were resilient to stress (Luthar et al., 2000).

These findings led to the conclusion that these children, who were better adjusted, despite living in adverse conditions, had special abilities and writers in the field began to refer to these children as invincible or invulnerable to stress or adversities adversity (Anthony, 1987; Luthar, 2006; Masten, 2001). Nature of invincibility or invulnerability to stress was explored and studies were conducted to identify the personal characteristics of these children that made them different. Additional questions were asked as to whether or not some children had a natural “immunity” to stress and whether it developed gradually as a result of mastering difficulties, or whether the capacity for invulnerability was inherent and a genetic trait. The question as to whether or not invulnerability was universal or domain specific was also broached, as was the query of invulnerability being a limited resource that could be used up if too many demands were placed upon it (Radke-Yarrow & Sherman, 1990).

In the following years, the notion of invulnerability was challenged as researchers believed it was misleading. Thus the term invulnerability became obsolete and resilience was adopted (Cohler, Stott & Musick, 1995; Luthar et al., 2000; Rutter, 1993). Risk and protective factors remained key terms to describe different variables under examination.

With evolving research in the area of resilience, researchers increasingly acknowledged that resilience may often derive from factors external to the child. Further researches in the field identified three domains of protective factors for children’s and youth’s environments:
(1) Attributes of the adolescents themselves, 
(2) Home characteristics, and 

Risk and vulnerability factors, along with protective factors, remained key terms to describe the different variables under examination and the construct of resilience began to be discussed from a process orientation (Rutter, 1993). Rather than simply studying which child, family, and environmental factors are involved in resilience, researchers are increasingly striving to understand how such factors may contribute to positive outcomes (Cowen et al., 1997; Luthar, 1999). Such attention to underlying mechanisms is viewed as essential for advancing theory and research in the field, as well as for designing appropriate prevention and intervention strategies for individuals facing adversity (Cicchetti & Toth, 1991, 1992; Luthar, 1993; Masten et al., 1990; Rutter, 1990).

Biosocial processes, involving cultural and environmental influences, were recognized as important factors to be considered (Luthar, 2006; Rutter, 1993). Several extensive projects studying the nature of risk and vulnerability in the 1970's and 80's incorporated this, and established resilience as an important construct in the field of child developmental psychology. These studies identified different variables that appeared to be significant protective factors to children including personal resources such as attractiveness and intellectual capability, family resources such as good mothering and supervision, and community resources such as some form of support network (Masten & Coatsworth, 1995). The knowledge gained from these studies formed the basis of several intervention programs aimed at mitigating the effect of adversity on children, and the catalyst for exploring the phenomena widely (Luthar, 2006).
Research in the field of stress and coping was also underway during these years, and the construct of competence and the characteristics of coping were explored in parallel with the construct of resilience (Earls, Beardslee & Garrison, 1987; Murphy, 1987; Moriarty, 1987). Attention has also been directed towards affect regulation as being a key to stability and wellness (Csikszentmihalyi, 1990; Fredrickson, 2001), and this has been substantiated by studies within the field of neuroscience as the development of new research tools have allowed for greater scope and specificity (Davidson, 2000; Fonaghy, Gergely, Jurist & Target, 2002; Schore, 2000). In recent years a further shift in the field of positive psychology has led to attention being directed towards the notion of thriving and the potential for growth following times of stress (Carver, 1998).

To study the breadth of situations in which resiliency has been examined, researchers have devised several methodologies. The most common methodology is the retrospective, single sample, or cross sectional study which is used by life events researchers to determine the relationship between negative life events and adaptation. Zirmin (1986) used this methodology to identify resilient attributes in abused children. By contrast, retrospective, cross sectional, multivariate studies tend to include intervening variables and use more sophisticated statistics. An example of this method is Radke-Yarrow and Brown’s (1993) study focusing on children living in disordered and stressed households. Another methodology is the short-term, transactional, longitudinal study which is considered more powerful due to the opportunity to assess resiliency over a few months to a few years (e.g. Luthar, Doernberger, & Zigler, 1993). Very long-term studies, such as Werner and Smith’s (1982) research, called long-term prospective developmental studies, allow researchers to look at a specific group over many years and conduct numerous follow-up assessments. Finally, prospective, multiple sample studies
are used to developmental researchers and compare the general population to a high-risk population over time (Glantz & Johnson, 1999). Wyman, Cowen, Work, and Kerley (1993) studied resiliency using this methodology in an attempt to show that positive expectations are characteristic of resilient children.

Over time, research in the area of resilience has essentially unfolded in five different directions, including resilience as an aspect of child development and response to adverse conditions, resilience as a theoretical construct of personality, the biological basis to resilience, resilience as a feature of positive coping in response to life stresses, and resilience in terms of enhanced coping following trauma. Each field of research has retained its own unique perspective on the nature of resilience and this has led to each of the five fields developing their own take on the construct of resilience with specific approaches to research and infrequent cross referencing. The result of this divergence is that each field seems disconnected from the others despite a significant convergence in recent years as to what is understood to be integral to the construct. There has been some success in the identification of certain characteristics associated with resilient functioning but this has not led to a sense of confidence with regard to the prediction of who will be resilient when faced with adversity and when resilience might be displayed. This has left the construct of resilience in a precarious position with Some researchers critical of resilience have reached to the point of questioning if resilience should be abandoned as a construct of little worth (Luthar, Cicchetti & Becker, 2000). However resilience is too important a construct to be left alone in present times. The next part of this chapter will try to address in brief the meaning of the construct of resilience.

2.2 Resilience: its meaning

The terms, resilience and resilient are not new. Resilience is a combination word formed by adding the English ence to the Latin resilientum. The word first appeared in
the form in Bacon's Sylva Sylvarum in 1626 (Barnhard Dictionary of Etymology). According to The Oxford English Dictionary, it possesses two main meanings, incorporating both a human sciences meaning and a physical sciences meaning:

1. (a) The (or an) act of rebounding or springing back: rebound, recoil.
   (b) Revolt, recoil from something (1858, 1890)
   (c) Repugnance, antagonism (1882)

It is interesting that the word recoil with its negative implications was part of the early usage of the term. Common usage of the term in psychological literature today includes the implications of rejecting or drawing away from negative examples, as well as choosing to act in ways that are considered to be healthful or mature.

2. Elasticity; the power of resuming the original shape or position & compression, bending, etc.; specially the energy per unit volume absorbed by a material when it is subjected to strain, or the maximum value of this when the elastic limit is not exceeded.

Resilient was defined as early as 1830 as, "Of persons, their minds, etc.; Rising readily again after being depressed; hence, cheerful, buoyant, exuberant" (Oxford English Dictionary).

The terms resilient and resiliency have therefore been used to describe an aspect of human capability for nearly 400 years. Resilience till a very long time was not given the status of a psychological concept with a psychological meaning (O'Connell Higgins, 1994). According to Connor and Davidson (2003), "resilience is a multidimensional characteristic that varies with context, time, age, gender, and cultural origin, as well as within an individual subjected to different life circumstances" (p. 76). For that reason, the definitions of resilience differ throughout the literature. Arriving at a clear understanding of what is meant by resilience is difficult due to the complex nature of the term. Some languages do not yet have an equivalent word (Kotliarenco & Duenas,
Spanish, for example, has no word for resilience in psychological literature but, instead uses the term "la defensa ante la adversidad" (Grotberg, 1993).

Although various definitions of resilience have been proposed, many are not theoretically founded (Fonagy, Steele, Higgitt, & Target, 1994), and most are linked to a collection of empirical findings, resulting in new definitions. These definitions convey varied aspects of resilience further complicating the interpretation of the construct as a whole (Kaplan, 2005). There is, however, a substantial body of research on the phenomenon of resilience and the literature is replete with definitions, of varying degrees of specificity. Some have construed resilience as a personal trait or attribute, while others have seen it as an ongoing developmental process that reflects positive adjustment in adverse circumstances (Tedeschi & Kilmer, 2005). For example, Brooks (2005) apparently defined resilience both as:

The capacity of a child to deal effectively with stress and pressure, to cope with everyday challenges, to rebound from disappointments, mistakes, trauma, and adversity, to develop clear and realistic goals, to solve problems, to interact comfortably with others, and to treat oneself and others with respect and dignity. (p.297)

Brooks (2005) further elaborated resilience as the “ability to meet life’s challenges with thoughtfulness, confidence, purpose, responsibility, empathy, and hope” (p. 298).

Process conceptualizations of resilience (Dyer & McGuiness, 1996; Masten, Best & Garmezy, 1990; Rutter, 1987) emphasize qualities possessed by individuals, social resources and coping behaviours, as protective factors which moderate the influence of risk factors to promote adaptation, or higher than normal functioning under adversity. Masten, Best, and Garmezy (cited in Alvord & Grados, 2005), defined it as “the process of, capacity for, or outcome of successful adaptation despite challenging or
threatening circumstances" (p. 426). According to Rutter (1987) resilient individuals possess self-esteem, belief in their own self-efficacy, a repertoire of problem-solving skills and satisfying interpersonal relationships. Dyer and McGuiness (1996) see resilience as a dynamic process influenced by protective factors such as coping resources.

Although there is general argument that resilience constitutes a type of "preparedness" that is mobilized when a stressful situation occurs (Kadner, 1989) there is less agreement about the nature of resilience and the mechanisms that underlie its influence on well being and health. Much of the classic research in this field has used a process perspective and focused on the role of personal, family, and community "protective factors" in moderating the effects of "risks" inherent in poor environments on children’s adaptive outcomes (Beardslee & Podorefsky, 1988; Garmezy, 1991; Moran & Eckenrode, 1992; Radke-Yarrow & Sherman, 1990; Rutter, 1987; Werner & Smith, 1992). This approach places emphasis on identifying the array of protective factors that moderate risks and promote the return to prior functioning (Gore & Eckenrode, 1994; O’Leary, 1998).

On the contrast, a growing body of research focused on resilience in older people, has adopted the position that resilience is a personal strength or capacity that assists individuals in coping with challenges. Within this perspective, emphasis is placed on the constellation of personal beliefs, assets, and skills that assist individuals in managing life challenges so that health and well-being are fostered. The position that resilience is a personal capacity has been supported in several qualitative studies like Brodsky’s (1999) study of 10 resilient, low-income, African American single mothers and Wagnild and Young’s (1990) grounded-theory study of 24 successfully adjusted older women. According to Wagnild and Young (1993) resilience is a personal characteristic thought to enhance adaptation in the context of adversity. Wagnild (2003) argues that resilience is an
innate characteristic each person possesses to some degree and which can be enhanced or diminished depending on life circumstances. Wagnild and Young (1993), in their research, identified two components of resilience, these being personal competence (self-reliance, independence, determination, mastery, resourcefulness, perseverance) and acceptance of self and life (adaptability, flexibility, a balanced life perspective).

Demos (1989) introduced the term "patterns of resiliency," by which she means that one's capacity to recover from adversity both waxes and wanes, but that some individuals demonstrate a pattern of consistently being able to recover. Rutter (1990) defined resilience as "the phenomenon of maintaining adaptive functioning in spite of serious risk hazards" (p. 209).

Friborg, Hjemdal, Rosenvinge, & Martinussen (2003) regard resilience as a construct comprising of various dimensions. The concept refers not only to psychological skills, but also to the possibilities for the individual to take advantage of family, social and external support systems in order to cope better with stress. Generally speaking, resilient people are more flexible than vulnerable people are, and they protect themselves against stress by making use of various protective resources. These resources may be internal or external. Various writers classify these protective resources as psychological/internal characteristics, support from family and friends, and external support systems (Friborg et al., 2003).

O'Conell Higgins (1994) provided a definition of resilient persons that contrasts with the term survivor:

Resilience implies that potential subjects are able to negotiate significant challenges to development yet consistently 'snap back' in order to complete the important developmental tasks that confront them as they grow up. Unlike the term survivor, the resilient emphasizes that people do more than merely get
through difficult emotional experiences, hanging on to equilibrium by a thread . . .

... resilience best captures the active process of self-righting and growth that characterizes some people so essentially. (p. 1)

Cowan, Cowan and Schulz (1996) described resilient individuals as "those who do not simply avoid the most negative outcomes associated with risk, but demonstrate adequate or more than adequate adaptation in the face of adversity" (p. 14).

Challener (1997) introduced some specific and positive characteristics of the resilient child, "For me, a resilient child was one who faced considerable challenges, yet ultimately was able, as an adult, to function as an independent, caring individual" (p. 7).

The concept of resilience explains normal development and the ability to overcome adversity. Three distinct conceptualizations of resilience with positive developmental outcomes in research are reviewed by Masten, Best and Garmezy (1990). The first group of studies defines resilience as the ability to overcome the odds of high-risk circumstances, such as being subject to socio-economical strains, parental psychopathology, and the cumulative effect of multiple risks. These studies show the protective effect of factors such as childhood intelligence, past social, family and school functioning, a warm relationship with other adults, competent parenting, positive school experiences support from other systems, such as a church.

A second group of studies identified by Masten et al. (1990) defines resilience as stress resistance, or sustained competence under threat, for instance the threat produced by the effects of divorce. In these studies protective factors associated with resilience include low levels of inter-parental conflict and living with the same-sex parent in the case of divorce. Likewise, children's resilience in danger and loss is associated with protective factors including caring adults, self-efficacy beliefs, faith and religious beliefs,
intellectual, social and cognitive skills, an internal locus of control and uneasy temperament. These factors may all be moderated by age and gender differences.

A third group of studies defines resilience as recovery from trauma or maltreatment. Findings show that the effect of adverse circumstances may be ameliorated by parental behavior or supporting families in the case of trauma, or a loving foster mother for instance, in the case of maltreatment. Masten et al. (1990) conclude that the development of resilience is non-linear, and may vary in terms of gender, developmental level, and cultural and historical context. General resilience may nonetheless be fostered by facilitating psychological development. Resilience can be fostered by reducing vulnerability, risk and stressors, and by increasing available resources, and mobilizing protective processes such as positive relationships and self-esteem (Masten, 1994).

While all of the definitions seem to clarify resilience, there remains, as the review shows, significant disagreement across the literature. In fact, the definitions provided above are only a few of the numerous ways researchers have defined this construct. The basic core of resiliency, however, appears to be wellness and the ability to bounce back from adversity.

2.3 Theories of Resilience

The following is an overview of the major theories of resiliency and related constructs.

2.3.1 Richardson et al. (1990) & Richardson (2002)

Richardson proposed what he terms as the “metatheory of resilience and resiliency,” which evolved through three different waves of resiliency inquiry. The first identified characteristics of people who effectively cope with and grow through disruptions. The second examined the processes in which people acquire these characteristics. The third was the recognition of innate resilience and our capacity to grow and develop. From this line of research, resilience was conceptualized as, “a force
within everyone that drives them to seek self-actualization, altruism, wisdom, and be in harmony with a spiritual source of strength” (Richardson, 2002, p. 313).

A basic assumption of this theory is the idea of a biopsychospiritual balance (homeostasis), which allows us to adapt (body, mind, and spirit) to current life circumstances. Homeostasis is routinely bombarded by stressors, adverse events, and other expected and unexpected life events, or “life prompts.” Our ability to adapt and cope with such life events are influenced by resilient qualities and previous resilient reintegration. The interaction between daily stresses and protective factors determines whether serious disruptions will impact the individual chronically. The interaction between the life prompts and protective factors determines whether disruptions will occur. Life disruption changes the individual’s intact world paradigm. It may result in perceived negative or positive outcomes and a variety of emotional and appraisal responses in the immediate wake of disruption.

The reintegration process leads to one of four outcomes: (1) resilient reintegration, where adaptation leads to a higher level of homeostasis, (2) return to baseline homeostasis, in an effort to move past the disruption, (3) recovery with loss, establishing a lower level of homeostasis, (4) a dysfunctional state, where maladaptive strategies (e.g., self-destructive behaviors) are used to cope with the stressor. Thus, resilience may be viewed as an outcome of successful coping abilities.

2.3.2 Epel et al. (1998)

These theorists focused on physical thriving. Physical thriving results when there is a greater amount of anabolic (e.g., growth promoting) than catabolic (e.g., cortisol) hormones. Characteristics of the stressor (e.g., duration, frequency, and controllability) as well as the psychological moderators such as one’s appraisal of the stressor (i.e., as a threat or a challenge) play a role in determining the profile of
response to stress. When an individual appraises intermittent stressors as controllable, she or he may display a resilient profile of stress hormone responding; that is, rapid cortisol responses with quick recovery, and more importantly, cortisol adaptation when faced with similar stressors over time. This stress response is, in turn, related to better health. Cortisol adaptation to stress may serve as one potential marker of resilient psychological and physical functioning.

2.3.3 Garmezy et al. (1984)

Garmezy and colleagues (1984) conducted the Minnesota Risk Research Project, which investigated intentional and informational-processing dysfunction in children of schizophrenic parents from 1971 to 1982. They found that most of the children did not become maladaptive adults, but grew up to be warm and competent people. Garmezy's "confident" criteria were effectiveness (work, play, and love), high expectancies, positive outlook, self-esteem, internal locus of control, self-discipline, good problem-solving skills, critical thinking skills, and humor. Garmezy's triad of resiliency included personality disposition, a supportive family environment, and an external support system.

From these studies the investigators outlined three complementary models, each involving a particular class of factors to describe the relationship between stress and adaptation. The first is the compensatory model.

A compensatory factor is one that neutralizes exposure to risk. It does not interact with a risk factor, but rather, it has a direct and independent influence on the outcome of interest. Both risk and compensatory factors contribute additively to the prediction of outcome. Compensatory factors may be an active approach to solving life's problems, a tendency to perceive or construct experiences positively, even if those experiences caused pain and suffering, the ability to gain other's positive
attention, and reliance on spirituality to maintain a positive view of a meaningful life. These factors either decrease risk initially or ameliorate risk throughout development.

The second of the models was the challenge model. Here, a risk factor or stressor is treated as a potential enhancer of successful adaptation, provided that it is not excessive. Too little stress is not challenging enough, and very high levels of stress result in dysfunction. Moderate levels of stress provide a challenge that, when overcome, strengthens competence. If a challenge is successfully met, it may help prepare the person for the next difficulty. If efforts are unsuccessful, the individual may become increasingly vulnerable to risk. Resiliency develops not through evasion of risk, but in successfully engaging it.

The third model was the protective factor model. A protective factor interacts with a risk factor to reduce the probability of a negative outcome. It moderates the effect of exposure to risk. Rutter (1987) described a protective mechanism as an interactive process that helps identify “multiplicative interactions or synergistic effects in which one variable potentates the effect of another” (p. 106). Protective factors include high IQ and better cognitive abilities related to social know-how, better parenting, and higher socioeconomic status. The protective model is different in that it acts indirectly to influence outcome.

2.3.4 Cicchetti and Lynch (1993)

Drawing on the work of Belsky (1980), Bronfenbrenner (1977), and Cicchetti and Rizley (1981), Cicchetti and Lynch conceptualized ecological contexts as consisting of a number of nested levels with varying degrees of proximity to the individual. These levels transact with each other over time to shape the individuals development and ability to adapt to their environment. The macro system includes cultural beliefs and values that permeate societal and family functioning. The
ecosystem consists of the neighborhood and community settings in which families and children live. The micro system incorporates the family environment that children and adults create and experience. Finally, the level of ontogenic development includes the individual and his or her own developmental adaptation. This final level reflects the belief that individuals are important agents of their own environments. Cicchetti and Lynch (1993) have hypothesized that these levels of the environment interact and transact with each other over time in shaping individual development and adaptation. In this model, context and children’s functioning are conceptualized as mutually influencing each other. Transactions between children and their contexts both allow for continuity in children’s development (and context) over time and create potentialities for change.

2.3.5 O’Leary & Ickovics (1995)

The foundation of the concept put forth by O’Leary and Ickovics comes from the literature on resiliency, but goes beyond the view of resilience as homeostasis. It suggests a value-added construct where challenge provides an opportunity for change and growth. According to these theorists, when an individual is confronted with a challenge they may succumb or respond in one of three ways – survive, recover, or thrive.

Survival implies that the individual affected by a stressor continues to function, but in an impaired fashion. For example, a victim of a violent crime, for whom the trauma of the event has instilled overwhelming fear, is afraid to leave home and therefore is unable to return to work and other daily activities. For this individual recovery was not possible because the psychological consequence of the event are so debilitating.
Recovery indicates a return to baseline. After the decrement associated with an initial challenge, the individual is able to return to previous levels of social, psychological, and occupational functioning. The victim of violent crime who returns to work and other daily activities in much the same way as prior to the event would be an example of recovery according to O'Leary and Ickovicks.

Thriving involves the ability to bypass the original level of psychological functioning, to grow and to flourish. Through the interactive process of confronting and coping with challenge, a transformation occurs. The individual does not merely return to a previous state, but moves beyond it, adding value to life. Thriving may be behavioral, cognitive, and emotional. It is transformative, contingent on a fundamental cognitive shift in response to a challenge. Challenge provides the opportunity for change because it forces the individual to confront personal priorities and to re-examine their sense of self. It can also alter social roles, resulting in the acquisition of a new role, loss of an old role, or a reordering of role priorities.

Within this context, the authors suggest that there are different determinants to thriving, including individual and social resources. Individual resources include, but are not limited to, hardiness, active coping, a sense of coherence, optimism, and ability to find meaning in challenge. Social resources include formal (e.g., organizational or institutional) or informal (e.g., friends, family, co-workers) resources.

2.3.6 Kobasa (1979, 1982), Maddi & Kobasa (1984)

One of the first, and, possibly most controversial, concepts within the resiliency literature is that of hardiness. Kobasa and colleagues were the first to introduce this construct and conceptualized it as a personal/individual difference variable that protects one against harmful effects of stress. According to theory, hardiness is a general quality that emerges from rich, varied, and rewarding childhood experiences. Hardiness was
conceptualized as comprising three interrelated dispositional tendencies: control, commitment, and challenge. A hardy person views potentially stressful situations as meaningful and interesting (commitment), sees stressors as changeable (control), and sees change as a normal aspect of life rather than a threat, and views change as an opportunity for growth (challenge). As a result, a hardy person is able to remain healthy under stress. Hardy people are thought to “transform the meaning of events to their most positive interpretations and ones that lead to goal directed behavior” (Orr & Westman, 1990, p. 143).


Rutter (1987) made an important distinction between resiliency as a process or mechanism, versus a factor, trait, or variable: “The terms ‘process’ and ‘mechanism’ are preferable to ‘variable’ or ‘factor’, because any one variable may act as a risk factor in one situation but as a vulnerability factor in another” (p. 317).

In this context, Rutter discusses the concept of mechanisms that protect people against the psychological risks associated with adversity in relation to four main processes.

The first of these mechanisms is the reduction of risk impact. The impact may be reduced by altering the appraisal of the risk factor. The second way in which risk impact may be mitigated is through mechanisms that change the child’s exposure to the risk situation. The third mechanism through which protective functions may be served is through the establishment and maintenance of self-esteem and self-efficacy. Finally, protective factors operate through opportunities to obtain experiences that might mitigate the effect of early risk factors.

In this regard, Rutter (1990) defined three broad variables as protective factors: (1) personality coherence, (2) family cohesion, and (3) social support. Personality factors include level of autonomy, self-esteem and self-efficacy, good temperament,
and positive social outlook. In addition, having more flexible thinking and expanded behavioral options as a result of positive affect may increase the personal resources of extraverted individuals during times of adversity. Furthermore, the tendency of extraverted individuals to build strong networks of social support may allow them access to this important protective factor during stressful situations (Rutter, 1985).

2.4 Summary of research investigations on resilience

In the early days of resilience research several longitudinal studies examining risk and vulnerability shed light on important protective factors for children growing up in adverse situations (Masten and Coatsworth, 1995). Many of these studies did not directly examine resilience per se but focused on factors relating to children's development in adverse conditions that might be predictive of future difficulties such as mental health problems or criminal behavior. These studies generated interest in the protective factors identified and in the accrued evidence suggested that adversity in childhood did not necessarily lead to negative outcomes. As previously mentioned, questions arose in response to these studies as to what exactly made these children seem invincible to the disadvantageous conditions during their childhood (Anthony, 1987).

Werner and Smith (1977) conducted an important study in this tradition. The focus of this longitudinal study was on a high-risk group of children born in 1955 in Kauai, Hawai‘i. One third of this cohort (n = 201) was designated as high-risk, because they were born into poverty and lived in a family environment troubled by a number of factors including biological and prenatal stress, family instability and discord, parental psychopathology, or other poor child-rearing conditions. One third of these high-risk children (n = 72) grew up to be competent, confident, and caring adults. Several differences were found when these children were contrasted with the at-risk children.
who did develop serious problems. The study's findings revealed three types of protective attributes that supported resilience:

- Dispositional attributes of the individual,
- Affectional ties with the family
- External support systems in the environment.

This study further revealed that less occurrence of illnesses, being affectionate and socially responsive, having good self help skills along with good sensori-motor acquisition and language development were the characteristics of resilient children at risk during early childhood. During the phase of adolescence, the same resilient children showed good problem-solving skills, communication skills, and perceptual motor development. In later adolescence period, resilient individuals possessed high internal locus of control, an achievement-oriented attitude, and positive self-esteem. These resilient individuals later turned out to be adults who were able to relate to numerous sources of support within their environment (Werner & Smith, 1977).

Werner and Smith (1992) also found some interesting gender differences in a follow-up study where their sample was 31-32 years old. They found scholastic competence at age 10 was, for example, more strongly associated with successful transition into adult responsibilities for men than for women. On the other hand, factors such as high self-esteem, efficacy, and sense of personal control at age 18 were more predictive of successful adaptation with adulthood among the women than men. Similarly, the effects of different stressors in the youths' lives influenced their development into adulthood. Werner and Smith (1992) found that males were more vulnerable to separation from or loss of caregivers in the first decade of life (early to middle childhood) than girls, but in the second decade (i.e. adolescence) girls were more vulnerable to chronic family discord and disturbed interpersonal relationships.
than boys. They also found that more positive changes occurred among the women who had mental health problems as adolescents than among the men. These results provide compelling evidence that although many factors may help at-risk children overall to be resilient in the face of adversity, the resiliency process may differ for men and women.

Findings from an epidemiological study by Rutter in 1979 on the Isle of Wight and inner city London were similar to those obtained by Werner and Smith. This study examined cumulative risk for psychiatric disorder and criminality, and it found that risk variables did not always lead to psychiatric disorder if they occurred in isolation (Rutter, 1991). What the study did find was that the risk was increased if two or more risk variables were present at the same time, and that if the child’s circumstances changed then so did the risk (Rutter, 1991). As a result of this study Rutter began to stress the importance of process when studying risk and vulnerability, and also acknowledged the significance of key turning points in an individual’s life (Rutter, 1991). Among the resilient characteristics identified in children by Rutter were easy temperament, being female, good parent-child relationships, marital support, a positive school climate, self esteem and self efficacy in at least one domain of life, planning skills and a warm, close personal relationship with an adult (Richardson, 2002; Rutter, 1993).

Garmezy et al, when investigating the impact of parental schizophrenia in the 1980s, found that most offspring remained well and identified a number of significant factors including effectiveness in work, play and relationships, self discipline, good problem solving skills, critical thinking skills and humor. Garmezy identified a triad of resilient factors that included personality disposition, a supportive family environment and an external support system (Richardson, 2002). A second 1980s study, the Newcastle Thousand Family Study, examining adversity and later criminality,
identified factors associated with good outcomes like good mothering, good maternal health, an employed breadwinner, good health and physical development of the child long with being the eldest in the family. During school years additional factors were identified and included intellectual functioning, school achievement, good parental supervision and belonging to prosocial youth groups (Kolvin, Miller, Fleeting & Kolving, 1988, as cited in Masten & Coatsworth, 1995; Masten 2001).

The Rochester Longitudinal Study of the 1980s studied vulnerability to later mental health problems and the cumulative risk of children born to mothers suffering from schizophrenia. This study analyzed risk in relation to intellectual and socio-emotional functioning at age four, and found a linear relationship in terms of increased risk leading to intellectual and socio-emotional functioning deterioration. They noted that the impact of maternal mental illness did not appear to be related to any particular type of mental illness, and that there was a striking similarity between the impacts of maternal mental illness and that of poverty on the well being of children (Sameroff & Seifer, 1987). Subsequent follow up studies of these children as adolescents were made and several variables were identified relating to improved functioning, including fewer stressful life events, less depression in mothers, mothers expressing greater concern for their children and less dissatisfaction and criticism experienced by the mothers about the children (Seifer, Sameroff, Baldwin & Baldwin, 1992, as cited in Masten & Coatsworth, 1993).

A study by Moran and Eckenrode (1992) attempted to address individual differences in coping with maltreatment. Two personality characteristics were examined and these included locus of control and self esteem. The study explored what protective qualities these characteristics might have with regard to depression for girls (12-18 years) following maltreatment. The results suggested that high self esteem and
internal locus of control for good events were protective factors, and that these
c characteristics were less evident if the child had been exposed to maltreatment at an
earlier age. The type of maltreatment was not significant, and explanations relating to
family relationships and dysfunction or the cumulative impact of maltreatment were
suggested as potential reasons for the results. The authors suggested that maltreatment
during preadolescence may interfere with the development of these characteristics as
they are dependent upon the quality of the parent child relationship. Unfortunately,
although this study identified some interesting factors with regard to self esteem and
locus of control, the design of the research did not yield further insights.

Adding to the evidence on resilient functioning were the results of a
longitudinal 18 year study involving high risk children and their families by Egeland,
Carlson and Sroufe (1993). This study had a transactional basis that placed emphasis on
“identifying and examining meaningful patterns of behavior rather than specific
outcomes” (Egeland et al., 1993, p 519). It involved gathering multiple measures from
multiple sources over time and identified poverty as a significant risk factor,
highlighting that the negative effects of poverty were cumulative over time. With
regard to children who were able to improve their level of adaptive functioning, the
quality of the relationship that infants and toddlers had with their mothers was believed
to be highly important and augmented by increased support / decreased stress in the
family environment. Competent functioning in early childhood was found to be related
to higher intellectual and language ability, a structured and responsive home
environment, and a positive mother-child relationship. For girls, competence was
enhanced by the mother’s personal adjustment, and the role model of positive coping
was inferred (Pianta, Egeland & Sroufe 1990, as cited in Egeland et al., 1993). The
predominant finding of the study pointed to the importance of the attachment
relationship, and that positive adaptation during childhood was mediated by the quality of the mother-child relationship.

Studies following on from this initial wave of resilience research began to be more focused on addressing specific psychological aspects of resilience (Richardson, 2002). Luthar (1991) conducted a study to investigate the variables that may promote resilience among a group of 144 high-risk adolescents. The participants included 62 male and 82 female ninth-grade students, 77% were racial/ethnic minorities (45% Black, 30% Hispanic), and most of the participants were from low socioeconomic status (SES) families. Resilient children were identified as those who experienced high stress and high competence. Luthar’s findings showed that an internal locus of control or participants’ belief which were in control of their environment, and social expressiveness or their popularity with peers, were factors that protected youth against stress. Luthar’s findings on internal locus of control and social expressiveness may be indicative of ways of coping with stress and importance of peer support, respectively.

Vaillant (1993), using the Core City sample of disadvantaged males in the study of Adult Development for his research on disadvantage, resiliency, and mature ego defenses, selected as subjects the 11 of the 456 disadvantaged persons who had the worst childhood environments: both multiple risk factors and a lack of most of the protective factors thought to promote resiliency in childhood. In a follow-up with these eleven subjects when they were about age 50, Vaillant found that 8 manifested the quality of resiliency. The subjects of all these longitudinal studies were deemed to be disadvantaged for a variety of reasons, but low family income was almost always a factor (Gore & Eckenrode, 1994), along with poor housing and large or single-parent families. This is especially interesting because "there is evidence that greater affluence and improved living conditions have been accompanied by an increase in some forms
of psychopathology or psychosocial disorder" (Rutter, 1990, p.363), whereas sometimes poverty serves to foster resiliency (Elder, 1995; Long & Vaillant, cited in Giannezy, 1992).

Research studies in the later 1990s built on the insights gained from these earlier studies with further longitudinal studies continuing to report different variables associated with resilient functioning of children and youths in high risk situations. The analysis of longitudinal data from a New Zealand study of children and adolescents illustrates this. This study found that resilient youths (identified by absence of externalizing behaviors) were distinguished from their less resilient cohorts through less exposure to family adversity, superior intellectual functioning, less contact with delinquent peers and less novelty seeking behavior. However, it also found evidence suggesting that females were no more resilient than males and that when IQ, peer affiliation and novelty seeking were allowed for, that children presenting as more adaptive at an earlier age, were no more resilient than others at a later age. However, certain inconclusive results like external activities and relationships not appearing to be protective and parental bonding and attachment as not related to resilience have also been obtained (Fergusen & Lynskey, 1996). With regard to this study it is important to note that it was not designed to study resilience per se, and that it used available data from a more extensive study to draw its conclusions.

Masten, Hubbard, Gest, Tellegen, Garnezy and Ramirez (1999) found anomalies with regard to prior research in terms of the need to incorporate indicators of psychological distress into appraisals of resilience. Masten et al. (1999) report on a 10 year longitudinal study focusing on the differences between resilient youth and their maladaptive peers, and competent peers who had not experienced adversity. This study reported that the group of resilient youths and their competent peers were alike in terms
of the psychosocial resources (intellectual ability and parenting resources). They found that resilient youth had much in common with their competent peers, and that although they reported experiencing negative affect this was not at a level beyond the norms of the measurements used. The group of maladaptive youth, however, was reported as more at risk of psychological distress and reportedly responded to stressors with distress and negative emotion. This report concluded that the development of competence is related to psychosocial resources, and that good resources are less available to children growing up within the context of adversity, but that if these resources are available then competence is likely to be evident (Masten et al., 1999; Masten & Reed, 2002).

Further inconsistencies were found in the results of a large epidemiological study by McGloin and Widom (2001). They operationalised the construct of resilience across eight domains of functioning to include employment, homelessness, education, social activity, psychiatric disorder, substance abuse and criminal activity in terms of official arrest and self reported violence. The study involved over a thousand subjects that had been victimized as children (as identified by official records) and a control group. Subjects were interviewed at a later stage in life during early – mid adulthood (18-41 years). This study found that 22% of the maltreated group met the criteria for resilience, with more females meeting the criteria for resilience and being successful across a greater number of domains than males. Analysis of the type of abuse experienced, and removing the two criminality domains, did not yield any significant explanations with regard to gender differences and the authors suggest that the results of the study may reflect that males are generally more vulnerable than females as evidenced by general mortality and morbidity rates. The analysis of type of abuse and
domain success found that while sexual abuse and neglect were significant negative predictors of resilience, physical abuse was not of them.

Masten, Burt, Roisman, Obradovic, Long and Tellegen (2004) reviewed a number of longitudinal studies that followed disadvantaged individuals into adulthood. They reported evidence suggesting the period of life named “emerging adulthood” by Arnett (2000) may provide a window of opportunity for positive change. This group presented findings from a longitudinal study exploring continuity and change through this transitional period, and questioned if positive change for maladapted individuals is predictable. Reassessment of subjects that had been involved in a previous study found that competence was enduring for both resilient and competent individuals. Resources in childhood and adolescence believed to be important for on-going success included intellectual functioning, parenting quality and socioeconomic advantages. Adaptive resources identified as important included the ability to plan and having motivation to succeed in the future, behavioral and emotional autonomy, the capacity to handle stressful situations and access to supportive adults. A small number of maladapted subjects (one third, all females) did make significant improvement during the transition into adulthood, but the authors did not offer an explanation as to why this positive change had come about.

A study by Cicchetti and Rogosh (1997) involving children in their middle childhood years over a three year period attempted to identify the processes underlying successful adaptation despite adversity, and to identify any differences between maltreated children and a control group of non maltreated children with regard to self striving and adaptation. This study involved multiple measurements on an annual basis and included self report, peer ratings, counselor ratings, and school measurements that were combined to form an adaptive functioning indicator; and to provide several
measurements reflecting proposed process variables relating to ego resiliency, intelligence, self esteem, maternal relationship and relationship with counselor. This study confirmed that maltreated children displayed less adaptive functioning, and that fewer of the maltreated children were considered resilient in their functioning. Factors identified as significant in resilient functioning involved relationship factors for the control group; and ego resilience, ego over control and positive self esteem for the maltreated group. The authors concluded that for the children in the maltreated group self system processes (self reliance and confidence) and interpersonal relationships were important for resilience outcomes, and that children play an active role in constructing their ultimate adaptation.

A later study by Buckner et al. (2003) adds to these conclusions in relation to self regulatory skills and resilience. Their study differentiated resilient from non-resilient school age children (8-17 years), and looked for significant characteristics between the two groups. The factors that were explored included child centered resources (cognitive abilities, self esteem and self regulation in terms of executive function and emotional regulation capacities) and family / environment centered resources (social support and parental monitoring). Results found that children living in poverty are subjected to circumstances that are detrimental to their well-being but that 29% of their subject group did manifest resilience. The children who were classified as non-resilient were found to have been exposed to significantly more adverse life events than their resilient peers. Self regulation skills were identified as a predictor of resilience, and no age or gender differences were found. In addition to this, parental monitoring was also found to be an independent predictor of resilience, and there was no association between social support and resilience. Buckner et al. (2003) also proposed that self regulation skills may reflect temperamental characteristics, and that
although they suggested that this may have a genetic basis with links to the prefrontal cortex, they cautioned against the inference that self regulation is a static trait. These studies and current literature of resilience focus on two central concepts:

1. Risk factors, and
2. Protective factors.

2.5 Risk factors

The concept of risk originated in epidemiological research and was later adopted by social scientists to study social behavior (Jessor, Van Den Bos, Vanderryn, Costa, & Turbin, 1995). A risk factor has been defined as "any influence that increases the probability of onset, digression to a more serious state, or maintenance of a problem condition" (Kirby & Fraser, 1997, p. 11). It is not an easy matter to differentiate between a risk factor and a stressor. Stress results when individuals interpret an event and decide there are insufficient supports, coping strategies and resources that they can draw upon (Gadzella, 1994; Rice, Herman & Peterson, 1993). Frustrations, conflicts, and pressures can be considered stressors. More specific examples can include: delays in reaching a goal, failure, being socially isolated, parents'/siblings' injury or health problems, conflictual relationships, getting arrested, unplanned pregnancy, and developing a mental disorder (Gore & Aseltine, 1995; Kirby & Fraser, 1997). Smith and Carlson (1997) have suggested that stress takes into account the meaning or perception of the experience. A stressor that might be a crisis to one person may be seen as a challenge and managed by another. Their summary provides clarity on this subject:

Both stressors and risk factors have the potential to threaten child and adolescent well-being. Whereas stress, depending on how it is perceived and handled, may or may not lead to negative outcomes. Risk factors increase the odds of poor outcomes. Most risk factors can be considered stressors, for example, ethnic minority status, poverty,
parental discord, parental criminality or mental illness, or out-of-home placement but the reverse is not necessarily true. Some stressors may not be considered risk factors, in particular daily hassles and normal transitions. Moreover, some stressful events are ambiguous or even positive in terms of their meaning to the individual, whereas risk factors are always considered negative. (p. 235)

Another concept similar to risk factors and stressors is that of deficits. Benson (1993), as part of the Search Institute's profile of public school students has suggested that deficits, including abuse, parental addiction, negative peer pressure, television overexposure, and social isolation can "interfere with healthy development, limiting access to external assets...or easing the way into risky behavioral choices. "Deficits are liabilities, none of which necessarily does permanent harm, but each of which makes harm more possible" (p. 19).

It is evident that stress, risks and deficits are present in a variety of domains. Risk factors can include "characteristics of individuals and families, social contexts, or the interactions between persons and their environment" (Smith & Carlson. 1997, p. 234). Following is a brief review of such risk factors.

2.5.1 Individual risk factors

Individual risk factors or traits may include biological and genetic attributes during the prenatal term; birth complications; individual characteristics such as low IQ or difficult temperament; presence of a specific disorder such as attention-deficit disorder; chronic illness; and accidents (Hauser, et al., 1989; Colten & Gore, 1991; Garmezy, 1983; Smokowski, 1998). All such risk factors or traits may function as markers for subsequent problems or disorders (Kirby & Fraser, 1997).

It has been widely cited that temperamental difficulty is a risk factor for children and adolescents (Tubman & Windle, 1995). Rutter (1983) suggested that
children with difficult temperaments are more likely than other children to be the target of parental hostility, criticism, and irritability.

Another individual characteristic that is similar to temperament is a pessimistic or world view. Seligman's (1995) research indicated that children with a pessimistic perspective were at greater risk for doing poorly in school, experiencing problems with depression and anxiety, and being at risk for worse physical health than are optimistic children. Additionally, it seems that once a pessimistic child experiences depression, the child is at greater risk of becoming depressed in his or her adolescence.

Gender may be a factor in appraising, interpreting, and managing stress and risk situations. In a study conducted on undergraduate students, Gadzella (1994) found that females reported experiencing significantly more stressors and negative reactions (including physiological, emotional, and behavioral reactions) to stressors than their male counterparts. Additionally, Werner and Smith (1982) reported that adolescent girls are at higher risk for some mental health disorders.

Individual characteristics such as difficult temperament, pessimistic world view, and low self-esteem may all play a role in increasing the individual's risk of poor outcomes. Fraser (1997) has introduced the idea that certain risk factors are associated with certain outcomes: "...different individual, family, school, neighborhood, and contextual conditions produce different kinds of problems" (p. 3). For example, individual risk factors such as poor impulse control, attention deficit, sensation-seeking orientation, external locus of control, and a sense of meaninglessness have been associated with alcohol and drug use (Jenson, 1997; Newcomb & Harlow, 1986). Newcomb and Harlow (1986) have suggested that, "by adolescence a pattern may have developed whereby many teenagers seek solace from alcohol, marijuana, and other drugs in order to relieve a sense of meaninglessness and lack of direction in their life" (p. 574).
2.5.2 Family risk factors

There are many different family risk factors that affect children. These include parental problems (parental substance abuse, mental illness, or criminality), lack of structure and poor communication in the family, unattended parent-child relationship, and the occurrence of abuse. Berlin and Davis (1989) have pointed out that parental alcoholism can affect children throughout their development. They conclude that children being aged six or younger at the onset of parental alcoholism, being an only child, or being the oldest child increase the likelihood of poor emotional and behavioral outcomes.

During middle school, children of alcoholic parents can be at risk for poor school performance, fewer peer relations, difficulty in mood control, and lowered self-esteem. During adolescence, maladaptive outcomes may include problems with impulse control, running away, depression, suicidal behavior, and drug and alcohol abuse. It is evident that marital conflict and family discord can also have substantial negative impact on children. In a study, Conger and colleagues found a strong link between marital conflict and adolescents’ alcohol use (Conger, Lorenz, Elder, Melby, Simons & Conger, 1991).

Children may be at risk of developing a mental illness or substance abuse in part due to genetic transmission, but there is even more risk when combined with such factors as poor parenting skills (poor communication, ineffective problem-solving strategies and few monitoring skills) (Kirby & Fraser, 1997) and a stressful parent-child relationship. Ray-Grant and colleagues (1989) found that poor interactions between the youth and their mothers were significantly related to the occurrence of disorders. In a study on suicidal inpatient youth and control group, both group members were asked what according to them the “most stressful event” was. As per the study’s findings
most of the patients considered relationship problems with their parents, whereas a control group reported relationship problems with peers as the most stressful event (Wilson, Stelzer, Bergman, Kral. Inayatullah, & Elliot, 1995).

Other major risk factors include delinquency (Sullivan & Wilson, 1995), loss of and separation with near and dear ones (Rutter, 1972), abusive parenting (Thomlison, 1997), pregnancy (Franklin, Corcoran, & Ayers-Lopez, 1997) etc.

2.5.3 Community risk factors

Broad social, cultural and environmental factors such as joblessness poverty, discrimination, homelessness, social isolation and violent, dangerous, or disorganized neighborhoods have been associated with adverse child and family outcomes (Dryfoos, 1990; Smokowski, 1998; Williams et al., 1997). These factors have both direct and indirect effects on the overall risk to a child. "For example, poverty directly affects children by lowering the quality of their food and shelter. It has indirect effects on children by placing parents under such constant strain that they find it difficult to respond consistently to a child's needs" (Kirby & Fraser, 1997, p. 11).

Much like there are common family risk factors for substance use and delinquency, there are also common community risk factors for these problems. These include the availability of community resources, level of community organization, community values, norms and attitudes, level of devaluation of the neighborhood, and general living conditions (Jenson, 1997; Sullivan & Wilson, 1995; Williams et al., 1997).

Additionally, if there are fewer opportunities for higher education and employment, the youth lacks confidence of success in future, which can result in frustration and anger and ultimately, alienation, substance abuse, school failure, and delinquency (Kirby & Fraser, 1997).
Research conducted by Hendryx and Ahern (1997) found that psychiatric disorders were associated with poor health habits and lower income. In their summary they concluded that, "psychological health in dysfunctional communities should not be too narrowly construed as an individual problem, when it in fact reflects underlying social pathologies" (p. 156). In a second community psychology study, the researchers suggested that if one has a "sense of community"—whether it be in the school setting or the neighborhood—then an individual is more likely to meet supportive people, and prevent loneliness (Pretty, Andrewes, & Collett, 1994).

2.6 Protective factors

Positive development requires constant exposure to interlocking systems of support, control, and structure. In the ideal, young people via schools, families, community organizations, and religious institutions constantly interact with caring principled adults. These patterns of support, control, and structure function as external assets, providing young people with webs of safety and love important for stimulating and nurturing healthy development. (Benson, 1993, p. 7)

Protective factors have been a central consideration in the investigation of risk since the late 1970s (Rutter, 1985). Protective factors have been precisely defined by Fraser (1997) as the “forces that help children resist or ameliorate risk” (p. 3). These forces have been further found to "moderate the effects of individual vulnerabilities or environmental hazards so that a given developmental trajectory reflects more adaptation... than would be the case if protective processes were not operating" (Hauser, 1999, p. 4).

According to Rutter, (1985) protective factors refer to influences that modify, ameliorate, or alter a person’s response to some environmental hazards that predisposes to a maladaptive outcome. These factors provide resistance to stress and encourage
outcomes that characterized with high adaptation and competence (Kimchi & Schaffner, 1990; Rutter, 1987). A combination of protective factors contributes to resilience, and it involves a complex interplay of multiple influences overtime (Ryff & Singer, 2003). Caring and supportive relationships within and outside the family; and or close healthy relationship with at least one adult are believed to be primary requirement for building resilience in adolescents (Berk, 2000; WestEd, 2002; Wissing & Van Eeden, 2002).

These relationships should create love and trust, provide role models, and offer encouragement and reassurance, and help bolster a person’s resilience. Resilience is influenced by the environment and may be used to exploit positive features of the environment for positive outcomes (Wasonga, Christman & Kilmer, 2003). Every adolescent has the potential to be resilient. Benard (1996), as cited by Wasonga et al. (2003) states that resilience is not a genetic trait that only a few children possess; it is biologically inherent in all human beings. However, despite the biological basis for resilience, role of certain environmental influences for optimal expression of resilience cannot be ruled out. These influences are required by an individual to develop a range of personal skills and successful coping strategies to overcome adversity (Oswald, Johnson & Howard, 2004). These environmental influences are often referred to as protective factors or protective mechanisms. Protective factors moderate a person’s reactions to chronic adversity leading to healthy and successful adaptation (Oswald et al., 2004; Ryff & Singer 2003). They are placed externally in the social/environmental life space of adolescents, and also serve as internal personal attributes and qualities of the individual (Oswald et al., 2004). The environmental contexts, which are major influences in developing resilience in adolescents and children, are, home, school, community, peers and the individual student’s characteristics or predisposition towards
dealing with difficult life situations (Ryff & Singer, 2003). Protective factors have therefore been broadly categorized into two types:
1. Extrinsic protective factors and
2. Intrinsic protective factors.

2.7 **Extrinsic protective factors**

Extrinsic protective factors are those features of the environment that assist adolescents to become resilient, valuable and worthwhile individuals. Adolescent’s environments i.e. school, home community and peers provide these features for them to develop resilience traits. Extrinsic protective factors or external assets also known as developmental supports or protective factors, are grouped under three principles that research has shown to be essential for promoting resilience and youth development:
1. Caring relationships,
2. High Expectations and
3. Opportunities for meaningful participation.

Each of these three factors—the resilience triad—is assessed as they exist in three environments: home, school and community. These three factors develop an individual’s characteristics and define resilience, performance and successful learning (Wasonga et al., 2003).

2.8 **HOME ENVIRONMENT AND EXTRINSIC PROTECTIVE FACTORS**

The home environment in all ages and for all cultures has been recognized as powerful socializing force in children’s lives. Encompassing a number of ways in which families influence their offspring’s development, the environment is of central concern in human development research. Criteria like family’s socioeconomic status, demographics, parental attitudes and beliefs, parental expectations, and parental behavior towards and interactions with their children have mostly been assumed as
essential measures of an adolescent’s home environment. Factors like these and others have shown to have an effect on the healthy psychological development of children and adolescents. Family environment has also been recognized as one of the most important influences on psychosocial development of resilience of young people (Cairns & Dawes, 1996; Garmezy, 1983).

2.8.1 Caring and supportive Relationships in home

Caring relationships are defined as supportive connections to others in the adolescents' life who model and support healthy development and well-being (Benard, 1991). Studies of human development, program evaluation research, the recent National Longitudinal Study of Adolescent Health, and several qualitative studies have identified caring relationships as the most critical factor protecting healthy and successful child and youth development even in the face of much environmental stress, challenge, and risk. These relationships convey that someone is “there” for the adolescent facing adversity. Such affiliations are demonstrated by an adult or peer taking interest in the life problems and events of the adolescent.

Most research findings probing the family environments of resilient children and adolescents posit that despite the presence of parental psychopathology, family discord/problems, or chronic poverty, most children and adolescents who are identified as resilient have had the opportunity to forge a close relationship/bond with at least one person (not necessarily the mother or father) who provided them with stable care and from whom they received adequate and appropriate attention during the first year of life (Anthony, 1974, 1987; Demos, 1989; Garmezy, 1983; Watt, 1984; Werner, 1990; Werner & Smith, 1982).

Rutter (1987) suggested that “one good parent-child relationship” substantially reduces the psychiatric risk associated with family conflict. More generally, it has been
found that having a relationship with one important person (e.g., a parent or an extended family member) who provides emotional support, affection, appropriate attention, structure, discipline, protection, and the absence of severe criticism increases the likelihood of establishing competence in an adolescent who has lived in a risky environment (Garmezy, 1985; Werner & Smith, 1982). This interaction with at least one caring adult is critical for the development of basic trust during the first stage of psychosocial development i.e. infancy (Erickson, 1963 as cited in Benard, 1991). Healthy attachments with parents foster self esteem and self efficacy among children and adolescents (Rutter, 1987).

A longitudinal study on high and low risk children conducted by Seifer and colleagues (1992) confirmed the importance of a good parent-child relationship for healthy psychosocial development in adolescence as well as in childhood (as cited in Fergusson & Lynskey, 1996). It was found that certain aspects of early mother-child interactions specifically maternal teaching style and expressed emotion-acted as protective factors in both low and high risk children.

Further support for the importance of one good parental relationship in adolescence comes from a study by Spaccarelli and Kim (1995), who investigated 10-17 year old survivors of sexual abuse who had been referred to therapy. Results from this study indicated that support and warmth from the non offending parent was the key factor in dealing with the stress from the abuse which helped the victims in being able to maintain school performance, activities, and peer relations after abuse.

Another longitudinal study conducted by Franz, McClelland, and Weinberger in 1991 that examined parents' child-rearing practices when the child was five, at other childhood experiences, and at social accomplishment at age 41 found that “having a
warm and affectionate father or mother was significantly associated with adult social
accomplishment and contentment”.

Wolin and Wolin (1994) have argued that the most powerful protective factor
against risky behaviors is family connectedness (a factor broader than the parent-child
relationship) which involves a shared sense of belonging and intimacy among family
members. Weist and colleagues (1995) found that family cohesion (closeness and
support) was found to be the only protective factor against discipline problems for
boys, and was associated with higher self concept for girls.

Family support, a factor in family connectedness, has been shown to be a
protective factor for children against risks like poor mental health and delinquent
behaviors. Wills & Cleary (1996) found in a sample of 12- 15 year olds, that parent
support mediate the effect of deviance-prone attitudes and peer affiliations, as well as
having a significant, inverse correlation with the level of substance use. Other family
oriented protective factors that mediate against adolescent alcohol and drug use are:
smaller family size, low marital discord, having a caring and supportive relationship
with siblings, parents, and non-family members, as well as a belief in prosocial norms
and values along with commitment to school (Jenson, 1997).

Supportive relationships with adults who function as role models can be
protective factors for children and youth (Garmezy, 1983; Schultz, 1991). Werner and
Smith's (1992) longitudinal study of high risk children demonstrated that caring adults
or surrogate parents (grandparents, uncles, aunts, neighbors, teachers, parents of
boy/girlfriends) are significant protective factors for youth who successfully
transitioned to adulthood.
2.8.2 High expectations in home

High expectation messages are defined as the consistent communication of direct and indirect messages that the adolescent can and will succeed responsibly (Benard, 2004). It is the positive belief usually on the part of parents that their children will be successful, and that they have "what it takes" to achieve goals (Delpit, 1996).

Being a major aspect of caring relationships, this type of communication between the child/adolescent and adult reflects the latter's belief in the youth's innate resilience and ability to learn. Research has shown this to be a pivotal protective factor in the home, school, and community environments of adolescents who have successfully coped with adverse life situations. Research into why some children growing up in poverty still manage to be successful in school and in young adulthood has consistently identified high parental expectations as the contributing factor (Clark, 1983; Williams & Kornblum, 1985). Families that establish high expectations for their children's behavior from an early age play a role in developing resiliency in their children (Mills, 1990).

When parents convey expectations in an accepting, loving, supportive manner or in other terms have healthy and realistic expectations, adolescents are often motivated to fulfill them. (Brooks and Goldstein, 2001) High expectations on the part of parents and other family caregivers for their children's school success has remained a consistent predictor of positive health and academic outcomes for youth over the years and increasingly so for the children (Clark, 1984; Gandara, 1995; Herman et al., 1997).

Other important factors that are associated with high expectations are family characteristics such as structure, discipline, and clear rules and regulations. Bennett, Wolin, and Reiss have found that even in alcoholic families, children tended to have better outcomes if the family was able to maintain some order and clear expectations.
from them (1988). Similarly, Baumrind (1985) found lesser substance abuse among adolescents whose parents had "authoritative," parenting style characterized with warmth, support, and clear rules and expectations (as opposed to those that were "authoritarian" or "permissive").

Studies conducted by Garmezy, 1985 and Werner & Smith, 1982 found that relationship with one person, (be it a family member or an extended family member) who provides structure, discipline, protection etc is an important protective factor which increases the likelihood of establishing competence in an adolescent who has lived in a high risk environment.

Another related aspect of high expectations is that of faith. According to Werner, "A number of studies of resilient children from a wide variety of socioeconomic and ethnic backgrounds have noted that their families have held religious beliefs that provided stability and meaning to their lives, especially in times of hardship and adversity" (1990). Werner further hypothesizes that, "such faith appears to give resilient children and their caregivers a sense of rootedness and coherence, a conviction that their lives have meaning, and a belief that things will work out in the end, despite unfavorable odds" (1990).

Researchers like Hauser, 1999 and Schultz, 1991, have also suggested that having a religious affiliation, spirituality, or belief in a higher power, or God, provides support to individuals in difficult times. It seems that faith "is what helps people feel that they are not alone... What ever helps them find or make meaning in their lives" (Adams, 1999, p. 16).

Moskovitz concludes from his study on child survivors of the Nazi Holocaust that this sense of hope and expectation for the future resulting from one's religious
orientation enabled these children to learn to love and to behave compassionately
toward others in spite of the atrocities they had experienced (1983).

2.8.3 Meaningful participation in home

Meaningful participation is defined as the involvement of the adolescents in
relevant, engaging, and interesting activities with opportunities for responsibility and
contribution (WestEd, 2002). Providing young people with opportunities for
meaningful participation is a natural outcome of environments that convey high
expectations. Meaningful participation in home depends upon the parents being able to
provide children with both autonomy and responsibility. Resilience research has
documented that positive developmental outcomes including reductions in health–risk
behaviors and improvement in academic performance, are associated with adolescents
being given valued responsibilities, planning and decision-making opportunities, and
chances to contribute and help others in their home, school, and community
environments. Historically such healthy involvement in familial and scholastic matters
has been associated with positive developmental outcomes for adolescents (Benard,

However there has not been much research attention on contribution made by
meaningful participation of the adolescents in development of resilience in them in the
Violent World*, cites several studies documenting higher levels of well being and life
satisfaction for youth who are given important responsibilities not necessarily centering
around them but with family members, classmates and other community members.
Assignment of chores, domestic responsibilities (including care of siblings), and even
part–timework to help support the family proved to be sources of strength and
competence for resilient children (Werner & Smith, 1982).
Parenting style particularly the extent to which the parents grant autonomy and opportunities for decision making to the adolescents is often found to pave way for further meaningful participation in familial matters on the part of the adolescent member.

Parents who create opportunities for their children and adolescents to have some decision-making power and to solve problems on their own help meet their children’s basic need for psychological autonomy (Benard, 2004).

Eccles et al. also found “positive association between the extent of the adolescent’s participation in the family decision making and intrinsic school motivation and positive self-esteem” (1993, p. 98).

Provision of optimal levels of psychological autonomy and control are characteristics of favorable parenting styles that encourage meaningful participation from adolescents. “Psychological control refers to parental behaviors that are intrusive and manipulative of children’s thoughts, feelings and attachment to parents” (Barber, 2002, p. 150) which stands in contrast to the psychological autonomy provided by the parents. Hence psychological control could come in the way of building resilience in children and adolescents as it hinders the provision of autonomy to them.

The cross cultural research reported in Intrusive Parenting: How Psychological Control Affects Children and Adolescents (Barber, 2002) reveals consistently that higher the element of control in parental behavior, greater is the risk of exhibiting internalized and externalized problem behaviors among the adolescents. Such results were more common for cultures like India and Gaza where parents impose more control and provide lesser autonomy to their children in comparison to other individualistic cultures.
Although various other family factors have been identified as being protective of children and adolescents (for example, small family size, mother over age 17, or children with age gap of at least 2 years, the factor critical to the positive development of children is a caring, supportive family life. Such supportive environment exists at home when the adult caregivers set high and clear expectations from the adolescent members and also provide them with ample opportunities to participate meaningfully family related matters. Family environments with these characteristics therefore provide the fertile soil for the growth and nurturing of that sense of basic trust and coherence essential for human development and, further for the development of the traits of resiliency: social competence, problem-solving skills, autonomy, and a sense of purpose.

2.9 SCHOOL ENVIRONMENT AND EXTRINSIC PROTECTIVE FACTORS

Identification of adolescent resilience in the environment has expanded over the years into other important contexts like the school apart from the family. Both community and school contexts appear to play a large role for especially those children whose family context contains risk factors. Schools, neighborhoods, and community settings can provide external support systems to help adolescents strengthen and reinforce their coping strategies and move towards self-defined goals. Bernard (1991) pointed out that when social support, caring and love is unavailable in the immediate family and school environment it becomes easier for the children to beat the odds and emerge successful.

Rutter on the basis of his research concluded that” schools that foster high self-esteem and promote social and scholastic success reduce the Likelihood of emotional and behavioral disturbances” (1979). There is abundant research evidence on the power of the school to influence the outcome for adolescents from high-risk environments
Researches exploring resilience in children and adolescents from the protective perspective clearly highlight the characteristics of schools that ensure healthier transition to adulthood despite being confronted with stressful life periods during this period of life. These characteristics fall under the same three categories as in the home environment, i.e.

1. Caring relationships,
2. High Expectations and
3. Opportunities for meaningful participation.

2.9.1 Caring relationships in schools

Resilience research has proved that alleviating student’s intrinsic motivation is the key to experiencing stress free adolescence. Fulfilling the younger people’s basic psychological needs of belongingness and safety, attainment of competence, finding learning meaningful and autonomy can make them intrinsically motivated.

Caring relationships with teachers and peers not only meet student’s affiliation needs but also lend support when learning tasks are difficult or uninteresting. Repeatedly, these turnaround teachers/mentors are described as providing, in their own personal styles and ways, the three protective factors i.e. caring relationships, high expectations and meaningful participation in school (Benard, 1996; Deiro, 1996; Ladson-Billings, 1994; Moormon, 2001).

Caring relationships in school provide assurance of someone being there for the youth, of trust and of unconditional support. According to Baumeister and leary’s (1995) research, the best strategy for meeting the need of belongingness is giving unconditional acceptance. However this strategy must not be equated with relaxing
expectations. It has been seen that when students are asked to define the qualities they want to have in their teachers, there has been a consensus for caring and supportive teachers who accept no excuses but at the same time are determined for their students’ success (Wasley, 1997; Wilson & Corbett, 2001).

Just as in the family arena, the level of caring and support within the school is a powerful predictor of positive outcome for youth. However limited research attention has been given to the role of caring and supportive teachers in helping the adolescents cope with adversity successfully (Werner, 1990). For example, in her research Werner found that school teachers apart from family elders are often the favorite role models among the school going adolescents in Kauai. “For the resilient youngster a special teacher was not just an instructor for academic skills, but also a confidant and positive model for personal identification”(Werner, 1990).

It must be mentioned that caring is as critical to resilience in adolescents as it is to resilience in younger children. A Stanford university study of adolescents from diverse socio-economic status and racial groups found that “The number of student references to wanting caring teachers is so great that we believe it speaks of the quiet desperation and loneliness of many adolescents in today’s society” (Phelan et al., 1992, p. 698).

Furthermore, studies on school dropouts repeatedly identify the lack of someone caring in school as the major reason behind dropout (Croninger & Lee, 2001; Hamovitch, 1996; Loutzenheiser, 2002; Stevenson & Ellsworth, 1993).

Bonnie Benard is very clear about the centrality of caring relationships in the educational process. "Reciprocal caring, respectful, and participatory relationships are the critical determining factors in whether a student learns, whether parents become and stay involved in the school, whether a program or strategy is effective, whether an
educational change is sustained, and, ultimately, whether a youth feels he or she has a place in this society" (Benard, 1995, p. 2).

Other researchers have also provided support for Benard's opinion. For example, in discussing the importance of relationships outside the family, Werner has repeatedly stated that her resilient children pointed to a favorite teacher who believed in them personally while skilfully teaching academic skills. Roeser, Eccles, and Sameroff (1998) found that "adolescents who viewed their teachers as providing both academic and emotional support were less likely to experience alienation from school or emotional distress". They recommend "smaller learning communities within larger schools" to help "students and teachers get to know one another" (p. 346). Young people often talking about teachers who listen to them, who notice when they are absent and who seem interested in them has been a consistent them in resilience literature. Moskovitz' 30- to 40-year follow-up study of childhood survivors of the Nazi Holocaust who were sent from concentration camps and orphanages to a therapeutic nursery school in England at the end of World War II further highlights the power of a caring teacher. All of the resilient survivors "considered one woman to be among the most potent influences in their lives--the nursery school teacher who provided warmth and caring, and taught them to behave compassionately" (cited by Werner, 1990).

Nettles and colleagues (2000) studied a school that had experienced few successful outcomes in Washington D.C. The children in this school had experienced violence and the adverse consequences of being in such a negative environment. This study analyzed the role of social support in protecting students from the negative effects of violence on achievement. Results of the study demonstrated that there was no correlation between family support and achievement in school but a positive correlation between teachers. Support and achievement, especially in mathematics, was found. A
A caring, supportive teacher was concluded in the study to be the most significant factor in predicting academic achievement and potential for life success. Another study reinforced the above findings by concluding that “at a time when the traditional structures of caring have deteriorated, schools must become places where teachers and students live together, talk with each other, and take delight in each other's company. “My guess is that when schools focus on what really matters in life, the cognitive ends we now pursue so painfully and artificially will be achieved somewhat more naturally. It is obvious that children will work harder and do things—even odd things like adding fractions—for people they love and trust” (Noddings, 1988).

2.9.2 High expectations in schools

Positive and clear expectations termed as ‘high expectations’ (often considered as core of caring relationships) guide and structure behavior and increased self efficacy beliefs in them. During the last two decades, research on successful schools and programs for youth in challenging circumstances has clearly demonstrated that high expectations—with concomitant support—is a critical factor in decreasing student drop out ratio and in increasing the number of youth who go on to the college (Masten et al., 1994; Meier, 1995).

Setting high expectations for all kids at school often lead to high rates of academic success (Rutter, 1979; Brook et al, 1989; Edmonds, 1986; O'Neil, 1991; Levin, 1988; Slavin, Karweit & Madden, 1989). According to a historical review of teacher expectations by Weinstein (2002) “across multiple studies, teacher appear to provide those students for whom they hold high expectations more opportunities to learn, and under more positive conditions, than for students for whom they hold low expectations” (p. 51). High expectations are also a common characteristics of “high performing, high poverty” schools (James et al., 2001).
There are several ways to communicate expectations to students according to expectancy communication theory. Weinstein and her colleagues, at the University of California, have provided a conceptualization which holds that expectations-high or low-are communicated to students not only through relationships and messages but also through the structure, organization, curriculum and practice of schools (Weinstein, 2002; Weinstein et al., 1991).

Probably the most powerful research supporting the school "ethos" of high expectations as a protective shield is that reported by Michael Rutter in his book Fifteen Thousand Hours (1979). According to Garmezy, this work "stands forth as a possible beacon for illuminating the role of schools as a strategic force in fostering the well-being of disadvantaged children" (1991). Rutter found that even within the same poverty-stricken areas of London, some schools showed considerable differences in rates of delinquency, behavioral disturbance, attendance, and academic attainment (even after controlling for family risk factors). Apart from high level of student participation, and many, varied alternative resources like library facilities, vocational work opportunities, extra-curricular activities, teachers’ clear expectations and regulations towards the students were one of the primary factors underlying success of these schools.

High expectations have also been borne out in the protective factor research of Judith Brook and her colleagues. They found that this factor, in conjunction with schools allowing for student participation and autonomy, was even able to mitigate against the most powerful risk factor for adolescent alcohol and drug use—using peers (1989).

During the last several years, research on successful programs for youth at risk of academic failure has clearly demonstrated that a school climate of high expectations
is a critical factor in reducing academic failure and increasing the number of youth going for higher education. For example, according to Phyllis Hart of the Achievement Council, a California-based advocacy group, the establishment of a "college core curriculum" in an inner-city, disadvantaged community resulted in over 65 percent of its graduates going on to higher education (up from 15 percent before the program began). Several students participating in this program stated a major factor in their decision to attend college was "having one person who believed I could do it!" (California Department of Education, 1990).

These findings are in direct contrast to the dismal outcomes of children who are labeled as slow learners and tracked into low-ability classes (Oakes, 1985). Hart claims, "Even students in the worst of circumstances can excel, given appropriate support, and watering down academic content or having low standards doesn't help anyone" (O'Neil, 1991). "Labels can create powerful expectations in schools however; the benefits of labeling are lost when those who are identified suffer negative consequences as a result of the labeling process." (Barth, 1991)

High expectations teachers become turnaround teachers by recognizing students' existing strengths, mirroring them back and helping students see where they are strong. They especially assist those overwhelmed youth who have been labeled or oppressed by their families, schools and/or communities to understand their personal power. It is very important to note that these high expectation educators do not label their students as “at-risk” or anything else. They communicate winning messages to their students that are challenging for instance “You can do it.” “You have what it takes to succeed in this classroom and school,” “You have what it take to achieve your dreams and goals,” and “The world is tough out there and you have to be tougher” (Delpit, 1996, p. 200).
Another important aspect of high expectations is having equal and same expectations from and setting fair and equitable rules for behavior in the classroom for all students. Unfair and inequitable discipline policies and procedures leading to partiality or discrimination between students have mostly been cited as a major problem in schools, often having adverse impact on the students like alienation from school (Blum & McNeely, 2002).

Schools that set behavioral expectations without encouraging student input reflect a lack of belief in student’s capabilities. Unless educators have a positive belief, that is, high expectations, about children’s capacities, they will not be able to provide the third protective factor, opportunities for young people to be active participants in and contributors to their school community (Kohn, 1996).

2.9.3 Opportunities for meaningful participation in schools

Meaningful involvement and responsibility within the school is as important for young people as is their participation in home. It is through these opportunities which include the freedom to voice one’s opinion, to make choices, to engage in active problem solving, to express one’s imagination and to work with and help others, in a physically and psychologically safe and structured environment, that youth develop characteristics of resilience like healthy development and successful learning: problem solving, social competence and autonomy (Benard, 1991).

"Opportunity to respond" is the key variable for differentiating effective and ineffective classrooms (Cartha's primary, 1991). Such opportunities help students to be engaged “by their teachers with their instructional materials” (Cartha, 1991).

In Rutter's research on successful schools, (1979, 1984) giving responsibilities to the youth and inviting maximum participation from them were the underlying reasons behind lesser risky behaviors like delinquency among them. “According to
Rutter, in the schools with, children "were given a lot of responsibility. These schools created a variety of opportunities to ensure that all students found something they were interested in and could succeed in. ensuring maximum participation for the school goers during adolescence decreases chances of alienation among them (Rutter, 1984).

Brook et al's research, as well as that of Roger Mills, further validates Rutter's findings as protective against alcohol and drug use as well (1989; 1990). Maton's research with older adolescents and at-risk urban teenagers found that engagement in "meaningful instrumental activity" was significantly related to their life satisfaction, well-being, and overall self-esteem--and was as powerful a factor as that of social support (1990).

Developmental of healthy psychological autonomy is essential to develop the attitude and competencies characteristic of healthy development and successful learning. Participating in decisions about one's life and future is one of the major ways humans meet their fundamental need for autonomy and power. Several education reformers believe that ignoring this need—not only if children but also of family members, teachers and school staff—makes schools alienating places (Glasser, 1990; kohn, 1996; Sarason, 1990).

Research has found that students who experience autonomy supportive school environment are most likely to be curious, mastery oriented, problem solvers and intrinsically motivated in addition to having higher sense of self-efficacy (Barber & Olsen, 1997; Chirkov & Ryan, 2001; Deci, 1995; Ryan & Deci, 2000).

Development of sense of autonomy among adolescent school goers also helps in the development of self control which according to Kohn is developed in families and schools that encourage meaningful participation of the students. (1993). As early as
preschool and with lifelong effects, students benefit from practices that promote self control.

The High/Scope Educational Research Foundation’s Perry Preschool Program (Schweinhart & Weikart, 1997) found positive personal, social and economic outcomes for adults who had attended a preschool program based on active participation and child initiated learning. In contrast, adults whose preschool experience had been one of direct instructions and teacher control—whose self control reportedly dropped out of school had lower incomes and were much more likely to be repeated offenders. Clearly, a preponderance of evidence demonstrates that schools have the power to overcome incredible risk factors in the lives of adolescents—including those for alcohol and drug abuse. Ron Edmonds in his classic study on school effectiveness, concluded that school can create a "coherent" environment, a climate, more potent than any single influence—teachers, class, family, neighbourhood—"so potent that for at least six hours a day it can override almost everything else in the lives of children" (1986).

2.10 External assets in the community

Like the family and the school, the community also supports the positive development of youth and plays a major role in building traits of resiliency—social competence, problem-solving skills, autonomy, and a sense of purpose in life. During the last decade, much has been written about the breakdown of the community and neighborhood life resulting in losses of those linkages that create a sense of belongingness and identity, and, which according to Emmy Warner which are essential for providing meaning to one’s life and a reason for commitment and caring (Bellah, 1992; Putnam, 2000; Werner & Smith, 1982). Community psychologists refer to the capacity of a community for building resilience as "community competence" (Iscoe, 1974) and as with the family and the school systems, competent communities are
characterized by the triad of protective factors: caring and support, high expectations, and participation. Longitudinal studies during the last decade indicate that while the absence of a strong community is devastating for young people, presence of a positive community environment can be positively transformational (Mc Laughlin, 2000; McLaughlin et al., 1994; Werner & Smith, 1992).

Werner & Smith (1992) documented the power of relationships and opportunities in the community that are protective for youth and young adults from troubled families and schools. In a survey of over 100 communities, the Search Institute found that while caring and supporting families make a major difference in the lives of their own youth, caring and support in the community were especially protective for the youth with limited family and school resources (Blythe & Leffert, 1995). A competent community, therefore, must support its families and schools, have high expectations and clear norms for both the contexts, and encourage their active participation and collaboration in the life and work of the community.

2.10.1 Caring relationships, high expectations and meaningful participation in community

One of the major findings from resilience research is the power of informal mentors like neighbors and friends apart from parents or teacher or anyone who has the time to offer care and support to the adolescents, a protective factor in youth’s life. This aspect of the social capital had to bear the brunt of contemporary life. The Search Institutes survey of hundreds of communities has found only a majority of youth reporting sustained, inter-generational relationships with non-parent adults (Benson, 1997).

According to Kelly, "The long-term development of the 'competent community' depends upon the availability of social networks within the community that can
promote and sustain social cohesion within the community. This implies that the formal and informal networks in which individuals develop their competencies and which provide links within the community are a source of resilience for the community and the individuals comprising it" (1988).

This characteristic of "social cohesiveness" or "community organization" has probably been the most frequently examined community factor affecting the outcome for children and families. The clear finding from years of research into crime, delinquency, child abuse, etc. is that communities and neighborhoods rich in social networks—both peer groups and intergenerational relationships—have lower rates of these problems (Garbarino, 1980; Miller & Ohlin, 1985). Similarly, Coleman and Hoffer found the intensity of the intergenerational social networks surrounding private, religious schools created a "functional community" that built social capital for youth and, consequently, higher achievement and lower dropout rates (1987).

Perhaps the most obvious manifestation of caring and support at the community level is the availability of resources necessary for healthy human development: health care, childcare, housing, education, job training, employment, and recreation. According to many researchers, access to these basic necessities is the greatest protection that can be given to the children and their families (Coleman, 1987; Garmezy, 1991; Hodgkinson, 1989; Sameroff et al, 1984; Long & Vaillant, 1989; Wilson, 1987).

The only way communities can, and have, succeeded in this endeavor is through the building of social networks that link not only families and schools but agencies and organizations throughout the community with the common purpose of collaborating to address the needs of children and families (Benard, 1989; Coleman, 1987; Hodgkinson, 1989; Mills, 1990; Schorr, 1988).
High expectation in the community takes place on several levels: in the community generally, in community youth serving organizations and through community initiatives. High expectation in the community can also be discussed in terms of how they are framed: as beliefs about children and youth’s capacity, as clear expectation and guidance for behavior etc (Benard, 2004).

A loss of community relationships between adults and adolescents increasingly means that non-parenting adults in the community no longer know the youth, and no longer shares norms for young’s people behaviors (Public Agenda, 1997). Unless community adults get to know and develop relationships with the young people, they will remain vulnerable to negative stereotypes and convey messages to children and youth that they are not valued (Benard, 2004).

On the other hand are communities including poor ones-where adults do know their young people, do look out for them and do have shared high expectations for their behavior (Sampson et al., 1997).

Investigations into successful youth-serving community based organizations consistently find a sense of structure and safety as their critical foundation (Eccles & Gootman, 2002; McLaughlin et al., 1994). The Institute of Medicine reports, “A key characteristic of successful community program is that they have clear rules about expected behavior when in the program” (Eccles & Gootman, 2002, p. 93).

An important aspect of high expectations is the belief of adults about the capacities of their young people. Young people who experience such protective beliefs learn to respect and believe in themselves. According to Urban Sanctuaries (McLaughlin et al., 1994), the first and most elemental attribute of the successful youth worker is seeing the potential and not the pathology of the youth, including
disadvantaged youth. These youth workers operate from a resiliency perspective of having high expectations from their youth.

The natural outcome of having high expectations for youth, for viewing youth as resources and not problems, is the creation of opportunities for them to be contributing members of their community. Healthy human development involves the process of bonding to the family and school through the provision of opportunities to be involved in meaningful and valued ways in family and school life. It also involves developing a sense of belonging and attachment to one's community also requires the opportunities to participate in the life of the community. According to Kurth-Schai, several cross-cultural studies have clearly indicated that “youth participation in socially and/or economically useful tasks is associated with heightened self-esteem, enhanced moral development, increased political activism, and the ability to create and maintain complex social relationships” (1988). On the other hand, other studies demonstrate that “lack of participation is associated with rigid and simplistic relational strategies, psychological dependence on external sources for personal validation, and the expression of self-destructive and antisocial behaviours including drug abuse, depression, promiscuity, premature parenthood, suicide, and delinquency” (Kurth-Schai, 1988).

Similarly, Richardson et.al concluded from their research on the heavier alcohol and drug use patterns of latchkey youth that "traditional societies had clearly defined roles for young adolescents in the life of the community. These contributory roles have largely been replaced by autonomy and leisure and frequently accompanied by no adult supervision. This time could be put to good use both in the home and in the community. The family or community that learns to direct the energy, general good will, and potential of these young adolescents into community or individual
improvement projects may find that they benefit the community as well as the individual" (1989). The challenge, then, for communities as well as for families and schools, is to find ways "to harness that force, to capture their inherent need for an ideology and group," to meet their basic human needs of connecting to other people and to a larger meaning or purpose (Levine, 1983).

2.11 Intrinsic protective factors

Intrinsic protective factors are individual characteristics, also known as internal assets or personal competencies often found to determine resilience. The intrinsic factors along with the above-described extrinsic protective environments help to satisfy the primary needs of adolescents that include the need to belong, good physical and psychological health, finance and the opportunity to take part in decision-making. Researchers and writers have used different names for these personal strengths but most of them fall under one of the following four categories (Benard, 2004).

(1) Autonomy.

(2) Social Competence.

(3) Problem solving and

(4) Sense of purpose.

2.11.1 Autonomy

Autonomy is the capacity to make decisions independently to serve as one’s own source of emotional strength, and to otherwise manage one’s life tasks without depending on others for assistance (Shaffer, 2002). It facilitates the capacity for one to function as their own source of emotional support, to make decisions independently and to care for oneself (Sternberg, 1985). Autonomy includes self-esteem, self-efficacy, mastery, internal locus of control, and a sense of coherence (Gore & Eckenrode, 1994 as cited in McGinty, 1999; Masten, 1990; Rutter, 1984, 1988). These characteristics
feed into each other in a circular, reinforcing way. Autonomy is associated with positive health and sense of well-being (Deci, 1995) and is also an important developmental task of adolescence and is seen as a protective factor for resilience (McGinty, 1999).

2.11.1.1 Self-esteem and self-efficacy

Self-esteem is the evaluation an individual makes and maintains with regard to the self or in other terms is the personal or self judgment of worthiness (Pervin & Oliver, 2001; Lippa, 1994). Self-esteem has been emphasized as a key variable in determining resilience. A basic feature of resilient adolescent learners is that their self-esteem and sense of competence (Jew, Green & Kroger, 1999) have been maintained (Brooks, 1996) or, if damaged, have been repaired. Resilient adolescent learners also have an optimistic view of their experiences; even in the midst of suffering they maintain a positive approach in coping with adversity (Rak & Patterson, 1996).

1.11.1.2 Mastery

Mastery is an inborn motive to explore, understand and control one’s environment (Shaffer, 2002). Factors at home that influence an adolescent mastery include the quality attachments, the aspects of home environment and the parenting behavior that the parents utilize towards the adolescents. Mastery-oriented adolescents display better problem-solving skills and a sense of curiosity as well. This means a strong willingness to master helps to satisfy personal needs for competence or mastery (Gotfried, Flemming & Gotfried, 1998 as cited in Shaffer, 2002).

2.11.1.3 Internal locus of control

The concept of locus of control emerges from the Attribution Theory by Weiner in 1974. The locus of control can be internal or external. The internally controlled person believes that reinforcements are determined largely by personal effort, ability
and initiative. The externally controlled person believes that other people, social structures, luck or fate determines reinforcements. A person’s perception of locus of control develops as a result of life experiences, including the adolescent child-rearing practices to which the person has been exposed (Bayne, 2000). Resilient adolescent with an internal locus of control also copes better with stress, which correlates positively with high self-esteem and self-efficacy (Bayne, 2000). Furthermore, resilient adolescent with a strong internal locus of control believes in their ability to control life’s events (Pervin & Oliver, 2001).

2.11.1.4 Sense of coherence

Sense of coherence, as defined by Antonovosky, is a:

Global orientation that expresses the extent to which one has a pervasive, enduring though dynamic sense of confidence that (1) the stimuli we experience from both our internal and external worlds are structured, predictable and explicable, (2) that we have the resources available to meet the demands of these stimuli, and (3) that these demands are worthy of both the investment and the engagement. (Antonovosky, 1987, p.19)

The three central components of manageability, comprehensibility and meaningfulness are linked and integral to the sense of coherence (McCubbin, et al. 1998). Manageability refers to the extent to which people feel they have the resources to meet demands that arise in their daily lives. It includes resources under direct individual control and those accessible from family, friends, school and community.

Comprehensibility refers to the extent to which sense and order can be drawn from the situation, and the world seems understandable, ordered, consistent and clear. In translating an exceptional experience, such as school violence, illness, disability or unpleasant symptoms into the “normal” context of their daily lives, people (resilient adolescent learners) make sense of what is happening to them and gain strength to deal with the situation (Cowley & Billings, 1999).
The sense of meaningfulness refers to their ability to “make sense” of symptoms, experiences, treatments and coping mechanisms in the context of their own family, friends, personal contacts and reasons for living (Cowley & Billings, 1999; McCubbin, et al. 1998). Adolescents in order to resiliently face distress at home or school need to have sense of coherence along with internal locus of control of their life events (Rutter, 1984).

2.11.2 Social competence

Resilient individuals are often charismatic and have an agreeable temperament which may contribute to their capacity to elicit positive responses from others (Garmezy & Rutter, 1983; Werner, 1990). For example, a study of maltreated children who were resilient, found that these children possessed the capacity to attract other people who were capable of facilitating good experiences. This helped protect them from depression resulting from their negative experiences (Mrazek et al, 1987). Possessing a charismatic personality facilitates a person's capacity to elicit and sustain helpful social relationships. This type of ability is the social competence usually a characteristic of resilient people. Research on resilient children whose parents suffered from a psychiatric illness found that these children had positive social skills, were friendly, well-liked by peers and adults, were more socially responsive, sensitive, altruistic and cooperative (Robin, Aronoff, Barclay & Zucker, 1981).

2.11.3 Problem solving

Problem-solving has been identified as a protective factor the resilient individuals use to overcome adversity. Numerous studies have found that resilient individuals possess good problem solving skills (Benard, 1993; Block et al, 1980; Haggerty et al, 1996; Moskovitz, 1983; Murphy et al, 1976), which help them to implement their innovative thoughts and ideas. This is accomplished by systematically
planning the steps one must take in order to achieve their goals. Some research exists which demonstrates that when people use problem-solving, it permits them to appraise their environment, change their behavior in an attempt to alter the environment or the actions of others in the environment (Sowa, McIntire, May & Bland, 1994).

2.11.3.1 Flexibility

Flexibility is a problem solving skill which means the ability to find out alternatives and attempt these alternatives to find out solutions for both social and cognitive problems. It is the ability to change course and not to get stuck. Valliant in his book, *Aging Well*, (2002) documents that adaptive coping which is another form of flexibility is an important life skill. It has also been found to be one of the foci of current conflict resolution programs (Crawford & Bodline, 1996).

2.11.3.2 Resourcefulness

Resourcefulness, which is a critical survival skill, involves identifying external and surrogate resources of support. It is a skill also referred to as resource utilization, help seeking etc. Werner and Smith (1992) found that this an important skill which worked as a link between challenged youth and environmental resources. Gina O’Connell Higgins (1994) on her research on sexually abused children also documented the importance of resourcefulness in connecting to turnaround people and places. Beardslee (1997) found it to be an essential component in early intervention programs supporting children growing up in alcoholic families.

2.11.4 Sense of purpose

Many individuals classified as resilient believe they have a purpose in life. They often have the belief that they will have a bright future if they are goal directed and optimistic (Benard, 1995). This can sustain them in the belief that even in the presence of challenges things would work out in the end (Beardslee, 1989; Antonovsky, 1979).
They have a sense of purpose which they embrace and strive towards even amidst adversity.

2.12 Adolescence resilience and demographic variables

2.12.1 Gender

In order to understand the significance of resilience factors in coping with risk factors (Rutter, 1987), several studies have focused their attention on the influence that individual characteristics such as gender have on individual’s ability to cope with risk factors within their environment. There has been a plethora of research studies revealing significant gender differences in resilience. Most of these studies, at times, have shown that the ability among adolescents to encounter and cope with adversities and stress in life to be higher among adolescent’ girls than in boys but sometimes the results have shown relatively higher resilience in boys. Gender has also been found to be an important individual factor that conditions the effect of stress on adjustment, although the effect of gender varies with age. Most studies find that during early and middle childhood, boys are more vulnerable to stressful life events, such as school violence, than are girls, because of their socialization (McGinty, 1999). However, during adolescence the reverse has been found with girls being more vulnerable in comparison (Kavanaugh, 1994 as cited in Smith & Carlson, 1997).

Boys are generally less resilient than girls to all kinds of risk factors, including prenatal and birth injuries, specific educational delays and family discord because the act of seeking help could be linked to resilience and girls under stress seek and get social support, even from parents (Masten, 1988 as cited in Milgrim & Palti, 1993) with Grotberg finding that girls used these resilience factors more than boys (Hampel & Petermann, 2005). In contrast, boys use physical recreation such as sport to cope with adversity (Frydenberg & Lewis, 1993). In a similar finding, Bird and Hams (1990) in
their study found that female 8th graders reported using social support (crying or talking to a friend) significantly more often than males, whereas males reported using more ventilation strategies (swearing, complaining) than females.

Girls are also more resilient to at least some genetic risk factors. Fewer girls have specific developmental disorders; and schizophrenic illnesses occur later, tend to be milder, and, as a consequence, have less impact on girls than boys, both in marriage and on fertility rates (Milgrim & Palti, 1993). Girls exposed to adversities such as family discord and family breakdown may appear to be more resilient in early life. However, in later life, they tend to mostly suffer from depression and personality disorders mostly resulting from disturbed family life, thus leading to disturbed marital life and inadequate mothering in future. Boys exposed to family aggression tend to develop negative attribution styles, perceiving ill intent in their, for example, friends where none was intended and reacting aggressively as a result. Girls, by contrast, may have different attribution styles and develop internalizing problems instead (Smith & Carlson, 1997). Gadzella (1994) found that girls reported experiencing significantly more stressors and negative reactions (including physiological, emotional, and behavioral reactions) to stressors than their male counterparts. Additionally, Werner and Smith (1982) reported that adolescent girls are at higher risk for some mental health disorder.

On the other hand, in boys, the manifestations of difficulties especially conduct disorders in early life, have more ominous prognoses for later delinquency. Research done as part of the Ontario Child Health Study demonstrated that for 12-16 year old youth, the presence of domestic violence and parental problems (parental mental illness and/or criminality) significantly increased the likelihood of psychiatric disorders (conduct disorder, emotional disorders, hyperactivity, and/or somatization) (Rae-Grant,
Thomas, Offord, & Boyle, 1989). Researchers found that there may be a gender component to this also in that boys tend to show more severe and prolonged disturbances than girls to family discord or divorce (Chess, 1989). Hetherington and colleagues 1982, as cited in Rutter, 1987, suggested that gender differences in adolescent resilience may be due to a variety of reasons, including that parents are more likely to quarrel in front of boys, or that boys are more likely to react with disruptive oppositional behavior. However, there is no evidence that being female is associated with greater resilience in terms of discord and divorce (Fergusson & Lynskey, 1996).

However there have been contradictory findings in which adolescents males are found to cope with life stressors better than the girls. Gender differences have been suggested in terms of the impact of dealing with environmental stress. Ge and colleagues, in a four year study, found that depressive symptoms in girls increased throughout adolescence and were associated with changes in uncontrollable, stressful life events, whereas boys' symptoms remained stable during this period. The researchers suggested that "girls are found to be more reactive than boys to these environmental adversities" (Ge, Lorenz, Conger, Elder, & Simons, 1994, p. 479). It is important to note that in this study caring and support by a parent was found to be a mediating protective factor.

Although research is far from conclusive in deciphering the exact role of gender and as the trends have suggested, the results are mixed, but on balance we can say that there is evidence that females tend to actively seek out social support more than males, thereby increasing their likelihood to be more resilient than them, whereas in case of males the chances are that they are less likely to do the same.
2.12.2 Family type

Family is universal and typically consists of a married man and woman, and their children. When we take a look around, we find that people do not live all by themselves, they live in families. And it’s not just in India that we live in families but it is to be found everywhere. The fact is that family is universal. There are generally two types of families in India:

2.12.2.1 Joint family

The traditional Indian joint family consists of a man, his wife, his unmarried daughters, his sons and their wives and children. If the grandsons are married, then their wives and children are also a part of the same family. Joint family is made up of a number of nuclear families living together under the same roof. They share a common kitchen and hold common property. The oldest male member is generally the head of the family and the decision-maker for the family (The family, n.d.). But the women also play a significant role in decision making as they influence the male members to a large extent. One of the benefits of joint family is the shared environment and the feeling of security for the family members. It cares for the old, the helpless and the unemployed in the family and thus encourages family members to be cooperative and accommodating.

2.12.2.2 Nuclear family

The term nuclear family is used to distinguish a family group consisting of most commonly, a father and mother and their children, from what is known as an extended family. Nuclear families can be any size, as long as the family can support itself and there are only children and two parents, nuclear families meet its individual members’ basic needs since available resources are only divided among few individuals or the family would be known as an extended family (The family, n.d.). It encourages
initiative, independence and self reliance among its members. Nuclear families provide
greater scope for and encourage decision making among the children, which gives them
greater self-confidence. As the number of family members is few, there is considerable
privacy and opportunities for the members to interact with each other. This results in
deeper emotional ties among the members.

Although it has been found that resilience is usually higher in adolescents
coming from smaller size families (Benard, 1991, 1993; Majoribanks, 1996; Werner &
Smith, 1982) than those from larger size families (Garmezy, 1993; Miller, 1996; Rutter,
1979, 1983; Sameroff & Seifer, 1987), adolescents resilience with respect to joint and
nuclear families has not been researched particularly in the Indian context.

2.12.3 Socio-economic status

Socio-economic status has been one of the most commonly investigated indices
of stress but there is a little consensus whether it leads to vulnerability in children or
works as protective factor (Masten et al., 1988). Whether this variable is called a risk
factor or a protective factor seems to depend on which end of the continuum is
emphasized (Newcomb, McCarthy, & Bentler, 1989; Stouthamer-Loeber et al., 1993).
While Seifer, Sameroff, Baldwin and Baldwin (1992) used low socio-economic status
as a potential risk factor, others like Masten et al. (1988) included high socio-economic
status as a potential protective factor. There have been a number of studies where the
effect of low socio-economic status has been seen on a number of variables. It has also
been studied in the context of resilience where the relationship of low family income
with the development of resilience in youth is complex; it cannot be assumed to have a
direct causal effect on resilience.

It is a major risk factor acknowledged to influence children’s and adolescent’s
social and emotional functioning, as well as their cognitive competence. For Schoon
Adolescents growing up in poverty, for example, are at risk of a number of negative outcomes including poor academic achievement and violent behaviour, like for example, Coleman et al. (1966) reported that a student's socio-economic status was the most important predictor of student success.

Studies such as those done by Werner and Smith (1998), pioneers in the field of resilience research, have shown that lack of experience of attachment early in life, among children can be the result of environmental conditions, such as living in poverty which is considered to be the major source of various types of stresses among these children.

Koralek (1999) identified risk factors, situations, and characteristics that are thought to contribute to the probability that a child will have great difficulty dealing with in life. An example of a risk factor is poverty, because not only it affects the self esteem of the individual, a limited access to community resources also leads to many hardships in life and thereby reducing their chances to be resilient in life (Fergus & Zimmerman, 2005). The economic hardships that are caused by low socio economic status leads to disruption in parenting, an increasing amount of parenting conflicts, and an increased likelihood of depression in parents and single parent households (Eamon, 2005). For these reasons socio economic status is closely tied to home environment and one could argue that, as has been proved by several researches, that, a conducive home environment plays a very significant part in the development and sustenance of resilience in adolescents.

On the other hand an equal number of studies have found that broader socioeconomic conditions can be important protective factors (Hauser, 1999; Mills,
1996). The importance of a sound socio economic status can be summed up in the words of Benard.

The most obvious manifestation of caring and support at every level is the availability of resources necessary for healthy human development: health care, child care, housing, education, job training, employment, and recreation....The greatest risk factor for the development of nearly all problem behaviors is poverty. (1991, p. 15)