Resilience in Children and the Adlerian Concept of Social Interest

A Research Paper

Presented to

The Faculty of the Adler Graduate School

In Partial Fulfillment of the Requirements for

The Degree of Master of Arts in

Adlerian Counseling and Psychotherapy

By: Leslie McCarthy

October 2009
Outline

Resilience Factors in Children and the Adlerian Concept of Social Interest

Introduction

Definition of Resilience

Historical Background of Resilience

Resilience in Children

Factors Promoting Resilience in Children

Developmental Factors

Personal factors.

Self esteem.

Internal locus of control.

Optimistic thinking.

Social Skills.

Family Factors

Parenting techniques and family relationships.

Sibling relationships.

Community Factors

Supportive adult relationships.

Positive school environment.

Peer relationships.

Resilience Theories in Children

Protective Factors

Process Factors
A Post-Modern Theory of Resilience

Resilience Models

The Resilience Process in Children

Instruments Measuring Resilience in Children

Review of Resilience Studies and Adlerian Concept of Social Interest

Exploration of the Relationship between Resilience and the Adlerian Concept of Social Interest in Children

Adlerian Theory Individual Psychology: View of Human Nature

Life goal.

Subjective view of self.

Unity of personality.

Life style in movements and attitudes.

Life style and social interest.

Social adjustment.

Personal Qualities and Conflict

Connecting Social Interest and Personality

Conclusion
Abstract

Research has identified many factors that promote the development of resilience in children who have experienced trauma. Some of the factors are biological or genetic. However, numerous other factors can be influenced and developed through different sources. By definition, the Adlerian concept of social interest is a variable in determining whether or not traumatized children develop resilience. This paper explores the factors promoting resilience in children and their relationship to the Adlerian concept of social interest.
Resilience Factors in Children and the Adlerian Concept of Social Interest

Introduction

During the past 40 years, the literature base on the resilience factors in children has grown exponentially. Much of what we know about the main protective factors and processes that help children to develop normally or even thrive in the midst of adversity comes from a few longitudinal studies of child development. This knowledge base is supplemented by numerous smaller-scale studies that have examined various facets of the broad construct of resilience. Therefore, the main goal of this literature review and synthesis is to illuminate key issues and current challenges for the relatively new field of resilience factors in children and the Adlerian concept of social interest.

In the following subsections, historical context, definitions, theories, and models of resilience are developed from the prevailing literature. In addition, special ethnic and racial considerations are supplied and the literature's description of various methods and tools of measurement are outlined.

Definition of Resilience

Fuller (2006) aptly defines the term resilience as “the happy knack of being able to bungy jump through the pitfalls of life. Even when hardship and adversity arise, it is as if the person has an elasticized rope around them that helps them to rebound when things get low and to maintain a sense of who they are as a person” (p. 75).

Resilience is often associated with discussions about times of transition, disaster, or other periods of adversity. Whether the topic is about homeless youth, the rebuilding of devastated communities, or companies trying to remain solvent, those who are resilient seem to survive. Resilience is often viewed as an adaptive and stress-resistant personal quality that permits one to
resilience in children. as a construct, resilience can be characterized as a dynamic process among factors that may mediate between an individual, the environment, and the outcome.

mandleco and craig (2000) explained that confusion remains in attempting to define the construct of resilience. it has been defined as a personality characteristic, a protective factor, or a buffer from stress. another perspective has been to define resilience from the vantage point of a challenge, one in which success is enhanced by stress. these are just a few of the many lenses that have been used to define the construct.

johnson (1995) combined the definitions of several authors of the late 1980s and early 1990s to create a common definition: "resiliency in individuals is exhibited by an innate capacity to recover from danger and to continue to function in a healthy way" (johnson, 1995 p. 318). johnson took this definition one step further by applying it to families and their "ability to use its inherent strengths to challenge and triumph over adversity and, in doing so, emerge stronger and more confident" (p. 318). arrington and wilson cited the lack of singularity in the definition of resiliency, but were also able to find a common theme in the literature. they defined resilience simply as "adaptation despite risk" (arrington & wilson, 2000 p. 225). arrington and wilson added that protective processes are "processes that foster resilience in youth" (p. 226). finally, they urged that the use of variables of culture and diversity be integrated into defining resiliency and risk in future research.

cowan, cowan, and schulz (1996) discussed the limitations of risk definitions as: needing to be discussed as a process and not in a static manner and needing to address diversity issues within the cultural context (as cited in arrington & wilson, 2000). masten and reed (2002) defined resilience as a process with the following definition: "a class of phenomena characterized by patterns of positive adaptation in the context of significant adversity or risk" (p.
75). Other researchers referred to context and process in their definitions as well. Clauss-Ehlers and Levi defined resilience in the context of the culture and community of Latinos. "Cultural community resilience factors" are those cultural factors that protect or buffer individuals from violence or other "destructive forces in the environment" (Clauss-Ehlers & Levi, 2002 p. 270). Consequently, this ecological approach extended traditional factors of resilience and focused not only on the individual traits that protect the individual, but environmental and community factors as well.

Masten and Powell (2003) defined resilience as "patterns of positive adaptation in the context of significant risk or adversity" (p. 4). These authors further explicated that resilience "is not a trait of the individual, though individuals manifest resilience in their behavior and life patterns" (Masten & Powell, p. 4). This slight alteration in definition avoids a diagnosis of resilience, or more critical avoids a diagnosis of a lack of the construct, this could lead to blaming the victim. Finally, according to Masten and Powell, for a person to demonstrate a pattern of resilience, he or she must be "doing okay" and have overcome risk. Luther and Zelazo (2003) discussed how definitions of resilience must include more than individual factors to protect the individual from being blamed for not overcoming adversity. They suggested ecological factors be included as well as definitions of resilience that stress the process over traits. As a result of these recommendations from professionals in the field, the following basic definition for resilience will be used: *The dynamic and holistic process of positive adaptation despite past and present adverse conditions.*

**Historical Background of Resilience**

Interest in resilience has existed since the beginning of the written word, Homer's *The Odyssey* and the Mayan's story of creation, the Popul Vuh, are two examples of early
demonstrations of people's infatuation with adapting despite tremendous adversity. The field of psychology has brought heightened focus and understanding of our collective and long-standing interest in resilience. For as long as psychology has been studied, there has been an interest in the idea of individual adaptation to the environment. This interest was quite likely spurred from Darwin's mid-1800's writings on natural selection (Masten & Reed, 2002). However, research prior to the 1960s was highly focused on risk and pathology, most likely due to the federal grants for research focused on these areas. Research by psychologists and psychiatrists in the 1960s continued to be focused on at-risk children, genetics, prenatal risks, and risky environments. During this research some investigators were surprised to find some children were adapting well despite difficult conditions. These positive findings spurred much attention and writing in the 1970s, and cleared the way for resilience literature.

Tusaie and Dyer (2004) discussed the history of resilience literature and practice as an integration of medical and psychological research. In the field of physiology, there was traditionally a focus on emotional stress research in the 1950s. This stemmed from work on homeostasis. In the 1960s, psychology literature began focusing on coping and borrowed as well as contributed to the physiological research on emotional stress. Physiological research in the 1970s focused on brain plasticity, or the ability for the brain to adapt and change. Psychological research on protective risk factors became a concentration in the 1980s, these similarly began to borrow and contribute to one another. Finally, the holistic process of psychoneuroimmunology greatly contributed to the eventual construction of resilience in the late 1980s and 1990s, although resilience was unique in its strengths focus (Tusaie & Dyer, 2004).

Masten and Powell (2003) credit Garmezy as the pioneer of resilience research. His work with schizophrenic children in the 1940s and 1950s led the way for the discussion of clues
designating individuals "at risk." Richardson (2002) credited Werner and Smith as constructing the foundational study of resilience literature. Their longitudinal study began in 1955 and lasted 30 years, focusing on a multiracial sample of high-risk children (i.e., poverty, parental mental health concerns, prenatal stress, and daily problems). Resilient qualities from the environment were noted as well as less helpful aspects of the environment.

In the 1970s, an equally important pioneering project titled Project Competence focused on the competencies of children at risk from stress, poverty, and parental mental illness among other factors. The general focus at that time was in the adaptive functioning of children to society's expectations. Specifically, the examiners looked at what factors seemed to help or hinder children facing adversity or risk (Masten & Powell, 2003).

Historically, the study of adolescent resilience began a number of years ago when psychosocial researchers began to notice that children were able to cope and survive despite adverse conditions (Masten, Best, & Garmezy, 1990). In fact, much of the early research focused on trying to understand maladaptive behavior (Garmezy, 1970). Researchers began to realize that the scientific community did not really understand how positive outcomes were achieved. They understood that such knowledge was essential in planning interventions to promote mental health in at-risk children. Masten (1994) described the early years of resilience research as efforts to study this construct with adolescents in a number of situations throughout the world. Researchers began to discover that adolescents usually fared poorly as the risk factors were increased. In those cases, resilience was reduced (Garmezy & Masten, 1995). It became clear that adolescents experience risks and vulnerability differently depending on their developmental stages. Therefore, resilience could be different during these formative periods of life.
As researchers continued to learn more about resilience, it became evident that there was much more involved in understanding it. Subsequently, attention turned toward seeking knowledge about the mechanisms that protect individuals from risk of deliberate self-harm and ways that interventions can promote such protection (Luthar 1991; Rutter, 1990).

Resilience in Children

Resilience is commonly found among children who display social competence, good interpersonal communication, strong social skills (Holiister-Wagner, Foshee, & Jackson, 2001), and good problem solving abilities (Smith & Carlson, 1997). The ability to seek out solutions to problems and take the initiative to obtain help from others when required has also been associated with resilience (Benard, 2004). Adolescents who are able to achieve autonomy and self-efficacy are more likely to feel a sense of control in their environment and their self-confidence may contribute to a positive outlook on life. Numerous studies have found strong correlations between resilience and perseverance, self-determination, optimism, a positive approach to life, and a strong sense of purpose and future (Cowen et al., 1996; Ryan & Deci, 2000; Smokowski et al., 1999).

Childhood is a critical period of development during which individuals gain perspective on the factors that positively and negatively affect their resilience. Family relationships are internalized as being either positive (promoting optimism and increased openness for support) or negative (encouraging pessimism and lack of trust). In addition, positive cognitive processes serve to counteract numerous risk factors. This creates the perception of resilience when faced with the effects of life stressors (Rutter, 2001).
Factors Promoting Resilience in Children

In order to understand factors affecting children’s health and well-being, researchers are increasingly turning their attention toward investigating why some children thrive while others do not. This resilience-based approach focuses on the strengths and adaptive processes of children that are beneficial for healthy personal adjustment.

Luthar, Cicchetti, and Becker (2000) define resilience as a dynamic process of positive adaptation to significant stress, adversity, or risk. They include two critical conditions implicit within their definition: (a) exposure to a significant threat or severe adversity and (b) the achievement of positive adaptation despite hindrances on the developmental process. Masten et al. (1999) states that individuals who are resilient seem to bounce back, recover from strain and distress, and are able to adapt. Resilient individuals display positive mental health, social competence, self-esteem, and successfully negotiate developmental tasks despite exposure to significant risks and threats to their development.

Many types of adversity experienced by children such as premature birth, poverty, mental illness in a parent, divorce, war, and maltreatment have been studied (Masten & Powell, 2003). Early studies of risk and resilience focused on one factor at a time. It soon became apparent that risk factors typically co-occur with other risk factors, usually encompassing a sequence of stressful experiences rather than a single event. Over time these events pile up in the lives of children (Garnezy & Masten, 1994). Therefore, resilience and risk factors have been identified as having cumulative effects in the lives of children and adolescents.

Developmental Factors

Developmental factors are now being considered to improve the understanding of resilient adaptation. The developmental lifespan approach aims to capture the dynamic
interaction between risk and protection. This process occurs as children and youth develop in conjunction with interactions with their environments (Biglan, Brennan, Foster, & Holder, 2004). From this perspective, individuals may shift between levels of resilient adaptation as they encounter developmental tasks.

This theory has been supported by results from the Kauai longitudinal study which followed 700 children from birth to adulthood. In this research, Werner and Smith (2001) found that many of the individuals who had expressed difficulty during adolescence had gone on to stabilize in adulthood. They determined that the development trajectory of risk was somehow disrupted and resilience established within a background of adversity. Frase, Kirby, and Smokowski, (2004) suggest that when early problematic behaviors are identified, risk trajectories can be interrupted and the cumulative effects of risk may be altered.

Resilience is moderated by protective factors and personal difficulties (Smokowski, Reynolds, & Bezuczko, 1999). Protective factors are often credited with facilitating the process of overcoming adversity by altering an individual’s response to risk. A wide array of protective factors has been identified as having an important role in fostering resilience and facilitating positive adaptation during adolescence. Three prominent factors have been identified in the literature are: (a) personal, (b) family, and (c) community.

**Personal factors.** A range of personal factors have been shown to differentiate resilient children from their vulnerable peers. Biological and genetic factors such as general good health (Nielsen & Hansson, 2007) and above average intellectual skills (Fergusson & Lynskey, 1996) serve as protective factors. Personality characteristics frequently cited as fostering resilience include an easygoing temperament (Masten & Coatsworth, 1998), positive self-esteem (Bell & Sugg, 1998), self-worth (Davey, Eaker, & Walters, 2003), an internal locus of control (Dumont
& Provost, 1999), and the ability to be self-reflective (Cicchetti & Rogosch, 1997). These characteristics serve to encourage the development of interpersonal relationships and provide the adolescent with the necessary confidence to cope with difficult situations and buffer against the risks teenagers may encounter.

**Self esteem.** Self-esteem and self-worth have been cited by many researchers as salient intrapersonal characteristics that can significantly affect an individual’s potential to be resilient. This suggests that self-worth could be the most important trait in resilient adolescents (Davey, Eaker & Walter, 2003). Adolescents who possess a healthy self-esteem usually feel good about themselves, their interpersonal relationships and their ability to successfully cope with life’s challenges (Rutter, 2001; Werner, 2000). Dumont and Provost (1999) examined the impact of self-esteem, social support, different coping strategies and different aspects of social life on a group of 297 well-adjusted, resilient, and vulnerable adolescents. They found that the well-adjusted group had a higher level of self-esteem than the other two groups and that resilient adolescents reported higher self-esteem than their vulnerable counterparts. Resilient adolescents were also found to score higher on problem-solving coping strategies than the other two groups. According to this study, developing positive personal perceptions and a strong awareness of control serve to guard against negative perceptions of daily stressors. In other words, resilient adolescents believe in their capacity to cope with negative aspects of daily life.

**Internal locus of control.** Internal locus of control and self-efficacy has been identified in the literature as resilient factors indicating the importance of perceived control in adolescent’s wellbeing (Bernard, 2004; Magaletta & Oivcer, 1999). Adolescents with a stronger sense of personal efficacy believe that they have the capacity to bring about their desired goals and utilize effective coping strategies to deal with stressful events. They believe that life has meaning, that
change is a normal part of life, and they can influence events to produce the outcomes they desire. Additionally, they are more proactive in taking advantage of opportunities which arise in their environment, less reactive to environmental demands, and more assertive in dealing with risks (Bandura, 1997). Perceptions of internal control over stressful life events have been found to be protective against the development of psychopathology in children experiencing parental divorce (Snadler, Kim-Bae, & Mackinnnon, 2000). In a recent investigation by Leontopoulou (2006), locus of control significantly predicted positive adaptation in adolescents. In this study which investigated 326 Greek male and female first year university students, the perceived locus of control correlated with active and avoidance coping which correlated with the absence of psychopathology and presence of wellbeing. Resilient adolescents appeared to have a healthier internal locus of control than either adapted or maladapted adolescents.

**Optimistic thinking.** Alvord and Grados (2005) identified optimistic thinking as a protective factor throughout studies of resilience. They add that resilient individuals have been found to display a realistic and positive sense of self, they view themselves, the world, and their future positively and are confident in their abilities to overcome obstacles. Additionally, Werner and Smith (2001) state that resilient adolescents make use of resources and opportunities around them and view hardships as learning experiences. Optimism has been shown to serve as a protective factor against internalizing disorders and to increase an adolescent’s likelihood of healthy wellbeing (Carlton et al., 2006). Tusai, Puskar and Sereika (2007) found that higher levels of optimism were associated with elevated levels of psychosocial resilience among adolescents and that optimism decreased the effects of negative life events. In this study, adolescents who had positive expectations for their future were less distressed when adverse events occurred and they pressed ahead more actively than those who expected worse outcomes.
Social Skills. Resilience is commonly found among children who display social competence, good interpersonal communication, strong social skills (Holister-Wagner, Foshee, and Jackson, 2001), and good problem solving abilities (Smith & Carlson, 1997). The ability to seek out solutions to problems and take the initiative to obtain help from others when required has also been associated with resilience (Benard, 2004). Adolescents who are able to achieve autonomy and self-efficacy are more likely to feel a sense of control in their environment and their self-confidence may contribute to a positive outlook on life. Numerous studies have found strong correlations between resilience and perseverance, self-determination, optimism, a positive approach to life, and a strong sense of purpose and future (Cowen et al., 1996; Ryan & Deci, 2000; Smokowski et al., 1999).

Family Factors

Childhood is a critical period of development during which individuals gain perspective on the factors that positively and negatively affect their resilience. Family relationships are internalized as being either positive (promoting optimism and increased openness for support) or negative (encouraging pessimism and lack of trust). In addition, positive cognitive processes serve to counteract numerous risk factors. This creates the perception of resilience when faced with the effects of life stressors (Rutter, 2001).

Parenting techniques and family relationships. Parenting techniques and family relationships are important factors in reducing risk and promoting resilience. Support and affection from caregivers is often cited as a central factor for buffering the effects of risks and promoting healthy child and adolescent development (Heller, Larrieu, d’Iperion, & Borod, 1999). The presence of a caregiver who is sensitive and emotionally available has been found to be crucial to later adaptive functioning (Egeland, Carson, & Sroufe, 1993).
Responsive care-giving allows adolescents to rely on the support of others, to view themself as worthy, to develop self confidence, and to experience mastery of their environment. Family interactions characterized as cohesive, warm, and supportive serve to develop secure bonding. It also sends adolescents the message that they are valued, loved, and cared for by their families. Parental support also provides guidance, information, and resources that can benefit adolescents during challenging times (Dumont & Provost, 1999). Consistent with this view, Carlton and associates (2006) found that among a group of Hawaiian youth, family support promoted wellbeing, reduced the risk for psychiatric symptomatology, and was the strongest resiliency factor. Additionally, Tusaie and colleges (2007) determined that adolescents reporting higher levels of perceived family support were more likely to have higher levels of psychosocial resilience.

Use of effective and appropriate parenting techniques and maintaining consistent household rules and structure have been shown to buffer risks for problem behaviors. Effective parenting strategies characterized by adequate supervision and consistent discipline are related to positive developmental outcomes such as academic achievement and social relationships (Kritzas & Grobler, 2005; Masten et al., 1999). Similarly, consistent household rules and daily routine serve to communicate expectations clearly and create an atmosphere of safety and predictability (Masten, Best, & Garmezy, 1990). In addition, positive parenting and open relationships with family members can help deter adolescents from involvement in antisocial behavior and protect youth from negative experiences (Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 1998).

Sibling relationships. Caring relationships with siblings also assist in protecting adolescents and promoting positive behaviors (Jenson & Fraser, 2006). Studies suggest that
sibling relationships during adolescence reach an intense level during which bonding and opposition peak (Scarf, Shulman, & Avigad-Spitz, 2005). These relationships may change depending on systemic events within the family such as death, divorce, or the experience of traumatic events. Research shows however, that in times of family duress, sibling relationships tend to strengthen and become mutually supportive (Cole & Kerns, 2001). Sibling relationships have also been found to have positive effects on adolescent self-perceptions as teenagers who report positive relationships with siblings have been found to possess greater self-esteem and a more positive self-image (Yeh & Lempers, 2003). In addition to contributing to adolescents’ sense of general wellbeing, family bonds tend to mediate the adjustment to traumatic experiences during childhood such as family conflict or child abuse (Cicchetti, Rogosch, Lynch, & Holt, 1993). Overall, positive relationships between parents and their adolescent offspring have consistently been found to protect adolescents from future difficulties such as depression and deliberate self-harm (Sandler, Wolchik, Davis, Haine, & Ayers, 2003). The internalization of family relationships as a positive source of support throughout the adolescent phase leaves an important impact on the development of resilience (Masten, 2001).

Community Factors

At the community level, protective factors including opportunities for education, employment, and after school activities promote the healthy development of adolescents (Fraser et al., 2004). Strong support has shown that adolescents who demonstrate healthy adaptation, despite exposure to adversity, benefit from the use of external support systems. Examples of these support systems include participation in extracurricular activities or hobbies, a positive school environment, and involvement with a religious community (Egeland et al., 1993). These
community resources provide the support necessary to achieve socially and academically while also contributing to adolescents’ belief in a positive future.

**Supportive adult relationships.** Research focusing on resilient youth also suggests that a close and supportive relationship with adults and mentors, such as teachers, coaches, counselors, extended family, and neighbors, is important in enabling developmental competence (Walsh, 2002). Extended family members or other significant adults can serve to compensate for risks related to parental difficulties such as psychopathology or substance abuse (Werner, 2000). Research shows that supportive relationships can provide adolescents with opportunities to observe and interact with positive role models and to benefit from learning problem solving and communication approaches (Mansten et al., 1999). In addition, Higgins (1994) suggested that youth exposed to trauma and abuse appear to profit from positive relationships that may serve to reinforce the value and worth of the individual.

**Positive school environment.** The experience of a positive and structured school environment has also been identified as a protective factor (Werner, 2000). Schools that outline clear and consistent expectations seem to foster adolescents’ abilities to develop positive self-regulation (Brody, Dorsey, Forehand, & Armistead, 2002). Moreover, teachers serve as important role models, provide social support, and help to motivate students to achieve success (Eccles et al., 1993).

**Peer relationships.** Positive relationships with peers provide another source of support for many adolescents who benefit from companionship, personal identification, role modeling, and sense of belonging (Smokowski et al., 1999). Updegraff, McHale and Crouter (2002) suggest that it is an adolescent’s peer group that acts as the primary source for social skill enhancement and emotional support. Additionally, resilience has been reported to positively
Resilience in Children

17

correlate with peer support (Luthar & Zigler, 1991). Research conducted by Rossenblau
(2005) found that family functioning predicted resiliency and that positive community factors
predicted less affiliation with deviant peers.

Resilience Theories about Children

Richardson (2002) described three waves of resilience theory: research identifying
protective factors, research identifying processes, and research that ponders what and where the
motivation is to positively adapt. The first wave consisted of the attempt to uncover protective
factors within the individual and his or her environment that help her or him adapt in adverse
conditions.

Protective Factors

Masten and Reed (2002) formulated a list of the common protective factors found in the
resilience literature. Four categories were created: factors within the child, factors within the
family, factors within the family or other relationships, and factors within the community. Some
of the most salient factors within the child included intelligence, easy infant temperament, self-
efficacy, faith, optimism, self-regulation, valued talents, a good sense of humor, and
attractiveness. Important factors within the family included: close relationships with adults,
authoritative parenting, good parent relationships, an organized home, parent education (post-
secondary), parents with similar within child factors, and parent involvement in the education of
the child. Within family or other relationships included close relationships with supportive
adults or rule-abiding peers. Within community factors included good schools, involvement in
school organizations, good neighborhoods, good public safety and emergency social services,
and health care availability.
Masten and Powell (2003) cited three primary categories for protective factors. These were proposed by Garmezy (1985) and have been supported by the literature over the years: "individual attributes" (e.g., IQ, self-esteem, sociability, impulse control, hopefulness, and faith), "family qualities" (e.g., warmth of parenting, relationships with mentors, and connection with "good" peers), and "supportive systems beyond the family" (e.g., having good schools, belonging to religious groups, having libraries in the community, and having quality health care). The protective factors that best support an individual's development in the face of adversity include intelligence and parenting that includes monitoring, closeness, and high expectations (Masten and Powell, 2003 p. 14). The authors further concluded that the presence of some protective factors warrants additional attention; these factors include: "attachment, mastery motivation, self-regulation, cognitive development and learning, and macro level systems" such as extended families and religious systems (Masten & Powell, 2003 p. 14).

Taylor, Karcher, Kelly, and Valescu (2003) reviewed the resilience literature and found that gender differences existed in terms of resilience processes. Women were found to be more resilient in terms of reporting more resilient processes than men. Specifically, sociability, relationship skills, and morality were found to be higher among women. It was hypothesized that such skills are socialized more commonly in women and may also have a biosocial development interaction, or biological influence.

**Process Factors**

Richardson (2002) discussed a second wave of resilience theory that focused on the process of coping with adversity. This further strengthened protective factors. This section includes such research as well as an additional focus on cultural context.
Gore and Eckenrode (1994) proposed that resilience research needed to examine the process and context to be more meaningful. Citing such ecological considerations as Bronfenbrenner's model, they asserted that protective factors for individuals could be divided into a personal domain (e.g., biological, temperament, self esteem) and an environmental resource domain (e.g., family income, ties to community). Gore and Eckenrode further posited that resilience research need not merely examine statistical interactions between risk factors and protective factors, but in the process that ensues after a stressor enters one's life. Benard (1993) proposed those “resilient “youth are fostered through” supportive, caring, participatory climates in families, schools, neighborhoods, community-based organizations, and the work place” (p. 27). She proposed that resiliency building is not teaching skills, but involves the process of building trustworthy, respectful, and caring relationships in each of the contexts of youth. Benard (1992) also discussed resilience in terms of mentoring. She posited that adult mentors must demonstrate caring, high expectations, reciprocity, and youth participation, as well as a commitment to the youth. Her overall framework extends to three primary points: (a) all of the various contexts of the youth collaborate with one another in promoting resilience, (b) focusing on the environment (e.g., caring and support) and not behaviors in the collaboration, (c) and building on strengths and abilities of the youth in lieu of risks and what is lacking (Benard, 1992).

The identity-focused cultural ecological (ICE) perspective is one of several theories that have merged resilience issues with those of culture and diversity (Arrington & Wilson, 2000). Spencer and Dupree (1996) posited that the patterns of culture, including the practices, traditions, values and beliefs, and the ecological surroundings of the individual, combine to influence the way the individual develops and relates socially (as cited in Arrington and Wilson). Therefore,
one's coping with various risks can be dramatically different depending upon one's cultural background, surroundings, and development.

Bowker (1993) studied American Indian women and found four factors of resilience for succeeding in education. These factors include having a caring adult mentor who helped develop a sense of purpose, belonging to schools with teachers and an environment that focuses on the whole child, having a strong spiritual and moral purpose, and having low family stress (as cited in Montgomery, Miville, Winterowd, Jeffries, & Baysden, 2000). She also found those with a strong sense of ethnic identity persisted in their educational endeavors.

Clauss-Ehlers and Lopez Levi (2002) described three primary cultural buffers, or cultural community resilience factors, that protect against violence in the Latino community: *familismo*, *respeto*, and *personalismo*. *Familismo* is a value of family, both immediate and extended, held by the individual. Also included as important to this value is the obligation to meet family needs, to rely on family for support, and to use family members as models in determining one's own identity. Consequently, resilience is promoted by supportive and communicative relationships with family members in discussing school, peer, and community stressors. *Respeto* is the value of respect for the elderly, those in powerful positions, and older family members. The authors suppose that such respect in youth can promote resilience through the exposure to positive role models. Lastly, *personalismo* is the value of establishing relationships without the idea of secondary gain. Therefore, a positive mentor who can develop healthy relationship with a young person may have a significant impact on his or her life.

Johnson (1995) generated a theory regarding resiliency mechanisms present in culturally diverse families. The first mechanism, entitled the *sacred ark*, is that of the family's stories that depict and promote the myths and rituals of the family. It is this process of gathering and
encouraging individual family members that helps individuals overcome difficulties through the values, norms, and beliefs reinforced by the stories and rituals.

The second mechanism, *the bonds of the extended family*, involves the emotional and economic stabilization of the extended family and friends. These members provide essential positive and culturally relevant role models for young family members. This mechanism also provides nurture, order, stability, problem solving, and knowledge for the resilient family. Family spirituality also helps individuals with moral and ethical understanding and with understanding important life stressors such as death and loss (Johnson, 1995).

The fourth family resilience mechanism, *a covenant with elders*, is the use of elders within and outside of the family as teachers, role models, and keepers of wisdom. In some ways, this mechanism is a combination of the first three mechanisms in that elders often tell stories and myths, teach spiritual and moral lessons, and are often part of extended family gatherings.

The fifth mechanism, *safety and refuge*, involves the teaching of boundaries, hierarchical structure, and the beliefs of the family as a way to promote protection of family members (the primary function of the family). The sixth mechanism, *socialization and communication*, is the process whereby the family system teaches and manages socialization to the society at large while simultaneously respecting the individual family member and the family's ethnic background. Resilient families also acknowledge feelings and use effective communication.

The seventh mechanism, *the use of native language*, involves the use of a family's native language to "protect the heritage of the family system" (Johnson, 1995 p. 321). This is important at family gatherings and to preserve the original names of the family members. The eighth family mechanism of resilience, *the protection from racism*, protects family members from the
oppressive and racist forces of the larger social context. "Resilient" families allow discussion of the prevailing racism and plan to overcome.

The ninth mechanism, effects of migration, involves the process of using communication, grieving rituals, and extended family supports to protect themselves from the stress and pressure to acculturate resulting from immigration. The final mechanism, individual resiliency, is the culturally relevant support that each family provides for its individual members. Resilient families encourage individuals to develop their own unique methods to cope with adversity (Johnson, 1995).

Fergusson and Horwood (2003) described two possible processes that may increase the possibility of resilience: (a) protective processes, or processes that benefit only those exposed to the risk factor, and (b) compensatory processes, or processes that benefit all, including those not exposed to difficult situations. Consequently, research begins with an assumption that resilience factors may include only those exposed to risk, or that the factors may benefit both youth in adverse situations and those who are not (Fergusson & Horwood, 2003).

A Post-Modern Theory of Resilience

Richardson (2002) proposed a post-modern resilience theory derived from the most recent research, this is "a force within everyone that drives them to seek self actualization, altruism, wisdom, and harmony with a spiritual source of strength" (p. 313). The theory consists of two postulates: ecological sources trigger and enable resilience and that everyone possesses a "healing force" within their soul. In effect, Richardson makes resilience synonymous with a variety of terms including chi, collective unconscious, and spirit, just to name a few. In this way, resilience metatheory embraces and connects a variety of fields and may bring attention to a fourth force in psychology, namely transpersonal psychology.
Resilience Models

Seifer (2003) examined the research of "resilient" children living with mentally ill parents and in doing so created a developmental model of multiple factors. This model takes the following into account: the psychopathology of the parent, the context of the child (e.g., economic resources, social supports, and risks), child characteristics (e.g., emotions, physiology, attachment), and parent characteristics (e.g., thoughts, feelings, self-efficacy) (Seifer, 2003). The Social-Learning Model for children's resilience discerned that children who were competent in performing age-specific activities and had gained confidence in the ability to cope with adversity were more likely to be able to demonstrate resilience and overcome future adversities. Resilient children felt an internal locus of control, perceived themselves as competent and able to cope, and exhibited the social skills necessary to establish supportive relationships. Children learned via the modeling performed by the adults in these positive supportive relationships (Wyman, 2003).

McCubbin and Thompson (1998) devised a model for family resilience. This begins with a stressor. The stressor is any "demand placed on the family that produces, or has the potential of producing, changes in the family system" (McCubbin et al., 1998 p. 6). The stressor travels into a section called "vulnerability" where lies the pre-existing accumulation of stressors. From there the stressor enters the "established patterns of functioning" section. This is where the family will responds within a predictable pattern or style. At this point, the stressor enters a sort of washing machine of four potentially positive "cleansers": the family's capabilities and strengths (e.g., cohesiveness, traditions, etc.), the family's definition of the intensity and consequences of the stressor, the family's ability to use problem solving and coping, and the state
of tension in the family resulting from the imbalance of the stressor. Finally, an assessment can take place of the family change and stability.

When a stressor has been worked through by the family in the manner described above with only minor adjustments to the family system, it is called "bonadjustment." The alternatives to bonadjustment are "maladjustment" and the "family crisis." In these two situations, major changes result and the family does not return with ease to normalcy. Family crises are on the more extreme end of the spectrum, where a return to homeostasis is not possible (McCubbin et al., 1998).

In an effort to inject more culturally appropriate contextual factors, McCubbin et al. (1998) discussed family adaptation in terms of the individual within the family context as well as the family within the community context. Included in this discussion were the additional stressors of coping with culture-specific issues such as societal racism and feelings of being marginalized by the majority culture. Additional mediating factors exist in protecting the family, including the individual member's ethnic identity and the manner in which the family uses this identity to guide decision-making and interacting. Finally, the way in which the family relies on community resources and supports may help a family be protected from the stressor.

Such social support may assist the family in terms of feeling belonging, feeling valued, and feeling loved by members of the community (McCubbin et al., 1998). Richardson (2002) described the resiliency model. This is a model that he suggested was derived from a wave of research examining the process of resilience. Individuals begin in a state of biopsychospiritual homeostasis, or a period of adaptation. This homeostasis is constantly being challenged by “life prompts,” or adverse conditions, stressors, and change. These life prompts are stabilized by protective factors and prior experiences. If the life prompts overpower the
Masten and Reed (2002) identified three different types of models that exist in the literature. The first type, or the *variable-focused* model of resilience, tends to examine connections between individual characteristics, contextual factors, and experiences as they relate to outcomes. The simplest version of such a model is the additive model. This considers the effects of risk factors, resource factors, and resource-risk factors on a positive outcome. In this type of model, risk factors have a negative outcome if they exist, but no impact should they be absent. Similarly, resources have a positive impact on the outcome if they are present, but have no impact if they are absent. Interactive models tend to demonstrate how certain variables (i.e., buffers or protective factors) either alter or moderate the effect of adversity variables on positive adaptation. Such models are criticized for being too simplistic and ineffectual in describing patterns and complex processes.

*Person-focused* models, a second type of resilience model described by Masten and Reed (2002), focus on individual case studies, longitudinal research on high-risk individuals who positively adapt, and full diagnostic models that categorize children as high or low adversity and
high or low adaptation. The third type of resilience model is *pathway* models, or models that are more specific and comprehensive in examining patterns over time. Such models reflect different possible life trajectories for children. For example, one path might consist of a child who initially grows up in a high-risk environment, yet his or her development is steady and represents positive functioning. Each of the three resilience models has been used by resilience researchers to describe their findings using unique modes.

*The Resilience Process in Children*

Resilience is being conceptualized as more than a personality characteristic or fixed attribute. Rather, it is an evolving process that develops across an individual’s lifespan. Reciprocal interactions among personal, interpersonal, and environmental variables serve to modify an individual’s response to adversity, affecting coping and adaptation throughout the progression of development (Rutter, 2001). Positive cycles of adaptation are strengthened through experiences that shape the extent to which the individual develops and relies upon his or her internal and external resources to overcome personal difficulties. The resilience-based approach views disruptions as opportunities for growth, development, and skill building (Richardson, Neiger, Jensen, & Kumpfer, 1990).

Richarson (2002) presents the concept of resilience as a linear model (appendix 1). Resilient qualities are attained through disruptions and reintegration. Biopsychospiritual homeostasis, the state of mind, body, and spirit that the individual is currently adapted to, is regularly showered by stressors, adversities, life events, and other forms of change. The interaction between stress and protective factors determines whether disruptions occur. While resilient qualities allow individuals to maintain their homeostasis, chronic stressors can overwhelm those who have failed to develop resilient qualities.
When stressors are chronic or overwhelming, the individual may experience a period of disruption during which his or her current view of the world collapses. Disruption is the ‘poor me’ stage of the resilience process, during which individuals may experience self-doubt and emotions such as hurt, loss, guilt, fear, or confusion, potentially leading to introspection. As time passes, the individual may begin the reintegration process. An individual can reintege by returning to homeostasis, reintege with loss, or dysfunctionally reintege. Resilient reintegration refers to the coping process that results in growth, self-understanding, and increased strength of resilient qualities. Reintegration back to homeostasis returns the individual to the level of prior functioning. Reintegrating with loss means that the individual gives up some hope, motivation, or drive due to the demands of stressors. Dysfuntional reintegration occurs when people resort to destructive behaviours, substances, or other maladapative means of coping.

The linear presentation of the model refeects adaptation to a single event. However, multiple disruptive and reintegrative growth opportunities may occur simultaneously. The resilience process may take seconds or a number of years, as in the case of severe or traumatic stressors. Individuals who fail to develop resilient reintegration will continue to experience ongoing disruptions because they have not developed resilient qualities. Individuals develop resilient qualities through challenges. Most events become manageable and minimally disruptive. Importantly, adversity is required for the development of resilience because homeostasis makes no demands for growth or improvement (see appendix 1).

_Instruments Measuring Resilience in Children_

There have been but a few empirical instruments that were developed to attempt to measure resilience, as the dynamic aspect of this process has encouraged a qualitative approach (Tusaie & Dyer, 2004). Despite this, there are several empirical instruments that have been
developed. These empirical methods and instruments are examined first, followed by a brief review of qualitative efforts.

The Baruth Protective Factors Inventory (BPFI) (Baruth & Carroll, 2002) examines the following constructs: adaptable personality, supportive environment, stressors and compensating experiences. The reliability of the instrument was estimated at .83. The authors recognized many other factors of resilience that were not sampled by the BPFI and that the sample was not representative of the population (Baruth & Carroll, 2002). Finally, only a few scales have been developed specifically for children and adolescents. Not one of the scales can claim generalizability or is widely used (Tusaie & Dyer, 2004).

The Adolescent Resiliency Attitudes Scale (ARAS) is one such scale, this was designed for adolescents between the ages of 13 and 18 (Taylor et al., 2003). It was based on an older model of seven resiliency processes.

Three scales have been more commonly found in the literature. These scales included the Ego Resilience Scale (ER90), Resilience Scale, and Connor-Davidson Resilience Scale (CD-RISC) (Tusaie & Dyer, 2004). The ER90 was developed by Block in the 1960s and is based on personality and ego resilience. It has been criticized for lack of widespread use as well as poor generalizability (Tusaie & Dyer, 2004). The Resilience Scale is a 25-item self-report test that was developed to measure personality characteristics of resilience (Wagnild & Young, 1993). The scale was developed based on a sample of older women. Validity and reliability results were based on a population of adults and elders. Results addressed two factors, personal competence and acceptance of self and life. Internal consistency was high and concurrent validity was deemed adequate. The authors discussed a major limitation in the lack of understanding regarding differences in males and females with regard to resilience, as the scale
was based on interviews with women. Lastly, construct validity is an ongoing concern (Wagnild & Young, 1993).

Finally, the CD-RISC is a relatively new instrument developed in 2003. The authors operationally defined resilience as a measure of stress coping ability. They relied on a biopsychosocial model to conceptualize the construct (Connor & Davidson, 2003). The CD-RISC is a 25-item self-report instrument that consists of a 5-point Likert scale. The CD-RISC was validated on an adult sample of community members, primary care outpatients, general psychiatric outpatients, clinical trial of generalized anxiety disorder, and two clinical trials of Posttraumatic Stress Disorder. Internal consistency was .89 and test-retest reliability was .87. The authors concluded that the instrument had sound psychometric properties. In a factor analysis, five factors were derived. Factor one was determined to reflect personal competence, high standards, and tenacity and held an eigenvalue of 7.47. Factor two consisted of trust of one's instincts, tolerance of negative affect, and strengthening effects of stress and held an eigenvalue of 1.56. Factor three consisted of positive acceptance of change and secure relationships, and held an eigenvalue of 1.38. Factor four consisted of control and had an eigenvalue of 1.13. Factor five consisted of spiritual influences, and had an eigenvalue of 1.07.

Connor, Davidson, and Lee (2003) used the CD-RISC in a sample of trauma survivors, they examined the relationships between resilience, spirituality, anger/health, and symptoms of posttraumatic stress. Resilience was found to have relationships with health and symptoms of posttraumatic stress.

Most researchers purport that resilience is never directly measured, but is inferred from the measurement of both risk and positive adaptation (Luther & Zalazo, 2003). Measurements of age-appropriate competence are common forms of positive adaptation measurement. For
example, Waxman, Huang and Padron (1997) measured resilience in Latino middle school students by measuring their mathematics achievement through the Four-Step Problem Solving Test. Another example is found in Siefer's (2003) study regarding toddlers where competence was measured through attachment to caregivers. A final example is the use of the Child Behavior Checklist (CBCL) to measure adaptation in youth in the form of symptom formation after the individuals have been exposed to stressors (Zucker, Wong, Putter, & Fitzgerald, 2003).

Masten and Reed (2002) reviewed the following criteria that are commonly used to measure risk or adversity in resilience literature. These factors commonly include premature birth, divorce, poor treatment, teenage pregnancy, parental mental illness, poverty, homelessness, and the traumatic experiences of war and natural disasters. Such incidents are established in the research literature as commonly effecting the development of children (2002). Many researchers examined single incidents, but they soon observed a cumulative risk from a variety of factors and patterns. Some of the difficulties with assessing cumulative adversity have involved considerations of severity of each factor versus giving even weight and to consider subjective versus objective accounts about the severity of the experiences (Masten, 2002).

Masten and Reed (2002) discussed various criteria for measuring positive adaptation including: academic achievement, behaviors that are accepted by society, meeting appropriate developmental tasks, happiness, life satisfaction, and the absence of pathology or unacceptable behaviors. Some investigators include both internal (e.g., measures of well-being) and external measures (e.g., grade point average) of adaptation (Matsen, 2002). Most researchers agree that external measures define the positive adaptation aspect of resilience.

In addition to measuring outcomes, resilience has been measured via the examination of protective factors in the individual and his or her environment. Quantitative studies have
attempted to measure academic resilience, such as Gonzalez and Padilla's (1997) study examining Mexican-American high school students. Their 314-item questionnaire examined self-esteem, psychosocial maturity, school bonding, parental involvement, peer values, and peer conformity as possible constructs of resilience. Other quantitative studies have focused almost entirely on social support in looking at protective factors of adolescents. Barrera, Li, and Chassin (1998) used the social support scale to examine the key social relationships during the previous three months. The scale examined relationships with mother, father, closest sibling, best male friend, best female friend, and closest non-parental adult. It measured support in terms of companionship, aid, intimacy, affection, admiration, and reliability. Finally, other quantitative studies have attempted to measure protective factors by looking at individual, familial, and environmental constructs. Fergusson and Horwood (2003) measured childhood neuroticism (via the Eysenck Personality Inventory Neuroticism Scale), parental attachment (via the Parental Attachment Scale), parental bonding (via the Parental Bonding Instrument), and peer affiliation.

Qualitative studies of protective factors tend to use grounded theory and the interview process to examine the process of resilience in the history of the individual and his or her ecological surroundings. Montgomery et al. (2000) interviewed American Indian women and audiotaped and transcribed the interviews. Johnson (1995) interviewed culturally diverse families and utilized their life narratives to construct resiliency mechanisms. Furthermore, there have been numerous dissertations that have examined Mexican-American resilience via grounded theory and/or narrative interviews (e.g., Salas, 2001, Temes, 2000, Mores, 2000).

**Review of Resilience Studies and Adlerian Concept of Social Interest**

Although the body of resilience studies is increasing, examinations of the relationship between resilience and the Adlerian concept of social interest are still relatively new (Campbell-
Sills, Cohan, & Stein, 2006; Greene, 2002; Toth & Cicchetti, 2006). Much of the resilience research focuses on children and the studies were conducted relatively close to the time of the maltreatment incident e.g. (Campbell-Sills et al., 2006; Cicchetti, 1997; Compas, Phares, Banex, Cicchetti, & Rogosh, 2005; Herrenkohl, Tajima, Whitney, & Huang, 2005; Jaffee et al., 2007; Kim & Cicchetti, 2006; Kinard, 1999; Leiter, 2007; Lynch & Cicchetti, 1998; Runyon, Faust, & Orvaschel, 2002; Sagy & Dotan, 2001; Smokowski, Mann, Reynolds, & Fraser, 2004). These studies demonstrated the impact of poverty (Wodarski 1990), family and parental support (Kinard, 1999; Sagy & Dotan, 2001; Smokowski et al., 2004; Spaccarelli & Kim, 1995), social support (Appleyard, Egeland, & Sroufe, 2007; Sagy & Dotan, 2001), community violence (DuMont, Widom, & Czaja, 2007; Jaffee et al., 2007; Lynch & Cicchetti, 1998), self-esteem (Cicchetti, 1997; Leontopoulou, 2006), and an internal locus of control (Kaufman, 1991; Leontopoulou, 2006) on the lives of children who have been maltreated.

However, studies suggest that resilience can change over time (Egeland, Carlson, & Sroufe, 1993; Haskett, Nears, Ward, & McPherson, 2006; Jaffee & Gallop, 2007; Werner, 1989, 1993) and may in fact diminish as maltreated children age (Herrenkohl et al., 1994). Examining young adults provides an opportunity to move sufficiently beyond the maltreatment experience to glimpse enduring resilience. This captures important data on the impact of childhood factors. Other important issues in resilience research are the limited focus of some studies on identification of resilience to maltreatment, without studying protective factors (McGloin & Widom, 2001), looking at childhood adversity broadly (Egeland, Carlson, & Sroufe, 1993; Werner, 1993), and discussing resilience only related to a specific problem (Bradley, Schwartz, & Kaslow, 2005; Chambers & Belicki, 1998; Collishaw, Pickles, Messer, Rutter, Shearer, & Maughan, 2007; DiRago & Vaillant, 2007).
Despite this variability in resilience research, a modest number of studies do provide important direction for this study. Large-scale longitudinal studies are acknowledged as the gold standard method of examining childhood adversity and resilience. One cohort study particularly relevant to this research is Herrenkohl and colleagues’ (1994) examination of 345 16-22 year olds maltreated as children. Participants in this study were drawn from a larger research project involving 457 children aged 18 months to 6 years at the study’s commencement. The maltreatment group was comprised of children involved with child protective services and the controls were enrolled in three different preschools. Follow-ups were conducted after 4 to 6 years and again 10 to 12 years later. At the study’s end participants were 16 to 22 years old. The study was conducted using a variety of methods most appropriate to the age of the respondents. For the initial assessment, parents were interviewed alone. At the first follow-up, elementary school aged children were evaluated with teachers’ ratings on the Teacher Report Form (TRF) and school records. The last follow up, involved brief questionnaires and interviews with the young adults and their mother or maternal figure. The final interview was conducted with 23 of the 25 youth who had been rated resilient at the previous assessment. The authors also provide self-report information on variables for the entire sample, such as school dropout, drinking, status offences, and delinquent acts. Although not clearly spelled out in the methodology section, it appears that the final follow-up used in depth interviews with only the 23 high-functioning teens and presumably used an open-ended questionnaire.

Herrenkohl et al. (1994) looked at maltreatment status alone as the independent variable. The dependent variables were participation in criminal activity, school success and graduation, work history, peer relationships, and social accomplishments. As a longitudinal study, the researchers were able to conclude that those teens considered high functioning as 6-12 year olds...
generally continued to be higher functioning as young adults. The group that was higher functioning on these factors was also more likely to have higher intellectual capacity, escaped abuse, have stable caregivers, and have parents who had expectations of them.

Understanding that these factors played a role in resilience, the researchers noted that resilience appears to be based on an interaction of personal and environmental factors, understanding that environmental influences can change over time. Therefore, despite a general trend of consistent resilient functioning, the status changed for some high and some lower functioning participants as their environments changed. The researchers also found that resilience was not complete. For example, young adults who were resilient or high functioning in the majority of domains often had difficulties in one or more of the other domain.

The findings of this study emphasize the importance of studying protective factors at different levels, examining multiple outcomes, and looking past the immediate incident of maltreatment. However, the study suffers a number of significant weaknesses. Of primary importance is difficulty with sampling. Despite the fact that the controls were drawn from child care centers and, therefore, were not expected to have experienced child maltreatment, 80% of respondent parents from one, 68% of parents from another, and 45% of parents at the third preschool level reported use of severe physical discipline on at least one occasion. This fact greatly limits group differences on the independent variable.

Another study that has direct bearing on this research is Giant and Vartanian’s (2003) examination of 119 maltreated young adults, ages 17-47 (mean age 22.6). In this study, college students were retrospectively surveyed on parental aggression during their childhood and perceptions of that aggression. The independent variable in this study was parental aggression measured by a modified version of the Parent-Child Conflict Tactics Scale (CTS-PC); the
dependent variable was adult self-perception as measured on the Self-Perception Profile for College Students, and the protective factor was perceptions of parental aggression. Using the CTS-PC, researchers asked respondents about the frequency of aggressive parental behaviors, and a Likert scale rating of the extent to which the action was disciplinary, or abusive.

Consistent with previous research findings Giant and Vartanian (2003) found those who had experienced more frequent aggressive parental behavior had a lower self-perception as adults. However, when the model included perceptions of parental aggression, the researchers found the perceived abusiveness of the behavior to be a more powerful predictor of adult self-concept than the frequency of the behavior. This study highlights the importance of the appraisal of parental action in understanding young adults’ response to parental maltreatment. These findings are not without limitations. Although we can logically conclude that poor self-concept was a result of parental abuse, it may in fact be that those with a poor self-concept were more likely to rank any negative parental behavior as abusive, and those with a positive view of self to rank abusive behavior as discipline.

Moran and Eckenrode’s (1992) examination of 145 female teenagers who were and were not maltreated as children also bears directly on this study. In this cross sectional study, 33 maltreated and 112 non-maltreated 12-18 year old females completed a self-administered questionnaire. The survey included validated scales to assess the dependent variable of depression, the protective factors of self-esteem, and locus of control; SES was measured by asking about parental education and employment. Using regression analysis, the findings revealed first that maltreated teens were more depressed than their non-maltreated peers, and that those teens with an internal locus of control (for good events) and those with higher self-esteem were less depressed.
In addition, maltreatment was found to interact with locus of control such that maltreated respondents who had an internal locus of control were about as depressed as their non-maltreated peers, but those with an external locus of control were more depressed. A similar interaction was found for maltreatment and self-esteem, with maltreated teens with low self-esteem reporting much higher depression than maltreated respondents with high self-esteem, and non-maltreated respondents.

These factors of locus of control and self-esteem were indicators of depression for both the maltreated and non-maltreatment group, but were more salient for the maltreated teens, such that maltreated teens with higher self-esteem and an internal locus of control were no more depressed than their non-maltreated peers. The researchers also looked at the impact of age of onset and the length of maltreatment on respondents’ ability to develop high self-esteem, and an internal locus of control. They found that the adolescents who had been first abused at a younger age and were abused longer were significantly less able to develop the protective factors of self-esteem and internal locus of control.

**Exploration of the Relationship between Resilience and**

**The Adlerian Concept of Social Interest in Children**

According to Adlerian theory, social interest manifests in individuals through cooperative behaviors, while the lack of social interest is demonstrated through conflict type behaviors (Adler, 1929). Some of the basic tenets of Adlerian theory are reviewed in order to provide a better understanding of the relationship between the Adlerian concept of social interest and resilience in children. The following topics will be reviewed: (a) Adlerian theory, (b) social interest, (c) cooperation, (d) conflict, (e) and summary.
Adlerian Theory: View of Human Nature

Adler developed individual psychology in an effort to understand the creative power of life that is expressed through the human desire to develop, strive, and achieve, and to compensate for defeats in one area by striving for success in another (Adler, 1929, p. 217). This power is teleological—it is expressed in the striving after a goal in which every bodily and intuitive movement cooperates. Adler’s view of human nature was holistic and indivisible. He believed it absurd to study behavior and mental conditions without considering their relation to the whole individual (Adler, 1929, Gladding, 2004). Therefore, counselors do well to recall that human nature is best understood within the social context, bearing in mind the particular goal for which the individual is striving.

Life goal. Children are social beings, but not all children have the same goals. Each individual’s goal is unique because of subjective perceptions. For example, siblings from the same family develop different ways of coping or socially adjusting because of differing perceptions. Adler (1929) asserted the importance of understanding the individual context or goal that creates the direction for all of the person’s acts and movements. Understanding the goal enables us to discern the hidden meaning behind various separate acts, which are parts of the whole. On the other hand, when the acts are studied with the knowledge that they are parts of a whole, a better sense is gained of the whole as well.

Adler believed that within each mind lies the conception of a goal or ideal to move beyond the present state and overcome present difficulties. Through this goal, the individual can feel superior to the difficulties of the present because the mind has a picture of success in the future. Without the sense of a goal, individual activity would become meaningless. All evidence indicates that this goal is fixed early in life, during the formative years of childhood, and
becomes that person’s life style (Adler, 1978). For example, a child who initially lacks skill and strength finds himself or herself facing what feels like intolerable circumstances. Therefore, the child strives to develop toward a chosen goal, like an arrow directed toward a target. Adler (1978) explained that these strivings, thoughts, expressions, and feelings all aim toward successful resolution of social tasks. Adler admitted it is difficult to say exactly how this goal is fixed, but asserted that it is obvious such a goal exists and dominates the child’s every movement.

Subjective view of self. During this time of establishing the goal, all humans form erroneous beliefs, known as mistaken beliefs (Adler, 1929). If these mistaken beliefs are recognized, correcting them is easier during the early years while the life style is being developed. If early correction does not occur, mistaken beliefs may be corrected later on by recalling the entire situation that occurred during that time of life and understanding how the life style is erroneously influencing all life situations. Consequences of mistaken beliefs can be observed in the lack of social interest that permeates American culture. People have become preoccupied with the pursuit of personal happiness (Amato, 2004). The subjective perception of these individuals is influenced by mistaken beliefs about ways of belonging. These goals and beliefs, which were first formed in the social atmosphere of the family of origin, continue to pose problems in later life. Hence, early memories become a valuable tool for the counselor in recognizing mistaken beliefs and understanding the life style and the nature of the individual.

Unity of personality. Unlike Freud, Adler postulated that consciousness and unconsciousness work together to pursue the life goal with no clear line of demarcation between them. This collaboration between the conscious and unconscious mind indicates a unity of personality (Gladding, 2004). It is different from Freud’s multi-level view of consciousness and
unconsciousness. The connection between the two is the pattern of life formed in early childhood.

Adler asserted that conscious ideas cooperate with unconscious ones, directing an individual toward the life goal. The energy of the individual, both conscious and unconscious, moves the person toward the goal (Adler, 1929). Because all behavior has social meaning and purpose, the energy of the individual is unified toward the resolution of the need for belongingness, even though it may be directed toward mistaken goals. It follows that mistaken beliefs formed in the early years of life could cause spouses to work toward differing goals and cause conflict in the marriage relationship. Not only must the individual be regarded as unified in his or her life style, with both the conscious and unconscious working toward the same goal, but the individual must also be considered in the context of social relations.

Adler (1929) pointed out that children are born weak and helpless and must be cared for by other persons. Through this process of being cared for by others, the child’s initial inferiority and helplessness are compensated for and the child’s style of life begins to take shape. Everyone feels inadequate in certain situations. This creates within people the desire to strive for superiority or mastery in different areas. One of the strongest human tendencies has been to form groups and gain assistance in overcoming the difficulties of life. This social life has been a great help in overcoming feelings of inadequacy and inferiority. Consequently, Adler explained that the beginning of social life lies in the weakness of the individual. In other words, social interest develops out of a perception of inferiority. The striving for superiority and the feeling of inferiority are naturally complementary, according to Adler (1929).

Further, individuals never stop striving for superiority. Adler explained that the entire social process could be understood by realizing that people are always striving to find a situation
in which they excel. Therefore, when individuals feel weak, they lose social interest as their
striving for superiority pushes them toward mastery once again. A balance is required between
the striving for superiority and social interest. Adler called superiority or inferiority taken to the
extreme a complex and asserted that either complex competes with the individual’s contribution
to the social good or his or her level of social interest. Therefore, social interest begins to
develop in the striving to overcome inferiority and find a place of belonging within the family of
origin, and then continues to impact the adult’s ability to cope with life.

Life is filled with difficulties that humans must learn to navigate. Adler explained that
humans are weak and helpless initially and, as they face difficulties, they feel insecure about
their ability to cope with them. The feeling of inferiority exists in all humans, and as long as it is
not too great, a child will strive to be useful and worthwhile source. These feelings of inferiority
stimulate the individual toward movement and action, resulting in the person’s goal, plan, or
style of life. Nevertheless, inferiorities, whether resulting from mistaken beliefs developed as
children or from physical disabilities or organic inferiority (Adler, 1929), must be overcome
through the development of social interest. This is described by Adler as one’s attitudinal
approach to life that is conducive to the accomplishment of life tasks. Social feeling and social
adjustment are normal compensations, and Adler asserted it would be difficult to find anybody in
whom this striving for superiority has not resulted in development. This development results in
courage and confidence.

The individual is not afraid, but benefits from the difficulties life brings. He or she feels
comfortable in the world and realizes there are difficulties, but feels confident to overcome them.
Therefore, this individual is prepared for all life’s problems, and these are at their root social
problems. However, if a child does not develop social interest, there will be an impact on his or
her relationships in adulthood. According to Adler, lack of training in social interest explains the large number of failed marriages.

Ansbacher (1968) explained three developmental stages implicit in Adler’s concept of social interest. Initially, social interest exists as potential or aptitude for caring. In stage two, this capacity is developed into certain skills or abilities (Kazan, 1974) such as cooperation, empathy, the feeling of belonging or embeddedness, and common sense. Finally, social interest is expressed as an “evaluative attitude” toward life (Adler, 1970). Adler (1929) asserted that individuals who lack social interest become problem children, and without appropriate intervention ultimately become criminals, insane persons, or alcoholics. They demonstrate their lack of social interest through conflict type behaviors such as acting out in school, rebelling against authority, or demanding fulfillment of personal wants and desires at the expense of others. Adler explained the need to find ways to influence these individuals to turn them to a more useful side of life, and to create within them an interest in others. It is because of this process that Adler explained that individual psychology is actually a social psychology.

Life style in movements and attitudes. Adler (1929) further iterated that children might best be understood through their attitudes, movements, and behaviors. Movements are expressed or imbedded in attitudes. The attitudes are an expression of the whole style of life and, therefore, the level of social interest. A child is judged by his or her manner of standing, walking, moving, or expressing. This judgment may not be a conscious thought, but an intuition or feeling. Body language projects attitudes in that how an individual feels about himself or herself is exhibited through how that person moves and carries the body.

Life style and social interest. In the same way that movement is interpreted, attitudes are expressive of the life style. Adler (1929) described children as more or less pugnacious.
Researchers today might call this resilience or hardiness. This tenacity expresses their level of social interest. Children who have developed more social interest demonstrate attitudes reflecting the courage to face life’s tasks. Adler asserted, however, that by nature, people never really give up, but instead become more or less discouraged. If a child is discouraged and seems to give up, this paradoxically indicates more of a struggle to carry on and to develop the level of social interest necessary to feel part of a whole rather than totally alone in the world.

**Social adjustment.** The goal of individual psychology is social adjustment (Adler, 1929). It is through the social context that the child becomes an individual. Social maladjustments demonstrate the consequences of the lack of social interest. The sense of inferiority and the striving for superiority, though they exist in all individuals, may result in maladjustment. Even the terms inferiority complex and superiority complex express the result after maladjustment has taken place. These complexes are not inborn traits, but rather the result of the interaction between the individual and his or her social environment. Adler questioned why some individuals have a complex and some do not. He explained that the sense of inferiority and superiority is directed into socially useful channels by a psychological mechanism. “The springs of this mechanism are social interest, courage, and social mindedness, or the logic of common sense” (Adler, 1929, p. 216).

**Growth of social interest.** Adler proposed that the growth of social interest is slow. To exhibit social feeling, children must be trained in the direction of social interest from childhood, and be striving to meet life’s tasks. Individuals who are trained to cooperate as children will be more likely to cooperate in relationships in later life. These individuals are courageous, confident, and find solutions when faced with life problems. Adler (1929) stated they have friends and get along with others in their communities. Adler also felt that having a chosen
occupation and progressing in it was a small but significant sign of a person’s level of social interest and indicated readiness for marriage.

The following is a classic Adlerian article that combines the individual life style and personality priorities with communication styles to strengthen social interest (Bitter, 1993). Huston and Melz’s (2004) research lends particular credibility to a focus on the development of social interest. They identified qualities of people who are resilient and make good qualities of good relationships. Personal qualities identified were a mixture of conscientiousness, agreeableness, and a secure attachment style (Cutrona, 2004). These can be conceptualized as social interest. The qualities attributed to good relationships were (a) frequent and mutual provision of attachment, (b) reassurance of worth, (c) reliable alliance, (d) guidance, (e) social integration, and (f) the opportunity to provide nurturance. These habits appear to be rooted in cultural and family contexts. The authors made the case that personality makeup and social attitudes are deeply embedded into each individual’s being by the time they reach adulthood. As such, these characteristics are relatively stable and push individuals into life circumstances that reinforce them (Caspi & Bem, 1990; Conley, 1985; Huston & Melz, 2004; McRae & Costa, 2002) in the same way that Adler’s life style, formed in early childhood, motivates the individual.

**Connecting Social Interest and Personality**

Bitter (1993) addressed personality priorities and social interest and their influence on communication styles. He described social interest as the relational sense people have of themselves in the context of the personalities and systemic interactions observed in the family. Within the family, individuals develop a sense of self and discover their potential for the future.
It is within this context that people first make sense of relationships, learning how to bond, fight, solve problems, and relate to members of their own or the other sex.

Humans are born into a position of inferiority. The first experience of an infant is fear as he or she moves from the safety of the womb into the unknown world. Even in this helpless state, the infant immediately starts to cope by searching for comfort, familiarity, and warmth. Bitter suggested that, as the infant’s needs are met by parents and family members, fear is replaced with at least a temporary joy and a growing sense of safety. It is within the family that the child finds a balance between safety and movement. Parents encourage the progress of the child as he or she takes first steps and speaks first words. This encouragement gives a perceived stability to the world. In the natural process of development, the more the child learns to do, the more he or she wants to do. Bitter explained that each step in development leads to new challenges and demands for skills and resources that the child has yet to master. Naturally, these challenges lead to feelings of helplessness or inferiority. Inferiority motivates development of social interest.

Bitter (1993) pointed out that Adler was the first to suggest that inferiority feelings were normal and a prime motivator of human development. Bitter described the development of an inferiority complex as a “debilitating sense of inadequacy” that robs a person of the courage to face life (p. 331). Individuals with inferiority complexes may develop low self-esteem and tend to cope by overcompensating. Most people, however, use the striving for superiority as a motivator toward the life goal. Bitter described the constant conflictual strivings within all individuals’ life styles to (a) overcome difficulties, (b) meet life’s tasks, (c) reach self-selected goals, and (d) safeguard one’s self-esteem based on the safeguarding tendency. Bitter draws a parallel between Kefir’s (1971, as cited) work on personality priorities and Satir’s (1988, as
cited) communication styles. The four priorities are: (a) pleasing, (b) superiority, (c) control, and (d) comfort. The communication styles are (a) placating, (b) blaming, (c) being super-reasonable, and (d) distracting. Bitter asserted that the link between observable communication processes (Satir) and the immediate safeguarding goal represented in priorities (Kefir) can be used to assess coping strategies. Bitter (1993) created a model to classify coping processes based on this integration of Kefir’s personality priorities and Satir’s communication styles. The integrated processes were (a) placating-pleasing, (b) blaming-significance, (c) super-reasonable-control, (d) distracting-comfort, and (e) congruence-social interest.

Bitter explained that people who placate when stress is high sacrifice themselves in an effort to please others. More than anything else, these individuals fear rejection. The other side of the placating-pleasing coin is blaming. Blaming individuals are so strong in their struggle for superiority that they will sacrifice others to maintain self-worth. Super-reasonable individuals remain rational, abstract, and emotion-free as much as possible. Their desire to keep life under control and fear of embarrassment or humiliation results in a self-imposed social distance. Comfort as a personality priority is not maintenance of pleasure or ease. Instead it is choosing situations which lack stress or pain. When stress in social interactions increases, this type of individual will do anything to distract, such as changing the subject or answering a question with a question.

Finally, the congruent individual approaches a stressful situation holistically. This person approaches the stressor as a challenge and is flexible and able to negotiate. Social interest is demonstrated here as the individual keeps in mind his or her own needs, the needs of others, and the needs of the situation. Because this individual has developed social interest, courage and
confidence are inherent as the individual feels a connection to others. This person can ask for help or lend a hand when needed.

Personal qualities stemming from social interest such as conscientiousness, agreeableness, and a secure attachment style were shown to influence happiness over time (Bitter, 2003). The individual life style and personality influences were combined with communication styles to strengthen social interest. The perception of adequate social support provided by spouses was associated with both marital and individual functioning. Investigators recommended consideration of how the demonstration of social interest through social support and positive affect influence problem-solving skills and resilience quality through more longitudinal designs.

While the amount of specific research directed towards the relationship between resilience and the Adlerian concept of social interest may be limited, one can easily see that they walk hand in hand. Factors which develop and support resilience also serve to develop and support social interest.

Conclusion

Regardless of the amount of empirical literature on the study of adolescent resilience, there are gaps and inconsistent findings regarding this subject. The most obvious disparity is evident in the understanding of resilience in a healthy and well-adjusted adolescent. Empirical studies have primarily focused on physically and mentally ill, maladjusted, abused, and educationally dysfunctional adolescents and those who have increased psychological vulnerability. Little is known about the individual who possesses none of these tribulations. In addition, there is a scarcity of documented studies measuring high risk behavior, stress, and resilience in a typical healthy and well-adjusted adolescent.
There are also contradictory findings in the literature concerning resilience among adolescents. In most cases, resilience in this population is positive, although some researchers have questioned whether resilience is accurately a ‘healthy’ state (Hunter, 2001; Hunter & Chandler, 1999). Similarly, while studying resilience in adolescents with cancer, Haase (1997) found that these individuals develop defensive coping to deal with the adversities of their diagnosis. According to Haase, if such practices were left unchecked, defensive coping had the possibility of negatively affecting the physical health of these adolescents. Additional researchers have questioned the positive influence of resilience on stress in children or young adolescents (Higgins, 1994; Valliant, 1993). Resilience has typically been described as positive. Therefore, there is little known about the state of maladaptive resilience.

Another contradiction in the empirical literature involves the relationship of social support to resilience. Despite study findings in the literature that indicate the protective factor of social support in resilient youth, there are contradictory findings reported by researchers. Consistent with earlier research findings, Carbonell, Reinherz, and Giaconia (1998) determined that there is a strong relationship between resilience among youth at risk for emotional problems but who also have the presence of family and social support.

Tiet et al. (1998), in their study with samples of youth seeking mental health services, also concluded that resilient youth receive more guidance and support from their family members. Likewise, with a sample of African American adolescent mothers, Hess, Papas, and Black (2002) determined that supportive relationships with these adolescent mothers appears to be factors of resilience that facilitated a satisfying relationship with their own children. Hunter (2001) came to similar conclusions with her sample of adolescents as did Kenny, Gallagher, Alvarez-Salvat, and Silsby (2002), along with Printz, Shermis, and Webb (1999).
Overall the study of resilience is a topic worthy of additional study. The implications for better understanding resilience and the promotive factors are far reaching. Hopefully, the Adlerian community will respond to the information presented and further pursue opportunities to encourage and promote both resilience and social interest in children.
References


Resilience in Children

*Journal of Personality and Social Psychology, 68, 653-663.*


