



WW-07565 2000

Children Who Overcome Adversity to Succeed in Life

[<< return](#)**ANN S. MASTEN**

Why do some children grow up to be competent adults in spite of risk factors such as poverty, violence, broken families, and discrimination, while others do not? This paper presents some key factors for the successful development of children and reviews policies for prevention and intervention of at-risk youth.

Ann S. Masten is Professor and Director, Institute of Child Development, University of Minnesota.

Introduction

Parents and society share a stake in the successful development of children. A vital quality of resilient communities is that they foster the development of their children into competent adults and productive citizens. However, many children in Minnesota and throughout the United States grow up in hazardous environments, burdened by poverty, violence, troubled parents, divorce, and discrimination. To protect their own resilience, communities must address the burden of risk falling on their children and facilitate the development of human capital in the next generation.

For many years, researchers studied the problems of children whose lives were threatened by the accumulation of risk factors. Then, about 25 years ago, a group of pioneering investigators realized that some children managed to succeed in spite of adversity and disadvantage, and the systematic study of resilience was born. Resilience research was aimed at understanding how some children grow up competent in spite of many risk factors in their lives. What makes a difference? What can we learn that will guide our efforts to facilitate better development in children at risk?

Minnesota played a key role in the studies of resilience in children for two reasons. First, it was home to one of the leading pioneers, Norman Garmezy, who revolutionized research on children at-risk to focus on competent children. Second, Minnesota provided fertile ground for sowing ideas on resilience. Not only were families in Minnesota willing to volunteer for studies of resilience, but educators, service providers, and policymakers were open to new ideas for improving the lives of children at-risk in their communities.

What is Resilience?

In research on children, resilience generally refers to good outcomes in spite of serious threats to development. The standards by which parents, teachers, and community members judge how well a child is developing can vary, of course. Yet there is good agreement about the standards for doing well in society, even across very different cultures. These are often called developmental tasks, referring to the broad expectations we have for children of different ages.

Developmental tasks in toddlers would include learning to walk and talk and to obey simple instructions of parents. By elementary school age, we expect children to meet expectations for academic achievement, get

along with other children, and follow the rules of classroom, home, and community. Successful youth are expected to graduate from high school and gain the education and skills needed for economic independence from their parents, to abide by the law, to have close friends and romantic relationships, and to begin to contribute to society. Resilient children and youth manage to succeed in all the ways we expect for children of their age, even though they have faced significant obstacles to success.

Project Competence: A 20-Year Study of Competence and Resilience

Project Competence (see Masten, in press; Masten et al., 1995, 1999) is a study of 205 Minneapolis children that was initiated more than 20 years ago at the University of Minnesota. These 114 girls and 91 boys, 27 percent of whom were minorities, were typical of children attending urban city schools at the time. Extensive information was gathered about the lives of these children, including information about their competence, the adversity they faced throughout their lives, and many family and individual qualities that might have made a difference for them. We checked in to see how things were going after seven, ten, and, currently, after 20 years.

We learned that children who succeeded in the face of adversity had more internal and external resources, particularly in the form of good thinking skills and effective parenting. Adversity did not seem to derail development unless key adaptive resources were weak, or impaired by the adversity itself. Resilient children had a great deal in common with other competent children who had no more than the normative level of stress in their lives. They were good problem solvers, able to learn and pay attention. They were close to adults in their lives who provided warmth, age-appropriate structure, and high expectations for them. They learned to follow the rules and, later, the laws of society. They were involved in activities at home, school, and in their communities. They developed close friendships and when the time came, positive romantic relationships. Not surprisingly, they had good self-esteem and felt effective.

In striking contrast to the resilient youth, children who floundered in the face of adversity faced great challenges with very few protective resources. Loaded down by adversity, without the support of close relationships with competent adults and without the good attentional skills and thinking abilities of the resilient youth, these young people developed significant problems. By adolescence, they were stress-prone, both in the sense of getting themselves into trouble and in the sense of coping poorly with stress. They reported numerous problems and had significantly lower self-esteem than their competent peers.

As youth grew older and began to work and develop romantic relationships, it became clear that success in work and in adult relationships has roots in earlier competence. Children who succeed in the developmental tasks of childhood are very likely to succeed in the new arenas of competence as they mature. Yet, it is also clear as we locate individuals for the 20-year follow-up that there are second chances in life — opportunities for people to turn their lives around. Some of the young adults who were heading down troubled roads in adolescence have taken dramatic turns to become happy and competent adults contributing to society. Military service, relocating to break ties with deviant peer groups, and making good choices in life partners are all examples of life-altering choices individuals in our study have reported to us. Such turning points have been reported by other investigators as well (Rutter, 1990; Werner, 1993; Werner and Smith, 1992).

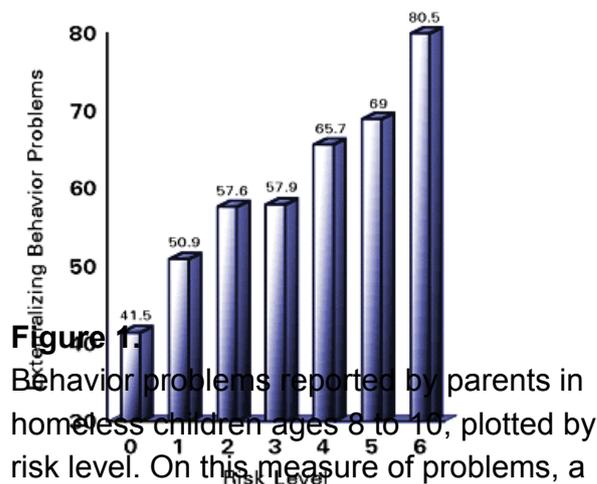


Figure 1. Behavior problems reported by parents in homeless children ages 8 to 10, plotted by risk level. On this measure of problems, a score of 50 is average in the general population and scores above 60 suggest a need for mental health services

Risk and Resilience in Homeless Children

The importance of good parenting and good problem solving skills are also evident in our studies of children facing the crisis of homelessness in Minnesota. Homeless children are at-risk for a wide variety of educational, mental health, and physical health problems (Masten, 1992). In a series of studies, we have documented the many risks faced by these children (Masten and Sesma, 1997, 1999). However, though homelessness is a sign of high risk, the number of risk factors piling up in the lives of individual children living in shelters can vary dramatically. Moreover, the level of problems increases as the level of risk increases. For example, risk factors for behavior problems in homeless and other children include: living with just one parent; less than a high school education in the mother; a history of divorce in the family; maltreatment; witnessing violence; death of a parent; and foster placement. Figure 1 shows how behavior problems (reported by parents) rise as risk level goes up, for a sample of 98 children, ages 8 to 10. Graphs like this one are called "risk gradients" and they have been found for many kinds of physical and mental health outcomes, as well as academic achievement (Keating and Hertzman, 1999).

Even in the high-risk situation of homelessness, however, there are children who are holding their own, both at school and at home. We have found that resilient children from homeless shelters have many of the same assets as other competent children growing up in very different circumstances. Most notably, resilient children have competent, caring adults looking out for them and supporting their competence. For example, homeless children with parents who are involved in their education, communicate high expectations and facilitate school attendance and homework, have far better academic achievement than children without the advantages of an effective parent. Figure 2 shows the achievement level of homeless children according to the level of parental involvement in their education (Miliotis, Sesma, and Masten, 1999).

Refugees of War in Minnesota

Minnesota is home to increasing numbers of immigrants who have fled the horror of war. We have studied the adjustment of Cambodian youth and young adults who survived the ravages of Pol Pot and the subsequent adversity of life in refugee camps before coming to Minnesota (Wright et al., 1997). These

young people have been exposed to "massive trauma" - adversities like war and natural disasters that affect large numbers of people and destroy the supporting systems of the community. Such experiences often leave indelible impressions on human memories and influence health and mental health decades later. Over one-quarter of the adolescents and young adults we have studied continue to have post-traumatic stress symptoms fifteen years after escaping the war, and many also experience periodic depression. Nonetheless, only the resilient made it as far as Minnesota and most of these young new residents are successfully getting on with their education and their lives. Those who came with the support of families (their own or surrogate parents) and those who had a knack for learning English appeared to have advantages. We also suspect that there were cultural protections embedded in Buddhist tradition that helped some of these young people recover, such as the use of meditation to manage stress.

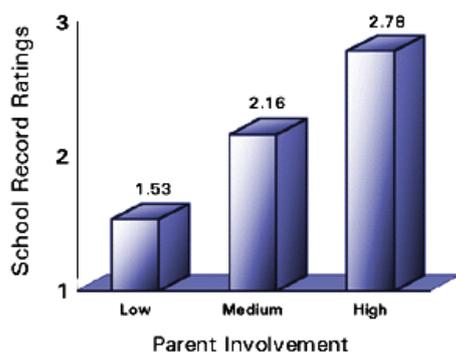


Figure 1.

Academic achievement (on a 1 to 5 scale, where 1 is well below average and 3 is average) of homeless children ages 6 to 11, plotted by level of parental involvement in education

The "Short List" of Protective Factors for Resilience in Children at Risk

Our research findings in Minnesota are highly congruent with a growing world literature on what makes a difference in the lives of children whose development is threatened by adversity (Cowen, 2000; Glantz and Johnson, 1999; Luthar, Cicchetti and Becker, 2000; Masten, 1994; Masten and Coatsworth, 1998). **Table 1** shows the most frequently reported "protective factors" in the literature; it is a short list of clues about the processes that lead to resilience. This short list strongly suggests that there are powerful protective systems for human development at work when we see resilience. **Table 2** provides a list of protective systems implicated by the short list.

Table 1 A Short List of Protective Factors Suggested by Research on Resilience

- Ordinary parents
- Connections to other competent and caring adults

Table 2 Protective Systems for Human Development Strongly Implicated in Resilience Studies

- Attachment systems
- Human information processing systems

- Good intellectual skills
- Self-efficacy
- Appealingness
- Talents valued by society and self
- A sense of meaning in life
- Faith and religious affiliations
- Socioeconomic advantages
- Good schools
- Community resources
- Self-regulation systems for attention, emotion, arousal, behavior
- Pleasure-in-mastery motivational system
- Family systems
- Community organizational systems
- Spirituality and religious systems

Resilience is Made of Ordinary Magic

The most striking conclusion arising from all the research on resilience in development is that the extraordinary resilience and recovery power of children arise from ordinary processes. Evidence indicates that the children who "make it" have basic human protective systems operating in their favor. Resilience does not come from rare and special qualities, but from the everyday magic of ordinary human resources in the minds, brains and bodies of children, in their families and relationships, and in their communities.

Implications for Policy and Programs

The findings on resilience suggest that the greatest threats to children are those adversities that undermine the basic human protective systems for development. It follows that efforts to promote competence and resilience in children at-risk should focus on strategies that prevent damage to, restore, or compensate for threats to these basic systems. For example, prenatal care, nutritional programs, early childhood education, adequate medical care, and good schools all promote the protection of brain development, attention, thinking, and learning that appear to play a powerful role in the lives of children who successfully negotiate challenges to development.

Programs and policies that support effective parenting and the availability of competent adults in the lives of children are also crucial. The best-documented asset of resilient children is a strong bond to a competent and caring adult; however, this adult need not be a parent. For children who do not have such an adult involved in their lives, this is the first order of business.

The short list suggests that programs will be most effective when they tap into powerful adaptational systems of human development. Another example is the mastery motivational system. When development is proceeding normally, humans are motivated to learn about the environment and derive pleasure from mastering new skills. This is why infants delight in flinging food from their perch on the high chair and glow with pride when they toddle across the room for the first time. Children need opportunities to experience success at all ages. This means that families, schools, and communities have a responsibility to provide such opportunities and to ensure that the talents of individual children are developed. One of the great differences in the lives of children growing up in the middle class versus poverty is in the richness of opportunities for achievement that feed the mastery motivation system. Feelings of self-confidence and self-

efficacy grow from mastery experiences. Children who feel effective persist in the face of failure and achieve greater success because of their efforts.

Much has been written about programs that work for children at risk, such as Lisbeth Shorr's classic 1988 book, *Within Our Reach: Breaking the Cycle of Disadvantage*. The resilience literature suggests that a careful look at programs that work would reveal that they tap into basic but powerful protective systems for human development.

Strategies for Fostering Resilience

The models and lessons arising from research on resilience suggest a new framework for planning prevention and intervention programs, as well as three major kinds of strategies of intervention. Conceptually, the work on resilience suggests that we need to move positive goals front and center. **Promoting healthy development and competence is as important, if not more important, than preventing problems, and will serve the same end.** As a society, we will do well to nurture human capital—to invest in the competence of our children. This means understanding how the capacity for academic achievement, rule-abiding behavior, and good citizenship develops. It is important to identify risks and prevent them whenever possible, but it is also important to identify assets and protective systems, and support these to the best of our knowledge.

Three basic strategies for intervention are suggested by resilience research.

Risk-focused strategies — to reduce the exposure of children to hazardous experiences. Examples include prenatal care to prevent premature births, as well as school reforms to reduce the stressfulness of school transitions for young adolescents, or community efforts to prevent homelessness through housing policies.

Asset-focused strategies — to increase the amount of, access to, or quality of **resources** children need for the development of competence. Examples of resources with direct effects on children include tutoring a child or providing extracurricular activities. Examples of resources which work indirectly, through strengthening the social or financial capital in a child's life include literacy and job programs for parents, or programs to foster parenting skills, and programs to provide teachers with more training or resources so they can be more effective in the classroom. The Search Institute, headquartered in Minneapolis, has done extensive national research and program development directed at this strategy (Benson et al., 1995, 1999).

Process-focused strategies — try to mobilize the fundamental protective systems for development. Examples include fostering attachment relationships, activating the mastery motivation system, or building the self-regulation skills of young people. Programs to ensure that every child has effective and caring adults involved in their lives, including mentoring programs, are examples of this strategy. Diverse efforts to provide children with opportunities to develop talents and experience success, ranging from music to athletic opportunities, represent examples of mobilizing the mastery system, which builds self-efficacy and motivation to succeed in life.

Avoiding Three Dangers of Resilience Models

The idea of resilience is very appealing and the stories of resilient children can be inspiring. However, there are dangers that need to be avoided in this perspective.

Danger 1: "Don't worry, children are resilient"

This is a dangerous idea because it suggests that children overcome adversity through their own resourcefulness. In reality, the literature on resilience confirms the crucial importance of adult action in the lives of resilient children, in their family life, schools, neighborhoods and societies.

Danger 2: The magic, bullet

There is no one solution that will undo the dangers of children at-risk. Risk is multifaceted and our solutions must be multifaceted. Some investigators have suggested that we need "cumulative protection models" to counteract multiple risk factors in children's lives. In addition, we need to recognize that every life is unique, that there are many influences in the lives of children and that different children, families, and communities all have different needs, shortcomings, and strengths that need to be taken into account.

Danger 3: Ignoring preventable risks

The enthusiasm for strength-based programming and policies should not lead us to ignore the fact that many hazards in the lives of children are preventable. Intervening to prevent premature birth, exposure to family and community violence, homelessness, disease, and hunger remain critical to promoting the well-being of children.

References

- Benson, P.L., J. Galbraith and P. Espeland. 1995. *What Kids Need to Succeed*. Minneapolis, MN: Free Spirit Publishing.
- Benson, P.L., P. C. Scales, N. Leffert and E. C. Roehlkepartain. 1999. *A Fragile Foundation: The State of Developmental Assets Among American Youth*. Minneapolis: Search Institute.
- Cowen, E. L. 2000, in press. "Psychological Wellness: Some Hopes For The Future," in *The Promotion of Wellness in Children and Adolescents*. Cicchetti, D., J. Rappaport, I. Sandler, and R. P. Weissberg, eds. Thousand Oaks, CA: Sage.
- Glanz, M. and J. Johnson, eds. 1999. *Resilience and Development: Positive Life Adaptations*. New York: Plenum.
- Keating, D. and C. Hertzman, eds. 1999. *Developmental Health and the Wealth of Nations: Social, Biological and Educational Dynamics*. New York: Guilford.
- Luthar, S. S., D. Cicchetti and B. Becker. 2000, in press. "The Construct Of Resilience: A Critical Evaluation and Guidelines for Future Work." *Child Development*.
- Masten, A.S. 1992. "Homeless Children In The United States: Mark Of A Nation At Risk." *Current Directions in Psychological Science*. 1:2, pp. 41-44.
- Masten, A. S. 1994. "Resilience in Individual Development: Successful Adaptation Despite Risk and Adversity," in *Risk and Resilience in Inner City America: Challenges and Prospects*. Wang, M. and E. Gordon eds., pp. 3-25. Hillsdale, N. J.: Lawrence Erlbaum.
- Masten, A. S. 2000, in press. "Ordinary Magic: Resilience In Development," forthcoming in German, in *Risk and Development*. Roeper, G., G. Noam, and C. v. Essen, eds. Stuttgart, Germany: Kohlhammer.

- Masten, A. S. and J. D. Coatsworth. 1998. "The Development of Competence in Favorable and Unfavorable Environments: Lessons from Successful Children." *American Psychologist*, 53:2, pp. 205-220.
- Masten, A. S., J. D. Coatsworth, J. Neemann, S.D. Gest, A. Tellegen and N. Garmezy. 1995. "The Structure and Coherence of Competence from Childhood through Adolescence." *Child Development*, 66; pp. 1635-1659.
- Masten, A. S., J. J. Hubbard, S.D. Gest, A. Tellegen, N. Garmezy and M. Ramirez. 1999. "Adaptation in the Context of Adversity: Pathways to Resilience and Maladaptation from Childhood to Late Adolescence." *Development and Psychopathology*. 11:1, pp. 143-69.
- Masten, A. S. and A. Sesma. May 1997. *Studies Of Children Homeless In Minneapolis: 1989-1996: A Report For The Community*.
- Masten, A. S. and A. Sesma. January 1999. "Risk and Resilience Among Children Homeless In Minneapolis." *CURA Reporter*, Vol. XXIX:1.
- Miliotis, D., A. Sesma and A. S. Masten. 1999. "Parenting as a Protective Process for School Success in Children from Homeless Families." *Early Education and Development*. 10:2, pp. 111-13.
- Rutter, M. 1990. "Psychosocial Resilience and Protective Mechanisms," in *Risk and Protective Factors in the Development of Psychopathology*. Rolf, J., A. S. Masten, D. Cicchetti, K. H. Nuechterlein and S. Weintraub, eds., pp. 181-214. New York: Cambridge University Press.
- Schorr, L. 1988. *Within Our Reach: Breaking the Cycle of Disadvantage*. New York: Doubleday.
- Werner, E. E. 1993. "Risk, Resilience, and Recovery: Perspectives from The Kauai Longitudinal Study." *Development and Psychopathology*. 2, pp. 225-444.
- Werner, E. E. and R. S. Smith. 1992. *Overcoming the Odds: High Risk Children from Birth to Adulthood*. Ithaca: Cornell University Press.
- Wright, M., A. S. Masten, A. Northwood and J.J. Hubbard. 1997. "Long-Term Effects of Massive Trauma; Developmental and Psychobiological Perspectives," in *Rochester Symposium on Developmental Psychopathology, Vol. 8, The Effects of Trauma on the Developmental Process*. Cicchetti, D. and S. L. Toth, eds., pp.181-225. Rochester: University of Rochester Press.

[**<< return**](#)

In accordance with the Americans with Disabilities Act, this material is available in alternative formats upon request. Please contact your University of Minnesota Extension office or the Extension Store at (800) 876-8636.
