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Resilience as an asset for healthy development

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Abstract

One of the greatest threats to health and wellbeing are precarious living conditions and the experience of poverty. However not all individuals experiencing, or growing up in conditions of serious adversity, such as severe family disruption or persisting poverty develop adjustment or health problems later on. The recognition of individual differences in response to risk exposure is indicated by the notion of resilience, which describes the practices and processes by which some individuals – or communities – adapt to adversity and even thrive against the odds. The aim of this paper is to explore the notion of resilience, and its usefulness for the study of social inequalities in health and wellbeing. To gain a better understanding of the multiple, interlinked influences on health and well-being a developmental-contextual model of resilience is introduced, and the dynamic interactions between a developing individual in a changing context are conceptualised, taking into account causation, selection, and cumulative processes in life course development. Furthermore, findings from the ESRC Priority Network on human capability and resilience will be presented, identifying key factors that make it possible for individuals to do well in the face of adversity.

Resilience as an asset for healthy development

What enables young people to strive and to develop into well-balanced and healthy adults? This paper addresses the antecedents, pathways, and outcomes of transitions through childhood and into independent adulthood. The particular focus lies on children growing up in circumstances of relative social disadvantage, characterised by lack of material resources and poor housing conditions. There is now consistent evidence to suggest that serious harm to physical and mental health and well-being can be caused by the experience of poverty and adverse life events (Duncan & Brooks-Gunn, 1997; McLoyd, 1998). Socio-economic disadvantage and material hardship experienced early in life greatly increase the risk of developing adjustment problems later on, such as educational failure, behaviour problems, psychological distress, or poor health. On the other hand, there is also evidence that not everyone is affected in the same way. Some individuals seem to be able to 'beat the odds' and to do well despite the experience of adversity. This phenomenon of 'beating the odds', of striving in the face of adversity, has also become known by the concept of resilience (Garmezy, 1991; Luthar, 2003; Rutter, 1987; Werner & Smith, 1992). The observation of positive outcomes in the face of adversity has led to a paradigm shift away from a pathogenic or deficit model towards a focus on adaptive functioning and developmental processes leading to health and well-being instead of adjustment problems or disease (Antonovsky, 1979).

In the following I will explore the notion of resilience, and its usefulness for the study of social inequalities, the intergenerational transmission of advantage and disadvantage, and possible ways of breaking a cycle of disadvantage. In this context the notion of developmental health refers to a range of outcomes, such as physical, mental, psycho-emotional health, literacy and academic competence (Keating & Hertzman, 1999). Developmental health is influenced by individual, social and wider contextual determinants, such as characteristics of neighborhoods and institutions. Many of these determinants are not disease-specific, but may be associated with multiple health outcomes throughout the life course. To gain a better understanding of the multiple, interlinked influences a developmental-contextual systems model (Bronfenbrenner, 1989; Lerner, 2002) is introduced that takes into account interactions between a changing individual and a changing social context. This metatheory includes several assumptions regarding the multiple levels of organizations engaged in human development, ranging from biology and dispositions to relationships, social institutions, culture and history, which are fused into an integrated system.

Based on such a dynamic systems notion of resilience a 'short list' of commonly observed correlates of resilience (Masten, 1999), as well as a taxonomy of developmental assets (Scales & Leffert, 1999) have been identified, highlighting the core elements of positive human development comprising assets within the individual, their families, and the wider community. Furthermore, the developmental assets approach is designed to have practical significance for the mobilization of communities.

The assets approach is based on the assumption of cumulative or additive impact: the more assets, the better, where increases in assets is associated with increases in positive developmental outcomes, such as increased academic achievement, leadership, prosocial behavior, delay of gratification. Although the asset approach has a 'universal' resonance, there is evidence to suggest that some assets are particularly beneficial to a particular risk or thriving behavior. There is however, relative little understanding of how assets interact with specific risk situations, or how they are acquired or maintained over time. Asset lists are primarily descriptive, based on evidence regarding characteristics that matter for positive human development. Furthermore, they do not consider indicators of poverty or hardship. Moving beyond a descriptive approach, alternative models of resilience emphasise the interactive relationship between protective factors and risk exposure, and take into consideration the severity and timing of risk exposure (Rutter, 2006). Children and young people growing up in poverty are generally less likely to have access to asset building resources, as poorer families are more likely to live in places where facilities and services have been stripped away and are often unable to access even essential services such as health care and education (Townsend & Gordon, 2002). Evidence from work conducted for the ESRC funded Network on human capability and resilience has nonetheless identified various processes and mechanisms that allow young people growing up in poverty to build and maintain crucial resources and developmental assets that enable them to thrive even in the face of adversity. Beyond individual characteristics and those of the family environment, experiences in the wider social context, such as in school, in the work place, within one's neighbourhood, or in contact with institutions and services are all contributing to the development and maintenance of competencies and health resources (Bartley, 2006; Schoon, 2006). Examples of our findings will be presented and discussed in view of their implications for policy and practice.

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