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## Preface

A 5-year-old child watched helplessly as his younger brother drowned. In the same year, glaucoma began to darken his world. His family was too poor to provide the medical help that might have saved his sight. His parents died during his teens. Eventually he found himself in a state institution for the blind. As an African American, he was not permitted to access many activities within the institution, including music. Given the obstacles he faced, one would not have easily predicted that he would someday become a world renowned musician.

This man's name is Ray Charles. His life story, similar to many other individuals who faced great emotional, physical, and environmental adversities, exemplifies that some can and do survive and in fact thrive. Yet, many others who encounter similar patterns of problems struggle to transition successfully into their adult lives, often finding themselves adrift in poverty, despair, and psychiatric problems.

A comparison of individuals who overcome numerous obstacles with those who do not invites several intriguing questions. What exactly do the survivors do that enable them to succeed? How do they think? What kinds of experiences do they have that may be absent in the lives of those who are not successful? Are some of these experiences unique to surviving in the face of adversity? How much of their survival can be predicted by genetics, parenting, education, mentoring, temperament, and/or mental health? In a world in which stress and adversity appear to multiply almost exponentially from one generation to the next, the answers to these and related questions have become increasingly important. This edited volume reflects our efforts to address these questions.

We met by chance at a national conference almost 20 years ago. The first author was speaking about childhood disorders, including attention-deficit hyperactivity disorder and learning disabilities. The second was discussing his increasing focus on the qualities that appeared to help children at risk overcome adversity. There was an instant connection as we realized after a combined 50 years of clinical practice that the best predictors of children's functional outcome into adulthood lay not in relief of their symptoms, but rather in an understanding, appreciation, and nurturance of their strengths and assets.

In the past 20 years, our initial connection has evolved into a very close professional and personal friendship. We have spent countless hours elaborating ideas about the importance of a strength-based approach in our work and our lives. We have coauthored five books focusing on the process of resilience across the life span, a school consultation text built on our resilience model, three texts incorporating the resilience model to help parents of children with problems such as anxiety, learning disability, and anger, and numerous trade and professional articles as well as the first edition of this volume. We have developed a parenting curriculum for nurturing resilience in children and created an award-winning documentary. Throughout this work, we have come to realize the importance of thinking, feeling, and behaving in certain ways as a means of successfully and happily negotiating life.

Increasingly these qualities of success have found themselves under an umbrella of resilience. A resilient mindset, the ability to cope with and overcome adversity is not a luxury or a blessing possessed by some, but increasingly an essential component for all. This emerging field of study, which once focused only upon those who confronted and overcame adversity, has found universal appeal as researchers and clinicians examine how the qualities of resilience may be applied to all individuals, even those who have not experienced significant adversity.

What we have learned and still must learn from studying children who have overcome great hardships can be applied to enhance the lives of all children. It is not difficult to understand and accept that helping individuals develop such characteristics of resilience as dealing effectively with stress and pressure, coping with everyday challenges, bouncing back from disappointments, adversity, and trauma, developing clear and realistic goals, solving problems, relating comfortably with others, and treating oneself and others with respect are important ingredients to a satisfying life. As this second edition volume will attest, numerous scientific studies of children facing great adversity in their lives support the basic premise that resilience is an important and powerful force, worthy of the attention it is receiving. Resilience appears to explain why some children overcome overwhelming obstacles, sometimes clawing and scrapping their way to successful adulthood, while others become victims of their early experiences and environments. Yet as you will read, there is still much to be understood about the processes that mediate and shape resilience.

As we have written elsewhere, our belief as well as the belief of others in the significance of resilience emerged slowly. This slow recognition resulted in many children and their families not being helped as effectively as they might have had a strength-based model been in place. Reflecting on our years of clinical practice, we realize that many children suffered because well-meaning parents and professionals expended time and energy to fix deficits rather than giving at least equal weight to building assets. The focus of parents, clinicians, and educators on fixing children's problems is not difficult to understand. As professionals, we came by this bias honestly. It is how we were trained. We were taught to identify that which is different in a negative way and prescribe interventions to reduce symptoms or problems.

The professional field has come to increasingly realize that this “deficit model” is fine for identifying how and why individuals are different, even for prescribing strategies to improve those differences. However, we now believe and are setting out to scientifically demonstrate that our highest goal, namely, to improve the future of all children, is best accomplished by identifying and harnessing their strengths and shaping resilient qualities. The deficit model has fallen far short in helping to achieve this goal. Symptom relief has simply not been found to be robustly synonymous with changing long-term outcome. We have come to appreciate that the qualities of resilience examined scientifically in this volume can in fact protect and insulate not only children at risk, but all of us.

We are extremely pleased and honored about the success of the first edition of this volume and the opportunity to create an expanded and revised second edition. As with the first volume, we are pleased by the interest and willingness of our authors to share their knowledge and insight. This second edition has added seven new chapters, multiple new authors, and expanded and revised past chapters. Our contributors represent a great diversity of backgrounds and research interests, but share a vision of the importance of understanding and harnessing the power of resilience. As with the first edition, Part I begins with a number of background chapters. We offer a basic overview of resilience and reasons why resilience should be studied. Other authors describe resilient processes, the basic concept of resilience, and the processes of resilience differentially between genders. Drs. Margaret Wright and Ann Masten provide a comprehensive review of the study of resilience and its advancement through three major waves of research over the past 3 decades. Dr. Kirby Deater-Deckard and colleagues offer an integrated review of the resilience literature from a biopsychosocial perspective. This theme is exemplified in a translational framework in Chap. 13 as Drs. Shadi Houshyar and Joan Kaufman provide an overview of resilience in the maltreated child. We are exceptionally pleased that Dr. Emmy Werner, one of the earliest and most renowned researchers in the area of resilience, provides a revised overview of what we have learned from large scale, longitudinal studies about resilience. Dr. Jack Naglieri brings his expertise in assessment and offers a review of the current science in measuring resilience and the prospective future of evaluating resilience in clinical practice.

Part II continues with a section on environmental issues, including poverty, domestic violence and mental illness in parents, families as contexts for children’s adaptation, and children as victims. Part III applies resilience as a phenomenon in more traditionally defined clinical disorders, including delinquency and other disruptive disorders, depression as it relates to learned helplessness, learning disability, and youth with impaired self-control. Drs. Jane Gilliam, Karen Reivich, Tara Chaplin, and Martin Seligman discuss their work at the University of Pennsylvania and the increasing focus on resilience as a means of creating an optimistic mindset and effective functioning in the face of stress.

Part IV dealing with assessment offers three new chapters to this volume. An overview of efforts to measure resilience and resilience-related processes

are discussed as well as a number of promising new assessment tools. Part V focuses on resilience in clinical and school settings, offering a blend of revised and new chapters. These chapters represent our efforts at the beginning to create an applied psychology of resilience. A number of authors focus on the ways in which resilience theory can be used to enhance parenting, build self-esteem, provide educational opportunity, reduce schoolwide violence, and improve effective thinking. New to this edition are chapters by Dr. Beth Doll and Dr. Jonathan Cohen focusing on resilience processes in the classroom and school environment and Dr. David Crenshaw illuminating the treatment of traumatized children from a resilience framework.

Part VI includes four revised chapters focusing on resilience theory to shape the future of children and adults, including public health and developmental theories. Drs. Emily Winslow, Irwin Sandler, and Charlene Wolchik describe a program to build resilience in all children through a public health approach. Drs. Maurice Elias, Sarah Parker, and Jennifer Rosenblatt describe a model to facilitate educational opportunity as a means of strengthening resilience. Drs. Jennifer Taub and Melissa Pearrow describe schoolwide violence prevention programs as a means of strengthening resilient outcomes.

This second edition volume will again address which and by what processes variables within the child, immediate family, and extended community interact to offset the negative effects of adversity, thereby increasing the probability of positive development rather than dysfunction. Some of these processes likely reflect genetically inherent phenomena. Others involve the interaction of genetics and immediate environment, while still others reflect the impact of the extended environment. Some of these processes may serve to protect against the negative effects of stressors, while others may simply act to enhance development independent of the presence of stress.

It is our intent that this is the second edition of many volumes to change the foundation of applied psychology. It is our hope that this volume will provide readers with new ideas and theories and a more precise way of understanding and helping children. As we wrote in our first jointly authored text, *Raising Resilient Children* (2001), our worries for our children and their future are well founded. Yet there is reason to be optimistic about counteracting the negative influences in their lives. While advances in technology are taking place at an incredible pace, we believe strongly the future lies not in technology but in our children, children instilled by their parents, teachers, educators, and other adults with the resilient qualities necessary to help them shape a future with satisfaction and confidence.

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## Bibliography

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