



Center for the Development of Peace and Well-being

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## **Children Who Thrive in the Face of Adversity: Navigating the Rocky Road to Well-Being**

The First Annual Symposium of the UC Berkeley Center for the Development of Peace and Well-Being was held May 3-4, 2002, at the Radisson Hotel in Berkeley, California, next to the scenic San Francisco Bay. In an atmosphere marked by much good humor, somber reflection, and cautious optimism, some 150 psychologists, sociologists, social workers, scholars, therapists, writers, and other interested parties gathered to focus on a single question:

### **What enables some children to thrive in the face of adversity?**

While no clear answer was forthcoming, several key insights, drawn from diverse research perspectives and findings, were articulated, and many more questions were refined, sharpened, and given renewed focus. While it was clear from the discussion that certain skills seem to enhance resilience in at-risk children, social science has yet to establish how such children are able to develop such skills.

Highlights from the presentations:

#### **“Family Dynamics and Childhood Resilience”**

**Sara McLanahan, Professor of Sociology and Public Affairs, Princeton University**

Princeton Sociologist Sara McLanahan, Director of the Bendheim-Thoman Center for Research on Child Wellbeing, led off the symposium by presenting preliminary findings from her research on “fragile families,” which she defined as families with unmarried parents and a newborn child. Such families tend to be disproportionately minorities, suffer high levels of economic stress, and are more likely to break up than families with married parents.

“The risk to the child born of fragile families lies not in the marital status of the parents per se,” explained McLanahan, “but in the often low level of parental commitment to the child. For instance, Sweden has a high number of unmarried parents, but in 90% of the cases, both parents are living with the child, compared with 40% in the US.”

Due to divorce, or from being born to non-cohabiting parents, 50% of American children currently live apart from their fathers by age 15. Little is known about the problems of unmarried parents. McLanahan presented four cultural models: the woman having casual sex who does not know who the father is; the stereotypical welfare mother involved with an abusive man; the “Murphy Brown” model of the independent woman who does not want the father involved; and the Swedish model of an unmarried couple cohabiting and parenting successfully.

### **Studying Fragile Families**

McLanahan and her extensive team of researchers visited 75 hospitals in 20 U.S. cities with populations of 200,000 or more. They interviewed 3,700 unmarried women and 1,200 married women who were about to give birth or had recently given birth. They conducted follow-up interviews after 12 months, 30 months and (prospectively) 48 months. In each case, an OB/GYN physician participated in the study.

Her early findings suggest that those unmarried parents who were in relationship with each other were full of hope and motivation at the time of birth. The mothers McLanahan interviewed averaged 24 years of age and the fathers 27; they were more likely to be African-American or Hispanic; about 20% were immigrants. 44% of the women had a child by another man, compared to 19% for married couples. 80% of the women were in romantic relationships at the time of birth. Half were cohabiting, and a third of those cohabiting were living with parents. About 10% of the couples were friends; around 10% of the fathers were not in contact with the women. 3% of the mothers claimed that they did not know who the father is.

80% of those cohabiting wanted to marry, but felt that there was much to achieve before marriage would become a viable option. They may need money, a car, a job, their own place to live, or other resources before getting married. Many had few models in their experience of successful marriage and were determined not to have a failed marriage.

80% of the fathers were present at the time of birth, while 83% were contributing money.

More than two thirds of these unmarried parents had less than a high school education; 22% of the fathers were not working at the time the child is born; 4% were incarcerated and 37% had spent time in jail or prison.

A year after birth, 13% of the unmarried couples had gotten married; 80% of fathers were offering financial support and 75% of the children were seeing the father at least once a week.

### **Resilience in the Couples**

Factors associated with resilience in these unmarried couples were:

- Greater education of the parents;
- The father being employed;
- Shared ethnic backgrounds; and
- Not having previous children with other fathers.

McLanahan identified two models of success. The first, traditional model was associated more with Hispanic subjects and involved the establishment of traditional gender roles where the man works and the woman stays at home. In the second, companionate model, more common among blacks and whites in the study, the behavior of the father was key. The willingness of the father to be fair and willing to compromise when there is a conflict, to encourage the mother to do what she wants, and to express affection (e.g., telling her he loves her) were strong predictors of resilience.

### **Points of Intervention**

The strong motivation and high hopes experienced by unmarried parents at the time of birth indicate a key point for intervention, especially for the father. Fatherhood programs, like the Boot Camp for Dad program in San Diego, which has taught 30,000 fathers how to care for babies, is a useful model. Partner programs like the Parental Relationship Enrichment Program (PREP) and Parents and Partners (PAP) improve communication skills among parents. Mentoring models where experienced parents help new ones cope with parenting, often through church groups, are also useful.

### **Policy Changes**

Finally, McLanahan emphasized the importance of several policy changes:

- Child support laws were intended for divorced couples and should be revised. Even if the parents are living together, the formal child support system in many states treats them as if they were separated. Unmarried mothers on welfare are often required to name the father of their child; the father's child support then goes

directly to the state to reimburse its welfare payments. This puts an emotional strain on the family, potentially decreases the financial stability of the family, and ignores the benefit for children of their parents cohabitating.

- Calculation of welfare payments should not take child support or housing subsidies into account.
  - Improved childcare services are necessary.
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### **“An Orientation to the Idea of Resilience”**

**Steve Hinshaw, Professor of Psychology, UC Berkeley**

Having considered resilience in couples and the familial issues that may put children at risk for psychological harm, the symposium then turned to the issue of childhood resilience itself. U.C. Berkeley Psychology Professor Steve Hinshaw, an expert in childhood psychopathology, clarified the meaning of resilience, which has been variously defined as “good outcomes despite serious threats to development,” or “a dynamic process of positive adaptation despite experiences of significant adversity,”

“For individuals to be resilient,” said Hinshaw, “there must by definition be exposure to adverse circumstances, coupled with positive adaptation in the face of such risks. The scientific and clinical task is to identify those factors in the individual and the family in a larger social context that facilitates such unexpected outcomes.”

Resilience is best thought of as a process, rather than a trait. Resilience is not some extraordinary trait one is born with, but rather something that exists in everyday exchanges that can unexpectedly foster positive outcomes.

Hinshaw defined risk as a state of affairs that predicts later negative outcomes. Protective factors are factors that mitigate risk. Protective factors engage risk factors and foster adaptation. There is debate as to whether protective factors simply lower the odds for negative outcomes or foster some strength in adaptation. Most at-risk children experience multiple risk factors – and there may be multiple protective influences as well.

Risk factors include:

- Poverty;
- Parental maltreatment;
- Having a parent with a mental disorder; and
- Low IQ.

In addition, Hinshaw explained, while having a mental disorder in and of itself is a poor outcome, it can also be considered a risk factor. Risk factors are cumulative and not just additive, and they operate synergistically. A child with one risk factor is only slightly more likely to have a poorer outcome than a child with none. But a child with two risk factors has more than double the likelihood of poor outcomes; with three or more risk factors that likelihood rises exponentially. A positive outcome for a highly at-risk child may simply consist of the absence of psychopathology. In some cases simply preventing depression or schizophrenia may be a viable outcome.

Protective factors include:

- High IQ;
- Temperamental factors (e.g., a sense of humor, being easy going, playfulness, self-understanding and positive affect);
- Authoritative parenting styles where parents set clear boundaries yet encourage negotiation and compromise with the child;
- A good relationship with an adult outside the home for children with poor relationships with their parents;
- For young adults, having a supportive romantic partner;
- Quality of neighborhood; and
- Quality of schools.

Context is a key to understanding protective factors. High academic achievement is a protective factor in many contexts, but among African-Americans in inner cities, it can put children at social risk. And for whites, the absence of authoritarian parenting predicts good outcomes, but for African-American children, the reverse is true.

Finally, Hinshaw emphasized that there is nothing extraordinary about resilience and cautioned against romanticizing the concept, pointing out that it has been called “ordinary magic.”

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### **“Against All Odds: Pathways to Resilient Adaptation”**

**Dante Cicchetti, Professor of Psychology, University of Rochester**

Next, Dante Cicchetti, Professor of Psychology at the University of Rochester and director of the Mt. Hope Family Center there, defined resilience as “the individual capacity for adapting successfully and functioning competently, despite experiencing chronic stress or adversity following exposure to prolonged or severe trauma.” Resilient functioning, he emphasized, should not be conceived as a static or trait-like disposition, but rather as a state in dynamic transition with forces both inside and outside the individual.

The child must not be understood as a passive recipient of environmental influences, but rather is engaged in a process of choice and organization in confronting developmental tasks. Compared to children who are not mistreated, maltreated children manifest greater maladaptive functioning in confronting the salient developmental tasks of infancy and childhood. Cicchetti emphasized the importance of poverty as a risk factor for maltreatment. The most recent national study found that families who make less than \$15,000 a year are 22 times more likely to mistreat their children than families making more than this. 85% of families which mistreat their children are single-parent households.

### **Effects of Maltreatment**

Cicchetti explained it is clear that with respect to every stage-salient developmental issue, maltreated children show more negative affect than the average child. By the age of two to three months, they show sadness, anger, and fear - emotions that are not normally exhibited by infants until six months or later. Maltreated children invariably form insecure attachments. In looking at 175 maltreated children at the age of one year, 85% were disorganized and disoriented. When they saw their mothers return to a room after a brief absence, they typically raised their hands to their faces. Such children have highly disturbed attachments to other people, difficult self development and peer relations, and over time, extreme difficulty adapting to school.

Maltreatment appears to negatively influence biological development as well. When taking neurological measures of spontaneous brain activity in response to stimuli, known as event-related potentials (ERPs), maltreated children of 12, 24, and 36 months showed increased amplitude in response to photos of angry faces. Non-maltreated kids showed no such response. Other studies show maltreated kids with both heightened and lowered neuroendocrine function.

### **How Do Children Survive?**

Given such a picture of the impact of maltreatment, how is it that some kids are doing well? Cicchetti compared resilience in both maltreated and well-treated children.

Looking at one and three year studies, conducted at summer camps, four features predicted resilience in children who had *not* been maltreated:

- Ego resiliency, defined as an individual’s ability to modify his/her characteristic level of ego-control. An ego-resilient person tends to be resourceful and adaptive when confronted by new situations. This is not to be confused with resilience;
- How the child related to the camp counselor;
- Intelligence;
- The child’s perception of closeness to the mother.

For maltreated children, there were three predictors of resilience:

- Ego resiliency;
- Ego control, defined as the degree and kind of control individuals exert over their impulses;
- Positive self esteem.

Cicchetti noted that relationship factors did not predict resilience among maltreated children in the way that they did for normally treated ones. He gave special attention to the features of resilient overcontrollers, which include resilience, persistence, attentiveness, ability to concentrate, responsiveness to reason, calmness, being relaxed, dependability, and playfulness.

“Maltreated kids, in adopting a more reserved, controlling and rational way of interacting and relating, may be more attuned to what is necessary for successful adaptation in their adverse home environment,” observed Cicchetti. “Their more overcontrolled style may protect them from being targets of continued maltreatment incidents. Clearly, detaching from high-intensity affect and being compliant with the wishes of one’s caregivers all can help one escape abuse and/or achieve competent adaptation.”

But just how do maltreated children develop ego control, ego resiliency and positive self-esteem? “I honestly don’t know,” admitted Cicchetti. “But it appears that interpersonal reserve, in concert with self reliance and self confidence, is a key.”

Cicchetti closed by emphasizing the importance of multiple levels of analysis, along with a non-deterministic integration of genetic research into our understanding. “It may be that protective genes have an influence [in helping some children],” he observed. “But we should not understand this in a deterministic fashion.”

### **“Adultification in Childhood and Adolescence: A Matter of Risk and Resilience”**

**Linda Burton, Professor of Human Development and Family Studies and Sociology, Pennsylvania State University**

Linda Burton, Professor of Human Development and Family Studies and Sociology at Pennsylvania State University, and Director of the Center for Human Development and Family Research in Diverse Contexts, distinguished the “adultified” from the “hurried” child. “Hurried children get a lot of encouragement and pressure from parents who are trying to create a super-kid, which is far different from being forced to behave like an adult and assume premature responsibility,” explained Burton. “There may be some elements of adultification in the hurried child, but the two are very different.”

Burton, a gerontologist, finds that older people are especially good at identifying adultified children. They will say that a child “has been here before” or “has an old soul,” or “she’s 15, going on 50.” Some claim to see the adultification in the child’s eyes.

Adultification puts children at risk for anxiety, depression, hyperorganization, poor relations with others, and poor educational and career achievement. Early in their lives, some adultified children internalize a way of being that leads to specific life courses. They may never marry because their caretaking of others prevents them from developing the skills of intimacy. “Often, they are so busy taking care of others that they don’t really know who they are,” said Burton. “They never have time to do the identity work. One man in his 40s said that his siblings and father needed him and he could never bring a wife into such a scene.”

She is quick to point out that adultification is not all bad; children may develop competencies that stand them in good stead for life.

### **A Study of Adultification**

Burton conducted a three-year study of 256 families over two years, with teams in three centers in San Antonio, Chicago and Boston. The families were 38% African American, 42% Hispanic, and 20% white. 8% of the parents were teens; most were between 25 and 29. 43% had less than a high school education. 49% were on welfare

(TANF) with 51% off, with many families going on and off welfare during the three years. There were 656 children in the families, with 56% of the mothers unmarried or claiming no cohabitation. 45 children had disabilities.

Burton reported four forms of progressively more stressful adultification. They are as follows:

- **Precocious knowledge.** Some children were privy to information a child should not have and were forced into an adult view of life too early. For example, an 11-year-old boy is privy to discussions of sexual matters.
- **Mentoring adultification/specialty behavior.** Here, children engage in specific adult activities for their parents. A nine-year-old immigrant boy, who is more fluent in English than his parents, translates for them and does the bills and credit cards.
- **Peerification.** The child acts as a peer to the parent and assumes a lot of household responsibility. A young boy tries to take total responsibility for the family finances and future planning.
- **Parentification.** The child takes on a parental role in the family and becomes the parent to the adult. A 16-year-old boy reports that he helped raise his parents along with his four younger siblings.

Burton described the case of Evan, a 23-year-old African American man who was a parentified child and raised his two siblings. His mother was crack-addicted and suffered a variety of physical maladies. Evan worked two jobs and still managed to graduate from high school. His parents ran up credit card debt and lost their house, causing Evan to take an extra job. As Evan has grown increasingly withdrawn and angry, Burton is concerned about what will happen to him.

Burton poignantly described an experience with a 12-year-old girl, who one night looked up at the sky and saw a shooting star. The girl spontaneously made a wish and said, "Starlight, starbright, first star I see tonight, wish I may and wish I might have the dream I dream tonight: Please let me be a child with no worries or cares. Let my Mom and Dad realize that my job is theirs."

Adultified children are often not mature enough to engage in the parenting of their siblings that their circumstances demand of them. Burton described one 8-year-old who would hit her younger sibling for behavior quite appropriate to a five-year-old. In addition, adultified children often miss a lot of school because of their obligations at home.

### **Interventions with the Adultified Child**

One central point of intervention is the school system. In her sample of 657 kids, 438 missed from 90-120 days of school a year. Teachers typically fail to understand why. One eight-year-old missed 120 days of school and is castigated by her teacher, while praised by her family for her work at home. She is at risk for giving up on the educational system and dropping out.

Burton emphasized the importance of informal interventions. Finding ways to help the adultified children experience the carefreeness, spontaneity, and delight in imagination that children deserve is crucial. Burton described a scene where young adults organize a tea party once a month for a group of adultified girls. The women buy clothes at a 2<sup>nd</sup> hand store and dress up like Southern belles with big hats and sweeping dresses; the men dress as butlers who wait on the girls. The costumed adults go around and serve the children in a scene Burton describes as "the funniest thing you ever saw." At the end of the tea party the kids get a bubble bath kit to take back to their adultified world.