

## ***Resilience and positive psychology : Finding hope.***

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A few years ago, I caused something of a scandal when I stated at a meeting of professionals and lay board members that not all children who had been sexually abused required treatment or therapy of any kind. I went on to add that despite the experience of sexual abuse, many children went on to lead happy productive lives. The vehemence and near unanimity of the response at that meeting was quite surprising, but I have since learned to understand. Most professionals, and for that matter many non-professionals, believe that negative childhood trauma, particularly sexual abuse, is something that no child could move beyond without expert therapeutic assistance.

All I was doing, however, was repeating common research knowledge and I was actually quoting a then recent meta-analytical study by Finkelhor (1990) that showed that approximately 50% of children and adolescents who had experienced child sexual abuse showed no indications of mental health or developmental problems. Indeed, follow-ups seem to indicate that these children, despite the fact that they had not received any kind of treatment, function as well as their non-abused peers (Seligman, 1993).

However, I should not have been surprised by these reactions. Having imbibed, in University courses and in other professional training, the theories and doctrines of Freud and Bowlby, most social workers, child care workers, and psychologists have been brought up to believe, as dogma, that early childhood experiences particularly the negative ones of deprivation, abuse, and

severe neglect bring about lifelong sequelae. Moreover, we invest years of our lives in university, college and other professional training mastering any number of therapeutic techniques, which entrenches the notion that such great expertise and technique are required to help individuals overcome very difficult personal problems.

### **The prevailing view and its consequences**

There are many implications to these prevailing theories and mind sets in human services. The first that comes to my mind is that they are very pessimistic. That early damage can only be overcome with great difficulty has great currency in child welfare, young offender, and in children's mental health systems where one is never surprised to hear that children and youth who are eventually placed in out of home care are "damaged goods". Outcomes for the graduates of such systems are quite dismal but have little shock value because the overt response one hears is that given what these kids have been through, could we realistically expect better?

A cursory review of a few notable research papers on outcomes in child welfare leave little doubt about how bad things seem to be. In the U.S., only a small majority [54%] child welfare alumni graduate from high school compared to general population [78%] (Cook, 1994). In the United Kingdom, few go on to post secondary education [19%] or employment [13%] (Broad, 1999). Back to the U.S., if employed they will have significantly lower paying job, and are more

likely to go on Welfare [30%] compared to general population [8%] (Cook, 1994). They are more likely (between ages of 18 to 24) to have children [60%] than general population [24%], and more than 50% will return to live with biological family members (Cook, 1994). In terms of ultimate outcomes, child welfare graduates have higher mortality rates than children/youth in California (Barth & Blackwell, 1998). Though foreign, (one might want to claim that the situation is vastly different in Canada) such results lend credence to the prevailing views, but they might also be the results of self fulfilling prophecy.

A second implication is that such theories and views are somewhat self-serving: on the one hand they easily explain away and indeed excuse the service system from much responsibility for such results. On the other hand, such theories and data provide the professional service system with a huge ready made reservoir of clients who will have no choice but turn to it for relief.

But there are alternative theories and there is other data. Moreover, as this essay-review will attempt to show, these data and theories are quite compelling and provide an optimistic perspective that should challenge current practice and chart new service directions.

### **Psycho-pathology and its detractors**

Martin Seligman, a world class researcher, best selling author and recent President of the powerful American Psychological Association, in his 1993 examination of *What you can change. . . and what you can't* argues that such negative, depressing and unhelpful views are everywhere in the popular culture. Though, Freud and his adherents now have less currency in the social sciences, they continue nonetheless to have a firm grip on Hollywood and the popular culture.

I am told that Albert Bandura is currently the most cited psychologist in the world. He is one the originators of cognitive-behavioural therapeutic approaches, a recognized expert on aggression, self-efficacy and though he teaches at Stanford University in California, he is Canadian (Alberta) by birth and currently the Honorary President of the Canadian Psychological Association. In his must-read President's address to the Canadian Psychological Association, Bandura (2001) writes that psychological theories "grossly overpredict psychopathology". He then adds "our theories lead one to expect that most of the children living in ... impoverished, risky environments, will be heavily involved in crime, addicted to drugs, or physically impaired for normal life. In fact, most of the children make it through the developmental hazards. As adults most support themselves through legitimate jobs, form partnerships, and stay clear of criminal activities" (p. 17-18).

Professional training leads us to consider problems in ever more numerous and esoteric categories such as those of the DSM4 which now contains over 286 categories, up from the sixty-six in the original edition (Hubble, Duncan & Miller, 2000). Today, there are over 200 therapy models and the therapeutic techniques associated to these models exceed 400. Hubble, and his colleagues quote Sol Garfield who wrote in 1987 "I'm inclined to predict that some time in the next century there will be one form of psychotherapy for every adult in the western world!"(p.3)

Recent research on brain development, which has caught the imagination of the culture and of government funders, has unwittingly reinforced the notion that if early childhood experiences are of great importance on brain development, then later on in life, when brain development is for all intents and purposes fixed, there really isn't much more one could do to enhance a person's intelligence, cognitive abilities, and general learning. No

one should doubt the importance of early childhood experiences or for that matter life experiences and life conditions at any stage of life. However, having survived such experiences doesn't mean that one is forever haunted by them.

Bandura, Seligman, and as we shall see, other world renowned (and less renowned) researchers and practitioners have developed a much more balanced and optimistic view of individual resilience. Indeed, from their knowledge of resilience (and from other research trends) has come a growing literature of "positive psychology" (Seligman & Csikszentmihalyi, 2000) that proposes that there is more to learn from people who do well despite adverse life conditions and experiences, than from the traditional study of psycho-pathology.

### **Resiliency is all around us**

The evidence for resiliency has always been right there before our eyes and available to amaze us. When we take off our professional cloaks and put on the informal clothing of family member, friend, or neighbour, we are quite unsurprised to meet aunts, uncles, cousins, friends or acquaintances who overcame considerable odds to do well as adults. Indeed, we take pride in knowing some of these individuals or we might be one ourselves. Moreover, in the popular culture, there are many stories of such individuals who despite serious setbacks have made considerable contributions. We can only marvel today that deaf and blind from 18 months, Helen Keller nonetheless managed, from age seven, to learn to read and write, eventually converse in English, French and Latin, obtain a bachelor of arts, become a world renowned and best selling author, world traveller, and friend with the likes of Alexander Graham Bell, Mark Twain, and other great luminaries of her day (Lash, 1980). Hollywood made Anne Sullivan, her teacher, the hero of the film *The Miracle*

*Worker*, but it is Helen Keller who supported Ms Sullivan for most of their lives. Child Welfare celebrates the little Mary Ellen story of the New York waif who was saved by the Children's Aid Society volunteer, Etta Wheeler. Mary Ellen's story is mostly told to recount the impetus for the first modern child protection laws. What is not as well known is that the Children's Aid Society did not take Mary Ellen from her natural parents but rather from adults who had adopted her. An instance of the human service system perpetuating negative life experiences. Tellingly, few references mention what became of Mary Ellen who went on to survive her "horrendous start in life and went on to have a meaningful and productive life and raise children on her own" (p.143, Lazowitz, S., 1990). If the human service system can get it right, then the kid has a chance to get on with life.

The scientific work on resilience, however, probably goes back to the 1960s, particularly through the work of Ann M. Clarke & A.D.B. Clarke (1976). In their ground breaking book *Early Experience: Myth and Evidence*, a number of authors including Jerome Kagan, Michael Rutter and the Clarkes document numerous incidences of children suffering pervasive and long term neglect and deprivation who go on to make remarkable recoveries and lead quite typical lives as adolescents and then adults. Koluchova (1976a) documents a celebrated case of twins from Czechoslovakia who, from early infancy to age seven, were raised in an environment of cruelty, neglect, isolation, malnutrition, which left them with very little in terms of motor skills or language abilities. At the time of their placement, their measured I.Q.s stood at about 40. Remarkably within two years their I.Q.s had doubled, and by age 13 their I.Q.s had reached the normal ranges of 100 (Koluchova, 1976b). In terms of cognitive, social, and motor abilities, they caught up to their peers within three years. Koluchova, who followed the situation very closely,

found that these children were not really interested in speaking of their early childhood experiences though they could recall them quite clearly.

Emmy Werner and colleagues have published a number of studies on the 505 people born on the Island of Kauai in 1955. In 1983, they found that 25% of those born “into homes marred by such potentially damaging influences as poverty, divorce, alcoholism, mental illness, and physical abuse” had “gone on to surprisingly stable, happy lives”(Monmaney, 1988). The fourth longitudinal report published in 1992, *Overcoming the odds*, reports that resiliency had increased to one out of three who had “developed into a competent, confident, and caring young adult by age 18” (p. 2, Werner & Smith, 1992). These results were sustained and even improved as these young adults aged into their early thirties.

Seligman (1993) writes that “a quarter to a third of sexual abused kids show no symptoms, and contrary to theories of ‘repression’ and ‘denial’, these children stay symptom free.” Resiliency data doesn’t surprise Doctor Peter Suedfeld, psychologist and former president of the Canadian Psychological Association who in his study of Holocaust survivors including children, he found that most of these children show no symptoms of post-traumatic stress disorder. Most did not exhibit anxiety, depression, idiopathic disease, and this even fifty years or so after the Holocaust (Able, 2001).

There seems to be no age limit for resiliency. Indeed, though ill and disturbed war veterans from Vietnam, Koweit, and Yugoslavia get the headlines, by and large, most war veterans coming back from such wars, including those who survived the trench warfare of World War I and World War II, were able to return to lead normal and happy lives. One need only read Rick Weiss’s (1997) article, *Aging: New answers to old*

*questions*, and view Karen Kasmauski beautiful photography to be convinced that there is no age limit for positive development and resiliency. Indeed, by increasing activity, exercise and other forms of stimulation it is possible to quickly improve alertness, energy, appetite, stamina, and bone density even in so-called “frail elderly” who are well into their nineties. Martin Seligman (1993), however, suggests that, contrary to expert wisdom, research tends to show the children are on the whole even more resilient than adults.

Resiliency is something that occurs quite naturally. Indeed it would make sense to argue that our genetic endowment, going back as it does to very primitive and very hostile environments, would make us capable of quickly picking ourselves up after a calamity and moving on to the next challenge. A recent study by Willms (HRDC, 2001) using the Canadian National Longitudinal Survey of Children and Youth (NLSCY) data of over 20,000 Canadian kids who are being followed over a twenty year period, demonstrates that resiliency is a very broad based and dynamic phenomenon. In the 1994 cohort, the NLSCY identified approximately 30% of Canadian children as being vulnerable, that is children who where in situations and who’s personal characteristics put their development at risk. However, two years later, over half of these previously identified vulnerable children moved to the group of children who were doing well and who showed no signs of developmental risk. Just as interestingly the proportion of children at risk and vulnerable remained the same indicating that an almost equal number of children who had rated well in 1994 became at risk in 1996.

There’s much in the modern world that impedes resilience. We are increasingly socialized to rely on experts to help us through times of trial (McKnight, 1995). Indeed, in these times of plenty, it’s as if the

very definition of prosperity has evolved from Henry IV's *chicken in every pot* to Henry Ford's *automobile in every driveway*, to a view where the good life now requires a *social worker in every living-room*. Bandura (2001) writes that our focus on failure and our obsessive interest in psychopathology leads us to underpredict, for instance, sobriety after an ongoing experience of substance abuse. Over 40 million people in the United States have quit smoking on their own. He provides studies showing that some groups of individuals have had a great deal of success kicking alcohol and narcotic dependency, such as heroine addiction. Tongue in cheek, he asks, where was their brain disease? He quotes a team of researchers who "characterized the conspicuous inattention to successful self-changers in substance abuse as, "the elephant that no one sees" (p. 19). And yet, we are constantly told that alcohol and drug abuse are essentially illnesses that require medical treatment, when on the whole most individuals break out of these habits with a lot of effort but with however very little in terms of professional intervention. Spontaneous remission and spontaneous sobriety are two of those expressions that are rarely read about or heard in scientific circles. *Kicking the habit* and going *cold turkey* are two expressions that are current in the vernacular and that suggest that common folk know something that science has chosen to ignore. What individuals do on their own in informal life and outside of the scrutiny of professionals seems to be of little interest for those of us who depend on social problems for our very livelihood.

### **What is resilience?**

In the last two decades, many researchers have become interested in identifying factors associated with resilience in high-risk children. Despite (or maybe because of) a large body of research in this area, there is no consensus regarding the most appropriate

definition for resilience (Kaufman & al, 1994). To have a better understanding of resilience, many studies of risk and protective factors in high-risk samples were conducted. Garmezy (1983), in his review, indicates that resilient children shared three categories of protective factors in almost all their experiences. The first one is the *dispositional attributes of the child*, in this category the children themselves were easy to relate to, felt good about themselves, believed they were in control of their lives, and were self-reliant. The second factor is *family cohesion and warmth*. For this category, a child experienced a warm relationship with at least one adult family member, the family felt close, and order and organization were in evidence. The third factor is the availability and the *use of external support systems by parents and children, in the neighbourhood or elsewhere in the community*. There was a support system available to help the child move towards self-defined goals, and there were role models with whom the youngster could identify (Garmezy, 1983).

Seligman (1992) identified certain personality traits that contributed to resilience: optimism, sense of adventure, courage, self-understanding, humor, a capacity to work hard, and an ability to endure and find outlets for emotions. In her review of the literature, Darla Henry (1999), proposes that resilience "is defined as the capacity for successful adaptation, positive functioning, or competence despite high risk, chronic stress, or prolonged or severe trauma" (p. 521). Henry goes on to suggest that resilience is best understood in terms of transactional processes that assumes that developmental outcomes are determined by the interaction of genetic, biological, psychological, and sociological factors in the context of environmental support. Gilligan (2000) underlines that the qualities of the child are important in understanding resilience, so also are the experiences that the child encounters and how they process those experiences

(Gilligan, 2000). "A factor or experience which places one person at high risk for damaging repercussions may roll off the back of the next person of the next person, based on differences among individuals with respect to how they perceive the experience or factor, their genetic predisposition, and the psycho-social environment in which they grow and live" (Anthony, 1987, p.4). Resilience provides us with a different approach, that motivates us to promote children's *normal development* under the most persistent adverse circumstances. Resilience is *normal development* under difficult circumstances (Gilligan, 2000).

Gilligan (2000) for her part, identifies three important areas or components of resilience. One is having *a sense of a secure base* "a young person's sense of secure bases cultivated by a sense of belonging within supportive social networks, by attachment type relationships to reliable and responsive people, and by routines and structures in their lives" (p. 39). Here the author argues for the importance of the little things of routines and of daily activities "at home, familiar routines around meals, bedtime stories, getting up, family outings, can be important sources of a sense of order and structure" (p. 40). Indeed, reminiscent of Nirje's (1969) and Wolfensberger's (1972; 1998) normalization principle and Social Role Valorization, the author argues for daily, seasonal and yearly routines and rhythms that approximate those of children who do not live in adversity.

A second component is *self-worth and self-esteem*. Quoting Rutter, we are told that self-esteem is made up of two important experiences, "a) secure and harmonious love relationships and b) success in accomplishing tasks that are identified by individuals that are central to their interests" (p. 41). Self-esteem is a secondary effect of positive life conditions and experiences. Not surprisingly self-esteem is made up partly on the basis of social comparison where a child or youth

compares his or her life circumstances with those of others and on that basis make a judgment upon his or her self-worth. This is quite reminiscent of Kagan's (1979) suggestion that a child or youth will attribute worth to himself to the extent that the form of his upbringing is similar to that of other children in his culture.

And finally, a third component is *the sense of self-efficacy*. A child and youth must at some point start exerting some self-control, responsiveness and decision making capacity within his own life. Of course, this must be viewed developmentally and of course it must be nurtured through "consistency, warmth/praise, support, and encouragement to the child to engage in his or her environment" (p. 41).

Resilience is most likely different from one person to the next. But it seems to be made up of different mixtures of dispositional and situational characteristics.

### **Positive Psychology and the common factors**

Another school of theorizing and research which, focusing as it does on what the client/individual brings to a human service relationship, is quite related to resiliency concerns itself with the common factors that are present when a person, having sought professional assistance, recovers from important life difficulties. The research that these theorists have reviewed concerns itself only with individuals who have received professional treatment for their problems and the methods of intervention used run the gamut from classical psychoanalysis to other forms of psychotherapy, to cognitive interventions, behaviour modification, etc. Overall, Hubble, Duncan, & Miller, (1999) (see also Miller, Duncan, & Hubble, 1997) in their reviews of a considerable amount of evidence, have found that technique or the actual method of intervention counts for little when all is said and done. By and large,

technique on its own contributes about 15% as one of the four factors that together sum up into individual change.

The other three factors are related to the individual client, with the most important factor contributing 40% is the client's personal attributes, and his immediate social environment. Bandura (1995) reminds us that social networks don't exist by magic but rather are the result of effective prosocial activity. Thus, individuals who encounter problems but have strong supportive social networks have such safety nets because they have carefully crafted and constructed them. Learning to be prosocial mostly occurs in childhood, however, there is no time limit on the acquisition of such skills.

The third most important factor is the relationship that develops between the client and the therapist. The affinity, the trust and the empathy that develops between the therapist and the client that mutually reinforces each other. Interestingly, Bachelor and Horvath (1995) write that most times therapist and client don't even agree on what has occurred between them during an actual therapeutic session. However, it's the client perceptions of the relationship that appear to be more relevant to therapy outcomes. And indeed, what the client brings to the relationship is of great importance, his motivation and his own prosocial skills, will have a dramatic effect on the therapist's ability to show genuine empathy and warmth.

The final factor according to these authors is a somewhat truncated view of expectancy and placebo. Indeed, most researchers would include many of the relationship and personal factors of the client and lump them into the expectancy construct (see Kirsch, 2000). In any event, this restricted view of expectancy as one of the four common factors contribute another 15% to the total effect. Thus, without the client related factors which account for 85% of total change, personal change is

unlikely. In other words, the 15% contribution of expertise and technique is insufficient to make a dent in a person's problem situation.

Another school of research, that focuses mainly on expectancy and placebo, has found similar results with anywhere between 50% and 85% of total effect dependant on the beliefs the person has concerning the likelihood of his cure or change. Interestingly, the same percentages apply to psychosocial or chemical interventions. In their provocatively titled review chapter *Listening to Prozac but Hearing Placebo*, Irving Kirsch and Guy Sapirstein (1999) demonstrate that most of the effect of Prozac, antidepressants, and other psychopharmaceutical agents is in essence placebo. Steven J. Gould (1991) in his essay, *The Median isn't the Message*, also argues the extent to which one's personal beliefs in cure are of great relevance and importance to cancer patients: When the doctor states that prognosis for a given type of cancer is that, for instance, 1 out of 2 patients will die within 5 years, he is making no suggestion about which group the patient before him belongs to. Moreover, we know that believing that he will beat cancer will have a direct and significant impact on whether or not the patient will indeed survive. Recent study on Parkinson's patients found that taking a placebo with the belief that it will cure or relieve symptomatology has a direct impact on the production of naturally occurring brain chemicals.

### **There has got to be another way**

But, at the end, the client is really the hero of personal change (Tallman & Bohart, 1999) and it is the individual who makes a difference. What then is left for the expert and the professional?

Obviously, if 50% of individuals seem to do quite well and quite naturally get over the

negative and sometime pervasive life experiences and conditions, there is another 50% who don't do well. But resiliency research and theorizing as well as the renewed interest in a more positive and social psychology is that there is much to be learned from people who do well despite deprivation and other negative life experiences. We are less likely to find the appropriate models of intervention in our esoteric and jargony theories of psychopathology and more likely to find them in the replication of the circumstances that lead individuals to recover on their own.

For instance, many traditional psychotherapeutic approaches emphasise the importance of reviewing and coming to terms with past trauma, particularly traumatic experiences that occur in childhood. However resilient children and youth do not dwell on the negative past, as reported above by Koluchova. Seligman (1993) draws some implications from his review of the data: "Our job as therapists and parents is to contain the damage. With our help, brutal assault need not get translated into full-blown post traumatic stress syndrome (PTSD), and mild fondling need not get escalated into PTSD. If we do things to magnify the trauma in the child's mind, we will amplify the symptoms: if we do things to mute the trauma, we will reduce the symptoms. Natural healing occurs, but well-meaning parents, therapists, and courts of law can slow healing. Sometimes they even repeatedly rip the protective scar tissue off the wound. Children involved in lengthy criminal cases are ten times more likely to remain disturbed than children whose cases are resolved quickly" (p. 234).

There are a number of factors that seem to be present and recur in individuals who overcome the odds and eventually do well despite poor and depriving life conditions and experiences.

One of the factors of course is personal. Though there is no doubt that temperament is partially inherited, Jerome Kagan (1998) notes that nurture and learning can attenuate certain negative temperamental traits that might dampen resiliency. Seligman (1993) and Bandura (1995; 2000) have both pointed out quite eloquently in their work that optimism is essentially a cognitive process that can be learned. Thus ruminating negatively on one's shortcomings, on one's poor luck, and one's unfortunate life circumstances, will negatively affect mood, energy levels, and ultimately the capacity to make a difference. Focussing on the future and purposefully turning one's back to the past is not at all maladaptive but quite to the contrary seems to make eminent mental health sense. Both Seligman's *Learned Optimism* (1998), and Bandura's (1995, 2000) *Self Efficacy*, are well researched and widely used cognitive approaches that can hone these personal resiliency skills. Their titles referred to in the bibliography are a good place to start reading about doing it differently.

Social networks are another important factor that supports resiliency in individuals. As Bandura (2000) pointed out above social networks don't happen by chance. More often than not they are carefully constructed over the years by individuals who demonstrate a certain level of prosocialness. Once again prosocial behaviours can be learned and, of course, intervention can accompany an individual in their first stages of prosocial development. Gilligan's (2000) study on children and youth found that extracurricular activities were one of the common threads that ran across the experiences of resilient youth. Gilligan states "the rituals, smiles, the interest in little things, the daily routines, the talents they nurture, the interest they stimulate, the hobbies they encourage, the friendships they support, the sibling ties they preserve make a difference. All of these little things may foster in a child the vital senses of belonging, of mattering, of counting. All of

these little details may prove decisive turning points in a young person's developmental pathway. It's important not to be distracted or seduced only by the big questions" (p.45). Not surprisingly, by participating in such activities otherwise disadvantaged youth are provided with the opportunity and the contexts (and pretexts) for making many new acquaintances and possibly new friendships. Opportunities for positive modelling and imitation abound in such circumstances. But the importance of social support is not news and has been well documented for many decades (Cohen & Wills, 1985).

Albert Bandura (2000) and Martin Seligman (1993) both refer to the construct of *life paths*. One negative experience increases the likelihood of another negative experience, but happenstance, luck, and the rich tapestry that social life presents along each of our life paths can bring about fortuitous encounters that can change the courses of our lives. The trick, of course, is taking advantage of these changes. The popular literature is full of instances where a child, youth, or adult comes across a foster parent, a teacher, a scout leader, ballet instructor, hockey coach, or other, who because of a certain continuity of relationship and because of a certain affinity of interests and of personalities is able to make a connection and make a difference. Professionals and experts who don't get the opportunity to work intensely or even frequently with individual clients, which is most of the time in most cases (Miller, Duncan, and Hubble, 1997), are nonetheless in a position to provoke or mediate such opportunities. Bandura (1995) and Wolfensberger (1998) highlight the importance of imitation and modelling in the development of competencies and achieving mastery experiences. Positive models provide vicarious experiences of mastery to those on the road of apprenticeship. This is true for learning optimism and learning prosocial behaviours as well as for so many other behaviours.

The ecological factors that contribute to individual resiliency require comprehensive approaches that go beyond one's office or therapy room. Here again there are available approaches. Wolf Wolfensberger's (1998; Lemay, 1996; Flynn & Lemay, 1999) *Social Role Valorization* theory provides a comprehensive ecological approach for accompanying an individual back into mainstream society. *Looking After Children*, which was recently introduced to Ontario child welfare (Lemay & Biro-Schad, 1999) offers a comprehensive framework for building resiliency-fostering residential services.

However, one key ingredient is that the professional expert, when face to face with the children and youth who are his clients, must have and express high hopes, and positive expectancies. If our mind-sets are coloured by the pessimism and hopelessness of Freud's determinism or Bowlby's child development, then one is not very likely to expect positive change from children and youth who have had it bad. If one's spend some time taking a look at some of those real successes that surround us both formally and informally and study them and take them to heart, one will understand that there is much there to model and much there to imitate. The trick is in replicating what works naturally. Only high expectations, on our part, will provide us with the impetus to engineer optimal opportunities, and the persistence to try and try over and over again for children and youth who some might argue that it would be better to just throw away the key. Since opportunity is usually contingent upon expectation, children and youth are unlikely to exceed our expressed expectancies. Finally, our clients pick up our subtle (and not so subtle) cues of hopelessness and low expectations, and these contribute directly to the next failure and the next negative experience.

The resiliency data reviewed above confronts child welfare and other children's residential services with at least one stark conclusion. On many indicators, significantly less than 50% of the graduates of such services do well in adult life. They have serious cognitive deficits, have personality problems, many don't finish high school and very few go on to post secondary education. Few have good paying jobs and many find themselves in dysfunctional relationships and then raising dysfunctional children. If early childhood experiences are not the determining factor, then one must conclude that such results are mostly determined by the kinds of life conditions and life experiences that are mediated by children's residential services. Moreover, the data would also seem to suggest that professional human service mediated life conditions and experiences, extending as they do through adolescence and early adulthood, seem to have a dampening effect on whatever natural resiliency such children might otherwise demonstrate.

Thus, it's not so much that children coming into the care of child welfare authorities or of other youth residential service providers are damaged goods, as I have heard it quaintly put by a number of professionals, but rather the system's incapacity to get it right with residential services in the long term that seems to have the most deleterious impact.

It is beyond the scope of this review to describe in detail the alternative approaches that have been mentioned above. However, resiliency starts in the mind sets of professionals and experts who control the lives of many children and youth. Contrary to popular belief, such children and youth (and we) are just not prisoners of their (our) pasts. Professional human services must eschew methods that shackle clients to their unhappy childhoods or extend patterns of negative life experiences. We must turn for inspiration to the countless resilient young men and women who turn their backs on their past, because

hope is in the future and the future is where it's at.

### **Bibliography**

- Abel, A. (2001). Doctor Castaway. *Saturday Night*. February 10, 2001. Page 42 & 45.
- Anthony, E.J.(1987). Risk, vulnerability and resilience. In E.J. Anthony & B. J. Cohler (Eds) *The invulnerable child* (pp.3-49). New York: The Guilford Press.
- Bandura, A. (ed), (1995). *Self-efficacy in Changing Societies*, Cambridge: Cambridge University Press
- Bandura, A. (2001). The Changing Face of Psychology at the Dawning of a Globalization Era. *Canadian Psychology/Psychologie canadienne*, 42(1), 12-24.
- Barth,R.P.& Blackwell,D.(1998).Death rates among California's foster care and former foster care populations. *Children & Youth Services Review*, 20, 577-604.
- Broad,B. (1999).Young people leaving care: Moving Towards 'Joined Up'Solutions? *Children & Society*, Volume13 (2), 81-93.
- Clarke, Ann M. & Clarke, A.D.B. (Eds) (1976): *Early Experience: Myth and Evidence*. London: Open Books.
- Cohen, S., & Wills, T. A. (1985). Social support, social integration and the buffering hypothesis. *Psychological Bulletin*, 98(2) , 310-357.
- Cook,R.J.(1994). Are we helping foster care youth prepare for their future? *Children and youth services*, 16 (314), 213-229.
- Finkelhor, D. (1990). Early and long-term effects of child sexual abuse: An update. *Professional Psychology: Research and Practice*, 5, 325-330.
- Flynn, R. J., & Lemay, R. A. (Eds.). (1999). *A quarter-century of Normalization and Social Role Valorization:*

- Evolution and impact*. Ottawa, ON: University of Ottawa Press.
- Garmezy, N. (1983). Stressors of Childhood. In N. Garmezy & M. Rutter (eds). *Stress, coping and development in children* (pp.43-84). New York: McGraw-Hill.
- Gilligan, R. (2000). Adversity, resilience and young people: The protective value of positive school and spare time experiences. *Children and Society*, 14, 37-47.
- Gould, S. J. (1991). The median isn't the message. In S. J. Gould (ed), *Bully for Brontosaurus: Reflections in Natural History*. New York: W. H. Norton.
- H.R.D.C. [Human Resources Development Canada] (2001). *Applied Research Bulletin*, 7(1).
- Henry, D. L. (1999). Resilience in maltreated children: Implications for special needs adoption. *Child Welfare*, 78(5), 519-540.
- Hubble, M. A., Duncan, B. L. & Miller, S. D. (eds) (1999). *The Heart and Soul of Change: What works in therapy*. Washington: American Psychological Association.
- Kagan, J. (1979). Family Experience and the Child's Development. *American Psychologists*, 34(10), 886-891.
- Kagan, J. (1976). Resilience and continuity in psychological development. In Clarke A. M. & Clarke, A. D. B. (eds), *Early Experience: Myth and Evidence*. London: Open Books.
- Kagan, J. (1998). *Galen's Prophecy: temperament in human Nature*. Boulder, CO: Westview Press.
- Kaufman, J., Cook, A., Arny, L., Jones, B. & Pittinsky, T. (1994). Problems defining resiliency: illustrations from the study of maltreated children. *Development Psychopathology*, 6, pp. 215-229.
- Kirsch, I. (1999) (ed). *How Expectancies Shape Experience*. Washington: American Psychological Association.
- Kirsch, I & Sapirstein, G. (1999). Listening to Prozac but hearing placebo: A meta-analysis of antidepressant medications. In I. Kirsch (ed). *How Expectancies Shape Experience*. Washington: American Psychological Association.
- Koluchova, J. (1976a). Severe Deprivation in Twins: A Case Study. In Clarke A. M. & Clarke, A. D. B. (eds), *Early Experience: Myth and Evidence*. London: Open Books.
- Koluchova, J. (1976b). A Report on the Further Development of Twins after Severe and Prolonged Deprivation. In Clarke A. M. & Clarke, A. D. B. (eds), *Early Experience: Myth and Evidence*. London: Open Books.
- Lash, J. P. (1980). *Helen and Teacher: The story of Helen Keller and Anne Sullivan Macy*. London: Allen Lane.
- Lazoritz, S. (1990). Whatever happened to Mary Ellen? *Child Abuse and Neglect*, 14.
- Lemay, R. (1996). Normalization and Social Role Valorization. In A. Dell Orto & P. Marinelli (Eds.), *The encyclopaedia of disability and rehabilitation*. New York: MacMillan.
- Lemay, R., & Biro-Schad, C. (1999). Looking after children: Good parenting, good outcomes. *OACAS (Ontario Association of Children's Aid Societies), Journal*, 43(2), 31-34.
- McKnight, J. (1995). *The Careless Society: Community and its counterfeits*. New York: Basic Books.
- Miller, S. D., Duncan, B. L., and Hubble, M. A. (1997). *Escape from Babel: Toward a Unifying Language for Psychotherapy Practice*. New York: W.W. Norton & Company.
- Monmaney, T. (1988). Kids who bounce back: Why things go right. *Newsweek*, September 12, p. 67.

- Nirje, B. (1969). The Normalization principle and its human management implications. In R. B. Kugel & W. Wolfensberger (Eds.), *Changing patterns in residential services for the mentally retarded* (pp. 179-196). Washington, DC: President's Committee on Mental Retardation.
- Rutter, M. (1976). Parent-child separation: psychological effects on the children. In Clarke A. M. & Clarke, A. D. B. (eds), *Early Experience: Myth and Evidence*. London: Open Books.
- Seligman, M. P. (1998). *Learned Optimism: How to change your mind and you life*. New York: Pocket Books.
- Seligman, M. P. (1993). *What You Can Change... And What You Can't: learning to accept who you are*. New York: Fawcett Columbine.
- Seligman, M. (1992). *Learned optimism: how to change your mind and your life*. New York: Pocket Books.
- Seligman, M. E. P. and Csikszentmihalyi, M. (2000). Positive Psychology: An Introduction. *American Psychologist*, January.
- Spears. T., (2001). Patients' brains react to placebos: Researchers say fake drug works like medicine in Parkinson's sufferers. *The Ottawa Citizen*, Aug 10<sup>th</sup> 2001.
- Tallman, K. & Bohart, A. C., (1999) The Client as a Common Factor: Clients as self-healers. In M. A. Hubble, B. L. Duncan, & S. D. Miller, (eds) (1999). *The Heart and Soul of Change: What works in therapy*. Washington: American Psychological Association.
- Weiss, R. and Kasmauski, K. (photographs), (1997) Aging: New Answers to old questions. *National Geographic* 192 (5) (November 1997), 2-31.
- Werner, E. and Smith, R. (1992). *Overcoming the odds: high risk children from birth to adulthood*. Ithaca, NY: Cornell University Press.
- Wolfensberger, W. (1972). *The principle of Normalization in human services*. Toronto, ON: National Institute on Mental Retardation.
- Wolfensberger, W. (1998). *A brief introduction to Social Role Valorization: A high-order concept for addressing the plight of societally devalued people, and for structuring human services* (3rd ed.). Syracuse, NY: Syracuse University, Training Institute for Human Service Planning, Leadership and Change Agency.

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