

Community Planning to Foster Resilience in Children

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Chapter 3

Re-inventing Resilience **A Model of “Culturally-Focused Resilient Adaptation”**

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INTRODUCTION

Traditional paradigms in counseling and clinical psychology literature have placed a tremendous emphasis on pathology-driven models. The search to classify what was wrong with the individual dates back to 1833 when Emil Kraepelin published the first classification of adult psychopathologies. Kraepelin (1833) assumed an organic etiology for each disease classification and led the way for the disease-focused zeitgeist in psychology. Pietrofesa, Hoffman, and Slete (1984), for instance, describe psychotherapy as an enterprise that deals with the more serious problems of mental illness. For Trotzer & Trotzer (1986), the goal of psychotherapy is to develop a long-term relationship focused on reconstructive change. More recently, the growing field of developmental psychopathology has attempted to understand how developmental processes contribute to the onset and formation of psychopathology throughout the life span (Wenar & Kerig, 2001). While this literature asks important questions about childrens' well being, exploration is also needed about critical issues connected to health promotion and prevention. If developmental variables such as behavior, unconscious processes, and cognition can contribute to maladaptive behaviors and poor emotional health, wouldn't we expect to see the same combination of factors contribute to positive, adaptive behaviors?

Positive psychology has moved away from a focus on disease to scientifically explore protective factors, assets, and strengths (Lopez, Prosser, Edwards, Magyar-Moe, Neufeld, & Rasmussen, 2002). Resilience is one such concept in positive psychology and has been defined as “the ability to thrive, mature, and

increase competence in the face of adverse circumstances or obstacles” (Gordon, 1996, p. 63). More broadly defined, resilience has been viewed as a “process, capacity or outcome of successful adaptation despite challenges or threatening circumstances . . . good outcomes despite high risk status, sustained competence under threat and recovery from trauma” (Masten, Best, & Garmezy, 1990, p. 426). The concept of resilience is critical for youth as it means they are better equipped to cope with life circumstances. Resilience is also important in a preventive sense as it is thought that sufficient resilience will prevent children and adolescents from future problems (Arrington & Wilson, 2000; Kumpfer, 1999). Kumpfer (1999), for instance, describes how the “systematic application of methods for increasing resilience could improve child outcomes and prevent future problem behaviors and poor life adjustment, which are becoming increasingly costly to treat” (p. 180).

To date, however, there has been little research and writing that highlights cultural factors that influence resilience. As discussed below, resilience has often been defined as consisting of particular “resiliency factors” or “personality traits” (Kumpfer, 1999; Wolin & Wolin, 1993). While this research helps us understand what promotes resilience in the individual child, more recent literature has begun to examine the connection between the resilient individual and his or her surrounding environment. The focus of much of this work centers on how risk and resilience processes present themselves in the child’s environmental context. According to Kumpfer (1999), family, neighborhood, school, and the peer group have an impact on the child’s socialization process. In the face of stress, these environmental factors can either provide a protective buffer that supports the child or contribute to a negative impact that the child experiences.

This chapter discusses how cultural background is an additional aspect of socialization that must be explored in our understanding of resilience. Culture is defined as the transmission of shared values, beliefs, skills, and adaptive behaviors between generations and through shared participation in settings and situations (Carter, 1995; Falicov, 1995). The author defines *cultural resilience* as the way that the individual’s cultural background, supports, values, and environmental experience help facilitate the process of overcoming adversity. Examining resilience through a sociocultural lens means we begin to look at individuals *in interaction* with a cultural environment that presents opportunities and challenges (Clauss-Ehlers, 2003). The purpose of this chapter is to critically explore resilience from a sociocultural perspective. For the author, this means moving away from the traditional definition of resilience as a conglomeration of character traits. Rather, readers are invited to become more culturally responsive by considering a new contextual model of resilience that the author introduces as *culturally-focused resilient adaptation (CRA)*. This model attempts to explore how culture relates to resilience as it incorporates culture and diversity into resilience efforts and views successful adjustment to stress as a function of individual traits in interaction with the larger sociocultural environment.

To highlight the importance of incorporating culture and diversity into resilience processes, this chapter will first discuss the trait-based approach to resilience. It will then review current studies that include culture as an important aspect of resilience. From these reviews, the culturally-focused resilient adaptation model will be discussed as a dynamic framework that examines the individual in interaction with his/her environment in a sociocultural context.

TRAIT-BASED APPROACH TO RESILIENCE

As mentioned in Chapter Two, the construct of resilience evolved out of research conducted in the developmental psychopathology field (Cicchetti, 1990; Garmezy 1987; Rutter, 1975). Developmentalists gradually turned their interest from studying the onset of severe psychopathology, to learning about etiology and prevention for children at risk of developing problems *before* they became symptomatic. For instance, Garmezy (1987) and colleagues moved away from looking at adults with schizophrenia to study sources that support stress resistance in children of parents with schizophrenia. Following Garmezy's (1987) study, a large body of research looks at resilience in terms of different individual character traits. These studies found that individuals with greater amounts of certain characteristics were more apt to successfully negotiate negative life experiences. The inherent idea in much of this work is that if we can instill such characteristics in a child, that individual will be better equipped to cope with adverse life experiences.

The character-trait approach to resilience has looked at and identified various correlates of resilient people that include: easy temperament, secure attachment, basic trust, problem-solving abilities, an internal locus of control, an active coping style, enlisting people to help, making friends, acquiring language and reading well, realistic self-esteem, a sense of harmony, a desire to contribute to others, and faith that one's life matters (Davis, 2001). Werner and Smith (1982), for instance, found easy temperament to be a protective factor among infants. Their longitudinal study indicated that resilient children were more responsive and flexible, both of which led to more positive responses from caretakers. Gordon (1996) found five personal characteristics contributed to resilience in adolescence that included intelligence, androgyny, independence, social skills, and internal locus of control.

In her comprehensive review of resilience literature, Kumpfer (1999) organizes internal personality capabilities into five major cluster variables: 1) spiritual or motivational characteristics, 2) cognitive competence, 3) behavioral/social competencies, 4) emotional stability and emotional management, and 5) physical well-being and physical competencies. Each of Kumpfer's (1999) internal competencies is summarized below. It is suggested that her work be consulted for an excellent, in-depth description of those traits and processes that contribute to resilience.

Spiritual/Motivational Competencies

According to Kumpfer (1999), spiritual/motivational resiliency characteristics include belief systems that “serve to motivate the individual and create a direction for their efforts” (p. 197). Several studies, have shown that spirituality predicts resilience (Dunn, 1994; Masten, 1994). Variables to be included in this domain include (but are not limited to) purpose in life (Neiger, 1992), spirituality (Dunn, 1994), an internal locus of control (Werner & Smith, 1992), and hopefulness and optimism (Seligman, 1975). It appears that having a belief system helps individuals confront and cope with fears and adversities. Resilient individuals have also shown that spirituality helps them believe they can create better results for themselves and know when to give up on what they cannot control (Werner & Smith, 1992).

Cognitive Competencies

Variables that correlate with resilience in the cognitive competence category are characterized by cognitive abilities that help an individual accomplish their goals. Some of the competencies in this category include intelligence (Long & Vaillant, 1984), reading skills (Luthar & Zigler, 1992), insight (Wolin & Wolin, 1993), and self-esteem (Bandura, 1989). Intelligence has been found to correlate with children who are resilient (Werner, 1985) and acts as a protective factor that can promote school success and work achievement in later life. Reading is one such component of intelligence that fosters resilience by promoting verbal competence. Some researchers state that insight is the number one factor in resilience (Wolin & Wolin, 1993). States Kumpfer (1999): “. . . resilient children from dysfunctional parents are aware very early in life that they are different from and stronger than their sick parent. While empathetic and caring, they develop “adaptive distancing” to protect their sense of healthy separation from the parent’s maladaptive coping skills and life patterns” (p. 203). Finally, positive self-esteem helps children take on challenges that can further their development and subsequent competencies.

Behavioral/Social Competencies

The behavioral/social competence domain involves the ability to carry out much of what is known in the cognitive arena. Variables include social skills, street smarts (Garmezy & Masten, 1986), communication (Wolin, 1991) and problem solving skills (Rutter & Quinton, 1994). The ability to effectively interact with people and be aware of the situation has been found to correlate with resilience (Garmezy & Masten, 1986). It is also hypothesized that those who are comfortable with the direction they plan to take are more likely to have great problem solving

abilities. Trusting oneself to resolve issues is connected to self-efficacy in that it creates self-trust, initiative, and a belief in personal control (Wolin, 1993).

Emotional Stability and Emotional Management

The emotional stability and emotional management domain refers to the individual's ability to deal with and manage emotional reactions to life circumstances. Variables that fall under this competency include recognition of feelings, humor, hopefulness, and the ability to control anger and depression. A key characteristic of resilient people is their optimism and ability to recognize feelings. Recognizing feelings can subsequently lead to greater emotional management in tense situations where angry and depressive feelings might arise. Humor has been found to correlate with maintaining friendships (Masten, 1982), positive temperament (Werner, 1989) and the ability to "find the comic in the tragic" (Kumpfer, 1999, p. 208).

Physical Well-Being and Physical Competencies

Variables that correlate with resilience in the physical well-being and physical competence domain include good health (Werner & Smith, 1992), health maintenance skills, and physical attractiveness (Kaufman & Zigler, 1989). Kumpfer (1999) states that children with good physical health might internalize this as being strong and competent. Masten (1994) discusses how mastery of a physical talent such as music or sports can enhance self-esteem. Finally, physical attractiveness has been found to correlate with resilience, particularly if it also relates to charm and social skills (Kaufman & Zigler, 1989).

CROSS-CULTURAL RESEARCH ON RESILIENCE

While critical in terms of the characteristics we want to foster in children, the problem with the trait-based approach is that it leaves resilience way too much up to the individual child. To the extent that protective processes interact with stressors in the environment, resilience is actually a much more dynamic construct than first conceptualized (Rutter, 1987). Having said this, increasingly the literature has come to view resilience not as static, but as an ever-changing concept that emerges from environmental interactions. Winfield (1994) describes resilience as a dynamic construct whose processes involve the supports and stressors available to individuals as they interact with the surrounding environment. Similarly, Pianta and Walsh (1998) emphasize that "behavior cannot be understood without reference to the context(s) in which that behavior is demanded and/or supported" (p. 410). In recent work, Masten (2001) went on to define resilience as "a class of

phenomenon characterized by good outcomes in spite of serious threats to adaptation or development” (p. 228).

The importance of environment is also apparent in research that indicates a child may do well in one setting, such as school, while simultaneously doing poorly in another, like home. Luthar, Doernberger, and Zigler (1993) talk about how a child may be socially competent in a high stress situation but an ineffective copier in others. These researchers define resilience as a “process that results when an individual reacts to risk factors, or vulnerabilities, that are present in their environment. As a result, resilience is an interactional process consisting of individual characteristics and the environment. The process of resilience can be fostered by . . . protective processes” (Arrington & Wilson, 2000, p. 225; Winfield, 1994).

While this working definition reflects the dynamic complexity at the root of resilience and moves beyond a trait-based model, research is just beginning to look at how resilience manifests itself in different cultural contexts. Much of the research that explores positive psychology constructs such as resilience has focused on predominantly White samples (Lopez et al., 2002). As a result, little is known about how resilience plays out in non-White cultural groups. Some writing has begun to move towards an understanding of resilience that incorporates culture and diversity. The following section reviews current work that looks at how culture and diversity influence resilience processes, or “what works for different people” (Lopez et al., 2002).

Cohler, Scott, and Musick (1995) discuss how culture can interact with stressors and development so that risk has a different impact and manifestation on different individuals. This is evidenced in the cultural formulation of illness section in the American Psychiatric Association (1994) *Diagnostic and Statistical Manual of Mental Disorders (4th ed.) (DSM-IV)* where the meaning of symptoms are viewed in relation to the norms of the cultural reference group. *Ataques de nervios* is one widely recognized culture bound syndrome in Latin America. An *ataque de nervios* might initially look like Panic Disorder as symptoms include being out of control, trembling, heat in the chest rising to the head, crying, and uncontrollable shouting. However, because *ataques* are associated with a precipitating event such as the loss of a family member, a separation from a spouse, or witnessing an accident, coupled with the individual’s fairly quick return to normal functioning, they are not related to Panic Disorder. Rather, *ataques* can be seen as a culturally acceptable way to express emotional distress.

Belgrave, Chase-Vaughn, Gray, Addison, and Cherry (2000) conducted a study on the effectiveness of a cultural and gender specific intervention program designed to increase resiliency among African American preadolescent females. These researchers decided to implement a resilience-based intervention for adolescents who faced contextual risk factors such as drugs, criminal activity, and violence. The intervention incorporated two strategies: resource enhancement

(e.g., gives access to new resources) and process orientation (e.g., supports relationships needed for successful development). The first strategy consisted of providing after-school activities while the second involved a focus on developing positive relationships with others. A third intervention strategy focused on strengthening Africentric values and traditions found among individuals of African descent (Akbar, 1996; Azibo, 1991) such as spirituality; harmony; collective responsibility; oral tradition; sensitivity to emotional cues; authenticity; balance; concurrent time orientation to past, present and future; and interpersonal/communal orientation (Belgrave et al., 2000).

Results of the study indicated that after participating in the intervention, participants scored significantly higher on 1) Africentric values; 2) ethnic identity; and 3) physical appearance self-concept than those who did not engage in the exercises designed to increase feelings of self-worth, Africentric values, and ethnic/gender identity. The researchers hypothesized that their study contributed to an understanding about how to promote resiliency as a protective factor in African American girls. They concluded that this gender and ethnically congruent intervention was responsive to the group as it promoted self-esteem, ethnic identity, and cultural values.

Researchers have also found that relational and environmental support promotes academic resilience among different cultural groups. Gonzalez and Padilla (1997) conducted a study that identified factors that contributed to the academic resilience and achievement among Mexican American high school students. They administered a 314-item questionnaire to three high schools in California. Students who identified themselves as Mexican were included in the subject pool that consisted of 2,169 participants.

Demographic data allowed the researchers to distinguish between resilient (students who reported getting “mostly A’s”) vs. nonresilient students (students who reported getting “mostly D’s”). The demographic portion of the study found that resilient students were more likely to be female, have immigrant parents, have been born outside the United States, have had foreign schooling, and be more likely to live with both parents in comparison to nonresilient students. In contrast, nonresilient students were more likely than resilient students to live with their mothers, and have parents with lower education levels in comparison to resilient students.

The researchers conducted a factor analysis of the questionnaire and found it reflected three variables: support (a variable that included family and peer support, parental monitoring, and teacher feedback); sense of belonging in school (a variable that reflected the students’ sense of acceptance); and cultural loyalty (a variable that consisted of familism, nonassimilation, and cultural pride/awareness). Gonzalez and Padilla (1997) found that a supportive academic environment and a sense of belonging to school predicted greater resilience among Mexican American students. Family and peer support were also significant with regard to the participant’s grade point average (GPA).

The study also found that, although cultural loyalty did not predict resilience, *t* tests indicated that the familism subscale showed significant differences between resilient and nonresilient students. These investigators concluded that “students’ sense of belonging to school and their supportive environments can have important effects on academic achievement” (Gonzalez & Padilla, 1997, p. 315). With regard to looking at resilience as something that is trait-based vs. environmentally driven, the authors state that their study reinforces the idea that resilience is not a trait, but rather “a capacity that develops over time in the context of environmental support” (Egeland, Carlson, & Sroufe, 1993, p. 19).

In another study, Brodsky (1999) suggests that African American single mothers consider resilience as the ability to find a balance between risk and protective factors in eight domains: neighborhood, parenting, family, friends, men, personal characteristics/activities, and spirituality. Her qualitative analysis was conducted on 10 single African American mothers living in risky neighborhoods. Brodsky (1999) found that, for the women, “making it” involved balancing stressors and resources in these eight domains. In addition, the study found that each woman achieved this balance in her own way, thus finding a unique person-environment fit. There were, however, three skills that fostered resilience in all the women. These skills included the ability to “1) appreciate resources and success and reframe some stressors to allow for contentment in one’s current situation; 2) reframe stressors in ways that are motivating; and 3) locate, recognize, and utilize resources from supportive domains to deal with the demands of stressful domains—and to set and strive for new goals” (Brodsky, 1999, p. 157).

Some studies have supported the hypothesis that culture can influence how one understands and copes with an event (Lopez et al., 2002). Strong’s (1984) study compared coping behaviors between Native American and White families who took care of elderly relatives. Strong (1984) found differences between the two groups in terms of their sense of control and expression of anger. Specifically, White families felt more in control and experienced a greater sense of coping than Native American families. Strong (1984) concluded that perhaps Native Americans were more apt to accept their situation since they felt less control, a dynamic that corresponds with the traditional Native American value of noninterference.

Again, moving beyond a trait-based focus, other research looks at how support systems can be critical to coping. De la Rosa (1988) found Puerto Rican adolescents with strong support systems were more equipped to deal with stressful situations and less likely to get ill. Similarly, Colomba, Santiago, and Rossello (1999) found that the more Puerto Rican adolescents seek out family and social support, the less likely they will become depressed when faced with a stressful situation.

Spencer and Dupree (1996) incorporate culture and diversity in their perspective of resilience. Their identity-focused ecological model states that ecology and culture have an impact on how children adjust to the environment. They discuss the concept of an *ecocultural character* that involves cultural values and practices that

have an impact on social interactions and development. For them, the identity-focused cultural ecological model takes a dynamic approach to looking at risk, coping, resilience, and outcomes. Keogh and Weisner (1993) also discuss how both vulnerability and resilience must be understood within the individual's ecological and cultural context. They state that an assessment of supports and risk factors must go beyond the individual and the family to look at the community and culture as they are experienced by the child.

A NEW MODEL: CULTURALLY-FOCUSED RESILIENT ADAPTATION

This review of resilience literature within a multicultural context suggests that resilience processes lie in the environmental context in addition to individual traits. The previously cited investigations take a culturally contextual systems perspective in their understanding of the development of problems and stress (Belgrave et al., 2000; Brodsky, 1999; Colomba et al., 1999; Gonzalez & Padilla, 1997; Kumpfer, 1999; Strong, 1984). Central to this approach is the idea that behavior must be understood within the contexts in which that behavior is demanded or supported. Lopez et al. (2002) state that the multicultural coping literature, such as that mentioned above, indicates similarities and differences between coping behaviors of Whites and other groups. They conclude that, because of these differences, current models of stress and coping may not sufficiently address the unique coping styles of diverse groups.

Similarly, Pianta and Walsh (1998) state that too often, researchers and theorists follow the single characteristic approach to resilience by looking at only one system as the location of success or failure. This "single-location discourse" (Pianta & Walsh, 1996) looks only at the child, school, or home environment to determine what either fostered competence or failed development. Pianta and Walsh (1998) caution against looking at the impact of only one system on development and instead state that resilience consists of the "characteristics of a process involving the interactions of systems" (p. 411). A developmental systems approach to resilience argues that resilience is complex (Pianta & Walsh, 1998; 1996) and involves the interaction of many factors over time which, occasionally, initiate success in a particular domain. What deserves closer scrutiny is the child's embeddedness in a context that can either mobilize resources that lead to positive outcomes or introduce stressors that initiate risk. Here resilience is conceptualized as the positive result of interactions among child, school, family, peers, and community. The more these interactions are child-focused, the more resilience-resources the child will bring to key developmental tasks and experiences.

A paradigmatic shift from disease to health must be central to new objectives in the field of psychology. Prevention, early intervention, and integrating

sociocultural support are integral tasks to emerge from a move toward health. Sociocultural contexts reflect resources and stressors relevant to a particular child's experience (Johnson, 1990). It is the larger sociocultural system that is thought to influence a superordinate cultural framework through which behavior, language, and communication patterns are understood. Looking at the sociocultural environment allows us to explore ways in which normative and non-normative experiences influence resilience or stress among diverse groups of children. For instance, sociocultural experiences like socioeconomic and cultural differences are increasingly thought to have an impact on development (Dryfoos, 1996).

To this end, *cultural resilience* is a term that considers those aspects of one's cultural background such as cultural values, norms, supports, language, and customs that promote resilience for individuals and communities. Because culture is all around us, because children operate within different cultural mindsets, and because there are inherent values built into these frameworks, we can no longer talk about resilience without incorporating culture and diversity. Resilience as it is defined and practiced, must be relevant to a wide spectrum of culturally diverse youth. The author's perspective, the *culturally-focused resilient adaptation (CRA) model*, asserts that culture and the sociocultural context influence resilient adaptation. Here resilience is not defined as a conglomeration of individual characteristic traits alone. Culturally-focused resilient adaptation in the face of adversity is defined as a dynamic, interactive process in which the individual negotiates stress through a combination of character traits, cultural background, cultural values, and facilitating factors in the sociocultural environment.

Cultural values are those beliefs about what is important to one's cultural background. Cultural values are posited to enhance resilience since they build support and protective processes into communities. For instance, Clauss-Ehlers and Lopez-Levi (2002a; 2002b) talk about cultural values in the Latino community such as *familismo*, *respeto*, and *personalismo*. *Familismo* means that family needs come before individual desires and include family obligation, view of family as a social support, and looking to family members as role models. *Respeto* complements *familismo* as it "acknowledges the authority of elder family members and senior people in positions of power" (Clauss-Ehlers & Lopez-Levi, 2002a, p. 8). *Personalismo* refers to valuing relationships in and of themselves and not as a means to an end (Clauss, 1998).

The intersection of these cultural values creates what the author introduces as the *child's cultural script for resilience*. Latino cultural values, for instance, allow children to look to extended family for ongoing support, seek out older, experienced role models, and be encouraged to develop positive relationships with which they can identify and develop healthy attachments. Such influences help define contexts of resilience for Latino children who benefit from an extended family support network. Certainly this hypothesis has been supported by empirical studies such as those conducted by De La Rosa (1988) and Colomba et al (1999).

Conversely, this literature also provides information about stressors. For children whose families immigrate to the United States, for instance, vulnerability might be the sudden loss of extended family support from members in the country of origin.

The sociocultural context that arises out of Latino cultural values illustrates a key concept in the CRA model that the author calls *facilitating developmental environments*. A facilitating developmental environment is an environment that supports optimal development, mastery, and health, and is *culturally syntonic* with the individual's objectives and needs. In the Colomba et al. (1999) study, for instance, the fact that family support prevented depressive symptoms provides an example of a facilitating developmental environment.

In contrast, an *interfering developmental environment* is one that fails to promote resilience and optimal development. The interfering developmental environment is the context that does not respond to the individual, does not support mastery and competence, is *culturally dystonic*, and creates a barrier in development. Interfering developmental environments can be active or passive. The passive interfering developmental environment fails to support the child simply because it lacks key resources. Such an environment might be experienced by the family that immigrates to the United States and experiences cultural value conflicts, loss of extended family support, and language barriers. The active interfering developmental environment is the context where intentional behaviors and actions exist such that they create an adversity potential that undermines the child.

The interaction between contexts and the individual, cultural values, and interpersonal dynamics create a response to the facilitating or interfering environment. The process is one of culturally-focused resilient adaptation since the child brings multiple aspects of self and culture to confront and manage environmental adversity. Out of this process, it is hoped that children develop competent responses to the various sociocultural environments where they live.

CONCLUSION

The purpose of this chapter has been to promote a shift from disease to health by putting resilience in a multicultural context. Resilience research has made extraordinary contributions to the positive psychology literature (Cicchetti & Garmezy, 1993; Conrad & Hammond, 1993; Dunn, 1994; Gordon, 1996). Incorporating culture and diversity into these efforts means that we build on scientific findings to determine how they correspond to and reflect the needs of diverse communities.

It is thought that by understanding the sociocultural contexts in which children function, we can provide culturally relevant interventions. By looking at resilience as a culturally-adaptive competency, the author's hope is that we will also look at

clinical interventions that are responsive to the backgrounds of children, families, and the communities we serve. A Latino child who adheres to the cultural value of *familismo*, for instance, might feel she's betraying her parents if she has to share family secrets in individual therapy. This same child, however, might be an active participant in family therapy since the modality doesn't raise the conflict of talking to a stranger, i.e., the therapist, outside the family. Similarly, the value of *personalismo* (Clauss, 1998) suggests that personal, informal treatment settings may be more germane to treatment than sterile impersonal medical settings. Through discussing the history and current status of resilience, the author's goal has been to place resilience in a sociocultural framework. To this end, aspects of the CRA model include:

- Building on the trait-based literature by looking at environmental factors that promote resilience
- Recognizing that coping and resilience processes might differ for different cultural groups
- Considering how interaction with the sociocultural context can promote the development of resilience
- Exploring the Culturally Resilient Adaptation model that seeks to incorporate culture and diversity with resilience processes
- Conducting empirical research on resilience with diverse groups to explore what works for different people

Re-visiting resilience as a function of culture means that protective factors and subsequent interventions are viewed as culturally syntonic for African American, Asian and Asian American, Latino, American Indian, and White American children. To accomplish this fundamental task, readers are invited to consider three paradigmatic shifts in psychology: a change from a *pathology-driven* to a *health-promotion* model of mental health; a change from an exclusively trait-based approach to one that incorporates a socioculturally-focused understanding of resilience; and last, a move towards culturally relevant interventions at individual, family, and community levels. Through concerted efforts in all these areas, we will truly be in a position to build on solid research foundations and together, re-invent resilience.

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