

# Psychological Resilience

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"Resilience" in psychology is the positive capacity of people to cope with stress and adversity. This coping may result in the individual "bouncing back" to a previous state of normal functioning, or using the experience of exposure to adversity to produce a "steeling effect" and function better than expected (much like an inoculation gives one the capacity to cope well with future exposure to disease). Resilience is most commonly understood as a process, and not a trait of an individual.

Recently there has also been evidence that resilience can indicate a capacity to resist a sharp decline in functioning even though a person temporarily appears to get worse. A child, for example, may do poorly during critical life transitions (like entering junior high) but experience problems that are less severe than would be expected given the many risks the child faces.

There is also controversy about the indicators of good psychological and social development when resilience is studied across different cultures and contexts. The American Psychological Association's Task Force on Resilience and Strength in Black Children and Adolescents, for example, notes that there may be special skills that these young people and families have that help them cope, including the ability to resist racial prejudice. People who cope may also show "hidden resilience" when they don't conform with society's expectations for how someone is supposed to behave (in some contexts, aggression may be required to cope, or less emotional engagement may be protective in situations of abuse).

In all these instances, resilience is best understood as a process. It is often mistakenly assumed to be a trait of the individual, an idea more typically referred to as "resiliency". Most research now shows that resilience is the result of individuals interacting with their environments and the processes that either promote well-being or protect them against the overwhelming influence of risk factors. These processes can be individual coping strategies, or may be helped along by good families, schools, communities, and social policies that make resilience more likely to occur. In this sense "resilience" occurs when there are cumulative "protective factors". These factors are likely to play a more and more important role the greater the individual's exposure to cumulative "risk factors". The phrase "risk and resilience" in this area of study is quite common.

Commonly used terms, which are closely related within psychology, are "psychological resilience", "emotional resilience", "hardiness", "resourcefulness", and "mental toughness". The earlier focus on individual capacity which Anthony described as the "invulnerable child" has evolved into a more multilevel ecological perspective that builds on theory developed by Uri Bronfenbrenner (1979), and more recently discussed in the work of Michael Ungar (2004, 2008), Ann Masten (2001), and Michael Rutter (1987, 2008). The focus in research has shifted from "protective factors" toward protective "processes"; trying to understand how different factors are involved in both promoting well-being and protecting against risk.

### **Definition of resilience**

Resilience is a dynamic process that individuals exhibit positive behavioral adaptation when they encounter significant adversity, trauma, tragedy, threats, or even significant sources of Stress (biology). It is different from strengths or developmental assets which are a characteristic of an entire population, regardless of the level of adversity they face. Under adversity, assets function differently (a good school, or parental monitoring, for example, have a great deal more influence in the life of a child from a poorly resourced background than one from a wealthy home with other options for support, recreation, and self-esteem).

Resilience is a two-dimensional construct concerning the exposure of adversity and the positive adjustment outcomes of that adversity. This two-dimensional construct implies two judgments: one about a "positive adaptation" and the other about the significance of risk (or adversity). One point of view about adversity could define it as any risks associated with negative life conditions that are statistically related to adjustment difficulties, such as poverty, children of mothers with schizophrenia, or experiences of disasters. Positive adaptation, on the other hand, is considered in a demonstration of manifested behaviour on social competence or success at meeting any particular tasks at a specific life stage, such as the absence of psychiatric distress after the September 11th terrorism attacks on the United States. Ungar argues that this standard definition of resilience could be problematic because it does not adequately account for cultural and contextual differences in how people in other systems express resilience. Through collaborative mixed methods research in eleven countries, Ungar and his colleagues at the Resilience Research Centre have shown that cultural and contextual factors exert a great deal of influence on the factors that affect resilience among a population of youth-at-risk.

Resilience has been shown to be more than just the capacity of individuals to cope well under adversity. Resilience is better understood as both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being, and their capacity individually and collectively to negotiate for these resources to be provided and experienced in culturally meaningful ways. Studies of demobilized child soldiers, high school drop-outs, urban poor, immigrant youth, and other populations at risk are showing these patterns. Among adults, these same themes emerge, as detailed in the work of Zautra, Hall and Murray (2010).

### **History of research on resilience**

Garmezy (1973) published the first research findings on resilience. He used epidemiology, which is the study of who gets ill, who doesn't, and why, to uncover the risks and the protective factors that now help define resilience. Garmezy and Streitman (1974) then created tools to look at systems that support development of resilience.

Emmy Werner (1982) was one of the early scientists to use the term resilience in the 1970s. She

studied a cohort of children from Kauai, Hawaii. Kauai was quite poor and many of the children in the study grew up with alcoholic or mentally ill parents. Many of the parents were also out of work. Werner noted that of the children who grew up in these very bad situations, two-thirds exhibited destructive behaviors in their later teen years, such as chronic unemployment, substance abuse, and out-of-wedlock births (in case of teenage girls). However one-third of these youngsters did not exhibit destructive behaviours. Werner called the latter group 'resilient'. Resilient children and their families had traits that made them different from non-resilient children and families.

Resilience emerged as a major theoretical and research topic from the studies of children of schizophrenic mothers in the 1980s. In Masten's (1989) study, the results showed that children with a schizophrenic parent may not obtain comforting caregiving compared to children with healthy parents, and such situations had an impact on children's development. However, some children of ill parents thrived well and were competent in academic achievement, and therefore led researchers to make efforts to understand such responses to adversity.

In the onset of the research on resilience, researchers have been devoted to discovering the protective factors that explain people's adaptation to adverse conditions, such as maltreatment, catastrophic life events, or urban poverty. The focus of empirical work then has been shifted to understand the underlying protective processes. Researchers endeavor to uncover how some factors (e.g. family) may contribute to positive outcomes.

### **Expressions of resilience**

Resilience can be described by viewing:

good outcomes regardless of high-risk status,  
constant competence under stress,  
recovery from trauma, and  
using challenges for growth that makes future hardships more tolerable.

Resilience describes people who are expected to adapt successfully even though they experience risk factors that 'stack the odds' against them experiencing good development. Risk factors are related to poor or negative outcomes. For example, poverty, low socioeconomic status, and mothers with schizophrenia are coupled with lower academic achievement and more emotional or behavioral problems. Risk factors may be cumulative, carrying additive and exponential risks when they co-occur. When these risk factors happen, according to a study conducted on children, resilient children are capable of resulting in no behavioural problems and developing well. Additionally, they are more active and socially responsive. These positive outcomes are attributed to some protective factors, such as good parenting or positive school experiences.

Resilience is also treated as an effective coping mechanism when people are under stress, such

as divorce. In this context, resilience is relevant with sustained competence exhibited by individuals who experience challenging conditions. Most research built on this perspective focuses on the children's response to parents' divorce in terms of gender. Boys show more conduct problems than do girls; girls obtain more support from mothers and are less exposed to family conflict than boys. Although divorce may have some negative impacts on children's development, it may help children in single households to become more responsible than those in dual-parents households because of helping with chores. Some protective factors attributing to resilient children in single-family, for example, are adults caring for children during or after major stressors (e.g., divorce), or self-efficacy for motivating endeavor at adaptation.

Finally, resilience can be viewed as the phenomenon of recovery from a prolonged or severe adversity, or from an immediate danger or stress. In this case, resilience is not related to vulnerability. People who experience acute trauma, for example, may show extreme anxiety, sleep problems, and intrusive thoughts. Over time, these symptoms decrease and recovery is likely. This realm of research shows that age and the supportive qualities of the family influence the condition of recovery. The Buffalo Creek dam disaster, for example, had longer effects on older children than on younger. Additionally, children with supportive families show fewer symptoms (e.g., dreams of personal death) than children from troubled families, as revealed by a study on victims of the 1976 Chowchilla bus kidnapping.

### **Factors related to resilience**

Several factors are found to modify the negative effects of adverse life situations. Many studies show that the primary factor is to have relationships that provide care and support, create love and trust, and offer encouragement, both within and outside the family. Additional factors are also associated with resilience, like the capacity to make realistic plans, having self-confidence and a positive self image, developing communications skills, and the capacity to manage strong feelings and impulses.

Another protective factor is related to moderating the negative effects of environmental hazards or a stressful situation in order to direct vulnerable individuals to optimistic paths, such as external social support. More specifically, Werner (1995) distinguished three contexts for protective factors: (1) personal attributes, including outgoing, bright, and positive self-concepts; (2) the family, such as having close bonds with at least one family member or an emotionally stable parent; and (3) the community, like receiving support or counsel from peers.

Besides the above distinction on resilience, research has also been devoted to discovering the individual differences in resilience. Self-esteem, ego-control, and ego-resiliency are related to behavioral adaptation. For example, maltreated children who feel good about themselves may process risk situations differently by attributing different reasons to the environments they

experience and, thereby, avoid producing negative internalized self-perceptions. Ego-control is "the threshold or operating characteristics of an individual with regard to the expression or containment" (Block & Block, 1980, p. 43) of their impulses, feelings, and desires. Ego-resilience refers to "dynamic capacity,.....to modify his or her model level of ego-control, in either direction, as a function of the demand characteristics of the environmental context" (Block & Block, 1980, p. 48).

Maltreated children, who experienced some risk factors (e.g., single parenting, limited maternal education, or family unemployment), showed lower ego-resilience and intelligence than nonmaltreated children (Cicchetti et al., 1993). Furthermore, maltreated children are more likely than nonmaltreated children to demonstrate disruptive-aggressive, withdraw, and internalized behavior problems (Cicchetti et al., 1993). Finally, ego-resiliency, and positive self-esteem were predictors of competent adaptation in the maltreated children (Cicchetti et al., 1993).

Demographic information (e.g., gender) and resources (e.g., social support) are also used to predict resilience. Examining people's adaptation after the 9/11 attacks (Bonanno, Galea Bucciarelli, & Vlahov, 2007) showed women were associated with less likelihood of resilience than men. Also, individuals who were less involved in affinity groups and organisations showed less resilience. King, King, Fairbank, Keane, and Adams (1998) studied resilience in Vietnam War veterans and found social support to be a major factor contributing to resilience.

Schnurr, Lunney, and Sengupta (2004) found that several protective factors among those were the following factors protecting against the development of PTSD:

Japanese-American ethnicity, high school degree or college education, older age at entry to war, higher socioeconomic status, and a more positive paternal relationship as premilitary factors  
Social support at homecoming and current social support as postmilitary factors

and the following factors protecting among the maintenance of PTSD

Native Hawaiian or Japanese-American ethnicity and college education as premilitary factors  
Current social support as postmilitary factor

A number of other factors that promote resilience have been identified:

The ability to cope with stress effectively and in a healthy manner

Having good problem-solving skills

Seeking help

Holding the belief that there is something one can do to manage your feelings and cope

Having social support

Being connected with others, such as family or friends

Self-disclosure of the trauma to loved ones

## Spirituality

Having an identity as a survivor as opposed to a victim

Helping others

Finding positive meaning in the trauma

Certain aspects of religions/spirituality may, hypothetically, promote or hinder certain psychological virtues that increase resilience. Research has not established connection between spirituality and resilience. According to the 4th edition of Psychology of Religion by Hood, et al., "The study of positive psychology is a relatively new development...there has not yet been much direct empirical research looking specifically at the association of religion and ordinary strengths and virtues." In a review of the literature on the relationship between religiosity/spirituality and PTSD, amongst the significant findings, about half of the studies showed a positive relationship and half showed a negative relationship between measures of religiosity/spirituality and resilience. The United States Army has received criticism for promoting spirituality in its new program as a way prevent PTSD, due to the lack of conclusive supporting data.

An emerging field in the study of resilience is the neurobiological basis of resilience to stress. For example, neuropeptide Y (NPY) and 5-Dehydroepiandrosterone (5-DHEA) are thought to limit the stress response by reducing sympathetic nervous system activation and protecting the brain from the potentially harmful effects of chronically elevated cortisol levels respectively. In addition, the relationship between social support and stress resilience is thought to be mediated by the oxytocin system's impact on the hypothalamic-pituitary-adrenal axis.

## Resilience building

The American Psychological Association suggests "10 Ways to Build Resilience", which are:

- maintaining good relationships with close family members, friends and others;
- to avoid seeing crises or stressful events as unbearable problems;
- to accept circumstances that cannot be changed;
- to develop realistic goals and move towards them;
- to take decisive actions in adverse situations;
- to look for opportunities of self-discovery after a struggle with loss;
- developing self-confidence;
- to keep a long-term perspective and consider the stressful event in a broader context;
- to maintain a hopeful outlook, expecting good things and visualizing what is wished;
- to take care of one's mind and body, exercising regularly, paying attention to one's own needs and feelings and engaging in relaxing activities that one enjoys. Learning from the past and maintaining flexibility and balance in life are also cited.

The Young Foundation's work on wellbeing in the UK emphasises 'subjective wellbeing', what people feel about the quality of their life. A key element of this is 'resilience', how people bounce back from adversity. Their work includes:

Working with Lord Richard Layard from the London School of Economics, the IDeA and three leading local authorities, Hertfordshire, Manchester and South Tyneside, as the lead partner in the Local Wellbeing Project to look at the different ways in which local government and its local partners can promote wellbeing. The State of Happiness, the final Local Wellbeing Project report, brings together three years of groundbreaking work in the three partner local authority areas as well as other national and international developments in this field.

Emotional Resilience for Gangs - commissioned by Harrow Metropolitan Police to develop and pilot an emotional resilience programme targeting 14-19 year olds who are offending or at risk of offending, and are associated with gang activity. The Young Foundation is working in collaboration with Dr Ilona Boniwell, one of Europe's leading positive psychologists, to develop this new programme, training professionals in Harrow from Youth Services, the Anti-social Behaviour Unit, Safer Neighbourhoods Team and the Wealdstone Anti-social Behaviour Partnership. Training of professionals and the delivery of the pilot will take place in early 2011 with a report to follow.

### **Resilience and social programs**

Head Start was shown to promote resilience. So was the Big Brothers Big Sisters Programme, the Abecedarian Early Intervention Project, and social programs for youth with emotional or behavioral difficulties

### **Children and resilience**

Resilience in children refers to individuals who are doing better than expected, given a history that includes risk or adverse experience. Simply put, resilience requires two conditions to be met:

the child must have experienced some sort of risk or adversity that has been linked with poor outcomes, and

the child is generally doing okay despite being exposed to that risk or adversity; they are not showing that poor outcome.

Resilience is a description of a group of children. It is not a trait or something that some children 'just have.' There is no such thing as an 'invulnerable child' who can overcome any obstacle that life throws at her (although some children may seem that way!). Resilience is not a rare and magical quality. In fact, it is quite common. Resilience is the product of a large number of developmental processes over time that has allowed children who experience some sort risk to

continue to develop competently (while other children have not). Research on 'protective factors' has helped developmental scientists to understand what matters most for resilient children. Protective factors are characteristics of children or situations that particularly help children in the context of risk. There are many different protective factors that are important for resilient children. Two that have emerged time and again in studies of resilient children are good cognitive functioning (like cognitive self-regulation and IQ) and positive relationships (especially with competent adults, like parents). Children who have protective factors in their lives tend to do better in some risky contexts when compared to children without protective factors in the same contexts. However, this is not a justification to expose any child to risk. Children do better when not exposed to high levels of risk or adversity.

When it comes to children, there are still many scientific debates with respect to resilience. One debate involves differing opinions about what constitutes 'doing okay.' There is considerable agreement that child competence can be defined and measured in a way that can indicate whether or not the child is doing well. Called 'age-salient developmental tasks,' these are things that are generally expected of children of a certain age, in a certain culture, of a certain time or point in history. Developmental tasks can span all areas or domains of a person's life. For example, in many cultures (but certainly not all) 24 month old children are expected to be able to show the beginnings of spoken language, early motor coordination that allows them to start walking, able to form an attachment relationship with a primary caregiver, etc. These tasks certainly change with age; generally children are expected to show increasingly sophisticated cognitive and social abilities as they grow older: 5 year olds are expected to show a higher degree of independence and self-regulation skills (for example), compared to a 2 year old. Resilient children can be thought of as those who show competence in age-salient developmental tasks even though they have experienced some risk or adversity that threatened that competence. Others have focused on different criteria for 'doing okay', such as the absence of mental health problems like depression or conduct problems. Still others have focused on happiness or the experience of positive emotions.

### **Building resilience in the classroom**

Resilient children as described by Garmezy as working and playing well and holding high expectations, have often been characterized using constructs such as locus of control, self-esteem, self-efficacy, and autonomy. Benard concluded that resilient children have high expectations, a meaning for life, goals, personal agency, and inter-personal problem-solving skills. All of these things work together to prevent the debilitating behaviors that are associated with learned helplessness. Chess identified "adaptive distancing" as the psychological process whereby an individual can stand apart from distressed family members and friends in order to accomplish constructive goals and advance his or her psychological development. Moving away to college after high school is a way of practicing adaptive distancing. Classrooms in which students are given an opportunity to respond, an engaging cooperative learning environment, a participating

role in setting goals, and a high expectation for student achievement. All of these characteristics help students develop a sense of belonging and involvement. These two characteristics help to reduce the feelings of alienation and disengagement. With that kind of connection in the school, students will have more of a protective shield against the adverse circumstances that life throws at them.

### **The role a community has in fostering resilience in a child**

Communities play a huge role in fostering resilience. Benard identifies three characteristics of those types of communities (1) availability of social organizations that provide an array of resources to residents, (2) consistent expression of social norms so that community members understand what constitutes desirable behavior, (3) and opportunities for children and youth to participate in the life of the community as valued members. The clearest sign of a cohesive and supportive community is the presence of social organizations that provide healthy human development. Services are unlikely to be used unless there is good communication concerning them. Community-school relationships are very important to give extra resources to meet even basic psychological needs of students and families.

### **The role a family has in fostering resilience in a child**

Fostering resilience in children requires family environments that are caring and structured, hold high expectations for children's behavior, and encourage participation in the life of the family. Most resilient children have a strong relationship with at least one adult, not always a parent, and this relationship helps to diminish risk associated with family discord. Benard found that even though divorce produces stress, the availability of social support from family and community can reduce stress and yield positive outcomes. Any family that emphasizes the value of assigned chores, caring for brothers or sisters, and the contribution of part-time work in supporting the family helps to foster resilience.

### **The role religion plays in fostering resilience**

When youths from problem neighbourhoods join a church their academic performance improves. The poorer a neighbourhood is, the more church attendance helps kids academically. Improving academic performance seems to flow more from attending church than from merely believing. The church's social life influences youth from poor communities more than doctrine does. Church attendance also improves the physical, social, and emotional health of students. According to Glen Elder: "What you have in the role of the religious community is a selected group of people who share values and are committed to the success of the child". This pattern is likely the result of many protective processes that take place inside a religious institution. Ungar and his colleagues

identified seven aspects of resilience across many different cultures. Each depends on the other. These seven aspects include:

Access to material resources - Availability of financial, educational, medical and employment assistance and/or opportunities, as well as access to food, clothing and shelter

Access to supportive relationships - Relationships with significant others, peers and adults within one's family and community

Development of a desirable personal identity - Desirable sense of one's self as having a personal and collective sense of purpose, ability for self-appraisal of strengths and weaknesses, aspirations, beliefs and values, including spiritual and religious identification

Experiences of power and control - Experiences of caring for one's self and others, the ability to affect change in one's social and physical environment in order to access health resources

Adherence to cultural traditions - Adherence to, or knowledge of, one's local and/or global cultural practices, values and beliefs

Experiences of social justice - Experiences related to finding a meaningful role in one's community that brings with it acceptance and social equality

Experiences of a sense of cohesion with others - Balancing one's personal interests with a sense of responsibility to the greater good; feeling a part of something larger than one's self socially and spiritually

For example, attending a church has been shown to increase a child's social network, provide a feeling of cohesion and belonging in her community, even promote a sense of personal control and sense of social justice when threatened. It is this complexity and multilevel nature of resilience that explains how people use the internal and external resources (assets) that are both available and accessible to overcome adversity.

### **Resilience and emotion**

Some studies confirmed the association between resilience and positive emotion (e.g., Ong, Bergeman, Bisconti, & Wallace, 2006; Tugade et al., 2004).

Examining the role positive emotion plays in resilience, Ong et al. (2006) found that widows with high levels of resilience experience more positive (e.g., peaceful) and negative (e.g., anxious) emotions than those with low levels. The former group shows high emotional complexity which is the capacity to maintain the differentiation of positive and negative emotional states while underlying stress.

Ong et al. (2006) further suggest that the adaptive consequence of resilience is a function of an increase in emotional complexity while stress is present.

Moreover, high resilient widows showed the likelihood of controlling their positive emotional

experiences to recover and bounce back from daily stress. Indeed, positive emotions were found to disrupt the experience of stress and help high resilient individuals to recover efficiently from daily stress (Fredrickson et al., 2003). In this case, some studies argue (e.g., Fredrickson et al., 2003; Tugade et al., 2004) that positive emotion helps resilient people to construct psychological resources that are necessary for coping successfully with significant catastrophe, such as the September 11th attacks. As a result, positive emotion experienced by resilient people functions as a protective factor to moderate the magnitude of adversity to individuals and assists them to cope well in the future (Tugade et al., 2004).

In addition to the above findings, a study (Fredrickson et al., 2003) further suggests that positive emotions are active elements within resilience.

By examining people's emotional responses to the September 11th, Fredrickson et al. (2003) suggests that positive emotions are critical elements in resilience and as a mediator that buffer people from depression after the crises. Moreover, high resilient people were more likely to notice positive meanings within the problems they faced (e.g., felt grateful to be alive), endured fewer depressive symptoms, and experienced more positive emotions than low resilient people after terrorism attacks (Fredrickson et al., 2003). Similar results were obtained in another study regarding the effects of 911 attacks on resilient individuals' healthy adjustment (Bonanno et al., 2007).

People with high levels of resilience are likely to show low levels of depression, and less likely to smoke cigarettes or use marijuana (Bonanno et al., 2007). Moreover, low resilient people exhibit the difficulties of regulating negative emotions and demonstrate sensitive reaction to daily stressful life events (e.g., the loss of loved one) (Ong et al., 2006). They are likely to believe that there is no end for the unpleasant experience of daily stressors and may have higher levels of stress. In general, resilient people are believed to possess positive emotions, and such emotions in turn influence their responses to adversity.

### **Resilient groups**

Psychological Resilience has been studied in a number of groups. Among those are the children of European Jews in the United States, the children of the Vietnamese boat people in the United States. Middle class families in times of the great depression, children of farmers in times of economical crisis, children of Spanish and Vietnamese immigrants in Germany, adoptive children, who went through trauma and malnutrition.

### **The children of poor Vietnamese parents in the U.S.A. and Germany**

Nathan Caplan studied the children of poor Vietnamese parents in the US. Most of these parents

were refugees. In many cases they did not own anything but the clothes they were wearing when they arrived. Most did not speak English. Half of the parents had less than five years of formal schooling. The refugees studied by Caplan lived in the worst neighborhoods of big cities. Yet their children turned out to be academically more successful than American middle class children.

### **Why?**

Caplan et al. found out the Vietnamese stress the value of education. Parents wanted their children to enjoy a better education than they did themselves. The Vietnamese children spend an average of 3 hours and 10 minutes per day doing their homework and reading for school, while American middle class students just spend an average of 1 hour and 30 minutes per day with these activities.

Nathan Caplan also found out the older siblings were supposed to help their younger siblings. That way the younger ones did not only learn facts but also attitudes towards school and learning from their older siblings. The more siblings a child of Vietnamese parentage has, the more likely is he or she to achieve in school.

Germany is a multi-ethnic society. 8% of the population and 25% of the 15 year olds are born abroad themselves or have as least one parent born abroad. In Germany Vietnamese families started arriving as foreign workers during the 1980s and they are still coming in great numbers to search for a better life. As a rule children of immigrants are not as successful academically as children of native Germans. However it is not true for children of Asian parentage. The Vietnamese are the biggest Asian group in Germany and also one of the poorest ethnic groups. It has been found that Vietnamese parents value education and that Vietnamese students spend a lot more time learning than their German counterparts.

### **Children of American farmers**

Elder and Conger examined data from several Iowa counties to see how the farm crisis of the 1980s and 1990s affected children growing up in rural parts of the state. They found that a that a large number of those young people were on paths to successful development and life achievement. Most children of those children grew up to be academically successful and law-abiding.

Elder was able to identify five resource mechanisms:

strong intergenerational bonds, joint activity between parents and children  
being socialized into productive roles in work and social leadership; stressing non-material goals  
a network of positive engagement in church, school, and community life  
close ties with grandparents, support from grandparents

strong family connections with the community

### **Children in times of the Great Depression**

Elder studied the life of men who were children during the Great Depression of 1929-1939 and came to maturity at the outset of World War II. When these children came of age Elder found them to be healthy, law abiding, well adapted and bright.

One stunning finding was that poverty had slight positive effects on children from the middle classes. Once they reached adulthood those men earned a college degree as often as men from nondeprived middle class homes. In later life they did a little better in terms of economic success than their nondeprived middle class peers.

Men of working class background did not do as well as men from middle class homes. However many of them were upwardly mobile and on most measures they did do just as well as men from never-deprived working class backgrounds.

### **Spaniards in Germany**

In the 1970s, Spain was a dictatorship under the rule of Francisco Franco. Many Spaniards fled to Germany in search of a better life. Most of those immigrants were poor and only few were able to speak proper German. Today their children do as well as German children when it comes to educational success and Spaniard adults do as well as German adults when it comes to occupational success.