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Department of Educational Studies

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Date: Apr. 30/99
ABSTRACT

THIS STUDY IS A CRITICAL ANALYSIS OF THE DISCOURSE ON CHILDHOOD RESILIENCE and the politics of teaching resilience to “kids at risk” in inner-city schools. Resiliency research is rooted in the early psychology studies of children’s coping and competence. By the 1970s, researchers were observing children who appeared invulnerable to traumatic events. These children were later described as resilient, and resilience was defined as bouncing back from adversity. Today, resilience has become an ideological code for social conformity and academic achievement. My analysis problematizes “childhood resilience” and “teaching resilience” and examines two dangerous shifts in the mainstream resiliency research over the past several decades.

In one shift, resilience slipped from an anomaly in the context of complex trauma to being claimed as the social norm of the dominant society. In another shift, the context of resiliency research slipped from traumatized to disadvantaged populations. Consequently, teaching resilience in inner-city schools is a popular topic among professional child and youth advocates in BC. But these two shifts manifest as teaching socioeconomically disadvantaged children to conform to the social norms of the dominant society and as rationalizing social and educational programs that help children and youth at risk overcome obstacles. Such programs do not work to challenge systemic inequalities.

I undertook a discourse analysis and an interpretive inquiry in identifying three resiliency discourses: the first is a dominant expert discourse based on quantitative studies; the second is a subordinate experiential discourse based on qualitative stories; and the third is a professional advocacy discourse that includes expert and experiential knowledge. The expert discourse derives from psychometric studies of resilient-identified children, and the experiential discourse emanates from the psychotherapeutic narratives of resilient-identified adults. The advocacy discourse emerges from educators, psychologists, and social workers who advocate on behalf of children and youth at risk.

The data include resiliency texts, focused interviews, and relevant fieldnotes. I developed criteria for critiquing and recognizing resilience, explored potential intersections between the expert and experiential discourses, and interpreted risk and resiliency themes in the advocacy discourse. In challenging the dominant discourse, I argue that resilience is not a fixed set of traits that can be reified and replicated. Moreover, I argue that complex trauma and trauma recovery are essential to any construct of resilience and that resilience is pluralistic, contingent, and always in process.

My study recommends collaborative resiliency research that focuses on trauma and that values experiential knowledge and attends to class and cultural diversity. It also recommends that the professional advocacy community re-focus on risk and work toward developing social programs and critical pedagogies that challenge structural oppression and systemic discrimination.
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Saturday morning cappuccinos with cohort Gail Edwards were indispensable. Last and most, the support and patience of my extended family, and family of friends, has been essential. Thank you.
DEDICATION

for hurting children

and all those who help them

WHAT IS SUCCESS?
To laugh often and love much; to win the respect
of intelligent persons and the affection of children;
to earn the approbation of honest citizens and endure the betrayal
of false friends; to appreciate beauty; to find the best in others;
to give of one's self; to leave the world a bit better,
whether by a healthy child, a garden patch
or a redeemed social condition; to have played and laughed
with enthusiasm and sung with exultation; to know
even one life has breathed easier because you have lived—
this is to have succeeded.

Ralph Waldo Emerson
1. PROBLEMATIZING THE RESILIENCY DISCOURSE

The most that any one of us can seem to do is to fashion something—an object or ourselves—and drop it into the confusion, make an offering of it, so to speak...¹

TEACHING RESILIENCE TO “KIDS AT RISK” IN INNER-CITY SCHOOLS is an appealing prospect among child and youth advocacy professionals in British Columbia. It holds promise for educators, psychologists, and social service providers dedicated to helping disadvantaged young people deemed at risk.² But it is also a political topic that invites several questions. For instance, what is childhood resilience? Can resilience be taught? What constitutes risk, and who are those being categorized as kids at risk? Why are inner-city schools targeted for teaching resilience? On the surface, answers to these questions seem obvious. Resilience typically means bouncing back from adversity. Resilient children have identifiable traits that can be fostered in others. Children described as at risk are usually socially and economically disadvantaged. And teaching resilience in inner-city schools may help disadvantaged young people overcome adversity. Beneath the surface, however, such answers raise new questions that problematize the discourse on childhood resilience.


² Terminology: The terms childhood, child advocacy, and young people always refer to children and youth (or adolescents) unless I indicate a specific age group. For my purposes, children and youth are under 19 and adults are over 19. The category “kids at risk” conveys targeting and labelling and has been critiqued in feminist analyses of risk rhetoric. I occasionally use it to emphasize teaching resilience in inner-city schools as problematic.

Footnotes: When my quotations contain citations of other works, the full citations are provided in a footnote for reference purposes only. When I am suggesting additional materials within footnotes, the citations are included in full in the footnotes if I have not read the material; otherwise, they are cited by author and date only and are included in my list of References. When my own in-text citations include more than three works at a time, they are listed in a footnote so as not to overly disrupt the text. Finally, references to my fieldnotes are cited in footnotes by date as follows: [F-YYMMDD].
Resiliency research is rooted in child psychology and clinical studies conducted in the 1950s and 1960s on children's coping and competence. Resilience has become an increasingly common focus of academic attention since the 1970s, when child psychologists began to observe that some children seemed emotionally invulnerable to such traumatizing situations as experiencing political violence or living with mentally ill parents. This "invulnerable child" was described as resilient and the resultant "resilient child" was characterized as successful. Success in this context was twofold, interpreted as social success and school success, and measured by personality tests and academic achievement scores, respectively. In these early quantitative, psychological studies, resilience was constructed from static "snapshots" of the seeming invulnerability of some children to traumatic events, snapshots taken by the statistical measure of personal and academic success in particular times and places. As troubling as this notion of childhood resilience is—one needs to be sceptical of equating emotional invulnerability with personal success, for example, or of isolating short-term measures of success from long-term manifestations of trauma—the experience of traumatic events was an essential component. Among other things, I will argue that overcoming complex trauma, and not invulnerability to traumatic events, is essential to any meaningful interpretation of resilience.

Since these earlier studies, there has been significant slippage in the meaning of resilience. Though resilience conveyed anomalous childhood behaviour in the context of traumatic events in the 1970s, it has become detached from the traumatic context that informed its earlier identification. Remarkably, and from my perspective, dangerously, resilience had been reconstructed as social norm by the 1990s, modelled on the behavioural norms and expectations of the dominant society. This

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3 There is a distinction between simple trauma (single-incident) and complex trauma (prolonged and compound incidents), as discussed in Chapter Three. Unless I specify simple trauma, all references to trauma imply complex trauma.

4 The term slippage means a shift or slide in a dangerous direction. In Chapter Three I also call this slide a "slippery slope" toward a worse or more dangerous position, here referring to the slide's negative effect on less advantaged populations.
reconstruction occurred within the scientific studies that purported to measure resilience. Specific notions of success that were measurable, such as academic achievement, were confounded with notions of resiliency. Resilience became identified not as anomalous or even abnormal in the context of traumatic events but as “normal behaviour” whether or not traumatic events were even present. Both versions of childhood resilience—first as anomaly, then as normal—are problematic. In the earlier version of resilience as emotional invulnerability to traumatic events, what looked like invulnerability could easily have been a symptom of trauma. Detachment, for example, may be an effective coping mechanism in the short-term, but it can have devastating emotional consequences if left unchecked.\(^5\) In the current version of resilience, experiencing traumatic events has dropped out of the picture as an essential context in which resilience occurs. This absence of trauma is especially disturbing because the current version both reconstructs resilience as mainstream norm and informs the notion of teaching resilience to children and youth at risk in inner-city schools.

Obscured behind the well-meaning intention of teaching resilience is a call for disadvantaged children and youth to conform to the behavioural norms of the dominant society (associated with social and school success) by overcoming or being invulnerable to the systemic distresses and adversities of their everyday lives. This call creates a problem that is partially articulated by considering temperament and environment: Assumptions about teaching resilience to kids at risk can overlook the role of individual temperament in resilient-identified children, while assumptions about reproducing the environment of resilient-identified children (such as providing positive role models) can overlook the role of systemic disadvantage in the lives of young people deemed at risk.

\(^5\) Celebrating a child’s emotional invulnerability to traumatic events is bizarre. In a different situation, for example, if any child appeared emotionally invulnerable to the murder of his or her parents (which we can all agree is a traumatic event), the child would be either reviled or protected but certainly not cheered. Their trauma would be recognized. If they carried on as if nothing had happened, this might be a useful coping strategy in the short-term but a dangerous emotional condition in the long-term. How and when is their “success” or their “resilience” to be measured, or defined, or identified?
Even though children’s risk, distress, and trauma occur across classes and cultures and involve all manner of abuses and atrocities, risk today typically refers to systemic disadvantage and discrimination as these are brought to bear on mostly poor, refugee, immigrant, single-mother, and First Nations families. It is incorrect to assume that poverty is inherently traumatic, however, and that children living in poverty are necessarily doubly traumatized by abuses and atrocities. This assertion in no way trivializes the range of risks confronting economically disadvantaged children and youth. Instead, it emphasizes the importance of holding resilience in relation to complex trauma (but not as invulnerability to trauma). And it argues that trauma, by its very nature, cannot easily be defined by the type or degree of suffering or socioeconomic status. Integral to my analysis of childhood resilience, then, is a distinction between risk and trauma relevant to resilience.

The current construct of resilience as social norm emanates from the psychology resiliency research. It influences the mass media, the self-help recovery movement, and the child and youth advocacy community. During my involvement in BC’s advocacy community I became aware of problems concerning how childhood resilience was being construed (or misconstrued), particularly in relation to the idea of teaching resilience to kids at risk in inner-city schools. It was timely to examine the evolving concept of resilience, to explore how advocacy professionals perceived childhood resilience and teaching resilience, and to do so before their perceptions become institutionalized in policy and practice. Hence, my research involves a critical discourse analysis of resilience in the psychology literature, and a narrative interpretation of the uptake of resilience in the child and youth advocacy community. My research includes focused interviews with 23 educators, psychologists, and social service providers. They are in positions to influence policies and practices that affect the lives of children and youth deemed at risk.
Producing the "Resilient Child"

The first time I heard the term resiliency used in an official capacity was during the keynote address at an advocacy conference in 1995. The speaker wondered how we could build resiliency in at-risk children and youth in inner-city schools. He attributed resilience to disadvantaged young people who had overcome their adversity, and he outlined four main traits of resilience as identified in the resiliency literature: sociability, creativity, autonomy, and purpose. The speaker characterized the "resilient child" as socially competent, meaning responsive, communicative, and capable of empathy, humour, and friendship. In addition to sociability, or social competence, he explained creativity as having good problem-solving abilities and finding imaginative solutions to problems, autonomy as exhibiting independence and having a strong sense of self, and purpose as being able to set goals and feeling optimistic about the future.

In his address, the speaker admitted to a "nostalgic view of the past," a past defined by his protected and privileged childhood in the 1950s and 1960s in a predominantly White, upper middle-class suburban community. Concerned about the "erosion of family life" due to divorce, "media values" (e.g., videos, the internet, and television), and a decrease in "active, quality parenting," he observed that educators today are facing "an entire generation of children in distress." He invoked his childhood as an ideal environment for producing resilience in at-risk children and youth, but in so doing he unintentionally posed himself as a model of resilience (as did many of the advocates I

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6 [F-950421].

7 I am familiar with the speaker's childhood community. It is important to stress that his memories and experiences cannot be generalized to those who had different experiences in similar times and places, nor can they be recreated for those who had different experiences in different times and places (e.g., immigrants). Moreover, in the speaker's idealized childhood community there was incest, alcoholism, family violence, mental illness, marital rape and infidelity, "unwed" pregnancy, overt racism, Aboriginal impoverishment, White-collar crime, and so on. Like most communities, neither the time nor the place was or is immune to social problems.
later interviewed), removed from contexts of risk, distress, and trauma. Such views are problematic when resilience is implied as a norm of privilege and prescribed for the problems of underprivileged children. Contrasting his rootedness with their uprootedness, for example, the speaker’s antidote to adversity and disadvantage was to build resilience in the “distressed child”—in other words, to produce the “resilient child”—by recreating the caring community of his carefree childhood.

Central to creating such communities, the speaker envisioned supportive schools with committed teachers whose “extra-parental patronage” would produce resilience by fostering the traits of sociability, creativity, autonomy, and purpose in disadvantaged children at risk. Referring to the literature on effective schooling—for which the hallmark is academic achievement—and full-service schools, he explained the goal of in-school services, which was to “provide a protective shield for children in distress.” He suggested that, through the provision of a variety of student services in inner-city schools, the diverse needs of children and youth at risk could be met by peers, teachers, counsellors, social workers, and other on-site professionals. Thus, he saw full-service schools as “predictors of positive outcomes,” meaning that disadvantaged children and youth would become resilient, with resilience being conveyed as mainstream norm. The insights of this keynote address strongly influenced knowledge of childhood resilience among BC’s child advocacy community but, unfortunately, and unavoidably, it also reflected the slippages in the resiliency literature.

Following this address, and in the interests of exploring a possible thesis proposal, I conducted a small pilot study among educators and social workers. I learned that the full-service

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8 My use of these three terms are more fully developed in Chapter Three.

9 At a later date, I asked the speaker if he considered himself to be a resilient adult. He stated unequivocally that he did not, because he had never suffered the hardships of traumatized and impoverished children. Unfortunately, he did not express this personal view during his keynote address.

10 For effective schooling, see Consortium (1994); Lee, Bryk, and Smith (1993); Rutter et al. (1979). Effective schools are “what works” (Sadovnik, Cookson, and Semel 1994, 32). For full-service schools, see Dryfoos (1994). Also, see the report, *A Nation at Risk* (National Commission 1983).
school movement in BC was tied to a multi-ministry model of providing collaborative child services in inner-city schools. In particular, one interviewee explained the advocacy community's view of inner-city schools as "gateways" or "central resource centres," in the interests of removing "artificial barriers" among schools, families, communities, and ministries. Since then the recommendations in the Report of the Gove Inquiry into Child Protection (Gove 1995), among other factors (such as public pressure and political expediency), led BC's social democratic government to establish a new Ministry for Children and Families in 1997. The new Ministry amalgamated children's services from five separate ministries. But in the interim, funding for full-service school pilot projects has been cancelled and the new Ministry is not presently increasing in-school services. These changes have handicapped but not deterred interest in teaching resilience to kids at risk in inner-city schools, a concept that is being incorporated into several existing risk programs.

These various scenarios—the keynote speaker's address on resilience and his inadvertent leaps across time and place, class and culture, his vision of supportive schools as places for nurturing resilience in individual students at risk and in distress, the development of new government services designed to meet the needs of children and youth at risk, and the subsequent withdrawal of full-service school funding (in addition to other government cutbacks affecting social services and risk programs)—add to existing problems in the dominant resiliency discourse. These problems include

11 The "Gove Inquiry into Child Protection" and the subsequent Gove Report were commissioned to investigate "the adequacy of the services, policies and practices of the Ministry of Social Services as they related to the apparent neglect, abuse and death of [five-year old] Matthew John Vaudreuil" (Gove 1995), whose tragic life was well known to numerous social workers but who was repeatedly left in the care of his troubled mother.

12 The NDP (New Democratic Party) mandated the new Ministry. See also fn. 60.

13 The new Ministry for Children and Families includes child and youth services from the Ministry of Education, Skills, Training, and Labour, and the Ministries of Health, Social Services, and Women's Equality (child care), as well as the Office of the Attorney-General (youth justice). The new Ministry is augmented by two other entities: the Office of the Child, Youth, and Family Advocate, established in 1995 and reporting directly to the Legislature, and the Office of the Children's Commissioner, established in 1997 to investigate all child deaths in BC (this latter entity is an outcome of the Transition Commission established in 1996 to study and implement the most feasible recommendations in the Gove Report).
the construct of resilience shifting from anomaly to social norm, and the context of resilience shifting from traumatic events to socioeconomic disadvantage. They also include the struggles of child and youth advocates who are competing for funding allocations while trying to produce evidence of effectiveness among a profusion of proposed and operating social and educational programs.\(^{14}\)

**Individual Agency Within Structural Constraint**

One factor informing the popularity of resilience among advocates is their optimistic belief that its currency—resilience as positive versus risk as negative—will attract renewed funding to sustain existing services and programs for children and youth at risk. To this end, however, resilience represents a change in name only, from risk to resilience, while systemic disadvantage and discrimination remain relatively unchallenged in advocacy practices. This nominal change is exemplified in the words of an educational psychologist who stated (following a group discussion of alternative programs for youth at risk) that “risk programs build resilience in kids at risk.”\(^{15}\) In other words, the “solution” to children’s risk is cast as changing the child through social programs that ostensibly teach the individual to overcome obstacles. But such programs do not challenge the obstacles themselves and instead take a liberal approach “shaped overwhelmingly by educational psychology and its emphasis on the individual” (Coulter 1996, 436).\(^{16}\) *Treating the individual* has surely led to *blaming the victim* in the absence of questioning the structures of the status quo. But

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\(^{15}\) [F-960719].

\(^{16}\) The context of Coulter’s comment is systemic sexism in relation to equality of educational opportunity. The same liberal approach applies to other forms of systemic discrimination.
“rather than simply relabeling existing strategies,” advocacy practices need to systematically develop alternative strategies (Elmore and Fuller 1996, 195).17

Illuminating this predicament is the contradictory location of advocates who promote childhood resilience as the antidote to children’s risk. On the one hand, they are agents of the state, privileged professionals holding positions of power and enabled by state-sanctioned policies and practices that reproduce socioeconomic inequality. On the other hand, they are constrained by state structures that control, among other things, their job security and employment benefits, their access to government funding and other programming resources and, therefore, their ability or willingness to challenge the systems they represent and upon which they depend. Thus, advocates (as agents) are both enabled and constrained by the social structures and power relations in which they work (Giddens 1994, 173). Within the advocates’ location lies limitation, but embedded in their constraint also lies agency (Skeggs 1995, 8). I do not mean to imply that child and youth advocates are unaware of their predicament or oblivious to the systemic nature of socioeconomic inequality. Their ongoing struggle to retain risk programming in the face of cyclical funding cuts is ample evidence of their efforts to confront systemic challenges within structural constraints.

The advocates and their “clients” are operating within relations of power, however, and may feel powerless to effect any real change. Just as child advocates operating as both policy makers and practitioners cannot simply change the state structures within which they work, neither can disadvantaged individuals merely resist oppressive structures and discriminatory practices (nor should they be expected to do so by virtue of being “taught” to be resilient). But this does not

17 Citing S. Fliegel, “Creative Non-Compliance,” Choice and Control in American Education: Vol. 2. The Practice of Choice, Decentralization, and School Restructuring, eds. W. Clune and J. Witte (New York: Falmer, 1990) 199–216. Though the context is different (Elmore and Fuller are analyzing the conflicting assumptions and implications of introducing school choice) the phenomenon is the same: Addressing the problem of student performance by invoking the rhetoric of school choice—by moving students from one place to another—fails to deal with the underlying issue of systemic inequality.
suggest an impasse; instead, it is useful to recognize both constraints and connections in the considerable interactions among structures, agents, practices, and clients. For if practice cannot overtly challenge policy or structure, neither are these static or discrete, such that

practice . . . is always responding to a situation. Practice is the transformation of that situation in a particular direction. To describe structure is to specify what it is in the situation that constrains the play of practice. Since the consequence of practice is a transformed situation which is the object of new practice, "structure" specifies the way practice (over time) constrains practice. . . .

Practice can be turned against what constrains it; so structure can be deliberately the object of practice. But practice cannot escape structure, cannot float free from its circumstances . . . It is always obliged to reckon with the constraints that are the precipitate of history. (Connell 1987, 95)

Thus, advocacy practices are constrained by structure while also having structural effects. Such interaction is explicated by Connell's (1987) claim that individuals (including agents and clients of the state) are "constantly constituting their own culture" and both resisting and reproducing oppression (Eyre 1991, 196).

While it is important to distinguish between adults and children when discussing risk and resiliency issues, or issues of individual or collective agency and structural constraint, it would be erroneous to assume that all adults have agency or that all at-risk or traumatized children are helpless victims (Martineau 1997, 225–6). Nevertheless, while "human beings retain the capacity for agency . . . when oppressed and dominated by others" (Blum 1992, 6), it is a tall order to expect any child, especially a traumatized or disadvantaged child, to resist or rise up against their own oppression. But it would also be remiss not to ascribe agency to children, who may become politically active especially under adverse conditions (Cairns 1996; Thorne 1987). Thorne understands children as a complex social actors and political strategists, as actors and not just acted upon (101). Advocates and educators would do well to engage all young people—in addition to the traumatized and the disadvantaged—in personal, political, and educational struggles.
Challenging structural oppression and systemic disadvantage dislodges the one-sidedness of treating the individual and blaming the victim. When economically disadvantaged populations are the focus of treatments and programs that do not challenge structural oppression, such practices typically devolve into pathologizing the individual and, thus, the poor. These pathologizing practices can be challenged through individual and collective agency even within structural constraints and systemic practices. Reconceptualizing social programming in this way is not meant to detract from the importance of attending to the individual needs of those suffering from risk, distress, and trauma. But, in this light, the notion of teaching resilience to kids at risk in inner-city schools, which fails to challenge systemic discrimination, calls for a critical analysis of the resiliency discourse.

Resilience as an Ideological Code

Several normative ideals of success inform the contemporary construction of childhood resilience, including notions of survival, self-esteem, giftedness, empowerment, and achievement. Resilience itself has become an ideological code for mainstream success in its transformation from anomaly to social norm, manifest in its transition from scientific study to everyday speech, and from conscious intention to unconscious operation, respectively (D.E. Smith 1995, 1993). Ideological codes operate in everyday speech to reinforce social norms. Such codes can have deleterious effects on the marginalized and operate outside of conscious intention, even among those who resist their representations and those who work to ameliorate others’ marginalization. Thus, the resiliency discourse imposes prescribed norms of school success and social success upon underprivileged communities.

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18 See discussion of critiques of giftedness and self-esteem in Chapter Six.

19 This proliferation of “resilience” in everyday speech causes me to distinguish between formal and informal meanings in Chapter Three.

20 One code Smith discusses is “political correctness,” which can actually operate to reaffirm institutional sexism and racism and to discredit, say, feminists who are fighting against sexism and racism (D.E. Smith 1995). Another such code is the “Standard North American Family” (SNAF). The SNAF code reiterates mainstream norms of marriage and mothering through everyday discourse and can have significant negative effects on disadvantaged families (D.E. Smith 1993).
children identified as at risk. The effect is that non-conforming individuals may be pathologized as *non-resilient*. Emphasis remains wholly on the individual and, thus, *individualism* is a dominant ideology embedded in the mainstream resiliency discourse.

Two interwoven strands of individualism relevant to the resiliency rhetoric are notions of independence and self-improvement, based on mainstream economic and psychological standards and expectations, respectively. The *economic* strand is tied to modernist ideologies of rugged individualism and economic independence. The *psychological* strand is tied to modernist ideologies of self-help and self-reliance. These strands pathologize economic and emotional dependence of the individual. Moreover, economic “health” (employment) is now construed as an “essential element” in psychological health (Rose 1989, xi). Pathologizing the individual is partially perpetuated by psychometric studies carried out in the psychology disciplines. The psychological strand manifests in today’s therapeutic recovery movement and its overarching emphasis on individual transformation. These economic and psychological ideologies of independence are myopic in their failure to foster *inter*dependence within and between individual and structural levels of social life.

**Resilience as Rugged Individualism**

The contemporary construction of childhood resilience resonates with Enlightenment notions of “rugged individualism” and the “perfectibility of man” [sic] iterated in Charles Darwin’s notion of “the survival of the fittest” in relation to species evolution. Social Darwinists adapted the theory of natural selection to rationalize individual drive and determinism in the social world (Sadovnik,

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21 The psychology disciplines include psychiatry, child psychology, developmental psychology, educational psychology, and adolescent psychopathology. *Psychometry* is defined as “the alleged ability to divine facts” (Random House 1994). Inherent in psychometrics is the belief that IQ tests, personality tests, and academic achievement scores, for example, provide facts about the person being measured. Psychometric or statistical studies on the resilience of young people are critiqued in Chapter Three.
But Darwin posited both individual competition and group cooperation—albeit, interdependence among the strong—as fundamental to the "struggle for existence" (Darwin 1981). Individualism and collectivism are integral to survival. Yet, though supportive relationships are often cited in psychology studies as necessary to childhood resilience (recalling the resiliency trait of sociability), the goal of teaching resilience in inner-city schools is too easily reduced to the demand that disadvantaged students exhibit "bootstrap" individualism in pursuit of free market independence (recalling the resiliency trait of autonomy).

Pathologizing Dependence

One goal of treating and teaching the individual, of funding risk and resiliency programming, and even of critiquing systemic disadvantage and structural oppression, is to foster individual independence, especially economic independence. This goal draws on the capitalist ideology that hard work permits disadvantaged individuals to achieve economic independence. Rugged or bootstrap individualism qua economic independence is the antithesis of interdependence, given the social stigma today of welfare dependence and given the modern maxim that "all dependency is suspect" (Fraser and Gordon 1994, 324). Dependency has become so associated with pathology and addiction—through modern medical and psychological discourses—as to further entrench

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22 Interpreting the social order as natural selection, Social Darwinists attribute social change to natural progress or evolution and, thus, rationalize social elitism and cultural imperialism. See Runciman (1998); Trent (1998).

23 See Doskow (1997) for an explication of Charlotte Perkins Gilman's analysis of Social Darwinism. Gilman stressed that society was based on interdependence and cooperation rather than struggle and competition; she examined how Social Darwinism was appropriated to serve sexism, racism, and classism. Science historian Stephen Jay Gould cites one-sided interpretations of "the survival of the fittest" as the rationale for genocide and eugenics (Sutton 1998).

24 Historically, individualism as a political movement has had different philosophical meanings. In early Greek philosophy a man was an individual only as a member of a community; during the early Enlightenment period (early liberalism), individualism was intellectual in nature, such that religious dogma and theological truth came into question and multiple truths emerged (Russell 1984, 578–81). Since the 17th century, individualism has become entwined with piety, prudence, and property, as these were associated with the Protestant work ethic and the rise of capitalism, "for the prudent became rich while the imprudent became or remained poor" (593). See Russell's chapters on "Philosophical Liberalism" (577–83) and "Locke's Theory of Knowledge" (584–95).
independence as a social value (325). The practices of measuring and teaching resilience are based on the medical model of disorder, diagnosis, and treatment, a model that focuses primarily on individual personality (332). The possibility of individual and structural interactions collapses under the desire and drive for economic independence (with dependence as disorder). This desire—resilience *qua* rugged individualism *qua* economic independence—takes on particular meaning when the rhetoric of teaching resilience (as social norm) specifically targets disadvantaged children and youth without also challenging structural oppression.

*Targeting Disadvantage*

I am critical of targeting when “treating the individual” overrides attention to systemic inequality, which is not to suggest that targeting is always negative or that it should be eliminated. Eliminating targeting practices would preclude the possibility of meeting the socioeconomic needs of the disadvantaged; preferrably, targeting can usefully identify disadvantaged groups with special needs while providing a means of critiquing structural discrimination and systemic disadvantage. When I invoke *targeting* in relation to disadvantaged groups, however, I mean it to signal a practice of “cultural imperialism” that imposes “the cultural meanings, view of the good life, and the value system of the dominant group on all [other] groups” (Petrovic 1998, 46).

Targeting in this latter sense generates several interrelated problems, such as effectively pathologizing difference, ignoring systemic discrimination and disadvantage, and invalidating or rendering invisible the needs and problems of non-targeted groups (Brodie 1996, 20). Negating the needs of non-targeted groups can further pathologize targeted populations, which undermines the need to continually critique structural inequality. Continually critiquing structural inequality,

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25 *The Diagnostic and Statistical Manual of Mental Disorders*, published by the American Psychiatric Association (1987), codified “Dependent Personality Disorder” (called DPD, 353–4) as an official psychopathology, one that is diagnosed most frequently in females (Fraser and Gordon 1994, 326).
however, may also contribute to neglecting the needs of non-targeted groups. This circularity suggests that we need to consciously attend to each of Brodie’s concerns. Viewing targeting as problematic is integral to critiquing the covert characterization of resilience as rugged individualism and economic independence. In fact, the association of individual dependence with economic disadvantage rationalizes the notion of teaching resilience to targeted populations.

**Resilience as Self-Improvement**

Resilience as rugged individualism and economic independence is reinforced by the rise of the modern day recovery movement. The recovery movement is greatly informed by psychometric studies; each involves the psy-sciences and individual pathologies. In addition, with its emphasis on self-help, self-reliance, and self-interest, the recovery movement reflects a tradition that “dates back at least as far as the seventeenth century, when Puritan notions of Christianity promoted self-improvement as part of its philosophy” (Sandell 1996, 22). With its 12-step programs, self-help literature, and psychotherapeutic techniques, the recovery movement and its practitioners are embracing the notion that resilience can be “taught” (that is, replicated, reproduced) to its clientele. In one author’s acerbic critique of the self-help industry in the USA, she marks resilience as “the next hot personal-development concept” in the recovery movement (Kaminer 1993, xiv).

**The Recovery Movement**

Kaminer’s critique reinforces links between the economic and psychological strands of resilience as individualism. She posits that a growing backlash in the 1990s against the recovery

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26 Though they are related, there is a distinction between the recovery movement in general and psychometric studies in particular. The recovery movement is more apt to attract middle-class clients who either seek out individual or group counselling voluntarily or who are referred for counselling by their medical doctors (In BC, psychiatric treatment is covered by medical insurance, whereas psychological counselling is paid by individual clients). Conversely, psychometric studies tend to target accessible groups—usually university students or disadvantaged populations—for the purpose of collecting survey and statistical data.

27 It is commonly held today that therapy is a secular equivalent of religious confession and clerical counselling.
movement—with its “ever-expanding” notions of abuse and addiction and its “preoccupations with victimization”—has caused personal development experts to “slyly reinvent” the recovery movement as a resiliency movement (Kaminer 1993, xiv), inferring a change in name only. When she critiques the “cult of victimization” integral to the recovery movement (or the resiliency movement), Kaminer pathologizes dependence—here psychological instead of economic—and joins the backlash in her dismissal of the recovery movement and its nominal resiliency movement. In so doing, she explicitly claims that, one, “people can be incredibly resilient,” two, resilience is not necessarily associated with trauma and, three, resilience is more normal than anomalous (xiv–xv).

According to Kaminer, individual recovery is unnecessary because individual resilience is ubiquitous, a view that invokes resilience as bootstrap individualism, even as invulnerability to trauma, and these as mainstream social norms. The economic strand pathologizes dependence, champions independence, and turns a blind eye to systemic socioeconomic disadvantage. The psychological strand both “depends” upon and pathologizes individual dependence, ultimately champions independence, and turns a blind eye to what can be easily construed as systemic psychological victimization sanctioned by a plethora of diagnostic disorders.

**Therapeutic Feminism**

The psychological and economic strands of individualism are both distinct and intertwined. Their connections are further explicated in a feminist critique of the rise of a recovery culture within “therapeutic feminism,” a culture that focuses on individual coping strategies and ignores the need

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28 This nominal reinvention of the recovery movement as a resiliency movement mirrors the child and youth advocacy community’s rationale for nominally switching from risk programming to resiliency programming.

29 (Bowman 1997; Davis 1997; Hacking 1998; McMartin 1998; Wigod 1996). A barely constrained litany of psychological disorders is authorized by the *Diagnostic and Statistical Manual of Mental Disorders* (APA DSM-IV 1994), which is revised and updated every four years. The DSM pathologizes the human condition according to critics who call it a self-serving “bible” that generates massive profits for the psy-sciences through the treatments, technologies, and therapies of a mushrooming professional apparatus.
for ongoing social and structural change (Sandell 1996). Much like Kaminer, Sandell eschews a “nation of victims” awash in psychoanalysis, individual self-interest, and 12-step recovery programs (21–3). But though Sandell seeks a major shift in focus from individual self-reliance to institutional responsibility, she does not dismiss the usefulness of individual recovery strategies. Rather, she devalues individualism (which she associates with capitalism and patriarchy), privileges collectivism (which she associates with democracy and feminism), and articulates the need to challenge oppressive ideologies and systemic discrimination:

The rise of therapy, the American attachment to individualism, and the increase of recovery programs, while separate social and historical processes, reinforce each other in significant ways. They all bespeak a belief that individual acts of transformation can transcend the power and influence of institutions, institutions which often oppress groups and individuals because of their gender, class, and/or race. . . . Built into the structure of therapy and recovery is a belief that society per se cannot be changed and it is futile for us to think that it can be, [that] we have control over only our own individual acts of transformation. (Sandell 1996, 23)

Sandell devalues individualism sans collectivism.

Just like the economic strand, the psychological strand ignores the need to challenge systemic inequality. Each strand is tied to a parallel history, one to the Enlightenment perfectibility of man, the other to the Puritan ideal of self-improvement. The psychological strand reinforces the notion that “individual acts of transformation” are necessary and sufficient to overcoming structural oppression and systemic disadvantage. Psychometric studies contribute substantially to this notion of individualism and inform the contemporary construction of resilience as an ideological code for conformity to the social norm. To this end, the majority of psychometric studies on childhood resilience stress economic disadvantage (dependence) as the primary cause of risk and academic achievement (independence) as the primary effect of resilience. Disadvantage and achievement are

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30 Here, self-interest is more “me-ism,” more privileged indulgence than rugged individualism.

certainly among the most observable and measurable of variables, but they make strange bedfellows when targeting risk populations and treating the individual continue to eclipse rather than accompany critical analyses of systemic discrimination.

**Children’s Risk in Historical Context**

Having posed targeting risk populations and treating the individual as problematic, targeting is particularly troubling in the discourse on childhood resilience and the politics of teaching resilience. There are three overlapping problems. First is the slip from anomaly to social norm in the resiliency research; second is the detachment of resilience from complex trauma associated with traumatic events across class and culture; third is the shift in focus from trauma to risk in relation to resilience, where risk is commonly defined by socioeconomic disadvantage. Key here is the emphasis on risk. Just as the economic and psychological strands of individualism inform the contemporary emergence of resilience as an ideological code, so the rhetoric around risk strongly influences the resiliency discourse itself. Integral to my analysis of resilience, then, is the importance of viewing children’s risk in historical context. The current conception of childhood resilience, along with its roots in early psychology studies of children’s coping and competency, is circumscribed by the historical contexts and constructs of children’s risk. Stories of risk permeate the histories of Western childhood and are essential to understanding that risk is neither new, necessarily worse, nor eradicable, nor can notions of resilience replace, reduce, or prevent risk.

Critical educational researchers assert that we can only adequately critique and understand social phenomena if we also understand history (Donmoyer 1997b). Similarly, philosopher Michel Foucault reads history as “the history of the present, of the conditions that make us think now that we are people of a certain kind” (Marshall 1990, 18). Thus, history is re-interpreted through re-writing and re-reading, and is reproduced as much by omission as by commission. The critical study
of history can be a means of explicating the present and the present can be a lens for illuminating the past. In these ways, the history of children’s risk necessarily includes stories past and present.

Perceptions of children’s risk are contradictory, exemplified by the coexistence of childhood historians who perceive considerable social progress in relation to the past—and claim that things have never been better—and child and youth advocates who perceive increasing social distress for young people in the present—and fear that things have never been worse. The former view is based primarily on evidence of progressive improvements in child health, welfare, and education over the past 100 years. The latter view is based on a number of concerns, including common perceptions of public spaces as increasingly dangerous places in relation to children’s health, welfare, and safety, and inaccurate assumptions about decreasing school achievement levels and increasing school dropout rates. Taken together, these opposing perceptions suggest that some things are better and some things are worse. A more apt view of the history of children’s risk, past and present, is the insight that “the paradoxical nature of childhood hardly makes for either a success story or an unmitigated tragedy” (Rooke and Schnell 1983, 390). It is important to keep risk in perspective and to cultivate a historical view that neither demonizes nor romanticizes past, present, and future.

Many of the earlier childhood historians presented histories of Western childhood as linear progress and culminated their studies with claims of improved attitudes toward children regardless

32 See, for example, Children in English-Canadian Society: Framing the Twentieth Century Consensus (Sutherland 1976). Such consensus historians focus on improvements in children’s health, welfare, and education as represented by increasing services, institutions, and professionals.

33 Several of the child advocates whom I interviewed expressed concern about lack of child safety and protection.

34 Overall consensus is difficult to harness concerning the status of academic achievement levels, due to discrepancies in measurement variables (see Baker 1997; Bracey 1997; Stedman 1997a, 1997b). Regarding drop-out rates, see Kelly (1992). Kelly cites statistics indicating that high school dropout rates have been declining steadily in the 20th century (see also Anisef and Andres 1996; Roman 1996).
of the time period examined (Pollock 1983). But Pollock asserts that "it is as much a mistake to claim a 'happy ending' for the history of childhood as it is to claim that the beginning of the story was a 'nightmare'" (58). Children past and present have been both safe and unsafe, adored and abused and, thus, an evolutionary model of advancing childhood has no validity (Shahar 1990). Nor is the opposite view valid in and of itself, a view that idealizes the past as a safe haven for children, one held by some historians as well as by several advocates whom I interviewed. A critical reading of the history of childhood reveals that children’s risk and distress are ever-present, just as the care and nurture of children are ever-present; critical analyses of the history of childhood illustrate that children are always facing both care and harm and that these are intimately intertwined. But what constitutes risk and distress, even care and nurture, as well as resilience, may be constructed differently across time and place. Children’s risk has a history as long as history itself, as does resilience, the latter of which in other times and places might have meant heroism or perhaps stoicism. It is instructive, therefore, to connect current conceptions of children’s risk and resilience with children’s risk and child welfare in English Canada over the past 100 years.

In this respect, increasing attention to risk and resilience today is partly associated with public perceptions of increasing immigration and of immigrants as others, as visible minorities living in


37 For excellent examples of this genre, see Donzelot (1979); Hendrick (1994); Heywood (1988); Pollock (1983); Shahar (1990); Vincent (1982); Wolff (1988).

38 Writing about war, Canadian journalist William Thorsell claims that “we are not as tough as we once were, less stoic in the face of trauma” (1998).

39 Some of my historical citations draw from England, Norway, France, and the United States. These are relevant to the history of childhood in English-Canada in social contexts where Canadian culture is historically associated with, and influenced by, British, European, and American cultures.
disadvantaged circumstances.\textsuperscript{40} This increasing attention is also associated with contemporary constructions of the "dropout problem" and "youth at risk" among disadvantaged adolescents who are posited as threats to society.\textsuperscript{41} In addition, many of the advocates whom I interviewed expressed an impending sense of anomie concerning global economics and its negative effects on educational and employment opportunities for young people in Canada.\textsuperscript{42} Coterminous with increasing social and educational services developed under progressive policies for at-risk children and youth (things have never been better) is the assumption among child advocates and many others that children's safety is increasingly in peril (things have never been worse). This assumption is intensified by the multiplying number of clinical researchers conducting psychometric studies of youth at risk and increasingly classifying and sub-classifying the troubles of young people (Offer and Schonert-Reichl 1992). It is exemplified by a prominent social service provider whom I interviewed:

I think [what] is really tough for kids today is the whole question of safety and I'm not only talking about safety in the family but the feeling generically that society's not safe, that our parks aren't safe, our schools aren't safe, our streets aren't safe. And I'm a little bit worried about it becoming a self-feeding kind of thing. . . . And so I think that the worry about who you can trust, who you can talk to, and all of that, I think that's a real distressor for children these days. [Elspeth]\textsuperscript{43}

These two factors—the measuring and cataloguing of children's risks and abuses and the belief that society is increasingly unsafe for children—are further exacerbated by the proliferation

\textsuperscript{40} According to Canadian immigration tables, the annual rate of immigration has been fairly consistent since 1851 (the year official population statistics began to be recorded). Between 1851 and 1991 the annual rate (based on 10-year averages) was at its highest during the first decade of the 20th century, at 3.04\% of the total population, and at its lowest during the Depression, at .13\% of the total population. The average annual rates were .89\% in the decade 1852–1861 and .55\% (less than 1\% of the population) in the decade 1982–1991. Public perceptions of immigration problems may be distorted when new immigrant groups are more visible due to such differences as skin colour, foreign language, and religious practice.


\textsuperscript{41} See discussion in Chapter Six.

\textsuperscript{42} See discussion in Chapter Five.

\textsuperscript{43} [Elspeth] is a pseudonym. See Appendix A for an explanation of my use of names and pseudonyms and Appendix F for a list of advocates' pseudonyms identified by gender and profession.
of labels describing "kids at risk." These labels include the hurried, distressed, hyperactive, or latch-key child; the disruptive, dyslexic, deviant, or delinquent child; the lonely, divorced, refugee, or immigrant child.\textsuperscript{44} The negative and totalizing impact of risk labels is emphasized all the more by such counter labels as the good, gifted, popular, or successful child and, now, the resilient child. Children and youth today are deemed "at risk" for abuse, neglect, crime, poverty, addiction, dropping out, early pregnancy, and so on. Increased labelling gives the impression that these risks are either new on the social horizon or that young people are more susceptible to danger and disorder than ever before. This impression feeds, and feeds on, a nostalgic view of the past.

Types of risk may shift across time and place, and across class and culture, but children have always been vulnerable to serious forms of risk. Consider, for example, children's health issues: young people today face such life-threatening "diseases" as suicide,\textsuperscript{45} alcohol and drug addiction and overdose, and eating disorders like obesity, bulimia nervosa, and anorexia nervosa. They are also vulnerable to hepatitis and the HIV-AIDS virus, other new and recurring viral and bacterial strains,\textsuperscript{46} and iatrogenic illnesses and environmental threats that are caused by modern advances in medicine and technology, respectively.\textsuperscript{47} That some of these phenomena are partially voluntary and potentially preventable is all the more cause for concern. Dying from childhood diseases, however, was a

\textsuperscript{44} In California, children entering infant and toddler day cares are categorized as "feisty," "fearful," or "flexible" and are placed accordingly. A video titled \textit{Flexible, Fearful & Feisty: The Temperaments of Infants and Toddlers} documents this tracking and streaming of infants and toddlers in select child care centres where feisty children are placed with careworkers who are "good with feisty children," and so on. The video was shown at an advocacy conference [F-950421].

\textsuperscript{45} See White and Rouse (1997) for a comprehensive demographic report on suicide in BC.

\textsuperscript{46} Young people today face such threats as the recurrence of small pox, tuberculosis, and new generations of deadly viruses that are either immune to, or caused by the misuse of, antibiotic drugs (Nichols 1996), as well as neurological disorders caused by environmental (synthetic) chemicals in the food supply that mimic human hormones (Begley 1996).

\textsuperscript{47} Iatrogenic illness and infection are medically caused: "\textit{Iatrogenesis} is the process by which illness, impairment or death results from medical treatment," including such consequences as infections, addictions, electrocutions, anesthesia accident, and unnecessary surgeries (Boston 1984, 556). Most hospitals fight continuous outbreaks of staph (staphylococci) infections that are increasingly resistant to antibiotic treatments. These staph or \textit{nosocomial} infections are not brought into hospitals but, rather, "are produced within the hospital environment and carried by doctors and nurses . . ." (583).
serious and widespread threat to families in the past, one that has been greatly diminished by modern medicine. Children died or suffered from epidemics, starvation, and common birth traumas, as well as from the “misery version” of industrial child labour (Schrumpf 1993, 1995), and from farm and factory accidents involving industrial machinery.

Though factory labour eventually became preferable to farm labour for many rural families during Canada’s difficult transition from an agricultural to an industrial economy, poor immigrants and their children too often met with disaster, disease, and death in the urban ghettos and factories where they came to live and work (Parr 1980, 1982). Industrial and exploitative child labour has been abolished in Canada, but some school-aged children are slowly being re-integrated into today’s technology workforce. Thus, our notions of danger and safety in relation to child labour may need to be reconsidered. Media stories tell of juveniles (mostly boys) now working as software programmers and beta testers, for example, and perhaps we too easily celebrate their precocity, unaware of hazards that may await them. In addition, we are now aware of the abuse and neglect that can befall many child television performers as incidents of their drug addictions, deficient educations, and criminal convictions make the headlines (Bachrach 1996; Gleick 1996).

We are also learning of prepubescent female Olympic athletes (particularly in gymnastics and ice-skating) who train for 40 hours a week and suffer eating disorders, stunted bone growth, and delayed onset of menstruation (Naylor 1995). Such examples suggest a new breed of labour-related child abuses.

As well as child health and labour concerns, there are numerous accounts of adult coercion and sexual abuse of children and youth—past and present—in institutional settings. We know now

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48 In non-industrial societies (hunting and gathering, fishing and farming) children may have been more integrated into adult society, and in industrial societies children may be more segregated from adult society (Berggreen 1988).

49 Knowledge of these consequences are fairly recent, given that the first child television performers from the 1960s and 1970s have reached adulthood only in the last 10–15 years. Some former “child stars” are now acting as mentors to children working in television today. Though there were child stars of film and vaudeville preceding the television era, perhaps it is television itself and the era of mass media that is making the problems of such children common knowledge.
of the abuses of boys and girls in churches, nurseries, day cares, orphanages, reformatories, regiments, sports arenas, and schools for the deaf, as well as in their own families. Historically, children have been deprived and brutalized in Catholic monasteries (Shahar 1990), in British boarding schools (Böhmer 1982), in Native residential schools (Barman 1996), and in Canadian public schools (Curtis 1988). In schooling’s early history many children faced aggravated mental and physical cruelty due to the emotional humiliation and corporal punishment administered by their school teachers (Böhmer 1982). These accounts have surfaced alongside the increasing incidents—or perhaps the increasingly reported incidents—of violence in schools today among young people.

Consider also that today’s children of family divorce in many ways mirror yesterday’s children of family death and desertion, which brings into question received notions of the historical stability of the nuclear family. Moreover, even though the middle class has effectively mythologized the private family as a “haven in a heartless world” (Hareven 1991; Lasch 1977), poor and working-class families past and present have typically been subject to “policing” by the state and its agencies of social control (Donzelot 1979). In this light, consider the “doubleness” of such words as discipline and examination as these have been visited upon the minds and bodies of school children (Hoskin 1990, 51), particularly poor and immigrant school children.

Interacting with perceptions of escalating children’s risk, then, is the increasing surveillance of children and youth deemed at risk. Child welfare practices that largely involve governing children


51 The current debate concerning the causes of violence among children and youth and whether particular kinds of violence are increasing or decreasing can be argued in many different ways, depending on the demographics. Three factors influencing the debate are the role of the mass media in reporting violence, our culture of surveillance and sensationalism, and the exposure of young people to virtual violence in movies, television, videos, and computer games. See, for example, Kinderculture: The Corporate Construction of Childhood, especially the editors’ Introduction, “No More Secrets—Kinderculture, Information Saturation, and the Postmodern Childhood” (Steinberg and Kincheloe 1997, 1–30).
in the lower classes (Rose 1989) are supported by policies that maintain class inequality while promoting equity and equality (Parr 1980). Class inequality informs the make-up of many psychometric studies of children in educational settings, studies that are enmeshed with our history of surveillance. Foucault describes surveillance as a *normalizing gaze* "that makes it possible to qualify, to classify, and to punish. It establishes over individuals a visibility through which one differentiates them and judges them" (Foucault 1977, 184). This normalizing gaze represents the regulation of a *statistical norm* around which those in power judge who and what is normal or abnormal. Among others, it is especially focused on disadvantaged children and youth.

Psychometric and surveillance practices demonstrate the power of education, as educational institutions provide the sites where the surveillance of children most often occurs (Ball 1990, 5). In addition, educational practices of control and classification are "often paradoxically linked to humanitarian rhetoric of reform and progress: streaming, remedial classes, off-site units and sanctuaries, informal or invisible pedagogies" (Ball 4). The objectification of children under the normalizing gaze, with its statistical norm(s), is verified by the increasing attention paid to student profiles and academic achievement levels (4). Professionals engaged in such education-based surveillance strategies construct ever new categories and classifications of children's risk (Marshall 1990, 24). Ultimately, children deemed at risk are labelled competent or incompetent, and now resilient or non-resilient, through a professional practice cloaked in the mystique of science and scientific studies. This practice points to the larger tendency of accepting scientific claims and

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medical treatments as panaceas—as "biological solutions" to social problems (McLaren 1990)—and of locating social problems in targeted groups and pathologized individuals. Economically disadvantaged children and their families are too easily targeted and pathologized through a disturbing model of social intervention that lacks a critical analysis of structural inequalities and that is reminiscent of Canada's earlier eugenics movement (Martineau 1996).

The sorting and disordering of children—measuring, classifying, and labelling—involves aggressive surveillance strategies, albeit carried out with good intentions, in the fields of education, psychology, and child welfare. Today the educational state joins with the "therapeutic state" in the development of social and educational programs that seem only to expand, and do not transform, current institutional approaches to children's risk (Rappaport 1986, 152).

This underlies much of what is called prevention: find so-called high-risk people and save them from themselves, if they like it or not, by giving them, or even better, their children, programs that we develop, package, sell, operate, or otherwise control. Teach them how to fit in and be less of a nuisance. Convince them that a change in their test scores is somehow the same as a change in their life [italics added]. Operating our interventions through the professionally controlled educational and social agencies developed during the progressive era fosters this attitude, because it is consistent with the culture of these settings. Thus, we are consultants, not to people, but to agencies, schools, and other sanctioned social agents. (Rappaport 152)

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54 There have been many epochs when social and physical scientists have explicitly invoked biological solutions to social problems. For contemporary proponents of sociobiology, see, for example, The Inevitability of Patriarchy (Goldberg 1974); E.O. Wilson, Sociobiology: The New Synthesis (Cambridge: Harvard University Press, 1975); Richard J. Herrnstein and Charles Murray, The Bell Curve: Intelligence and Class Structure in American Life (New York: The Free Press, 1994); and Philippe Rushton, Race, Evolution, and Behavior: A Life History Perspective (New Brunswick, NJ: Transaction Publishers, 1994). For an exposé of eugenics, see Our Own Master Race: Eugenics in Canada, 1885–1945 (McLaren 1990).

55 One of the more tragic manifestations of the normalizing gaze in Canada was eugenicism, the social engineering of the poor and "immigrant masses" during the first half of this century. Many came under surveillance as "unfit for breeding" (McLaren 1990), and were tested as "feebleminded" through the use of culturally-biased IQ tests (Gould 1981). Another example of the normalizing gaze occurred in Canada's attempt to solve "the Indian problem" by assimilating and "civilizing" Aboriginal children in Catholic-run residential schools, also during the first half of this century (Barman 1996).


Progressivism has provided the optimistic appearance of progress in terms of reducing children's risk. Also, current resiliency rhetoric holds out the promise of progress in overcoming risk. Examples of risk past and present hopefully succeed in countering one-directional notions of either progress or regress where children's risk is concerned.

Simultaneous notions of progress and regress (each of which holds some validity) reflect the fluctuating perceptions of children's risks, which interact with historical cycles of denial and shifts in focus. For example, poverty has been a serious risk for young people past and present, so much so that contemporary improvements in health and welfare services may actually be providing society with a false sense of security. This fallacy occurs because of the economic instability of the social safety net and the implications this holds for, say, children of single mothers (Brodie 1996). Also, child abuse has been a serious risk for children past and present. Yet there have been fluctuations in perceptions of the occurrence of abuse over the past 100 years due to a variety of circumstances. These include cycles of denial in society generally (Wolff 1988), social workers shifting their attention away from one form of abuse to focus on another (Gordon 1988, 176), and broadening definitions of what constitutes abuse (Greven 1990; Hacking 1995). There is now a perception that corporal punishment, for example, is on the decline in families (Strauss 1995).

Paediatric radiologists “discovered” the battered baby syndrome in the 1950s (Hendrick 1994, 243-6; Wolff 1988, 61, 241). Feminists “rediscovered” child sexual abuse in the 1970s. The crippling effects of verbal and emotional abuse are being acknowledged in the 1990s (Fairholm and Woodhouse 1997). But none of these abuses is new. Repetitive media coverage of child abuse stories is contributing to received notions that risk is on the rise when, historically, “cruelty and

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58 According to a recent report in *Newsweek*, 70% of parents in the USA “spank” their children (M.J. Weiss 1998).

exploitation, loathed by everyone, have been omnipresent” (Hacking 1995, 55). Media-incited public outrage over the deaths of children in care in BC is actually causing an increase in child welfare apprehensions, which in turn is influencing the public perception—again incited by the media—that child abuse and neglect are on the rise. Conversely, the notion that physical abuse and corporal punishment, for example, are in retreat is fomenting a crisis among conservative media, parents, and educators who feel that today’s young people are out of control. A potential right-wing backlash against this perception of, and fear of, parental permissiveness is paralleled by arguments for cutbacks in protective services for abused children (Finkelhor 1994).

Fluctuations in perceptions of excessive punishment and permissiveness have occurred throughout the history of child welfare (Gordon 1988), as have approaches to dealing with young people deemed at risk. Changing approaches are most evident in English-Canada’s own history of “child-saving” strategies, which include religious refuges, public asylums, legislated orphanages, reform schools, legalized adoptions, home foster care, and a variety of social and educational programs (Rooke and Schnell 1983). Inherent in these evolving child welfare endeavours is the “constantly changing criteria of the concept of childhood” (17). One progressive childhood historian concedes that happy and unhappy childhoods, though they may be constructed differently across time and place, and class and culture, are not limited to any particular era (Sutherland 1997, 263–4).

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60 Public outrage in 1996 over the deaths of children either “in care” or “known to the ministry” (then the Ministry of Social Services) was initially incited by the media’s misinterpretation of government statistics. I reached this conclusion after comparing the government’s press release with the Vancouver Sun’s (Beatty 1996) reportage.

61 Physical abuse and corporal punishment are not the same. Physical abuse is always corporal punishment, but the latter cannot always be construed as child abuse. In any case, “physical assault” as an acceptable discipline of children, as currently inscribed in Section 43 of the Canadian Criminal Code, is being legally challenged by a cross-Canada coalition of feminist legal analysts, social activists and researchers, and child and youth advocates and their agencies. The Toronto-based legal aid organization, Justice for Children and Youth: Canadian Foundation for Children, Youth and the Law, is engaged in a court challenge to Section 43 of the Criminal Code. See Ailsa M. Watkinson, “Prohibiting Corporal Punishment: In the Name of the Charter, the Child and Societal Values” in The Management of Values: Organizational and Educational Issues, ed. Samuel Natale (Boston: University Press of America, 1998).

62 For a fascinating account of the first reform school for “wayward girls” in North America, see Brenzel (1983).
It is futile to debate whether past risks were more or less severe or dangerous or prevalent than present risks. Rather, risk is ever-present and subject to change and fluctuation in different historical contexts. Eschewing change for the sake of change (change as progress), it is my assertion that the histories of childhood, child welfare, and children's risk temper panacean notions of teaching resilience and are integral to the critical analysis of childhood resilience. The historical view suggests that child advocates should neither panic, thinking that things have never been worse, nor become complacent, thinking that things have never been better. Nor should policy makers and practitioners assume that all risk or trauma occurs in disadvantaged populations or that all disadvantaged populations are at risk or traumatized. Rather, children's risk, distress, and trauma deserve unwavering attention wherever they occur.

Summary

I have only skimmed the histories of children's risk and accompanying cycles, shifts, and surveillance strategies. They are histories interwoven with the psychological and economic strands of Western individualism, as rooted in tenets of independence and self-improvement. In this vein, the historical context of children's risk and the state-sanctioned surveillance of at-risk children and youth provide a compelling backdrop for challenging contemporary notions of childhood resilience and teaching resilience. Problematic is the slippage from childhood resilience as an anomaly associated with complex trauma to today's construction of resilience as an ideological code for conformity to social norms. In addition, the "promising" uptake of teaching resilience to kids at risk in order to rejuvenate risk programming and program funding is confounded in multiple ways. Child advocates' dedication to helping disadvantaged young people, for example, stands uneasily alongside the call for at-risk children and youth to conform to mainstream norms in the name of resilience. Also, given the targeting of disadvantaged populations for social programming, the failure of such
programs to challenge structural oppression and systemic discrimination is exacerbated by the structural constraints under which child and youth advocates work.\textsuperscript{63}

A range of concerns, then, provide the context for my critical discourse analysis of childhood resilience. Chapter Two sets out my theoretical and methodological framework, in a synthesis of post-structuralism, standpoint epistemology, critical discourse analysis, and narrative and interpretive inquiry. Descriptions of the data collection, data analysis, and data demographics are contained in the Appendixes. Chapter Three goes to the heart of the matter, providing a critical analysis of divergent resiliency discourses emanating from psychometric (statistical) studies and psychotherapeutic (narrative) stories. Here I develop conditional criteria for recognizing resilience, criteria that reinstate trauma as a necessary precursor to resilience. Using these criteria as a critical lens, I outline the political effects of slippages from trauma to risk and from anomaly to social norm in the dominant discourse. My analysis challenges assumptions, integral to mainstream resiliency studies, that childhood resilience can be measured, defined, and taught.

In Chapter Four I more specifically address resiliency traits and assemble various resiliency conditions and characteristics, and research paradigms and perspectives, based on the literature. This assemblage allows me to explore possible intersections between the divergent resiliency discourses and to identify opportunities for dialogue. Chapter Five explicates the advocates’ focused interviews on children’s risk, childhood resilience, and teaching resilience. Here I interpret advocates’ perceptions of resilience in the context of their personal and professional experience, the structural constraints on their advocacy practices, and the politics of teaching resilience to kids at risk in inner-city schools. The final Chapter Six reviews the slippages in the resiliency discourse, and includes a brief overview of current critiques of risk rhetoric, some of which are now problematically taking

\textsuperscript{63} Such systems, of course, are continually being challenged by socialist feminists and other social critics. The point is, they are not challenged by social and educational programs intended to help individuals overcome systemic disadvantage.
up resilience as a panacea for risk. It also includes the advocates' rearticulation of social and educational programming, and their visions of the social roles of teaching and schooling, relevant to children's risk and resilience.

Problematizing resilience sets the stage for a critical discourse analysis of childhood resilience and the politics of teaching resilience to targeted populations. It also recalls my opening questions: What is childhood resilience? Can resilience be taught? What constitutes risk, and who are those being categorized as kids at risk? Why are inner-city schools targeted for teaching resilience? Easy answers will not suffice. Notwithstanding the good intentions and grave concerns advocacy professionals hold for the plight of children facing severe risk and trauma, problematizing resilience causes me to raise a more complex set of questions.

Is the rise of interest in resilience an unexamined reaction to perceptions of escalating risk, perceptions caused by, for example, excessive mass media coverage and the proliferation of psychometric studies? Do competing interests for research and advocacy funding override the politics of teaching resilience to targeted risk populations? Is resilience just another name for risk in terms of social and educational programming that escalates the surveillance and social control of systemically disadvantaged populations? Is "teaching resilience" a call for disadvantaged children and youth to conform to the social norms of the dominant society by participating in programs that do not challenge the reproduction of systemic inequality? Problematizing the resiliency discourse in these ways is my bid, in the words of cultural anthropologist Ernest Becker (1973), to fashion something and make an offering of it, so to speak.
2. THEORY AS METHOD: A MATTER OF INTERPRETATION

Look to the essence of a thing, whether it be a point of doctrine, of practice, or of interpretation.¹

UNDERTAKING A CRITICAL DISCOURSE ANALYSIS OF CHILDHOOD RESILIENCE is, theoretically and methodologically, a matter of interpretation, and a matter of multiple interpretations. As a social researcher I am interpreting the interpretations of others, sifting professional discourses and personal narratives through the filters of my social location, life experience, and analytical perspective. My critical analysis of childhood resilience produces a “representation of knowledge” constructed from a politics of positionality that strives to make strategic use of my location, experience, and education (Skeggs 1995, 18).² It also considers the positionality of resiliency researchers and child and youth advocates. Identifying my own positionality in the research process—illuminating what motivates me, for example, to analyze childhood resilience, to undertake discourse analysis, and to interview professional advocates—follows the feminist insight that all knowledge is “socially situated knowledge” (Haraway 1991; Harding 1991).³


² Citing G.C. Spivak, “Strategies of Vigilance,” Block 5 (1985): 5–9. The “politics of positionality” refers to the relationships among our social locations, subject positions (say, as researcher), and personal experiences. “Positionalities are part of a constantly shifting context in a nexus of overlapping conditions such as economic, institutional, discursive, cultural” (Skeggs 1995, 18), citing L. Alcoff, “Cultural Feminism Versus Post-Structuralism: The Identity Crisis in Feminist Theory,” Signs 13.3 (1988): 405–56.

But (my) research is no more wholly subjective than it could claim to be wholly objective. Rather, I do aspire to strong objectivity, linking situated knowledge with critical analysis in the pursuit of making “the most objective knowledge claims” (Harding 1991, 142). Strong objectivity resonates with the call for accountability in Haraway’s insistence that one’s social location be explicit and specific to the production and representation of knowledge (1991, 111). This interaction between the research and the researcher (and the researched) is a complex process. I both influence, and am influenced by, who and what I research. Just as my positionality influences the research, so the research “impinges upon the subjectivity of the researcher. . . . Their research is deeply located in their lives” (Skeggs 1995, 11), a claim to which I attest in the case of researching resilience.

I have been careful not to see resilience only through my own experience, having learned much about what resilience is and is not through the personal and professional experiences of others. No single experience of resilience can be sufficiently representative, because “experience is at once always already an interpretation and in need of interpretation” (Skeggs 1995, 17). Neither the researcher nor the researched can be reduced to their personal experiences when larger political processes act in producing their positionalities. Nor does anyone’s research represent a single reality (or ultimate truth), for “reality it seems is a text, subject to multiple interpretations, multiple readings, multiple uses” (Apple 1991, vii). This otherwise unruly interpretive process can be both informed and tempered by standpoint theory (discussed below), a move that “destabilizes the modern-post-modern binary divide” between materialism and interpretivism, respectively (Barrett

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In this respect, the production and the interpretation of text always occur in sociopolitical context.

**Feminist Standpoint Epistemology**

Standpoint theory is not reducible to egocentricity, to *the truth from where I stand*. Rather, it includes and legitimates personal history by emphasizing the connections between social location and life experience. Occupying these connective spaces are larger political processes—social forces and relations of power—that act to influence our production of knowledge and produce our positional politics. In this sense, our “lives shape and are shaped by the social order” (Griffith and Smith 1991, 83). In other words, I am not only female and, therefore, vulnerable to and gendered by sexism, but I am also White and, therefore, immune to but implicated in institutional racism in Canadian society. I not only have personal experience of risk and resilience, but I choose to study risk and resilience as a social researcher. My positionality—my personal and political narratives—intertwine with other narratives in the research on, and representation of, resilience.

My personal interest in analyzing resilience is circumscribed by witnessing and experiencing escalating abuse and trauma during childhood and by dealing with the effects of complex trauma during adulthood. These two life-defining periods underwrite my becoming a mature university student and doing critical social research on children’s issues. I started graduate studies intending to conduct research on the prevention of child abuse. As a result of preliminary research, however, I became disenchanted with the ideology of prevention. Instead, my studies in feminist theory and critical ethnography persuaded me to undertake an ethnographic study of child abuse prevention programs in school settings. But then I attended the advocacy conference where I first heard the
phrase “the resilient child.” I was both captured by its resonance with my experience and attuned
to the problems its interpretation represented.

For the next four months the word resilience rolled around in my mind. Was I resilient? Did
I fit the characteristics of resilience? Where did risk leave off and resilience begin? I asked others,
“Are you resilient?” “What do you think resilience means?” This is how my research started: from
personal experiences, questions, and observations, and from discussions with friends, relatives, and
colleagues. In addition, I was cognizant of the totalizing effect of labelling children: the abused
child, the at-risk child, the distressed child, and now the resilient child. I doubted that resilience was
measurable and teachable, doubted that it was a fixed set of traits or a permanent state of being,
doubted that if you were resilient you were not at risk and vice-versa. I decided to change my thesis
topic from child abuse to childhood resilience.

My desire to research childhood resilience reflected a strong sense of knowing about risk and
resilience. Wanting to research child abuse prevention programs had come from a safer, more
distant and impersonal place, whereas changing my thesis topic to childhood resilience beckoned
from deep inside, from that place of experience. Perhaps this change reflected a personal and
societal shift away from victimhood toward the more agency-oriented status now being attributed
to children in distress. During a preliminary review of the dominant literature on resilience, my
critical feminist reading signalled several problems with the abstract nature of quantitative
psychology studies involving groups of children being tested and observed in controlled settings.
For example, such studies did not recognize children’s diverse coping mechanisms in different social
and cultural environments. Given this diversity, the emphasis on conformity and behaviour
modification coupled with targeting inner-city children and youth was deeply troubling. Also,
empirical findings from one particular group of at-risk children were being generalized to other
groups of at-risk children, across class and cultural lines. Moreover, I noticed that the child advocacy community in general was taking up childhood resilience as a panacea for risk.

I had been active in Vancouver's child advocacy community for several years, which complemented my interest in child abuse and child abuse prevention programs. Particularly in relation to my graduate studies, I hoped from the outset that my involvement would be mutually beneficial—that I might contribute to the advocacy community as a volunteer and as a researcher and that the advocacy community might become a resource and a network for my research interests. Several professionals in this community were talking about resilience. My personal sense or claim of knowing about resilience, my critical reading of childhood resilience in the literature, and my entrée to the child and youth advocacy community all reinforced a resolve to study resilience.

Now my social location comes fully into play. I am White, female, middle-class, and was born in 1945, all of which frame my experiences and opportunities. For example, my childhood abuse revolved around my being female. Because I was a girl and my parents were middle-class, I was not believed when I asked adults for help and, because of the era, there were no social services readily accessible to children. But because I was White, middle-class, and English-speaking, I would have access to many resources in adulthood (employment, counselling, education), which I vigorously pursued. I had been at-risk for a number of problems, not the least of which was school failure, and I exhibited a roster of serious risk and trauma behaviours for years to come.

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6 The "reasons" for, the messages in, and the methods of, abusing boys and girls are highly gendered (and classed), and they can be dramatically different depending on the gender socialization of both abused and abusers (Martineau 1993).

7 I asked for help four times in adolescence and each time was blamed and silenced. The last time was at age 14 when I dialled the telephone operator in the middle of the night and whispered, "Is there someone who helps children?" She told me not to play with the phone and disconnected the line. I was absolutely devastated. Countless experiences of blaming and silencing are well documented. See, for example, Herman (1992), L.J. Kaplan (1991), and Miller (1983, 1986). I have heard several first- and second-hand stories of women who grew up in the same affluent community and who endured family incest and violence alone and in silence. A friend from the same community recently confided that as young as ages five and six (in the 1950s) she was calling the police to her violent, alcoholic home and time and time again they did nothing.
In my own case, being abused and traumatized were inseparable from being actually in-risk and potentially at-risk as well as being resistant or resilient or rebellious. I do not see how anyone could have accurately determined that I was either at-risk or resilient. In any case, I was determined to graduate from high school, despite indescribable distress and despair, so that I could get a job, leave home, and be financially independent. I barely scraped through high school and began working as a secretary. My middle-class background, coupled with my increasing skills and abilities—honored on the job—ensured that I would always find office employment. Through work I discovered that I was competent and trustworthy, I interacted with people in positions of power and prestige, and I pursued my career as the stabilizing force in my life.

By the time I began university, at age 43, I was not intimidated by people in power. This position figured prominently in my decision to “study up” the hierarchy even before knowing exactly what my thesis topic would be. While studying critical ethnography, I became uncomfortable with the imperialist mandate of emancipating less powerful others from their “false consciousness” and decided not to “study down.” Rather, I was interested in researching the perceptions of people in positions of power and investigating the assumptions influencing their policies and practices. My research is more accurately described as “studying across,” however, reflecting the shared goals and social locations of myself and those in my study. That I am undertaking a critical discourse analysis and primarily studying across are most strongly influenced by the nature of my education and by my experience as a mature student, respectively. The specific topic of childhood resilience captured my

8 Being resistant and rebellious can be life-saving, as can be conforming and complying, in abusive situations that might also push a young person to harm themselves or others. Such behaviors do not inherently signal the absence or presence of something called resilience. I use the term “resilient” tentatively.

9 The terms studying up and studying down are of course, too simplistic. Multiple relations of power—ranging from powerful to powerless—exist within and among groups. I refer to studying up to indicate people in positions of power but, in fact, my research is predominantly “studying across,” since researcher and researched occupy similar positions of social privilege (if not power) and we have shared goals concerning the well-being of children and youth.
attention because it fit with my personal experience, my interest in studying up and across, my access to the child advocacy community, and my preference for critical theory and qualitative research (in particular, fieldwork and interviews).\footnote{10}

\textbf{Critical Discourse Analysis}

With these pieces falling into place, I was drawn to the possibility of undertaking a critical discourse analysis of childhood resilience. I perceived critical discourse analysis as the analysis of text and understood it to include “the ‘interpretive praxis’ . . . that is deconstruction” (Lather 1991, 13).\footnote{11} Interpretative praxis resonates with the insight that knowledge is not foundational but, rather, socially situated. Interpretive praxis requires self-reflexivity in “a dialectical process among ‘(a) the researcher’s constructs, (b) the informant’s commonsense constructs, (c) the research data, (d) the researcher’s ideological biases, and (e) the structural and historical forces that informed the social construction under study’” (J.K. Smith 1993, 112).\footnote{12} In addition, interpretive praxis as deconstruction is a strategy of displacement that disrupts dualism:

The goal of deconstruction is neither unitary wholeness nor dialectical resolution. The goal is to keep things in process, to disrupt, to keep the system in play, to set up procedures to continuously demystify the realities we create, to fight the tendency for our categories to congeal.\footnote{13} . . . As the postmodern equivalent of the dialectic, deconstruction provides a corrective moment, a safeguard against dogmatism, a continual displacement. (Lather 1991, 13)

\footnote{10} I disagree with the adage that the research question(s) dictates research design. That researchers call themselves ethnographers, demographers, statisticians, and so on indicates that they at least partially seek out or are drawn to research topics and research questions that fit with their preferred methods and personal interests. Surely, then, the process between research and researcher is interactive. Because I preferred social critique, focused interviews, and studying across, these preferences influenced how my research questions were formulated and the selection of those who would be interviewed.

\footnote{11} Citing G. Douglas Atkins and Michael L. Johnson, \textit{Writing and Reading Differently: Deconstruction and the Teaching of Composition and Literature} (Lawrence: University of Kansas Press, 1985) 2.


Dualism is defined by its logical structure of dichotomy and hierarchy between two actual or supposed oppositional entities, where one is posed as superior and the other is "systematically and pervasively constructed and depicted as inferior" (Plumwood 1993, 47). Dualism occurs, for example, in the reification of resilience (where resilience is fixed and favoured as this and not that), with the inevitable depiction of a "non-resilient child" as the inferiorized other. This dualism between resilience and non-resilience is now appearing in psychometric studies. One such study depicts adults with histories of childhood sexual abuse, for example, who are categorized as either resilient or non-resilient based on measuring their current levels of depression (Liem et al. 1997).

Lather systematically deconstructs dualism by dismantling the hierarchical construction of binaries, then identifying the negative term as the very condition of the positive term (e.g., the notion of resilience exists only in relation to notions of at-risk and non-resilience), and identifying the complex interactions between seemingly binary terms (1991, 13). Drawing on structuration theory, there is a distinction to be made between this structure of dualism and the duality of structure, the latter recognizing the interaction between political structures and social systems, where social systems "comprise the situated activities of human agents" (Giddens 1994, 25). I make use of duality and dichotomy in my analysis, not to reconstruct dualism (dichotomy and hierarchy) but to explore possible interactions between dualities and differences. As Plumwood states: "Clarifying the logic of dualism helps to clarify too why a dualism is not the same as a dichotomy, and why we do not have to, and should not, abandon either dichotomy or difference in order to avoid dualism" (1993, 55). Instead, we can understand dichotomies as dynamic (Cummins 1997, 413).

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14 In logical or classical dualism, the superiorized one and the inferiorized other are expressed as a, not a, respectively. The inferiorized other is identified only by what it is not in relation to what is, not warranting its own properties.

15 The reification of resilience is discussed in Chapter Three.

Jacques Derrida provides the concept of *différance* to expand the identification of difference in the deconstruction of dualism. *Différance* not only displaces binary oppositions without denying difference but “offers a way of talking about . . . difference in terms of multiplicity and plurality rather than hierarchy” (Hekman 1990, 110).\(^{17}\) Thus, any notion of a dualism between, say, resilience and risk (which would presume that those at-risk are inferior and non-resilient) is challenged by the possibilities of multiple resiliencies (without resorting to resiliency relativism) rather than degrees of resilience (or, say, degrees of trauma). Derrida’s deconstruction is an *intervention* that comprises a radical activity of social and political displacement (164).\(^{18}\) More than a disruption of binary oppositions (between, say, risk and resilience or resilience and non-resilience) and the displacement of text and talk, Derrida seeks to transform that which is being deconstructed (Elam 1994; Spivak 1994). Thus, deconstructing the resiliency discourse challenges the hegemony of quantitative scientific studies, and including qualitative life experiences disrupts the reduction of resilience to a prescriptive set of behaviours that conform to mainstream norms.

Critical discourse analysis is a complex task of deconstruction and interpretation. Discourse is itself complex, consisting of words and statements recurrent across texts, including written, spoken, symbolic, and other “identifiable systems of meaning [italics added] and fields of knowledge and belief that, in turn, are tied to ways of knowing, believing, and categorizing the world and modes of action” (Luke 1995–96, 15).\(^{19}\) Text and talk merge into discourse; for my practical purposes, however, the resiliency literature constitutes text and the interviews constitute talk (though talk is


text). Discourses operate with “different degrees of unity and disunity and at different levels of specificity” (15). Several texts make up resiliency discourse, such as social competence, effective schooling, and trauma recovery. Within resiliency discourse I have identified dualities of expert and experiential knowledge, formal and informal meanings, quantitative studies and qualitative stories, and so on. Discourses not only invoke systems of meaning, they signify “the system of relations [italics added] between parties engaged in communicative activity” (Apple 1991, vii). The dominant childhood resiliency discourse is an adult discourse; the talk of resilient-identified children who have been observed and measured by child psychologists is absent from the text.

In discourse analysis, text is “language in use,” any instance of written and spoken language that has coherence and coded meanings” (Luke 1995–96, 13). Texts represent the human production of social meanings and social relations (13). Texts are “communicative” acts and articulations (W.J. Harker 1992, 1–2). Another facet of discourse analysis is intertextuality. Intertextuality depicts the interactions that occur between texts, between written and spoken texts, where talk becomes text. Texts are always indexing other texts, such that “any text exists in a constant state of multiple references to other texts” (2). Texts are not discrete or isolated entities. Intertextuality denotes interactions—explicit and implicit—across and within multiple texts.

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20 As explicated in Chapter Three, there are dominant and subordinate resiliency discourses.


24 Derrida has claimed that “there is nothing outside the text,” a statement reiterated by Barrett (1992, 209), Luke (1995–96, 40), and other post-structural theorists. Barrett reminds us that Derrida’s statement is not to be taken literally, that he meant there was no meaning outside of discourse, that only through discourse (through systems of rules and conventions) does, say, a spherical leather object become a football. Barrett is citing Ernesto Laclau and Chantal Mouffe, “Post-Marxism Without Apologies,” New Reflections on the Revolution in Our Time, ed. Ernesto Laclau (London: Verso, 1990) 100.
I take up intertextuality as both the actual interactions and the potential intersections between resiliency texts. In light of this intertextuality, I resist identifying one resiliency discourse because of the diversity of texts and the relevancy of resiliency texts excluded from the dominant resiliency discourse. The dominant discourse emanates from the privileged position of scientific research and expert knowledge. This discourse subordinates experiential knowledge, leading me to posit the potential intertextuality between expert and experiential knowledge as the deconstructive seeds of an oppositional discourse (see Chapter Four). Thus, the intertextuality of text and talk is also about voice, about who gets to speak. It is about relations of power as “discourses of power” (Barrett 1992, 215). As such, discourses are influenced by “the political contexts in which we speak and work” (Apple 1991, vii).

Intertextuality includes interplay across talk and text and across smaller and larger events. Smaller events, such as individuals sharing stories, interact with larger events, such as broadcasts, publications, and conferences that disseminate information to general audiences and special interest groups. Through these systems of meaning and relations, a growing number of participants may enter into the discussion and influence the discourse. Intertextuality involves the interactions among “reading and writing and listening and speaking,” and these invoke and depend upon “repeated and reiterated wordings, statements, and themes that appear in different texts” (Luke 1995–96, 13). Thus, discourse is not merely a manner of speaking, but a matter of interpretation, such that “texts are actually lodged within other texts and may intertextually index each other” (13) in the process of discourse. Through intertextuality, discourse is the political context in which we make meaning.

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The making of dominant discourses is lodged in the values, powers, politics, and economics of the dominant society. The dominant resiliency discourse serves its hegemonic function as an ideological code for conformity to mainstream norms, the principal effect of which is "to establish itself as a form of common sense, to naturalize its own functions through its appearance in everyday texts" (Luke 1995–96, 20).26 Critical discourse analysis offers a means of disrupting hegemonic interests articulated as common sense (20).27 Because hegemonic interests have economic effects, the "disarticulation" of the mainstream discourse of resilience as social norm necessarily includes a critique of the political and material effects of its dominant texts.

**Post-Structuralism**

Post-structural discourse analysts posit that discourse is both constructed and constructing.28 The constructing character of discourse "actually defines, constructs, and positions human subjects" (Luke 1995–96, 8). Derrida’s claim that "all knowledge is discursively apprehended" (Barrett 1992, 209),29 together with Foucault’s insight that discourses "systematically form the objects of which they speak" (Barrett 202; Luke 8),30 inform discourse as both constructed and constructing. But discourse cannot be reduced to construct alone, nor can discourse be merely deconstructed, because our social constructs have material contexts and consequences.

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28 The terms "post-modernism" and "post-structuralism" are confusing because they are used interchangeably and inconsistently across texts. Because I think that post-modernism refers more to a period in time and that post-structuralism refers more to a strategy of analysis, my terminology generally denotes post-structuralism as it pertains to discourse analysis in the post-modern era.

29 No in-text citation provided; it could be Jacques Derrida’s *Writing and Difference* (London: Routledge, 1978).

30 Citing Michel Foucault, *The Archaeology of Knowledge* (London: Routledge, 1989) 49. In *The History of Sexuality, Volume I*, Foucault analyzes how phenomena are “put into discourse” through the power-knowledge complex (Foucault 1978). He discusses, for example, the construction of 19th-century hereditary based on the eugenic belief in the heredity of sexual perversions, when the perversions themselves were discursively constructed. Similarly, the construction of resilience as norm depends upon the construction of values and behaviours that constitute the "norm."
Deconstruction tends to come from the camp of "extreme social constructivists [who] fail to provide . . . a 'rich and robust picture' of human life" (Hekman 1990, 140). In other words, constructivists like Foucault leave the impression that "reality" is wholly constructed, that deconstruction allows no essential subject or object, and that our subjectivity and our relations of power are created solely through discourse (69). Derrida, too, can seem to reject any possibility of essentialism (107–8). It is useful to both dismantle the structure of dualism (dichotomy and hierarchy) between constructionism and essentialism and retain their duality of structure (interaction of dualities). Recognizing the co-inherence between constructionism and essentialism facilitates understanding necessary connections between post-structural discourse and structural materialism.

Co-Inherence of the Essence-Construct Binary

Holding to post-structural theories of duality, discourse, and différance, and resisting notions of pure construction or deconstruction (and their abysmal drifts), requires attention to materialism and essentialism. Here I draw primarily on Diana Fuss's (1989) concept of the co-inherence of the essence-construct binary and Michèlle Barrett's (1992) explication of the tensions between discourse theory and structural materialism, respectively. The notion of pure constructionism pits essentialists against anti-essentialists and re-invents the age-old nature-nurture debate. But many social theorists posit that oppositional entities exist only in relationship (Eisler 1987; Giddens 1994; Marcuse 1964). Fuss articulates the strengths and weaknesses of both constructionism and essentialism and so moves from positioning one over the other to destabilizing the "essence-construct binary" (1989).

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32 Among other theorists, Riane Eisler contrasts the ranking of differences with the linking of differences, Hebert Marcuse theorizes the reconciliation of oppositions, and Anthony Giddens articulates the interdependence of dualities.
Fuss's thesis provides a model for the possible co-inherency between any set of binary oppositions, and I use it explicitly for this purpose.

Fuss argues that "essentialism is essential to... constructionism" (1989, 1), while "there is no essence to essentialism" (4); rather, we construct the essential based on our perception of the real. Fuss challenges the essentialist-constructionist binarism by positing that what we perceive as real (as essential) informs our constructions of the social. This insight has particular implications regarding descriptions of resilience that depend upon either temperament or environment and, therefore, regarding questions about whether resilience is innate or whether it is teachable. Using John Locke's distinction between real essence and nominal essence, Fuss explains the former as irreducible and unchanging and the latter as a "classificatory fiction we need to categorize and to label" (4).\(^{33}\) Nominal essences represent real essences, based on our perceptions and interpretations of the real. Gayatri Spivak also speaks of the "irreducibility of essences," the "necessity of essentialism," the "impossibility of anti-essentialism" (1994, 159, 162). Pure constructionism (as anti-essentialism) is critiqued as dogma by feminists who "take the risk of essentialism" (Fuss 1989; Schor 1994, xvii; Spivak 162). I seek to transform the discourse on resilience by attending to the usefulness of essentialism (Spivak 157) and by making the familiar unfamiliar (Clifford 1988; Spivak 1994). As Derrida proposes, this involves a re-reading of text and talk; in fact, a rewriting of resilience.

Teresa de Lauretis takes up the same argument as Fuss, also drawing on Locke's distinction between real and nominal essence "to the effect that the essence of a real entity... is either unknown..."

\(^{33}\) Citing John Locke, *An Essay Concerning Human Understanding* (London: Printed by Elizabeth Holt for Thomas Bassett, 1690). The allusion to fiction resonates with theories of personal narrative, in which fact and fiction co-inhere. This phenomenon is discussed later in this chapter relevant to the life histories of resilient-identified adults.
or unknowable” (de Lauretis 1994, 3). Nominal essence, then, reflects our notions of essentialism, which in turn informs constructionism, which in turn informs essentialism through the construct of nominal essence, ad infinitum. Essentialism had traditionally been defined to deny difference, especially différence, whereas Fuss identifies the “differences within essentialism” (1989, xii). There is no essential woman, for example, but there is something essential about women; the same format can be applied to childhood resilience. Equating essentialism with différence informs Fuss’s claim that there is no essence to essentialism and that “constructionism (the position that differences are constructed, not innate) really operates as a more sophisticated form of essentialism” (xii). The co-inherence of the essence-construct binary provides a judicious paradigm for embedding the interplay of such polarities as nature-nurture (or temperament-environment) in notions of resilience.

Fuss’s post-structuralist perspective expands upon the duality of structure, such that polar entities not only interact but may also co-inhere. Not engaging this interplay looks something like this: on the one hand, scientific studies of childhood resilience act to reify resilience, and to enter into this resiliency discourse is to co-commit the “error of reification;” on the other hand, to so privilege deconstruction that the notion of resilience is stripped of material reality and nominal essence is to commit the “error of nihilism,” an act of negation. Just as positivism and modernism

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34 de Lauretis offers two versions of essence. The first is essence as “absolute being, . . . [as] the reality underlying phenomena,” the version under attack by postmodernists. The second version is Locke’s analysis that essence constitutes both the real and the nominal: here, the real entity is a “thing-in-itself,” has intrinsic nature, is either unknown or unknowable; the nominal or conceptual entity has properties, attributes, and elements without which it would cease to be the thing-in-itself (1994, 2–3), citing Locke’s Essay on Human Understanding (1690). Our construction of nominal essence is based on our assumptions about real essence. For example, we construct gender based on what we perceive to be real or natural attributes of sexual difference; deconstructing gender cannot dismiss gender or sexuality or difference. The same holds for resilience; constructing and deconstructing resilience cannot negate the essence or the construct of resilience.

35 These “errors” are adapted from Sonia MacPherson’s discussion of her dissertation in progress (UBC, Faculty of Education, Curriculum Centre) on Buddhist and Western thought in educational praxis. She writes via e-mail [F-981007]:

Buddhist thought posits the co-existence of two equally valid truths and equally existent realities—conventional and ultimate. The conventional reality or truth is that of appearances—the play of the everyday we might say. This is “where” compassion, ethics, and existence are upheld. The ultimate is reality deconstructed. To sacrifice the former (conventional reality) is to commit an error of nihilism, while to sacrifice the latter (ultimate reality) is to commit an error of reification.
are accused of reification, so postmodernism is accused of nihilism and relativism (Hekman 1990, 163). A critique of the error of nihilism occurs in Robert Scholes' view of deconstruction: "From the heights of deconstruction we are given a glimpse into the bottomless abyss of textuality, a vertiginous perspective in which constructs are erected upon constructs, without foundation and without end" (Elam 1994, 23).36

Though deconstructionist Derrida is himself accused of nihilism in his seeming rejection of essentialism, he actually analyzes binary oppositions "not as polarities but as two confused elements that inhabit [italics added] each other" (Hekman 1990, 171), consonant with Fuss's model of binary co-inherence. Rejecting dualism does not mean binary structures are abandoned to postmodernism (Barrett 1992, 208). Adhering to the interaction of dualities and the inhabitation of binaries—to the co-inherence of the essence-construct binary—has powerful implications for critically analyzing the resiliency discourse(s). Deconstructing dualism is an act that dislodges dominant discourses and recognizes subordinate discourses. Viewing resilience through the lens of pluralism (différance) and not dualism allows for multiple, but limited, manifestations of resilience that adhere to criteria essential to recognizing resiliency.37

*Structural Materialism*

The interpretive move from dualism to duality informs a similar shift from structural determinism to structural materialism, such that the duality of structure undoes structural determinism. Just as the hierarchical structure of dualism is one-directional, so is materialism when it is construed as structural determinism. Structural determinism does not acknowledge individual

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37 These criteria are developed in Chapter Three.
and collective agency, assuming instead “a determining ‘social structure’ on which culture and beliefs, as well as subjectivity and agency, rest” (Barrett 1992, 209). Without dismissing the importance of structure, it is more the case that human agency and life experience *interact* with social systems and social structures. However,

post-modernist arguments . . . have produced a tendency to shift the central theoretical concept away from ‘structure’ into ‘discourse’ . . . [as] represented in the increasing significance of Foucault rather than Marx in social theorizing. The consequences of this are to conceptualize power as highly dispersed rather than concentrated in identifiable places or groups. (Walby 1992, 48)

The surface impression is that poststructuralism dismisses and replaces structuralism, that analyzing the dispersal of power-knowledge through discourse negates critiquing the hegemony of power-knowledge directed by particular groups toward the oppression of other groups. But the poststructural foregrounding of discourse does not dismiss structural materialism; instead, it disrupts structural determinism (A. Jones 1997, 263–4). In this regard, discourse is not just text and talk; it is speaking and writing within social and political relations, such that “one cannot dissociate discourse from a social context where relations of power and knowledge circulate” (Bell 1993, 42).

Instead of post-structuralism (and its discourse analysis) dismissing structural materialism, it is more the case that materialism needs to be reconceptualized, since both constructionists and essentialists threaten to annihilate structural materialism. Constructionists do so in the move from structure to discourse, while essentialists do so by positing difference as innate and immutable. Fuss reinstates materialism as “a complex system of cultural, social, psychical, and historical differences, and not a set of pre-existent human essences [that] position and constitute the subject” (1989, xii). In this way, just as duality must not be abandoned in the dismantling of dualism, neither should materialism be surrendered to “the political limitations of post-modern perspectives” (Barrett 1992, 216). Critical discourse analysis involves an alternative and interpretive reading that includes the analysis of power relations between observer and observed and how these construct “particular

The Cultural Deficit Model

As stated in my introductory chapter, the dominant discourse of childhood resilience is bound up with risk rhetoric. One text that influences and illuminates the material effects of how risk and resilience are constructed (and by whom) is that of cultural deficit. The cultural deficit model informs the politics associated with teaching resilience to “kids at risk” in inner-city schools. It attributes children’s school failure to cultural (and familial) inadequacy. Moreover, it has been posited that the term “at risk” is simply a way to resurrect the Cultural Deficit Model in more acceptable language.38 . . . “[At-risk] has also taken over from such descriptors as disadvantaged, low SES, underachieving, problem children; terms that describe populations of students for whom schools traditionally have been less than successful.” (Pianta and Walsh 1996, 50)39

Risk rhetoric and the cultural deficit model rationalize targeting children in immigrant and impoverished populations. Targeting is informed by the disparity between dominant and subordinate resiliency discourses—quantitative studies and qualitative stories, respectively—and the shifts from anomaly to norm and from trauma to risk. These shifts occur in the dominant discourse, which excludes the voices of experience and their personal narratives of risk and resilience.

Narrative Analysis

Critical discourse analysis inherently includes a “processual analysis” that draws on case histories and personal narratives to show “how ideas, events, and institutions interact and change through time” (Rosaldo 1989, 92–3). In particular, such an analysis would look at how the term resilience has emerged and evolved, particularly in its relation to the politics of children’s school


failure and academic achievement. Processual analysis summons the interpretive, the narrative, the “social drama.” It is study more deep and particular than broad and universal and it resists “frameworks that claim a monopoly on truth” (93–4). My privileging of deep narrative stories over broad statistical studies requires explanation. This privileging is due, first, to an informed preference for narrative and experience over numbers and expertise when researching human emotions and, second, to the particular discrepancies between narrative and statistical renditions of resilience. My personal experience with risk and resilience attracted me to the subordinate, “non-scientific” literature on resilient-identified adults (stories that emerge from psychotherapy). That my own history so resonated with these auto/biographical stories influenced my analysis of the “scientific” literature on resilient-identified children (studies that come out of the psychoanalytic tradition). But this does not mean that life histories can be taken as truth.

Published life histories have undergone multiple interpretations by subjects, therapists, editors, and even readers. They bear multiple “cuts and sutures” concealed behind their cohesive representations of knowledge (Clifford 1988, 146). Our personal narratives serve to assimilate fragmented lives, to make sense of life experiences, and to integrate conflicts and incoherencies

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40 The terms story, narrative, and discourse have both synonymous and disparate meanings. I characterize discourse as political, narrative as more cultural (shared narratives), and story as more personal, but they also interact individually and collectively on these multiple levels.

41 This preference points to the complexity of human emotion and experience, which cannot be reduced to statistics. This is not to say that statistical analyses are not informative or that particular studies do not lend themselves to quantifying human opinion and experience. But statistical studies by themselves cannot convey the nuances and textures of human lives over time. Concerning childhood resilience, qualitative stories provide a powerful challenge to quantitative studies.

42 Psychotherapy is associated with an inductive, qualitative perspective, whereas “psychoanalysis has a history of being one of the most ‘reductive’ of perspectives, in that its strong explanatory claims, exclusion of other factors and incipient theoretical universalism are legendary . . .” (Barrett 1992, 214). These distinctions are addressed in Chapter Three.

43 As a researcher I am cognizant of not letting my personal experience overrule strong objectivity in my research. Given the interpretive nature of personal narrative, the fact that my own story so resonates with published accounts of resilience—accounts that are themselves coherent across texts—lends some crediblity to experiential knowledge of resilience (in my eyes). Of course, published accounts are selected and edited by therapists invested in presenting a cohesive picture of resilience. This both reiterates narrative as interpretive and ensures that I do not negate the quantitative studies.
(Steinmetz 1992). One philosopher interprets personal narrative as individual identity, as a dynamic life story akin to historical fiction: One’s story is always being mediated between fact and fiction, such that self-identity interacts with self-interpretation (Ricoeur 1991). Clifford would have all such cuts and sutures visible as collage, particularly within the research process itself; such assemblages might reveal the “constructivist procedures” of selecting the particular voices, versions, and visions that constitute our interpretive stories (1988, 147). I can only hope there is some such transparency in the ensuing chapters.

My thesis is itself a text, entered into as part of a dynamic and oppositional discourse that may be transformative in some small way. It is also subject to narrative analysis, in that “stories often shape, rather than simply reflect, human conduct” (Rosaldo 1989, 129). Other texts requiring narrative analysis (within my text) include those championing children’s invulnerability to trauma, those making academic achievement the main marker of resilience, and those proclaiming that all children and adolescents are at risk. Such narratives shape social policy around risk and resiliency issues. These larger cultural and institutional narratives also interact with personal narratives to ideologically influence the “narrative identity” of young people. Who is identified as at risk, for example, and who gets identified as resilient? Where and when does this identification of children and youth occur, and by whom?

In my processual and narrative analysis I am mediating among divergent bodies of knowledge so as to perform a gestalt on the discourse (Nielsen 1995, 9). I am charged with Nielsen’s call for

44 The term “fiction” has multiple meanings beyond the common connotation of falsehood. Fuss does use it in the fallacious sense to describe any allusion to absolute essentialism as a “classificatory fiction” (1989). But Ricoeur uses it to reveal the creative nature of human narrative and narrative identity (1991). Clifford coins “true fictions” and “cultural fictions” to characterize interpretive analyses by invoking the Latin root fingere, which “suggests the partiality of cultural and historical truths” and the making up component of making meaning (1986, 6). Fiction does not reduce to constructionism; rather, its meanings suggest the fine line between real and nominal essence and invoke the co-inherence of the essence-construct binary.

a “rewriting of the world” (9) and Clifford’s call for a “reshuffling of realities” (1988, 147) in my interpretation of narrative interpretations and, thus, in the making of meaning around resilience. This recomposition gets at the heart of Rosaldo’s (1989) processual analysis and resonates with Luke’s (1995–96) perception that critical discourse analysis is both critical and constructive. In its “constructive moment” critical discourse analysis generates agency between, for example, the researcher and the researched, by revealing how text and talk produce and reproduce relations of power and systems of knowledge (Luke 12). Foucault has observed how “a way of teaching and saying became a way of learning and seeing” (1973, 64). I hope by my analysis that resiliency researchers and child advocates might begin to say and, thus, to see differently regarding the discourse on childhood resilience, seeing it not as truth but as dialogue. Such dialogue is the essence of rereading, rewriting, and reinterpreting.

Genre

Three nested concepts pervading this dialogic process in narrative analysis are genre, glossification, and glossing. They merit mention because by their very pervasiveness they are invisible forces that affect discourse, in general, and risk and resiliency rhetoric, in particular. Genres are political discourses, emanating from and articulating particular disciplines and bodies of knowledge and sustaining institutional interests (Luke 1995–96, 15).46 Education, psychology, and social work discourses are each genres. Such genres are self-contained but can also “cross-fertilize” to produce, for example, a child advocacy discourse on resilience, a new genre “constructed from affiliated discourses” (17). Genres are simultaneously both static and dynamic. They are “institutionally situated, goal-oriented, and conventionalized forms of social action and power” (17),

46 Genres can be more or less politicized or institutionalized and can include such texts as religion, advertising, and sports, or such media as film, video, television, the Internet, and so on. They are usually specialized bodies of knowledge, although less specialized genres include such ethnographic texts as travel books, personal memoirs, and missionary journals (Pratt 1986, 27).
but they resist reification because they continuously, if inconsistently, borrow from other disciplinary discourses (15). Genres are, then, multidiscursive and "momentarily stabilized [italics added] forms of social action that take what are to some degree regular and predictable, if dynamic and fluid, forms" (15–6). Resiliency discourses emanating from scientific studies, the recovery movement, and the advocacy community, for example, are contested genres or "text types" that may further recombine in the intertextual making of meaning around resiliency.

_Glossification_

The import of identifying genres is to recognize, on the one hand, their powerful resistance to social change due to their entrenched texts and conventions and, on the other hand, the possibility of their transformation due to the continual reconstructions of knowledge within and across genres. Such "cross-breeding" includes considerable "in-breeding," however, in that a disciplinary genre (such as education) may draw or adapt from another disciplinary genre (such as psychology) only that which is already fitting or familiar phenomenon points to the meaning of glossification, such that a particular genre is informed by an identifiable discourse. This identifiable discourse is made up of recurrent statements that contain constructed meanings and specialized wordings that are relevant to its particular field of knowledge (Luke 1995–96, 14–5).

Glossifications are the official codewords or specialized keywords of institutional genres. Like genres themselves, glossifications are both static and dynamic, forming "intertextual networks" (Luke 1995–96, 14). According to Luke, these "webs" typically change in response to social and

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48 Although genres refer to the sites of disciplinary discourses, the interplay of resistance to change and potential transformation informs the power relations and structural constraints in which child and youth advocates practice.

49 Citing J.L. Mey, _Whose Language? A Study in Linguistic Pragmatics_ (Amsterdam: John Benjamins, 1985). Such specialized words and meanings are commonly referred to as jargon, lexicon, or specialized terminology.
political expediency. Key words and phrases in the scientific discourse on childhood resiliency have included, for example, invulnerability to trauma, bouncing back from adversity, and school success or academic achievement. As discussed in Chapter One, resilience itself has evolved from its roots in social competence to emerge as an ideological code for social conformity. Moreover, the notion of teaching resilience is evolving as an unexamined code for surveillance and social control of the other, especially as promoted in the dominant discourse and inadvertently taken up by advocates.

_Glossing_

Problematic within glossification is the practice of glossing or glossing over keywords and, in so doing, assuming they have the same meaning for all parties involved. Relevant to the broader discourse on childhood resilience, keywords both describe and actively shape social phenomena:

Particular words and expressions often become focal in [political] struggles, functioning as keywords, sites at which the meaning of social experience is negotiated and contested. Keywords typically carry unspoken assumptions and connotations that can powerfully influence the discourses they permeate—in part by constituting a body of doxa, or taken-for-granted commonsense belief that escapes critical scrutiny. (Fraser and Gordon 1994, 310)

For example, what do such terms as risk and resilience actually mean? Glossification and glossing signal, say, “childhood resilience” as a label that presumes to reframe or make sense of educational policy and practice. The notion of “teaching resilience” may contribute to an institutional sense of maintaining social order (or social control) among disadvantaged populations in educational settings. What “real details” are glossed over and what diverse meanings do the terms childhood resilience and teaching resilience hold among and within education, psychology, and social service genres?

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50. “Gloss” is a complex term. To gloss can mean to translate precise meanings of textual interpretations in marginal notations (hence, to gloss suggests glossary), though such annotations can also be “artfully misleading interpretation[s];” thus, _glossing_ can mean explaining away a difficult text (Random House 1994). The latter is closer to the meaning intended herein, in that “real details” are _glossed over_, perhaps not intentionally but through the absence of analysis and, therefore, through assumptions about meaning.

51. Citing Raymond Williams, _Keywords: A Vocabulary of Culture and Society_ (Oxford: Oxford University Press, 1976).

Given that sociologically "there is no end to glossing," critical discourse analysis itself is both a corrective and an additive to the process of glossification. Interrogating the dominant resiliency discourse, therefore, requires attention to genre, glossification, and glossing.

Summary of Theoretical Framework

Critical Discourse Analysis

In summary, I have amplified the interpretive and intertextual dimensions of critical discourse analysis by including my own motivation and positionality in the context of socially situated knowledge and feminist standpoint epistemology. In addition, I have articulated critical discourse analysis and my approach to it by incorporating several concepts under the umbrella of post-structuralism. These concepts include deconstruction and *différance*, multiplicity and pluralism, essentialism and materialism. In particular, I have emphasized the duality of structure (the interaction of dualities) and the co-inherence of the essence-construct binary in my theoretical framework. Finally, I have touched on components of processual and narrative analysis as integral to a critical discourse analysis that includes life histories and historical contexts. Within this framework I examine the emergence and evolution of the concept of childhood resilience across texts and also investigate the politics of teaching resilience to at-risk children and youth.

Three Resiliency Discourses

My critical analysis identifies three resiliency discourses, each representing multiple genres. The first is a dominant *expert discourse* (the scientific or mainstream text), composed of quantitative (psychometric) studies of resilience and a hybrid of psychoanalytic, educational, and economic
genres. The second is a subordinate *experiential discourse* (a text of the therapeutic recovery movement), composed of qualitative stories of resilience and a hybrid of biographic, autobiographic, and psychotherapeutic genres. The third is an *advocacy discourse*, which includes aspects of the expert and experiential discourses and which is composed of a hybrid of texts from education, psychology, and social work genres.

Instead of identifying three “texts” that constitute one resiliency discourse, I prefer to identify three discourses that index different though overlapping sets of texts. These intertextualities frame the discourses and so inform their subtexts, their implicit meanings (W.J. Harker 1992, 2–3). The expert and advocacy discourses have a few texts in common (texts which are themselves discourses comprised of other texts), including the “nation at risk” rhetoric and the discourse on effective schooling. The advocacy discourse indexes the expert discourse but not vice-versa. Each of these discourses imply an *unspoken* cultural deficit model, and this silence creates a “fault line” that yields “clues to a meaning which the text forbids itself, at least on its surface” (3). The expert and the advocacy discourses are differentiated by the scientific and statistical frame of the former and the more applied and experiential frame of the latter. Also, the expert discourse is rooted in psychology texts on children’s coping and competence, while the advocacy discourse is rooted in social and educational texts on providing in-school services (the full-service school movement).

The experiential discourse is distinguished from the other two resiliency discourses because it shares none of the other texts mentioned above. It is composed instead of personal narratives of trauma and resilience and texts on complex trauma and trauma recovery. Its experiential knowledge is devalued by the expert discourse, though it shares a valuation of experience with the advocacy discourse. The advocacy discourse includes the personal and professional experiences of the

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54 It could be argued that all discourses are “expert,” representing different genres or locations of expertise. But the *dominance* of the scientific studies and, thus, their hegemonic power to influence public policy, locate them as expert.
advocates. Their personal experiences and self-perceptions perhaps elicit "what the text intends to say but prevents itself from saying" (W.J. Harker 1992, 3) in the inadvertent positing of resilience as a social norm. Though the expert discourse is more psychometric (quantitative) and the experiential discourse is more psychotherapeutic (qualitative), all three discourses are influenced by contemporary therapeutic texts. These texts and discourses are explicated in the ensuing chapters.

**Interpretive Authority**

Because the advocacy discourse is gleaned from exploratory interviews with child advocacy professionals, the issue of my interpretive authority is especially problematic. Recognizing the possibility of conflicting interpretations and the paucity of collaborative opportunities (Borland 1991, 64), I have approached the interpretive task with the utmost respect for, and responsibility to, those I interviewed. Moreover, because I am hoping to enter into a dialogue with, and to enter a transforming dialogue into, the advocacy discourse on childhood resilience, I am mindful that "discourses are [not only] about what can be said and thought . . . [but also] about who can speak, when, and with what authority" (Ball 1990, 2). Critical discourse analysis is itself a discourse with material consequences (Luke 1995–96, 21) in its potential to influence policies and practices affecting children and youth. My desire and ability to enter into the advocacy dialogue are integral to my use of qualitative research methods.

**Method and Methodology**

*Qualitative Research as Interpretive Inquiry*

The traditional difference between quantitative and qualitative research has been, among other things, a distinction between paradigmatic knowing and narrative knowing. The former was assessed as true or false and the latter "by its ability to engender 'feelings of verisimilitude' with the reader's or listener's own life experiences" (Donmoyer 1997a, 2). All research is rooted in
storytelling, however, whether the quantitative researcher’s stories of objectivity, prediction, and intervention or the qualitative researcher’s stories of construction, participation, and life history (J.K. Smith 1997). Qualitative research, unlike quantitative research, however, invokes the vocabulary of *interpretation* and *inquiry* (9–10). Thus, my analysis is more an *interpretive inquiry* that culls narrative knowing from the “multiplicity of stories” (10) in the texts, intertexts, and subtexts of the expert, experiential, and advocacy discourses.

Quantitative research focuses primarily on measuring *outcomes* and emphasizes a realist or positivist view of cause and effect, while qualitative research focuses primarily on social *processes* and emphasizes the constructionist view. Qualitative researchers perceive the social world as dynamic, as “actively constructed, deconstructed, and reconstructed on an ongoing basis” and quantitative researchers see the social world as more static, “as essentially real and awaiting discovery” (Palys 1997, 21). Though not entirely discrete views, these perspectives represent paradigmatically different approaches to social research methods and methodologies. The dichotomy between quantitative and qualitative research paradigms informs the expert and experiential resiliency discourses, respectively, and each of these inform the advocacy discourse. As an interpretive researcher interested in *meaning*, I am critical of the limited quantitative *measure* of childhood resilience. While there is no doubt that such traits as sociability, creativity, autonomy, and purpose can be observed and measured in psychometric studies, as a result of my research I question whether these variables add up to childhood resilience.

Within my framework of critical discourse analysis, I use the qualitative stories to interrogate the quantitative studies. In so doing, I find that these diverse discourses share some similarities and that aspects of the quantitative studies enhance the qualitative stories. For example, the quantitative or scientific studies highlight the importance of supportive relationships to a distressed child’s sense
of hope and identity. But these same studies assume either that the at-risk child already has a supportive family or that providing a supportive mentor will foster resilience in the at-risk child. Conversely, the qualitative or experiential stories indicate that traumatized children who are resilient consistently seek out adult support as, when, and where needed. The difference is significant because the experiential studies emphasize individual motivation. The similarity is also significant because the scientific studies identify a universal human need. In other words, it may be important to establish mentorship programs for at-risk children and youth without assuming these will make them resilient (as a predictive model would assert). Comparing motivation with mentorship is one illustration of interpreting differences and similarities between the expert and experiential discourses.

**Data and Demographics**

My chosen research methods are qualitative and interpretive. Differentiating data from text (text as discourse), data can be construed as the raw materials of my discourse analysis. Though these materials are already mediated by others—they are texts in other contexts—they are relatively unmediated during data collection and remediated during data analysis, though the very act of collecting data already involves an intermediary process. Because I am collecting and analyzing discourses, the scientific and experiential resiliency literatures comprise my data, as do the advocacy interviews and fieldnotes. The interviews and fieldnotes constitute primary data and the literatures constitute secondary data. But whether construed as raw materials and unmediated data, whether primary and secondary data or mediated text, it remains that “gathering data is easy; [but] gathering meaningful data is a whole other challenge” (Palys 1997, 145). Most important is interpreting meaning within the data collected.

The data collected were partially determined by my desire to study up and across the power hierarchy in the child and youth advocacy community in BC. My past study of various research
methods, my preference for, and experience with, qualitative inquiry and, in particular, my apprenticeship on a large ethnographic study have all influenced my interest in conducting focused interviews and doing participant-observation fieldwork. Though I was strongly influenced by ethnographic research methods, I have not undertaken an ethnographic study nor have I spent time at a defined site over an extended period of time. Rather, my methods of data collection included doing a pilot study, conducting focused interviews, and attending resiliency seminars and advocacy conferences in BC’s child and youth advocacy community. Details involving data collection, data analysis, and demographics are briefly outlined here and are expanded upon in the Appendixes.

Data Collection

In Appendix A, details of data collected and the data collection process are described for the pilot study, the resiliency literature, the focused interviews, and the field work. Conducting the focused interviews involved target sampling, contacting potential interviewees, and obtaining their consent, as well as trying to be cognizant of my influence during the interviews.

In addition, data were collected through my participant-observation—as recorded in fieldnotes—at public forums, psychology seminars, and advocacy conferences. The data collection includes 7 pilot interviews and 23 focused interviews, together with 55 sets of fieldnotes from different public locations (Table 1). Miscellaneous data include relevant materials produced by child advocacy agencies and ministries, such as newsletters, reports, brochures, and pamphlets.

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Data Analysis

My critical analysis of the collected and accumulated "raw data" draws on narrative, ethnographic, and phenomenological methodologies as influenced by post-structural feminist
perspectives. Phenomenology holds that social science is inherently human-centred, that humans are social actors who interact with the social world, and that “social scientists are part of the very entity we seek to understand” (Palys 1997, 16). Human beings making sense of their social worlds through cognition and experience underscores my qualitative approach to social analysis. Thus, my interest in meaning is explicated by the important, but by no means discrete, distinction between qualitative and quantitative analysis (in phenomenology): qualitative analysts focus on perceptions (processes) and quantitative or positivist analysts focus on observables (outcomes) in the pursuit of defining social reality (17). Phenomenologically, what is real is our perception of what is real, such that our perceptions define our reality, recalling the co-inherence of nominal essence and social construct (Fuss 1989). As with multiple interpretations, the perceptions held by myself and others inform my analysis and are open to reinterpretation.

Prior to data collection and analysis, I had some pre-determined perceptions about resilience and about resiliency discourse as problematic. I tried to keep these perceptions in check, knowing they could not be entirely abstracted from the analytic process. I hoped to remain open to new insights and alternative perspectives that might emerge during analysis of the various texts involved. Critical analysis of the resiliency literature involved careful reading, cataloguing extensive notations, and sorting these materials by fields and subjects using relational database software (see Appendix D for a description of using Library Master to organize these data).

Analysis of the interviews and fieldnotes required repeated readings and detailed coding of text. My coding strategy was loosely based on grounded theory, an inductive, exploratory mode of research that allows themes to emerge from the data (as opposed to testing a predetermined

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55 Quantitative researchers who now lean toward phenomenology call themselves postpositivists (or neopositivists).
hypothesis) during text analysis (Miles and Huberman 1994, 17; Palys 1997, 79). The grounded approach is a progressive process that involves reading collected texts to generate codes and general "categories" that capture the content of particular pieces of text. These codes function as road signs that allow me to traverse the texts. They are neither fixed nor relativistic categories; rather, they are interpretive and pluralistic. In this regard, "we have limits," and "the proliferation of multiplicity" is ultimately limited by the choices we make (Spivak 1994, 175). I chose to code text for "safety," for example, not because I was looking for quotes on safety but because children's safety (or lack of safety) emerged as a theme in the advocates' talk about risk and resilience.

Though I did begin with a small start list of codes, my code list developed during the months of conducting interviews and, later, during the months of reading and re-reading the data. Generally, reading word for word and line for line, I coded for every topic or issue raised in the interviews and the fieldnotes (see Appendix E for a detailed discussion of the coding process and of using ATLAS/ti to organize these data). I then performed systematic analyses of coded segments selected and retrieved from across texts. It was during these later systematic analyses of coded text segments that the themes I interpret and identify in Chapter Five began to emerge. Appendixes D and E elucidate both the technical and the interpretive dimensions of my data analysis.

*Interpretation Matters*

Repeatedly revisiting the interview transcripts during the analytic process, I saw that interpretation had figured prominently on the part of myself and the advocates. My interview questions about teaching resiliency did not reveal my scepticism, for example, and they perhaps gave

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the impression that I believed resilience could and should be taught. This impression may have caused some advocates to respond with strategies for teaching resilience regardless of alternative views. In another example, I was aware that concerns in the advocacy community were focused primarily on ethnic populations. But I chose not to ask about this in the interviews, speculating that the advocates might tell me only what I wanted to hear. I avoided explicit questions about class, culture, and inner-city schools, hoping these issues would emerge in the advocates’ responses to my questions. The advocates did refer to class and culture, but I regret that I did not ask directly about teaching resilience to disadvantaged populations (this is perhaps a question I could not have formulated at the time but may be able to address in the future). In short, I grappled with the fact that, on the one hand, I had the responsibility of interpreting the advocates’ responses and, on the other hand, their responses reflected their interpretations of my questions. In not wanting to influence the advocates unduly, I had chosen to omit my own views, and omitting my views inevitably influenced their responses. Wanting to appear “neutral” turned out to be anything but neutrality in my aim for strong objectivity.

*Interim Report*

Given this problem of perception, and having committed in the initial contact letter to send an interim report to those interviewed, I was anxious that the report convey, first and foremost, my critique of the dominant resiliency discourse. The report was prepared and distributed in August of 1997.\(^{57}\) It provided an overview of the expert and experiential literatures and the differences between them, together with my assertion that childhood resilience needs to be framed by the presence of severe risk and complex trauma. It also included an overview of the advocates’ disparate perspectives on, and examples of, risk and resilience in themselves and in others, as well as the

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\(^{57}\) This interim report was compiled from early draft material, much of which has since been revised or deleted. It is my hope that the advocates will have the opportunity to read the completed thesis.
advocates’ demographics (see Appendix F). I would have preferred not to distribute such a precursory report but it was part of my strategy of influencing the advocacy community on resiliency issues. It was imperative that I not only fulfill my commitment to issue the report, but that I inform the advocates of some early findings that might disrupt received assumptions about resilience.

In addition to wanting to inform and influence the advocates by issuing the interim report, I also hoped for some feedback in what I described in the covering letter as “the spirit of ongoing interpretation and collaboration.” Those few advocates I later spoke with, by phone or in person, reiterated the need for this type of analysis and expressed dismay at the apparent lack of consensus among professionals working with at-risk children and youth. One advocate, an educator working in a social service environment, called me the day she received the report and described it as “fascinating and extremely valuable and important.” She declared her support in efforts to inform “the work of decision-makers” and to educate the advocacy community about my research.58 In terms of educating the community, and interacting with the community, a complex of perceptions and interpretations have played central roles in my data analysis. It has never been clearer to me that phenomenological shifts in perception—in what we construct as real—will be continually informed and reformed by our interactions and our interpretations. My dissertation will hopefully contribute to yet another hybrid of the multiple discourses circulating around childhood resilience. I may want to subvert the mainstream resiliency project as it is presently constituted, but I have no desire to shut down the conversation.

Demographics

My voice in the conversation is largely due to my volunteer involvement in BC’s child advocacy community. I have been able to meet and interview professionals working in decision-

58 We discussed the possibilities of future workshops and round-table discussions on resilience.
making and policy-making positions. I was also fortunate in having received consent to sit in on the educational psychology graduate seminars. Appendix F contains demographics for these different groups. Demographics for the focused interview participants include age and gender, class and culture, marital and family status, educational background, and professional discipline by gender and location. Data from the pilot interviews describes the participants' professional disciplines by gender and location and, from the psychology seminar participants, their academic area by gender.

**Between Text and Talk**

Though such variables as age, gender, and class did not determine the advocates' discourse on resilience, there were other influential factors. Their personal histories of risk or trauma informed diverse perspectives on childhood resilience that mapped onto the same divergence found in the resiliency literature. And their professional experiences and occupational locations influenced their strategies for teaching resilience. The advocacy discourse, then, amplifies differences between the expert and experiential discourses. For this reason, in addition to distinguishing among discourses, I also distinguish between text-based discourse (literature) and talk-based discourse (interviews) in data collection, data analysis, and chapter divisions.

These distinctions are both cause and effect of the role interpretation plays in critical discourse analysis. Thus, I have addressed personal motivation and political positionality alongside my goal of strong objectivity. I have also identified the interpretive aspects of data collection and data analysis. Chapters Three and Five, organized as “Text: Expert and Experiential Discourses on Resilience” and “Talk: Advocacy Discourses on Risk and Resilience,” clarify these multiple distinctions and interpretations. This organization facilitates my analysis in Chapter Four of actual and potential intertextualities, or lack thereof, between text-based expert and experiential resiliency discourses prior to my analysis of talk-based advocacy discourses on risk and resilience.
3. TEXT: EXPERT AND EXPERIENTIAL DISCOURSES ON RESILIENCE

...Two roads diverged in a wood, and I—
I took the one less travelled by,
And that has made all the difference.1

THE DOMINANT DISCOURSE ON CHILDHOOD RESILIENCE EMANATES from the texts on children’s risk and effective schooling, and from psychometric studies in child psychology and educational psychology, all of which have flourished over the past 30 years. Educators and psychologists studying the coping and competence of children in distress observed those who appeared invulnerable to traumatic events.2 Their “resilience” was identified as invulnerability to adversity and later defined as the ability to bounce back from adversity. A few more recent studies are moving away from invulnerability as a key feature of resilience (see Luthar and associates). But it is this initial version of resilience as invulnerability to adversity that informs today’s expert resiliency discourse and its construction of resilience as a set of traits and conditions that can be both reified and replicated.3 Reification and replication are problematic when associated with childhood

1 Robert Frost, “The Road Not Taken” (1916).

2 (Garmezy 1974; Garmezy, Masten, and Tellegen 1984; Garmezy and Rutter 1983; Rutter et al. 1979; Werner and Smith 1977; Werner and Smith 1982).

3 Critical theorist Theodor Adorno defined reification as the objectification of human subjects as commodities in a market economy (1969–70, 151–2). Sociologist Anthony Giddens views reification as the objectification of the social, as a “reified discourse [that] refers to the ‘facticity’ with which social phenomena confront individual actors in such a way as to ignore how they are produced and reproduced through human agency” (1994, 180). This “reified mode,” says Giddens, is a style of discourse that assumes “fixity” and superimposes natural laws on social systems.

Reification does not mean “thing-like” but, rather, the consequences of thinking that the social is “thing-like” or essential (Giddens 180). I have applied reification to the measurement of resilience, invoking a term that connects the identification and objectification of our “innermost behavior patterns with [our] fate in modern society” (Adorno 152) and that captures
resilience and teaching resilience, respectively. Such an approach to resilience is being taken up, however, by resiliency researchers and by professional advocates who work on behalf of children and youth at risk. My critical analysis of resiliency discourses occurs at this intersection between resiliency research and advocacy practice.

There has been little “oppositional discourse” (Fraser 1989) disputing resilience as reifiable and replicable or challenging resilience conceived as invulnerability in the face of adversity. This paucity is partly due to the convergence of education research on risk with psychology research on resilience. In developmental psychology, for example, vulnerability is conceived as psychopathology (Felsman and Vaillant 1987). Because vulnerability was so associated with risk and trauma, invulnerability became associated with resilience, creating dualisms that pathologize human subjectivity. Invoking the co-inherence of binaries (Fuss 1989), it is my position that risk and resilience interact, as do vulnerability and invulnerability, as do subjectivity and objectivity.

The mainstream version of resilience is constructed as an ultimate good and an ultimate solution in helping children and youth overcome risk. Its rationale is that if children can learn to be resilient, then they will not be at risk. This dominant discourse constitutes “discourse in the making” because it is not static; it has evolved, and is evolving, into an expert discourse or public policy discourse (Fraser 1989, 173). Public policy discourse comprises a complex of discourses emanating from risk research and professional practice that becomes politicized, for example, by advocates who develop social services around the perceived needs of children and youth at risk. This phenomenon is borne out by the uptake of the expert discourse in the advocacy discourse on resilience.

the facticity and fixity that inform the dominant resiliency discourse. In using the term replication in relation to resilience, I refer to the contradictory belief that resilience (as reified) can be produced in children living in distress and disadvantage.

4 Little opposition occurs within or against the dominant resiliency discourse; I will be introducing a subordinate, experiential discourse that challenges the expert discourse.
In its evolution, the resiliency discourse could come to include the intertextuality by the expert discourse (the dominant *statistical studies*) of the experiential discourse (the subordinate *life stories*). But this inclusion is unlikely to occur directly because the *unscientific* life stories challenge the *scientific* statistical studies and the former do not lend themselves to the expediencies of public policy. Instead, an experiential discourse, reiterated through some advocates’ personal experiences, may simply index its way into “public policy” by way of arbitrary advocacy practices over time. This lack of cohesion, even among advocates, illustrates the ongoing disparities among researchers, policy makers, and practitioners due to the different stories we tell about ourselves and our work (Donmoyer 1997a, 2). The expert and experiential discourses and their reiteration in the advocacy discourse are, thus, marked by a loose distinction between *paradigmatic knowing* and *narrative knowing*, the former representing thought, the latter feeling (2). But it would be remiss to claim simply that the statistical studies are thought without feeling, the life stories feeling without thought. Rather, the distinction is more between statistical studies that purport to separate feeling from thought (excising or denying the subjective experiences of researcher and researched) and life stories that attempt to assimilate thought with feeling in the mediation of resilience.

In my analysis of the resiliency literature, I use two lenses that challenge the expert discourse, not to negate it but to bring the life stories into the foreground. One lens is the experiential discourse

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5 I use the term “statistical studies” to represent the range of resiliency research that is more deductive than inductive and more quantitative than qualitative. Such studies typically involve large sample populations, may occur in controlled laboratory or classroom settings, and use research instruments scaled to measure a number of variables. I refer to these studies variously as scientific, statistical, and psychometric, and as comprising an expert or dominant or mainstream resiliency discourse. Though some quantitative studies are longitudinal (in that they comprise repeat cross-sectional studies of the same populations over time), and may include some qualitative case study data, I identify them with the statistical perspective. When these sequential, cross-sectional studies use the same instruments and produce the same measures that characterize the statistical studies generally, then their theoretical and methodological frameworks remain paradigmatically different from those of the life story perspective.

6 I use the descriptors of *scientific* and *unscientific* because quantitative study devalues qualitative research.

7 This distinction is itself problematic and an expression of rational thought; it reflects the dualism of object-thought-mind-male over subject-feeling-body-female. But for now I am emphasizing the dichotomies between the two discourses.
itself and its psychotherapeutic narratives of overcoming trauma. The other lens comprises conditional criteria within which resilience may occur and by which it might be recognized; I have developed these criteria from texts on trauma recovery and from the resiliency literature itself. My critical analysis, by virtue of these two lenses, produces an intertextual and oppositional discourse that disrupts the construction of resilience as reifiable and replicable. Chapter One problematized the construction of childhood resilience in historical context and Chapter Two laid the groundwork for analyzing and distinguishing among resiliency discourses. In this Chapter I “disarticulate” the dominant discourse by exploring the divergence between the statistical studies and the life stories.

Two Roads Diverged

Dividing these two text-based discourses are two distinct voices. The voice of expertise dominates the voice of experience as they travel along divergent and asymmetric roads. The voice of expertise hails the well travelled road of quantitative, psychometric studies of resilient-identified children who live in, or have been living in, conditions of severe distress. The voice of experience takes the less travelled road of qualitative, psychotherapeutic life stories of resilient-identified adults who experienced severe risk and trauma in childhood. As the first voice resounds loud and clear, the second voice is obscured and overpowered. The voice of expertise aspires to, and claims to be, predictive, though it is more prescriptive; the voice of experience is more descriptive and retrospective. Restating an important distinction between these different voices, these divergent discourses, the quantitative studies are associated with observation and outcome and the qualitative studies with perception and process (Palys 1997).

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8 The conditional criteria are explicated later in this chapter.
There are exceptions along each of these divergent roads, and some similarities between them, but their differences are significant. One difference is relational: The expert authoritarianism and client objectification in the statistical studies contrasts with the experiential knowledge and egalitarian intersubjectivity in the life stories (Oakley 1981, 37–8, 49–50). Another difference is temporal: The statistical studies of resilient-identified children can be characterized as immediate because of the immediacy of researchers' observations and measured outcomes of social and school success; conversely, the life stories of resilient-identified adults can be characterized as mediated due to the life-long mediation process of integrating the traumatic events into one's identity. Emphasizing their dichotomy, the quantitative studies produce short-term (or a series of short-term) results, while the qualitative stories are long-term and dynamic. Though these roads occasionally converge and intersect, their divergence maps conflicting approaches to, and perspectives of, resilience.

**The Quantitative Perspective: Resilience as Immediate**

Psychometric studies usually occur in controlled environments and employ quantitative measurements of resilient-identified children for statistical analysis. Test scores, school grades, and personality or temperament profiles are among the measurement instruments used to arrive at a set of fixed traits that characterize "the resilient child." This positivist approach is tautological. Psychometrists who perceive resilience as invulnerability to adversity measure what is observable and measurable and then use these outcomes to define what they are observing. This procedure

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9 For example, there are a few prospective or longitudinal studies that begin in childhood and culminate in adulthood. However, such studies tend to follow the psychopathology stream and they provide questionable conclusions (Zimmerman and Arunkumar 1994). In addition, these longitudinal studies were not initially designed as studies of resilience and they typically target such populations as juvenile delinquents (Felsman and Vaillant 1987) and impoverished populations (Werner 1989). Pioneering longitudinal studies in resilience are discussed later in this Chapter.

10 The statistical studies of children are generally undertaken by psychiatrists and psychologists, the latter including educational psychologists, developmental psychologists, and adolescent psychopathologists. The life stories of adults are generally collected by clinical psychologists and psychotherapists in private practice.
invokes the science of behaviourism, in which “only that which is observable is real” (Giddens 1994, 215). Presented as psychology, the statistical studies of human attributes actually comprise an experimental psychology. Yet, this experimental psychology is so legitimated by universities as science that it “determine[s] what is to be measured and counted as knowledge” (Hacking 1995, 217). Thus, such measures as good grades and social skills come to define childhood resilience. Academic achievement, which is the hallmark of effective schooling, is also the hallmark of resilience in the quantitative perspective.\footnote{11} Western society has a well-documented history of the scientific mismeasure of human intelligence and criminal behaviour (Gould 1981), of sex and gender (Tavris 1992), and of class and culture (McLaren 1990). This history should provide a cautionary tale to the psychometric study of human emotion and behaviour. Indeed, Gould’s critique of the statistical measure of intelligence, for example, warns against the “temptation for reification” (250), the tendency to bestow concrete meaning upon measures of correlation. It is important to note, however, that a more critical view of the quantitative perspective is emerging from within its own ranks.

In a 1994 review of resiliency research, for example, the authors find that “resiliency is not a universal construct that applies to all life domains. . . . [Children] may be resilient to specific risk conditions but quite vulnerable to others. . . . Thus, the relative concept of resilience is preferable to the absolute concept of invulnerability” (Zimmerman and Arunkumar 1994, 4). But reference to resilience as “relative” is also problematic; it is better conceived as pluralistic (limited multiplicity), not relativistic. In addition, child psychologist Suniya Luthar has conducted longitudinal studies\footnote{12} (Consortium 1994; Lee, Bryk, and Smith 1993; National Commission 1983; Phillips 1997).

\footnote{11}{Consortium 1994; Lee, Bryk, and Smith 1993; National Commission 1983; Phillips 1997.}

\footnote{12}{A library search of Dissertation Abstracts Ondisc (CD-ROM) produced 60 unpublished dissertation abstracts on childhood resilience (completed from 1994 to 1997 in the USA and Canada) written by doctoral candidates working predominantly in the psychology sciences and using the psychometric research methods common to the mainstream literature on childhood resilience. These studies predominantly target poor and minority populations and assume that the measure of success is individual conformity to the social norms of the dominant society.}
begun in the quantitative tradition but which now consider the qualitative nuances of childhood risk and resilience (Luthar 1991, 1995; Luthar and Zigler 1991). Interrogating the quantitative research perspective remains crucial, however, because it is the dominant view influencing educational policy and social programming today. It continues to associate resilience with invulnerability (Rutter 1996, 356), an assumption that is not supported by the life stories.

In defining the traits of resilient-identified children, the statistical studies have catalogued a set of observable features by which resilience is fixed or reified. These fixed features include sociability, creative problem-solving, and sense of autonomy and purpose. Reifying resilience (essence) is, ironically, tied to replicating resilience (construct), not as co-inherent but as sequential. In addition to reifying resiliency traits, researchers have also identified external risk factors and protective or compensatory factors by which they hope resilience can be replicated (through effective schooling and social programming). Such compensatory factors include stable families, supportive relationships, and strong resources in schools and community centres.

The emphasis on risk and resiliency factors corresponds with a dualism of object over subject and represents surveillance “formulae for administering populations” (Castel 1991, 281). Castel likens this governance to a departure from traditional intervention to “preventive strategies” that dissolve the notion of a subject or a concrete individual, and put in its place a combinatorial of factors, the factors of risk [and resilience]. Such a transformation, if this is indeed what is taking place, carries important practical implications. The essential component of intervention no longer takes the form of the direct face-to-face relationship between the carer and the cared, the helper and the helped, the professional and the client. It comes instead to reside in the establishing of flows of population based on the collation of a range of abstract factors deemed liable to produce risk [and resilience] in general. (Castel 1991, 281)

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Castel claims that the modern medical model (which informs the psychoanalytic model) has drifted to such an extent toward the “multiplication of systems” and the scientizing of “technologies of care” that these objectifications have obliterated the client as subject (281–2).

Relying on client records and expert assessments has fomented a “crisis of clinical medicine” (Castel 1991, 282). Historically, this crisis has depersonalized the individual, moved from experience to expertise, and migrated from present processes to future outcomes, in what Castel describes as “imputations of dangerousness” (282–3). Paradoxically, external risk factors are systematically collated while dangerousness is treated as internal to individuals labelled at-risk. This slip partially explains the shift from trauma to risk in the scientific discourse: Vulnerability has been associated with both psychopathology and disadvantage, and both have been collapsed as deviance and abnormality. Pathologizing the poor and targeting structurally disadvantaged populations combine with the notion of replication, of teaching resilience to kids at risk in inner-city schools. Quite a different approach is found in the life story perspective, though both perspectives represent narrative knowing.

**The Qualitative Perspective: Resilience as Mediated**

Psychotherapeutic stories are the life histories of adults identified by others as resilient. Their stories, told to psychoanalysts and psychotherapists, engage all the qualitative idiosyncrasies of memory, narrative, identity, interpretation, and subjectivity (Nielsen 1995; Ricoeur 1991; Somers 1992). Though the life stories are not reduced to clinical records, they are constructed and reconstructed through the multiple interpretations of speaker, writer, and reader (K.B. Jones 1993). Nevertheless, concerning resiliency, there is considerable resonance running through even the most diverse life stories, but considerable dissonance between qualitative and quantitative perspectives. A few voices along the dominant road, for example, have noted the shortcomings of statistical
studies that examine children only at one point in time and that fail to consider the cumulative effects of, say, abuse and neglect (Farber and Egeland 1987, 256). But these voices fall on deaf ears when they lament statistical studies that measure invulnerability as a “good outcome” and that ignore long-term processes in the desire for short-term outcomes.

The life stories of resilient-identified adults are associated primarily with psychotherapy and the modern-day recovery movement. Though I have steered clear of what appears to me as “new age” confessions and “psycho-babble” how-to books, most psychotherapeutic publications are academically devalued as unscientific; they represent “popular psychology” and qualitative accounts are not usually included in psychology journals. But there are scholarly published testimonies of the life story perspective that provide powerful challenges to the statistical studies. Notions of resilience may also be retrospectively read into media profiles, historical biographies (Gardner 1993a; Gardner 1995; Goertzel and Goertzel 1962), and fictional characters (Felsman and Vaillant 1987), for example, as leadership, or eminence, or endurance. But such retrospections may be as problematic as longitudinal resiliency studies that were originally designed as risk studies. I have been necessarily selective of my life story sources and, thus, the body of expert literature is much larger than the experiential literature represented here.

The statistical studies are impersonal, by virtue of their criteria of objectivity and generalizability, while the life stories are personal and even seductive (to me), in the sense that every text aims to seduce its reader. If the text at the same time lays claim to having scientific value, we readers must ask whether seduction stands in the way of truth. . . . Rather than being an assault against scientific ethics, seduction is a necessary premise for a sensible conversation to take place. (Nielsen 1995, 4)

I am seduced by the “serious intentions” of the life stories, which is not to dismiss the statistical studies. Though the statistical studies cannot accommodate the life stories (short-term outcomes cannot convey or predict long-term processes), the life stories can accommodate aspects of the
statistical studies.\textsuperscript{15} To reiterate, the statistical studies exclude the life stories but the life stories include some aspects of the statistical studies. Moreover, if a keyword of the statistical studies is \textit{measurement}, a keyword of the life stories is \textit{meaning}, and I am seduced by narrative meaning. The difference is between numbers versus words as codes of communication, a difference as significant as that between immediate outcomes and mediated processes.

The immediate represents how we are known by others through observation, measurement, and performance. But philosopher Paul Ricoeur advises that we can only know ourselves—we can only construct our own identity—through our life stories, through our "narrative identity" as mediated in, and exemplified by the stories we tell about ourselves (Ricoeur 1991, 73). According to Ricoeur, understanding that life stories inherently fuse history with fiction actually renders them more readable and more intelligible, but also more interpretive,\textsuperscript{16} and perhaps more seductive. If "knowledge of the self is an interpretation" (73), then life stories are necessarily mediated as historical fictions that carry the weight of personal, narrative identities mediated over time. A primary purpose of narrative is to make sense of our historical contexts by creating an "uninterrupted continuity" of our evolving selves across the lifespan (74).

Precisely because of the subjectivity of narrative knowing in the social world, the life stories challenge statistical and, particularly, laboratory-based studies. From a critical realist perspective the laboratory is a place to test theory . . . since it's a closed system in which basic \textit{structures} of individual human behaviour (e.g., competencies, abilities, powers) can be investigated. But there's a bigger question: do our interests lie exclusively with the concoction of theories of lab behaviour per se, or are we also interested in theorizing about life in its broader context? . . . [Critical realists] argue that traditional experimentalists are \textit{accurate} in their analysis (as it pertains to lab behaviour), but myopic (because the conditions they study exist only in the lab).\textsuperscript{17} . . .

\textsuperscript{15} Such accommodations are discussed in Chapter Four.

\textsuperscript{16} Interestingly, the implicit interplay between fact and fiction occurs in both quantitative and qualitative accounts.

\textsuperscript{17} Citing P.T. Manicas and P.F. Secord, "Implications for Psychology of the New Philosophy of Science," \textit{American Psychologist} 38 (1983): 399–413.
Some of the major questions about laboratory research revolve around the notion of exactly what lab behaviour means. But the lab has even more clear-cut limitations. Not the least of these is that there are many phenomena that we would prefer to attend to in vivo (a Latin phrase meaning, literally, "in life"). Not all phenomena can be transported into the lab, nor can all be scrutinized conveniently in the typical hour-long laboratory session... And when the mountain can't come to us, then we must go to the mountain. (Palys 1997, 278)

Cautionary Comments

Though I clearly favour the life stories, cautionary comments are required concerning both the interpretivism of the life stories and the positivism of the statistical studies. Quantitative, psychoanalytic studies typically target easily accessible populations to collect their data, populations that may not be relevant to the study itself. Such populations may include clients in clinical treatment (or their families), university students (especially students of psychology professors who are conducting surveys), and minority populations listed in welfare, police, or prison records. Problems occur when findings are either particularized to, or generalized from, one group, class, or culture. Disadvantaged groups have too often been studied for social problems and then blamed for those problems, for example, and expected to conform to social norms based on the ideals and denials of advantaged populations.

Child abuse may be blamed on poverty, for example, and poverty then blamed on "poor" parenting; thus, impoverished parents are construed as abusive parents as though abuse does not occur across classes and cultures (Martineau 1992, 1993). The statistical studies on resilience are all the more problematic when findings from middle-class groups are generalized to inner-city populations, or when poor and immigrant children and youth are pathologized as "deprived, different, disadvantaged, at-risk, disabled" (McDermott and Varenne 1995, 33). Poverty pervades most programming initiatives as the cause of risk because poverty is a dominant research context and because, consequently, "many risks are correlated with poverty" (K. Butler 1997, 25). Problematic to statistical studies claiming predictive capabilities is the difficulty of distinguishing
between correlation and causation; when numerous variables covary (i.e., are highly correlated) it becomes increasingly difficult to discern what is driving any predictive or causal relationship. Another problem occurs when clinical studies of deeply troubled youth are generalized to socioeconomically disadvantaged young people in inner-city schools and communities.

Turning to the life stories, it is important to note that the resilient-identified adults are particular sorts of persons: those who sought out therapy or counselling, who were known by their psychologists over time, and who were willing to share their life stories (albeit anonymously) with a larger audience. Some even published their autobiographies. The psychologists who organized the life stories for publication undoubtedly superimposed their own interpretations on the narratives to produce cohesive profiles of resilience. The life stories are narratives of narratives, interpretations of interpretations. Even in their cohesiveness they represent multiple resiliences, given that the life stories have been shaped by psychotherapists and subjected to multiple interpretations.

Having advised against unbridled acceptance of the claims of either perspective (Offer and Schonert-Reichl 1992), I cautiously use the life story perspective as a lens through which to locate and critique the statistical perspective. The divergent and asymmetric tracks of these two perspectives—the statistical studies as experimental, objective, and dominant, the life stories as experiential, subjective, and subordinate—reflect the rational-irrational dualism of modernity. As science, “the driving force of the modern age is the search for certainty, the effort to use reason to establish absolute and universal truth” (Hekman 1990, 62). The statistical studies aspire to scientific claims of objectivity and rationality, to the “hegemony of reason” that ironically renders them untenable as a science of the social (19). Having no intention of using the life stories to execute a reversal from objectivism to subjectivism as a dominant discourse, I have developed conditional
criteria for recognizing the occurrence of resilience, criteria that draw from and assess both expert and experiential discourses.

**Conditional Criteria for Recognizing Resilience**

From a post-structural perspective, reviewing the resiliency literature caused me to develop *conditional criteria* for recognizing multiple *resiliencies* (that meet the criteria) rather than to simply redefine resilience. These conditional criteria are *complex trauma*, *post-traumatic stress*, and *resilience as anomaly* (each is expanded upon below). The first two conditions comprise a *complex traumatic syndrome* resulting from prolonged risk and unresolved distress. The third condition holds that resilience occurs only in the context of overcoming the complex traumatic syndrome. By conditional criteria, I mean that the criteria are conditional as well as representative of the conditions within which resilience, itself conditional, may occur. Multiple facets of resilience—resiliency pluralism—are contingent in their construction around an essential core of trauma; the criteria hold complex trauma and the process of trauma recovery as essential to resilience.\(^18\)

If resilience is to be associated with risk—risk as socioeconomic disadvantage—then risk must produce trauma. Also, a child can be "at risk" for abuse and neglect, but only if that child is abused, neglected, and thereby traumatized do the conditions exist in which resilience may manifest and be recognized.\(^19\) The conditional criteria exclude the stresses and strains of everyday life events, distinguish risk from trauma, and restore resilience as anomalous rather than social norm. In addition, the criteria allow for resiliency pluralism, dislodging resilience as a set of reifiable and replicable traits and conditions, referred to in the expert discourse as inputs and outputs.\(^20\)

\(^18\) (Freyd 1996; Glass 1993; Hacking 1995; Herman 1992; Higgins 1994). Like resilience, trauma is also a text that is subject to discourse analysis; at this juncture, I am taking the trauma recovery literature at face value.

\(^19\) Similarly, psychologist Young-Eisendrath (1996) holds resilience to the context of severe adversity.

\(^20\) Note the economic genre. See Table in Chapter Four depicting this linear model of inputs and outputs.
The criteria are drawn from the statistical studies, the life stories, and the literature on trauma recovery. They provide a lens through which to analyze the expert and experiential discourses, though this raises the question of whether a critical lens can be constituted out of that which is being critically examined.\textsuperscript{21} My response is yes because the conditional criteria represent the criteria for resilience, not the definition of resilience. Through this lens, the experiential resiliency discourse remains consistent even though a diversity of individual narratives shift over time as resilience is individually (and culturally) mediated. But the expert resiliency discourse, derived from scientific studies in which claims of validity and reliability are paramount, appears inconsistent and contradictory over time due to its immediate measures of resilience. The criteria challenge resiliency relativism, reification, and replication in the statistical studies but recognize resiliency as mediated, pluralistic, and contingent in the life stories.

Table 2 identifies the components of the conditional criteria in the two divergent discourses. Complex trauma is evidenced by the early statistical studies as well as the life stories. Post-traumatic stress is evidenced by the life stories, but it is understandably absent in the statistical studies due to their short-term measures. Resilience as anomaly is substantiated by the life stories and the early statistical studies; it is important to note that resilience was anomalous in the early statistical studies not because researchers necessarily recognized childhood resilience

\begin{table}[h]
\centering
\begin{tabular}{|l|c|c|}
\hline
Conditional Criteria & Statistical Studies & Life Stories \\
\hline
Complex Trauma & x & xx \\
Post-Traumatic Stress & - & xx \\
Resilience as Anomaly & x & xx \\
Complex Traumatic Syndrome & & xx \\
\hline
\end{tabular}
\caption{Conditional Criteria for Resilience}
\end{table}

\textsuperscript{21} This problem is raised in Fundamental Feminism: "Feminism cannot simultaneously be the lens through which experiences are interpreted, and also find its grounding in those experiences. That is, the feminist interpretive lens cannot be grounded on women’s point of view" (Grant 1993, 101). In other words, feminism can critique patriarchy, but can feminism critique feminism? "To ground feminism in women’s experiences and then to look to feminism to interpret those experiences is a tautology. To the extent that feminist standpoint theory accepts this tautology, it cannot accomplish what it sets out to do" (101).
but because the studies were conducted with children who experienced severe traumatic events or conditions. The complex traumatic syndrome—complex trauma and post-traumatic stress—is located only in the life stories due to their retrospection and long-term mediation of resilience.

**Complex Trauma**

trau·ma . . . 1. a. a body wound or shock produced by physical injury, as from violence or an accident. b. the condition produced by this; traumatism. 2. Psychiatry. psychological shock or severe distress from experiencing a disastrous event outside the range of usual experience, as rape, military combat, or an airplane crash. 3. Any wrenching or distressing experience, esp. one causing a disturbance in normal functioning. (Random House 1994)

The dictionary definition of trauma does not distinguish between simple trauma and complex trauma, but it implies both. Physical or psychological shock can cause either simple or complex trauma. Simple trauma is more associated with such life events as divorce, illness, accidents, or death of a loved one. Complex trauma is associated with prolonged and unresolved distress and often the absence of a strong support system.

Psychiatrists working with South Asian refugees had to develop an "expanded concept of post-traumatic stress disorder that takes into account severe, prolonged, and massive psychological trauma" (Herman 1992, 120).¹² Likewise, clinicians working with survivors of prolonged child abuse found it necessary to distinguish between Type I trauma and Type II trauma, where Type II "includes denial and psychic numbing, self-hypnosis and dissociation, and alternations between extreme passivity and outbursts of rage" (120).¹³ Importantly, Type II trauma "capture[s] the aftereffects of repeated traumas" (Freyd 1996, 164) and constitutes the *complex traumatic syndrome*,

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which encompasses both complex trauma and complex post-traumatic stress disorder (Herman 1992, 120). Resilience must remain associated with complex trauma to prevent its problematic slide from anomaly to normality as occurs in the evolution of the statistical perspective.

**Complex Post-Traumatic Stress**

The manifestation of post-traumatic stress demonstrates the presence of complex trauma and children’s prior abilities to call upon a range of coping mechanisms during distress. It is crucial that many of these mechanisms, which can become maladaptive in adulthood, not be mistaken for resilience. To even identify resilience in childhood is problematic, as more meaningful indicators of resilience unfold over time. These exist in the differences between those trapped in the aftermath of trauma in varying degrees, for example, and those able to move beyond the aftermath of trauma in varying degrees. In this way, surviving during trauma is not conflated with striving after trauma (although resilience requires both). The aftermath of complex trauma includes post-traumatic stress, which is rooted in a history of subjection to totalitarian control over a prolonged period (months to years). Examples include hostages, prisoners of war, concentration-camp survivors, and survivors of some religious cults. Examples also include those subjected to totalitarian systems in sexual and domestic life, including survivors of domestic battering, childhood physical or sexual abuse, and organized sexual exploitation. (Herman 1992, 121)

The dominant features of complex post-traumatic stress include alterations in consciousness (e.g., dissociation), emotional regulation (e.g., rage), relations with others (e.g., isolation), self-perception (e.g., shame), and systems of meaning (e.g., hopelessness), among others (Herman 1992, 24).

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24 It is problematic to view post-traumatic stress as a disorder and I have dropped “disorder” from my discussion.

25 Herman talked with survivors of concentration camps in her efforts to understand the experiences of children trapped in totalitarian households, which she likened to concentration camps.

26 Organized sexual exploitation includes child pornography and child prostitution. Other examples of complex trauma conditions include coping over the long-term with refugeeism, parents’ mental illness, aggravated alcoholism and drug addiction, long-term neglect and abandonment, and so on, particularly if multiple conditions co-occur.
Symptoms include persistent depression, chronic suicidal preoccupation, and "disruption in intimate relationships" (121).\textsuperscript{27} Added to this might be the fragmented or "non-integrated personality"—one personality in fragments—one fragment of which plays the role of "protector" in childhood (Hacking 1995).\textsuperscript{28} This protector child may be mistaken as resilient if later integration does not occur (in the life stories, resilience involves the long-term integration of traumatic experiences into their identities). Although the complex traumatic syndrome contradicts received notions of resilience, it is a necessary condition for resilience as mediated and not just immediate. It is in this way that resilience is anomalous, as conceptualized in the life stories and the early statistical studies.

\textit{Resilience as Anomalous}

Resilience as an anomaly is also supported in the literature on children and youth "at risk." One analyst estimates that 10\% of adolescents in the USA can be categorized as "very high-risk youth, those with multiple-problem behaviors" (Dryfoos 1990, 107).\textsuperscript{29} It is commonly held that approximately 10\% of such high risk groups will demonstrate resilience (Higgins 1994, 18).\textsuperscript{30} When resilience is correctly associated only with high risk groups, we get a better sense of resilience as anomalous.

\textsuperscript{27} Herman provides a detailed list of symptoms for each of these "alterations" (Herman 1992, 121).

\textsuperscript{28} Hacking distinguishes \textit{one personality in fragments} from "multiple personality disorder" (MPD). MPD is reputed to be several personalities in one person. In Hacking's opinion, the latter is a manifestation of media hype and hypnosis, whereas the former implies the potential for healthy re-integration after trauma. In keeping with Hacking's view, MPD has recently been renamed \textit{dissociative identity disorder} (DID) in the \textit{Diagnostic Statistical Manual}, which manifests as an aftereffect of sustained childhood trauma that reflects the child's imaginary capabilities required to survive such trauma. DID occurs when the adult cannot move beyond this childhood survival strategy. Trauma affects personality and can involve memory loss. Hacking's historical treatise on memory asserts that one's memory is essential to one's identity (Hacking 1995).

\textsuperscript{29} Dryfoos's work is, however, troubling. She locates \textit{all} adolescents along a continuum of risk (from low to high) while pursuing in-school services in inner-city schools. This combination of positing all adolescents at risk while targeting inner-city schools for risk programming is mirrored in the resiliency movement, which posits \textit{all} children as having the potential for resilience while targeting inner-city schools for teaching resilience.

\textsuperscript{30} Citing seven early studies of impoverished children, children with mentally ill parents, Holocaust survivors, and other children at risk, by Werner and Smith, A. Osborn, E.J. Anthony, M. Rutter, C. Kaufmann et al., W.B. Helmreich, and Hauser et al. See Higgins' footnotes 48–52 (1994, 359). By this arithmetic, 10\% of high risk youth (which is 1\% of all youth) would be characterized as resilient in the context of complex trauma. This surely suggests resilience as anomalous.
anomalous. Some researchers purport that a majority of distressed children are resilient, but Higgins, writing from the life story perspective, cautions against such a view. She claims that these researchers use only clinical samples, which leave "the incidence of more and less shattering outcomes in the general population less well understood" (19).

Higgins distinguishes between many people functioning "well enough" and those with "unusually high levels of functioning in the face of adversity" (Higgins 1994, 19). This latter group represents the 10% who exemplify resilience after having experienced severe adversity in childhood. Higgins makes an important point in her research with resilient-identified adults: The prevalence of abuse is considerably higher than the prevalence of resilience because resilient adults "frequently have highly psychologically compromised siblings" (20) who also experienced severe adversity. A subject in another qualitative study of resilient-identified adults explained that her siblings identified with, and were central to, the family drama that destroyed them. They were "crushed by its pathology and descended into crime, prostitution, alcoholism, illegitimacy, and long-term welfare dependency" (L. Rubin 1996, 45). This point alone—the typically disparate "coping" processes among siblings—provides compelling support for the criterion of resilience as anomalous.

A Slippery Slope

I constructed the conditional criteria to subvert the slippery slope from resilience-as-anomaly to resilience-as-normality in the expert discourse. The danger of this slippage informs the politics of teaching resilience to targeted populations. Early researchers perceived children's invulnerability to adversity and called it resilience; they observed it as anomalous in severely traumatized children living with combinations of parental alcoholism, mental illness, abuse and neglect, political violence, and so on. But trauma and resilience are neither immediate nor measurable, as are certain risk

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31 A slippery slope is not only a slide from one position to another; it is the dangerous and perhaps irreversible slippage from one position to a worse position (Random House 1994). The danger here is its effect on less powerful others.
conditions. Thus, a second slippage occurs in the expert discourse, in tandem with the first one, and this is the slip from trauma to risk. It occurs, for example, when complex trauma is supplanted by the stress of “cumulated adversities” (Garmezy 1996, 7) and the expert discourse refers to “the multiple stressors to which a substantial portion of our population is now subjected” (7). What just happened? Today’s society is characterized as stressed, and dealing with everyday stress becomes synonymous with risk and resilience.

Accordingly, this slide occurs when people with strong personal resources and support systems face life’s everyday stresses without adverse effect and are then classified as resilient (Consortium 1994, 296). This becomes the model that targets at-risk populations. Both risk and resilience lose meaning when they are conflated with coping with the stresses and strains of everyday life events. Consider the Consortium’s identification of three types of resilience: “good [academic] outcomes in high risk children, sustained [social] competence in children under stress, and recovery from [complex] trauma” (Consortium 1994, 272). Several problems result. The same immediate observations are measured whether the conditions are risk, stress, or trauma; all three conditions are conflated as to expected outcomes; and all children are perceived as “at risk.” This latter problem refers to the category “children under stress,” meaning the majority of children living in a so-called stressful society where the “vicissitudes of adulthood” are visited upon them (Garmezy 1996, 7).

The Consortium’s typologies present two additional problems: first is their contention that all children are at risk while their research targets poor, refugee, immigrant, and ethnic minorities in inner-city schools; second is their belief that all inner-city children and youth are at risk and require school- and community-based risk prevention and intervention programs. The Consortium

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32 Cumulated adversities may certainly cause complex trauma, but complex trauma cannot be attributed to the general population.

33 This group comprises 11 members who conduct research on the school-based promotion of social competence.
focuses on individual “mental health problems” and pays lip service to poverty, failing to address structural oppression and systemic disadvantage. From my reading, a sense of panic informs their mounting social program agenda, as their focus shifts from risk to resilience in a bid for revitalized funding because risk programming has proven ineffective.

The implications of these slippages in meaning are partly informed by the insight that “expert needs discourses are the vehicles for translating sufficiently politicized runaway needs [italics added] into objects of potential state intervention” (Fraser 1989, 173). State intervention manifests in ever-increasing policies and practices that claim all children are at risk (also prevalent in the advocacy discourse), while targeting “kids at risk” in inner-city schools for social programming without also challenging systemic disadvantage. At worst, “when expert needs discourses are institutionalized in state apparatuses, they tend to become normalizing [italics added], aimed at ‘reforming’, or more often stigmatizing, ‘deviancy’” (174). Read deviancy as the other, as structurally disadvantaged populations. Here lies the danger. The slippery slope of stress occurs within the statistical perspective, which strips resilience of meaning and promotes targeting and surveillance strategies. A Paradox

In addition to these troubling slippages, a paradox occurs between the statistical studies and the life stories. It is a paradox bound up with complex trauma and post-traumatic stress which,

34 Lip service is an “additive discourse” (Delphy 1995) only, meaning that it does nothing to transform the conditions of poverty, instead simply adding poverty to the list of children’s risk factors. Lip service characterizes the common tendency of researchers, academics, policy makers, practitioners, and politicians to invoke poverty as an overarching cause of social problems among the disadvantaged and to posit the elimination of poverty as the cure-all for such social problems. I refer to the tendency of espousing the eradication of poverty while failing to act materially upon this belief. Paying lip service occurs because poverty is structured by an economic system in which most social critics of poverty actually benefit from poverty. Rarely acknowledged is systemic poverty as integral to capitalist society.

35 For an analysis of systemic poverty (analyzed in the American context but applicable to Canada), see Michael B. Katz, The Undeserving Poor: From the War on Poverty to the War on Welfare (New York: Pantheon Books, 1989).

36 Many important words lose meaning due to overuse, slippage, and co-optation. Such words include rape when it is used, for example, to describe “the rape of the landscape,” and racism when it is detached from institutional discrimination. Invoking racist accusations when race is not the issue detracts from the real problems of racism.
together, comprise the complex traumatic syndrome. As a condition for resilience, the syndrome challenges some assumptions about resilience. For example, adults perceived as resilient because, one, they were successful in school and, two, they did not suffer post-traumatic stress, may not have experienced complex trauma in childhood. Can they be called resilient? Further, children perceived as resilient who experienced complex trauma may be dissociating, a precursor to post-traumatic stress that can be mistaken for resilience. In her research on *betrayal trauma*, psychologist Jennifer Freyd describes dissociation as a survival skill: “Betrayal violates the basic ethic of human relationships, and though we are skilled at recognizing betrayal when it occurs, this ability may be stifled for the greater goal of survival” (Freyd 1996, 164).

But seeming to survive trauma in the short term is not predictive of resilience and is not synonymous with striving to overcome the complex traumatic syndrome in the long term. I question whether one can experience complex trauma without experiencing post-traumatic stress, and whether absence of the complex traumatic syndrome is an accurate indication of resilience. Here lies the paradox: Does resilience occur in the absence of trauma, its apparent absence being the evidence of resilience, or does resilience occur in the presence of trauma, its presence being the necessary condition for resilience? This paradox maps the divergence between the expert and experiential discourses and mirrors the distinction between resilience as norm and resilience as anomaly. It is only partly resolved by the retrospective views of the life stories, which challenge the predictive claims of the statistical studies.

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37 I disagree with many aspects of Freyd’s defense of repressed and recovered memories concerning childhood sexual abuse. Her work on betrayal trauma, however, adds to our understanding of the relationships among trauma, memory, identity, and narrative. See also *Rewriting the Soul: Multiple Personality and the Sciences of Memory* (Hacking 1995).
What Does Resiliency Mean and to Whom?

The statistical studies are further challenged by my critique of two tenets in the expert discourse. One is the more clinical definition of resilience as invulnerability to adversity and the other, derived from the first, is the more popularized definition of resilience as bouncing back from adversity. These two definitions are in conflict and they elicit the following questions: If a child is invulnerable to adversity, from what is the child bouncing back? If the adversity has been traumatic and, therefore, essentially life changing, to what is the child bouncing back? The contradiction between these two definitions amplifies the importance of establishing conditional criteria for recognizing resilience.

Invulnerability to Adversity?

To be invulnerable is to be “incapable [italics added] of being wounded, hurt, or damaged” (Random House 1994). Early proponents of resilience who observed traumatized children as invulnerable characterized them as resilient (Anthony and Cohler 1987; Rutter et al. 1979; Werner 1989b). The statistical studies championed the invulnerable child as “stress-resistant,” based on “observable, behavioral criteria that represent success in meeting expectations of society” (Luthar and Zigler 1991, 12). A book on one of the most-cited studies of childhood resilience is titled Vulnerable But Invincible (Werner and Smith 1982), even though invincibility is a synonym for invulnerability. One widely cited edition of articles written by psychologists and psychiatrists is titled The Invulnerable Child (Anthony and Cohler 1987), and a recent mass media article on resilience is called “Invincible Kids” (Shapiro et al. 1996).

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Vulnerability in these contexts is viewed as psychological susceptibility, and refers to the "predisposition to develop varied forms of psychopathology or behavioral ineffectiveness" (Zimmerman and Arunkumar 1994, 2). This dualism between invulnerability and vulnerability helps to explain the slippage from anomaly to norm and from trauma to risk in the expert discourse. Risk populations are perceived as vulnerable, and vulnerable populations are pathologized. It sets up a second dualism, between risk and resilience, and illuminates the problem of teaching resilience to targeted risk populations. This second dualism reduces risk to school failure and resilience to school success, illustrated in Table 3. Two influential discourses, the "nation at risk" and "effective schooling" (cited elsewhere), inform this artificial dualism.

Pathologizing human vulnerability is a peculiar practice. If invincible or invulnerable children "are untouched [italics added] by the stresses they face . . ." (Zimmerman and Arunkumar 1994, 3–4), I would argue that this is traumatic behaviour that can lead to psychopathology. Perceived invulnerability may actually be dissociation, a survival strategy that must eventually be overcome to achieve mental health in adulthood. Conversely, resilient-identified adults (in the life stories) emphasize their ability to live with their childhood trauma, albeit in controlled doses (L. Rubin 1996), a far cry from invulnerability. Ironically, one of the researchers who first identified "the invulnerable child" in the context of complex trauma has more recently implied that the less adversity one must adapt to, the less maladaptive and the more resilient one is likely to be (Rutter 1996, 356). This slippage defeats the very notion of resilience.

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Working from the life story perspective to counsel struggling adults who were “invulnerable children,” one psychiatrist describes invulnerability as a protective mechanism during childhood trauma. It becomes a negative defense mechanism of denial, blame, and pretense in adulthood if left unresolved (Viscott 1996, 4). Such adults are inflexible, punitive, unfeeling, perfectionistic, possessive, adversarial, and criticizing; they have lost the ability to dream, to create, and to be spontaneous, and they live in fear of losing control (of themselves and of others); in fact, they reproduce in their relationships what they fear the most—rejection and abandonment (239–54). According to Viscott, the invulnerable adult (which it is interesting to note tends to fit the gender socialization of the male stereotype and so might have been privileged by mainstream psychiatrists) is dominating and controlling, and has a tendency to obsess rather than admit his vulnerability, feel his hurt, and begin the mourning process. For the controlling person to admit a hurt and begin to deal with it, he must also concede that in some way he was powerless to prevent it. . . . The real source of his obsession stems from his fear of being vulnerable and dealing honestly with his hurt. He has a well-established habit of repressing hurt. . . . Healing is limited by his inability to be vulnerable. [italics added] (Viscott 1996, 248, 252)

Invulnerability may precede resilience but it cannot define resilience. Invulnerability as a trait of resilience assumes that resilience and vulnerability are in opposition (Rutter 1996, 356; Werner 1989b). This and other dualisms are used in the statistical studies to identify either resilience or pathology in children; for example, ab/normal, mal/adjusted, mal/adaptive, in/vincible, in/competent, even non/resilience. But in the social world such dualisms are interactive and people may be both vulnerable and invulnerable in unpredictable ways throughout their lifetimes.

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41 Of course, it is just as likely that a controlling nature invokes invulnerability. The point is that character traits range between positive and negative extremes. Viscott is discussing the negative manifestations of invulnerability in the context of complex childhood trauma. On the positive side, when such people evolve and mature, they make excellent statisticians, archeologists, organizers, and military strategists, and are “the backbone of the legal system, government, defense department, police department, and correctional system,” the planners, builders, and protectors of society (1996, 253–4).

Referring to Kathryn’s story in **Box 1**, in which moments is she vulnerable or invulnerable, and adaptive or maladaptive, and how might she choose to control those moments by concealing or revealing herself? Was she a resilient child, with her straight A’s and her beautiful blond hair, while longing for someone to love her? What about her suicide attempt and her self-mutilation, her bulimic and anorexic nervosa? What about her stubbornness and her emptiness and isolation? How

**Box 1: Kathryn’s Story**

How might the experiences of novelist Kathryn Harrison, as told in her memoir, *The Kiss* (1997), be characterized? Kathryn seemed to manage well throughout a childhood of searing betrayal and abandonment by both mother and father. She was a smart and pretty girl who always got good grades and who even went on to college. But was she resilient? Was she successful? In college, Kathryn was “seduced” into a years-long incestuous love affair with her still emotionally absent and narcissistic father. Perversely reliving the nightmare of her childhood, Kathryn sank into numbing despair and denial until, finally,

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\text{In my room, I turn the handle of my grandfather’s old-fashioned razor to release the blade from under its stainless steel cover. I trace the sharp edge over my arm, press it into places where a scratch might go unnoticed. It’s not so much a desire for punishment as for manageable pain, bleeding that can be stanched. (Harrison 1997, 153)}
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On the day of her father’s first passionate kiss, the adult Kathryn slipped into the long and restless “sleep” that permitted their torturous love affair. She eventually awakens, returns to school, writes books, gets married, has children. Recalls Kathryn, “the hour I spend with my [dead] grandfather . . . changes my life. The kiss I place on his unyielding cheek begins to wake me, just as my father’s in the airport put me to sleep” (290). She tears herself away from her debilitating drama, from the “brilliant reenactment” (L.J. Kaplan 1991) of her betray and abandonment.

is Kathryn to be measured and categorized? Could Kathryn’s betrayal trauma (Freyd 1996), perverse strategy (L.J. Kaplan 1991),

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and trauma recovery (Herman 1992) have been foretold in childhood? Can we measure the horror of a traumatized child’s secret fear of “falling forever and fragmenting

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\[43\] In the worst case scenarios of adult perversions deriving from childhood pathologies (unresolved complex trauma), some perverse behaviours act as survival strategies. Without excusing harm to others, such perversions may include fetishism, transvestism, masochism (harm to self), sadism, exhibitionism, voyeurism, paedophilia, zoophilia, and necrophilia (L.J. Kaplan 1991). Within this disturbing range of perversions, Kaplan identifies the *perverse strategy* in, for example, the *fetish*, which may appear merely as a detail of repetitive behaviour but is also “a complex symbol that both expresses and yet conceals all the forbidden and dangerous wishes, all the losses, abandonments, anxieties, and terrors of childhood” (34). Such perversions reflect the terror and intensity of the childhood trauma, now compulsively repeated in the perverse obsession. Kaplan calls this a perverse strategy because it signals the deeper trauma, the brilliant re-enactment a desperate cry for help.
into nothingness” (L.J. Kaplan, 71)? Such a child, in desperate need of love and order, can seem invulnerable by all outward appearances, giving away nothing of her inner terrors until adulthood.

My challenge of invulnerability is not to promote victimology, where trauma teams and crisis counsellors swoop in on each new disaster scene and where psychiatrists and psychologists are consulted for every private problem. Equally problematic would be to promote a reversal from a culture of self-pity to a culture of self-reliance, a reversal for which some psychologists are arguing. Instead, I question the over-professionalization of traumatic life events that encourages the extremes of either victimization or invulnerability. Contrary to notions of invulnerability, which among other things means inaccessibility, one of the characteristics of resilient-identified adults in the life stories is not vulnerability as victimization or psychopathology but, rather, their ability to develop empathy for others in difficult circumstances: “If abused children were [self-]convinced that their pain was useful, especially in helping others, then they were more likely to be resilient” (Young-Eisendrath 1996, 77). Developing empathy out of trauma can hardly be associated with resilience as invulnerability. Can resilience, then, be associated with bouncing back from adversity?

Bouncing Back from Adversity?

Resilience as bouncing back from adversity emerged from the discourse of resilience as invulnerability to adversity. Resilience is literally defined as elasticity or buoyancy, as the ability to “recover readily” (Random House 1994). It is frequently referred to by psychologists and others as the ability to bounce back from adversity, presumably back to a prior and stable state. When applied to children and youth this observation does not take into account their sophisticated coping mechanisms, for which long-term outcomes are unpredictable. Also, the notion of bouncing back is contradicted by that of invulnerability, in that bouncing back implies at least a temporary period

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44 See, for example, Bowman (1997).
of vulnerability. While the bouncing back metaphor is a slight improvement over the invulnerability model, it ignores the traumatic stress syndrome and the long-term mediation of resilience in the life story perspective. The experiential discourse, in fact, underscores "the advantages [for growth] that adversities can bring in childhood" (Young-Eisendrath 1996, 20). The conditional criteria and the experiential discourse signify that there can be no return to a prior state.

Complex trauma causes "personality change from catastrophic experience" (Herman 1992, 122), for better or worse. It cannot be assumed that there is or ever was a prior state to bounce back to, whether this is a personal sense of well-being or a safe and stable social environment. Some prior stable state—country, community, family, home, health, sanity, safety—may have been destroyed, or may have never existed, or may never be the same again. Under the static notion of resilience as immediate and measurable, quantitative researchers equate resilience with bouncing back to normal, with normal meaning conformity to mainstream norms and expectations.45

**Surviving, Thriving, or Striving?**

If one steps away from the bouncing back image and views it from a distance, the literal meaning of resilience as elasticity can be reconceptualized, when applied to humans, as stretching oneself over time in myriad ways in multiple directions. Stretching is dynamic and contingent in terms of trying, testing, retreating, tasting, exploring, failing, learning, and experimenting. It evokes the creative struggle through the complex traumatic syndrome. It suggests resilience as striving, as effort that pushes beyond one's presumed limitations. Thus, there are important distinctions to be made among surviving, thriving, and striving as these occur in resiliency discourses.

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45 Conformity is problematic when it is imposed upon disadvantaged populations by advantaged populations in accordance with the social norms of a dominant society that does not challenge systemic disadvantage. Conformity can be an ingeneous coping mechanism, but one which in and of itself does not necessarily produce or predict resiliency.
Surviving is a tired word used today to describe the plight of anyone who has experienced hardship. It means literally to endure adversity and continue to exist (Random House 1994) and is more akin to the statistical studies than the life stories. Some of those I interviewed said that just to be alive after extreme hardship is to be a survivor, and that to survive is, thus, to be resilient. But does this adequately depict resilience? One qualitative researcher distinguishes between being a survivor and being resilient, and between resilience and invulnerability:

Unlike the term survivor, resilient emphasizes that people do more than merely get through difficult emotional experiences, hanging on to inner equilibrium by a thread. Because resilience best captures the active process of self-righting and growth that characterizes some people so essentially, I have chosen that term in favor of other descriptions. In addition, while resilience embraces many of the aspects of this process, no other labels (particularly the term invulnerability) adequately convey the hurt and even the anguish that the severely psychologically challenged negotiate as they emerge from their turbulent pasts. (Higgins 1994, 1-2)

Surviving cannot be construed as synonymous with resilience.

Thriving is a big step up from surviving. But several of the advocates used this term to describe both “normal” children and “resilient” children. Also, it is commonly used to describe happy, healthy babies. Thriving means to grow, flourish, prosper, and succeed (Random House 1994). As a synonym for resilience, it does not acknowledge the suffering of, and the struggle of overcoming the complex traumatic syndrome. It fits more with the statistical studies and their association of resilience with bouncing back from adversity.

Striving, however, means to exert oneself, to fight for and struggle vigorously toward one's goals (Random House 1994). It embodies the action, conflict, and motivation embodied in the life stories. Striving may include surviving and thriving, but is greater than their sum. Renowned psychiatrist Viktor Frankl, writing from the hard lessons he learned in the Nazi concentration camps, describes the “fulfillment of our strivings” as the motivation to move beyond oneself in finding identity and meaning (Frankl 1966). In unspeakable suffering, in the horror of the death camps, in complex trauma and post-traumatic stress, one’s identity and meaning are shattered, to once again
find *being*, says Frankl, one must first fulfill *meaning*.\(^{46}\) Thus, an essence of resilience is found in Frankl’s *will to meaning*, based not on need or drive but on striving toward meaning and restoring oneself through reaching beyond oneself (25, 29).\(^{47}\)

**Box 2** features the Nazi Holocaust as an example of an atrocity causing collective complex trauma.\(^{48}\) Could *any* Holocaust survivors *ethically* have been viewed as invulnerable? Conversely, if viewed as vulnerable, could they *ethically* have been cast as psychopathological? Yet, these are

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**Box 2: The Nazi Holocaust**

In the life stories of 25 Holocaust survivors identified as resilient, “they were able to do what most of us might think is impossible: to live with unresolved mourning. They pursued active and creative lives because they determined they would do so, in the face of constant reminders of their losses” (Young-Eisendrath 1996, 83). They were not invulnerable, nor did they bounce back to some prior state, to an unproblematic past. One researcher of Holocaust survivors found that even those who go on to live well “were not free of the terror, they neither forgave nor forgot, but they continue even in their occasional personal despair to marry, raise children, [and] work constructively in the community…” (Garmezy 1996, 12). That they are called “survivors” suggests that some survive better than others, and that some become resilient.

In his classic book, *Man’s Search for Meaning* (written after the Holocaust and first published in 1946), survivor and psychiatrist Viktor Frankl (1984) retraces his movement through the initial stages of shock, apathy, disillusion, and disbelief in the Nazi death camps. He identifies in the meaning of life the essence of existence, and in the response to life a “responsibleness” that involves choice. Nearing death himself, Frankl ultimately chose not to respond to his captors and, instead, to help his companions. He found meaning even in his suffering and, thus, saved his own life.

Judith Herman (1992) based much of her study of trauma recovery on adults who lived in the Nazi concentration camps as children. The study of Holocaust survivors helped her to understand the traumas of public terrorism and private terror in children’s lives. Imagine a child trapped in a concentration camp or a domestic prison of parental atrocities. What options are available to such a child besides dissociation, withdrawal, feigned invulnerability? It is well understood today that deeply traumatized people need recognition of their suffering, whether the trauma occurred when they were children or when they were adults (Higgins 1994, 14). The so-called invulnerable child is unlikely to receive such recognition in the lab study perspective.

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\(^{46}\) Frankl uses the terms *being* and *meaning* carefully, as always in tension and always in process.

\(^{47}\) Frankl developed *logotherapy* based on his experiences in the Nazi death camps (Frankl 1984). It distinguishes striving in the *will to meaning* from the Freudian, psychoanalytic drive in the *will to pleasure* and from the Adlerian, psychological schema of the *will to power*. To Frankl, “it is inconceivable that man [sic] can really be driven to strivings; either he strives or he is driven. To ignore this difference [is] to sacrifice one phenomenon to another…” (1966, 24).

\(^{48}\) Referring to Box 2, Garmezy is citing S. Moskovitz, *Love Despite Hate* (New York: Schocken Books, 1983). Concerning the need to recognize people’s suffering, the Holocaust Museum and the Vietnam War Veterans Memorial in Washington DC well illustrate this need (Higgins 1994, 14).
the characterizations suggested when the quantitative resiliency research perspective is assigned to a traumatized population. Neither option reflects the process of enduring human suffering and overcoming complex trauma. Instead, subjects are objectified in the scientific “preoccupation with the dissection of man [sic] and the diagnosis of his ills rather than with the cultivation of persons” (Haselden 1966, 7). Divergence between the expert and experiential discourses seems ever-widening at this point, though the quantitative measures of a child’s sense of purpose do resonate somewhat with Frankl’s thesis of the will to meaning. The statistical studies, however, measure a child’s ability to set goals, which can only be a speculative, and not a predictive, prelude to an individual setting ever higher goals and striving toward them over the long-term.

I have pondered whether the children in the statistical studies would grow up to be the adults in the life stories and can only conclude that such a path is seldom and random at best. Most of the resilient-identified adults in the life stories said they did not fit the quantitative version of childhood resilience. One subject said, “If you were to enroll me in the study then, you would probably end up hospitalizing me. . . . [I was] totally unglued” (Higgins 1994, 320). The life stories and the conditional criteria hold that resilience is neither being invulnerable nor bouncing back. Instead, it is the determination to move forward and beyond, to move through trauma while slowly and haphazardly integrating the traumatic event(s) into one’s identity. Not only surviving, and more complex than thriving, resilience is striving for being and meaning, and moving beyond trauma. Evidence for the integration of trauma into one’s identity is found consistently in resilient-identified adults’ stories, many of whom eventually devote some or all of their work life to helping others in similar situations (Rubin 1996). In hindsight, one resilient adult perceives that “her own transformation began right in the middle of her terror. ‘I just kept trying to make do. I wasn’t going to lie down and die. I was going to have a life and achieve and help others’” (Young-Eisendrath
Such people are not invulnerable, nor is their resilience immediately observable or measurable; they suffer, but they “engage their suffering creatively” (72).

**From Resiliency Relativism to Resiliency Pluralism**

Over time, resiliency researchers have conflated important differences between bouncing back and moving beyond, between simple trauma and complex trauma, between denying trauma and integrating trauma, between short-term coping mechanisms and long-term survival strategies. I have resisted simply redefining resilience as a common set of recognizable traits, developing instead conditional criteria for recognizing the occurrence of resilience in the context of trauma. These conditional criteria allow for resiliency pluralism but not resiliency relativism. Pluralism involves a range of resiliencies that meet the conditional criteria but do not conform to one set of traits or behaviours. Relativism is marked by the slippages from anomaly to social norm and from trauma to risk (and to universalizing risk and resilience). It occurs in the expert discourse and in the influence of this discourse on what I will call a *public rhetoric*. The sloppiness of relativism and public rhetoric calls for a distinction between formal and informal meanings of resilience.

**Relativism: Informal Meanings**

The watering down of resilience caused by the slippages in the expert discourse is doubly diluted by informal media references to resilient people, places, actions, and things. For example, Mamie Eisenhower is characterized by her biographer as resilient for tolerating a long-suffering marriage (Prose 1996, 39), while Tina Turner is deemed resilient for terminating an abusive one. Olympic rower Silken Laumann refers to the quick recovery from rowing errors as resilience, such that “nothing accelerates progress more than resilience” (1998, D20). A police constable “captivated by the bleakness” of drug addicts living in squalor is “amazed at the resiliency of the human spirit”

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49 The Oprah Winfrey Show, 1997 (specific date unknown).
Celebrities, athletes, and addicts are resilient, cars, plants, and lotions are resilient (in media advertising), and even schools are described as either resilient for resisting change (Paquette 1995, 29) or resilient for adapting to change (Beineke 1997, 60–1).

The “amazing resilience” of Queen Elizabeth is celebrated by her biographer as “the heroic embodiment of dutiful dullness, steadfastly fulfilling her royal obligations in the midst of the chaos around her” (Rosenthal 1997, 39). The staying power of the royal Grimaldi family of Monaco is compared to aluminum siding: “lightweight, tacky, and astonishingly resilient” (Min 1998, 46). In the midst of allegations of sexual misconduct and obstruction of justice, President Bill Clinton is characterized as resilient because he is narcissistic. “Why . . . might he have risked everything? . . . Narcissists have two defence mechanisms that make them more resilient than most people . . . ‘They are incredible at denying the truth . . . and they can rationalize’” (Dart 1998, A12). Also, resilience as imperative and prescriptive has made its way into the new age literature “at the forefront of a growing backlash against the self-help movement,” a backlash in which charges of narcissism are being made against people “who refuse to let go of their childhood traumas” (Blake 1998, B12).

In addition, just as “people who are resilient [in the context of risk] count themselves as ‘successful’” (Young-Eisendrath 1996, 20), so most successful people count themselves as resilient, even in the absence of risk. This phenomenon is borne out by the advocates I interviewed and also by several friends who, in casual conversation, classified themselves as resilient. In this vast public rhetoric, resilience assumes an array of informal and relativistic meanings that variously imply tenacity, endurance, resistance, or career success. I have already indicated the relativism inherent

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50 Here we see resilience posited as social norm. Victimology is out, resiliency is in, reversing from one extreme to another. Blake cites Caroline M. Myss, *Anatomy of the Spirit* (New York: Harmony Books, 1996): “Myss, 45, has become one of the hottest names on the New Age lecture circuit with this tough-love message and is at the forefront of a growing backlash against the self-help movement. . . . ‘We are not meant to stay wounded,’ Myss said. ‘We are supposed to move through our tragedies and challenges and to help others move through theirs.’” Myss is part of a larger trend that suspects “the self-help movement and traditional recovery programs” are narcissistic. First resilience is narcissistic (Clinton), then victimhood is narcissistic. These words lose their meaning in the public rhetoric around resilience.
in claims that all children are at risk and that all children have the potential to be resilient. The slippage in the expert discourse to resilience as social norm informs this relativism. There is as wide a gap between the formal and informal meanings of resilience as there is between the expert and experiential discourses (though these gaps do not map onto each other). While there are diverse discourses of resilience in the expert and experiential texts, they nevertheless constitute a more formal set of meanings essential to any uptake of resilience in resiliency research and advocacy policy and practice affecting the lives of children and youth.

**Pluralism: Formal Meanings**

Resilience has become ubiquitous in the quantitative approach but it remains anomalous in the life story approach.\(^{51}\) Recall that the statistical perspective focuses on the immediate measure of resilient-identified children who conform to mainstream norms (i.e., who meet the measure of prescribed norms). In these studies, the “observable, behavioral criteria” (Luther and Zigler 1991, 12) that represent resilience as success mean positive adaptation to negative conditions in the immediate present (Beardslee 1989, 267; Consortium 1994, 272;\(^{52}\) Luthar 1995, 426;\(^{53}\) Luther and Zigler 1991, 11;\(^{54}\) Zimmerman and Arunkumar 1994, 2). Such children may appear invulnerable, but their invulnerability is a myth:

\(^{51}\) Resilience is ubiquitous in that it is considered “normal” in the dominant society (so to be “non-resilient” would be an “abnormal” anomaly).


The term “invulnerability” is antithetical to the human condition. Kierkegaard was right when he said, “Fear and annihilation dwell next door to every man.” Perhaps it is this inner knowing that adds to our eager, even blind embrace of the myth of invulnerability [italics added], and, in turn, increases our propensity for exaggeration and misinterpretation. If unqualified, our vision becomes myopic; human vulnerability is equated with weakness and invulnerability equated with strength. (Felsman and Vaillant 1987, 304)

This myth of invulnerability enforces a kind of pseudoinvulnerability. In the Western tradition of triumphant individualism, it offers only a “distorted sense of ‘survivorship’” that denies traumatic suffering and is, instead, a “model of unconscious conflict” (Felsman and Vaillant 304).

Conversely, recall that the life stories—drawing on the experiences of resilient-identified adults who had traumatic childhoods—discern resilience as the mediated integration of trauma through long-term self-transformation (or self-transcendence). In this context, resilient people are those who “transcend their pasts” (L. Rubin 1996, 80), eventually translating their trauma into a “sense of mission” toward helping others in similar plights (227). Thus, resilience includes an “ability to extract something constructive from even the most negative ordeal” (80). The experiential discourse portrays resilience as learning from experience (Higgins 1994, xii, 17; Young-Eisendrath 1996, 19, 49). It is a mediation process somewhat reflected in the “lifespan perspective,” which involves both seeking and providing protective influences over the long term by and for those who have endured traumatic childhood experiences (Katz 1997, 161–2). Resilience is not solely temperamental or environmental, but a complex interaction between inner and outer resources “throughout a person’s life span” (K. Butler 1997, 25–6).

One resiliency researcher beginning to bridge the divergent meanings of resilience in the expert and experiential discourses is child psychologist Suniya Luthar. Her studies indicate that adolescents identified as resilient in statistical studies are actually highly distressed and socially withdrawn. In one such study, she noted that “children labeled as resilient were significantly more

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55 See also Challener (1997), L. Rubin (1996), and Wolin and Wolin (1994).
depressed and anxious than were competent children from low stress backgrounds” (Luthar 1991, 600). Luthar now warns against all-encompassing definitions and indicators of resilience because it plays out differently according to age, sex, class, and culture, and according to hereditarian and environmental factors (Luthar 1995, 427) that constitute a constellation of unpredictable conditions and circumstances. In this light, the conditional criteria are integral to recognizing multiple resiliencies while sifting out informal, ubiquitous, and relativistic notions of resilience.

The Pioneering Studies as Problematic

The dominance of the expert discourse—in terms of formal meanings of resilience—goes back to the pioneering research of Garmezy, Rutter, Werner, and their colleagues. Each of their studies was longitudinal and each was originally designed as a study of risk factors in risk populations. Before a brief description of each, it bears repeating that I question whether the resilient-identified children in the statistical studies actually become the resilient-identified adults in the life stories. While this question is now being addressed by prospective longitudinal studies of at-risk or traumatized children with high test scores (those identified as resilient in the statistical studies), most of this research is either unfinished or unreported. A good analysis of an earlier prospective risk study is highlighted in Box 3 (Felsman and Vaillant 1987).

The pioneering resiliency studies posited causation—identifying traits and conditions perceived as causing resilience—but their findings were more likely correlational (e.g., a resilient-

56 Some early studies looking at children’s long-term risk and resilience included biological or biomedical trauma, though this type of trauma is not the focus of my dissertation. Werner’s and Smith’s work on the Hawaiian Island of Kauai, for example, was based on a population of children being monitored for biological and psycho-social risk factors, as determined by such conditions as poverty, maternal perinatal stress, and parental discord and psychopathology (1992). With this biological component having slipped out of the discourse, the findings of Werner and Smith (and others) are being widely disseminated (by Werner and others) in the movement to teach resilience to disadvantaged children and youth.


58 Comment by Dr. Kim Schonert-Reichl, Department of Educational Psychology and Special Education (EPSE), Faculty of Education, UBC, who conducts research on childhood resilience.
An analysis of a prospective risk study was conducted in 1987 and titled “Resilient Children as Adults: A 40-Year Study” (Felsman and Vaillant 1987). The original study, which commenced in 1940, was on delinquency, not resiliency. It involved a cohort of 500 boys remanded in Boston reform schools and a control group of 456 boys from Boston inner-city schools. Felsman and Vaillant analyzed the “midlife outcome” of a subsample of 75 men from the control group who, as children, had been classified at “high risk for psychopathology.” Their classification was based on measures of intelligence, socioeconomic status, environmental factors, and boyhood competence (sociability and purposefulness).

Felsman and Vaillant wondered whether “resiliency witnessed in childhood hold[s] up over time” (1987, 298) and they looked for indications of resiliency in adulthood among their subsample (at age 47). Overall, they found enormous discontinuity—periods of growth and mastery, interwoven with periods of limitation and regression. . . . Ultimately, the understanding of any individual is to be found in the unique configuration of internal and external forces that coalesce to embody that particular life (297–8).

Felsman and Vaillant found that innate capacities played a significant role and that resiliency outcomes were more random than predictable. The strongest correlations bore no relation to resilience: those who were the most predictive of success in boyhood (i.e., were the least at risk) were the least at risk in adulthood and vice-versa. The original study was a study of risk, not of trauma. Though the authors marvelled at the men’s collective “capacity for recovery” (298), their analysis supports resilience as anomalous and as depicted in the experiential discourse. Eschewing the myth of invulnerability so fundamental to the expert discourse on resiliency, they concluded that resilience is an unpredictable and “lifelong process of adaptation” (311).

identified child might be doing well in school, but good grades do not ensure resilience and vice-versa). Claims of causation have contributed to notions of reifying and replicating resilience, even though such findings are inconsistent and inconclusive. Yet, these studies have been most influential among those who advocate on behalf of children and youth.

Norman Garmezy’s “Project Competence” (1989) involved research on the elementary school children of 200 inner-city families over 10 years. He measured children’s stress and competence levels and posited resilience as conformity to the then current norms of social and school success. Michael Rutter and his colleagues conducted a 10-year study of 125 children of mentally ill parents (1979). They found that these children “escaped relatively unscathed” (Zimmerman and Arunkumar 1994, 3) and called them invulnerable. Later describing these children as resilient (Rutter 1985, 1987), Rutter initiated the social valuation of so-called invincible children who appeared to be
immune to, and untouched by, distress (Cowen et al. 1995). Perhaps the best known and most cited study of childhood resilience is that of Emmy Werner and Ruth Smith (1982, 1992). They conducted a 10-year study that identified 200 “high-risk” infants (25% of a live birth cohort of 837) born on the Hawaiian island of Kauai in 1955, one-third of whom were later characterized as caring, competent, and confident adults.\(^{59}\)

This last study was originally designed by Smith to assess the cumulative effects of poverty, perinatal stress, and poor parenting on children’s social, emotional, and physical development. Werner drew upon this risk population to study resilience. One problem is the initial construction of poverty in a study targeting a rural, non-industrialized, island population of predominantly Hawaiians and Southeast Asians. The researchers attributed poverty to 1950s Kauai because its indigenous economy was fishing and sugarcane. Most of the parents in the study were described as unskilled men and uneducated women. Such descriptors as poor, stressed, unskilled, and uneducated indicate that the Kauaians were being unfavourably compared with urban, educated populations on the industrial mainland who had access to modern health services and medical facilities.

The problematic imputing of poverty in the Kauai study casts doubt on the researchers’ findings of widespread resilience over time. Here, the cultural deficit model informs both the imputing and the inherent pathologizing of poverty. The consequent statement that Werner and Smith were “deeply impressed by the resiliency of the overwhelming majority [italics added] of children and youth” in the high-risk sample (1977, 210) raises questions about the researchers’ criteria for resilience. Resilience cannot be ascribed, for example, to overcoming poverty (not only is the imputing of poverty problematic, but poverty is not inherently traumatic or pathological). At the time of the study Hawaii was not a US state, and during the long-term study new health services

\(^{59}\) Werner and Smith also revisited this cohort to collect follow-up data at ages 18 and 31–32 (1992).
and resource industries were introduced on Kauai which doubtless affected research observations, measures, and responses of children and families.

On the one hand, Werner and Smith may have simply been recording typical outcomes among a fairly stable (low levels of im/migration) island population, observations which may not be generalizable to other populations. On the other hand, their findings are not significantly different from those in the general population, where 20% have identifiable mental health problems at any given time.\textsuperscript{60} The Kauai study certainly yields interesting facets derived from tracing the lives of a single birth cohort. But the cultural differences between researcher and researched may have affected their perceptions of such factors as mental health and poor parenting.\textsuperscript{61} Werner imported teenage pregnancy as a high-risk factor, for example, but was it a risk factor from the perspective of the rural Kauaiian culture?

Challenging Assumptions and Stereotypes

These earlier resiliency studies laid the groundwork for future statistical studies. Their emphases on conformity, invulnerability, and targeting of poor populations foreshadowed notions of resiliency reification, replication, and relativism prevalent in the expert discourse today. Through the critical lenses of the conditional criteria and the experiential perspective, or simply by juxtaposing the statistical studies and the life stories, it is clear that resilience takes different forms among different individuals in different contexts, as does risk. In just one broad example, child abuse is more private and individual and political violence is more public and collective, and responses will vary considerably across the spectrum of events, groups, and individuals. Researchers need to recognize both risk and resiliency pluralism in diverse contexts.

\textsuperscript{60} Schonert-Reichl, ibid. Dr. Jacqueline Baker-Sennett (EPSE, UBC) claims that 50% of the general population will need some kind of mental health service during their lifetime.

\textsuperscript{61} Schonert-Reichl, ibid.
Dangerous Adaptivity vs. Adaptive Distancing

What the statistical studies measure may or may not be resilience. Moreover, the assumption of resilience in children has a perilous side. Drawing again on the divergence between the expert and experiential discourses, the two perspectives illuminate important differences that challenge the claims of the statistical studies. These differences are between the distressed child who is “dangerously adaptive” (Gleick 1996, 20) and the traumatized child who is “adaptively distant” (Higgins 1994, 21). The child who is dangerously adaptive seeks to please abusive or authoritarian adults and ignores his or her own best interests. Conversely, the child who is adaptively distant disengages from the conflict and distress of, say, alcoholic or mentally ill parents and safeguards his or her individual identity while maintaining cautious compassion for the abuser.62

Adaptive distancing is the ability to “stand apart from stressful situations . . . in pursuit of constructive goals” (Malloy 1997, 15). Interestingly, the dangerously adaptive child who seeks to please adults is not acting out of any sense of morality; it is the adaptively distant child who is more likely making a moral decision to separate from corruption created by adults (Wolin and Wolin 1994, 191).63 Pleasing adults, and even acting like adults—in effect, becoming little adults—assumes childhood resilience even though the long-term outcomes may be pathological. What must be considered is “the relationship between short-term coping and long-term aftereffects” (Cairns 1996, 59).64 Conforming, behaving, and getting good grades in the face of adversity are dominant identifiers of resilient-identified children in the statistical studies. But these are traits pleasing to adults and so they require careful consideration. Resilient-identified adults tell a different story of


63 Children develop a moral sense of right and wrong by about the age of seven (Wolin and Wolin 1994, 191).

resilience, one involving adaptive distancing and, thus, developing activities, relationships, and
social networks outside of the traumatic situation.

The statistical studies place resilience in opposition to risk (if you are resilient you are not
at risk), while the life stories place resilience in relation to risk (you are resilient because you are at
risk). Though integral to both views is the importance of relationships with others, there is great
variance depending on the source of risk and trauma, whether it is individual or collective, and so
on. In the expert discourse, for example, the most frequently identified “input factor” for fostering
resiliency in children is the presence of at least one supportive adult, whether parent, teacher, mentor,
or other adult. In a review of research on the children of war and other political violence, emphasis
is placed on the importance of a social network of adults, siblings, friends, and “other familiar
children” within the community (Cairns 1996, 48).

In contrast to Cairns’ emphasis on the importance of social networks in the context of
political violence as collective trauma—a view which relates well to such commonly cited risk
conditions as racism and refugeeism among inner-city populations—the statistical studies look only
at individual traits and attributes. Desirable traits are seemingly manufactured by the dominant
“input” of a supportive adult and the dominant “output” of academic achievement, a formula that
supports mentorship programs for children and youth at risk. What goes unrecognized by the
statistical studies, but is explicit in the life stories, is that resilient children independently seek out
the support they need as and when they need it. This self-motivation is fundamentally different from
providing children at risk with adult support through mentorship programs (which is not to say that
adults should not be responsible role models and mentors). The support that resilient children seek
out may be accidental, serendipitous, temporary, even inappropriate and only important through
hindsight but, nevertheless, a vital part of resilience as a mediated process.
Providing support versus seeking out support is not a simple dichotomy, however, and neither ensures resilience. Distressed children may seek, welcome, or reject support from inside or outside their families. In some cases it may be the very absence of support that fosters resilience in particular children by forcing them to seek out other resources. Self-motivation and adaptive distancing are intertwined in the experiential discourse. Kevin’s story (see Box 4) illustrates this phenomenon. He exemplified resilience as adaptive distancing and self-motivation in childhood, and he demonstrates the essence of resilience as striving in adulthood. But he might not have become resilient if those music teachers and mentors he reached out to had not been “willing partners in the enterprise” (Rubin 1996, 153). Like many in the life stories, Kevin’s interests paved his way:

**Box 4: Kevin’s Story**

By age six Kevin had deliberately distanced himself from his manic, violent, and abusive parents by living in an imaginary bubble, creating “a barrier that allowed him to be present physically but absent psychologically” (L. Rubin 1996, 152). He could see and hear but not feel beyond the bubble. To accomplish and maintain this feat of separation, Kevin had to “disidentify,” to become an observer and not a participant in the family melodrama. At an early age, he understood that he could not control the chaos and insanity in his household.

His adaptive distancing is in marked contrast to the dangerously adaptive child who will “keep trying to control the uncontrollable, to fix the unfixable, each failure sinking them deeper into the muck of the family pathology” (L. Rubin 1996, 152). Kevin’s sense of self-preservation in childhood enabled him to endure “a deep and pervasive loneliness” that did not let up until he was old enough and strong enough to seek out others he could connect with and who would guide him toward a different kind of life (153).

Kevin buried himself in books, sought out mentors and teachers, discovered beauty through his interest in great art, and struggled to become a classical musician. Today he is a stranger to his parents and they to him; when they learned that Kevin was gay, his manic mother tried to kill his alcoholic father. For Kevin, “life has been a continuing effort to catch up” (L. Rubin 1996, 158), though his sadness is mitigated by “triumph in the distance he’s come” (164).

“Each time one of those people crossed my path,” says Kevin, “I’d follow the current to the next one. And music surely was the thing that changed my life. It gave me the ticket out of my family and that whole environment. I’ve been all over the world; I’ve been able to live a totally different life from the one I grew up in. None of that would have been possible without music.” (Rubin 1996, 153–4)

As a child, Kevin could have been either pathologized for exhibiting “internalizing behaviour” or identified as resilient because he was not exhibiting “externalizing behaviour.” In what moments was he resilient or pathological, and who decides?
Gender: Externalizing and Internalizing Behaviours

Assumptions about resilience in the dominant discourse involve some gender stereotypes of resilient behaviour. Important distinctions between dangerous adaptivity and adaptive distancing disrupt some dominant assumptions about resilience in the expert discourse. In another vein, psychoanalytic researchers identify externalizing and internalizing behaviours and inconsistently construe these as good or bad and as male or female. Recent resiliency studies have attempted to measure gender differences by whether boys and girls are more at risk for, or more affected by, particular stressors. They have also explored whether boys and girls receive more or less or different supports and whether their behaviours under stress are different. Gender is routinely researched in schools today in concert with age, ethnicity, and socioeconomic status, but such studies frequently entrench gender stereotypes.

One researcher has noted that gender studies among collectively traumatized populations of political violence, for example, are so inconsistent as to remain inconclusive; such studies are contaminated by the gender stereotypes and assumptions of the children and the parents under study as well as by the researchers themselves (Cairns 1996). One of the most polarizing gender-related differences associated with risk and resiliency studies is between externalizing and internalizing behaviours, the former predominantly associated with boys and the latter with girls. These behaviours are diagnostic disorders sanctioned by the Diagnostic and Statistical Manual of Mental

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Disorders (APA DSM-IV 1994), commonly called the DSM. Yet, there is considerable variation within the psychiatric profession as to the meaning of these so-called disorders.

Some risk and resiliency researchers have characterized externalizing behaviour as negative, “action-oriented,” and uncontrolled aggression coupled with immaturity and incompetence; conversely, internalizing behaviour has been characterized as positive, “thought-oriented,” and controlled depression coupled with maturity and competence (Luthar and Zigler 1991, 12). Quantitative researchers tend to favour internalizing behaviours—which are frequently perceived as resilience—over externalizing behaviours because the former correlate strongly with academic achievement in the classroom. The DSM associates this same internalizing behaviour, however, with failure, rejection, isolation, and incompetence, coupled with a range of mental disorders and disturbances that require psychiatric treatment (Bucy 1994, 220); the DSM, claims Bucy, self-servingly provides a “means of classifying individuals with internalizing disorders in order to provide [psychiatric] treatment services” (220). But psychiatrists also note that adolescents who exhibit externalizing behaviours are “among the most urgent referrals in children’s services” (Short and Brokaw 1994, 204). Another view of externalizing behaviour counters its classification as psychopathological, claiming instead that “acting-out behavior may also be an indicator of hope and potential for success in the face of adversity” (Dugan 1989, 157).

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67 The DSM is coming under increasing criticism. One critic calls it “the encyclopedia of insanity,” positing the manual itself as a model of madness in its circuitous pathologizing of the human condition (Davis 1997). Another accuses the DSM and the APA of “manufacturing victims” by creating problems and pathologies that encourage people to seek professional help (Wigod 1996). APA professionals who defend themselves against the charge of manufacturing victims maintain that psychiatrists and psychologists provide people with the care and support they need to overcome life’s problems.

68 Citing numerous studies in developmental psychopathology, including studies by Luthar, Garmezy, Masten, and Zigler, circa 1980s.

69 Citing the Diagnostic and Statistical Manual of Mental Disorders DSM-III (Washington, DC: APA, 1987).
Externalizing behaviours are especially pathologized in the classroom, however, where significantly more boys than girls are likely to be diagnosed with disruptive "conduct disorders," although some recent studies are challenging this oversimplification. For example, a longitudinal study conducted by Luthar and colleagues found that distressed children who avoid negative, externalizing behaviour may be

incorrectly identified as resilient or invincible simply because their maladaptive responses have not become overt behavioural problems. . . . Highly stressed children who showed impressive behavioural competence [internalizing behaviours] were highly vulnerable to emotional distress over time, and . . . those who appeared to be resilient in one domain of social competence may have difficulties in other domains. (Zimmerman and Arunkumar 1994)

In two additional studies, complexity is added to this welcome element of unpredictability in efforts to understand internalizing and externalizing behaviours. One group of researchers observed that abused children exhibit a diversity of personal behaviours and social interactions simultaneously. These involve internalizing-externalizing actions and environmental-temperamental conditions (McCloskey, Figueredo, and Koss 1995, 1257). Another group identified the linkage of industrialized society and prolonged childhood with the consequent incongruity between physical maturity and emotional immaturity during adolescence, positing that these phenomena provide, and contribute to, the structural context for adolescent delinquency in contemporary society (Compas, Hinden, and Gerhardt 1995, 279). But delinquency is generally constructed in opposition to resiliency and is typically associated with externalizing behaviour (some personal experiences in the life stories and the advocacy interviews include delinquency along the road of resiliency).

In the expert discourse, boys are commonly associated with externalizing behaviours and girls with internalizing behaviours. So much so that boys are explicitly associated with delinquency

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and girls implicitly with resiliency: “It is possible that so-called ‘resilient’ children’s [read girls’] reactions to their stressful experiences are primarily of an internalizing nature, expressed in more covert symptoms such as depression or anxiety” (Luthar and Zigler 1991, 12). Distressed girls are typically described as depressed or anxious. If distressed girls are more likely depressed and often go unnoticed, distressed boys who act out aggressively are more apt to be diagnosed with attention-deficit disorder (ADD)—an updated version of children’s hyperactivity listed in the DSM—and increasingly treated with addictive prescription drugs and behaviour modification therapies. The diagnosis and treatment of ADD has been a controversial topic in the media over the past few years and is, fortunately, coming under increasing criticism.

Contrary to viewing externalizing behaviour as disordered, “acting-out” can be a powerful form of communication, a “cry for help” that draws attention to the needs of the child or adolescent. Such action can be an adaptive strategy for overcoming adversity and deprivation (Dugan 1989, 157–8). Moreover, contrary to internalizing behaviour being unduly favoured, “certain patterns of inhibition, inaction, and compliance” may foreshadow a sustained sense of despair (158). Thus, externalization may signal long-term hopefulness, and internalization may signal long-term helplessness. Given that resilience conflates with academic achievement in the expert discourse, however, either overt or covert distress behaviour may be treated or interpreted solely in relation to whether or not the student is getting good grades.

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72 Many contemporary “disorders” are race- or class- or gender-based: “impulsive-explosive disorder” is typically attributed to criminals, “anti-social personality disorder” is attributed mostly to blacks in the USA, and “attention-deficit hyperactivity disorder” is attributed predominantly to Whites, and especially to boys (APA DSM-IV 1994; Hacking 1998).

73 In The A.D.D. Book (Sears 1997), Dr. William Sears challenges the medication approach to what he describes as different learning styles and as children’s actions and behaviours that differ from what is normalized in the classroom. An inquiry into the prevalence of ADD diagnoses and medications in BC schools was recently launched by the Ministry of Education and the College of Physicians and Surgeons (Rees 1998).
There is little consensus among psychologists and psychiatrists concerning the nature of externalization and internalization behaviours, though such behaviours play significant roles in the dis/ordering of young people in educational settings. These "gendered" behaviours may be sequential or simultaneous, healthy or unhealthy, regardless of school grades. In severely distressed children, externalizing and internalizing behaviours most likely represent what one psychotherapist likens to the *fight or flight response* to trauma:

Posttraumatic stress disorder is a response to trauma in which people alternately experience "fight or flight" hyperarousal symptoms, such as anxiety, irritability, distractibility, panic, hypervigilance, flashbacks, or intrusive memories of stressful events. By contrast, they may also experience numbing, dissociation, social withdrawal, constricted affect, and/or a shrunken sense of the future. (Higgins 1994, 12–3)

Gender stereotypes factor into assumptions about resilience and manifestations of resilience. These assumptions and stereotypes commonly occur in school and laboratory settings and are based on educational norms of classroom conformity and academic competence. Just as gender stereotypes are confusingly entrenched in behavioural expectations, so class and cultural disadvantage are reproduced in resiliency studies.

**Class and Culture: Mis/measuring Academic Achievement**

The life stories challenge academic achievement as the ultimate goal and signal of resilience. In a landmark study of 400 eminent men and women of the earlier 20th century, 60% had serious problems with school and school failure (Goertzel and Goertzel 1962, 241). The authors have seen a number of intellectually gifted youngsters grow up and fit themselves competently into suitable and remunerative positions which offer them little intellectual stimulation or deep satisfaction. These same children had financial and emotional security in their childhood homes and received the best of schooling. When we turn to biographies and autobiographies, we find exciting, experimental, creative men and women who in their childhood experienced trauma, deprivations, frustrations and conflicts of the kind commonly thought to predispose one to mental illness or delinquency.

The inexplicable difference between the bright child in the classroom who becomes the competent, unimaginative adult and the academically unsuccessful child who later makes his impact felt on a whole generation continues to challenge our attention with increasing force and persistence. (xii)
It was easier to “drop out” during the first half of this century—leaving school was not nearly as policed and stigmatized as it is today—and it was less likely to be associated with failure. But this study of risk preceded and stimulated resiliency research, so by what means might these eminent men and women have been judged resilient or non-resilient in childhood?74

A reviewer of resiliency literature has identified two dominant domains of distress for children in today’s world. One is environmental and one is neurobiological, with the latter comprising mainly learning disabilities and attention-deficit behaviours played out in the classroom (Katz 1997, xiii–xiv). Critical research reveals the interaction between these domains. For example, chemicals in the environment may cause neurological disorders (Begley 1996). Also, abuse, neglect, racism, and other forms of discrimination and deprivation can manifest in learning disabilities and attention-deficit disorders (Kasen, Johnson, and Cohen 1990; McCloskey et al. 1995). And children’s mental and physical disabilities can cause them to be abused and neglected by others (Breen and Rines 1996; McPherson 1990). Each of these scenarios occurs in school settings, affects academic achievement—which cannot by any means be a neutral measurement—and can have dire socioeconomic consequences.

In the critical study of schooling, schools are understood as “one of the major sites of struggle for classes disadvantaged by advanced capitalism” (Levinson and Holland 1996, 3). This insight informs a recent critique of how resiliency studies of mostly middle- and upper-class children are used to analyze at-risk, inner-city adolescents (Luthar 1995). Luthar found significant class, culture, and gender differences. In the case of class, advantaged adolescents showed a relationship between

74 Biographical, autobiographical, and journalistic accounts of famous, infamous, and accomplished adults, with and without traumatic childhoods, attest to the vagaries of success, resilience, and self-destruction.
social competence (acceptance by peers) and academic achievement. But disadvantaged adolescents, particularly boys, showed a relationship between social competence and academic failure.\textsuperscript{75}

In the cultural context, Luthar (1995) found that Asian students, for example, scored highest on academic achievement and lowest on social competency. These scores may be more a measure of culture than resilience because Asian students are socialized and stereotyped as achievers (Maclear 1994). Among girls, Luthar found that “high levels of anxiety were associated with increases in competence at school” (Luthar 1995, 424) such that, when stressed by personal failure, girls were more invested in academic performance. Because of such differences, Luthar warns against universal definitions and factors of resiliency. Based on school and social success as defined by the statistical studies, resiliency plays out differently across gender, ethnicity, and socioeconomic status. Luthar calls for “delimited spheres of adaptation” (427), emphasizing the importance of studying child development in social context, including genetic and environmental factors.

The privileging of school success as a feature of resilience is problematic when culture is included in the analysis, and is especially so for immigrant children targeted in disadvantaged populations. Being culturally different can also mean being labelled as learning disabled in educational settings when differences are \textit{orientalized} as disabilities through “the powers of culture to disable” (McDermott and Varenne 1995, 327).\textsuperscript{76} In this way, learning disabilities and attention-deficit disorders become socially constructed (331), and class and cultural inequalities are

\textsuperscript{75} That inner-city peer groups (disadvantaged youth) often devalue academic success mirrors a key finding in \textit{Learning to Labor: How Working Class Kids Get Working Class Jobs} (1981), Paul Willis' classic ethnography of working-class boys in an English high school in the early 1970s. Willis untangled the complexity of how the boys' collective rebellion against school actually prepared them for working class jobs: “The masculinity and toughness of counter-school culture reflects one of the central locating themes of shopfloor culture—a form of masculine chauvinism” (52) or manliness.

\textsuperscript{76} The “imaginative meanings” produced through the practice of \textit{orientalism} have a long history in Western power and domination over others (Said 1979, 3–5). Orientalism is a discourse, “a style of thought” that makes disparaging distinctions between “the Orient” and “the Occident” and, thus, embodies the “Western style for dominating, restructuring, and having authority over the Orient.” It is a “systematic discipline” for managing the Orient (the other) “politically, sociologically, militarily, ideologically, scientifically, and imaginatively during the post-Enlightenment period” (2–3). This colonizing control of external, non-Western populations also describes the control of internal, immigrant populations.
reproduced. Pathologizing the other (orientalism) is especially salient in school settings. It recollects the eugenics movement earlier this century, whereby immigrant children were labelled *feeble-minded* because they were too poor or could not speak English and could not pass class-based and culturally-biased IQ tests (Gould 1981; McLaren 1990). Many of these children were institutionalized and involuntarily sterilized. The call for conformity and competence in the classroom as the measure of resilience is fraught with frustration for many distressed children: If school is a safe haven for some, it is the locus of anxiety for others.

**Surveillance: Achievement as Assimilation**

The prescriptive dimension of the statistical studies constitutes state surveillance of the *other*. It manifests as an assimilation strategy that target primarily immigrant children in inner-city schools. Recall Foucault’s construct of state surveillance (introduced in Chapter One) as a normalizing gaze that regulates a statistical norm around which those in power judge who is normal or abnormal (Foucault 1977, 184). Surveillance is entwined with achievement in school settings (Ball 1990, 4) and together they inform teaching resilience as an assimilation strategy. The emphasis on school success and social competence in the expert discourse reveals childhood resilience as an ideological code for academic achievement and teaching resilience as an ideological code for social conformity. These codes represent the slippage from resilience as anomaly to resilience as social norm. I do not mean, by any stretch of the imagination, that resiliency researchers and child and youth advocates have malevolent motives. There is nothing wrong with wanting children to be successful, and in contemporary Canadian society this means being successful in school.

Wanting to teach at-risk children to be resilient, however, is a euphemism for wanting poor refugee and immigrant children to be “White” clones who assimilate into the dominant society. In

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77 (Gould 1981; Lewis 1982; Rooke and Schnell 1982; Rooke and Schnell 1983).
other words, teaching resilience comes perilously close to *social engineering*, to surveilling and sorting those most vulnerable to systemic inequalities as to either their pathology or their conformity (Rose 1989). Such assimilation is problematic in a multicultural society where federal policy values cultural diversity. And conformity is troubling in a class-based society where socioeconomic disadvantage falls along racial, cultural, and sexual lines. Moreover, achievement and assimilation are not necessarily interactive because they represent quite different educational ideologies (Ogbu 1992, 5). In the educational context, Ogbu associates the competition or achievement ideology with those who argue for a core or common curriculum, and the assimilation ideology with those who argue for a multicultural education. According to Ogbu, a student need not assimilate to be an academic achiever, nor be an academic achiever to assimilate.

The traditional ideal was assimilation to dominant societal norms as a prerequisite for equal educational opportunity. This ideal is widely viewed as socially unjust today and is being replaced with educational strategies that seek to both overcome social injustice and support cultural pluralism (Coombs 1986, 9). The harsh reality, however, is that at-risk, minority, and low-income populations are less likely to succeed in education and employment (Carnoy and Levin 1985, 1). The assumption that resilience means success and achievement is problematic when teaching resilience to targeted populations means assimilation and conformity to mainstream norms, when it means overcoming obstacles—fitting into the status quo—without those obstacles being challenged.

**Social Competence as Social Conformity**

In addition to the encoding of childhood resilience as achievement and teaching resilience as assimilation, another problem occurs in the statistical texts when complex trauma is replaced with socioeconomic risk. A dualism is constructed that locates resilience in functional families and risk

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78 Low socioeconomic sectors are predominantly occupied by women and people of colour.
in dysfunctional families. This dualism leads to resilience being associated with social competence, social competence with social conformity, and then social conformity with resilience: Resilience here means competence and conformity and each of these, as defined in the psychopathology literature, require nuclear “functional families.” One study of children who witnessed family violence, for example, recruited families from battered women’s shelters but recommended “positive relationships within the family, especially with one or both of the parents [italics added]” as a primary source of support (McCloskey et al. 1995, 1242). How many children from a “domestic climate of tyranny” (1259) can find safety and support within those same families, especially with one of their parents?

It is telling that a dominant measure of functional families is parents’ educational level (Werner and Smith 1992, 177). The functional family is a middle- or upper-class family even though children can suffer terribly at the hands of those middle- and upper-class parents who are “pretentious, neglectful, and hypocritical” (Wolin and Wolin 1994, 191). The quantitative research focus has widened from the individual to the family, but structurally disadvantaged families and their children become the targets of state surveillance and social intervention.

Social Competence

Normal Garmezy’s work stresses the importance of competence, “a motivational concept” developed by psychologist Robert White in the 1960s (Garmezy and Masten 1991, 154–5). White later articulated two consequences of “competent functioning.” These were effectance, the effect of one’s actions in and on their environment, and efficacy, the personal growth that flows from

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79 The terms “functional” and “dysfunctional” provide a convenient, if cliched, shorthand. A functional family is a fictional ideal based on a two-parent, heterosexual, middle-class household, but it is also any family that functions well for the people in it. Family dysfunction is caused by a range of risks and distresses that both affect, and emanate from, families.

effectively meeting one's challenges. In this pairing of effectance and efficacy, competence means "fitness, capacity, skill," and everything from "eye-hand coordination... to thinking, planning, building, and changing the world" (155). Garmezy had earlier conceptualized competence as adapting to stress and not just coping with stress (Garmezy 1989, 25). Now he and his associates make competence central to childhood resilience, and expand the concept to include a "sense of mastery and self-esteem" (Garmezy and Masten 1991, 155).

But the expanded notion of competence depends upon family support: "Increasingly evident and repeatedly affirmed is the critical role for competence played by the child-rearing practices of parents, the familial attributes of the home in which the child is reared, and the opportunity structure of the broader environment" (Garmezy and Masten 1991, 155). Drawing on mainstream resiliency literature, supportive families are cited as integral to competence and predictive of resilience (152). Garmezy's work posits the lack of family support as a primary risk factor—listing divorce, child abuse, separation and loss, foster home placement, and parental psychopathology—and strong family support as a primary factor of resilience (152, 155, 160). When resiliency researchers cite the presence of a supportive family (read functional, traditional family) as a protective factor against risk (Werner 1989), resilience is implicitly equated with conformity to mainstream norms.

Where does this formula leave the child at risk who has no family or no family support, and how does it account for resilient-identified children or adults with deeply dysfunctional families? Perhaps the presence of a supportive family can offset the complex traumatic syndrome if one's distress is caused by such circumstances as war, refugeeism, or biological or biomedical injury or illness. Adding fuel to the fire, however, Garmezy's characterization of resilience as social

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81 Citing Robert White, Seeking the Shape of Personality: A Memoir (Marlborough, NH: Homestead, 1987) 52.

competence requires not only supportive parenting but also upward mobility and social conformity (Garmezy and Masten 1991, 164).

**Upward Mobility**

Upward mobility is the link between competence and conformity as these characteristics are construed in the statistical studies. It is a much contested but still used sociological and psychological concept that explains the importance of academic achievement (when resilience is defined as social norm). In the 1960s Midtown Manhattan Study, for example, upward mobility was associated with economic success and mental health (Srole 1962). It continues to represent mental health, socioeconomic advantage, and corporate advancement in a formula that equates poverty with pathology and that reinforces the cultural deficit model. "Upward mobility" so defined is denied to disadvantaged populations through systemic discrimination. An example of linking upward mobility with social competence occurs when Garmezy and Masten report on a longitudinal study of delinquency among poor White boys who grew up in 1940s Boston.

What factors distinguished those who had escaped the pattern of their families from those who failed to do so? Both childhood IQ and a measure of social, family, and school integration correlated with upward social mobility. Intelligence is an index of cognitive competence, and familial integration a protective factor against delinquent behavior and an evident correlate of competence. (Garmezy and Masten 1991, 160)

Asserting that childhood competence depends upon family support, upward mobility, and academic achievement, Garmezy and Masten posit the absence of risk as the condition for resilience. It is a

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83 In this mental health study, emotional stability was operationalized as upward mobility (Srole 1962). Upward mobility was defined as employment in white-collar professions and, thus, emotional stability was construed as economic success. Predominantly White, middle- and upper-class, educated males were found to epitomize upward mobility and, therefore, mental health. See also T. Langner, and S. Michael, *Life Stress and Mental Health* (New York: Free Press, 1963).


85 This is the same study analyzed by Felsman and Vaillant (1987). See Box 3 and Footnote 57 in this chapter.
small step to then claim that targeted risk populations are incompetent, dysfunctional, and in need of social interventions. In this matrix, the cultural deficit model implicitly rationalizes teaching resilience to kids at risk in inner-city schools.

Competency rhetoric is glossed over, taken for granted, when it is associated with intelligence, socioeconomic status (SES), and family function:

Children with greater assets (higher IQ, SES, and positive family attributes) were found to be more competent. Of greater significance, these children were more socially engaged with their peers and more active in their classroom. By contrast, children with fewer assets under stress tended to be more disruptive. Children with greater assets, under high stress tended to disengage from activities but did not become disruptive. Disruptive children heightened their disruptiveness under stress. We infer that positive family attributes appear to serve a protective function against children’s disruptive-aggressive responses to stress. These attributes appear to reflect the quality of the parent-child relationship, the adequacy of family communication, the degree of the parents’ perceptiveness about the child, and the overall competence of the parents. (Garmezy 1989, 36)

Garmezy’s work has been widely influential in resiliency research and is devoid of class and cultural analysis. Here, competence as resilience, by way of upward mobility, is conformity to White, middle-class ideals (see also Werner and Smith 1992, 8–9). Resilience, as constructed in the expert discourse, is the social norm of the dominant society.

**Social Conformity**

But it may be as debatable for the statistical studies to champion conformity as it would be for the life stories to celebrate suffering. Conformity can be an illusion that hides atrocities and perversions. Or conformity of a different sort can be feigned in the Nazi death camps as a brilliant survival strategy (Frankl 1984). It can also be fabricated in the classroom as a coping mechanism that masks perverse strategies and leads to lifelong psychopathologies. In addition, conformity to, and the conformity of, families, churches, schools, and other socially sanctioned groups and institutions do not ensure the safety of children and youth. Conversely, distressed adolescents who conform to peer or gang demands may be enjoying a sense of belonging unavailable to them elsewhere. From these examples it is clear that, one, conformity can take many forms and that, two,
in the expert discourse resilience as competence means conformity to a specific set of social norms in the absence of risk or trauma.

**Professionalized Parenting**

The link of upward mobility, which locates resilience as conformity to social norms, reveals the relations of power involved in both defining and teaching resilience. State-empowered professionals are licensed to intervene in less powerful populations of poor, refugee, and immigrant families whose children attend inner-city schools. The hope of child advocates is that providing a mentor or role model for children who do not have supportive families will foster competency and conformity. But the rhetoric of competency and, therefore, of conformity also pathologizes disadvantaged families and endorses *professionalized parenting*. In the cultural deficit model, poor and immigrant parents are stereotyped as incompetent in the absence of upward mobility and these economically poor parents are then characterized as emotionally poor parents.

Immigrant children have historically been governed by agents of the state. Governance is a form of social and legal control that manifested, for example, in the early eugenics movement and that today constitutes, among other things, professionalized parenting (McGillivray 1997; McLaren 1990; Rose 1989). Implicit in the early childhood education rhetoric of “parents as teachers,” for example, is the increasing call for “teachers as parents.” Moreover, “surrogate parenting” of inner-city children is central to the mandate of full-service schools and their stated goal of “equalizing access to future opportunities” (Dryfoos 1994, 5). But full-service schools represent a cultural deficit

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86 I do not mean to say that agents of the state are ill-intentioned and that no families require intervention. The problem is the targeting and state surveillance of pathologized populations comprised of structurally disadvantaged groups. Conversely, middle- and upper-class children severely distressed by family pressures and expectations or traumatized by family cruelty and brutality may not get the interventions they need because their troubles are less visible. Their families are shielded from public scrutiny by private property and are less accessible by virtue of their social status and economic power.

87 I discerned this sub-text in an e-mail exchange [F-950926] on the “Gender and Education Discussion List” (gened@acpub.duke.edu). It is also evident in the considerable social and educational pressure on teachers to address the “whole child” in overcrowded and underfunded classrooms.
model that blames disadvantaged students and families for their school and socioeconomic “failure.” Such schools conform with state surveillance strategies that maintain systemic inequality (Ball 1990; R. Harker 1990). Constructing resilience as competency-as-conformity in the dominant discourse produces a tangled web of social controls.

**Little Adults: Children Without Childhoods**

Resilience as conformity can be downright dangerous for children without childhoods. The statistical studies and life stories, which draw mainly from North American populations, describe children whose families are either individually pathological or collectively pathologized by the dominant society. The studies and stories of children living with political violence and warfare in other countries (and who may become refugees here, often in pathologized populations) can contribute to a broader understanding of resilience. Children who experience political violence with their families may express their distress and their resilience in different ways than those who experience domestic violence within their families, though political and domestic violence are not mutually exclusive territories. Psychologists working with children under extreme distress worry that “even when children appear to be relatively resistant to the immediate stress of war . . . ‘it may well be 15 or 20 years before any true estimate can be made of the psychological damage that has been done’” (Cairns 1996, 59). The same can be said of children who endure domestic violence.

**Little Soldiers: Exploitative Resilience**

One danger occurs when young people incorporate prowess at political violence into their self-identity, remaining aggressive even when political motives are no longer applicable. Social

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88 BC’s educators have been strongly influenced by the full-service school movement (see Chapter One).

89 By “children without childhoods” I mean childhood as currently constructed in Western society, which does not include pre-pubescent children and juveniles taking on adults’ work, parenting, household, or other responsibilities.

psychologist Cairns has critically reviewed studies of children living with political violence and finds some children becoming political activists but others voluntarily “learning to kill,” becoming little soldiers who adapt to violent politics as a way of life (1996, 132). Political activism against the “enemy” can constitute an “ideological commitment” that enables children to explicitly fight back and alleviate some of their anxiety (Punamäki 1996). It would be wrong to view children as passive victims of political violence or to underestimate (or overestimate) different children’s capabilities. A sociologist who conducts ethnographies with children in schools, for example, identifies the collaborative strategies, ethical sensibilities, and political complexities of their lives, especially characterizing children living in adverse conditions as complex and strategic “political actors” (Thorne 1987, 99–101).

Children and youth experiencing political violence are, ideally, surrounded by supportive and protective families and communities. But in conditions of war adults are also traumatized, and how children fare is generally linked to the temperaments and circumstances of the adults around them (Cairns 1996, 46–8). Nevertheless, when some “wartorn” children are perceived by researchers as invulnerable, it is suspect whether the absence of anxiety signals health or sickness, resilience or traumatization. Is their apparent invulnerability a “necessary defence mechanism” or is their lack of feeling “the most severe problem that arises in children exposed to war?” (31).91 The more personal (the closer to home) the victimization in political violence, the greater the risk of complex trauma (34).92 Moreover, the classic symptoms of traumatic stress syndrome are found among the diverse ways that children suffer and survive in political violence (32–4).

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Children's different coping strategies amidst political violence make identifying resilience almost impossible. Cairns' (1996) analysis of studies of children's war experiences contests the statistical approach of quantifying resilience as something immediate and measurable. In the context of political violence, such an approach would amount to advancing an exploitative resilience that privileges particular outcomes and conformities and insists that all children have the capacity for resilience. It promotes dangerous adaptivity, and some researchers are starting to take exception:

The emphasis in recent writings has swung from worrying about the suffering of a minority of children, as a result of political violence, to curiosity about the resilience of the majority. Punamäki (1987) has however, been particularly strident in her rejection of the resilience concept. . . . Similarly Palme (1991) has complained about the "massive denial" of children's suffering which leads even "well-educated and well-informed people" to question "whether war-affected children are traumatized or otherwise psychologically disturbed." . . .

Dawes et al. (1989) have suggested that the time has now come to "correct the sometimes hysterical emphasis" on resilience. They argue that the pendulum has swung too far, so that now resilience has become as "fashionable" as the earlier "damage thesis." . . . There is now a real danger that research will tend to "underestimate the very real instances of psychological distress that occur in contexts of violence." (Cairns 31–2)

We need to heed their message, on the battleground, in the classroom, at the homefront.

**Little Mothers: Performative Resilience**

Many children experience "war" in their own homes and families that are totalitarian regimes run like small concentration camps (Herman 1992). Under conditions where parents are absent or violent or unpredictable, some children—usually girls—become little adults, protecting siblings, caring for parents, and running the household. A child may incorporate her parents' apparent contempt for her into a "profound sense of inner badness [that] becomes the core around which the abused child's identity is formed" and which persists into adulthood (105). As a childhood strategy,

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the child who is dangerously adaptive maintains her primary attachments to her abusive or neglectful parent(s) by casting herself as evil. When a sense of "inner badness" is internalized in a child's identity, the little adult may grow up to live a secret life of blame, shame, and self-contempt:

This malignant sense of inner badness is often camouflaged by the abused child's persistent attempts to be good. In the effort to placate her abusers, the child victim often becomes a superb performer. She attempts to do whatever is required of her. She may become an empathic caretaker for her parents, an efficient housekeeper, an academic achiever, a model of social conformity. She brings to all these tasks a perfectionist zeal, driven by the desperate need to find favor in her parents' eyes. In adult life, this prematurely forced competence may lead to considerable occupational success. None of her achievements in the world redound to her credit, however, for she usually perceives her performing self as inauthentic and false. Rather, the appreciation of others simply confirms her conviction that no one can truly know her and that, if her secret and true self were recognized, she would be shunned and reviled. (Herman 1992, 105)

Dangerous adaptivity can produce performative resilience in a child who harbours self-contempt while presenting social conformity, academic achievement, and empathy for others.94 Researchers' perceptions of children's resilience can also be dangerously adaptive: Do we see only what we want to see, find only what we want to find?

We study the girl who gets straight As, though she lives in an inner-city war zone, to identify the personality traits and coping skills that allow her to excel despite the hand she was dealt. It never occurs to us that the apparent resilience we're studying—becoming rigidly perfectionistic—is her way of containing her horror. (Schwartz 1997, 40, 42)

Do we dangerously support a desperate charade by favouring traumatized children who please adults, by rewarding those who become little adults, who are children without childhoods?

Children living in refugee and concentration camps, or enduring years of parental abuse and abandonment, or being sexually exploited for pornography and prostitution, suffer untold trauma. Resilient or not, they are children without childhoods. One such child is Karen (see Box 5), featured as "unbreakable" (Edwards 1994) in an article given to me by a school psychologist who believed

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94 Performativity is characterized as the "art of deceit" in class and cultural politics (Foley 1990), as the fictional in creating coherent narratives (Ricoeur 1991), and as a production "constituting the identity it is purported to be" in the construction of gender (J. Butler 1990, 25). Butler presents gender identity as a fabrication produced through the power of discourse, its performativity illustrated as impersonation by way of cross-dressing or dressing in drag (136–7). Similarly, L.J. Kaplan describes homeovestism—the caricature or impersonation of one's own gender—as a perverse strategy (1991, 257–9). By performativity, then, I mean charade, performance, impersonation, either to please or to deceive others (and oneself).
her to be an exemplar of the resilient child. There are two photos of Karen and they are, to my eye, glaring portraits of sadness and bewilderment. How can anyone close to this story ignore the silent screams of a seven-year old “dutiful daughter” who manages the household, attends school every day, and never expresses her anger? Her pictures resemble those children of the Nazi Holocaust whose “habit of sorrow was ineradicable,” whose “melancholy brooding” seemed forever etched on their faces and inscribed in their souls (Cairns 1996, 61).

Box 5: Karen’s Story

The headline reads: “Every morning Karen dresses her brother, gets her mildly retarded father to work, and then heads off to first grade. Lynda Edwards explores the world of a child who lives in poverty and chaos but appears to be unbreakable” (1994, 256). Karen is seven years old, her brother is four. Unacknowledged but implicit in the article is that Karen does what she has to do to get approval from teachers and social workers. Because of her strong coping skills, she is left alone to look after a drunken, illiterate father, feed and nurture her confused and scared little brother, and manage their frequent moves from one run-down basement to another. She is also left alone to ward off her mother, a battered and battering drug addict who lives in a halfway house with other mentally disabled women and who drops in unexpectedly to steal from the household money jar.

Karen’s only respite is a monthly weekend with a middle-class foster family. Says her part-time foster mother, “It’s as if she keeps a veil between the adult world and her deepest emotions. Maybe that’s the price a competent child feels she has to pay to distance herself from the craziness around her” (Edwards 1994, 274). Karen is described as kind and good, “unsentimental, strong, and resolute” (274). By my interpretation, Karen does what she has to do because nobody else will do it for her. The professional adults around her are blinded by her competency, by her performative coping mechanisms.

Is the perception of resilience an excuse to leave Karen in an intolerable situation while complimenting her on her coping skills? Is this a failure to understand the difference between short-term strategies and long-term consequences? Does Karen have to behave like an adult to receive adult approval? It strikes me that Karen’s response to the daily demand by the adults around her that she be in control of her situation is ultimately destructive: she enters into denial and dissociation, becomes dangerously adaptive, sacrifices her own childhood to the needs of adults—her parents, teachers, and social workers—and remains fully at the centre of, and fully caught up in, the family drama.

The author of Karen’s story writes the following disturbing passage:

Of the five million children who live in poverty with a single, mentally ill, or disabled parent, 10 percent will do more than survive pathology. They will soar—socially, academically, morally. . . Developmental clinical psychologist, Norman Garmezy, Ph.D., has found that these “competent children” . . . share a constellation of traits: intelligence, remarkable verbal skills, compassion, openness, a lack of submissiveness. They take a parent’s responsibility for younger siblings and are

able to distance themselves from crazy-making environments to function at amazingly high levels. . . . Garmezy and his colleagues hope to construct a sort of combat survival manual for all high-risk children. (Edwards 1994, 256)

“Competent” children like Karen who assume adult responsibilities and conform to adult expectations are characterized as soaring. Mainstream researchers do not recognize the dangerous adaptation that can lead to “a sense of complete disconnection from others and disintegration of the self,” to an intolerable sense of annihilation over the long term (Herman 1992, 108). What will become of a child like Karen?

Summary

The stories of Karen, Kevin, and Kathryn, the research on children of war and death camp survivors, and the divergence between the resilient-identified children and adults and between the statistical studies and the life stories interrupt the dominant discourse on childhood resilience. These interruptions draw critical attention to notions of reification, replication, and relativism. They disrupt assumptions about achievement, competence, and conformity as measures of resilience. They disrupt the diagnosis of disorder, the practice of pathologizing the other, and the reproduction of structural disadvantage. They disrupt the hidden politics of cultural deficit, of targeting, surveillance, and assimilation, and the dangerous slippages from trauma to risk and from anomaly to norm. I do not suggest that there be no social norms, controls, and interventions, no remedies for disadvantages, no treatments for disorders, no opportunities for achievement. Rather, what is missing is a critical analysis of the dominant resiliency discourse and its material affects on targeted populations.

I have been emphasizing the divergence between the statistical studies and the life stories, using the conditional criteria and the subordinate discourse to critique the dominant discourse.

96 Citing Gerald Adler’s concept of “annihilation panic,” expressed by incest survivor Eleanor Hill as follows: “I am icy cold inside and my surfaces are without integument, as if I am flowing and spilling and not held together any more. Fear grips me and I lose the sensation of being present. I am gone.” G. Adler, Borderline Psychopathology and its Treatment (New York: Jason Aronson, 1985); Eleanor Hill, The Family Secret: A Personal Account of Incest (Santa Barbara CA: Capra Press, 1985) 11.
Taking my cue from Nikolas Rose, critical analysis has two parts: to be critical or to critique is to engage in “sceptical evaluation,” which by itself is partial and prelude to, but not a substitute for, analysis (1989, 256). Thus far, I have engaged in critique, addressing the great distance between expert and experiential knowledge, and problematizing the discourse on childhood resilience and the politics of teaching resilience. Moving now from a critical to a more analytic evaluation, and as will be seen in the next chapter, there are occasional intersections and parallels between these divergent roads. In pursuing the possibilities of future intertextuality, I find places of coherence and co-inherence (as well as incoherence), which together contribute to an oppositional resiliency discourse. The life stories and the conditional criteria have provided strong critical lenses through which to challenge the expert discourse and its powerful influence on social and educational policy and practice. The actual and potential intertextualities between the expert and experiential discourses have implications for resiliency research and for advocacy practice.
4. INTERTEXTUALITIES: BETWEEN DIVERGENT DISCOURSES

One ought, every day at least,
to hear a little song, read a good poem,
see a fine picture, and, if it were possible,
to speak a few reasonable words.¹

Two defining patterns in the resiliency literature are temporal, one short-term immediacy in the statistical studies, the other long-term mediation in the life stories. They can be represented as success despite distress and success through process, respectively. Similarly, in the previous chapter the theme of conforming to mainstream norms emerged paramount in the expert discourse, and in this chapter the theme of learning from one's experiences emerges paramount in the experiential discourse. These themes and patterns represent the stories of narrative knowing between the two divergent discourses. They represent the binaries and guide my interpretive inquiry into their connections. Because the expert discourse does not currently index the experiential discourse, points of potential intertextuality inform an oppositional discourse that is directed at resiliency research and advocacy practice.

In what follows I continue to concentrate on specific resiliency conditions and characteristics drawn from the statistical studies and the life stories, and to critique their contradictions and complications. But in a compilation of the divergent perspectives on, and accumulated characteristics of, resilience, tracing the intersections and convergences begins to blur their binary positions. My intent is less to redefine resilience than to interrupt the expert discourse and to

recognize resiliency pluralism. In addition, mapping coherence, incoherence, and co-inherence among the binaries challenges the dominant resiliency research and disrupts its notions of resilience as both reifiable and replicable.

Success Despite Distress: Quantified Resiliency Traits

Model of Inputs and Outputs

A linear model of “input” and “output” conditions (note the medical, economic, and production genres) frames the quantified list of resiliency traits. The model posits that providing adult support (the input condition) will cause a distressed child to move from risk to resilience, thus producing social and school success (the output condition). Table 4 illustrates this prescriptive formula, which supports mentorship programs as a means to children’s social competence and academic achievement. The model reinforces resilience as measurable, reifiable, and replicable:

Table 4: Linear Model of Resiliency Traits

<table>
<thead>
<tr>
<th>INPUT CONDITIONS</th>
<th>FOUR MAIN CHARACTER TRAITS</th>
<th>OUTPUT CONDITIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPPORTIVE RELATIONSHIP</td>
<td>sociability</td>
<td>ACADEMIC ACHIEVEMENT</td>
</tr>
<tr>
<td>Creativity</td>
<td>creativity</td>
<td></td>
</tr>
<tr>
<td>Autonomy</td>
<td>autonomy</td>
<td></td>
</tr>
<tr>
<td>Purposefulness</td>
<td>purposefulness</td>
<td></td>
</tr>
</tbody>
</table>

The four main character traits, introduced in Chapter One, are sociability, creativity, autonomy, and purposefulness. Sociability, or social success, is exemplified by children who get along easily with others and have a wide circle of friends. Its currency was partly secured by early child psychologists who pathologized “the shy child” (Low 1998). In its equation with social competence, however, it devolves into social conformity. Creativity is considered essential to school success or academic achievement and is measured by scholastic intelligence and imaginative

\[^2\] I refer to psychologists who were active in the mental hygiene movement, especially post-1946 (post-eugenics). See the film Shyness, prod. National Film Board of Canada (Montreal PQ, 1953, 22 min., 16mm, sound, B&W film).
problem-solving skills. Autonomy is explained as having an inner locus of control and exhibited as maintaining competence and composure in the face of distress. Purposefulness means being able to set goals and to feel optimistic about the future.

Each of these traits is desirable. Difficulty arises, however, when they are collectively reified in the expert discourse to define resilient children. In other words, these traits describe children who do not present problems for professionals in school settings. Stated another way, “children most likely to receive mental health services are those whose symptoms present management problems for authority figures” (Luthar and Zigler 1991, 18). In many statistical studies, moreover, the main character traits of resilience have been derived largely from data on “school-age children from relatively privileged families” and compared to disadvantaged racial minorities whose peer groups often devalue academic achievement and conformity to authority (Luthar 1995, 417). These traits and conditions reinforce resilience as conformity to White, middle-class norms and expectations.

**Inner Locus of Control**

Though academic achievement is the most tangible measure of resilience in the statistical studies, the most intrinsic trait is autonomy, exemplified as having an *inner locus of control* (Glass 1993; Higgins 1994; Luthar and Zigler 1991). This means feeling in control of one’s own environment as opposed to feeling controlled by external events (Luthar 1991, 601), and “controlling the self so as to respond appropriately to environmental contingencies” (Hattie et al. 1997, 67). Many researchers claim that an inner or internal locus of control is essential to academic achievement, though this finding is inconsistent. For example, in comparative studies between Blacks and Whites in the United States, there is little difference in locus of control but considerable difference in academic achievement, with Blacks generally performing poorly because they are
systemically disadvantaged (Nettles and Pleck 1996, 164). To what extent does having an inner locus of control mean conforming to dominant norms and gendered expectations?

Concerning gender, the valuation of an inner locus of control helps to explain why externalizing behavior is largely pathologized (usually in boys) while internalizing behavior (usually in girls) is often ignored or rewarded. This confusion occurs even though boys and girls who internalize may in the extreme be straight-A students who are cutters, pluckers, bulemics, or anorexics (usually girls) obsessed with mourning, self-mutilation, self-mortification, even self-amputation (usually boys), all of which provide a false sense of control (L.J. Kaplan 1991, 362-407)3 and which are masked by the pretense of invulnerability. Unsuspected self-injury or “entrenched self-destructiveness” is prevalent among traumatized children and adults, and can even lead to suicide and homicide (Herman 1992, 95; Higgins 1994, 15).

In the complex traumatic syndrome, having an inner locus of control may lead to grandiose beliefs that can either overcome or entrench feelings of worthlessness (Hatt and Longley 1995). It can also lead to making one’s own rules, for better or worse for self and others (Cerio and Gold 1995; Hatt and Longley).4 In other words, an internal locus of control cannot be reified as a trait of resilience. Observing inner control in children in distress cannot assume social competency over time. It may be an adaptive strategy in childhood that becomes maladaptive in adulthood, inhibiting intimacy, spontaneity, and flexibility (Higgins 1994).

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3 Female mutilators are usually adolescent girls engaging in the “perverse strategy.” They might rub or tear their skin off, pull or pluck out chunks of hair, and begin cutting into their bodies with razors and knives. The self-mutilating strategy is aimed at preventing “worse mayhem—homicide, black depression, utter madness” and at “keep[ing] unconscious the anxieties of abandonment, separation, and castration that might otherwise become conscious and unbearable” (L.J. Kaplan 1991, 368). Male self-mutilators inflict even more devastating damage (369).

4 In collecting experiential accounts of resiliency, I have occasionally drawn from the popular press if the material is well documented and contributes to the veracity of an experiential discourse.
Common Ground: Self-Understanding

I have reported that an internal locus of control—however misunderstood—is intrinsic to resilience in the statistical studies. Before moving from the quantified traits to the life story traits, I want to introduce self-understanding both as an equivalent intrinsic trait in the life stories and as a link between the divergent discourses (see Table 5). These two traits—self-understanding and internal locus of control—are each connected with the concept of adaptive distancing. Also, self-understanding draws its characteristics from both the statistical studies and the life stories, incorporating the connection between social competence and personal relationships, respectively. In other words, self-understanding is connected with two key statistical study traits—inner locus of control and social competence—and two key life story traits—adaptive distancing and personal relationships.

In a review of three studies that take an “in-depth life-history approach,” an explication of self-understanding weaves together the importance of intimate relationships, social competence, and inner locus of control:

The presence of a close, confiding relationship has commonly been found in the early life of resilient individuals; such relationships appear to be protective against the effects of future stressful occurrences. Constitutional factors, for example certain temperaments, are also present in those who become resilient. Also important are inner psychological characteristics and the individual’s modes

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of thought, response, and action. These are expressed in certain coping styles, in positive self-esteem and a sense of being effectual and in control of one’s surroundings. Within this range of ways of coping or responding fits self-understanding . . . (Beardslee 1989, 267)

Beardslee’s interest in the role of self-understanding in resilient individuals “arose from the conviction that the place to begin in studying resilient individuals is with what they themselves report about their own lives, especially about what has sustained them” (1989, 267). He conceptualizes self-understanding as a protective process involving adaptation, internal control, and psychological integration (274). According to Beardslee, a sense of self is necessary for self-understanding, and self-understanding is essential to any notion of resilience.

**Success Through Process: Qualified Resiliency Traits**

As wide as the gap can seem between the statistical studies and the life stories, so is the gulf between those at opposite ends of a continuum of self-understanding. Why do some people respond to suffering by searching for new meaning in their lives, while others retreat, enraged and embittered? And what have these to do with family situation or socioeconomic status? If the statistical studies posit empathic parenting as integral to resilience, to social and school success, what about the millions of children who do not grow up in caring, secure environments? Are they doomed to weakness and insufficiency? Can we change ourselves through encounters with adversity and develop ourselves even though parents and other caregivers failed us?

On the other hand, if childhood provides security and love and sustenance, how does one encounter the necessary failures and losses and adversities that adulthood brings? Is a child from a loving, caring family prepared to endure and transform the betrayal of a spouse, serious illness, or a disabling accident? What prepares a person to be resilient in adulthood? (Young-Eisendrath 1996, 21)

**Time and Turning Points**

While the statistical studies champion immediate success, or success despite distress, the life stories celebrate mediated process, or success through process. These views represent short-term and long-term strategies and draw attention to the passage of time. In the life stories, change is slow:

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Many subjects in this study stated that they would not have met the study criteria [for resilience] in their earlier developmental eras, although they were recruiting others’ invested regard and spawning their vision—thus sowing the seeds of overcoming—from early on. They cultivated progress, toiling hard with rake and hoe. Their health blossomed over time. (Higgins 1994, 319)

With great determination they continuously “worked on growing” (Higgins 4). Time is needed to integrate the traumatic experience into one’s identity because “children often suffer silently” (Katz 1997, 7). If they act out their anguish with “disruptive behavior” they may risk further punishment, even from those who seek to help them (7). Time is also required because of what Katz calls turning points, “when new experiences, situations, or relationships create opportunities for change” (148–51). But turning points are often unpredictable and non-sequential. A chance encounter in childhood may have no effect until adulthood, a coping child may become a traumatized adult and vice-versa, and so on. The passage of time in the life stories offers a “depth and breadth uncommon to the articles on child development and building resilience” (Challener 1997, 3).

**Overcoming a Cruel Past**

One qualitative study of resilient-identified adults reported that each had been traumatized by multiple stressors in childhood (Higgins 1994, xiii); the negative effect of such cumulated adversities is exponential (Garmezy 1996, 7). These adults were all “sorely challenged” by a variety of troubles, grew up in “catastrophically stressful families,” and were identified as “psychologically mature and healthy” adults (Higgins 1994, xiii). In short, they were “overcoming a cruel past” and striving in a variety of ways to function emotionally and intellectually far beyond what might have

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9 Citing Garmezy and Masten (1994); Rutter (1996). Unlike the mainstream resiliency researchers, however, Higgins does not generalize from the trauma of cumulated adversities to the everyday stresses of urban society.

10 With thirty “seasoned clinicians” (licensed psychologists and social workers) in Greater Boston assisting Higgins, 40 subjects over the age of 40 were selected through screening criteria that informed my conditional criteria for resilience.
been expected given their earlier experiences (17). Though Garmezy, Rutter, and others associate competence, conformity, and advantage with childhood resilience, Higgins interweaves anguish, integration, and adaptability across a lifetime. Her subjects have each experienced complex trauma and each has learned to mediate and negotiate the turbulence of their lives, “troubl[ing] themselves more than they trouble anyone else” (2). Moreover, their adaptive capacities eventually enabled them to “love well, work well, struggle well, and expect well” (1).

A composite of the characteristics of Higgins’ 40 subjects includes talent, creativity, intelligence, and inner resources (similar to the quantitative traits listed in Table 4). They sought out surrogate relationships in childhood and became strong social activists in adulthood. They are committed to new ideas, active therapy, and self-reflection, all towards self-understanding. They learn from their experiences and are unusually well-educated, “often under their own enterprising steam” (Higgins 1994, 20). They “seize the day.” They are good communicators and problem-solvers, can envision a better life and a better world, and are “marked by a fundamental decency, by integrity, and by ingenuousness amidst great sophistication” (21). Another work, The Resilient Self, also asserts that resilient people do not go unscathed and are not invulnerable (Wolin and Wolin 1994). The authors identify seven resiliency traits that unfold during distress and over time: insight, humour, morality, initiative, creativity, independence, and relationships, each of which manifests in myriad ways among diverse people at different stages of life.

**Tales of Triumph**

Lillian Rubin, a sociologist and psychotherapist, situates mediation at the core of resilience. The eight adults in her “tales of triumph over the past,” none of whom had supportive families, came from all walks of life and demonstrated resilience as a lifelong process. As children they felt they did not belong in their families and refused to be caught up in destructive family dramas. The more
they detached and distanced themselves from negative influences, the more they developed interests outside the family sphere:

Although such activities usually isolate the children still further, the ability to escape into them also contributes to a heightened sense of efficacy and a more autonomous sense of self. Whatever the outcome of the choices they make, it's the sense of *marginality* [italics added] in the family, the feeling that they don't fit, that lays the psychological groundwork enabling them to see and grasp alternatives. (L. Rubin 1996, 9)

Marginalization and self-motivation are prominent in the life stories, contrary to the statistical studies. It is ironic that the expert discourse idealizes mainstream families and targets disadvantaged children marginalized by society, while the experiential discourse represents children marginalized in their families across classes and cultures. Such irony is evidence of the problematic shift from trauma to risk. In the life stories, either the family or the lack of family was the locus of complex trauma, and these resilient-identified adults began creating distance at a young age. Observes Rubin, "*some families have to be left behind*" (1996, 5). Rubin identifies resiliency traits that dramatically depart from the quantitative research perspective. Her subjects' stories braid together emotional vulnerability, seeking out the support needed, and learning from one's experiences, each story intertwined with imagination and marginalization.

Emotional vulnerability includes feeling anguish and expressing anger. Living with complex trauma and post-traumatic stress means not escaping into drugs, denial, or dissociation. Resilience means having a "tolerance for pain—the ability to recognize it, to live with it, to accept it, to understand its source, and to master it" (L. Rubin 1996, 12). It is not the absence of anguish. If expressing anger is the only response, it can blunt or overwhelm all other emotions and cause harm to others. But justifiable anger can be a means of mediating hurt and pain; it can be a "mobilizing force, an often empowering emotion that can help us to move beyond victimization and toward a greater sense of efficacy and control" (97). Here, competency is acquired through vulnerability. The outward expression of justifiable anger is related to developing an inner locus of control. In this
light, such perverse strategies as self-mutilation can be understood as repressed rage, anger turned against the self. Unfortunately, children who express their rage are too quickly and too frequently punished, silenced, labelled, and treated for a range of conduct disorders.

In the previous chapter I introduced Kevin, one of Rubin’s subjects, who in childhood sought out those who could guide him in accordance with his own heartfelt needs and interests. Kevin, and others like him, are able to learn from the people and the world around them when they distance themselves, however incompletely, from the traumas and tragedies in their families of origin. He speaks for all of Rubin’s subjects when he says that “people who can teach you something cross our paths frequently. The trick is to see them. All my life I’ve been able to identify those people and to gather what I need from them—their experience, their knowledge—to move along” (L. Rubin 1996, 159). Learning from one’s own experiences is a core characteristic of those who move through and beyond their traumatic pasts: “Instead of feeling victimized by the circumstances of their lives, they try to learn something from them, to master them in some way that’s useful” (80). Such mastery is not a fait accompli, but a process of fits and starts embedded in feeling anguish, expressing anger, and seeking support. It is in this context that resilience is mediated over a lifetime by people like Kevin, who juggles pride in his musical abilities and accomplishments with feelings of such doubt and inadequacy that “away from music, I still feel there are holes and gaps” (158–9).

Kevin is one who was marginalized in his family. To be marginal to the family is to feel like an “outsider” (L. Rubin 1996, 45). As Sara expressed it, “I felt like a dog in the middle of a cat family, always on the outside watching” (5). This can be understood as adaptive distancing only over time. Notes Rubin, “[Sara] understands now that her marginality, bitter and lonely though it has been, also enabled her to reserve some part of herself, to keep that core of self safe from the assaults that threatened to destroy her if she joined her tormentors and identified with them” (45).
As others have testified, Sara stood apart from her parents and siblings. In this respect, Rubin posits marginality as the "psychological bedrock" of a better life, fostering independence and self-nurturance. But it raises the question of whether these people were traumatized as children if, in fact, they practised adaptive distancing. In other words, through distancing did they avoid or prevent trauma? No. Their traumatic experiences are verified by their lifelong striving to integrate and move through and beyond the trauma. They were not invulnerable, they did not walk away unscathed.

In each of her eight case histories, Rubin found that there was "some kind of interest or activity—books, music, art, sports—that took them out of the family and into another world, sometimes the real one, sometimes one that lived in imagination alone" (1996, 221). At its best, imagination provides the traumatized child with the ability to find both inner and outer resources, to swim in a sea of pain and chaos without sinking in an ocean of despair and loneliness. Finding one's resources requires fantasy and creativity, though imagination can be both positive and negative. Resilience involves negotiating a delicate balance.\footnote{Traumatized children may fantasize about torturing their tormentors, for example, and may simultaneously imagine a better life for themselves. Such thoughts can take unpredictable twists and turns over the passage of time.} At its worst, the imaginary world of the child is a prison for the adult who cannot move beyond it, wherein the fantasies of a traumatized child become the delusions of a pathological adult. Independence, self-nurturance, and imagination can themselves become perversions. But, for better or worse, it is impossible to envision an imaginative child as an invulnerable child.

Co-Inherence of Binary Oppositions

Though I marshall the experiential discourse to challenge the expert discourse, it would be a mistake to idealize the life stories and demonize the statistical studies. The two perspectives do follow divergent roads, but they also intersect and even converge on occasion. Their divergences mark significant disagreements. But their intersections are places where knowledge can be
exchanged, and the areas of convergence mark places of agreement. These two opposing perspectives are not entirely co-inherent, but this can be traced partly to their different emphases on resilience as norm or anomaly in the absence or presence of risk or trauma. If my dissertation is to enter into the resiliency discussion as an oppositional discourse, one of its contributions is the analytic pursuit of potential intertextualities between the divergent discourses. Again, my purpose is not to define resilience. Rather, it is to interrupt the expert discourse and, thus, its influence on the advocacy discourse, insofar as each of these discourses affect policies and practices that, in turn, affect the lives of traumatized or disadvantaged children and youth.

With this purpose in mind, Table 6 arranges as binary oppositions various components of the research associated with, and the characteristics attributed to, resilience in the divergent discourses. The first half of the table is divided into research paradigms and research perspectives, and the second half is divided into resiliency conditions and behaviours and resiliency traits and characteristics. The statistical studies are based on the measures of resilient-identified children who have lived with—or are, or are not, living with—risk, distress, or trauma, and the life stories are based on the narratives of resilient-identified adults who have experienced and are overcoming childhood trauma in myriad ways. As introduced at the beginning of this chapter, two themes permeate the diverse discourses: For the statistical studies it is conforming to mainstream norms and for the life stories it is learning from one's experiences. The visual mapping of the binaries in Table 6 facilitates my exploration of their possible co-inherencies and potential intertextualities, as discussed in the following sections and as these apply to resiliency research and resiliency discourse.

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12 I have not attempted to discern which statistical studies attributed which traits to which groups of children. Such an analysis would serve no purpose in pursuing potential intertextualities between the divergent discourses.
Table 6: Binaries Between Expert and Experiential Discourses

<table>
<thead>
<tr>
<th>Statistical Studies/Expert Discourse</th>
<th>Life Stories/Experiential Discourse</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme: Conforming to Mainstream Norms</strong></td>
<td><strong>Theme: Learning from One's Experiences</strong></td>
</tr>
<tr>
<td><strong>Divergence: Research Paradigms</strong></td>
<td></td>
</tr>
<tr>
<td><em>quantitative studies</em> involve observations and outcomes</td>
<td><em>qualitative stories</em> involve perceptions and processes</td>
</tr>
<tr>
<td>measurements are <em>static</em> (like snapshots)</td>
<td>narratives are <em>dynamic</em> (like soap operas)</td>
</tr>
<tr>
<td>resilience is an <em>immediate</em> measure in the short-term</td>
<td>resilience is a <em>mediated</em> process over the long-term</td>
</tr>
<tr>
<td><em>predictable</em> model of linear developmental stages</td>
<td><em>unpredictable</em> means of maturation</td>
</tr>
<tr>
<td><strong>In/Coherence: Research Perspectives</strong></td>
<td></td>
</tr>
<tr>
<td>focus on <em>risk</em> in disadvantaged populations</td>
<td>focus on <em>trauma</em> across classes and cultures</td>
</tr>
<tr>
<td><em>surviving</em> and bouncing back to a prior state</td>
<td><em>striving</em> and moving through and beyond trauma</td>
</tr>
<tr>
<td>resilience as <em>normality</em> (could be <em>performative</em>)</td>
<td>resilience as <em>anomaly</em> (and contingent)</td>
</tr>
<tr>
<td>resiliency <em>relativism</em> (could be <em>exploitative</em>)</td>
<td>resiliency <em>pluralism</em> (recognizes diversity)</td>
</tr>
<tr>
<td><strong>Intersections: Conditions and Behaviours</strong></td>
<td></td>
</tr>
<tr>
<td><em>invulnerable</em> to adversity — success despite distress</td>
<td><em>vulnerable</em> to trauma — success through process</td>
</tr>
<tr>
<td>sense of <em>belonging</em> in family or community</td>
<td>sense of being <em>marginalized</em> from the family</td>
</tr>
<tr>
<td><em>integration</em> in functional family (or could be <em>dangerous adaptivity</em> in dysfunctional family)</td>
<td><em>adaptive distancing</em> from dysfunctional family (integration of traumatic event/experience)</td>
</tr>
<tr>
<td>mentorship provided to foster resilience</td>
<td><em>motivation</em> to seek out support as and when needed</td>
</tr>
<tr>
<td><strong>Convergence: Traits and Characteristics</strong></td>
<td></td>
</tr>
<tr>
<td><em>sociability</em> — social competence (effectance/efficacy)</td>
<td><em>relationships</em> — love, humour, empathy, compassion</td>
</tr>
<tr>
<td><em>creativity</em> — academic achievement, upward mobility</td>
<td><em>creativity</em> — insight, imagination, interests, talents</td>
</tr>
<tr>
<td><em>autonomy</em> — inner locus of control, sense of self</td>
<td><em>independence</em> — inner resources, self-reflection</td>
</tr>
<tr>
<td><em>purposefulness</em> — goals, optimism</td>
<td><em>hopefulness</em> — initiative, integrity, morality</td>
</tr>
</tbody>
</table>

the statistical studies are based on resilient-identified children who have lived with—or are, or are not, living with—risk, distress, or trauma

the life stories are based on resilient-identified adults who have experienced, and are in the process of overcoming, traumatic childhoods
Divergence: Research Paradigms

The disparities between the two research paradigms, and my personal preference for qualitative research, have already been addressed. I do not believe the paradigms can or should be dismissed or collapsed, precisely because they are paradigmatically different (Smith and Heshusius 1986). So, my overarching interest is not in whether certain aspects are co-inherent or compatible. Instead, given a broader picture of resilience, each research paradigm is inadequate on its own, though the life stories have served as worthy opponents with which to challenge the statistical studies. The quantitative studies are measuring something, but it may or may not be aspects of resilience. The qualitative studies, being retrospective, provide a clearer picture of something called resilience, but the picture is incomplete because there is no discernable link between the children in the quantitative studies and the adults in the qualitative stories. One wedge between the paradigms, specific to resilience, is time. If resiliency research continues, prospective studies are needed that engage qualitative and quantitative research of the same populations. The two research paradigms need to be retained but with balanced emphases on measures and narratives, and on the observations of the researcher as well as on the outlooks of the observed.

Embedded in these two research paradigms is a mind/body dualism that permeates the other three groupings identified in Table 6. Overall, the life stories are inner-focused, narrating more of what is immanent and mediated and the statistical studies are outer-focused, measuring more of what is observable and immediate. But because mind and body are interconnected, we need both

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13 The dualism of mind over body is central to Western patriarchal thought. It has been strongly challenged in feminist theory, particularly as it informs the masculine/feminine dualism and rationalizes the sex-gender system, female subordination, and oppression of the other (see, for example, Bartky 1990; J. Butler 1987; Hekman 1990; MacKinnon 1989). There are multiple dualisms between and within the expert and experiential resiliency discourses, such that the dualisms begin to cancel each other out (illustrating the fallacy of dualism), especially those mapping mind/body onto masculine/feminine. The statistical studies, for example, conform to a masculine paradigm of observable behaviours projected in the external world (very much of the body), and the life stories conform to a feminine paradigm of feelings and processes of the inner life (very much of the mind). The images of projection and immanence are masculine and feminine paradigms (Paglia 1990). A mind/body dualism in one direction negates, and is negated by, a masculine/feminine dualism in the other direction.
kinds of studies. According to Carl Jung, it is not productive to hide pain (to appear invulnerable); instead, one must “create new structures from old ones, with the self... being the ultimate creation” (Schwartz-Salant 1995, 14) in an alchemy of mind and body, and past and present. For resilience to be occurring, there needs to be resonance between one’s inner and outer worlds, which one advocate identified as congruence. Congruence can only be ascertained by short-term and long-term studies, by quantitative and qualitative research. What needs to occur is not a switch from one type of study to another, but interactions between them that will transform methods of resiliency research. I have suggested that the dynamic life stories can accommodate the statistical studies because the long-term includes the short-term, but not vice-versa. Short-term studies cannot predict long-term stories (I resist the words “outputs” and “outcomes” because they suggest finality, completion) and immediate measures cannot include mediated processes.

*In/Coherence: Research Perspectives*

Between the two paradigms, the research perspective of resilience is incoherent in the statistical studies (shaded area in Table 6) but coherent in the life stories. This insurmountable binary frames the slippages from anomaly to norm and from trauma to risk in the expert discourse. It is hard to imagine as a resilient person someone who is systemically disadvantaged, whose survival means bouncing back from adversity (say, overcoming poverty), and who conforms to a set of social and behavioural norms that claim the dominant society as the model for resilience. It is easier to imagine as a resilient person—from any walk of life—someone who has been severely traumatized, who is determined to move forward with their life, who seeks out the supports and resources as and when needed on an ongoing basis, and who may take many different paths in striving toward a renewed sense of personal well-being in an uncertain world. Thus, the life story perspective strongly challenges the quantitative research perspective.
The statistical resiliency studies evoke surveillance, assimilation, and imposed conformity. Through relations of power they may even engender dangerous adaptivity, or performative or exploitative resilience, in distressed or traumatized children who aim to please adults. Conversely, the life stories are evocative of the many risks and paths people take and the work of learning from one's experiences. It is ironic that the quantitative view suggests a collective (professional) project of social intervention while demanding rugged individualism, and the life studies highlight the struggle of the individual who utilizes all available support systems (whose ingenuity must not negate the need for advocacy professionals to continually challenge systemic disadvantage). But the central problem is the necessary distinction between risk populations and traumatized populations; on the basis of these distinctions, the two perspectives cannot be integrated. While they may co-occur in some individuals, risk and trauma are fundamentally different and differentially-located. Also problematic is resilience as norm versus resilience as anomaly. This slippage occurs because the statistical studies measure what is measurable and what is valued by the dominant society, and such measures come to define resilience.

The two perspectives cannot both be applied to resiliency research; instead, risk research must involve disadvantaged populations and resiliency research must involve traumatized populations. The overall goal is not one of convergence; that risk-related research and resiliency-related research are divergent is more useful than detrimental (Rappaport 1986). The quantitative perspective is risk-oriented and the qualitative perspective is resiliency-oriented; the former involves systemic socioeconomic disadvantage and the latter involves complex trauma and trauma recovery. Based on the conditional criteria as critical lens, resiliency research needs to be trauma-centred across classes and cultures (which includes people in disadvantaged populations), with resilience as anomalous and pluralistic, as contingent and diverse. Alternatively, risk-centred research
(including statistical studies purporting to be doing resiliency research) is in need of a good deal of reflexive thinking (Clifford 1986; Rosaldo 1989; Stacey 1991)\(^4\) around the systemic inequalities reproduced by scientific studies of disadvantaged populations.

**Intersections: Conditions and Behaviours**

There are several intersections—places where knowledge can be exchanged—among the conditions and behaviours of resilience, and these intersections are context-specific. First is the binary between invulnerability and vulnerability. To be completely one or the other posits something more or less than the full range of human responses. These conditions are interactive to differing degrees in diverse individuals and circumstances. Achieving “success despite distress” is surely part of mediating “success through process” and vice-versa. Both are integral to learning from one’s experiences—which does not occur in sequential stages—and functioning in (if not conforming to) society. One may overcome adversity but one cannot logically be invulnerable to trauma.

Second is the binary between belonging and not belonging, which is more complex. A child can belong in a family but not in a community, or vice-versa, partly due to whether the issue is one of risk or of trauma. Being marginalized can be imposed or self-imposed, with negative or positive consequences. There are many variations and each by itself is insufficient in the abstract. These intersections are closely related to the state of the family. Third, then, are the issues of integration and adaptation and whether or not the family is functional or dysfunctional. If a child is traumatized by his or her own family, then integration in the family as a condition for resilience is nonsense.

Families are the most common sites of children’s distress. The family does not easily fit with conditions and behaviours of resilience if trauma and anomaly are to be held firm. If the context is political violence, the family may be a haven of safety and security, but the entire family may also

\(^{14}\) Reflexive thinking involves self-interrogation, the critical examination of one’s motives and assumptions.
be severely at risk and distressed. Further, the families of pathologized populations may provide the strongest social networks for at-risk children marginalized by systemic discrimination in Canada. Here is where “social conformity” masquerades as “teaching resilience.” I have addressed adaptive distancing and dangerous adaptivity elsewhere and will not reiterate the discussion here. The most important integration is of the traumatic event, and this needs to occur with or without family support. Families cannot be made central to resilience.

Fourth is the binary between mentorship and motivation, between adults providing support to at-risk children and youth, and traumatized young people seeking out the support they need. It is an important distinction because each by itself is inadequate. Mentorship means little if the child is not motivated to learn from good role models, and motivation means little if the role models sought out prove to be poor mentors.¹⁵ Neither ensures the other but both are integral to resilience. The notion of intersections illustrates that both “roads,” both discourses, contribute to a multidirectional network of conditions and behaviours that contextualize the possibilities of resilience. The exchange of knowledge dislodges the otherwise powerful binaries between functional and dysfunctional families as conditions, or between mentorship and motivation as behaviours.

**Convergence: Traits and Characteristics**

Among the various traits and characteristics there is complete convergence. The expert and experiential discourses are essentially talking about the same things. The more externally-oriented characteristics of the statistical studies and the more internally-oriented characteristics of the life stories are manifestations of the same traits. Intimate relationships are integral to social competence (as effectance and efficacy). In terms of creativity, children’s interests and imaginations are not essential to academic achievement, but creativity certainly interacts with a sense of purpose and

¹⁵ This begs the questions: Who is a good role model? What is a good role model? It depends on the situation.
success; problematic is when only one kind of achievement is sanctioned by the dominant society (e.g., upward mobility). There are, however, differing opinions concerning the role of intelligence in resiliency generally. Creativity typically includes good problem-solving skills, which are essential to adaptive distancing and self-motivation. But the larger question is: What is intelligence?

There is much educational debate about multiple intelligences (Gardner 1993b; Klein 1997). Gardner identifies linguistic, musical, logical, and spatial intelligences, among others. Below he describes two aspects of "the personal intelligences," each of which range along a continuum from primitive to advanced, and both of which resonate with the internal and external dimensions of sociability and creativity:

On the one side, there is the development of the internal aspects of a person. The core capacity at work here is access to one's own feeling life—one's range of affects or emotions: the capacity instantly to effect discriminations among these feelings and eventually, to label them, to enmesh them in symbolic codes, to draw upon them as a means of understanding and guiding one's behavior. . . . The other personal intelligence turns outward, to other individuals. The core capacity here is the ability to notice and make distinctions among other individuals and, in particular, among their moods, temperaments, motivations, and intentions. (Gardner 1993b, 239)

Resonant with knowing oneself and knowing others are the traits of independence and autonomy, which are one and the same. It is precisely inner resources and self-reflection that foster at least the external appearance of inner control (without devolving into performativity). But autonomy also includes the ability to act in the world; autonomy and agency are "essential to identity," to making choices, and to taking responsibility for those choices (Davies 1993, 8–9). Finally, I have associated the life story traits of integrity and morality with hopefulness because these inform purposefulness. In the context of resilience, what would purpose (and autonomy) be without integrity? I have also located the life story trait of initiative here because without it setting goals would be futile.
Taking the Road Less Travelled By

Permeating the convergence of these resiliency traits and characteristics, however, are two very different themes. Overarching the statistical studies is the theme of conforming to mainstream norms, and overarching the life stories is the theme of learning from one’s experiences. Simply positing them as a binary between conformity and non-conformity, they immediately become co-inherent. Even if one is not conforming to something, one is conforming to something else. So, how might these two themes index each other? Their interaction occurs when the route to the quantified traits is not directly along the quantitative road and, therefore, if the traits do not manifest in the time and manner dictated by the expert discourse. In other words, learning from one’s own experience alters what it might mean to conform to mainstream norms, and links subject with object. Childhood competence as social conformity to mainstream norms, for example, is not the same as hard-won adult competence in personal and working relationships; academic achievement in childhood means staying in school and getting good grades, but the resilient adult may be street smart and partly self-educated, and may return to school later in life. Thus, resilience is not just a collection of traits but “a process that builds on itself over time” (Higgins 1994, 22).

A redirected route would start out in the quantitative research camp but then it takes a slow detour through the territory of qualitative research. Eventually it proceeds ahead, bypassing the slippery slopes of the statistical perspective in favour of the viewpoint of the life stories. Replacing outcome with outlook, and in search of social context, it then meanders among the conditions and behaviours of the expert and experiential discourses. Finally, it traverses back and forth through the forest of traits and characteristics that represent one’s inner and outer journey through life and across the lifespan. There are infinite stops and starting points, multiple directions and divergences, along this peripatetic resiliency route.
Goals may be diverse, and ideas about success, achievement, and education may not fit mainstream models. Sociability may eventually come to involve helping others without it necessarily meaning or involving, say, team-playing, power-lunching, or social networking. And hopefulness may manifest differently than purposefulness when the latter is commonly construed as optimism. Optimism is more associated with progress and faith in the future, and hope more associated with justice and "a deep-seated trust in life" and confidence in the past:

If we distinguish hopefulness from the more conventional attitude known today as optimism—if we think of it as a character trait, a temperamental predisposition rather than an estimate of the direction of historical change—we can see why it serves us better, in steering troubled waters ahead, than a belief in progress. Not that it prevents us from expecting the worst. The worst is always what the hopeful are prepared for. Their trust in life would not be worth much if it had not survived disappointments in the past, while the knowledge that the future holds further disappointments demonstrates the continuing need for hope. Believers in progress, on the other hand, though they like to think of themselves as the party of hope, actually have little need of hope, since they have history on their side. But their lack of it incapacitates them for intelligent action. Improvidence, a blind faith that things will somehow work out for the best, furnishes a poor substitute for the disposition to see things through even when they don’t. (Lasch 1991, 81)

In terms of resiliency research and advocacy practice, I am not optimistic. But I am hopeful that notions of childhood resilience and teaching resilience may be radically reconceptualized in the advocacy community, hopeful that my own work of identifying and indexing divergent discourses may enter into a transforming advocacy dialogue.

Summary

Identifying various co-inherencies and intertextualities between the expert and experiential binaries—as an oppositional discourse—is an interpretive undertaking. Table 6 brings together the main features of my analysis of the statistical studies and the life stories. I have posited their research paradigms as divergent because each stands separately. In the context of resiliency research, however, each by itself is inadequate. Both types of research need to occur, if not in collaboration then at least in debate and dialogue. The research perspectives are incoherent, both within the statistical studies and between these studies and the life stories. The life story perspective by itself,
however, is fully coherent. The quantitative research perspective is dangerous for all the reasons delineated in Chapter Three, and so the life story perspective must be paramount for both qualitative inquiry and quantitative research concerning resiliency. In addition, the many conditions and behaviours of resilience can only be meaningfully interpreted if they are made context-specific, producing multiple co-inherences and major intersections for understanding, for example, the dynamics of resiliency pluralism. Finally, the traits and characteristics of resilience, as gleaned from the expert and experiential discourses, are entirely convergent and multi-dimensional.

I have said that the statistical studies are measuring something but that it might not be resilience, or that it might be only aspects of resilience. There can be no doubt that the statistical studies are measuring or observing, for example, test scores, character traits, disordered or disruptive behaviour, and goal-setting and problem-solving skills. But the distance between how they measure and what they claim to measure—the distance through the canyon of risk and over the mountain of invulnerability—is too great to delineate a map for resiliency research. The statistical studies alone promote an ideology of “hard-line resilience” that could conceivably be used, for example, to legitimate developing and prescribing psychotropic drugs to produce “resilience,” a practice that would clearly signify “contempt for the vulnerable” (Schwartz 1997, 42–3).

Those I interviewed, as well as most of the advocacy community in general, would be horrified by such a conjecture because of their concern for children at risk and in need. Nevertheless, hard-line resilience points to a potential consequence of the slippages in the scientific studies and serves as a reminder of the history of eugenics, colonization, and orientalism of the other. It also raises concerns about what can happen when research, policy, and practice are so fragmented because of their different agendas, narratives, and time frames (Donmoyer 1997a). Thus, the life stories provide an important lens through which to analyze and problematize the statistical studies.
The life stories also enliven the conditions and characteristics of the statistical studies and make sense of them in the context of resiliency.

Though I hold to something called resilience, my critical analysis questions whether there can be such a thing as childhood resilience. This is especially so when its measure is associated more with the social conformity of disadvantaged children and youth than with any real sense of resilience as it is experienced by those who have suffered severe risk and complex trauma. Most resilient-identified adults do not begin to confront childhood trauma until adulthood. Also, many traumatized children who enter into denial and dissociation—and who are *mis/taken* as resilient—may never overcome their debilitating states. And while many resilient adults may not have been disruptive school children, it does not follow that they conformed in later life, nor that conforming, non-disruptive children who suffered risk, stress, or trauma became resilient adults. It is more the case that those resilient adults who stayed in school were likely less disruptive, and those who left school were likely more disruptive (Higgins 1994; L. Rubin 1996).

Notions that resilience can be systematically reified and replicated have fallen by the wayside. Though I have compiled characteristics articulated in the resiliency literature, they are only some among many traits of well-being that may play themselves out in myriad ways by different individuals in diverse circumstances. In addition, the agenda of replicating resilience among risk populations has been sidetracked, at least theoretically, by making problematic targeting practices and technologies of conformity to mainstream norms. Though reification and replication are contradictory notions, they are central to the quantitative perspective and are being taken up by the advocacy community. The advocacy discourse on resilience, however, comprises both expert and experiential texts. My analysis of these latter texts and some of their potential intertextualities add to a fledgling oppositional resiliency discourse that serves to frame the advocates’ interviews.
At this point, I have reached a major crossroads in my analysis and must take a few moments to gather my thoughts and change directions. I have challenged the mainstream meaning of childhood resilience and, in so doing, have elucidated the politics of teaching resilience. I have brought the symbolic songs, poems, and pictures of the life stories into the foreground. *With a few reasonable words*, I have suggested new avenues of intertextuality between the life stories and the statistical studies as these may affect both risk and resiliency research. My emphasis has been on the discourse analysis of childhood resilience in dominant and subordinate texts. But I am now moving from the printed page to the spoken word, to focused interviews with educators, psychologists, and social service providers who advocate on behalf of children and youth at risk. I have insisted upon the centrality of trauma to any meaningful understanding of resilience, yet I am now turning toward a territory where the emphasis is on risk, not trauma (though trauma is not excluded from the advocacy discourse). It is a territory in which the advocates see children in distress across all classes and cultures, but where their child advocacy initiatives are designed primarily for those at risk in disadvantaged populations.

This move from text to talk is complicated. It is a move from others’ studies and stories to my own face-to-face interviews, from a position of considerable detachment to a place of great attachment and investment on my part. It is a move from an abstract research genre in which the term resilience is firmly rooted, to an applied advocacy genre in which resilience is not firmly rooted. My methodological approach necessarily shifts, from a critical analysis of divergent discourses to an interpretive narrative that constructs meaning out of the advocates’ perceptions of resilience, perceptions filtered through their expert and experiential knowledge and through my critical lenses. My interpretive narrative extracts a new text from the advocates’ talk. I perform a *gestalt*，“a
rewriting of the world,” by interpreting “the world which is in the text” (Nielsen 1995, 9–10). The advocacy discourse is explained and understood, such that “. . . to interpret is to follow the path of thought opened up by the text, to place oneself en route towards the orient of the text” (9).16 In this way, the advocacy discourse becomes significant and is made meaningful.

The following chapter is less a discourse analysis and more a “narrator’s perspective” (Nielsen 1995, 5), written as extract from, and entry into, the advocacy discourse. Precisely because resilience is not yet entrenched in advocacy policy and practice, my message is both interpretive and subversive (and, hopefully, as Nielsen would have it, seriously seductive): It is intended to reconfigure the fledgling advocacy discourse on childhood resilience and, thus, to persuade the advocacy community to eschew “teaching resilience” as an advocacy project. In this, I recognize that my own phenomenological journey through text and talk is not without paradox and contradiction. The more I resist what resilience is not, the more I claim what resilience is, even while resisting its reification. The more I resist the notion of teaching resilience, the more I emphasize the need for social and educational programs for children at risk and in distress, programs that inevitably seek to replicate the social values of the dominant society. My intent is to resist childhood resilience without dismissing it or reifying it, however, and to resist teaching resilience without dismissing the need for social and educational programming.

The term resilience moves to a new venue in my text. I have examined the dominant, “scientific” gestalt of resilience and found it fraught with danger. Now I explore a similar version of resilience emerging as a new buzzword in the advocacy community. With its aura of promise and potential, resilience masquerades as a panacea for children’s risk. Perched on the cusp of optimism, and not yet entrenched in policy and practice, it offers up a set of traits posed as reifiable and

replicable. I know now, even before I ask, why resilience is on the rise, and why its rise is problematic. Through the critical lenses of conditional criteria and experiential knowledge, my interpretive narrative of the advocacy discourse on resilience offers a cautionary tale.
5. TALK: ADVOCACY DISCOURSES ON RISK AND RESILIENCE

...To know even one life has breathed easier
because you have lived—
This is to have succeeded.¹

INTERVIEWING CHILD AND YOUTH ADVOCATES ELICITED DIVERSE VIEWS in their responses to questions about children's risk, childhood resilience, and teaching resilience. The advocates were rich resources as they juggled expert and experiential knowledge, professional and personal experience, and risk and resiliency rhetoric with the everyday demands of advocacy work in their various fields. Their insights and assumptions portray both a common dedication to helping children and youth at risk and a lack of consensus concerning childhood resilience and teaching resilience. The advocates’ work is in continuous flux, shaped and reshaped by social complexity, structural constraint, and political expediency. They are educators, psychologists, and social service providers who work predominantly with oppressed groups and troubled individuals, who hold middle-class ideologies about social status and school success, and who are vulnerable to periodic government retrenchment. They index multiple texts, from a multiplicity of genres, into a narrative knowing. This narrative knowing, this interpretive talk, constitutes their discourses on risk and resilience.

My purpose in interviewing the child and youth advocates about resilience was to conduct an inquiry among those with the power to influence policy and practice.² I contacted them when

¹ Ralph Waldo Emerson, “What is Success?” (circa 1870).

² See Chapter Two for a discussion of studying-up the hierarchy. Concerning the advocates, see Data Collection in Appendix A, Interview Schedule in Appendix C, and Demographics and Pseudonyms in Appendix F.
“childhood resilience” was on their lips but not entrenched in their policies and practices. They were not expected to be “experts” on resilience; their discourse on resilience was being newly formulated. I wondered, were they being influenced predominantly by the expert discourse on resiliency? How were they interpreting the concept of childhood resilience? How were they conceptualizing the notion of teaching resilience? In other words, was the statistical study perspective, with its problematic assertions of reifying and replicating resilience as social norm, emerging as the dominant narrative in the advocacy discourse? I was already alert to potential problems in the advocacy uptake of resilience (recall the keynote speaker in Chapter One). Given the advocates’ social locations, vested interests, and professional backgrounds, I had anticipated the absence of a critical class analysis even though they work primarily with disadvantaged children and youth. Implicitly in its place was the liberal capitalist ideology that “success” for the disadvantaged means transcending structural inequality through self-reliance and individual pursuit.

Conservative Constraints and Progressive Politics

Enter notions of resilience. On one level, shifting the focus from risk to resilience is being perceived among advocates as progress toward helping “kids at risk” overcome obstacles. On another level, the move from risk to resilience is a change in name only that is appearing in the advocacy discourse to garner renewed funding and to rejuvenate existing programming (the same occurs in resiliency research). On yet another level, technologies of state surveillance and social control are stepped up under the rubric of teaching resilience to “kids at risk” in inner-city schools, with resilience constructed as the ability to bounce back from adversity. The advocates are both pawns and players in such scenarios, enmeshed as they are in the regulations of governmentality and professionalization:

3 The nominal change from risk to resilience in social and educational programming is more understandable than opportunistic; thus, it is understandably opportunistic in keeping programs funded and operating.
Governmentality is a kind of governmental rationality that equates the well-being or happiness or productiveness of individuals with behaviours that reinforce the social order. . . . Professionalization works closely in tandem with governmentality. Professionalization is the proliferation of professions to treat and manage the citizenry . . . Professionals . . . operate with the best of intentions; indeed, good intentions are typically one facet of their professional socialization. (Scheurich 1994, 306–7)

Though advocates may perceive their work as therapeutic or transformational, they are compelled by the state “to normalize citizens” in accordance with current social norms (Scheurich 1994, 307).

Their policies and practices can seem constrained by conservativism, but all of the advocates I interviewed fit the progressive, nurturant parent model of morals and politics, as opposed to the conservative, strict father model (Lakoff 1996). These models are metaphors fashioned on the moral principles and political priorities of two ideal family types. The nurturant parent model represents progressive-liberal politics, which is centred on the ethic of caring and the importance of community. According to Lakoff, progressive liberals “see the federal government as a strong nurturant parent, responsible for making sure that the basic needs of its citizens are met: food, shelter, education, health care, and opportunities for self-development” (179). Their social programs are conceived as investments in presently unproductive citizens (those who do not pay taxes and who use up government funds) to make them into productive citizens (those who do pay taxes and can contribute to society). The measure of a social program is whether it produces a return on the investment. A social program that doesn’t work is a bad investment. The question is not whether to have social programs, but rather which ones work well, that is, which ones produce dividends in the long run. (Lakoff 1996, 179–80)

Progressive-liberal child and youth advocates see social programs not only as investments in individuals, but also as investments in communities. They target the disadvantaged, support affirmative action programs, and look to the government to “level the playing field” (Lakoff 1996, 180). As a morality system, the nurturant parent model exalts empathy, protection, nurturance, mutual respect, shared responsibilities, and supportive relationships. It holds the belief that “children become responsible, self-disciplined, and self-reliant through being cared for and respected, and through caring for others” (108). Extolling the principles of fair distribution, this model represents
equal opportunity, rights- and needs-based fairness, and equal distribution of power, among other moral imperatives.

Within this mix of progressive politics and conservative constraints, child and youth advocates are individually motivated and professionally charged to seek solutions for the social problems primarily of those deemed at-risk in systemically disadvantaged populations. But they are also part of complex, bureaucratic apparatuses and initiatives “targeted upon the child” through technologies of surveillance and regulation (Rose 1989, 2), fertile ground for “teaching resilience” as it has been constructed in the expert discourse. Having situated those I interviewed, however, my inquiry is concentrated less on political structures and more on the advocates’ practical consciousness of childhood resilience and teaching resilience. Thus, my inquiry involves interpreting “what agents already know” (Giddens 1994, 328). They will typically find this investigation illuminating—not only about resilience but also about themselves, their work, and their social conduct—because it may reveal “unintended consequences and unacknowledged conditions of action” (329).

The interviews are replete with confusion concerning the differences, for example, between risk and trauma, between norm and anomaly, and between surviving and striving. They are also inconsistent concerning the interactions of, say, unity and diversity, or risk and resilience (risk with resilience), or temperament and environment. Abounding with contradiction, the advocates’ interviews reflect the inevitable paradoxes that infuse our experiences in, and interpretations of, the social world (Davies 1993, 10–1). Interwoven in the interviews, however, is the advocates’ general belief that if even one child is helped, then their efforts have been worthwhile:

It’s not always a matter of trying to change the world, but if you have been able to make one life breath easier, that to me is how change takes place. If everybody does that then there are many lives that breath easier because of it. . . . Otherwise, people get overwhelmed and say, “Oh, well, you can’t change the world.” [Emmy]
At the same time, the advocates generally convey concern that even one child at risk or in distress might slip through the cracks, such as the “competent coper” who takes on adult responsibilities [Elspeth], or the “silently accommodating child,” or the “socially-acceptable child” [Catherine]. The whole school and the whole community, asserts Catherine, need to contribute to the well-being of all children. Alongside the hope of helping just one child is the fear of harming just one child. Many of the advocates—sometimes fighting occupational despair and demoralization, and sometimes feeling defeated by a perceived sense of hopelessness for young people at-risk—think today’s world is an unsafe and unwelcoming place for children. In this milieu, teaching resilience rises as a panacean promise.

From Text to Talk: Resilience is “In the Air”

I have remarked that the advocacy discourse, like my oppositional discourse, is fledgling. Just as resilience is “in the air,” so the advocates are “on the run,” often adapting policies and practices as they go along, responding to the shifting and competing interests of social need and political expedience. Understandably, resiliency rhetoric is catching their attention, and it is being interpreted through their individual filters of expert and experiential knowledge. This initial layer of interpretation involves how and what the advocates learned about resilience, and how they subsequently perceive themselves in relation to risk and resilience. Clear in how the advocates learned about resilience is the dominance of the quantitative perspective. And clear in how they locate themselves is a division between the quantitative and qualitative perspectives in the advocacy discourse, based on the advocates’ own personal experiences.

Integration and contradiction occur as the advocates talk about risk and resilience in general and in others, and as they talk about goals and strategies for teaching resilience. They draw on both their personal experiences of risk and resilience and their professional experiences as policy makers
and practitioners. The knowledge they draw upon is most likely to come from direct experience: “Long personal immersion in the environment provides particularly salient learning. . . . Research and analysis often play a tiny part in the informational melange” (C.H. Weiss 1995, 576), unless the knowledge of others’ work is acquired by word of mouth. Given this melange, there are themes in the advocacy discourse that resonate with the statistical studies, the life stories, and my rewriting of resilience. In the latter case, embedded in the advocates’ talk are threads that, when woven together, neither dismiss nor reify childhood resilience nor succumb to the politics of teaching resilience.

Relevant, then, are advocacy views that transcend tendencies toward reification and replication, or toward social competence as social conformity, or toward resilience as risk panacea. Also relevant are views that discern continuous interaction—even co-inherence—between risk and resilience, and between environment and temperament, as the latter are inseparable and equally “interactive, dialectical, and complementary” (Hubbard 1990, 113–4). Relevant, too, are views that accommodate short-term observations and outcomes within long-term processes and perceptions. Relevant are views that meet the conditional criteria for resilience and that resonate with the life stories and the intersections between the statistical studies and the life stories. In these respects, the following professional perspectives and personal perceptions of the advocates partially foretell how they talk about resilience in broader contexts.

Professional Perspectives: Resilience as Expert Knowledge

At the time of the interviews, the advocates’ familiarity with childhood resilience ranged from a little to a lot. In terms of actually teaching resilience, they were more familiar with teaching problem-solving, creating positive environments, and providing treatment programs as these have pertained in the past to children and youth at risk. These were the building blocks many used in the

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4 Where risk is cause and effect of trauma.
interviews to construct their ideas about teaching resilience and developing resiliency programs. Several saw teaching resilience as mentoring and modelling, some as curriculum; some saw it as proactive, others as manipulative. Many welcomed the possibilities of teaching resilience to “kids at risk,” while others emphasized “learning” and “life skills.” A few were unfamiliar with the notion of teaching resilience but had fully embraced a concept of childhood resilience.

The advocates learned about resilience from a variety of sources and drew from both educational and psychological forums and materials. In 1994, for example, the University of Victoria hosted an International Year of the Family Conference on the UN Convention on the Rights of the Child. Titled “Stronger Children—Stronger Families,” the conference featured many prominent speakers from the child and youth advocacy community, including the popular resiliency researcher Emmy Werner. As a keynote speaker, Werner delivered a paper titled “The Resilient Child” (1994) that presented the quantitative view and drew on the work of Rutter, Garmezy, and the Consortium, among others. She also discussed her longitudinal study of risk and resiliency on the island of Kauai and, in so doing, repeated the problems in the quantitative research perspective.

First, Werner posited resilient children as those with resilient temperaments, describing “affectionate” girls, “good-natured” boys, and “easy-going” and “stress-resistant” children. Second, she described the quantified resiliency traits—for example, “scholastic competence”—that construct social competence as social conformity to White, middle-class norms. Third, she referred to a longitudinal study of disadvantaged children that measured their “status” by “academic attainment” and “upward social mobility.” Fourth, she promoted intervention programs that would foster resilience in at-risk children and youth in disadvantaged populations. Though she also included some of the life story perspectives and characteristics, Werner’s presentation was rife with the now-

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5 The conference was co-sponsored by the University of Victoria (the School of Child and Youth Care) and the BC Office of the Ombudsman and received national and provincial funding (June 18–23 1994).
familiar slippages in meaning and context associated with perceiving resilience as reifiable (stress-resistant) and replicable (social conformity). As I have asserted, the essence of resilience—of resiliency pluralism—is trauma, not traits. Without prompting, six of the advocates, most of whom have strong voices in the advocacy community, said they drew from Werner's work.\(^6\)

Research on effective schooling (Rutter et al. 1979) has strongly influenced local educators, and Rutter's work with Garmezy on stress and coping (Garmezy and Rutter 1983) is well known among psychologists. Three influential advocates named Rutter and discussed his resiliency-related research. In addition to Werner, Rutter, and Garmezy, four of the advocates said they learned about resilience from Martin Brokenleg, a popular speaker in Vancouver and one of the authors of *Reclaiming Youth at Risk: Our Hope for the Future* (Brendtro, Brokenleg, and Bockern 1990). Brokenleg gave a standing-room only presentation at the 1996 Annual Conference of the Vancouver Inner-City Education Society, for example, and was a guest speaker later that same year at the First Nations House of Learning at UBC.\(^7\) He has a powerful profile in the child and youth advocacy community. His work draws from Native traditions as well as the mainstream risk and resiliency literature; the advocates specifically cited his work on mastery, belonging, and opportunity as these related to fostering resilience in at-risk adolescents.

The advocates have variously learned about resilience from publications, conferences, the Internet, and each other. Several of those I interviewed have been, through their own high profiles, influential in disseminating information on resiliency throughout the child and youth advocacy community. Including the keynote speaker introduced in Chapter One, they understandably draw

\(^6\) Advocates were asked how and where they learned about resilience. I did not suggest any names or places.

\(^7\) The conference marked the 3rd Annual Inner-City Professional Development Day, and was co-sponsored by the Inner-City Education Society, the Vancouver School Board, and the Ministry of Education. It was held at the Westin Bayshore Hotel (February 5, 1996). Brokenleg spoke at UBC in the Fall of 1996.
predominantly from the expert discourse. Educators and psychologists were more likely to have read about resilience in the literature, while social service providers were more apt to have heard about it at advocacy conferences and from one another. A few advocates were aware of the concept of childhood resilience as early as the 1970s, most not until the 1990s. Some associated resilience with its scientific roots in the early psychology literature on children’s coping and competence. But most said something to the effect that resilience was “in the air,” it was “a new catchword,” it was “creeping into our vocabulary.”

**Personal Perceptions: Resilience as Experiential Knowledge**

Because of the slippages from anomaly to norm and from trauma to risk in the expert discourse, I was curious to know the advocates’ perceptions of themselves in terms of risk and resilience. Beyond a variety of demographics—such as age, gender, education, or occupation—the most significant factor differentiating their views on resilience was whether they reported risk or trauma in their own childhoods. While I cannot verify their degrees and disclosures of risk, I can report that 10 advocates said they did experience risk in childhood and 13 advocates said they did not experience risk in childhood. As shown in Table 7, these responses are remarkably evenly distributed across gender and profession. I would argue that the accuracy of the disclosures is partly

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**Table 7: Advocates’ Self-Perceptions of Childhood Risk by Gender and Profession**

<table>
<thead>
<tr>
<th>Childhood</th>
<th>EDU Men</th>
<th>EDU Women</th>
<th>PSY Men</th>
<th>PSY Women</th>
<th>SOC Men</th>
<th>SOC Women</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>With Risks</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>10</td>
<td>43%</td>
</tr>
<tr>
<td>Without Risks</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>13</td>
<td>57%</td>
</tr>
<tr>
<td>(n=23)</td>
<td>3</td>
<td>5</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>6</td>
<td>23</td>
<td>100%</td>
</tr>
</tbody>
</table>

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8 They named the work of James Garbarino (also a keynote speaker at the 1994 Victoria conference who posited resilience as the absence of risk), Urie Bronfenbrenner, Bertram Cohler, Carl Jung, Martin Buber, and Dan Offord, to name a few, as well as several of their own associates in the BC advocacy community.
evidenced by their resonance with either the expert or experiential discourse when they discuss childhood resilience and teaching resilience. All of those who said they experienced varying degrees of risk in their lives (and a few of those who did not) consistently iterated the life story perspective when referring to others at risk or in distress, and they generally represented resilience as a life-long process of mediation. Most of those who said they did not experience childhood risk or trauma were likely to draw on the quantitative view of resilience as a statistical set of reified and replicable traits.

Not surprising, 100% (n=10) of those who reported childhood risk also perceived themselves as resilient adults who were learning from their experiences and overcoming a range of adversities. They described their childhoods variously as lonely, turbulent, contradictory, a mixture of joy and sorrow. More surprising, 92% (n=12) of those who said they did not experience childhood risk also perceived themselves as resilient adults. As noted in Chapter Three, successful adults do tend to see themselves as resilient whether or not they have experienced severe risk or complex trauma (Young-Eisendrath 1996); such a view unintentionally invokes resilience as social norm, which does not meet the conditional criteria for recognizing resilience. Advocates without risk attributed their resilience to having had supportive families, being happy and successful children, and coping well in adulthood with stressful life events. Collectively, their childhoods were described as fun, easy, good, happy, loving, normal, nurturing, well-rounded. Here we see resilience as the norm, even the ideal, of the dominant society.

Among those who reported that they did not experience childhood risk, one advocate did not describe himself as resilient: "I would define resilience as overcoming adversity and I haven't had adversity. I mean, we all have . . . things in our lives that are distressing but I . . . [cannot] describe myself as resilient" [Robert]. This educator is both well-informed of the expert discourse and, as were all the advocates I interviewed, sensitive to the needs of young people suffering from severe
risk and complex trauma. But why did he appear anomalous among the 13 advocates who reported no childhood risk? Perhaps Robert's frame of reference was constructed from his almost daily exposure to the raw experiences of traumatized refugee children:

  The best example is a refugee child who actually arrives here to safety and the air is clean and the streets are safe for the most part, and for the first time in their life the world is stable and more predictable. In many cases they have been fleeing from persecution and horror, and yet when they’re here in some ways their first reaction is almost that of collapse . . .

The resilient child, in Robert's eyes, is the one who has arrived from a refugee camp, who has experienced complex trauma, who may be suffering from post-traumatic stress, and “who still has their own stuff and still stays strong and centred and is goal-directed, and able to thrive despite all of the adversity that they’ve experienced.” Though this description fits with the “success despite distress” theme of the statistical studies, it also includes trauma, trauma recovery, and the “success through process” theme of the life stories. Robert does not see himself as resilient because he has never suffered the “horrible trauma” he witnesses in others.

Grouping the other advocates' responses to my question about their childhood risk, approximately four disclosed multiple adversities severe enough to be associated with complex trauma. These four, together with the others who expressed childhood risk, and Robert who did not—comprising 48% (n=11) of the advocates—present an understanding of resilience that withstands the conditional criteria. Conversely, the remaining 52% (n=12) without risk, who perhaps unwittingly described resilience as the social norm, believe that providing a safe and loving environment—as they had when they were children—for young people at risk will nurture resilience. As a formula, however, this does not add up. If a safe childhood equals a normal adulthood, it does not follow that an unsafe childhood plus social intervention equals a resilient adulthood. The association of teaching resilience with positing resilience as social norm is a recurring theme that I am certain will be troubling to many advocates.
All of those interviewed formed their knowledge base from a fragmented and disseminated expert discourse mixed into their professional and personal experiences, perceptions, and narratives. Though there is some variation within the two groups I identify here—those with childhood risk and those without childhood risk—these are insignificant to the important differences between the two groups. Following are some examples selected from advocates without childhood risk whose self-perceptions articulated childhood resilience as social norm. Elizabeth explicates her adolescent resilience, for example, in the absence of risk:

I was a highly resilient adolescent and I came from a highly resilient family. I come from a family with a lot of social support. It’s a caring, nurturing, few-flaws type of family environment. ... I did well in school, I was socially really active, I had good peer relationships, I didn’t get into trouble. . . . I was never at risk. I was very strong-minded. I was a high functioning kid.

and then explains her adult resilience as coping with life events:

I’ve had a whole lot less trauma in my life than probably lots of other people, but just the same I certainly have had serious events happen to me over my life. But I had a very strong foundation and so I’ve coped with them as losses and I have grieved for them and I have moved on and added to my life experience. So I’m very resilient . . .

Resilience here is framed by family support and social success, the norms and ideals of the dominant society. Such norms and ideals signify a slippery slope when social service programs taking up resilience are aimed primarily at poor, refugee, and immigrant children.

Many of the advocates who reported no risk equated resilience with their own optimistic outlook. Edward first describes his childhood, for example, as positive and problem-free:

I wasn’t at risk and I think I had pretty good self-esteem and a pretty positive childhood and a pretty positive school experience. So, to me life was not a hardship or a difficulty or a challenge. I had a strong sense of family, a strong sense of success early on, and never had to face major problems, just typical adolescent things—learning to get along with others and all that kind of stuff, but nothing major.

and then goes on to describe his resilience as self-confidence:

I’ve always felt I could do whatever I wanted to in my life, I felt I had the skills or the ability to take on the challenges I wanted to. I felt that even if things didn’t work out in certain circumstances, why,
it wouldn’t all be hopeless and awful and nasty. And my sense of myself, I guess, probably is where my resilience comes from. . . . Normal life events . . . aren’t going to knock me out.

He construes resilience in himself as the assurance of not being knocked out by normal life events. Though he may be an excellent role model in a variety of ways, is Edward a model of resilience?

Some advocates in the group without risk did not so much characterize themselves as resilient as assume that they could be resilient. Surmises Elspeth: “I guess I’m resilient. I came from a family with the usual suitcase of this’s and that’s. But there wasn’t anything exceptional that I had to be resilient about.” She goes on to attribute her self-perception of resilience to her early parenting. Harry, who describes a “wonderful adolescence in which I had all sorts of advantages,” and which he reflects upon as “golden times,” also surmises that “I would like to think I am resilient, that there are things that sustain me; and, yes, there are pressures and stress that are part of my life.”

In these predictive accounts, resilience becomes relative. Julie goes even further and normalizes resilience as a relative necessity in the everyday world: “I think for most adults today just the task of living and the task of working and the task of parenting is cause for a lot of resiliency.” In this latter sense, Russell attributes his self-perceived resilience to being able to manage well under pressure. He credits his “easy” childhood and his parents’ “gift of humour and enjoyment and a positive life approach . . . that equipped me to manage that stuff.”

Clarise is another self-described “achiever” who did not experience risk in childhood:

I wasn’t at risk. I think, first of all, I was an achiever, a child who did not act out, did not rebel. I think I missed out on a lot of things. I played it safe, I was the good child, the honour student, the child who never made any mistakes, the friend to everybody, the one who put herself last in terms of needs. I did not want to cause any problems for my parents. I was a very responsible child.

She respected her “incredible parents” who expected her and her siblings to be “responsible, caring, community-oriented people.” Here, Clarise speculates about her resiliency:

I think I am resilient. I think I have the capacity to cope with loss, with pain, with challenges, with responsibility, with a myriad of activities, and to do it well. And I think that is part of resiliency. But I don’t know. I don’t know if I’ve actually been really tried in terms of having to examine, “Can I
make it, can I get through this?” But I have a feeling I am resilient, a survivor. Take everything away from me and throw me into a situation and I think I could probably do okay.

Clarise articulates resilience as the capacity to cope with negative and positive stress, something she does very well. She roots her perceived resilience in “extremely supportive relationships” and, thus, believes that resilience can be replicated through mentorship programs for traumatized children.

**Childhoods With Risk**

Advocates who reported childhoods without risk described their perceived resilience much along the quantitative research lines of conforming to mainstream norms, of fulfilling mainstream expectations. But those who reported childhoods with risk talked about their self-perceived resilience much in the life story context of learning from one’s experiences—often precarious experiences—mediated over the long term. It would be dangerous to simply conclude that everyone is resilient. Such a result renders resilience meaningless and simultaneously fails to address the politics of teaching resilience to targeted populations. Just as the resilient-identified adults in the life stories were known to psychologists, this second group of advocates are particular people who had difficult childhoods and whose chosen professions enable them to advocate on behalf of at-risk children and youth. If they now seem to conform to mainstream norms (which is not the essence of their resilience), their life journeys have taken many different roads. Their resilience is described in marked contrast to the first group. Can both groups be talking about the same thing?

Alice, whose family life was riddled with parental violence, betrayal, addiction, and unpredictability, described a childhood of risk-taking in which she “always managed to stay just this side of trouble.” Describing herself as “a fairly resilient person,” Alice feels “humbled” by her resilience and attributes it primarily to innate temperament. She describes having had “a lot of good skills,” including problem-solving and social competence: “I had a lot of resources, so it was always
easy for me. I mean, there were people who plain liked me and I knew that.” Overall, she credits her resilience to an alchemy of luck, smarts, and opportunity.

Similarly, Samantha also describes herself as a risk-taker, and for her, resilience means “having an edge.” She explains, “I’ve taken risks, I didn’t always take the safe way or the comfortable way. . . . I’ve always felt like I’ve stretched myself and I think that’s a component of resiliency, being willing to take another chance or put myself in a position where I can learn.” Stressing that “it’s not constant,” Samantha credits her adult adaptability to her childhood adversity and attributes her resilience to having support, taking chances, and learning from her experiences.

Logan grew up in a physically abusive environment and, by adolescence, had become involved in substance abuse and criminal activities. He dropped out of high school and joined the labour force. Of this time in his life, says Logan, “I was up and down and around and around,” in a whirlpool of risk and resilience:

I had some idea of where the top and the bottom was, although I pushed that all the time. I think that was part of my resiliency—I kind of knew when I was pushing it too far. Or I managed not to get caught when I really pushed it too far. . . . I was always good at knowing when I was lucky and that I better not push it any more. I knew when I was about to get a break and that I better use it because I wasn’t going to get a second one . . . It wasn’t a break from bad luck, it was a break from my own making of bad luck.

Resilience meant pushing his limits and taking responsibility for his actions. As an adult, says Logan, “I look at things as opportunities . . . I come back to the luck. . . . Almost every situation I get into I see as an opportunity. I’m not afraid to stick my nose into things, to try, to fail.”

In adolescence, Wilson, like Logan, was also engaged in “delinquent” behaviours and “didn’t get caught.” Though Wilson did not detail the difficult circumstances of his childhood, they were conveyed as severe. But he maintained important relationships with “a few key adults who came along at the right times,” and describes himself today as “somewhat resilient.” By not getting caught
in his delinquent activities, explained Wilson, he had the opportunity to gain a sense of power and to learn from his experiences:

It would have been a very different outcome if I had been caught because . . . what I learned from having the opportunity to do some of that was getting back and having the power to do some things that I knew were wrong and not getting caught . . . If I had been caught—and I would have been sanctioned for it—the opposite would have been true. I would have perceived it as being reinforced as powerless, and being judged as not okay, and all that sort of stuff. I was lucky.

Wilson admits to having personal deficits and difficulties, but he is always learning from others. Like many in this group, he perceives his own resilience as more innate, while stressing it as more environmental in others. I am speculating, but the emphasis on temperament could be because few social support systems existed when the advocates were children; they had to depend upon themselves. Conversely, the emphasis on environment clearly supports the advocates' vested interests in providing social and educational programs.

Another advocate, Emmy, grew up in a chaotic family environment with an alcoholic and dysfunctional mother. She was the oldest child and had to “take charge” to create order for herself and her siblings in a severely unstable and unpredictable household. Describing herself as “a very capable child,” she, like Logan, knew where the top and the bottom was: “I was a contained rebel. . . . I was sort of drawn to being somewhat rebellious but was always really responsible in my rebellion.” Emmy developed the ability to assess stressful situations, to strategize in difficult circumstances, and to learn from her experiences:

When I look at what’s happening in life, if it’s getting very stressful, I’m able to stand back and say, “Well, okay, I can manage this, I have to figure out how to make this work.” You know, I figure out the strategies that I need in order to make things work. If I’m really struggling I try to pay attention to that . . . I’m always looking for life’s lessons. What do I need to learn from this?

Paul's childhood was framed by a lack of social and emotional support and complicated by financial struggles that left a legacy of “unresolved family issues.” He knows that “tragedy happens”
and describes, along with the wonderful things in life, his “acceptance of brokenness.” As for Paul’s resilience, he says, “I’m working on it” and he explains how children learn from the “hard things”:

> It comes with experience. Whether it comes out of maturity, I suppose that could be part of the process, too, but it certainly comes out of experience . . . Some kids who experience some of this hardness in their lives very early, and realize that life has hard things and that you go on anyway, or you find a different place to feel okay, are learning the same kind of thing from their experience as an adult would.

Paul is still working on the hard things, and sees his resilience as an ongoing process of mediation.

These few vignettes illustrate the deep divisions in self-perceptions of resilience among advocates who may share similar expert knowledge but who have vastly different experiential knowledge. Among those without childhood risk, their expert and experiential knowledge is more consonant with the quantitative study perspective. Such consonance begs the question, what are the statistical studies measuring? Conversely, what are these advocates describing, given that their accounts do not meet the conditional criteria for recognizing resilience? For those with childhood risk, their perceptions of resilience both resonate with the life stories and reflect some of the conditions and characteristics in the statistical studies. These advocates’ partial synthesis of disparate expert and experiential knowledges fits nicely with my mapping of intersections and co-inheritances between the divergent discourses (in Chapter Four). Both mentorship and motivation, for example, proved important. In different ways, these latter advocates were creative and vulnerable, sociable and marginalized. And true to the life stories, their resilience is mediated and unpredictable, as were their childhoods.

Of those advocates who reported childhood risk, the insistence in the expert discourse that “family function” is integral to childhood resilience was only remotely relevant, and only to Donna. Sent away to a Native residential school, Donna grew up feeling angry, lonely, and confused. She was unable to read, she lost her Native language and, along with it, the ability to communicate with her family, and so “I lost pretty much everything.” But Donna also felt secure in her family, saying,
"I felt strong, I could do anything." Ironically, quantitative scientists would most likely have assessed her family as "dysfunctional," rife as she, her family, and her whole community were with illness, alcoholism, violence, and school failure. But in the larger contexts of colonization and impoverishment, Donna's family was also a sanctuary: "I witnessed a lot of violence, there was a lot of violence in my family, but there was also a lot of support and lots of love and real caring. So, somehow, there were those two things." Out of this morass, Donna forged a palpable resilience.

**Talk About Children's Risk: Across Classes and Cultures**

The advocates' discourse on risk and resilience comprises the multiple stories of their expert and experiential knowledge, the latter based on both their personal and professional experiences. Their professional narrative reflects the complexities and contradictions of their work and workplace. It produces a discourse that straddles inequality (structural constraint), equality (liberal ideology), and equity (advocacy practice), one that is navigated by both inclusive and exclusive language. This navigation is most commonly illustrated by the common advocacy rhetoric that *all* children are at risk, compared with the practice of targeting children at risk in disadvantaged populations for a range of social interventions. It is also illustrated by the advocacy rhetoric that *all* children have the potential to be resilient, compared with the prospect of teaching resilience to "kids at risk" in inner-city schools.

But though the advocates' work is predominantly focused on risk, defined as socioeconomic disadvantage, several advocates also identify children and youth at risk and in distress (but not *all* children) in myriad ways across classes and cultures. Funded and compelled to focus mainly on socioeconomic disadvantage, however, the advocacy net is cast just wide enough to include most children and youth living in disadvantaged populations, and just far enough to exclude most children and youth in advantaged populations. The advocates' everyday conflicts and constraints are partly
contained by their overarching desire to “create environments” and “provide opportunities” that will benefit all young people. Within such contexts, explains [Elaine], “learning about diversity and appreciating individual differences” would enhance both meeting children’s diverse needs and supporting their interests and capabilities across all classes and cultures.

Though the advocates are predominantly managers and administrators today, most of them have decades of front-line experience addressing children’s risks and needs. Also, several still maintain direct contact with young people. Their talk about risk provides a necessary context for their talk about resilience. They were asked to define the “at-risk adolescent” and the “distressed child,” to describe distress in the life of a child and an adolescent, to identify the dominant causes and consequences of children’s distress, and to prioritize the most serious problems facing young people today. These questions elicited a range of “risk factors” that typically construct a dualism between risk and resilience. In this now familiar dualism, risk is inferiorized (recall vulnerability as psychopathology) and those deemed at risk are subject to labelling, monitoring, and pathologizing. When compiled and considered collectively, however, the advocates’ responses construct a broader understanding of risk, one that implicitly (and unintentionally) challenges the notion of teaching resilience to “kids at risk” in inner-city schools.

Lack: At-Risk and In-Distress

I have taken an overview approach to interpreting the advocates’ perspectives on risk and distress, preferring not to reproduce the roster of factors, pathologies, and behaviours that abound in the risk literature. At a more macro level, the advocates collectively articulate risk and distress as different but interrelated entities. They associate being at-risk with a lack of resources, and being

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9 See risk factors in, for example, G.M. Johnson (1997b); Sameroff et al. (1993). For an excellent and comprehensive list of definitions and identifications of children’s abuse and neglect, see the Red Cross booklet, Prevention in Motion: Understanding Child/Youth Maltreatment (Fairholm and Woodhouse 1997).
in-distress with a lack of relations. Being at-risk is caused by economic deprivation, and involves poor access to a range of services and opportunities. Being in-distress is caused by emotional deprivation, and involves loss of relationship, nurturance, and sense of belonging. These entities of risk and distress are set out in Table 8:

Table 8: Advocates’ Perspectives on Being At-Risk and Being In-Distress

<table>
<thead>
<tr>
<th>At-Risk — Resource-Based</th>
<th>In-Distress — Nurturance-Based</th>
</tr>
</thead>
<tbody>
<tr>
<td>Construed as a Lack of Resources</td>
<td>Construed as a Lack of Relations</td>
</tr>
<tr>
<td>Primarily Economic Deprivation</td>
<td>Primarily Emotional Deprivation</td>
</tr>
<tr>
<td>Disadvantaged Populations (includes Poverty)</td>
<td>Across Classes and Cultures (includes Prosperity)</td>
</tr>
<tr>
<td>Poor Access to Health &amp; Community Services</td>
<td>Loss of Sense of Stability &amp; Belonging</td>
</tr>
<tr>
<td>Fewer Education &amp; Employment Opportunities</td>
<td>Loss of Sense of Connection &amp; Community</td>
</tr>
</tbody>
</table>

The at-risk column in Table 8 suggests the need for resource-based support and the in-distress column suggests the need for nurturance-based support. Low socioeconomic status is integral to risk but not to distress. Though risk and distress are not mutually exclusive, neither are they always interactive or overlapping. An at-risk child living in poverty is not automatically in-distress, and an in-distress child living in prosperity will have different needs than an at-risk child. Several advocates emphasized that prosperity does not provide immunity from distress; instead, as they illustrate below, prosperity generates its own risks and distresses. Because resilience is too easily constructed as social conformity to mainstream norms, and because advocacy attention is so focused on disadvantaged children and youth and efforts to “level the playing field,” it is useful to acknowledge the distresses among advantaged children and youth. Following are comments from a psychologist and a social service provider, respectively:

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10 I am limiting the economic distinctions to poverty and prosperity, representing a simple “two-category society of have and have-nots” (Malloy 1997, 13).
I see distress in... the very wealthy family on the west side. When everybody asks, “What are child advocates doing dealing with kids who obviously have enough money to get along?” Well, you know, the last kid I knew who hung themselves... had a father who was a doctor and a mother who was a fairly well-to-do person, too. [Alice]

I think that we have many, many, many young people who don’t experience joy. The worried child, the hurried child. You know, kids living in upper middle-class families who don’t have one moment of leisure time or time to explore... They’re structured, their lives are all about achievement. And I think that can be as damaging as anything. Burned-out kids at fifteen... or kids living in Shaughnessy being sexually abused by their fathers every night. Or being told every day that they’re no good and stupid and ugly and bad. [Clarise]

One upper middle-class school administrator told me that he sees considerable abuse and neglect among his privileged secondary students, as well as extensive denial and depression.11 As an aside, an “east-side” school administrator explained his students’ denial of their distress as “the camouflage effect,” which masks their inability to ask for help [John].12 I wonder whether these denials—the denial of risk and the denial of distress—are sometimes mistaken for resilience. A “west-side” educational administrator locates his students’ distresses in relation to family expectations and unrelenting pressures to succeed:

Schools are more demanding and more competitive. The expectations are higher, and the parents’ expectations are higher... You put more pressure [on students], and more expectation, and you have higher standards... All of those things are combined. I think, yeah, the normal, adolescent, kind of growing up stuff, and their regular challenges, are exacerbated by some of those factors. ...

More stress in this community is caused for students who have to do everything well. They have piano lessons and they have soccer tournaments and everything they do they’re expected to do well. They have French Immersion schools, they have stuff outside of regular, normal things that students do. And our kids do all the [usual] things, too, but they have high-functioning parents with high expectations. [Edward]

Middle and upper class youth in extreme distress, like impoverished, at-risk youth, are also vulnerable to substance abuse, criminal activity, and depressive and self-destructive behaviours. Bad parenting and difficult home and school lives are not economically determined, though poor

11 [F-980112].

12 The terms “east-side” and “west-side” are shorthand for economically disadvantaged families living on Vancouver’s east side and economically advantaged families living on Vancouver’s west side.
parenting is too often (erroneously) confused with poverty.\(^\text{13}\) Poverty is a serious issue but not an automatic cause of risk, distress, and family dysfunction. Attests an advocate involved in educational policy development:

\[
\text{Kids can live in poverty and be just fine . . . I wouldn’t say that \[poverty\] on its own, I mean, it is a factor, but it doesn’t mean . . . that child’s going to go off the deep end because they live in poverty. I mean, that’s just not true. [Mary]}
\]

Regardless of poverty or prosperity, family dysfunction was depicted as a major source of children’s risk and distress. Family dysfunction includes spousal violence and parental alcoholism, child abuse and neglect, drug addiction and mental illness, and destructive divorce and custody battles. Other sources of distress include recent immigration and refugeeism, unsafe communities and “cultural clashes,” and now economic and employment uncertainty. The latter may be exacerbated by learning disabilities, pressures to succeed, and feelings of inadequacy. Many of the advocates worried about the “ripple effect” [Julie] of family cycles of abuse, poverty, and distress. Some pointed out that risk can be positive, as in healthy risk-taking, and stress can be motivating and stimulating. But being at-risk or in-distress were universally seen as undesirable and demoralizing.

**Panic: Hopelessness and Meaninglessness**

The advocates ascribe anomie, a sense of “hopelessness” [Wilson] and “meaninglessness” [Clarise], to children and youth at-risk and in-distress:

[They are] lost, alienated . . . Not connecting, not being valued, not having opportunities. Everything from schooling to unemployment to relationships to recreation. . . . It’s broad and I think it’s bleak. I really do. I have tremendous concerns about our adolescents. And they are vulnerable to terrible influences: drugs, alcohol, substance abuse in general, and exploitation.

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\(^{13}\) Anecdotally, I have been witness to the testimonies of many, many people (as they also have been witnesses) who grew up poor but who enjoyed happy childhoods, loving families, and strong communities.
I cannot know to what degree the advocates' own trepidations produce their unanimous view that today's young people face seemingly insurmountable social and economic problems. But the identification of lack is accompanied by the advocates' feeling of panic that society—families, schools, and communities—is breaking down. Many advocates voiced concern that children at-risk and in-distress lack a sense of belonging. Their explicit message was that schools must become stable communities that can provide children with a strong sense of belonging.

Other risk-related concerns that contextualize the advocates' sense of anomie include our superficial, throw-away society, too much affluence and consumerism, poor media images and role models, and a lack of common values and social responsibility. With these concerns as backdrop, the biggest risk- and distress-causing problems facing young people today, say the advocates, are education and un/employment. Schools are envisioned as potential sanctuaries and communities, but the educational system is observed as an increasingly major stressor. On the one hand, there is tremendous pressure for students to succeed in school and proceed to post-secondary education and, on the other hand, there is a perceived lack of educational options and employment opportunities.

The advocates locate a number of young people's risks and distresses in these contexts.

Socially, for example, highly distressed children may lose their sense of connection, fail in school, feel marginalized; behaviourally, they may act out or withdraw in a variety of ways destructive to self and others; emotionally they may be alienated, demoralized, or traumatized. They can end up "two inches shorter" both mentally and physically [Logan]. The biggest consequences for young people, say the advocates, involve health and behaviour and include sex, AIDS, drugs, gangs, guns, death, and all that they imply, such as crime, violence, addiction, pregnancy, and even suicide:

\[14\] If I could do the interviews over again, I would add two questions: What looks hopeful in the eyes of young people today? What is your view of the world today compared to when you were growing up?

\[15\] This message, concerning the social and strategic role of schools, is addressed in Chapter Six.
It isn’t always the socially acting-out kid that’s suicidal . . . Sometimes it’s the kind of person who looks to be doing very well and is accomplished and doing well in school, but it’s that sort of perfectionist kind of kid who’s got such high expectations and rigid ideas about what’s acceptable and what isn’t. [Samantha]

These consequences are dealt with extensively in the risk literature.16

Recall the advocacy rhetoric that all children are at risk. The advocates’ specific talk about risk and distress identifies particular problems and contexts and posits that all children are potentially at risk. Advocates are so immersed in risk that some admittedly “begin to see risk everywhere.” Certainly, not all children are at risk, but the range of risks and distresses cuts across all classes and cultures. It addresses the increasing pressure to succeed in a global system that offers disadvantaged students educational options and employment opportunities that are too few (e.g., vocational streaming), and that offers advantaged students options and opportunities that are too narrow (e.g., math and science, post-secondary education). Our educational system is heavily invested in the achievement or acquisition metaphor, with its discourse of capitalism and individualism; this discourse overwhelms the participation metaphor and its talk of democracy and collectivism (Sfard 1998). We need both—individualism and collectivism—but the former resonates with the construction of resilience as mainstream success.

Many advocates, then, identify school success as a significant stressor across class and culture, while the risk literature focuses on school failure in poor and immigrant populations. Given the advocates’ broad interpretations of being at-risk and in-distress—drawn from their experience as educators, psychologists, and social service providers—their risk talk cannot support teaching resilience in inner-city schools (resilience as defined in the expert discourse). This does not preclude

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16 See, for example, Adolescents at Risk: Prevalence and Prevention (Dryfoos 1990). See also Data Report on the Psychosocial Characteristics of Completed Suicides in British Columbia (White and Rouse 1997).
the possibility, however, that providing young people with supportive environments and creative opportunities can offer them hope for the future [Alice].

**Talk About Childhood Resilience: Envisioning One's Future**

The advocates' discourse comprises expert and experiential knowledge about resilience. Their expert knowledge derives from the expert resiliency discourse. Their experiential knowledge is both personal and professional, with the latter gained as practitioners. As previously stated, the advocacy discourse repeats the divergent discourses of the quantitative and qualitative perspectives, though the former view predominantly influences the public discourse of policy and practice. Various strands of the advocacy discourse can be selected, however, as interwoven with either the quantitative research perspective or the life story perspective. But by using conditional criteria and discourse analysis—developed in Chapters Three and Four as critical lenses—an alternative or oppositional narrative can also be constructed. This alternative narrative does not exclude the quantitative view, but it does hold resilience in relation to trauma and depict resilience as enigmatic and contingent. In other words, the interpretive narrative emerging in Chapter Four as an oppositional discourse also resides within the advocacy discourse.

Two themes identified by my interpretive narrative of the advocacy discourse on resilience are exemplified by the insight that "resilient children can see themselves winning the race" [Mary]. The first theme is that resilient children are those at risk who can envision a better future for themselves. The second theme is that children at risk must be given opportunities to experience themselves as successful. Depicting these themes as *envisioning one's future* and *experiencing one's*

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17 [F-960509]. Much of the advocates' discourse involves providing "environments" and "opportunities."

18 The expert and experiential discourses, repeated in the advocacy discourse, are not reiterated here. Instead, a longer draft version of this chapter is available upon request, which includes my interpretive narrative of the advocacy discourse on childhood resilience and teaching resilience. This narrative represents the advocates' views on temperament and environment, on socio-cultural contexts (age, gender, and culture), on traits and portraits of resilience, and on success as meaningful achievements and meaningful relationships.
success, they shape and are shaped by the advocates’ views on childhood resilience and teaching resilience, respectively. These themes indicate three things: First, they represent existing advocacy work in risk programs and risk populations. Second, they emerge out of advocacy talk about resilience, positing resilience as a nominal change only to existing risk programming. Third, the emphasis—whether in the context of risk or resilience—is on overcoming obstacles but not on challenging obstacles. Because I am in “risk territory,” the advocates identify risk and distress more than trauma, though complex trauma occurs in the worst cases.

As a theme for childhood resilience, envisioning one’s future means being able to see the light at the end of the tunnel, even from a place of great danger and despair: “Some people can have a spotlight and if they’re blind they don’t see it, you know, and some people can see the tiniest pin prick of light at a distance” [Emmy]. A child at-risk and in-distress, a child terrorized and traumatized, may not see the light at every moment for it can flicker on and off in unpredictable ways. The most insightful advocates’ comments on resilience experientially recognize this uncertainty and contingency. They acknowledge the interactions between risk and resilience, and between nature and nurture. They address qualities of resilience—such as vulnerability, mediation, congruence, and imagination—without presenting them as quantities, as measurable or observable, as reifiable or replicable.

Vulnerability and mediation were presented by some of the advocates, for example, as the capacities to feel pain and integrate trauma: to move through it [Donna], to rise above it [Julie], to get beyond it. Harry understands resilience as both mediated and contingent:

In some instances, yes, you can find some very resilient kids based on a particular context. But if you shift that context, do they stay resilient? I think it is sometimes challenging to think that one can sustain the resiliency, and hopefully we’d like to think it’s true, that it’s a personality characteristic that is sustained and maintained over the years . . .

And Samantha posits invulnerability as antithetical to the possibility of mediating resilience:
It’s what’s appropriate for the situation. And to have just had, you know, your family massacred, for example, and you’re seeing a child who’s showing no visible signs of upset or who’s blowing it off, I mean, that would worry me. . . . We can’t talk about resilience unless we’re talking about adversity . . . I think it is important to think of it as a fluid, developmental, dynamic kind of thing that isn’t an either/or situation.

In this context, Samantha introduced the notion of congruence. One of the signals of resilience in the context of adversity, she says, is that “resilient kids are congruent with their expectations of themselves. How they believe about themselves inside is how they behave out in the world.” There is resonance between the inner self and the outer world, between one’s thoughts and actions.

Connected with congruence, Wilson articulated one of the most interesting aspects of resilience, that of the child’s imagination, and the unpredictable directions it can take. Children suffering from trauma, for example, may very well demonstrate the ability to imagine: “Some of it is their fantasy life. Some of the kids I see are able to deal with a lot of this stuff because of their imagination. They are able to build, to construct a world for themselves that’s separate from the realities, and they use that to give them a way out” [Wilson]. But congruence is imperative because imagination can run amok; creativity is not itself a predictor of resilience over the long term. When a child’s rich and secret inner life—as coping mechanism—becomes a fantasy life so incongruous with the outer world, and so perversely entrenched that it replaces reality, serious trouble ensues:

As they grow older it becomes more pathological in terms of an avoidance of the realities. Versus those who as they grow older maintain their connections to peers and to education and all of that, and who can separate the two in terms of the fantasy and the use of fantasy, and who can separate the imagination from the reality, and who don’t need to stay primarily in the imaginary world. So sometimes it’s short-lived, but it begins showing itself to be more pathological later on. [Wilson]

In these brief views of vulnerability, mediation, congruence, and imagination, then, resilience reads as an ongoing and contingent process of gradual integration and maturation. Here, resilience is active, expressed by some of the advocates’ characterizations of resilient children as actors, movers, growers, learners, and explorers in the world who can envision their futures.
Talk About Teaching Resilience: Experiencing One’s Success

The advocates’ talk about childhood resilience, then, is screened through the lens of my critical analysis of the two text-based resiliency discourses. Thus, I find embedded in the advocacy discourse strong arguments against the notions of reifying and replicating resilience. When these arguments are identified, the dominant influence of the expert discourse is weakened. The quantitative perspective cannot withstand the power of both the life stories and the advocates’ field experiences. I have made no claim, however, that “resilience” cannot be taught or learned. Instead, I have argued against resilience as a set of reified traits that can be replicated. I have also argued that “teaching resilience to ‘kids at risk’ in inner-city schools” involves the surveillance and social conformity of disadvantaged populations and ignores structural oppression, systemic discrimination, and the reproduction of inequality.

In this political and problematic context, the advocates’ understandings of teaching resilience have been interpretively drawn from their expert and experiential knowledge. But when they speak about teaching resiliency, their discourse comprises both voices of idealism and voices of realism. Together these voices compose “a contrapuntal theme,” or two distinct ways of speaking about ostensibly the same thing (Gilligan 1982, 1); they are “independent melodies sounded together” (Random House 1994). Overall, however, the advocates challenged the literal idea of teaching resilience. Referring to Table 9, two-thirds of those asked (n=20) whether resilience can be taught resisted the word “taught.” Instead, they articulated resilience as learned through experiences, environments, opportunities, and relationships. The advocates’ challenge to actually teaching resilience also valuates

<table>
<thead>
<tr>
<th>Can resiliency be taught?</th>
<th>Total</th>
<th>%</th>
</tr>
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<tbody>
<tr>
<td>YES — because it is not innate</td>
<td>6</td>
<td>30%</td>
</tr>
<tr>
<td>MAYBE — but learned through processes</td>
<td>13</td>
<td>65%</td>
</tr>
<tr>
<td>NO — it is innate, all children are resilient</td>
<td>1</td>
<td>5%</td>
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<td>[n=20]</td>
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resilience as a nominal change to existing risk programs; upon analysis, their strategies for teaching resilience construct "resiliency programming" as renewed or rearticulated risk programming (see section below). But if risk programs need such a face-lift to attract new funding, they also need restructuring to critically address systemic discrimination. In this respect, the advocates' strategies cumulatively appeal to transforming the social roles of teaching and schooling (see Chapter Six). But more specifically, what does teaching resilience then mean in terms of experiencing success?

In the advocates' talk about teaching resilience as experiencing success, their optimism fights with weariness. Their discourse conveys the daily struggles and tensions of advocacy work: wanting "success" for every child but fighting feelings of futility and frustration, and confronting what looks like a lack of resources in the face of seemingly increasing problems. In between, they marshall whatever supports are available at any given time for the benefit of the children they are working with. Like resilience itself, their work is contingent and unpredictable. But within the advocates' own discourse, within the "dynamic social processes" of their everyday texts and institutional genres (Luke 1995–96, 17), lay the dialectical seeds of change.

Thus, embedded in the advocates' diverse views is food for thought on the processes of, and the means to, childhood resilience as experiencing one's success. But this begs the question, what is success? In the strands of advocacy talk resonant with an oppositional discourse, success is not synonymous with academic achievement. Instead, it is intertwined with meaningful achievements and meaningful relationships. Success as meaningful achievements involves mastery and aspiration (Brendtro, Brokenleg, and Bockern 1990, 48), which are intertwined with meaningful relationships. Aspiration equates with envisioning one's future, and mastery equates with experiencing one's

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19 Several advocates either specifically cited this work, or specifically talked about "mastery," or discussed success in terms similar to mastery. Mastery means learning and experiencing that you can do something well, through sports, music, drama, writing, and so on, while developing supportive relationships with your peers, coaches, teachers, or family members.
success. These terms are linked in the short and the long term: Robert, an educator who strongly supports the positive role that schools can play in the daily lives of children and youth at-risk and in-distress, asserts that mastery and aspiration in the present are better indicators of future success than is academic achievement. And essential to this sense of success is the valuation of children:

I don’t think that I could sit you down and teach you how to be resilient because I think resilience comes from actual true life experiences plus the stuff you came with. So it is how I am actually treated in a situation, how I am cared for in a situation, how I am respected in a situation, how I am loved in a situation. [Elspeth]

**Whose Needs? Who Benefits?**

But when the advocates were asked about what it might mean to teach resilience, needs and benefits were uppermost in my mind. Their responses to the following two questions were startling:

Which children need it the most? Which children will benefit the most? An analysis of responses revealed the advocates’ composite view that, one, the most distressed children need it the most, but they will benefit the least, and two, the most resilient children need it the least, and they will benefit the most. Moreover, Emmy noted that children and youth “predisposed to resiliency will thrive with or without” resiliency programming. And Wilson observed that “some kids will benefit from “teaching resilience” and some will not. In his work, Wilson understands that many children enduring multiple severe stressors—such as the atrocities of abuse or neglect compounded by the unpredictabilities of parental alcoholism—lack an essential sense of safety. Thus, they are unlikely to be responsive to external therapies and support systems because they cannot process a lot of new information. They may need nurturance more than anything, more than something called resilience.

These troubling “truths,” based on the advocates’ experiential knowledge, were embedded in their expert assertions that all children need to be taught resilience and that all children will benefit from it, which echoes their hope of helping just one child, their fear of harming just one child. Emmy explains that a child with the most risk can seem resilient, and a child with the least risk may
crumble, so "it is a question of values" in that you cannot choose one level of risk or one group of
children over another for "teaching resilience." Another advocate posited teaching resilience as
preventative: "I think all children need to 'learn resiliency' because you don't know when you'll
need to use it. It's one of those pieces that you need in your trunk as you travel through life" [Naomi]. She strategized that providing opportunities for all children to experience some kind of
success would serve to include those at risk who cannot always be identified.

In their responses to my questions, the advocates distinguished children with no risk from
those with some risk, as well as those with serious or multiple risks. The advocates collectively
concluded that those least at risk should be targeted early for resiliency-related programming. Such
a conclusion falls somewhere in between the belief that resilience needs to be "taught" to, or learned
by, all children, and the mandated advocacy practice of targeting disadvantaged children. So, whose
needs are being met? And who benefits? Society? All children? Resilient children and youth?
Those at-risk or in-distress? These are not oppositional groups, and there is no definitive answer in
advocacy work. Instead, teaching resilience becomes a catch-all that means different things to
different people. Depending upon social and personal contexts, it is welcomed, disputed, co-opted,
misconstrued, and reconstructed. The worth of risk programs taking up various notions of resilience
may be more in what children learn than in what adults teach, and in what is meant by success. The
dominant resiliency discourse is a discourse of risk in the advocacy community and a discourse of
success in the scientific community. So it is that "opportunities" for experiencing one's success are
linked with unexamined risk targeting practices.
**Kids at Risk: Threats to Society?**

When asked point-blank why “resiliency” should be taught, 80% of those asked gave a response that involved the _protection of society_. This response implicitly posits disadvantaged children as _threats to society_, defined as those who may become dependent on the system. Half of this group expressed concern that the employment prospects of disadvantaged children look bleak, that they will not be able to face future economic difficulties, and that they may not cope well with the changes and challenges, the upheavals and “stormy times,” that will inevitably confront them in life. These concerns speak to the capitalist the metaphors of achievement and individualism (Sfard 1998). The other half of this group wanted disadvantaged children to become coping, capable, competent adults who feel fulfilled and who will, consequently, become socially responsible citizens. This half speaks to Sfard’s democratic and more participation-oriented metaphors. Though even in the latter case, when no attention is paid to challenging the status quo, rugged individualism still paves the road to “resilience” as defined by the dominant discourse.

One optimistic advocate speculated that teaching resilience will “expand the growth of our society so that we will have a nation of resilient people” [Catherine]. Certainly, there is nothing wrong with wanting young people to become successful. Alice also believes that “it would be a better world” if all children were taught to be resilient (meaning that all children would be well and happy). Conversely, Naomi, who especially emphasizes learning over teaching, and who wants disadvantaged children to develop resiliency “for their own reasons,” believes that “there is a hidden agenda to make children resilient through teaching resilience. ‘Let’s get these people off skid row,

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20 Only 10 advocates were asked this question because it was skipped if interview time was running short.


22 This recalls the cultural deficit model as well as the pathologizing of dependency (Fraser and Gordon 1994).
let's get these people off welfare, let's get these people so that they're contributing to our society.'

\ldots I worry about that as part of the reason for talking about teaching resiliency." There are obvious tensions between, on the one hand, wanting all children to become competent citizens and, on the other hand, pathologizing those who may be dependent on the system when competence is defined by White, middle-class norms.

In the dominant discourse, teaching resilience targets the disadvantaged, not the traumatized (though these are not mutually exclusive). Certainly, the greatest need is among the most vulnerable, and the most vulnerable may be among the most disadvantaged. Just as the most vulnerable may need immediate and tangible nurturance, the most disadvantaged may need immediate and tangible resources, or both resources and nurturance, as opposed to a recipe for resilience (as social norm or social success). Teaching resilience again raises the spectre of the model of cultural deficit—also referred to in the literature as "cultural disadvantage" or "cultural deprivation"—and which "posits that children from poor or minority families struggle in school because they have been disadvantaged or deprived by their impoverished home and cultural backgrounds" (Pianta and Walsh 1996, 41–2):

Also known in the literature as the 'social pathology' model [italics added] \ldots the deficit approach explains disproportionate academic problems among low status students as largely being due to pathologies or deficits in their sociocultural background (e.g. cognitive and linguistic deficiencies, low self-esteem, poor motivation). (41–2)\textsuperscript{23}

School failure and social pathology in disadvantaged populations are constructed and reproduced by the dominant society. While many advocates believe that society has a moral responsibility to teach resilience to disadvantaged children, their conscious intention is not based on the cultural deficit model or on casting "kids at risk" as threats to society. Instead, resilience operates unconsciously as an ideological code that imposes prescribed norms and expectations of success on disadvantaged

\textsuperscript{23} Quoting R. Valencia, "Minority Academic Underachievement: Conceptual and Theoretical Considerations for Understanding the Achievement Problems of Chicano Students" (Paper Presented to the Chicano Faculty Seminar, Stanford University, November 1986) 3.
children. Thus, most advocates perceive teaching resilience more as promising panacea than as politically problematic.

Resiliency Programming as Risk Programming

At-risk children and youth as threats to society, in combination with success as meaningful achievements and relationships, informs my narrative interpretation of the advocates' notions of teaching resilience as resiliency programming, and resiliency programming as risk programming renamed. It also reiterates my attention to the politics of teaching resilience to “kids at risk” in inner city schools. The best of intentions—and the potential joys and pitfalls of teaching resilience—are not separate from their economic implications. Thus, the political and economic constraints under which the advocates work are also integral to the politics of teaching resilience, as is the nominal shift from risk programming to resiliency programming (and back again). This shift is associated with obtaining program funding, boosting advocacy morale, and wanting to help children—as Clarise acknowledges, “resiliency gives me hope”—and not with any substantive change in program strategy and structure.

When the advocates were asked about resiliency programming “currently underway,” 70% of those asked referred to existing programs for “kids at risk” and “inner-city kids,” two groups that are typically collapsed. The advocates also described First Nations programs, substance abuse and behaviour modification programs, and alternative and early parenting programs. These programs promote a range of behaviours that can be grouped under life skills, self-esteem, and conflict resolution. Some of them also provide opportunities for overcoming difficulties, developing leadership skills, and experiencing one’s success. Some are population-specific (inner-city programs) and some are issue-specific (substance abuse programs). Thus, many of the advocates’

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24 Twenty of the 23 advocates were asked about current resiliency programming.
perceptions of resiliency programming look remarkably like current risk programming. Resilience provides a name for what/ever advocates want or need to accomplish with children and youth deemed at risk. This nominal change is not entirely problematic, however, because what is essentially the rearticulation of risk programming disrupts rigid notions of teaching—of reifying and replicating—resilience.

In the final analysis, the question remains, can resilience be taught? "There are no resiliency flashcards ..." announces Samantha during a workshop on resiliency. Moreover, claims Edward, "You can't sit down and teach a package called Resiliency 101 ... You can build it, but you cannot teach it; you can experience it, but you cannot plan it." The majority of advocates, drawing on all their experience, did not actually believe that "teaching" resilience was the means through which resiliency could be imparted to young people. Instead, they talked about learning processes and meaningful achievements, and about mastery and aspiration experienced through meaningful relationships with adults and creative play with their peers. Resiliency programming conceptualized as experiencing one's success accentuates educating adults to respect and value children and not just teaching children and youth to be resilient with "packaged approaches to social and interpersonal development" [Edward].

Confusion about resilience—whether it is anomalous or social norm, whether it occurs with or without risk, whether it pertains to risk or too easily glossed over by the advocates in their blanket belief that resilience represents every child's right to a healthy and fulfilling life. Resilience as ideological code for social norm and ideal childhood represents the normative gaze of the dominant society. But "resilience" can, alternatively, be seen as learning from one's experiences. Sometimes, in translation, resilience is too far removed from enigma and anomaly, too far removed from risk,

\[25\] [F-960510].
distress, and trauma. Resilience is too simply interpreted by some advocates as nurturing all children. But for other advocates, resilience is about healing wounds, “exploring possibilities,” and encouraging a hurt child’s “curiosity about the world” [Paul] through risk and resiliency programming.

Though teaching resilience to disadvantaged populations is politically problematic, meaningful relationships and achievements, and creative environments and opportunities, however these may be interpreted, are essential to any notion of risk or resiliency programming. Such programs reflect the advocacy resources available, and the expert and experiential knowledge of those in the advocacy community. In the final analysis, in terms of child advocacy, resiliency programming begins with meaningful relationships and ends with meaningful achievements:

I think you’ve got to start with relationship. You can’t [teach resilience] before some degree of trust and curiosity has been established . . . In terms of methods, they’re so varied. I think someone who’s teaching it has to be incredibly flexible and have a variety of approaches to use. I mean, some kids learn resiliency through stories, through fantasy, through dress-up, through more concrete lessons or experiences of going out into the bush and doing the outward bound stuff, and some of it more experiential, more intellectual, kind of idea-focused. I don’t know of any particular way that’s best. I know some people who primarily learn by simply following someone around and spending weeks and months observing them, or taking part in chopping wood with them, or whatever. And somehow they derive meaning and an alternate view of things by doing that. [Wilson]

Summary

In the advocates’ discourses on risk and resilience, their frames of reference are three-fold. First is the tension between the conservative constraints of their work place and their liberal-progressive politics and practices. Second is their expert knowledge as experienced professionals in the child advocacy community, which includes some familiarity with the dominant discourse on resilience. Third is their experiential knowledge, based on personal perceptions of risk and resiliency in their own lives (but which does not index the experiential discourse in the literature). The primary context within which they discuss childhood resilience and teaching resilience involves the dilemma between, one, identifying children’s risk across all classes and cultures, and two, targeting children’s
risk in disadvantaged populations. This dilemma permeates the advocacy discourse and is repeated in the hope of helping just one child (all children are potentially resilient) and the fear of harming just one child (all children are at risk), while child and youth advocates struggle to produce or maintain evidence of program effectiveness and to secure program funding.

I interpret the advocacy discourse on childhood resilience as envisioning one's future, a theme that emerges as the meaning of resilience in relation to children and youth at-risk and indistress across classes and cultures. I interpret the advocacy discourse on teaching resilience as experiencing one's success. This second theme emerges as meaningfulness in achievements and relationships and, thus, as the means to resilience in relation to children and youth at-risk in disadvantaged populations. These differences mirror the contradiction in locating risk and resilience in all children and then teaching resilience to kids at risk in inner-city schools. Such incoherencies identify the everyday tensions in advocacy work. And they remind me that targeting risk populations, for example, does not preclude children in other populations from receiving the assistance they may need in overcoming risk, distress, and trauma.

I have untangled and pulled from the advocacy discourse a number of threads; some unravel the official advocacy fabric, some can be intertwined to make new cloth. Mostly, I have culled the advocates' expert and experiential knowledge, and their professional and personal experience, to create a collage of fragments. This collage depicts insights that most resonate with the experiential discourse and its intersections with the expert discourse on resilience. It also includes those perceptions that most challenge the quantitative perspective when advocacy politics and practices (experiential knowledge) are illuminated. Finally, it forms a gestalt of the advocacy discourse on resiliency, giving back to the advocates an interpretive narrative constructed from their own
collective viewpoints, a narrative that may initiate a more complex and reflexive dialogue among BC’s child and youth advocates.

My journey through the advocates’ interview transcripts has been both difficult and pleasurable. It has been pleasurable because I respect their broad expertise in advocacy practice and I appreciate their experiential “tales of the field” (Van Maanen 1988). But it has been difficult because of their politics, constraints, and frustrations and because of the responsibilities of the interpretive process itself. I have found strands of consensus interwoven with contradiction and have constructed meaning from what sometimes seemed incoherent. Though the advocates are diverse in their perspectives, they are united in their mission to help children and youth at-risk and in-distress. Their unity and diversity inform the range of strategies that contribute to their unanimous re/visioning of the social roles of teaching and schooling. These visions and strategies are introduced in the last chapter, together with insightful critiques of the risk rhetoric that are problematically turning to resilience as a panacean promise. My critical analysis of the expert and experiential resiliency discourses, and my narrative interpretation of the advocacy discourses on risk and resilience, contribute to an oppositional discourse. This oppositional discourse, contextualized by the historical constructions of children’s risk and by social critiques of the risk rhetoric, will point to future directions for risk and resiliency research and advocacy policy and practice.
6. REWRITING RESILIENCE: POLITICS AND PROBLEMATICS

We shall not cease from exploration
And the end of all our exploring
Will be to arrive where we started
And know the place for the first time.¹

REWITING RESILIENCE HAS PRODUCED AN OPPOSITIONAL DISCOURSE that involves critical analysis of the problematics of childhood resilience and the politics of teaching resilience. The rise of resilience as risk panacea is driven by psychometric studies, research and advocacy funding imperatives, mass media-produced perceptions of ever-escalating risk, and indexing of the dominant discourse by child and youth advocates. The dangerous slippages from anomaly to norm and from trauma to risk in the dominant discourse shape the politics of teaching resilience as state surveillance and social conformity of the other. In a worst-case scenario, teaching resilience would impose performative or exploitative resilience (as social conformity) on children and youth at risk in disadvantaged populations who have also been traumatized by, say, political or domestic violence.

My thesis scripts resilience as both familiar and unfamiliar (Clifford 1988, 145–7). Through critical analysis and interpretative narrative, I have blurred resilience as observable and measurable, and as reifiable and replicable. By valuing experiential knowledge, I have rewritten resilience as comprehensible but enigmatic. Specific to resiliency research, qualitative perceptions and processes selectively index and ultimately challenge quantitative observations and outcomes. Statistical studies

¹ T.S. Eliot, Four Quartets, Little Gidding V (1942).
of childhood resilience are myopic in their factor-oriented solutions to social problems. Attention also needs to be focused on challenging the roots of systemic risk and the causes of complex trauma.

**Slippery Slopes in Resiliency Research**

Treating the individual, targeting disadvantaged populations, and teaching resilience to “kids at risk” in inner-city schools are problematic when they merely reproduce the status quo. How this reproduction plays out in relation to risk and resilience is clearly illustrated by the two slippages that occurred in resiliency research over the past several decades. In Table 10, *trauma* and *resilience* fall along a continuum of the complex traumatic syndrome, and *risk* and *norm* fall along a continuum of socioeconomic status. These two continuums represent vastly different phenomena. But they became conflated because of who and what was being observed and measured in the scientific studies. On this slippery slope, trauma became obscured by risk (risk as low socioeconomic status), and resilience became synonymous with the socioeconomic norms of the dominant society. Thus, a new continuum was constructed between *risk* and *resilience*, with teaching resilience operating as social conformity and cultural assimilation of the systemically disadvantaged other.

**Table 10: Slippages in Resiliency Research**

<table>
<thead>
<tr>
<th>TRAUMA</th>
<th>complex traumatic syndrome</th>
<th>RESILIENCE</th>
<th>[as an anomaly]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RISK</td>
<td>socioeconomic status</td>
<td>NORM</td>
<td></td>
</tr>
<tr>
<td>school failure</td>
<td>[social conformity to dominant society]</td>
<td>school success</td>
<td></td>
</tr>
<tr>
<td>socioeconomic disadvantage</td>
<td>[systemic reproduction of inequality]</td>
<td>socioeconomic advantage</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHILDREN'S RISK</td>
<td>conformity to social norms</td>
<td>CHILDHOOD RESILIENCE</td>
<td>[teaching resilience to “kids at risk” in inner-city schools]</td>
</tr>
</tbody>
</table>
Economic disadvantage (associated with school failure) and social conformity (associated with school success) inform both the rationale for, and the politics of, teaching resilience to disadvantaged and pathologized populations. In the conflation of continuums, resilience slips from anomalous to normative behaviour and is reconstructed—along the lines of the cultural deficit model—as antidote to risk and as ideological code for social conformity. This slippage is most evident in the intertextual indexing of the dominant discourse by the fledgling advocacy discourse. Complex trauma is retained only in the experiential discourse of the life stories and the experiential knowledge of some child advocates. Referring to Table 10, qualitative studies of resilience and experiential knowledge of complex trauma are subordinated by the scientific cachet of psychometric studies of childhood resilience.

Advocates who want to help young people at-risk or in-distress are taking up "resilience" as a teaching tool or a learning process without the benefit of a critical analysis. The combination of structural constraints and progressive politics that informs child advocacy work also informs the uptake of resilience as a nominal rejuvenation to existing risk programming. The advocates' immersion in governmentality shapes their mandate to help socioeconomically disadvantaged children overcome obstacles. But in this context, overcoming obstacles means conforming to mainstream norms without challenging structural oppression and systemic discrimination. Strands of the advocacy discourse on resilience have much to offer, however, in terms of challenging the expert discourse. In addition, the advocacy discourse usefully rearticulates the goals of risk programming and reconceptualizes the roles of teaching and schooling.²

² These re/visions are introduced later in this chapter.
Expert, Experiential, and Advocacy Discourses

Scientific or psychometric studies, which produce and constitute the dominant resiliency discourse, are circumscribed by, among other things, what is valued by mainstream society, what is observed as measurable, and which population is targeted or accessible for study. These factors go a long way toward explaining why, in resiliency research, the construct shifted from anomaly to norm, and the context shifted from trauma to risk. This dominant discourse, by my critical analysis, has become dangerously flawed. Though all three discourses—expert, experiential, advocacy—have emerged in a therapeutic culture that emphasizes treating the individual, they differ in emphasis and application. The expert discourse embodies the certainties of reification and replication, for example, and the experiential discourse embodies lifelong uncertainty, contingency, and mediation. Among other things, the advocacy discourse represents the tensions between conservative constraints and progressive practices.

In Chapter Four, I explored potential intertextualities between the expert and experiential discourses and identified areas of divergence, in/coherence, intersection, and convergence. Research paradigms and perspectives were the most incoherent, while conditions and characteristics were the most co-inherent. Though the experiential discourse selectively indexes the expert discourse, such acknowledgement is not reciprocal; similarly, the advocacy discourse indexes the expert discourse, but this, too, is one-directional. The expert discourse is both dominant and dangerous. But it is challenged by the other discourses when they are brought to the foreground. The experiential discourse does so because it is trauma-based and reflective of life experiences over the long-term.

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3. It is my speculation that the quantitative criterion of generalizability of research results may have played a significant role in the shift from smaller trauma populations to larger risk populations.

4. This does not mean, however, that the results and consequences are the same, especially in a temporal sense. See Chapter Four for a full discussion of potential intersections between the expert and experiential discourses.
The advocacy discourse does so because, though its perspective is mainly risk-based, it comprises expert and experiential knowledge, the latter derived from the advocates’ personal and professional experiences. The advocacy discourse is also limited, however, by the exigencies of advocacy policies and practices.

**Childhood Resilience: The Problematics of Reification**

My text pays considerable attention to how resilience is reified or identified in the three discourses. Integral to my analysis is valuing the life story perspective and developing conditional criteria for recognizing resilience. The criteria—resilience as anomalous in the context of the complex traumatic syndrome—and the life stories act as critical lenses that blur the quantitative study perspective of resilience as a static set of traits and factors. Ironically, the statistical trail leads to resiliency relativism (in the slippage from anomaly to norm). In my analysis, resilience is reconstructed as pluralistic and recognized as a range of behaviours and characteristics enacted across a range of conditions and circumstances. The immediate measures of the statistical studies of resilient-identified children are challenged by the lifelong, mediated processes of the life stories of resilient-identified adults. In this light, the quantified traits of sociability, creativity, autonomy, and purposefulness are opened up to re-interpretation. The life story view shifts resilience from surviving to striving, from statistic to enigma, and from constant to contingent. The statistical studies are not entirely dismissed due to potential intersections between the divergent discourses.

Most of the problems associated with reifying (and replicating) resilience are explained by the evolution of resilience as an ideological code for social conformity to mainstream norms. In this politicized context, resilience means social competence, academic achievement, self-control, and progressive aims, regardless of sociocultural context and socioeconomic status. In the targeting of risk populations, then, resilience as overcoming obstacles represents rugged individualism and
economic independence. Two troubling aspects of the mainstream resiliency research are its bookends: first, the early identification of childhood resilience as invulnerability to trauma, and second, the contemporary labelling of children at risk as either resilient or “non-resilient.”

**In/Vulnerability to Trauma**

In the dangerous slippages from trauma to risk and from anomaly to norm (Table 10), resilience means different things in different contexts. The primary descriptor of resilience in the early resiliency studies was invulnerability to trauma. Given the myopic immediacy of observation and measurement in the statistical studies, however, what was being interpreted as “invulnerability” was more likely a range of children’s coping mechanisms that could become maladaptive over the long term. Such mechanisms include denial, dissociation, and detachment. The complex traumatic syndrome (complex trauma and post-traumatic stress) introduces the importance of time, demonstrating that trauma and resilience play out over the long term in unpredictable ways. The life stories add the imperative experiential knowledge that resilience is pluralistic, contingent, and mediated over time. In these contexts—trauma, contingency, mediation—resilience is anomalous, as observed in some of the early statistical studies and as corroborated by the life stories. Resilience is not feigning invulnerability to trauma in the short term but, rather, processing vulnerability to trauma over the long term (with vulnerability and invulnerability as interactive).

The perception of resilience as invulnerability to trauma is as troubling as its construction as social norm. Invulnerability is associated with the social norms of the dominant society because vulnerability has been equated with pathology in the psychology literature. In this formula, risk as socioeconomic disadvantage is associated with vulnerability, and risk populations are pathologized (see Table 11); thus, the cultural deficit model. Based on the life story perspective, I have asserted that resilience be restored as anomalous and contingent and returned to a context of complex trauma.
Resilience is not invulnerability to trauma, nor is it the norm in the absence of risk or trauma, nor is it the social norm of the dominant society. Instead, resilience is enigmatic, contingent, and anomalous in the context of complex trauma, which occurs across all classes and cultures. Otherwise, “resilient” and “non-resilient” become just two more troubling labels that fall into what Michael Apple calls “commonsense categories” (1990).

**Commonsense Categories**

What are viewed as commonsense practices—such as labelling and categorizing—in the helping professions have both material and ideological implications for those being helped. These implications can be examined, for example, in such commonsense categories as “at risk” or “delinquent.” These labels have ethical and moral dimensions because “acts” of labelling significantly influence the lives of the children and youth being labelled (Apple 1990, 123–5). Although labelling occurs within “altruistic and humanitarian elements,” it detracts from meeting the goals of achieving equity and equality in social and educational institutions (125). The very policies and practices intended to help children can often harm them. Harm is especially liable in “the process of using expert (and ‘scientific’) clinical, psychological, and therapeutic perspectives, evaluations, and labels” as *mechanisms* that sort “abstract individuals into preordained social, economic, and educational slots” (126). Constructing commonsense categories needs to be, if not curtailed, then accompanied by critical awareness around such categories.

Schools are ideological institutions that are also the dominant locales of children. In school settings, resiliency traits like social competence and academic achievement are glossifications, or value-laden categories that cannot be separated from the material and ideological discourses and environments of students, teachers, counsellors, classrooms, and advocacy practices. In other words,
what constitutes concepts like competence, achievement, and even knowledge are not neutral or "free-floating ideas" (Apple 1990, 141). Labels and labelling—commonsense categories and commonsense practices—are glossed, taken for granted, and permeated by relations of power:

Power is not always visible as economic manipulation and control. It is often manifest as forms of helping and as forms of "legitimate knowledge," forms which seem to provide their own justification by being interpreted as neutral. Thus, power is exercised through institutions which, by running their natural course, reproduce and legitimate the system of inequality. And all of this can seem even more legitimate through the role of the intellectuals who make up the helping professions . . . (Apple 1990, 141)

It is ironic that labelling (such as at-risk, resilient, and now non-resilient), instead of ameliorating children's limitations, may actually limit their abilities and opportunities to excel along the lines of their individual talents and interests (recalling the ideal of mastery).

Other commonsense categories, such as self-esteem and giftedness, are now being rolled into resiliency by social and educational practitioners. But they are similar categories with similar problems. Giftedness, like resilience, for example, is also defined by traits of intelligence and creativity. But how are these traits determined, in whom, and when and by whom? Do vastly varied assumptions about giftedness reflect inconsistencies of scientific measurement, teacher assessment, and test performance (Barrow 1990, 50)? The rhetoric of self-esteem and giftedness constitutes commonsense categories that have influenced educational policies and practices. Self-esteem is entrenched in advocacy and educational discourse involving disadvantaged students. But what are the ideological orientations of those in positions of power who use the term, and what are the cultural norms that shape the discussion? What are the politics of self-esteem (Kahne 1996, 3)? Self-esteem is also rolled into academic achievement, yet any causal connection is unclear; there is little if any

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evidence, for example, that self-esteem programs increase academic achievement (5). Moreover, "consensus surrounding the importance of self-esteem appears to be largely dependent on the lack of consensus and lack of discussion regarding the meaning of the term" (18). The same critiques can be lodged against notions of reifying and replicating resilience, and against resilience emerging as an ideological code for social conformity to mainstream norms.

**Teaching Resilience: The Politics of Replication**

Once the contemporary construction of resilience is problematized as an ideological code for the normative ideals of mainstream success, the politics of teaching resilience to disadvantaged children and youth in inner-city schools become apparent. This analysis is tied to the slippages from trauma to risk, and from anomaly to norm, in the resiliency research. As discussed in previous chapters, technologies of replication include surveillance and assimilation strategies that target and pathologize poor and minority populations. To the advocates I interviewed, however, teaching resilience represents the provision of resources and the protection of children. Problematic is the absence of a critical analysis of power relations and systemic inequality. But in talking about teaching resilience (in terms of risks and norms), the advocates do two things: they reconceptualize the roles of teaching and schooling and they rearticulate the goals of risk programming.

The advocates' re/visions are necessary to overcoming, but not sufficient to challenging, the structural and systemic obstacles facing those deemed at risk. These re/visions are worthy because they have intrinsic value—because they are worth doing in their own right—and not because they will produce "resilient" children and youth. Advocacy interest in creating environments and providing opportunities for those at risk are similar to resiliency researchers' identifications of protective and compensatory factors in the interests of replicating resiliency or "competency"

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6 Depending on how esteem and achievement are defined, of course, it is nevertheless probable that "successful" people can have low self-esteem, and vice-versa (K. Johnson 1998). Self-esteem has taken on panacean proportions.
(Consortium 1994). Promoting such factors as supportive families, schools, programs, and communities is inherently worthwhile. But, again, when targeted groups are disadvantaged populations, these "factors" can become surveillance formulae that depersonalize individuals and reproduce disadvantage (Castel 1991). How does this phenomenon play out in the advocates' re/visions of teaching and schooling?

**Reconceptualizing Teaching and Schooling**

The advocates identify school settings as the best places for teaching resilience (80% cited schools, 60% cited homes, and 40% cited communities). Several advocates associated a revised curriculum with providing environments and opportunities that foster resilience. Because most of the advocates want resiliency to be *learned* through real activities, experiences, and relationships, they also want "resilience" to be modelled by teachers and practised by schools. But there are deeply conflicting views of schools. Schools are sites of success and sites of struggle, sites of safety and sites of surveillance. They can provide a sense of belonging or a sense of isolation. And they serve as testing grounds for children's relationships and accomplishments.

Here, school as a system of discrimination is portrayed by Wilson, a mental health worker and one of those advocates who reported risk in their childhoods:

> Don't get me going on the educational system! . . . It's almost like you have to be messed up before you're given an opportunity to be different. . . . The existing school system reinforces pathology, not resiliency. . . . It's better in some ways to have 15-year olds go and work for a few years and then put them back in school. They'll probably derive a lot more self-confidence and less injury to themselves, emotionally and intellectually, than in the school system.

And school as a sanctuary of social services (based on the full-service school model) is portrayed here by Robert, an educator in the group that reported no childhood risk:

> [Schools are] the most consistent place, the one place where everybody goes. And so I do believe . . . that schools should be the centre of the child's life. I really like the idea that schools are prepared to feed the kids when they're hungry, to wash their clothes when they're dirty, to make sure they get enriched activities in their lives so that they go to the aquarium, they climb a mountain. . . . I'm a great believer that schools can make a big difference in the lives of kids.
Wilson is addressing schools from the perspective of the curriculum in a “school system” unable to accommodate diversity and difference, while Robert is addressing inner-city schools as community environments that can potentially meet the needs of disadvantaged students. Robert perceives teaching resiliency as imparting it and learning it through the relationships that develop. You teach it by having high expectations for the kids to do well, and by never giving up on them, and by always being in their corner. You teach it by making them take an active role in the school . . . so they participate. They have a voice in everything. They’re included in all the decisions that are made. . . . I think it’s the way in which the interactions take place that teaches resilience.

Robert’s vision balances support with participation. His is an ideal view of what schools ought to be as sites of success, while Wilson’s view is a reminder of how things are, of schools as sites of struggle for many children. Robert’s idealism and Wilson’s realism are co-inherent binaries.

The opposing sentiments of Robert and Wilson are synthesized in the advocates’ explicit message, reiterated here: schools must become stable communities that provide children with a strong sense of belonging. The advocates emphasize the importance of knowing each child, a tall order for teachers working in over-sized schools and over-crowded classrooms. Some advocates conflate teaching with parenting, universalizing parental stress and citing society’s responsibility for the well-being of all children. Robert explicates the changing role of the teacher:

We’re always being asked for new resources and services to support the kids. I think many, many teachers now are bringing a greater sense of commitment to their work. I see teachers, for the most part, as caring individuals who are increasingly frustrated by the inability of the community to support the kids they work with. I just came from a meeting where the issue was around determined teachers wanting more services for kids, and our inability to actually deliver all the services due to the financial constraints . . . So I do see teachers kind of moving into that next stage. Teachers will often ask you, “Am I a teacher, or am I social worker?” Sometimes they’re not sure, and they find that frustrating.

When the advocates talk about the changing roles of teaching and schooling, they invoke the nurturant parent metaphor of their liberal-progressive politics. They talk about teachers and schools as families that can meet children’s needs beyond the curriculum. Says Elaine, “I would like to see equal time being given in schools to children’s development socially and emotionally, as well as to
their intellectual development.” John, an educator who works with inner-city schools, acknowledges that, “Yes, there is a feeling in society that we’re doing too much as educators, that we’re doing social service work, that we’re doing the work of the parents. But somebody has to do it, and I would love to think that the school could be the focus of the community [for disadvantaged families].” The advocates cannot be faulted for their dreams and aspirations. But schools, like families, are contested sites, sites of success and sites of distress; envisioning schools as supportive communities is inevitably entangled with economies of scale.

Smaller schools are typically seen as settings that can provide just such a sense of community to culturally diverse students and to distressed students otherwise at risk for dropping out of school (Malloy 1997). The promotion of smaller schools is integral to effective schooling (Lee, Bryk, and Smith 1993; Rutter et al. 1979). But economies of scale dictate that small schools cannot compete with the economic efficiencies of larger operations and so they are unlikely to receive public educational funding. Though the effective schooling movement advocates smaller schools, this appears more to increase academic achievement than to create a sense of community.

Some large secondary schools have adopted a “schools within a school” or mini-school model to attend to a variety of students’ needs (Kelly 1996). But this confronts the dilemma of difference: “When does treating people differently emphasize their differences and stigmatize or hinder them on that basis? and when does treating people the same become insensitive to their difference and likely to stigmatize or hinder them on that basis?” (308). Schools identified as

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7 The exigencies of capitalism demand economies of scale in the public school system. There are smaller independent schools that derive at least some of their funding from corporate, private, and other sources. See, for example, Brown (1996); Elmore and Fuller (1996).


“exemplary” by their communities work hard to create a sense of belonging, but they also face the dilemma of “recogniz[ing] differences while treating students equitably” (Gaskell 1995, 138). Nevertheless, just like the advocates’ desire for schools as communities, the main metaphors of exemplary schools (large and small) are home and family:

A successful school is one that feels like a home, a place where all feel equal and safe, and where teachers care. Teachers believe that a safe and harmonious environment encourages academic success [italics added]... The common use of the “family” metaphor recognizes adult-child relationships of power and authority, as well as the attention to individual differences that characterizes families that function well. (Gaskell 1995, 138–9)

But with full-service school funding in BC essentially withdrawn (for now), and small public schools uneconomical to operate, schools as caring communities and teachers as nurturing parents remain at the level of idealism. The tensions between schools as academic- or social service-oriented sites is palpable. Persuasive arguments can be made in either direction. The rhetoric of school failure, for example, blames schools’ attention to student needs:

We believe that the view of our schools as failing to educate stems from the unrealistic demand that the educational system deal with urgent social service needs. Citizens and politicians expect teachers and schools to keep children off the streets and away from drugs, deal with teenage pregnancy, prevent violence in the schools, promote safe sex and perform myriad other tasks and responsibilities in addition to teaching traditional academic subjects. ... The primary role of teachers has become that of parent by proxy; they are expected to transform the attitude and behavior of children, many of whom come to school ill prepared to learn. (Caplan, Choy, and Whitmore 1992, 42)

Depending on one’s perspective, full-service schools can be perceived as conforming to surveillance strategies that maintain systemic inequality (Ball 1990; R. Harker 1990). In any case, the provision of in-school services has a fluctuating history that maps the tensions between universal (neutral) services and targeted (disadvantaged) populations (Sedlak 1995). Wanting schools to be safe places for children is worthwhile, but it fails to confront the systemic reproduction of inequality.

Rearticulating Risk Programming

Fitting with the advocates’ reconceptualization of schools as communities is their inadvertent conception of resiliency programming as a rearticulation of risk programming. This re/vision is
worthwhile because “teaching resilience” is, I believe, a distraction from the real advocacy issue of helping disadvantaged children and youth at-risk and in-distress overcome obstacles. These obstacles are inevitably structural and systemic; thus, risk programming is necessary, but not sufficient, to also challenging such obstacles. Table 12 provides a summary of my thematic interpretation of the advocates’ collective discourse on teaching resilience, as it informs ongoing risk programming. The main points were identified in Chapter Five as themes woven through the interviews. They are abstract goals and guidelines that would manifest differently in different settings.

There is a tendency to idealize providing creative “environments and opportunities” as ultimate solutions to social problems. Advocacy allusions to a “total school environment,” for example, and to “educational institutions as powerful environments” (Brendtro, Brokenleg, and Bockern 1990, 31) draw on effective schooling research. In this context, opportunities occur in small, friendly settings and involve seizing “[crisis] situations as opportunities for teaching and relationship building” (62). I resist such idealism because it detracts from the much needed work of challenging structural and systemic obstacles.

In any re/articulation of risk programming, obtaining funding and evaluating effectiveness are major concerns, as it is difficult to maintain consistent funding for more than five to ten years. Policy makers and practitioners are always seeking new solutions to, and new funding for, ongoing problems. One recent submission, for example, combines effective schooling and full-service school

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10 Considerable effort goes into identifying effective programming strategies. The Social Equity Branch of the Ministry of Education, for example, has compiled a survey of “most effective program strategies” from schools throughout BC that have been designated as “inner-city schools” eligible for inner-city program funding (Ministry of Education 1996).
discourses with the linear resiliency model of causal inputs and outputs: The Vancouver School Board (VSB) proposed an ambitious initiative titled *Windows of Opportunity for Vancouver's Children and Youth: Partnering to Build for Success.*\(^1\) Its aim was to

provide compelling rationale for implementing a comprehensive healthy child and youth development strategy for Vancouver, to outline a model for implementing such a strategy and to secure sufficient funds to carry out a five-year demonstration project based on this model. (VSB 1997, 1)

The VSB initiative was seeking $50 million over five years to monitor child and youth risk and resilience, to establish a database of “outcome variables,” and to integrate inner-city schools, families, and communities through collaborative programming and in-school services. The initiative proposed to develop “a pool of key professional resources,” including:

- community health nurses, child care specialists, nutritionists, librarians, lactation specialists, psychologists, physicians, speech and language therapists, dentists, rehabilitation and occupational therapists, social workers, educators, mental health workers, counsellors, crisis intervention workers and those with expertise in supporting children and families with special needs (e.g. children with FAS,\(^12\) developmental delays, physical or mental challenges). (Vancouver School Board 1997, 19)

The initiative was curtailed due to its failure to obtain federal, provincial, and municipal funding.\(^13\)

But of interest is its scope of cultural deficit, state intervention, professionalized parenting, monitoring resilience, and targeting disadvantaged families and children. Absent is any accompanying challenge to the structural oppression and systemic discrimination of poor and minority populations. This submission clearly reflects the contemporary gestalt of the dominant resiliency discourse and the official practices of BC’s child and youth advocacy community.

\(^{11}\) The VSB initiative is in partnership with the Vancouver/Richmond Health Board, the Ministry for Children and Families (Vancouver Region), The City of Vancouver (Social Planning Department), and Community Organizations Serving Children and Families (VSB 1997).

\(^{12}\) FAS is fetal alcohol syndrome. Other risk factors listed were ESL, poverty, social inequities, low birth weights, teen parenting, dropping out, substance abuse, and homelessness.

\(^{13}\) The “Windows of Opportunity” initiative has recently been reconstituted as an effort to develop smaller-scale local “partnerships” between BC schools and communities [F-990318].
Nevertheless, many of the advocates' views on teaching, schooling, and programming have, as stated earlier, intrinsic value. They espouse ideals worth pursuing in their own right. But these ideals must not be separated from the contested territories in which social actions materialize. Holding to the tensions between, say, exemplary schools and economic in/efficiencies provides a reminder that such oppositions occur across the social spectrum. Not wanting to diminish the advocates' goals and ideals, and without putting the entire burden on their shoulders, whose job is it to challenge structural inequities and inequalities? Educational policy, psychology research, advocacy practice, and critical analysis all occur on vastly different planes of space and time. They each produce different genres of narrative knowledge "about teaching, learning, school organization, and the politics of education" (Donmoyer 1997a, 2). The proliferation of psychometric resiliency research and the nominal currency of teaching childhood resilience are influencing risk-related policies, practices, and funding appeals. Advocates are incorporating resilience into existing risk strategies without analyzing the reproduction of risk. In addition, social analysts who are critiquing risk rhetoric on the one hand are turning to resiliency as resolution on the other hand.

The Road Ahead: Dead-Ends and Critical Paths

*From Risk Rhetoric to Panacean Promise*

One discourse which I have only briefly touched upon concerns children and youth at risk. Critical social analysts have problematized risk rhetoric because of the ways in which it is constructed around "youth at risk" and the "drop-out problem." But some of these critical analysts are uncritically taking up the dominant resiliency discourse. This uptake is troubling because the very risk rhetoric they are critiquing informs the dominant resiliency discourse they are adopting.

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14 Children's risk in historical context is included in Chapter One, and the advocates' perspectives on children at-risk and in-distress is included in Chapter Five. Though I find that the advocates' discourse on resilience is largely a discourse about risk, my reference now is to the contemporary literature on children's risk and the critiques thereof.
For this reason, it is worth reviewing a few critiques of risk rhetoric and their puzzling acceptance of resilience as a panacean promise for overcoming risk. One of the main criticisms of the risk rhetoric is its assumption of the cultural deficit model, which uses a "language of pathology" to label persons based on their race, first language, class, family structure, geographic location, and gender as 'at risk for failure'" (Polakow 1995, 263). This notion of cultural deficit—which informs risk and resiliency rhetoric—is embedded in official social policy and mainstream social research.

In risk rhetoric, historically, those defined as at-risk have been perceived as threats to society (Fine 1990, 55). Dropping out of school, for example, was "defined as a . . . threat to the well-being of the nation" by the early 1960s in Canada (Anisef and Andres 1996, 86). Canada's official discourse on youth at risk for dropping-out has been shaped by the "power of moral panics" to influence public policy (Roman 1996, 153, 156). Moral panics are "manufactured crises" (168, note 2), and Canada's alleged drop-out "crisis" is multiplied by fears of immigrant "invasion" (169, note 7). The construction of this crisis blames disadvantaged youth for their "failure" in terms of drop-out rates and unemployment rates, when mass unemployment has actually been caused by de-industrialization (154). Moreover, claim Anisef and Andres, Canada's "drop-out problem" was politically constructed as a "national crisis" in the 1990s to deliberately divert public attention from unemployment issues (1996, 85).

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16 There is a long-standing association in Canada of student risk and school failure with immigrant populations (Rooke and Schnell 1982).


18 The authors attribute this political strategy directly to Employment and Immigration Canada.
This rhetoric of crisis and panic propels risk and resiliency discourse. The primary research focus for risk (as for resilience) involves effective schooling and academic achievement (National Commission 1983; Rutter et al. 1979). With the emphasis on staying in school, risk rhetoric has evolved to include all adolescents along a continuum of risk (Bucy 1994; Dryfoos 1990; Short and Brokaw 1994). This totalizing approach both conceals and rationalizes the ways in which the contemporary construction of “youth at risk” operates to blame and marginalize disadvantaged groups as dangers to society. It pathologizes individuals and reproduces systemic discrimination. Concerning “the drop-out problem,” unequal educational outcomes based on socioeconomic disadvantage, for example, are obscured by the rhetoric of equal educational opportunities (Fine 1990). The construct of risk is “an ideological diversion” away from addressing the grid of social, material, and structural inequities (65). Thus, blaming the victim, or pathologizing the individual, rationalizes state interventions while diverting attention from structural injustices (Roman 1996, 153; Sleeter 1995, ix–x). The same charge can be lodged against resiliency in its evolution as an ideological code for conformity to social norms.

One social analyst who turns to resiliency is initially critical of systems that blame the victim and that target minority and disadvantaged populations with a variety of home, school, community, and “societal interventions” (G.M. Johnson 1997a; 445–6, 1997b). Johnson surveys risk causes and factors, and analyzes negative and positive outcomes. She concludes that not all at-risk students experience negative outcomes but is uncertain whether their success is due to social intervention or

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19 The primary goal of full-service schools, for example, is to increase levels of academic achievement (Dryfoos 1994). Academic achievement is the hallmark of effective schooling (and of the construction of resilience in educational settings). As footnoted in Chapter One, agreement is questionable on whether academic achievement is actually increasing or decreasing, nor is there consensus on how it is being, or should be, measured, compared, and contrasted on national and international scales (Baker 1997; Bracey 1997; Stedman 1997a, 1997b).

20 On one level, some advocates simply posit all children and youth at risk. On another level, many identify risk and distress across classes and cultures. On yet another level, advocacy practices generally target disadvantaged populations.
whether they would have succeeded anyway. In this moment, her focus shifts from negative risk factors to positive protective factors, the latter formulated in resiliency research.

Johnson adopts the resiliency discourse as it pertains to students identified by such risk factors as poverty or immigration, who do not manifest risk outcomes like pregnancy or delinquency, and who become characterized as resilient (1997b, 37). In other words, resilient students are loosely defined as “those who are socially disadvantaged and who succeed” in inner-city schools (39). But the protective factors to which Johnson turns—supportive families, academic achievement, and inner locus of control, among others—do not challenge the risk factors she identifies, such as systemic poverty and discrimination. Instead, her emphasis is on individual students overcoming adversity and disadvantage and “achieving academic, social, and personal success” (42-4).

Moving from risk to resilience as an unexamined “re-visioning of possibility” (Sleeter 1995, x) is a reversalism that merely transposes a negative concept with a positive concept. It is a perceptual move from positing risk as defeat, deficit, and disadvantage, to positing resilience as promise, privilege, and potential (Swadener and Lubeck 1995). In critiques of risk rhetoric, this move is more linguistic leap than discourse analysis. Swadener and Lubeck, for example, are critical of the “risk” label as a deficit discourse that equates poverty with pathology and that comprises an “implicitly racist, classist, sexist, and ableist” form of institutionalized inequality (3). But they then take up resilience unproblematically, along with its implicit ideology of rugged individualism, as a panacean promise for disadvantaged populations.

Deconstructing the discourse on risk, Swadener and Lubeck are critical of risk rhetoric that reduces “the complexities and contradictions of children’s lives” (1995, 6). Yet they construct

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21 Citing R.D. Barr and W.H. Parrett, Hope At Last For At-Risk Youth (Boston, MA: Allyn and Bacon, 1995).

"'children and families at promise' to convey the potential all children hold" (4). The book's contributors collectively move from critiquing institutional inequality affecting individuals, families, and communities to offering "success stories" involving teacher-student and family-school initiatives and partnerships (3–4). In other words, the promise is individual success through "community empowerment" (meaning increased program funding). The risk rhetoric of individual deficiency is replaced by the "perspective of promise" (6) as individual success. Perhaps such critics have been seduced by a pretty package that promises success despite social and structural problems.

The leap from risk to resilience occurs somewhat differently in the example of a feminist study of risk that problematically feminizes resilience. In a three-year study of grade eight girls deemed at risk for dropping out or becoming pregnant, the researchers incorporated the mainstream literature on resilience into their critical analysis of structural discrimination (Taylor, Gilligan, and Sullivan 1995). In so doing, they seized upon "relational resources" (i.e., supportive relationships) as the primary facet of resilience, appropriated this facet as a female strength, and reconstructed all the girls in their study as resilient instead of at risk (4, 23, 27, 196). Taylor and colleagues called for policies and programs that support girls' needs and reinforce girls' resilience (191). They conclude that "to support the strengths, intelligence, resilience, and knowledge of girls whose culture or class is marginalized by society is to support political, social, educational, and economic change [italics added]" (203).

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24 It is interesting to note in this moment that the need to receive relational support has been transposed into the ability to give relational support.
There are several errors in this move from risk to resilience. First, of course, is the co-optation of resilience as the province of girls; second is the uptake of resilience as essential and ubiquitous (at least among females); third is the invocation that to reinforce the resilience of girls at risk is to challenge disadvantage and discrimination. Taylor and colleagues (1995) feminize resilience by imbuing social relationships with the ethic of care and compassion (Gilligan 1982), packaging these entities as “relational resources,” and presenting this package as “a universal female preference for relatedness” (Scott 1988, 40). The hallmark of resilience in the statistical studies is academic achievement, while in the life stories it is supportive relationships. Thus, it is tempting to posit the quantitative model as masculine and the qualitative model as feminine.

This is precisely what happened in Gilligan’s work, where achievement was cast as a masculine “mode of action” and relationship was cast as a feminine mode of affiliation (1982, 62), conjuring up stereotypical images of the achieving male and the supportive female. The at-risk girls depicted as resilient, when Taylor and colleagues (1995) incorporate Gilligan’s ethic of care (1982), slide from a position of strength to that of supporting role, which was surely not the intention. This slippage illustrates the futility of superimposing gender socialization or sex stereotypes onto risk and resiliency. The fiction of a universal female strength cannot be marshalled to produce structural

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25 In *In a Different Voice* (1988), Gilligan employed masculine and feminine “voices” to discuss the ethics of justice (rights and equality) and the ethics of care (responsibilities and equity), respectively, in terms of gender socialization. She used these voices to distinguish “two modes of thought” and not to generalize about males and females: “I point to the interplay of these voices within each sex...” (1988, 2). It is my view that many feminists have co-opted or misinterpreted Gilligan’s thesis (including Gilligan herself at times, who was a co-researcher in the study now under discussion) to erroneously essentialize females as caring and compassionate.

26 Scott is critiquing Gilligan’s approach in *In a Different Voice* (1988).

27 In Scott’s critique of sex essentialism, she observes that “feminists contribute to the kind of thinking they want to oppose... [because] they do not examine the binary opposition itself” (1988, 40). She is attributing this misconception to Gilligan (1982) and to the influence of Gilligan’s work on others.

28 A related example of gender stereotyping being problematic occurs when boys are deemed more at risk than girls and are more pathologized than girls. Boys’ more overt modes of conflict, for example, are targeted for conflict resolution strategies by such school intervention programs as Second Step, while girls’ more covert modes of conflict remain unidentified (Bergsgaard 1997). Yet the same programs associate resilience more with boys when “success” is defined as
transformation. In fact, none of these shifts from risk to resiliency effectively challenge systemic inequalities.  

From Rhetoric to Strategic Redirections

Resilience as risk panacea is a dead-end in terms of confronting systemic disadvantage. Problematic to both risk rhetoric and the dominant resiliency discourse is the assumption of cultural deficit. Cultural deficit underwrites the slippages in the mainstream resiliency research, slippages that caused me to venture into the realms of trauma and risk. Thus, in my examination of multiple resiliency texts I have had to explore resiliency research and trauma recovery as well as risk history, programming, and rhetoric. I followed resiliency research along the divergent roads of the statistical studies and the life stories, through the worlds of child psychiatry and clinical and developmental psychology. Trauma recovery texts introduced me to complex trauma and post-traumatic stress, or the complex traumatic syndrome. The path of risk took me into the world of child and youth advocacy, and from there through the politics and practices of educators, psychologists, and social service providers interested in childhood resilience. Along the way, I included a brief history of children’s risk, the advocates’ perceptions of risk and distress, and social critiques of risk rhetoric.

Resilience has been enthusiastically promoted by psychometric researchers and eagerly embraced by child and youth advocates anxious to secure funding for existing risk programs. Advocacy concerns involve maintaining social programming in the sincere interests of helping and not harming disadvantaged young people. Remembering that funding and effectiveness are the primary challenges of social programming, however, resiliency research and advocacy discourse can

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academic achievement in math and science (Bergsgaard). Boys are posited both more at risk and more resilient than girls.

29 I have presented three examples here, but there are many others. See, for example, C.P. Kaplan et al. (1996). The authors replace targeted risk interventions that focus on deficit and pathology with resiliency strategies that “focus on strengths and opportunities and attempt to reinforce the ability to cope and bounce back in the face of adversity” (158). Again, resilience as individualism is made responsible for overcoming structural disadvantage.
be used both by progressives to develop "resiliency" programs (claiming that all children are at risk) and by conservatives to curtail "risk" programs (claiming that all children are potentially resilient).

A social worker interviewed in my pilot study recounted her experience of the "unethical trashing" of one program by another in their competing bids for new and renewed funding. She cited two incidents of conservative "right-wingers" making public accusations of "radical feminism" against coordinators of competing social programs. I suggest, instead of this merry-go-round, some strategic redirections along critical paths toward risk programming and resiliency research. Neither additive nor reversalist, these redirections hopefully point to transformative praxis.

As set out in Table 13, advocates of risk programming need to remain focused on risk issues, not be distracted by resiliency rhetoric, and find ways to challenge structural obstacles. Suggested strategies can include collaborating with social researchers to lobby for material resources for disadvantaged populations, developing critical pedagogies within existing risk programs, and working to implement these same pedagogies in the mainstream educational system. Students of privilege need to reflect upon their socioeconomic advantages and understand the effects of these advantages on others; it cannot be left to the disadvantaged, to the least powerful, to confront

**Table 13: Redirecting Risk Programming and Resiliency Research**

<table>
<thead>
<tr>
<th>Risk Programming</th>
<th>Resiliency Research</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Main Features:</strong></td>
<td></td>
</tr>
<tr>
<td>- maintain attention to systemic risk</td>
<td>- maintain attention to complex trauma</td>
</tr>
<tr>
<td>- key is overcoming risk obstacles</td>
<td>- key is overcoming traumatic events</td>
</tr>
<tr>
<td>- focus is on disadvantaged populations</td>
<td>- focus is across classes and cultures</td>
</tr>
<tr>
<td><strong>Redirections:</strong></td>
<td></td>
</tr>
<tr>
<td>- don't turn to resilience as panacea</td>
<td>- don't target or pathologize risk populations</td>
</tr>
<tr>
<td>- bring systemic inequality to the foreground</td>
<td>- don't universalize across classes and cultures</td>
</tr>
<tr>
<td>- programs need to challenge structural obstacles</td>
<td>- research needs to include experiential knowledge</td>
</tr>
</tbody>
</table>
systemic inequality. One critical analyst suggests that professionals involved in social and educational policy and practice adopt a conscious awareness of White supremacy by focusing more on structural oppression than on the school failure of minority groups (Scheurich 1994). The same suggestion applies to the relationship between mainstream society, systemic inequality, and the school failure of poor populations. It is necessary but not sufficient to help children overcome obstacles without also implementing strategies that challenge those obstacles.

In a similar vein, and also set out in Table 13, mainstream resiliency researchers need to reconnect resilience to complex trauma, away from social norm. They need to pay attention to social context and to class and cultural difference, to de-pathologize disadvantaged populations, and to include experiential knowledge by recognizing resilience as mediated over time. As illustrated in Chapter Four, navigating the binaries between the expert and experiential discourses reveals that focusing on risk populations is incoherent to resiliency research. Targeting disadvantaged populations is especially problematic when the ideology of the dominant resiliency research is social conformity to mainstream norms. These points go to the heart of the debate between quantitative and qualitative research. Certainly in the context of resiliency research, this debate needs to be redirected into collaborative research incorporating experimental and experiential knowledge, and short- and long-term studies.

The point of redirecting risk programming to overcoming and challenging structural and systemic obstacles is not because risk will be eliminated but because it is crucial to move beyond the one-sided limitations of cultural deficit and rugged individualism, of the default of targeting disadvantage and treating the individual.30 Exactly the same point applies to redirecting resiliency

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30 Child advocates do challenge poverty, for example, but within existing structures (e.g., see the work of Campaign 2000 [1997], a national, non-partisan coalition of advocacy groups and agencies). They do not challenge systemic poverty. Instead, advocates get caught up in the “industry of poverty,” in public policies that construct and maintain poverty, and in programs and technologies that pathologize the poor (Polakow 1995, 268).
research to complex trauma and sociocultural complexity. Though critical research and radical practice occasionally occur in these milieu, the positivist paradigm continues to dominate in resiliency research and risk programming, where “the invocation of science” legitimates the rules of systematic knowledge and organizational governance (De Montigny 1995, 84). Neither research nor practice are detached from structural constraint, but practice, constraint, and structure are interactive. As discussed in Chapter One, constraint has to be reckoned with, but “practice can be turned against what constrains it,” such that structure is also affected by practice (Connell 1987, 95). Redirection along critical paths calls for the collective agency of resiliency researchers and advocacy professionals in challenging structural oppression and systemic discrimination.

Recommendations for future research flow from these redirections along critical paths. In the case of resiliency research, attention needs to be refocused on complex trauma across classes and cultures. In addition to acknowledging cultural complexity and becoming sensitized to socioeconomic inequalities, resiliency researchers need to value and include experiential knowledge. As explored in Chapter Four, prospective and collaborative studies are needed that engage qualitative and quantitative research of the same populations. Such studies would include short-term measures and long-term narratives—the immediate and the mediated, respectively—and the observations of the researchers as well as the outlooks of the observed. The research paradigm would move from positivism to post-structuralism. In this respect, “post-structuralist discourse entails a move from the self as a noun (and thus stable and relatively fixed) to the self as a verb, always in process, taking its shape in and through the discursive possibilities through which selves are made” (Davies 1997, 274). Modes of fixity (Giddens 1994) in resiliency research—modes that rationalize notions of reification and replication—would give way to understanding Davies’ verb/al subject, always a subject but “a subject [always] in process” (274).
In the case of child advocacy, attention to disadvantaged populations requires vigilant challenges to structural oppression and systemic discrimination. Field research is needed among disadvantaged children and youth and their advocates (including school teachers, program coordinators, and community activists, in addition to policy makers and other practitioners) to inform the development and implementation of schooling and programming strategies that challenge the status quo. How can such challenges occur within risk programming and mainstream pedagogies, and influence public policies and advocacy practices? Innovative strategies for program evaluation need to be developed that will address program effectiveness in the context of challenging systemic discrimination. Critical researchers need to be cognizant of the fact that while the predominance of child advocates in positions to influence policy are liberal progressives, most child welfare workers are conservative women with traditional values. Alternatively, “activist women and their reforms” have tended to operate outside mainstream social services so as to distance themselves from “government workers” but, as a result, their influence on child welfare services has been minimal (Callahan 1993, 173). Compassion alone, without critical analysis and community activism, may be merely another form of oppression constituting “destructive forms of conscientiousness” (Johns 1997, 5) that reproduce systemic inequality. Significant gaps between research, policy, and practice remain and need to be continually addressed in critical research.

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31 The Harvard Child Initiative, for example, includes a task force of interdisciplinary faculty and postdoctoral fellows currently funded to undertake collaborative research projects. The goal of the Initiative is to develop innovative and interdisciplinary strategies for effectively evaluating children’s social and educational programs.

32 Some 70% of front-line welfare workers are women, most of whom have social work degrees and hold “traditional views of family life” (Callahan 1993, 172–3). Of those few who do align themselves with activism or feminism, a significant majority prefer “a liberal feminist perspective . . . as opposed to a socialist or radical feminist perspective” (174). Though men typically enter child welfare work at administrative levels, liberal women eventually advance to hold influential positions.

33 Callahan refers to systemic changes affecting women’s issues, where activists have established “alternative social service organizations such as transition houses and sexual assault centres” (1993, 173), which also serve children.
In my critical analysis and interpretive inquiry along the divergent roads of resiliency discourse, I end with several hopes. I hope that I have retained something familiar of resilience, while rendering it unfamiliar; that I have been respectful of researchers and advocates, while critiquing their discourses and practices; that my narrative will help and not harm children and youth at-risk and in-distress. I hope that my rewriting of resilience advances an oppositional discourse that can enter into dialogue with researchers and advocates. I hope that my interrogation of the problematics of childhood resilience and the politics of teaching resilience effectively links overcoming structural obstacles with the necessity of challenging structural oppression, and that this challenge may occur from within social and educational programs and pedagogies. I hope that resiliency researchers will keep their eyes on complex trauma across classes and cultures, and that child advocates will keep their eyes on systemic risk in disadvantaged populations. I hope they shall not cease from exploration, but that they will not get lost in the romance of resilience.
REFERENCE LIST


—. *Growing Up: Childhood in English Canada From the Great War to the Age of Television.* Toronto: University of Toronto Press, 1997.


APPENDIXES

Appendix A: Data Collection

Pilot Study

In the Summer of 1995 I conducted a pilot study with seven advocacy professionals in education and social work. They were already known to me because of their association with child abuse prevention programs in BC schools. My goal was to ascertain the research topic they would identify as the most relevant in their fields. Above all, I wanted my research to be useful to the child advocacy community. In one-hour interviews during which I took handwritten notes, these professionals were asked to describe their priorities around child abuse and child protection issues, to consider which research focus would be the most relevant for themselves and others in their field, to identify the most urgent issues in their respective areas, to describe particular concerns in their own work, and to discuss those political issues or problems that cause concerns and dilemmas in their work. Basically, I was asking the same underlying question five different ways, with the words italicized above acting as “triggers” to elicit a richer set of responses than if I had only asked what seemed relevant. In addition, the pilot study participants were asked if they were aware of or understood the meaning of effective schooling, full-service schools, the resilient child, and the distressed child.

As a result of these pilot interviews, I concluded that a critical analysis of the discourse on childhood resilience was more timely and relevant to the broader child and youth advocacy community than the ethnographic study of school-based child abuse prevention programs I had been considering. Though pressing concerns of those I interviewed were competitive funding and program effectiveness, I was not interested in program evaluation at that time. I thought that effectiveness could only be ascertained through longitudinal study, which was incompatible with dissertation research.1 All other concerns raised involved risk issues affecting children and youth, with the promise of teaching resilience being perceived as an ultimate solution. I decided that resilience was a relevant and timely topic for critical social research.

Resiliency Literature

Having settled on childhood resilience as my topic, and critical discourse analysis as my theory and method (theory as method), I commenced a preliminary literature search in the Fall of 1995, finding and reviewing expert and experiential texts. This review formed the basis for my thesis proposal and

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1 While my dissertation might have formed the foundation for an ongoing longitudinal study on behalf of, say, the Vancouver School Board, I was not prepared to undertake such a study without the prospect of a long-term commitment.
interview schedule, which were approved in the Spring of 1996. During the following summer, as a participant-observer in a series of graduate seminars on resilience (discussed below), I collected additional resiliency texts emanating from educational psychology and adolescent psychopathology. These data composed the dominant scientific discourse. I also searched for more experiential texts, which are associated with psychotherapy. While the scientific discourse and the recovery movement generally champion resilience as a replicable panacea for risk, the experiential discourse assumes neither replicable nor panacean qualities even though it also emanates from therapeutic texts. These discrepancies propelled my curiosity about the resiliency discourse then developing in the child and youth advocacy community.

**Focused Interviews**

Direct access to the growing advocacy discourse on resilience through taped interview transcripts involved strict ethical standards, including anonymity, confidentiality, and informed consent. Social research at UBC “involving human subjects” involves an Ethical Review process (ethical considerations are implicit in this Appendix). In particular, I wanted to conduct focused interviews with a targeted sample of child and youth advocates. Focused interviews are not “focus group” interviews (Palys 1997, 156–7), but I borrow the concept to emphasize my exploratory research on childhood resilience. The term “focus” indicates my targeting of a particular group, in this case advocacy professionals, and my intent to interview them on a particular issue. I purposively sampled a particular mix (137) of advocates and then targeted a sub-sample within this mix. My sub-sample was composed of advocates in positions to influence social and educational policy and already familiar with, and interested in, the concept of childhood resilience.

**Purposive Sampling**

I collected the names of child and youth advocates who were interested in resiliency from the media and by introduction, word of mouth, and exposure during my forays to conferences in the child advocacy community over a period of several months. These names were sorted into the two broad disciplinary areas of social services and educational services and were organized by location and position in government and non-government offices. Though I wondered whether I should also contact child psychologists, I soon found that my targeted sample population included practicing psychologists as well as educators and social workers with psychology backgrounds. My target criteria required that the advocates occupy a prominent profile or position and also be interested in resiliency, be active in the child advocacy community, and be representative across the disciplines, locations, and positions associated with child and youth advocacy in British Columbia.

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2 UBC requires that a Request for Ethical Review be submitted to the “Behavioural Sciences Screening Committee for Research and Other Studies Involving Human Subjects.” The comprehensive review form includes all details of the research proposal—purpose, objectives, methodology, procedures—as well as a full description of “recruitment” of interview subjects and an explanation of the interview process. It requires completed interview questions, copies of initial contact and consent letters (see Appendix B). It also addresses issues of anonymity and confidentiality, including the future storage of tapes, transcripts, computer disks, and other pertinent information. After one minor amendment to the initial contact letter, the Certificate of Approval was issued on April 10, 1996.
Contact and Consent

I had accumulated the names of over 70 advocacy professionals who potentially met the target sample criteria, and I hoped to conduct 20–25 interviews. As soon as the Ethical Review submission was approved (April 1996), I began the process of mailing prospective participants my initial contact letter and two informed consent letters, together with a return envelope for their response. My strategy involved making selective contacts in successive waves, which occurred between April and August of 1996. Altogether, I contacted 37 individuals in four waves over a five-month period (see Table 14) with a 65% consent rate; contact letters went out to 14 men and 23 women, with 64% and 61% consenting, respectively. The letters were sent in waves because I wanted to ensure the most representative interviews possible, based on the target criteria for my purposive sample; I did not want to have to reject people who had already consented if a particular category became over-represented. The first wave of contacts was wholly representative, with letters going to individuals selected from each of the disciplines, locations, and positions I had identified. I then mapped the responses so as to target a second wave of individuals who would fill in the gaps, such that each wave was less representative than the previous one. I also sent letters to a few people who had been referred during the mailing and interviewing period.

Table 14: Contact and Consent Letters

<table>
<thead>
<tr>
<th>1996</th>
<th>Contact</th>
<th>Consent</th>
<th>Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr</td>
<td>18</td>
<td>14</td>
<td>78%</td>
</tr>
<tr>
<td>May</td>
<td>10</td>
<td>6</td>
<td>60%</td>
</tr>
<tr>
<td>June</td>
<td>8</td>
<td>3</td>
<td>38%</td>
</tr>
<tr>
<td>Aug</td>
<td>1</td>
<td>1</td>
<td>100%</td>
</tr>
<tr>
<td>Total</td>
<td>37</td>
<td>24</td>
<td>65%</td>
</tr>
</tbody>
</table>

Researcher and Volunteer Bias

In my bid for representation within a targeted sub-sample, I was cognizant of potential bias on the part of those who consented to be interviewed and also careful of my own bias in selecting who would be contacted in the first and subsequent waves. Concerning volunteer bias, I knew that those who consented to be interviewed were anything but a random sample, given my targeting strategies. Moreover, I was counting on them having a vested interested in my research because a variety of studies . . . have shown that people who participate in social science research tend to be more highly educated, politically more liberal, less authoritarian, more in need of social approval, more intelligent, and more interested in the issue being addressed than those who don’t. Volunteer bias is a concern if, for example, the questionnaire addresses the sort of issue on which people’s opinions tend to be related to their educational status or political stance . . . (Palys 1997, 147)

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3 See contact and consent letters in Appendix B.

4 In the first wave, two individuals declined to be interviewed but referred my letters to two of their associates (after we agreed by telephone). In each case, the associate consented. So, though I mailed out 16 letters initially, Table 14 shows 18 people contacted. This also occurred in the third wave when one person referred my letter to a consenting associate, but he was never interviewed due to scheduling problems. Therefore, I received 24 consents and conducted 23 interviews.

It is precisely because of focused interviews, purposive sampling, and volunteer bias that I received a significant response rate from a relatively small number of contacts, a beneficial outcome given that I was aiming high in terms of representative positions and locations.

The impact of any bias on my part in the targeting process was, I believe, minimal. Because I had pre-determined the categories of discipline, location, and position and wanted to interview the most influential advocacy professionals, I did not contact people based on whether or not I knew them or had ever met them, nor did I pay significant attention to gender or ethnicity. I was not seeking a representative sample of the advocacy community itself. I did keep track of gender after the first wave of responses, out of curiosity, but this did not influence subsequent waves. My goal was to fill the gaps in my grid of categories and this was accomplished. To the original disciplines of social and educational services I had added psychology. Of those who consented to be interviewed, many actually worked across disciplines and several had been educated in one area but now worked in another. All were in positions to influence social and educational policy and practice affecting children and youth in BC. They worked at provincial, regional, and municipal levels, they held political, management, and administrative positions, and they were educators, psychologists, and social service providers (see Demographics).

The Interview Process

The interview process was itself a rewarding experience for me. During the interviews, each of the advocates expressed great care and concern for, and commitment to, the well-being of young people. Due to the heavy demands of the advocates’ professional responsibilities, making interview appointments required considerable scheduling and rescheduling. I began conducting interviews in May 1996, while contact and consent letters were still being sent out, and did the last interview in October 1996. I adhered to the same set and sequence of open-ended questions for each interview. Forty questions were asked in eight subject groupings (see Table 15). All interviews took place in the advocates’ offices, except one in an advocate’s home. The advocates were assured of confidentiality and anonymity, and the interviews were tape-recorded. Each interview took 45 to 90 minutes, with most taking 60 to 70 minutes.

Table 15: Subject Groupings of Interview Schedule

<table>
<thead>
<tr>
<th>Group</th>
<th>Subject of Discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group 1</td>
<td>Biography — background of advocate</td>
</tr>
<tr>
<td>Group 2</td>
<td>Risk and Resilience — general information</td>
</tr>
<tr>
<td>Group 3</td>
<td>Distress — “the distressed child”</td>
</tr>
<tr>
<td>Group 4</td>
<td>Resiliency — “the resilient child”</td>
</tr>
<tr>
<td>Group 5</td>
<td>Teaching Resiliency — means and goals</td>
</tr>
<tr>
<td>Group 6</td>
<td>Risk and Resilience — self-perceptions</td>
</tr>
<tr>
<td>Group 7</td>
<td>Profession — perspective of advocate’s profession</td>
</tr>
<tr>
<td>Group 8</td>
<td>Idealism — ideal childhood in an ideal world</td>
</tr>
</tbody>
</table>

After the first few interviews, I noticed an unanticipated reservoir of creativity in the advocates’ responses and felt this related both to their interest in the topics of risk and resilience and to the process of asking open-ended questions. I began rephrasing my introduction to some groups of

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6 The management-defined positions are more within government offices and the administrative-defined positions are more within non-government offices. Most of the people I interviewed had previously been frontline workers in their fields and some continued to include frontline work in their job descriptions.

7 See Interview Schedule in Appendix C.
questions by encouraging the advocates to respond by building on their own meanings and understandings of childhood resilience and teaching resilience. Thus, the advocates seemed freed from trying to ascertain what I might consider to be right or wrong responses. I continued to ask the same sets of questions—not wanting to compromise comparison across interviews—but reframed them in a way that would stimulate and facilitate the advocates’ creative thinking. Their understandings of particular concepts (such as teaching resilience) became the definitions they referred back to throughout their interviews. If I was uncertain about the meaning of an advocate’s comments, I articulated my interpretation during the interview to ensure clarity.

**Pseudonyms and No Names**

The advocates were asked to provide pseudonyms to protect their privacy. These are fictional first names that appear in italics when the advocates are being quoted or referred to in my text, e.g., [Susan]. The pseudonyms inherently identify gender—in addition, I frequently identify an advocate’s occupational field—but not culture or ethnicity. There are two conditions in which no names are used, each involving public speaking. The first condition is when I am referring to a public figure who is speaking in the media, at conferences, and so on, even though their identity may be obvious and there is no reason to conceal it. The second condition is if such a public figure is also one of the advocates I interviewed. If I was to use their pseudonyms when referring to public statements that could perhaps identify them, then their right to confidentiality and anonymity elsewhere in my text would be compromised. These issues of confidentiality and anonymity also apply to those in participant-observation settings. See Appendix F for a list of the advocates’ pseudonyms by gender and profession.

**Participant-Observation**

I stated earlier that I have borrowed from ethnographic methods but have not undertaken an ethnographic study. In addition to conducting focused interviews, I took fieldnotes in a variety of settings where confidentiality and anonymity sometimes continued to be pertinent. These settings were usually public forums such as meetings, seminars, workshops, and conferences. At least four factors came into play: in some settings I was an observer only, in other settings I was both a participant and an observer, I was recording my observations in fieldnotes, and I was interpreting my own observations and impressions as research data for future reference. Bias and perspective loom large, bias because I might see only what I want to see and perspective because, one, I cannot observe everything and, two, my observations are from a particular positionality. Thus, I am limited by my “angle of observation,” which is not to say this angle is not “fruitful” for research purposes (Schatzman and Strauss 1973, 55). In the field, then, one engages feeling, listening, and writing, and so describes, interprets, and creates meaning.

**Psychology Seminars**

Though my fieldnotes are secondary to the resiliency texts and the focused interviews, they played a vital role in my analysis of these discourses. They contain insights into child advocacy, in general,
and child psychology, in particular, and provide the backdrop to my analysis. In the case of child psychology, I was advised of an educational psychology doctoral seminar on identifying childhood and adolescent risk and resilience scheduled for the Summer of 1997. I pursued and received advance written permission from the two instructors to observe in the seminars as a researcher interested in resilience and later obtained unanimous verbal consent to attend from the 10 doctoral students taking the seminar for credit. I was especially interested in how the instructors and students perceived resilience and so attended 14 three-hour seminars over three weeks as both observer and participant (more observer than participant), keeping detailed notes on course content, classroom discussions, guest speakers, and other seminar activities. These seminars were invaluable in introducing me to the scientific discourse on resilience, both in the literature and in the classroom.

*Advocacy Conferences*

Not unrelated to the psychology seminars (though these have a special status because consent was required) is the range of other public sites and events that I roamed and recorded in fieldnotes over a period of three years, from 1995 to 1998. My fieldnotes document activities and perceptions in and of the child and youth advocacy community relevant to risk and resiliency issues. This “community” included educational and advocational settings and a variety of public forums, guest speakers, special workshops, annual conferences, educational presentations, and small group discussions. As an active volunteer member of this community, I was frequently both a participant and an observer, not only in the formal and official talk but also in the informal and unofficial talk (in the audience, behind the scenes, during meal service, out in the hallway, and so on). Because these were essentially public events, however, they constituted public domain and I did not seek consent to observe. My involvement in these various activities afforded me the opportunity to identify some problems with perceptions of resilience, to address these problems in formulating my interview schedule, and to identify the categories of people I wanted to interview.
Appendix B: Contact and Consent Letters

Initial Contact Letter

Date

This letter has two purposes: one, to introduce myself as a Ph.D. Candidate in Educational Studies; and two, to ask you to participate in my doctoral study of adolescent resiliency by consenting to a one-hour interview.

Background — I have completed extensive coursework in cross-cultural studies and interdisciplinary sociology at the University of Toronto and the University of British Columbia. My research interests have included child abuse and gender socialization across class and culture. Since July 1993 I have been Dr. Deirdre Kelly’s research assistant on her study of “school responses to teen pregnancy and parenting” with teen moms returning to high school. Over the past 25 years I have volunteered with several child and youth advocacy organizations.

Thesis — My thesis is a sociological inquiry into resiliency and the concept of teaching resiliency to at-risk adolescents. How do professionals working in three key disciplinary areas—[1] education, [2] developmental psychology, and [3] child, youth, and family advocacy—understand resiliency and teaching resiliency? What are the definitions, implications, and applications of these perceptions? An analysis of multi-disciplinary perspectives concerning adolescent resiliency and teaching resiliency is timely and imperative in the B.C. context. It is my intent that this research will be a resource for those working in policy, planning, and programming areas related to child and youth advocacy and risk and resiliency issues.

Timetable — Interviews will take place during the Spring, Summer, and Fall of 1996. My dissertation is scheduled for completion in the Summer of 1998.

Interim Report — If you agree to participate in the study you will receive an interim report on the preliminary findings of my research.

Selection of Participants — Recipients of this letter have been pre-selected by the following criteria: [1] profession and position in relation to issues concerning children and youth; and [2] representation of interview subjects within and across the three disciplinary areas.

Focused Interviews — The interview will be informal and conversational, guided by questions focusing on risk and resiliency. You are not required to be an “expert” but, rather, to have an informal working knowledge of risk and resiliency in relation to children and youth. Personal insights, experiential perceptions, and professional perspectives are more valuable than textbook responses. During the interview, which will take about one hour, you may choose not to reply to a particular question and you may stop the interview at any time without jeopardizing yourself or the research.

Your consent to participate in this study will contribute to a critical, multi-disciplinary understanding of adolescent resiliency. If you agree to be interviewed, please sign and return the enclosed letter of consent in the envelope provided, and keep the copy for your records. I will call to schedule your interview at a time and place convenient to you. If you are unable to participate, perhaps you can recommend a colleague or suggest the name(s) of others I might contact.

Please do not hesitate to call me if you have any questions. Many thanks in advance for your time and consideration.

Sincerely,

Sheila Martineau.

Encls.
Appendix C: Interview Schedule

Introduction: Give brief introduction of my study on teaching resiliency. Let's begin with you telling me a bit about yourself.

01 Where did you go to school? What did you study?
02 Where have you worked? What is your current job description?
03 Do you have children (boys or girls)? IF YES: How old are they?

Risk and Resiliency:

04 How do you define adolescent risk or the at-risk adolescent?
05 How would you describe resiliency in children and adolescents?
06 How familiar are you with ideas about teaching resiliency?
07 Where or how did you first learn about resiliency?
08 Where or how did you first learn about teaching resiliency?

Distress:

09 Have you heard of "the distressed child?" IF YES: Can you define it?
10 How would you describe distress in a child's life?
11 How would you describe distress in an adolescent's life?
12 What is your general understanding of distress?
13 What do you think are the dominant causes of distress?
14 What do you think are the consequences of particular kinds of distress?
15 Short-term? Long-term? (phrase question in relation to responses)

Resiliency:

16 Have you heard of "the resilient child?" IF YES: How do you describe it?
17 IF NO OR INACCURATE: Can you imagine what it might be?
18 Have you known resilient children or youth in your work? in your life?
   IF YES: Can you describe them? (did they mention gender?)
19 GENDER: In what ways might resilient boys differ from resilient girls?
20 AGE: Are resilient children different from resilient adolescents?
21 Do you know any resilient adults? IF YES: Can you describe someone?
   IF NO: move on to next section.
Means and Goals of Teaching Resiliency:

22 Which children do you think will benefit the most from teaching resiliency?
23 What do you think is the most important thing(s) these children need?
24 What do you think the goals of teaching resiliency should be or could be?
25 Are you aware of any programming on resiliency currently underway?
26 What is the best way to teach or reach these goals?
28 Why do some children achieve success despite distress?
29 Why should resiliency be taught?

Perceptions of Self As At-Risk or Resilient:

30 Thinking back to your own adolescence, how would you describe yourself?
31 Do you think you were at-risk or resilient? In what ways?
32 Are you a resilient adult? IF YES: Can you describe your own resiliency?
33 How would you describe your childhood in one word?

Profession:

34 Are you in a position to effect the lives of at-risk adolescents?
35 How does/did this happen in your current/past position?
36 What do you think is the best avenue for working with kids?
37 How would you characterize the perspective of your profession in Vancouver? Traditional? Conventional? Cutting edge? Visionary?
38 What do you think is the most effective way to influence social change? (e.g., policy, law, activism, public education, television, theatre)
39 What are the most serious problems today for adolescents?

Idealism:

40 If you ruled the world, what would childhood be like?
Appendix D: Data Analysis I

Relational Database System

The strength of relational database software systems lies in their ability to sort text. Files or records are created by the user, information is entered into data "fields," and specified sets of records can be retrieved by searching across single or multiple fields. I set up three databases using a computer software system called Library Master. One database worked like a file of index cards on which I kept random notes (the kind of notes that get written on scraps of paper and backs of envelopes). Date, title, subject-headings, relevant references (for example, referring to several readings), and notations for each "card" were recorded. I could easily sort these notes by, say, date or subject and then scan them for ideas and insights, even theories and methods. This database consisted of approximately 70 records that were eventually exported into one large word-processing file and then imported into my text retrieval system for inclusion in the analytic process (see Appendix E).

A second database was developed to catalogue the potential interview participants and to keep track of contact and consent mailings, any follow-up mailings, telephone and written responses and inquiries, and address and position changes, as well as serving as a mailing list for all or any combination of entries. For example, depending on how the fields are set up, records can be sorted by, say, city, company, occupation, consent status, or any combination thereof. This database has proven to be a most valuable resource, one which I continue to maintain, adding new entries and updating old entries.

The third relational database is specifically designed to manage and organize bibliographic references and research notes. Everything I read is entered into this database. A completed entry or record includes all pertinent bibliographic information as well as my detailed subject headings for search purposes, my annotations (synopsis of the book, chapter, article, report, video, etc.) and my notations (comments, quotations, cross-references, and so on). While making the entries is labour intensive, the records are invaluable. This database was used to organize all the printed materials (the literature) I read in discerning the scientific and experiential discourses. Almost 250 records pertaining to children's risk, abuse, distress, trauma, resilience, or developmental psychopathology have been catalogued. During the writing process I can switch into the database to search records, read annotations, find quotations, cite references, and generate bibliographies. The subject headings themselves—developed directly from the reading materials—comprise a thematic catalogue and comprehensive checklist of issues and topics for analysis. This system of annotation and notation was integral to my analysis of the discourse on resilience.

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9 Library Master was developed by Harry Hahne (hahne@epas.utoronto.ca) and is distributed by Balboa Software in Willowdale, Ontario. It is a relational system that allows the user to set up bibliographic and non-bibliographic databases. The term "relational" indicates the system's ability to search across multiple fields or entries in sorting records.

10 A partial list of sub-headings is included in this Appendix D.

11 These are some of the major subject headings, within which I have amassed hundreds of sub-headings. My database includes almost all of the materials I have read since 1995, under such primary subject headings as childhood, child welfare, critical discourse analysis, education, ethnography, family violence, feminist theory, narrative, psychology, and qualitative analysis, to name some of the additional areas relevant to my research.
<table>
<thead>
<tr>
<th>Subject Heading</th>
<th>Subject Heading</th>
</tr>
</thead>
<tbody>
<tr>
<td>resiliency—adaptive distancing</td>
<td>resiliency—theory</td>
</tr>
<tr>
<td>resiliency—adolescents</td>
<td>resiliency—therapy</td>
</tr>
<tr>
<td>resiliency—adults—case studies</td>
<td>resiliency—trauma</td>
</tr>
<tr>
<td>resiliency—boys</td>
<td>risk and resiliency—abuse—sexual</td>
</tr>
<tr>
<td>resiliency—Buddhism</td>
<td>risk and resiliency—adolescents</td>
</tr>
<tr>
<td>resiliency—children</td>
<td>risk and resiliency—adults</td>
</tr>
<tr>
<td>resiliency—children—little adults</td>
<td>risk and resiliency—children</td>
</tr>
<tr>
<td>resiliency—compassionate resilience</td>
<td>risk and resiliency—combination programs</td>
</tr>
<tr>
<td>resiliency—compensatory factors</td>
<td>risk and resiliency—culture</td>
</tr>
<tr>
<td>resiliency—competence</td>
<td>risk and resiliency—culture—African American</td>
</tr>
<tr>
<td>resiliency—conceptual models</td>
<td>risk and resiliency—culture—Guatemalan</td>
</tr>
<tr>
<td>resiliency—coping</td>
<td>risk and resiliency—culture—Hawaiian</td>
</tr>
<tr>
<td>resiliency—critique</td>
<td>risk and resiliency—culture—Indochinese</td>
</tr>
<tr>
<td>resiliency—curriculum—art</td>
<td>risk and resiliency—culture—Israeli Jewish</td>
</tr>
<tr>
<td>resiliency—curriculum—problem-solving</td>
<td>risk and resiliency—culture—Latin-American</td>
</tr>
<tr>
<td>resiliency—diversity</td>
<td>risk and resiliency—culture—Mexican</td>
</tr>
<tr>
<td>resiliency—eminence</td>
<td>risk and resiliency—culture—Minorities</td>
</tr>
<tr>
<td>resiliency—endurance</td>
<td>risk and resiliency—culture—Multicultural</td>
</tr>
<tr>
<td>resiliency—externalizing behaviour</td>
<td>risk and resiliency—culture—White</td>
</tr>
<tr>
<td>resiliency—factors</td>
<td>risk and resiliency—discourse</td>
</tr>
<tr>
<td>resiliency—giftedness</td>
<td>risk and resiliency—drop-outs</td>
</tr>
<tr>
<td>resiliency—girls</td>
<td>risk and resiliency—early education</td>
</tr>
<tr>
<td>resiliency—imagination</td>
<td>risk and resiliency—early intervention</td>
</tr>
<tr>
<td>resiliency—inner locus of control</td>
<td>risk and resiliency—family support</td>
</tr>
<tr>
<td>resiliency—invincible</td>
<td>risk and resiliency—longitudinal study</td>
</tr>
<tr>
<td>resiliency—invulnerable</td>
<td>risk and resiliency—parent-child intervention</td>
</tr>
<tr>
<td>resiliency—Jung</td>
<td>risk and resiliency—political violence</td>
</tr>
<tr>
<td>resiliency—labelling</td>
<td>risk and resiliency—poverty</td>
</tr>
<tr>
<td>resiliency—leadership</td>
<td>risk and resiliency—preventive intervention</td>
</tr>
<tr>
<td>resiliency—lifespan perspective</td>
<td>risk and resiliency—primary prevention</td>
</tr>
<tr>
<td>resiliency—media</td>
<td>risk and resiliency—protective factors</td>
</tr>
<tr>
<td>resiliency—models</td>
<td>risk and resiliency—research</td>
</tr>
<tr>
<td>resiliency—multiple personality disorder</td>
<td>risk and resiliency—shame</td>
</tr>
<tr>
<td>resiliency—multiple stressors</td>
<td>risk and resiliency—stress and coping</td>
</tr>
<tr>
<td>resiliency—new age</td>
<td>risk and resiliency—vulnerability</td>
</tr>
<tr>
<td>resiliency—personal narrative</td>
<td>risk factors—abuse</td>
</tr>
<tr>
<td>resiliency—policy</td>
<td>risk factors—disability</td>
</tr>
<tr>
<td>resiliency—programs</td>
<td>risk factors—family—alcoholism</td>
</tr>
<tr>
<td>resiliency—programs—local</td>
<td>risk factors—family—mental illness</td>
</tr>
<tr>
<td>resiliency—programs—national</td>
<td>risk factors—intervention programs</td>
</tr>
<tr>
<td>resiliency—reification</td>
<td>risk factors—minority adolescents</td>
</tr>
<tr>
<td>resiliency—replication</td>
<td>risk factors—political violence (war)</td>
</tr>
<tr>
<td>resiliency—resistance</td>
<td>risk factors—social disadvantage (poverty)</td>
</tr>
<tr>
<td>resiliency—self-esteem</td>
<td>risk factors—suicide</td>
</tr>
<tr>
<td>resiliency—self-understanding</td>
<td>risk factors—suicide—causes</td>
</tr>
<tr>
<td>resiliency—social cognition</td>
<td>risk factors—suicide—statistics</td>
</tr>
<tr>
<td>resiliency—stress-resistant</td>
<td>risk factors—teen pregnancy</td>
</tr>
</tbody>
</table>
Appendix E: Data Analysis II

Code and Retrieval System

Just as databases are used to sort text, the strength of text retrieval software systems is their ability to find text. Such systems are used primarily to code volumes of text and then to retrieve coded text segments for analytic purposes. The preparation of such texts as fieldnotes and interviews for the purpose of coding is a time-consuming task. In addition to typing up all of my fieldnotes, transcribing the interview tapes into word-processing documents took over 100 hours (which I paid someone else to do). Another 30 hours were spent proofreading the transcripts while listening to the tapes, which reminded me of nuances and comments I wanted to pursue. All fieldnote and transcript files were exported into ATLAS/ti, a “text interpretation” software program chosen from among many others as the most suitable for my qualitative text analysis (Weitzman and Miles 1995).

Coding Strategies

ATLAS/ti is an exceptional tool for organizing a large amount of data, in this case over 90 documents totalling 2000 pages of text. At the textual level, I coded segments of text—using codewords that emerged from the text—for the purpose of text retrieval. At the conceptual level, I created links or relations between codes and networks of codes to facilitate my qualitative analysis. I made three comprehensive sweeps through the data (and several ancillary sweeps), each done over a period of several months, for the purpose of coding the text and simultaneously developing the codewords and mapping their respective links, relations, and networks. The code list evolved during the coding process at the textual level of analysis and more or less reflects the topics of the advocates’ responses to the range of my interview questions. At the conceptual level of analysis I determined what codes and themes to analyze in a process of iteration and interpretation related to exploring the meanings of childhood resilience and teaching resilience influential to the advocacy community.

My coding scheme began with a few obvious codes, such as risk and resilience, age and gender, class and culture, and policy and programming, as a provisional coding structure (Miles and Huberman 1994). It initially developed interactively with designing the interview schedule (codes suggested questions and vice-versa), but easily 90% of my codewords emerged (or were revised) during the coding process itself, based on advocates’ responses. In the first sweep I coded all the interview questions (Q01, Q02, Q03 . . .) so that I could compare responses across transcripts—easily done by retrieving all text segments coded for, say, Q03—and also read all the fieldnotes for the purpose of ascertaining potential codewords. In the second and third sweeps I assigned emerging codewords to text segments in the interviews and in the fieldnotes. During these lengthy periods I developed the links, relations, and networks that would assist me in analyzing the data, all of which were...

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12 ATLAS/ti was developed by Thomas Muhr in Berlin, Germany (muhr@cs.tu-berlin.de) and was designed to facilitate text interpretation. It is currently distributed by Sage Publications in California, USA.

13 A partial list of codewords is included in this Appendix E.

14 In addition to these codewords, I also coded for every interview question (an additional 40 codes) as well as for names of people and places. The latter have been excluded from this list to ensure anonymity.
visually and graphically presented within the program. I could easily track the linkages among codes, memos, and quotes and quickly retrieve and review relevant text segments.

**Systematic Analyses**

The beauty of today’s sophisticated text retrieval software is that all documents and thematic memos are literally at your fingertips (during the coding process one’s perceptions can be recorded in memos and attached to relevant codes and text segments for future reference). Therefore, during and after the coding process, I could follow “strings” of code and memo links and review network relations in determining which codes and code combinations to retrieve through Boolean search strategies. In addition, documents can be sorted into “families” so that I might search for any code or combination of codes in any document or combination of documents. My document families, for example, included education, psychology, social services, seminars, conferences, men, women, with risk, without risk, and so on. Just as a single code can be assigned to multiple text segments across documents, so multiple codes can be assigned to the same or overlapping text segments in a single document, resulting in “nested” coding structures that allow compound code searches.

Code searches were saved in word-processing files for systematic analyses of text segments retrieved. In searches involving all interviews, the analysis might involve sorting advocates’ opinions and comments, derived from their responses, into broad or detailed categories and doing some simple counting to ascertain their priorities and perspectives. These tallies could determine my next line of pursuit, as I followed the advocates’ leads. In other instances, I might compare psychologists’ responses with social workers’ responses, or men’s with women’s (typically finding that such distinctions were not significant). Searches using multiple code combinations might yield new insights or more specific information. While there were many threads I could have followed, my choices were necessarily restricted to, and influenced by, “getting at resiliency” and not being distracted by other emergent themes.¹⁵

¹⁵ Several themes emerged which may form the basis for future research. Two advocacy texts that emerged, for example, were, one, social values in multicultural society and, two, children’s rights and age-appropriate responsibilities.
ATLAS/ti — Partial List of Codewords

Abuse
Achievement
Advocacy
Age
Allness
Apprenticeship
Attachment
Attention-Deficit
Bio-Seminar
Child-Centred
Childcare
Children in Care
Class
Community
Conferences
Coping Mechanisms
Counselling
Culture
Democracy
Drugs
Education
Employment
Environment
Extracurricular
Factors
Full-Service
Funding
Gender
Globalism
Health
Inner-City
Key—Opportunities
Key—Relationships
Key—Services
Key—Structures
Key—Validation
Labelling
Magic
Media
Mentorship
Methodology
Micro-Macro
Ministries
Modelling
Monitoring
Needs
Parents/Parenting
Participation
Partnership
Pathologize
Peers
Play
Policy/Policy Making
Poverty
Professionalize
Programming
Protection
Public Education
References
Reporting
Research
Resources
Respect
Responsibilities
Rights
Risk-Resilience
Role-Playing
Romanticize
Safety
School/Schooling
Self-Esteem
Self-Help
Social Role
Strategies
Striving
Success/Failure
Suicide
Surviving
Symptoms
Teach/Teaching
Temperament
Theory
Thriving
Traits
Trauma
Values
Appendix F: Demographics

Focused Interview Participants

Age and Gender

At the time of the interviews, the advocates ranged in age from 34 to 58, with a median age-range of 46–50. The majority—seventy percent (n=16)—were between ages 46 and 55 at the time of the interviews (see Table 16), which means they graduated from high school between 1959 and 1968. Looked at another way, 92% (n=21) were over the age of 40. They are the “children” of the 1950s and 1960s and are at or near the peak of their careers (the youngest in this over-40 group was 42 and would have graduated from high school in 1972). The majority of men were aged 41–50 and the majority of women were aged 46–55. This age difference is not a factor of men rising up the power hierarchy sooner or faster than women (in the advocacy population) but is, rather, a reflection of more women working in the child and youth advocacy community and more women occupying senior positions in the child advocacy professions (education, psychology, and social services). Of the 23 interview participants, 39% (n=9) were men and 61% (n=14) were women.

<table>
<thead>
<tr>
<th>Age Ranges</th>
<th>Males</th>
<th>Females</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>31–35</td>
<td>-</td>
<td>1</td>
<td>4%</td>
</tr>
<tr>
<td>36–40</td>
<td>-</td>
<td>1</td>
<td>4%</td>
</tr>
<tr>
<td>41–45</td>
<td>2</td>
<td>1</td>
<td>13%</td>
</tr>
<tr>
<td>46–50</td>
<td>5</td>
<td>5</td>
<td>44%</td>
</tr>
<tr>
<td>51–55</td>
<td>1</td>
<td>5</td>
<td>26%</td>
</tr>
<tr>
<td>56–60</td>
<td>1</td>
<td>1</td>
<td>9%</td>
</tr>
<tr>
<td>(n=23)</td>
<td>9</td>
<td>14</td>
<td>100%</td>
</tr>
</tbody>
</table>

Class and Culture

All 23 advocates can be categorized as middle class by virtue of their current occupations and education backgrounds. But just over half (n=12) grew up in lower class, working class, or lower-middle class families (based on their parents' socioeconomic status). All but three, or 87% (n=20), were born and raised in Canada. In addition, 87% are White and the remaining 13% represent First Nations and East and South Asian cultures (see Table 17).

Marital and Family Status

The majority of advocates interviewed represent the dominant society. As shown in Table 17, they are predominantly White, middle class, over forty, married, parents (and grandparents), and were born and raised in Canada. As children, a few experienced parental divorce, single-parenting, and step-parenting. Altogether the advocates are raising, or have raised, 40 children ranging in age from 2 to 36 (in 1996). The three non-White advocates otherwise fit the majority profile with two minor exceptions: one is unmarried and one was born outside of Canada.
**Educational Background**

All the advocates pursued post-secondary education (see Table 18). While 30% have undergraduate degrees or diplomas in the social sciences and humanities, 70% hold graduate degrees in the fields of education, psychology, social work, and other disciplines in the social sciences and humanities. Not confined to discrete categories, some of the advocates have studied adult education, inner-city education, community education, and education administration; some have studied school psychology, counselling psychology, and clinical psychology; some have studied social work, family studies, child and youth care, and social service administration; and some have cross-studied law, philosophy, and criminology. Many of the advocates had completed teacher education programs or had been registered as social workers, spending their early career years in the field as teachers, school or community counsellors, and social service workers in a variety of capacities.

<table>
<thead>
<tr>
<th>Level of Education</th>
<th>Males</th>
<th>Females</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Training</td>
<td>-</td>
<td>1</td>
<td>4%</td>
</tr>
<tr>
<td>Bachelor Degree</td>
<td>2</td>
<td>4</td>
<td>26%</td>
</tr>
<tr>
<td>Master's Degree</td>
<td>7</td>
<td>7</td>
<td>61%</td>
</tr>
<tr>
<td>Doctoral Degree</td>
<td>-</td>
<td>2</td>
<td>9%</td>
</tr>
<tr>
<td>(n=23)</td>
<td>9</td>
<td>14</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Professional Categories**

The advocates are involved in a wide range of fields and issues, including social equity, school services, and educational curriculum; child care, child welfare, and child protection; diverse branches of psychology—including school, clinical, educational, developmental, and counselling psychology—and psychiatry and psychotherapy; community recreation, development, and multiculturalism; law and mediation; and mental health and domestic violence. They work at senior management levels as supervisors, administrators, and executive directors, and as self-described bureaucrats, public servants, and political appointees. They function in their communities and organizations variously as mentors, advisors, coordinators, consultants, facilitators, decision-makers, policy makers, social programmers, and service providers. They are trainers, teachers, professors, public educators, researchers, and social practitioners. And they are employed by ministries, universities, service agencies, and school boards at provincial, regional, and municipal levels. In addition to other government offices, the BC Ministries of Health, Education, Women’s Equality, and Social Services were represented among the advocates.¹⁶

My contact strategy was aimed at obtaining just such a wide range of interview participants. But categorizing them by discipline proved onerous, given their educational and occupational interdisciplinarity. For example, one person might have studied psychology but now works with social services, another might have studied social work but operates primarily as an educator, and so on. I wondered whether this sorting task would be useful, but I wanted to ascertain whether their

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¹⁶ The advocates’ views were their own and were not representative of their Ministries. Since interviewing the advocates, the Ministry of Education has been renamed the Ministry of Education, Skills, Training, and Labour and the new Ministry for Children and Families has been established (which draws its services and personnel from the other ministries).
responses differed across occupational disciplines.¹⁷ As I sifted through their current positions, employment histories, educational backgrounds, and self-categorizations, their dominant locations became clear, as portrayed in Table 19:

Table 19: Professional Categories by Level, Field, and Gender

<table>
<thead>
<tr>
<th>Level/Location</th>
<th>EDU Male</th>
<th>Female</th>
<th>PSY Male</th>
<th>Female</th>
<th>SOC Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ministries, Municipalities:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government — Provincial</td>
<td>-</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Government — Municipal</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Non-Government Offices:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agencies — Provincial</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Agencies — Regional</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Agencies — Municipal</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Educational Bodies:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Institution — Regional</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Institution — Municipal</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>5</td>
</tr>
<tr>
<td>(n=23)</td>
<td>3</td>
<td>5</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>6</td>
<td>23</td>
</tr>
</tbody>
</table>

Significantly, 50% of the women (n=7) worked in provincial government offices compared with 22% (n=2) of the men. Similarly, 64% (n=9) of the women were working at provincial levels, either in service agencies or government agencies, compared with 33% (n=3) of the men. Among the educators, the men were clustered in municipal institutions, while the women were mostly employed in provincial offices and agencies.

However, there is an internal balance between the distribution of locations and professions, as illustrated in Table 20. Locations cluster in three areas: provincial government, municipal and non-government organizations (NGOs), and educational bodies or institutions. The three disciplinary areas are similarly weighted. While the emphasis appears to be in the provincial government and the social services, their main risk and resiliency focus is on schools through education, communities, social programming, and school counselling. The low representation in psychology was deliberate on my part because I did not seek out private practitioners. Psychologists advocating

Table 20: Distribution of Advocates by Location and Profession

<table>
<thead>
<tr>
<th>By Location</th>
<th>% of Total</th>
<th>Total</th>
<th>By Profession</th>
<th>Total</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provincial Government</td>
<td>9</td>
<td>39%</td>
<td>Social Services</td>
<td>9</td>
<td>39%</td>
</tr>
<tr>
<td>Municipalities &amp; NGOs</td>
<td>8</td>
<td>35%</td>
<td>Education</td>
<td>8</td>
<td>35%</td>
</tr>
<tr>
<td>Educational Institutions</td>
<td>6</td>
<td>26%</td>
<td>Psychology</td>
<td>6</td>
<td>26%</td>
</tr>
<tr>
<td>(n=23)</td>
<td>23</td>
<td>100%</td>
<td>(n=23)</td>
<td>23</td>
<td>100%</td>
</tr>
</tbody>
</table>

¹⁷ As it turned out, discipline was not a significant indicator of difference regarding the advocates' perceptions of resilience, but it nevertheless provided a useful sorting strategy.
for children and youth outside of private practice and school counselling are scarce, while psychometric or psychopathological studies of childhood risk and resilience abound, so psychology is actually over-represented in my data.

*Advocates’ Pseudonyms*

For easy reference, Table 21 lists the advocates’ pseudonyms by professional category:

**Table 21: Advocates’ Pseudonyms**

<table>
<thead>
<tr>
<th>Men’s Pseudonyms</th>
<th>Professional Category</th>
<th>Women’s Pseudonyms</th>
<th>Professional Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edward</td>
<td>Education</td>
<td>Alice</td>
<td>Psychology</td>
</tr>
<tr>
<td>Frank</td>
<td>Psychology</td>
<td>Catherine</td>
<td>Education</td>
</tr>
<tr>
<td>Harry</td>
<td>Psychology</td>
<td>Clarise</td>
<td>Social Services</td>
</tr>
<tr>
<td>John</td>
<td>Education</td>
<td>Donna</td>
<td>Education</td>
</tr>
<tr>
<td>Logan</td>
<td>Social Services</td>
<td>Elaine</td>
<td>Psychology</td>
</tr>
<tr>
<td>Paul</td>
<td>Social Services</td>
<td>Elizabeth</td>
<td>Social Services</td>
</tr>
<tr>
<td>Robert</td>
<td>Education</td>
<td>Elspeth</td>
<td>Social Services</td>
</tr>
<tr>
<td>Russell</td>
<td>Social Services</td>
<td>Emmy</td>
<td>Education</td>
</tr>
<tr>
<td>Wilson</td>
<td>Psychology</td>
<td>Julie</td>
<td>Education</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lata</td>
<td>Social Services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mary</td>
<td>Education</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nancy</td>
<td>Social Services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Naomi</td>
<td>Social Services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Samantha</td>
<td>Psychology</td>
</tr>
</tbody>
</table>

*Pilot Interview Participants*

Table 22 identifies the seven pilot interview participants by gender, discipline, and location. I interviewed three men and four women. Three worked in government and non-government offices at the provincial level and four worked in educational institutions at the municipal level. Altogether, they consisted of one psychologist, two educators, and four social workers. Later, four of the pilot participants were sent contact letters (see asterisks in Table 22; the one woman moved to a ministry position in between the pilot and focused interviews) and they each consented to being interviewed again, this time on the specific topic of resilience.

**Table 22: Pilot Participants by Gender, Discipline, and Location**

<table>
<thead>
<tr>
<th>Location</th>
<th>EDU Male</th>
<th>EDU Female</th>
<th>PSY Male</th>
<th>PSY Female</th>
<th>SOC Male</th>
<th>SOC Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government — Provincial</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1*</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>NGO — Provincial</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Educational — Municipal</td>
<td>1*</td>
<td>1</td>
<td>1*</td>
<td>-</td>
<td>-</td>
<td>1*</td>
<td>4</td>
</tr>
<tr>
<td>(n=7)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>3</td>
<td>7</td>
</tr>
</tbody>
</table>
One of the instructors in the educational psychology seminars specialized in *developmental child psychology* and the other instructor specialized in *adolescent development and psychopathology*. Their students were studying *adolescent psychopathology*. Some of the students had previously worked as teachers and outreach workers in special education and social services. Their various programs of study are listed in Table 23. All but one attended the same university and all but one was enrolled in a PhD program. Including myself and the two female instructors, the total seminar participation was 23% men (n=3) and 77% women (n=10). We met over a two-week period during the summer of 1996.

**Table 23: Seminar Students by Gender and Academic Program**

<table>
<thead>
<tr>
<th>Students' Programs</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Same University:</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PhD. Human Learning &amp; Development</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>PhD. School Psychol.</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>PhD. Curriculum</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>MEd. Education</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td><em>Different University:</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PhD. Educ. Psych.</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>(n=10)</td>
<td>3</td>
<td>7</td>
</tr>
</tbody>
</table>