Resilience in Western Australian adolescents: A model of the processes that occur between risk and success

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Occur Between Risk and Success

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Abstract

The aim of this research was to develop a model that represents how adolescents in the Western Australian context navigate their way to resilience. Resilience was defined as "the outcome from negotiations between individuals and their environments for the resources to define themselves as healthy amidst conditions collectively viewed as adverse" (Ungar, 2004a, p. 342). The philosophical approach was social constructivist and the methodology was mixed, employing both qualitative and quantitative methodologies through grounded theory. The techniques used to gather data included interviewing, focus groups, and questionnaires. There were three stages in the research: namely, developing the model of resilience, testing the validity of the model, and comparing the qualitative findings to a quantitative measure of protective processes related to resilience.

In the first stage of the research, a model of resilience was developed through a qualitative grounded theory approach. Data was gathered through individual semi-structured in-depth interviews with 8 male and 15 female participants (M=15.5 years of age). The interview transcripts were analysed through open coding and axial coding to develop categories. These categories were then developed into a model based on the relationships that emerged through the analysis. The resulting model included the categories or risk, response to risk, insight, self-worth, letting go and acceptance, and success. The core category that related to all other categories was "self-worth."

In the second stage of the research, the validity of the model developed in Stage One was tested through two focus groups of adolescents. There was a total of 14 participants (8 females, 6 males) in the focus groups, with 8 participants in the first group and 6 participants in the second group (M=15 years of age). The focus groups were analysed through a "Template" approach whereby a priori codes developed from Stage One were used to code the transcripts. The findings indicated that the model was an accurate representation of the process adolescents from Perth, Western Australia navigate to achieve resilience.

In Stage Three, the contextual findings from Stage One and Two were compared to a quantitative measure, the Resilience Scale for Adolescents (READ: Hjemdal, Friborg, Stiles, Martinussen, & Rosenvinge, 2006). The READ is a scale that

measures the presence of protective factors related to resilience. It has five subscales, namely Personal Competence, Social Competence, Social Resources, Family Cohesion, and Structured Style. The response format is a Likert scale that ranges from 1 (*strongly agree*) to 5 (*strongly disagree*). There were 16 male and 20 female participants (*M*=15.3 years of age) in Stage Three who had participated in either Stage One or Stage Two of the current research. Participant responses to the READ were analysed through single sample *t* tests to determine if the total scores were significantly higher than average, and to identify which subscales were rated significantly higher than the average response of "3."

The *t* test indicated that the total scores were significantly higher (*M*=105.29) than 83, which is an average response of "3" over the entire scale, *t*(35) = 11.40, *p*<.00. Furthermore, the subscales of Personal Competence (*M*=3.52), Social Competence (*M*=3.78), Social Resources (*M*=4.18), and Family Cohesion (*M*=3.62) were rated significantly higher than average by the resilient participants. The fifth subscale, Structured Style (*M*=3.15) was the only subscale on the READ that was nonsignificant. Aspects of the significant subscales reflected protective processes within the resilience model, indicating that the protective processes identified in the current research may be evident in other contexts.

The results of this research contribute to theory, policy, and practice in both psychology and education. The contribution to psychology includes the development of a resilience model, the recognition of context, the identification of the protective process self-worth, and implications of adolescent consultation. In education, this research highlights the significance of providing adolescents opportunities to develop worth, self-efficacy, and positive relationships within the school setting.

A limitation of this research is that the findings may only be applicable to the current context and only a small group of adolescents may benefit from the findings. In addition, restrictions placed on participant selection by the gatekeepers of the research settings may have excluded resilient participants and their unique contribution to the research. In future research it would be beneficial to develop an understanding of each category in further depth to understand how the theoretical findings can be applied practically, and to test if the model is universal across cultures.

Declaration

I certify that this thesis does not, to the best of my knowledge and belief:

i)   incorporate without acknowledgement any material previously submitted for a degree or diploma in any institution of higher education;

ii)   contain any material previously published or written by another person except where due reference is made in the text; or

iii)   contain any defamatory material.

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23 January 2011

Mandie Belinda Shean   Date

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When I began this research, I was reluctant to study resilience as it was somewhat overused in the mass media (resilient couches, children, and economies). Now that I have completed my research I realise what a powerful, fascinating topic it is (albeit complex), and I would like to thank Associate Professor Lisbeth Pike for persuading me to consider resilience as a catalyst for researching child and adolescent well-being.

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Table of Contents

List of Tables

List of Figures

List of Appendices

Thesis Structure

This thesis is comprised of nine chapters. Chapter 1, the introduction, provides a rationale for the current study. This rationale outlines the history of resilience research and the changes that have occurred in approaches to research in resilience. This chapter also outlines features of the current research context, including characteristics of the media, adolescents, peer groups, and families. The chapter concludes with a discussion of the significance of the research and the aims and research questions for the three stages of the current study.

Chapter 2 provides an overview of adolescent development and the physical, cognitive, and social/emotional changes that can occur during this period of development. Changes in approaches to adolescent development theory are also discussed, including the significance of context, individual differences in development, and the importance of recognising adolescents' strengths. Links are then made between current views on adolescent development and resilience research with adolescents.

In Chapter 3, the key components of resilience are outlined, including the definition of resilience, risk and protective processes, and positive outcomes. Risk and protective processes are discussed at the individual level (e.g., gender, self-esteem, coping, and temperament), family level (e.g., parenting, maltreatment and divorce), and community level (e.g., low socioeconomic status). Positive outcomes are discussed through the two common measures of success, lack of psychopathology and signs of competence. Challenges with these approaches and suggestions for future research are then discussed.

Chapter 4 provides a discussion of the methodological issues in resilience research, including the disproportionate use of quantitative methodology, the absence of children and adolescents' voices, the lack of context in resilience research, and the reliability of the construct of resilience. This chapter concludes with suggestions for alternative methods for gathering and analysing data in future research.

The aim of Chapter 5 is to outline the research design for the current study. This includes the philosophical framework of social constructivism; the qualitative and quantitative research methodology; the use of mixed methods; the data collection

methods of interview, focus groups and survey collection; and forms of rigour. The rationale for using this philosophy and methodology is also presented, as well as the advantages and disadvantages of the chosen methodologies.

Chapters 6, 7, and 8 present the methods, results, and discussions for Stage One interviews, Stage Two focus groups, and Stage Three questionnaires respectively. The aim of Chapter 6 is to develop a model of the resilience process through the interview data. In Chapter 7, the credibility of the model was checked with two focus groups. Chapter 8 provided a comparison between the qualitative findings from Stage One and Two and a quantitative measure of protective processes related to resilience.

In the final chapter, Chapter 9, a summary of the three stages of research is presented. Implications of the research that may affect policy, theory, and practice in psychology and education are discussed and recommendations are outlined. The chapter concludes by with limitations of the current research and suggestions for future research.

CHAPTER 1

INTRODUCTION

Chapter Overview

In this introduction, resilience is defined, the history of resilience is discussed, and the changes in approaches to resilience research are reviewed. This section provides a background to resilience research and a context for the current research. Following the discussion of resilience, the research context is outlined to delineate the risks and resources for participants within the current research. Finally, the significance of this research is presented along with the aims and research questions for each stage of the study.

Yeah, mum would go into hospital every year for um…extended periods of time, like two months, I never really knew why though when I was a kid. Dad would always just say she was resting…so I never quite understood but then when she attempted suicide I was actually there. Well she took…er…a large overdose of antidepressants and…. everyone else had gone out and so I was there. I was at home with a friend. And ahh…it was just us two and mum was, as far as I knew in bed, and then she sort of came staggering out sort of mumbling gibberish under her breath and falling over and such. I thought she was drunk which was rare cos she doesn't drink that much. But then I realised there was something more serious and I had to call the ambulance and everything. And seeing it firsthand and being introduced to it firsthand…umm…in such a…blunt way sort of affected me (Keith)

Research Aim

The aim of this research was to develop a model that explained the process of resilience for adolescents such as Keith, who have experienced risks and yet have had successful outcomes. Model development in the area of resilience is significant because the focus of most resilience research is on the relationship between particular risk and protective processes (e.g., Alvord & Grados, 2005; Kelly & Emery, 2003). While these processes need to be understood, they do not contribute to the understanding of how the adolescent moves from the risk event to the experience of success. In this process, there may be significant moments of change that are influential in the

achievement of resilience. Therefore, this process needs to be indentified to ascertain what pathways to resilience are available for adolescents who have experienced risk.

Resilience Definitions

While there are multiple definitions of resilience, all definitions of resilience hold two fundamental decisions, that an individual has experienced some level of risk and that they have achieved positive outcomes (Masten & Powell, 2003). For example, Masten defines resilience as "children who have good outcomes in spite of serious threats to adaptation of development" (2001, p. 228). Other definitions of resilience acknowledge that resilience is a process and occurs in a distinct context, such as when "a person exceeds the expectations that is warranted by an individual's (or community's) biographical field" (Arrington & Wilson, 2000, p. 225) or "a dynamic process encompassing positive adaptation within the context of significant adversity" (Luthar, Cicchetti, & Becker, 2000a, p. 543). The inclusion of context and process in the definition indicates a concession that risks and positive outcomes vary between contexts and that resilience occurs as a process over time.

The multiple definitions of resilience can cause confusion when conducting research in the field of resilience. Masten and Obradovic´ (2006) suggest the answer to dealing with this problem is to ensure that risk, positive outcomes and resilience are operationally defined with care in all settings. In this way, each research context will have a unique set of risks and positive outcomes that are dependent upon the resources and demands of that context. While this approach addresses the differences between contexts, it remains problematic, as risks and positive outcomes are not only dependent on context, they are also dependent on how the person within the context perceives their circumstances. For example, two adolescents from a low socioeconomic (SES) community may both be in situations collectively viewed as adverse, but one may perceive their situation to be adverse and the other may not. Furthermore, one may perceive leaving school as a positive outcome whereas another perceives that as a risk. Therefore, it is possible that definitions of resilience that include context but exclude individual perceptions may provide a contextually relevant measure of resilience that is irrelevant to the individual within that context.

A more recent definition by Ungar, and one that is subscribed to in the current research, includes context and the perceptions of the person who has experienced the risk. He defines resilience as "the outcome from negotiations between individuals and their environments for the resources to define themselves as healthy amidst conditions collectively viewed as adverse" (2004a, p. 342). This definition is more comprehensive than other definitions as it acknowledges how the individual perceives their environment, the resources that are available to them, and their own "resilience," rather than only recognising the external perceptions of the researcher.

One criticism of definitions that include individual perceptions is that the range of states that can include risk and positive outcomes becomes too broad, and some of these states may not be healthy according to norms in society (Ungar & Teram, 2005). For example, a disadvantaged young person may view stealing as resilient if they do not have food. Accepting such inclusive definitions can make it very difficult to identify risk and positive outcomes, and as a result will make research in the area and future interventions very challenging (Sutherland, 2005). Ungar and Teram (2005) agreed with this concern and stated "An extreme postmodernist stance suggesting that youth are healthy as long as they perceive themselves as such and convince others that they are, will not advance the interests of youth" (2005, p. 156). Therefore, when defining resilience, it is necessary to respect young people's self-definitions and yet maintain an understanding of what is required of them to fully participate within society (Ungar & Teram, 2005).

In summary, definitions of resilience need to be inclusive of context so that risks, protective processes, and positive outcomes are understood through the resources and constraints of that context. Furthermore, each individual's perception of risks and positive outcomes within their context needs to be acknowledged, as these can differ between individuals within the same context. By including context and individual perceptions, multiple definitions of adversity and positive outcomes can be accessed, cases of resilience that are "outside" mainstream definitions can be identified, and risks and protective processes can be understood in greater detail by accessing firsthand experiences (Luthar, Sawyer, & Brown, 2006).

Within the current research, contextual features and individual perceptions are a significant feature. The contextual features provide an understanding of the

resources and constraints of the research context, Perth, Western Australia, and the individual perceptions provide an understanding of how individual adolescents within that context negotiate their way to resilience with those resources and constraints. The adolescent participants in the current research are not a homogenous group, and the recognition of their individual pathways to resilience may illuminate divergent pathways to resilience that would not be evident without their "voices."

History of Resilience

To understand how resilience is conceptualised today, it is important to see how it has developed over time. In the beginning, resilience research was a shift away from what was going wrong with individuals' lives to a focus on what was working for those who had experienced adversity (Howard, Dryden, & Johnson, 1999). Much of this research began with the early work of E. James Anthony, Norman Garmezy, Emmy Werner, and Michael Rutter, and the more recent work of Suniya Luthar, Ann Masten, and Michael Ungar. These researchers and the changes in resilience research over time are discussed in the next section.

The concept of resilience was initially identified through research into negative outcomes for children affected by risk. In particular, Rutter (1966) was researching how parental schizophrenia affected their children, and found a small number of children who evaded the expected negative effects. Anthony (1987) also found similar effects in his research and labelled children as hypervulnerables, pseudoinvulnerables, invulnerables, and nonvulnerables. Hypervulnerables succumbed to ordinary, expected stresses; pseudoinvulnerables were vulnerable individuals who failed if they did not have an extremely protective environment; invulnerables bounced back after each stress and became increasingly resilient; and nonvulnerables were robust from birth and successful with an "average expectable environment" (Anthony, 1987). It was the "invulnerables" that were resilient as they appeared to defy the odds, and research became focused on these unique children who appeared "unscathed" by risks (Anthony, 1987; Masten, 2001).

One of the landmark studies in resilience that illuminated some of the processes that lead to resilience was a longitudinal study carried out by Emmy Werner and Ruth Smith (Masten & Powell, 2003; Werner & Smith, 1982). Their research

investigated the physical and emotional health of pregnant women in Kauai, Hawaii, and continued after the women in the study had given birth to examine the long-term effect of a risky environment on children's development. Risks in this region included high poverty, mothers with little or no formal education, few material possessions, and a higher than average rate of premature births and perinatal stress (Werner & Smith, 1982).

Werner and Smith (1982) found that the risky environment had a negative effect on the outcomes for these children when they were 18 years of age, with 15% of the cohort having committed serious offences, 10% had mental health problems, and 20% had serious coping problems. However, Werner and Smith also identified 10% of the cohort who "worked well, played well, loved well, and expected well" (1982, p. xv). These adolescents were considered resilient and Werner and Smith described them as "vulnerable but invincible."

Multiple processes were linked to resilient outcomes for these vulnerable but invincible children (Werner & Smith, 1982). In infancy, the children had a strong bond with their primary caregiver, they were socially responsive, physically strong, and had a high activity level. Resilient children also experienced few periods of separation from their mother, had access to other caregivers, and had people in their home of different ages. While resilient children were not particularly gifted or academic, they were responsible, nurturing, gentle, sensitive, socially perceptive, had an internalised set of values, were socially mature, had a strong need for achievement, needed and appreciated structure, were more interested in "feminine" things, and were able to elicit positive responses from the environment (Werner & Smith, 1982).

The research by Werner and Smith (1982) and prior research by Rutter (1966, 1988, 1992) and Anthony (1987) have provided a body of resilience research, revealing the concept of resilience, and various risks and protective processes. From this foundation of research, subsequent resilience research has evolved. The evolution of research includes changes in how resilience is studied, defined, and measured and the way a "resilient" child is conceptualised. The changes in approaches to resilience research and the influence this has on the current research are discussed in the following section.

Approaches to Resilience

While there are various approaches to resilience, the essential elements in each approach is the focus on risk and protective processes. Risk processes are events that make negative outcomes more likely, and protective processes are those processes that help individuals achieve positive outcomes despite experiencing risk (Carbonell et al., 2002; Masten, 2001; Rutter, 1992).

Early approaches to resilience research were based on children who were expected to succumb to psychopathology through exposure to risk but remained healthy (e.g., Anthony, 1987; Rutter, 1966; Werner & Smith, 1982). In this approach there was a focus on protective processes at the individual level, as there was an assumption that these children were "invincible" and had unique qualities that enabled them to overcome adversity (Anthony, 1987). Therefore, "resilience" was unusual and only achieved by some individuals (Anthony, 1987; Rutter, 1966; Werner & Smith, 1982).

The view that resilience was confined to the invulnerables or invincibles was disputed in later research, with Masten (2001) stating that resilience was simply a magic but ordinary system of human adaptation, and all children had the ability to overcome adversity. This change came about as evidence emerged that resilient children were not invincible, as with continued, cumulative risk, all children can be vulnerable to negative outcomes (Howard et al., 1999; Sameroff & Rosenblum, 2006). Furthermore, it was also apparent that vulnerable children who succumb to risk may be able to show positive outcomes and be resilient with the appropriate resources (Ungar, 2001).

Consequently, the next approach to resilience research was a move away from the focus on the individual child and their unique qualities, to a broader ecological approach that acknowledged the impact of the child's family, school, and community on their resilience (e.g., Bronfenbrenner, 1986). This approach to resilience resulted in comprehensive lists of possible risk and protective processes at various levels (Alvord & Grados, 2005; Kelly & Emery, 2003; Smart et al., 2003). For example, one organisational framework for resilience includes internal processes that are either biological (general health, temperament, gender, genetic disposition) or psychological

(cognitive capacity, coping, personality characteristics), and external processes that are either within the family (home environment, parenting, extended family, siblings) or outside the family (adults, peers, organisations, social services) (Mandleco & Peery, 2000).

While it was advantageous to identify potential lists of risk and protective processes that may influence resilience, these lists became almost prescriptive and there was an attempt to apply the same rules to all young people in order to achieve resilience (Luthar et al., 2000a). However, evidence indicates risk and protective processes are not universal as their impact is differentiated by several factors. These factors include context, the individual who experiences the risk, the type of risk, and available resources (McConnell Gladstone, Boydell, & McKeever, 2006; Ungar, 2004a). The lack of universality was emphasised by Ungar when he stated "Arguably, the complexity of resilience, the myriad of ways individuals, families, and communities overcome adversity, cannot be simplified as to generate a single set of principles generalizable from one contextually specific study to the next" (2005a, p. xvii). That is, groups of processes may act as a risk or provide protection for some individuals in some contexts, but these processes cannot be universally applied to all contexts and to all individuals.

The inability to apply risk and protective processes universally is evident in many studies. For example, internal locus of control is frequently cited as a protective factor in resilience research (Cryder, Kilmer, Tedeschi, & Calhoun, 2006; Greeff & Van der Merwe, 2004). However, internal locus of control can act as both a protective process and a risk process. For example, in one study, adolescents with an internal locus of control exposed to risk (e.g., alcoholism, divorce) had significantly better mood, self-esteem, and grades (Grossman et al., 1992); however in another study, maltreated children with an internal locus of control had significantly worse outcomes in peer friendships and academic and social competence (Bolger & Patterson, 2003). Therefore, each process is dependent upon multiple factors within each context and cannot be deigned "protective" or "risky" for all adolescents.

The recognition that risk and protective processes are not universal resulted in an approach to resilience that placed a greater emphasis on context and the perceptions of the individual who had experienced the risk (Ungar, 2001). In this

approach, the previously developed lists of processes are acknowledged, however there is no assumption that these processes will have the same impact in different contexts with different individuals. The change in approach has resulted in a growth of resilience research across cultures and the inclusion of participants' perceptions of resilience, and it has also provided greater depth to a field that was predominantly based on North American data and the perspective of the researcher (e.g., Flores, Cicchetti, & Rogosch, 2005; Harvey & Delfabbro, 2004; Orthner, Jones-Sanpei, & Williamson, 2004).

One final change in the approach to resilience research is the movement from labelling risk *factors* and protective *factors* to risk *processes* and protective *processes*. This change has occurred because the created lists of factors only provide a name for the feature (e.g., social support) whereas processes provide a more descriptive explanation of how the factor functions (Luthar, 1999; Luthar et al., 2000a; Rutter, 1992). For example, the mechanisms behind social support that lead to resilient outcomes may be the sense of belonging, the shared trust, the feelings of acceptance, or the way social support is offered to the individual who has experienced risk. While the lists of factors are helpful, it is knowledge of the processes that provides practitioners with direction on how to intervene with adolescents who have experienced risk.

In summary, the different approaches to resilience research have resulted in the understanding that it is an ordinary phenomenon and all young people can be resilient given the appropriate resources. Resilience research has also provided lists of potential risk and protective factors, and some of the mechanisms underlying these factors. In addition, contemporary approaches to resilience have identified the importance of recognising context, individual perceptions, and the significance of processes when viewing risk and protective factors. The current research is based on these contemporary principles of understanding how resilience functions in a specific context for different individuals, and identifying how risk and protective factors function as processes. Accordingly, in the following section the research context is outlined so that resilience is defined and understood within this context.

Research Context

The context for this research is Perth, Western Australia. Adolescents within this context are generally not exposed to high environmental risks such as war, the absence of food and water, or lack of shelter. World rankings confirm this, and indicate that Australia is more peaceful than other countries (Vision of Humanity, 2009), it is listed as a high-income OECD (Organisation for Economic Co-operation and Development) country by the World Bank, and is one of the lowest ranked countries for malnourishment (Food and Agriculture Organization of the United Nations, 2009; World Bank, 2009). Furthermore, in a comparison of child well-being between the thirty OECD countries, Australia is ranked 2nd in housing and environmental conditions, 6th in educational performance, and 15th in health and safety and material well-being (World Bank, 2009).

Australians also have religious, political, and individual freedom and good access to education, with education being compulsory, and at a very low cost or free. Within Australia there is also high access to health services and support for those without an income or on a low income (Centrelink, 2010). While these statistics suggest that Australian adolescents live a risk free life, there are risks within this context that are generated by the social context of the family, society, and peers and risks within the adolescents themselves. This context and the associated risks are discussed in the next section.

Adolescents. The current physical and psychological state of adolescents in Australia is a diverse picture. According to a report by the Australian Institute for Health and Welfare (AIHW) on youth health and wellbeing, 93% of 15–24 year olds reported their physical health as good, very good, or excellent (AIHW, 2007b). However, 40% of young males and 51% of young females reported having moderate or high psychological distress in the last 12 months (AIHW, 2007b). These figures were based on responses to the Kessler 10 (K10) distress scale, a questionnaire that measures nervousness, hopelessness, restlessness, depression, and worthlessness (Andrews & Slade, 2001). In addition, 17.8 % of Australian adolescents had an affective or anxiety disorder, and mental disorders were the leading cause of burden of disease for both male and female adolescents (AIHW, 2007b).

Within Western Australia specifically, there is also evidence that young people have issues associated with mental health. In 2008, over 38,500 children and adolescents contacted the Kids Help Line, a telephone and online counselling service for young people aged between 5 and 25 years of age (Kids Help Line, 2008). The most popular phone calls to the service were regarding family relationships (17.1%) and managing emotional and behavioural responses (12.5%) (Kids Help Line, 2008). Furthermore, in a 2009 survey of Western Australian youth, drugs, suicide, family conflict, physical/sexual abuse, body image, and personal safety were rated as their greatest issues (Mission Australia, 2009). These statistics combined suggest that the Australian context may provide opportunities for positive physical health, however adolescents are experiencing significant mental health and relational issues that may have a negative impact on their development.

Family. A further risk for adolescents within Australia is the stability of the family within the home environment. One feature that can create instability for the adolescent is parent divorce. In Western Australia, around 5000 families experience divorce each year, with the likelihood of couples divorcing around 32%, and almost half of all Australian divorces involving children (Australian Bureau of Statistics [ABS] 2007b). Divorce can influence the availability of parents, reduce effective parenting, create conflict in the family home, and be detrimental to children's outcomes (Amato, 2001; Greeff & Van der Merwe, 2004; Kelly & Emery, 2003). The impact of family conflict was evident in a qualitative and quantitative study of almost 1000 Western Australian children and adolescents in 2010. In this study, over 35% of the participants felt too much stress, and the most common stress was family conflict (Commissioner for Children and Young People, 2010).

Another family based issue that can affect adolescents is parent work. In Australia, parents are working longer hours (Glezer & Wolcott, 1997). In 2002 survey, both parents worked in 57% of all two-parent families, and in one-parent families, 63% of fathers and 44% of mothers were working (ABS, 2003). Increased parent work can result in reduced opportunities to build relationships, family discord, and lack of availability of parents (Glezer & Wolcott, 1997). Furthermore, in a study of Australian parents and work, 47% of working parents reported feeling rushed, and approximately 66% of fathers and 40% of mothers felt they missed important family events due to

work (Baxter & Gray, 2007). In another study by the Australian Institute for Family Studies (AIFS), 44% of men and 28% of women felt that work interfered with the family in a negative way (Glezer & Wolcott, 1997). The absence of parents is also reflected by children and adolescents, with over 55% of participants in one study indicating they wished they could spend more time with their families (Commissioner for Children and Young People, 2010).

The impact of unavailable parents on children and adolescents can also be seen in aspects of Australian society. In a 2009 interview, Australian psychologist Michael Carr-Gregg stated that parents of today's generation are failing to instil good values in their children and provide supervision, which is resulting in a generation of "spiritual and moral anorexics" (Halliwell, 2009, February 1). Accordingly, the Police Commissioner of Western Australia, Karl O'Callaghan, has blamed declining parenting values as one of the reasons that serious juvenile crimes rose 6.3% in 2007 (Taylor, 2009, February 15). Thus parental absence, due to divorce or work, is an issue that is recognised in society as well as research.

More serious issues also exist in Australian society, such as the maltreatment of children. Recent figures indicate that maltreatment is a frequent event for some Australian children and adolescents, with a survey by Wesley Mission estimating that an Australian child is maltreated every 35 minutes (AAP, 2007). Furthermore, from 2002 to 2007, the number of notifications of child maltreatment within Australia has doubled, and in 2007 notifications have increased by 14,000 to 266,745 (AIHW, 2007a). There were 3,190 investigations into child maltreatment in the 2005-2006 period and 40% of those investigations were substantiated (AIHW, 2007a). While population numbers have also increased, this is a significant number of children experiencing maltreatment within Australian society.

Society. The society in which adolescents live also provides a context for how they experience risk. ABS statistics suggest that a large proportion of Australian adolescents are exposed to violence and crime during this period of their life. For example, 50% (3.7 million) of men aged 18 years and over and 40% (3.1 million) of women aged 18 years and over have experienced violence at some point in their life since the age of 15 years, and it is estimated that one in seven homes is affected by crime (ABS, 1999; ABS, 2007a). This environment can have physical, emotional, and

psychological consequences on adolescents during this significant stage in development, including more aggressive behaviour, greater depression and anxiety, difficulty in peer relationships, and problems in developing a positive self-concept (Bolger & Patterson, 2003).

The media, in the form of advertising, magazines, television, music, and the internet, is also a feature of Australian society that can influence how adolescents experience risk and protective processes. The media does not just reflect societal values and perceptions, it shapes them (Turner, Hamilton, Jacobs, Angood, & Hovde Dwyer, 1997). Therefore, the messages communicated by the media need to be examined to understand how they may be shaping society, and what influence this may have on adolescents' resilience.

One area of adolescent development that can be influenced by the media is identity formation, as the media provides information about sexual choices, friendships, body image, and values during this period of exploration (Arnett, 1995). The effect of the media on adolescent body image is evident in research by Turner et al. (1997). In their study, participants exposed to fashion magazines for 13 minutes rated their body image significantly poorer than the group who read news magazines. These effects were also evident in a study by Hargreaves and Tiggemann (2003) of over 300 adolescent boys and girls aged between 13 and 15 years. In this study, girls who had watched 20 commercials of idealised thin women were significantly more dissatisfied with their body image than those who had watched commercials without idealised images. Dissatisfaction with body image through media consumption was also found in a study of children aged between five and eight years of age (Tiggemann & Dohnt, 2006). This finding suggests by the time children reach adolescence, the concept of an ideal body image is well inculcated.

This dissatisfaction with body image is not only evident in research, with recent statistics indicating one in five adolescents within Australia is battling an eating disorder, and one in four of those adolescents is a boy (Deceglie, 2009, February 15). Within Western Australia, figures from Princess Margaret Children's Hospital indicate that 1,200 children battle an eating disorder every year (Deceglie, 2009, February 15) and in a 2009 survey of almost 45,000 Australian adolescents, body image was one of their top three concerns (Mission Australia, 2009).

The media has also sexualised adolescence, and there is evidence that the repeated exposure to sexual content in the media (e.g., Dolly, Girlfriend, Bratz dolls) increases the likelihood that adolescents will be sexually active earlier (Deveny & Kelley, 2007; Peatling, Lee, & Narushima, 2008, June 27). For example, research with over a thousand adolescents in the United States found that teens who are exposed to sexual content in the media are more likely to be engaged in sexual activity or have intentions to (Ladin L'Engle, Brown, & Kenneavy, 2006). In addition, the sexualisation of adolescents within the media can affect their sense of self. During an interview, Steve Biddulph a prominent Australian psychologist stated, "explicit sexuality has entered the pre-teen scene with such force and created a climate in which girls, unless protected by family love and support, are vulnerable to the idea that "sexy" is the key symbol of personal worth" (Mackay, 2007, June 9).

The messages from the media on aggression, body image, and sexuality are detrimental to adolescents as they occur at a time when they are attempting to form a coherent sense of self (B. M. Newman & Newman, 2008). Consequently, these messages can interfere with this process and may inhibit them from achieving important developmental tasks, including accepting their body and sexuality, achieving new relationships, and acquiring a personal set of values (Havighurst, 1972). For example, adolescents may believe that they need to be thin before they can accept their bodies. Furthermore, the influence of the media on adolescent development may be increased if adolescents are receiving decreased input from parents through absences associated with work and divorce.

Peers. Adolescents' peers can have a significant influence on their behaviour (Ata, Ludden, & Lally, 2007; B. B. Brown et al., 2008; Steinberg & Monahan, 2007). They set limits for what is acceptable within their peer group and these expectations can cause adolescents to conform so that they fit in (Heaven, 2001). Bell and Bromnick (2003) suggested that conformity is due to the personal and social consequences of other people's opinions. That is, if other people have a negative opinion of them this could affect their self-esteem or popularity. The importance of conforming was evident in one qualitative study, whereby adolescents identified "isolation" and "ridicule and inadequacy" as two reasons why they conformed (Lashbrook, 2000).

However, Ungar (2000) suggests peer groups are less influential than some research suggests, and that personal agency is ignored when looking at peer pressure. That is, the young person makes decisions about what aspects of group behaviour they will or will not conform to, and they are not always subject to the influence of their peers. While personal agency is a factor that can affect adolescents' decision to conform, it does not explain why some adolescents make the choice to conform while others do not. In addition, peer pressure still exists within adolescent culture so it is a relevant concept when attempting to understand the risks within their environment.

For those adolescents who do feel the need to conform, it is only problematic if the standards set by the peer group are detrimental to young person's well-being. Frequently, adolescents utilise the standards set by the media and promote those standards within their own group (Blowers, Loxton, Grady-Flesser, Occhipinti, & Dawe, 2003; Villani, 2001). If this is the case in the current context, these standards reinforce being overly sexual and having an ideal body image, and this can lead to a lower satisfaction with self (Hargreaves & Tiggemann, 2003; Turner et al., 1997). Thus, any conformity to these group standards would be harmful to adolescents.

Summary. Within the Western Australian context, adolescents are relatively free from severe hardships such as lack of food and water; however, there are risks in this context that negatively influence their development. These risks include difficulties in family relationships, availability of parents, an emphasis on body image, and an increased focus on sexuality. While some of these contextual issues seem less "risky" compared to lack of food and water, they are significant because they create a risky psychosocial environment for adolescents while they are developing physically, socially, emotionally, and cognitively. A risky psychosocial environment can shape adolescents' development, alter the way they experience serious risks, and diminish the number of available protective processes.

This psychosocial environment also provides the context in which adolescents experience risk, and it is critical to understand how the environment may influence the risk experience. For example, bullying over appearance may have a greater effect if it occurs in a context where body image is emphasised, and experiencing a significant loss may be of greater consequence to the adolescent whose parents are unavailable through divorce or work commitments. Accordingly, while it does not appear that

Western Australian adolescents experience "serious" risks in their context, it is important to recognise the context in which they live and how this context may interact with their personal experience of risk.

Significance of Current Research

The discussion throughout this introduction has focused on resilience definitions, the history of resilience research, and the current research context. Within each section, issues have been raised regarding how resilience is defined and conceptualised, and the importance of context has been emphasised. The current research is significant because it addresses many of these issues. The specific areas that contribute to resilience research and psychology in general are discussed in the next section.

This research is significant because it provides an understanding of resilience that is grounded within the resources and constraints of a specific context. This is particularly important within the current context, Perth, Western Australia, because there is limited research on resilience despite extensive research in other areas, namely childhood and adolescent aggression, bullying, and drug use (Burns, Cross, Alfonso, & Maycock, 2008; Hall, Stephens, Johnston, & Faletti, 2008-2010; Runions, 2008). Intervention and prevention programs designed to increase resilience in Western Australian schools tend to be based on data from other contexts or anecdotal evidence, with the assumption that the findings from these contexts will transfer seamlessly to the Australian context (Brendtro, Brokenleg, & Van Bockern, 1992; McGrath, 2000). While it is likely there will be value in any health promotion program, there is a need to collect data within the context where one wants to initiate change so that the understanding of resilience is based on the needs and resources of that context.

Another significant aspect of the current study is the development of a resilience model that explains the process of resilience, from the initial risk to the experience of success. Current resilience research has the ability to explain the risk event, the possible protective processes, or a definition of success, but cannot explain what happens between the risk event and the experience of success. This includes how protective processes function for the adolescent, changes in the adolescent due to the

risks and the protective processes, and why adolescents access some protective processes and not others. By developing a model of resilience, some of these questions can be answered and a more complete understanding of resilience can be achieved, which will provide valuable assistance when working with adolescents who have experienced risk.

The current research is also significant because it includes the voices of adolescents within the Western Australian context, rather than relying on the perspective of adults within this context or any other. This is opposite to the majority of resilience research which is based on the norms constructed by adults in North American populations (Harvey & Delfabbro, 2004). While adult perspectives are informative, they only represent one perspective of resilience in adolescence. By including adolescents in research, they can provide their unique perspective that others cannot access or report on. This perspective includes how resilience is defined, what constitutes "risk" and "success," the significant protective processes in their recovery from risk, and an explanation of the process of resilience. This perspective is excluded when adolescents are not involved in the research process, as no other individual has insight or can report on their experiences with the same accuracy or depth.

The qualitative methodology of the current study also provides a significant contribution to resilience research, as the majority of resilience research is based on quantitative data (e.g., Hart, Hofmann, Edelstein, & Keller, 1997; Morrison, Robertson, Laurie, & Kelly, 2002). Quantitative methodology is valuable, however it only allows for the testing of known concepts and there is no opportunity for new concepts or theory to emerge. This issue is supported by Ungar and Teram (2005, p. 155) when they suggested that if researchers continue to use existing positivist quantitative methods they will continue to gather contextually irrelevant interpretations of young people's worlds with the same variables emerging. Consequently, the qualitative methodology in the current study has provided new concepts and theory that contributes significantly to the field of resilience.

Aims and Research Questions

The current research was conducted in three stages. The aim of the first stage was to develop a model that explained how adolescents from the metropolitan area of Perth, Western Australia, navigated their way from risk to resilience. The research questions were:

1. How do the media, family, and friends influence adolescents in the current context?

2. How do these adolescents define risk?

3. How do these adolescents define success?

4. What behaviours and strategies did these adolescents use to respond to the risk?

5. What were the key protective processes that led to resilient outcomes for these adolescents who had experienced risk?

6. What were the processes that occurred from the initial risk to the achievement of success?

The aim of the second stage of this research was to test the credibility of the developed model by presenting the findings to a different sample of adolescents from the same population. The research questions were:

1. What aspects of the model do Stage Two participants perceive as accurate in describing the process of resilience?

2. What aspects of the model do Stage Two participants perceive as unnecessary or inaccurate in describing the process of resilience?

In the third stage of this research, the aim was to compare the contextualised findings of Stage One and Two to a context free measure of protective processes related to resilience. The research questions were:

1. Do the participants from Stage One and Two have a significant number of protective processes on the Resilience Scale for Adolescents (READ)?

2. What similarities and differences are there between the significant subscales on the Resilience Scale for Adolescents (READ) and the protective processes developed through the qualitative research in Stage One and Two?

CHAPTER 2

ADOLESCENCE

Chapter Overview

Resilience research is conducted with all age groups, from infants to older adults. Within each age group, there are unique challenges and developmental milestones that can influence the way risks are experienced and the importance of various protective processes. For example, temperament is frequently investigated as a protective process in infants and young children, but it is a construct that is less relevant to middle-aged and older adults (Mathiesen & Prior, 2006; Tschann, Kaiser, Chesney, Alkon, & Boyce, 1996; Wachs, 2006).

Therefore, an individual's stage of development and the pertinent features of that stage are relevant when attempting to understand the process of resilience. In the current study, the participant group were adolescents. Accordingly, the aim of this chapter is to define adolescence, review the various approaches to adolescent development, explain the physical, emotional, social, and cognitive changes that occur during adolescence, and to position this information within resilience research.

Definition

Adolescence is a period of human development where a child transitions from childhood to adulthood and experiences physical, emotional, social, and cognitive changes (Kail & Cavanaugh, 2000; Rice & Dolgin, 2008). The beginning of adolescence is marked by the onset of puberty and the end is determined by cultural factors (Smetana, Campione-Barr, & Metzger, 2006). Rice and Dolgin (2008) suggest that adolescence occurs between the ages of 11 and 19 years, with early adolescence between 11 and 14 years, middle adolescence between 15 and 17 years, and late adolescence after 17 years of age. However, these ages are not definitive as in Western Society there are large differences in "individual timetables" of puberty and cultural signs of adulthood have changed over time (Kroger, 2007). For example, leaving school and beginning work have traditionally been markers of adulthood, however adolescents are spending longer at school which is delaying their entry into

the workforce and their ability to create an independent sustainable lifestyle (B. M. Newman & Newman, 2008). For the purpose of the current study, the age range signifying adolescence is set by the definition supplied by Rice and Dolgin.

Approaches to Research in Adolescence

Early approaches to adolescent development focused on grand theories of development and deficit models of adolescence (Steinberg & Lerner, 2004). During this phase, sets of "developmental tasks" were generated that were associated with the physical, emotional, social, and cognitive changes experienced during adolescence. For example, Havighurst (1972) created eight developmental tasks (e.g., accepting one's physique and using the body effectively) and these tasks are frequently referred to in adolescent research (e.g., Carr-Gregg, 2010, 20 March; Chapin, 2000; Klaczynski, 1990; Manning, 2002). These task oriented approaches helped to inform adolescent research, however they did not take into account diverse populations, deviations from developmental tasks were treated as deficits, and the focus on grand theories meant that research in other areas (e.g., altruism, spirituality, religiosity, compassion) was to some extent disregarded (Klaczynski, 1990; Smetana et al., 2006).

Consequently, the next approach to development in adolescence recognised the influence of context through an ecological approach, was more inclusive of diverse populations and different contexts, and embraced other aspects of adolescent development (Klaczynski, 1990; J. V. Lerner & Steinberg, 2009; Smetana et al., 2006). Adolescent development was also identified as having "plasticity," able to be altered by processes such as socioeconomic status, culture, and social-environmental contexts (J. V. Lerner & Steinberg, 2009; R. M. Lerner, Almerigi, Theokas, & Lerner, 2005). Plasticity in adolescent development implied that outcomes for adolescents could be improved if changes were made to processes in their environment, and this perspective created more optimism towards interventions with adolescents (R. M. Lerner & Zarrett, 2008).

In the most recent approach to adolescent development, there has been a greater focus on positive adolescent development, individual differences, and the practical application of adolescent developmental theory (J. V. Lerner & Steinberg, 2009; Smetana et al., 2006). This is in contrast to early theory which emphasised the

perspective that youth were "broken" and adolescence was a time of storm and stress (R. M. Lerner et al., 2005). A theory that has emerged from this approach to adolescent development is Positive Youth Development (PYD), which emphasises adolescents' assets which may enable them to be successful (R. M. Lerner et al., 2005). PYD encompasses "Five Cs," those Cs are competence, confidence, connection, character, and caring/compassion (R. M. Lerner et al., 2005). Adolescents who possess the Five Cs are said to be "thriving" developmentally (R. M. Lerner & Zarrett, 2008). R. M. Lerner and Zarrett (2008) also state that when adolescents are thriving, a sixth "C" will emerge, "contribution" (to self, family, society).

The grand theories of adolescent development, the subsequent acknowledgement of context and individual differences, and the focus on positive development have all contributed to the overall understanding of adolescent development. Therefore, all of these approaches are discussed in the following section in relation to the physical, cognitive, social/emotional, and identity changes that occur during adolescence. Following that, the implications of these changes and resilience are discussed.

Physical Development

The beginning of adolescence is marked by the biological changes that occur during puberty, where the adolescent's body changes in weight, height, contours, and becomes capable of reproducing (Kroger, 2006; Smetana et al., 2006; Tanner, 1990). There are large differences in individual timetables of puberty, as puberty is dependent on cultural contexts and environmental processes (Kroger, 2007; B. M. Newman & Newman, 2008). The developmental tasks for adolescents in physical development are accepting one's physique, using the body effectively, and physical maturation (Havighurst, 1972; B. M. Newman & Newman, 2008).

As discussed in Chapter 1, the cultural context for adolescents in Western Australia is highly focused on a body image that is thin (Deceglie, 2009, February 15; Mission Australia, 2009). Thus, adolescents within this context are attempting to accept the physical changes in their bodies while they may be receiving messages from their cultural context that their bodies are unacceptable. This conflict between the developmental task and context may prevent or delay achievement of this task (B. M.

Newman & Newman, 2008). Consequently, although adolescents are experiencing biological changes, they may not engage in the psychological changes required to accept these changes due to the expectations of the cultural context.

Cognitive Development

The major developmental task for adolescence in cognition is the move from preoperational thought to formal operations (B. M. Newman & Newman, 2008). This cognitive stage involves logical thought, abstract thinking, inductive reasoning and the ability to think about future events (Ebata, Petersen, & Conger, 1992; Rice & Dolgin, 2008). As adolescent developmental research has become more contextualised and individual focused, the assumption that adolescents achieve formal operations is less rigid (Steinberg, 2005). Instead, formal operations is a description of how adolescents *can* think, and is not necessarily a reflection of how they do think (Kail & Cavanaugh, 2000). Processes within the social context that can influence the achievement of cognitive skills include the value of cognitive development, access to education, and socioeconomic status. For example, different levels of socioeconomic status may alter the time, knowledge, and commitment a family invests to attain the task of achievement (Manning, 2002).

Early research in adolescent cognition indicated that brain development was limited to early adolescence, however there is now evidence that the adolescent brain continues to develop throughout adolescence (Steinberg, 2005). Significant adjustments that occur in the brain during adolescence include changes in response inhibition, the calibration of risk and reward, and emotion regulation (Steinberg, 2005). These changes may explain why the focus of adolescent cognition research has traditionally been on their decision-making, risk-taking, and judgement (Steinberg, 2005; Steinberg & Sheffield Morris, 2001). This focus has resulted in a large body of research on these topics, and a gap in many other areas of cognition, including identity, autonomy, and intimacy (Steinberg & Sheffield Morris, 2001). Therefore, further cognition research is required to increase the breadth of the field and to provide contextualised findings that are relevant to different social contexts.

Social/Emotional Development

There are numerous social and emotional tasks for adolescents to achieve during adolescence. These tasks include: membership of a peer group, romantic relationships, preparing for marriage and family life, desiring and achieving socially responsible behaviour, achieving new and more mature relationships with mates of both sexes, and achieving emotional independence from parents and other adults (Havighurst, 1972; B. M. Newman & Newman, 2008). In regards to emotional development, adolescence has been commonly described as a time of storm and stress, with adolescents displaying emotional outbursts and emotional variability (B. M. Newman & Newman, 2008). However, while storm and stress may be more common in adolescence than other developmental stages (Arnett, 1999), only a small fraction of adolescents experience this, and in recent years this view of adolescence has been dismissed as inaccurate (J. V. Lerner & Steinberg, 2009).

During adolescence, social relationships are significant aspect of their lives. Specifically, peer groups increase in size and complexity and cliques of small groups of peers with similar interests develop (Ebata et al., 1992; B. M. Newman & Newman, 2008). Romantic relationships are also initiated during adolescence, which tend to begin between leaders of cliques, then others in the clique, and then the group breaks off into heterosexual couples (Smetana et al., 2006). There remains questions over how influential peer groups are, and whether adolescents select similar peers, or influence others in their clique to be similar (B. M. Newman & Newman, 2008; Smetana et al., 2006). Some evidence indicates that peers influence temporary adolescent culture whereas parents continue to influence adolescents on long term issues (Smetana et al., 2006).

As with all areas of development, social and emotional development can be significantly affected by context (Kail & Cavanaugh, 2000). For example, in the Western Australian context, almost half of all divorces involve children (ABS, 2007b), and this can have a negative impact on their social and emotional development through loss of relationships, diminished parenting, and conflict (Amato, 2001; Greeff & Van der Merwe, 2004; Kelly & Emery, 2003). In addition, adolescents and preadolescents within Western Australia experience an increased focus on their sexuality through the

media (Mackay, 2007, June 9). This focus can influence their social and emotional development in the way they construct friendships and intimate relationships, as adolescents gather information from their environment to guide their behaviour (Turner et al., 1997).

Identity Development

Identity is a developmental task for adolescents and is defined as "an inner organization of needs, abilities, and self-perceptions as well as a socio-political stance" (Marcia, 1980, p. 100). Adams (1998, p. 6) asserts that identity is "a psychological structure…a self-regulatory system which functions to direct attention, filter or process information, manage impressions, and select appropriate behaviors." The tasks associated with identity development include acquiring a set of values and an ethical system as a guide to behaviour, achieving a masculine or feminine sex role, and preparing for an economic career (Havighurst, 1972). Identity consists of physical, sexual, social, vocational, moral, ideological, and psychological components (Grotevant, 1992), thus it is influenced by other areas of development.

The dominant theories of identity development are from Erikson (1968) and Marcia (1966). Erikson (1968) developed eight psychosocial stages of development over the lifespan, which featured identity as the major task during adolescence. Erikson named this stage "Identity vs. Diffusion," in which achieving identity meant having a sense of one's current and future self whereas diffusion was lack of commitment and instability (Rice & Dolgin, 2008). He asserted that identity emerged through the resolution of seven conflicts during this stage (e.g., self-certainty vs. self-consciousness) and purported that if adolescents formed a coherent identity in this phase, then they could be successful in the next phase of development and form intimate relationships (Erikson, 1977).

Marcia (1966) developed four stages to signify the extent of identity development. Those stages include identity diffused, foreclosure, moratorium and identity achievement, and are based on the absence or presence of crisis, and a commitment to values, beliefs, and standards (Adams, 1998; Marcia, 1966). A crisis is a normative event in development, rather than abnormal risk (Erikson, 1968). When an adolescent is identity diffused, they are not motivated to explore identities and have

not established commitments; in foreclosure commitments have been made but without identity exploration; at moratorium adolescents are exploring identies but have not made a commitment; and identity achievement is when adolescents have explored identities and are committed to their values, beliefs and standards (Marcia, 1966).

Research indicates that not all adolescents achieve identity during adolescence (Allison & Schultz, 2001; Kroger, 2006), however, this finding may be due to the exclusion of context and individual differences within the scales used to measure identity. Common identity status scales include James Marcia's (1966) Ego Identity Incomplete Sentence Blank (EI-ISB) and Gerald Adams' (1998) Objective Measure of Ego-Identity Status (OMEI-S). Marcia's scale samples the domains of occupational choice, religion, and political ideology, and the scale by Adams measures "Ideological Identity" (work, religion, political, and philosophical life-style values, goals and standards) or "Social Identity" (friendship, dating, sex roles, and recreation). While these scales may sample some aspects of identity, it is possible that individual adolescents use different domains to construct identity. For example, an adolescent may refer to independence and sense of purpose as a construct of their identity, rather than political ideology and dating. These scales are not an accurate measure of identity if the person whose identity is being measured does not agree with the constructs being used.

An additional problem with these scales and the theories they are based on is that they do not take into account contextual features of adolescents' environments which may influence identity development (Steinberg & Lerner, 2004). These contextual features are critical aspects of identity development, as in order to find one's identity one needs to explore the environment and themselves before they make choices about what they will include or exclude from their identity (Grotevant, 1992). Consequently, during exploration the context can significantly alter the way adolescents engage with each of the constructs on the identity scales. For example, an adolescent growing up in a context dominated by political upheaval may have developed their political ideology more than adolescents who have lived in a politically peaceful country. Therefore, when research indicates that adolescents have not

achieved identity, it may only be due to the inability of the scale to sample the pertinent domains or to discriminate differences introduced by a context.

To manage the issues introduced by individual differences and context, the understanding of identity and associated scales need to be reformulated to include context and the views of individual adolescents. One definition of identity that recognises the individual's perceptions of identity is "a personal and collective sense of purpose, self-appraisal of strengths and weaknesses, aspirations, beliefs and values, including religious and spiritual identification" (Ungar et al., 2007, p. 295). However, while this assists in defining identity, further research is required to understand how context affects identity and the range of individual differences within contexts.

In summary, identity achievement in adolescence is significant because "the formation of a personal identity leads to a crystallisation of a sense of who one is… along with where one hopes to go in the foreseeable future" (P. R. Newman & Newman, 1988, p. 552). A coherent identity has other significant functions, such as providing a framework for understanding oneself, giving purpose through clarity in goals and values, and understanding that one has free will and different possibilities for the future (Adams, 1998). Research also indicates that adolescents who achieve identity tend to be more self-assured and less self-conscious (Adams, Abraham, & Markstrom, 1987). Identity formation has also been linked to resilience, with the results of a multi-site international study identifying identity as one of the seven tensions that must be resolved to achieve resilience (Ungar et al., 2007). Due to the significance of identity in resilience, there is a requirement for research to move away from the grand theories of identity and begin searching for how individual adolescents construct their identity within their context.

Summary

Adolescents experience physical, cognitive, social, and identity changes between the ages of 11 and 19 years. Over the past 70 years there has been a shift from viewing these changes through grand theories of adolescent development, to the focus on context, individual differences between adolescents, how adolescents construct and interpret their social context, and the practical application of this knowledge (Smetana et al., 2006). There has also been a move away from viewing

deviations in development as deficits to a strengths based perspective of adolescence whereby adolescents' assets are recognised, and that adolescence is a period of plasticity and therefore has the potential for change (R. M. Lerner et al., 2005).

R. M. Lerner (2005, p. 11) stated that the future of adolescent development theorising requires researchers to:

> *Eschew the reduction of individual and social behaviour to fixed genetic influences and instead stress the relative plasticity of human development and argue that the potential for systematic change in behaviour exists as a consequence of mutually influential relationships between the developing person and his or her biology, psychological characteristics, family, community, culture, physical and designed ecology, and historical niche.*

The contemporary approaches to adolescent development align well with the approach to resilience in the current research. Similar to recent developmental approaches (e.g., PYD), resilience is a strengths based perspective that seeks to identify the protective processes that create positive outcomes for individuals. Furthermore, contemporary developmental research acknowledges individual differences in adolescent development, and in the current research individual perspectives are gathered rather than treating the adolescents as a homogenous group. This research is also consistent with recent adolescent developmental theory as there is an acknowledgement of context, as the focus of the research is on the individual, family, and community level processes that influence adolescents' outcomes. Finally, this research acknowledges that adolescence has plasticity and adolescents are able to change given the appropriate resources. In the following chapter, risk and protective processes in resilience research are discussed to provide a background for the current research.

CHAPTER 3

LITERATURE REVIEW: UNDERSTANDING RESILIENCE

Chapter Overview

One definition of resilience is "the outcome from negotiations between individuals and their environments for the resources to define themselves as healthy amidst conditions collectively viewed as adverse" (Ungar, 2004a, p. 342). The key elements of this definition are "adverse conditions," "resources," and "healthy," which are commonly referred to in resilience research through the terms: risk processes, protective processes, and positive outcomes. In this chapter, these terms are defined, common risk and protective processes are examined, and the methods for measuring positive outcomes are discussed. As these terms can be ambiguous, and have cultural and conceptual limitations (Boyden & Mann, 2005; Luthar et al., 2000a), issues with this terminology are also presented along with suggestions for future research.

Risk and Protective Processes

Processes occur in young people's lives that either contribute to risk or assist in positive development. Risks are defined as "factors that either singly or in combination have been shown to render children's failure to thrive more likely" (Howard et al., 1999, p. 308), "or events or factors that are large enough to have the potential to derail normal development" (Masten, 2001, p. 228). Risks can be the accumulation of negative life events (Tiet et al., 1998), specific experiences (e.g., divorce, war) (Cryder et al., 2006; Hestyanti, 2006), acute trauma (Runyan et al., 1998), or well established risk factors such as low birth weight (Masten & Obradović, 2006). Risk processes can operate at the individual (e.g., difficult temperament, low intelligence), family (e.g., parental conflict, parental pathology, child abuse), and community level (e.g., poverty, discrimination) (Alvord & Grados, 2005; Mandleco & Peery, 2000; Tebes, Kaufman, Adnopoz, & Racusin, 2001; Ungar, 2004a, 2005a).

Research indicates that some risks are more detrimental than others, including risks that affect brain development, cognition, emotion and behaviour regulation; relationships between the child and the parent; and the motivation to learn and

engage within the environment (Anthony, 1987; Masten, 2001). However, in general risks cannot be ranked from most to least adverse, as the impact of the risk is dependent on an individual's vulnerabilities, resources, and perception of the risk (Lazarus & Folkman, 1984). Therefore, risks are not normatively stressful because one risk can have a different effect for different individuals.

Protective processes are the key to achieving resilience in the face of risk. They aid positive adaptation and development and either reduce the impact of risk or the person's exposure to risk; reduce negative chain reactions; promote self-esteem and self-efficacy through achievement; or give new opportunities that provide resources or new directions in life (Masten, 2001; Rutter, 1992). Protective processes can also occur at the individual (e.g., an easy temperament), family (e.g., effective parenting), and community level (e.g., participation in education) (Alvord & Grados, 2005; Mandleco & Peery, 2000; Ungar, 2004a)

Frequently, one factor can act as a risk and a protective process, depending on the level of the variable. This is evident with intelligence, with low intelligence identified as a risk process, and high intelligence identified as a protective process (Reis, Colbert, & Hébert, 2005; Vaillant & Davis, 2000). However, risk and protective processes are not simply polar opposites, with one set of variables and a negative and positive end to each (Luthar et al., 2006). For example low socioeconomic status (SES) can be a risk process (Kim-Cohen, Moffitt, Caspi, & Taylor, 2004), however high SES is not always a protective process, as adolescents who live in high SES environments can also experience adversity that threatens their well-being (Levine, 2006).

Consequently, as one factor can be classified as both a risk and a protective process, the following discussion is structured around the factors identified in resilience research (e.g., temperament, divorce, SES) and how these factors work as processes to increase risk or increase protection at the individual, family, and community level.

Individual Level Processes

There are biological and psychological processes at the individual level that can increase a young person's risk or act as a protective process (e.g., temperament, personality, competence, self-control, optimism). The majority of identified individual

level processes are protective, whereas there are few risk processes at this level (Tinsley Li, Nussbaum, & Richards, 2007; Todis, Bullis, Waintrup, Schultz, & D'Ambrosio, 2001). Risk processes at the individual level tend to have a biological basis (e.g., gender and temperament) whereas many of the individual protective processes are influenced by both biology and environment, such as intelligence, personality, coping (e.g., Davey, Goettler Eaker, & Henley Walters, 2003; Vaillant & Davis, 2000).

It is important to note that individual level processes are affected by, interact with, and influence the environment in which the young person lives (Mandleco & Peery, 2000). Therefore, some of the positive outcomes attributed to individual level processes may be due to other family and community level processes. For example, competence is recognised as a protective process at the individual level (e.g., Masten & Coatsworth, 1998), however competence may be the result of a positive home environment or community involvement rather than the key protective process for the resilient young person. Therefore, the effects of individual level protective processes need to be understood within the context of other processes that may be occurring for the young person. In the following section, some of the key individual level risk and protective processes are discussed.

Gender. In research, the effect of gender as either a risk or protective process is inconsistent, with some research indicating that being a male or female adds to risk while other research indicates no differences. Studies that support gender as a risk include the findings by Barrera, Hageman, and Gonzales (2004), Werner and Smith (1982), and Tebes et al. (2001). Barrera et al. (2004) found that girls showed greater psychological distress when exposed to the stress of parent problem drinking, even though they experienced the same amount of stress as boys. In the study by Werner and Smith (1982), boys experienced more disadvantage, physical defects, illnesses requiring medical care, learning problems, and a higher proportion of disordered behaviour than girls. Finally, Tebes et al. (2001) found that girls who had parents with psychopathology displayed higher levels of adaptive behaviour on the Child Behaviour Checklist (CBCL: Achenbach, 1991), Child-Global Assessment Scale (CGAS: Shaffer et al., 1983) and Columbia Impairment Scale (CIS: Bird et al., 1993) than boys.

However, in other studies gender was not a risk as girls and boys displayed similar disadvantages after experiencing risk. For example, gender did not predict low

self-esteem in a study of a group of low SES ethnic minority adolescents (Way & Robinson, 2003), and in another study gender had no effect on outcomes for children whose mothers had depression, or were comorbid with depression and antisocial disorder (Kim-Cohen, Caspi, Rutter, Tomás, & Moffitt, 2006). Furthermore, within the second decade of the study by Werner and Smith (1982), the trends had reversed, with girls having more serious behaviour problems and boys' learning problems had decreased. Girls also had an increase in mental health problems in late adolescence and experienced high rates of teenage pregnancies and miscarriages (Werner & Smith, 1982).

Consequently, while it is evident that there are gender differences in some risk conditions, it is unclear if gender is a consistent risk or protective process across all conditions. It is possible that there are other variables that coexist with gender that have a greater influence on outcomes. For example, girls may seek support more actively than boys, so the protective effect would be due to support rather than gender. Further research is required to ascertain consistent patterns in risk and resilience for girls and boys before any conclusions are drawn regarding gender and the effect it has as a risk or protective process.

Temperament. Temperament describes "an infant's style, how he or she responds. It refers to how a child acts, not what a child does" (Sanson & Smart, 2001, p. 10). A measure of temperament is obtained by assessing the child in nine categories, such as reactivity, attention regulation, and emotion regulation (Thomas & Chess, 1977). There are three types of temperament, "difficult," "easy," and "slow to warm up" (Thomas & Chess, 1977). Difficult children are inflexible, show dislikes and likes intensely; easy children adapt quickly to new situations, are cheerful and easy to calm; and slow to warm up children can react negatively with new stimuli but become easier over time (Sanson & Smart, 2001). A child's temperament is significant as it can affect their interaction with their parents, their school experience, behaviour, and relationships with peers (Thomas & Chess, 1977). These early childhood interaction patterns can have long-term effects on adult functioning and well-being (Thomas & Chess, 1977).

A difficult temperament is frequently seen as a risk factor or vulnerability for children (Olsson, Bond, Burns, Vella-Brodrick, & Sawyer, 2003; Sanson & Smart, 2001;

Vassallo, Smart, Sanson, & Dussuyer, 2004), as children with difficult temperaments can be treated more harshly by caregivers, tend to seek out more risky environments, are more reactive to stressors, and utilise less productive styles of coping than children with easy temperaments (Hetherington, Bridges, & Insabella, 1998; Wachs, 2006). In one study of childhood temperament, children with difficult temperaments who had drug using parents had significantly worse outcomes in depression, anxiety, and disruptive behaviours on the CBCL (Achenbach, 1991) compared to other children (Pilowsky, Zybert, & Vlahov, 2004). Tschann et al. (1996) also identified a difficult temperament as a risk, with preschool children with difficult temperaments in high conflict homes having more internalising and externalising problems than similar children in low conflict homes.

Just as a difficult temperament is viewed as risk, an easy temperament is viewed as protective and is linked to more adaptive outcomes (Olsson et al., 2003; Sanson & Smart, 2001; Vassallo et al., 2004). For example, in the study by Pilowsky et al. (2004) children with an easy temperament were judged as "less difficult" by their parents and parents experienced less stress with these children. These children also had less psychopathology, used less avoidant coping methods, and functioned better at school. Similarly, in the study by Tschann et al. (1996) children with easy temperaments had fewer externalising and internalising problems in both low and high conflict homes.

While the relationship between temperament and resilience appears straightforward, there is evidence that the interaction between the child and their environment also plays a large role. Thomas and Chess (1977) explain this as a "goodness of fit" between the parent and the child, where there needs to be a match between the child's temperament and the family environment for the child to achieve successful outcomes. The lack of "fit" was evident in the study by Tschann et al. (1996), where one group of children with difficult temperaments were at increased risk in highly expressive families where children were encouraged to act openly and express their feelings. Encouragement to express emotions is usually viewed as a positive form of parenting (Eisenberg, Fabes, & Murphy, 1996), however, it is evident that this environment was not a good fit for the children with difficult temperaments.

In addition to the fit between the parent and the child, there are also environmental factors that may create a poor fit for the child's temperament. In the study by Pilowsky et al. (2004), the children with difficult temperaments had parents with high stress and significant environmental risks, and these factors may have been more consequential for the children with difficult temperaments. Consequently, the amount of risk or protection temperament provides may be dependent on the type of risk children are exposed to and how their temperament fits with their parents and their environment (Thomas & Chess, 1977). This finding strengthens the assertion that research needs to be conducted at the individual level, as each child will have a different fit with other processes that are occurring in their environment, and what might contribute to resilience for one child may be a risk for another.

Personality. Personality is not a widely researched topic in resilience, however there is some evidence that certain personality traits may also act as protective processes or increase risk for adolescents (Carbonell et al., 2002; Olsson et al., 2003). For example, in a study of 181 USA adolescents, Davey et al. (2003) found a relationship between personality and the resilience indicators of self-worth and coping. Davey et al. measured personality (Inventory of Children's Differences: Havill, Halverson, & Allen, 1992), positive coping (Patterson & McCubbin, 1983), and self-worth (Harter, 1986), and through cluster analysis they developed personality profiles and tested the association of each profile with the variables of coping and self-worth. They found adolescents with high self-worth scored high on agreeableness, extraversion, and openness to new experiences; whereas adolescents with low self-worth scored low on extroversion, agreeableness, and openness to experience, and high on emotional instability. This study supports personality as an influence on resilient outcomes.

In another study on the relationship between personality and resilience, Campbell-Sillsa , Cohana, and Steina (2006) tested the association between the Connor–Davidson Resilience Scale (Connor & Davidson, 2003), the NEO Five Factor Inventory (Costa, McCrae, & Odessa, 1985), and the Coping Inventory for Stressful Situations (Endler & Parker, 1999). Their findings were comparable with the findings by Davey et al. (2003), with a positive correlation emerging between resilience and the personality factors of conscientiousness and extraversion, and a negative correlation

between resilience and the factor of neuroticism. Significantly, Campbell-Sillsa et al. (2006) found that the coping style of "task oriented coping" was a better predictor of resilience than personality, which may indicate other processes are functioning to develop resilience other than personality.

While these studies suggest a link between personality and resilience, a social-cognitive-affective approach to personality suggests that "the personality system interacts continuously and dynamically with the social world in which it functions" and "what people do depends to a surprising degree on the particular situation and context" (Mischel, 1999, pp. 414, 424). Therefore, while the personality traits of extroversion, agreeableness, and openness are linked to resilience, it is possible that these traits emerge through the individual's experiences within their context. Consequently, it is one's experiences that may lead to the emergence of personality traits related to resilience. Therefore, it is necessary to determine if context can alter personality, before concluding that personality is the process that contributes to resilience in young people.

Self-Esteem. Susan Harter, a prominent researcher in self-esteem, defines self-esteem as "the extent to which the adolescent likes oneself as a person, is happy the way one is leading one's life, and is generally happy with the way one is. Thus it constitutes one's worth as a person, rather than a domain specific competence or adequacy" (1986, p. 3). Harter interchanges the words self-esteem and self-worth but asserts that self-concept is different as it is a self-evaluation of one domain of self (e.g., academic performance, physical appearance) (Harter, 1999).

High self-esteem is frequently cited as a protective process for adolescents and children (Frey & Carlock, 1989; Mandleco & Peery, 2000; McKay & Fanning, 1992) and is usually measured by the Harter Self-Perception Profile (Harter, 1986). This profile samples the processes of scholastic competence, social acceptance, athletic competence, physical appearance, job competence, romantic appeal, behavioural conduct, close friendship, and self-worth.

One study that identified self-esteem as a protective process for adolescents at risk for depression was the study by Carbonell et al. (2002). For the 102 adolescent participants, resilience was defined as having no psychiatric disorder, a range of positive functioning outcomes (e.g., self-esteem, mastery, global functioning), and no

serious internalising or externalising disorders. Carbonell et al. found that high self-esteem and a more positive outlook on life at 15 and 18 years of age were the key protective processes for resilient adolescents. High self-esteem was also a significant protective process in the study by Dumont and Provost (1999), with high self-esteem relating to lower stress/distress, higher community involvement, and problem-focused coping in resilient adolescents. In addition, in a study by Grossman et al. (1992), high self-esteem was an important predictor of an internal locus of control, another potential protective process for adolescents at risk.

While research indicates that high self-esteem is protective, it may be the result of other protective processes rather than the fundamental protective process because the relationship between self-esteem and resilience is correlational, not causative. That is, high self-esteem may result in positive outcomes, or the positive outcomes may produce high self-esteem. For example, in the study by Dumont and Provost (1999), the adolescents may have become involved in the community because they had a high self-esteem or the high self-esteem may have been a product of community involvement. Furthermore, in the study by Carbonell et al. (2002), high stress/distress may have inhibited the development of self-esteem rather than low self-esteem being the cause of stress or distress.

Given the correlational nature between resilience and self-esteem, it is critical to develop a better understanding of self-esteem rather than only substantiating the link between the two. In an explanation of the nature of self-esteem, Harter (1999) stated that there are many pathways, it is differentiated by context, and it is dependent on how the individual perceives success. Therefore, there can be multiple processes occurring at the individual, family, and community level that affect an individual's self-esteem. For example, in research by Harter and her colleagues (Harter, 1999), they identified one source of self-esteem as "acceptance." Acceptance predicted high self-esteem and conditional support, or "conditionality," and was related to lower self-esteem. Therefore, the key processes underlying self-esteem, such as acceptance, need to be identified if it is to be enhanced.

Coping Skills. Coping is any response to a stressful situation (Compas, 1987) and can be defined as "constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or

exceeding the resources of the person" (Lazarus & Folkman, 1984, p. 141). The choices adolescents make after risk are forms of coping and can influence their resilience by protecting or buffering them from negative outcomes associated with risk (Compas, 1987; Pedro-Carroll, 2001). Coping is affected by person variables (goals and goal importance, beliefs about self and the world, personal resources) and environment variables (demands, constraints, opportunities and culture) (Lazarus, 1999).

Lazarus and Folkman (1984) categorise coping as either emotion-focused coping (EFC) or problem-focused coping (PFC). The aim of EFC is to lessen, avoid, or minimise stress, and give selective attention; whereas the aim of PFC is to define the problem, generate solutions, choose solutions, and act (Lazarus & Folkman, 1984). In resilience research, EFC has been linked to lower functioning and less resilient outcomes, whereas PFC has been linked to higher functioning and outcomes that are more resilient.

The link between PFC and adaptive outcomes is evident in several studies. In a cross-sectional study of 297 adolescents aged between 13 and 17 years by Dumont and Provost (1999), PFC was linked to higher self-esteem and lower depression. Similar findings emerged in a cross-sectional study by Pilowsky et al. (2004) of 117 children (aged 6-11 years) whose parents were injecting drug users. Resilience was defined as having no signs of psychopathology, or scoring on the bottom 25% of the CBCL (Achenbach, 1991). Resilient children were more likely to use PFC strategies, and were less likely to use EFC strategies such as distancing themselves from the problem, and externalising and internalising the problem, than non-resilient children.

Another measure of coping developed by Frydenberg and Lewis is The Adolescent Coping Scale (ACS: Frydenberg & Lewis, 1993). This scale categorises coping as productive, reference to others, and non-productive. Productive coping is trying to resolve the issue while maintaining physical health and good social connection, through working hard to achieve, focusing on the positive, and seeking relaxing diversions. Reference to others is using others to help deal with the problem, and includes strategies such as seeking professional help or general support through social or spiritual channels. Non-productive coping indicates an inability to cope and a general avoidance of the issue and includes the strategies of worry, self-blame, wishful thinking, and ignoring the problem (Frydenberg & Lewis, 1996).

These divisions of productive and non-productive coping styles on the ACS do not always provide a clear link to resilience. For example, in one study of 1,219 11-18 year olds, Frydenberg and Lewis (2004) found that adolescents (aged 11-18 years) that were self-reported poor copers used both productive and non-productive forms of coping. Conversely, in a different study of 643 adolescents (aged 11-18 years), self-reported successful copers also used both productive and non-productive strategies (Lewis & Frydenberg, 2002). These findings may indicate that the "productiveness" of different coping strategies may be dependent on other processes, such as time since the risk experience or the risk experience itself. For example, "unproductive" strategies such as worry and ignoring the problem may be helpful immediately after the risk to assist in dealing with the emotions associated with the risk, but not as a long-term solution. Conversely, PFC may be more useful later in the risk experience after some of the emotions have been processed, rather than immediately after the risk.

As most studies on coping are cross-sectional, it is not possible to know if certain forms of coping are more prevalent at different stages after the experience of risk (e.g., Dumont & Provost, 1999; Lewis & Frydenberg, 2002; Pilowsky et al., 2004). However, one longitudinal study into medical and academic stressors by Campbell (1996) with children and adolescents (aged 11-14 years) does indicate coping changes over time. Campbell measured perceived control, behaviour, and coping styles over three periods: anticipation of stressor, actual stressor, and recovery from stressor. She found that the adolescents used EFC coping throughout all periods in the medical situation and in the last period of the academic stressor, whereas PFC was utilised prior to and during the academic stressor. Perceived control and general behaviour, as measured by the CBCL (Achenbach, 1991), were not related to coping. Campbell surmised that coping for children and adolescents was dependent on the situation and changed over time.

The changing nature of coping is supported by Lazarus (1999) who asserts that coping is dependent on the risk and the individual, so there is no universally effective or ineffective form of coping. Similarly, Compas (1987) states that in order to understand the coping response one must look at the resources available to the young person. Thus, if the resources change, the response to coping may also change. In the

study by Dumont and Provost (1999) resilient adolescents may have used PFC as they had the individual resource of self-esteem, whereas those with low self-esteem avoided the problems as they did not perceive they had the ability to cope with them. Furthermore, the children of drug addicted parents in the study by Pilowsky et al. (2004) had multiple risks and limited resources so avoidant coping may have been a better temporary method of coping. Thus, it is likely that multiple processes, including the type of risk, available resources, and time after the risk experience, will influence what is the most productive coping response for the young person to achieve positive outcomes.

Optimism. Optimism, hope, or confidence in the future can also act as protective processes for adolescents. Optimism appears to change the way adolescents perceive adverse events, as optimistic adolescents frequently view adverse events as benign when they are not (Luthar, Cicchetti, & Becker, 2000b). Hope may also provide adolescents with a view of a different possible self than the one experiencing adversity, and this may give them motivation to change their situation (Barton, 2005). Markus and Nurius define possible selves as "the ideal selves that we would very much like to become… they represent specific, individually significant hopes, fears, and fantasies" (1986, p. 954). Thus, optimism may be a protective process in that it provides adolescents with the possibility that they can experience life without the current adversity.

Research indicates that optimism does play a role in helping adolescents overcome adversity. Todis et al. (2001) found that adolescents who were successful after incarceration were those who had an optimistic outlook, determination, and a strong future orientation. Mandleco and Peery (2000) also found that adolescents with a positive outlook at 15 years of age were more resilient with a more positive self-concept and higher scores on a self-appreciation scale. In addition, in a study by Tinsley Li et al. (2007), confidence in the future was a significant protective process against externalising and internalising disorders when poverty was a risk factor. Consequently, the individual strength of optimism may be a strong protective process for some adolescents to overcome risk. While these findings are encouraging, further research is required to understand the origin of optimism, how it functions, and whether it is the result of other protective processes.

Locus of Control. Locus of control is a process that can affect resilience and refers to how an individual attributes events that happen within their life (Moghaddam, 1998). An external locus of control is associated with helplessness, or the feeling that you have no control over your life, and is a risk factor for negative mental health outcomes (Zimmerman, Ramirez-Valles, & Maton, 1999). Alternatively, an internal locus of control is the belief that you can control the forces that shape your life (Luthar, 1991), and is usually associated with good adaptation following risk as adolescents with an internal locus of control tend to show less stress and less decline in functioning following adversity (Bolger & Patterson, 2003; Grossman et al., 1992). An internal locus of control also has a positive relationship with other potential protective processes, such as assertiveness, a well formed identity, increased feelings of competency, attachment, and meaningful involvement (Luthar, 1991; Ungar, 2004b).

The protective effect of an internal locus of control was evident in the study by Grossman et al. (1992) of adolescents exposed to various risks (e.g., parent alcoholism or parent divorce). They assessed adaptation (distressed mood, deviance, self-esteem, grades), and protective processes (family cohesion, locus of control, parent-adolescent communication, relationship with a significant non-parent adult). Risks differed significantly by gender however an internal locus of control was a key protective process for all adolescents and a significant predictor of positive mood, good grades, and high self-esteem (Grossman et al., 1992).

An internal locus of control was also advantageous in the study by Hines, Merdinger, and Wyatt (2005) of children and adolescents who had experienced adversity in foster care. Locus of control was defined as assertiveness, independence, goal orientation, determination to be different from abusive adults, persistence, and the ability to accept help and have an adaptable self-image (Hines et al., 2005). Hines et al. equated these attributes to an internal locus of control, and stated, "The results indicate the youth play a vital role in influencing the quality and abundance of resources available to them" (p. 392). However, while it is evident that these attributes helped these young people adapt successfully to their environments, it is possible that they are the protective processes, not an internal locus of control.

Adolescents may also benefit from an internal locus of control at a community level. In a study with African-American adolescents, Zimmerman et al. (1999) assessed the effect of socio-political control for those who had experienced personal helplessness in their lives. Socio-political control was the belief that they could carry something out either socially or politically and it would have an effect (Zimmerman et al., 1999). Zimmerman et al. found socio-political control was protective when adolescents experienced helplessness in personal areas. Therefore, a sense of personal helplessness may be buffered or offset by having a sense of control within the community.

Despite the large body of research supporting an internal locus of control as a protective process, there is some evidence that an external locus of control is more protective following certain types of adversity. For instance, in a longitudinal study of 1,920 maltreated children (aged 8-10 years) over three years Bolger and Patterson (2003) found that resilient children were those that had an external locus of control, blaming external factors for their success or failure. Resilience was defined as those children who showed competence in peer friendships, academic competence, or social competence. Thus with this particular risk within this context, an external locus of control was more advantageous.

It is likely the diverse findings on locus of control are due to the "controllability" of events in the child's life. In the study by Bolger and Patterson (2003), children could not control the maltreatment so it was more beneficial for them to blame external factors rather than to take responsibility for the maltreatment. The ability to control events is also evident in other studies. In one study of 364 children (7 to 11 years of age), when events were uncontrollable they had increased depression (J. D. Brown & Siegel, 1988). In another study by Luthar, D'Avanzo, and Hites (2003), children of depressed parents had worse outcomes than children whose parents were addicted to drugs. Luthar et al. (2003) suggested this was because the children of drug addicted parents had something to blame (e.g., alcohol) whereas the children of depressed parents could not identify the risk, and therefore not control it.

Therefore, it appears an internal locus of control is only beneficial as a protective process if the young person can identify the risk and the risk is controllable, whereas when the risk is uncontrollable, an external locus of control may be more

beneficial. It is possible that the actual protective process underlying locus of control is self-efficacy, which is the belief that you can control events (Bandura, 1994). This would explain why there are diverse findings on locus of control, as the benefit of an external or internal locus of control is dependent on the controllability of events. In future research, it may be more advantageous to focus on self-efficacy and whether events are controllable, before assuming adolescents within risky environments need to have an internal locus of control.

Intelligence. Another frequently cited risk and protective process in resilience research is intelligence (Alvord & Grados, 2005; Luthar, 1991; Pilowsky et al., 2004). Intelligence is measured through various methods, including Intelligence Quotient (IQ) tests, academic achievement levels, student work samples, and standardised academic tests (Luthar, 1991; Reis et al., 2005). While these methods provide slightly different measures of intelligence, the intention of each is to gain some level of an individual's cognitive ability. High intelligence is frequently linked to positive outcomes, whereas low intelligence is identified as a risk (Reis et al., 2005). For example, in a longitudinal study over 60 years, high IQ before the age of 20 predicted three more years of schooling; whereas participants with low IQ were three times more likely to reject school, ten times more likely to repeat a year, and six times more likely to be an unskilled labourer or in a low paying occupation (Vaillant & Davis, 2000).

While low intelligence is linked to poorer outcomes, there appears to be other processes that may mediate this effect, including age, contextual processes, and the type of risk. The impact of age was evident in the study by Vaillant and Davis (2000). When the high IQ and low IQ men in the study reached adulthood, they did not differ on global adjustment, physical health, depression, or social competence. In fact, when generativity (taking responsibility for the next generation) or high income were used as "good outcomes" in adulthood, the best predictor of these outcomes was social skills, not IQ. Vaillant and Davis stated, "Low tested IQ is a terrible curse, but it is not a destiny" (2000, p. 221). Intelligence may have a greater impact on outcomes in the early stages of development and may diminish in importance over the long term as people develop relationships and skills in vocational areas. These other processes may be of higher importance to well-being as people move through life.

The presence of co-occurring processes was evident in the comparison of girls with and without Attention Deficit Hyperactivity Disorder (ADHD) by Mikami and Hinshaw (2006). In this study, the girls with ADHD had more internalising and externalising problems, were more rejected by their peers, were less popular with adults, and had lower academic achievement than the girls without ADHD. The hypothesis of the study was that academic achievement was a protective process for girls with ADHD; however, academic achievement did not predict resilience, which was measured as the absence of internalising and externalising behaviours. Instead, Mikami and Hinshaw found that self-perceived scholastic competence was the protective process and was a buffer for internalising and externalising disorders and substance abuse. The key process that influenced resilience was their perception of their academic performance, not their actual achievement. This finding emphasises the importance of identifying other processes that co-occur with intelligence and achievement.

Co-occurring processes were also evident in the study by Reis et al. (2005) of 35 academically gifted (IQ above 90th percentile) adolescents, in an economically disadvantaged, culturally diverse school. Reis et al. conducted in-depth interviews, gathered student documents (e.g., student records and classwork), and observed the students over three years in their home, school, and community. Of the 35 gifted students, 18 were resilient as they continued to experience high achievement despite obstacles such as family poverty, parental divorce, drugs, and violence in the school.

The protective processes, in addition to intelligence, that significantly increased academic success for these adolescents included personal characteristics (appreciation of cultural diversity, determination, sensitivity, and independence), a strong belief in self, and support systems (supportive peers, one supportive adult) (Reis et al., 2005). Furthermore, a key difference between high achieving and low achieving students was their involvement in extracurricular activities. These findings indicate that while cognitive abilities are helpful, they may be insufficient in isolation to protect adolescents from risk.

The protective nature of intelligence also appears to be dependent on the type of risk adolescents experience. In one study of at risk adolescents, IQ was protective at high risk and predicted positive adjustment, but IQ had no impact at low risk (Tiet et

al., 1998). In another study, IQ was protective when adolescents had experienced maternal psychopathology but not when they had experienced adverse life events (Tiet et al., 2001). Furthermore, Luthar (1991) found that high intelligence became a risk with increased stress. That is, at low stress high intelligence was related to higher school grades and assertiveness, whereas at high stress adolescents with high intelligence had similar levels of competence to those who were less intelligent. Consequently, the effect of intelligence appears more complex than acting as a universal protective process or risk, and the degree of protection gained from intelligence is dependent on the type of risk the young person has experienced and other processes that are also present in the individual's life.

Summary. Multiple processes at the individual level can increase risk or protect individuals from risk. However, it is difficult to ascertain if these individual level processes are the basis for resilience or risk, the result of other processes, or if they are limited or defined by environmental resources and constraints. For example, coping is heavily dependent on available resources (Lazarus, 1999), intelligence is affected by community processes (Coon, Carey, & Fulker, 1992), and the best type of temperament is dependent on the goodness of fit between the child's temperament and their environment (Thomas & Chess, 1977). While it is important to understand how these individual processes influence resilience, they may only be the result of other processes in the family and the community and need to be understood within this context. The influence of family and community level processes on resilience will be discussed in the following sections.

Family Level Processes

While adolescents have certain individual qualities that can act as a risk or contribute to resilience, they are also affected by the risk and protective processes within their home environment. Risks in this environment include the divorce or separation of their parents, maltreatment, issues with siblings, or dysfunctional parenting. There are also links between the home environment and positive outcomes. For example, parents' positive expression has been linked to high child sociometric ratings and prosocial behaviour (Boyum & Parke, 1995), parent-child interaction style is a good predictor of children's social competence (McDowell, Parke, & Wang, 2003),

and parental use of problem-focused coping is associated with children's popularity and positive social functioning (Eisenberg et al., 1996).

The most frequently investigated risk and protective processes in resilience research are parenting, divorce, and family support. These processes will be discussed in the following section, with the understanding that adolescents play an active role in their family and they can also influence family level processes (McConnell Gladstone et al., 2006).

Parenting. Parenting is an important role as it provides adolescents with support, modelling, and boundaries to assist them to develop into well functioning adults (Amato & Booth, 1997). When parents are not functioning effectively in the parenting role, adolescents are at risk for negative outcomes such as problem behaviour and lower self-efficacy (Myers & Taylor, 1998; Reis et al., 2005). Ineffective parenting can fall anywhere on a continuum, from less serious problems such as low monitoring of children, to more serious problems like child maltreatment and parent psychopathology. Some of the serious and well-researched issues in resilience include parents with substance abuse problems, parents with psychopathology, and adolescents affected by maltreatment.

Parent Psychopathology. Children of parents with psychopathology consistently have more negative outcomes than other children (Rutter, 1966; Tebes et al., 2001). In a study of 346 adult children of parents with psychopathology, one third did not finish high school, one third experienced psychological problems and while over a third were parents, only one ninth were in committed relationships (Mowbray, Bybee, Oyserman, MacFarlane, & Bowersox, 2006). Research also indicates children and adolescents whose parents have psychopathology are more at risk of experiencing psychopathology. For example, in a comparison of "disturbed" (conduct disorder or neurotic) and "nondisturbed" children, Rutter (1966) found that disturbed children were significantly more likely to have a parent with a psychological disorder. This finding was also evident in a more recent study by Kim-Cohen et al. (2006), with children of depressed parents experiencing depression, and children of comorbid parents experiencing depression and antisocial tendencies similar to their parents.

One reason why parent psychopathology is so problematic for children is that it can affect the relationship between the parent and child, as parents' symptoms of

psychopathology frequently involve their children. This was evident in an early study by Rutter (1966), which indicated that parents with psychopathology had impulses to harm their children, were hostile and attacked them, had morbid beliefs about their children, and performed obsessional rituals towards them. Another issue with parent psychopathology is that attachment between the parent and child can be disrupted. This is due to the fact that when the parents experience psychopathology, they are frequently emotionally unresponsive to their children, and this can lead to an ambivalent attachment (Seifer, 2003). An ambivalent attachment is one where the child experiences distress when the parent leaves, but is not comforted when the parent returns (Bowlby, 1988). This is problematic, as early attachment issues can create issues in children's adult relationships (Bowlby, 1988).

However, the link between parent disorders and child disorders may also be due to secondary risks that occur due to the parent psychopathology. For example, in the studies by Rutter (1966) and Kim-Cohen et al. (2006), the homes of children with parent psychopathology were rated significantly more chaotic and disrupted than homes where the parents did not have psychopathology. The home environment was also significant in a study of 177 mothers with serious psychopathology by Tebes et al. (2001), with mothers' psychiatric status only predicting child functioning and positive adaptation when CBCL (Achenbach, 1991) scores were used. When the CIS (Bird et al., 1993) and the CGAS (Shaffer et al., 1983) were used, family psychosocial processes (parent-child bond, family stress, and parenting performance) were a better predictor of adjustment. In addition, 98% of this group of participants were in the two lowest socioeconomic categories, being in unskilled or semi-skilled employment (Tebes et al., 2001).

Therefore, while children may experience risk due to parent psychopathology, it is likely that the contribution of risk is through the parenting, the break in the parent-child relationship, and the disrupted environment generated by these conditions. As these processes can also be present in families without parent psychopathology, it may be of more benefit to focus future research on the processes that occur through parent psychopathology, rather than confirming the association between parent psychopathology and nonresilience in children and adolescents.

Parent Psychopathology and Substance Abuse. Children of drug using parents are also exposed to multiple risk processes. In the study by Pilowsky et al. (2004), parents using injecting drugs had higher rates of unemployment, received public assistance, were more likely to have a HIV positive status, and experienced depression more frequently. Often, similar to young people who have parents with psychopathology, the associated risks of the parent's problem are the greatest risk for the young person. For example, Barrera et al. (2004) found no significant direct relationship between parent problem drinking and adolescents' outcomes; however, there was a positive relationship between the adolescents' stressors and their self-reports of psychological distress. The stressors may have been associated with the parent problem drinking, but it was evident that there were also other processes that were creating stress for the adolescent.

The combination of parental drug use and psychopathology can increase the number of risks for adolescents. In a study of young mothers (<20 years of age) who had given birth to twins, mothers were assigned to either a "depressed," "antisocial," "comorbid" (antisocial and depressed), or "comparison" group with no signs of depression or antisocial tendencies (Kim-Cohen et al., 2006). Comorbid mothers were significantly more likely to have a drinking problem, experience financial hardship, be exposed to domestic violence, and had a higher risk of suicide compared to the other mothers. Comorbid mothers also showed more parenting stress, less warmth and more negativity towards their children, they were more likely to maltreat their children and their children had higher levels of antisocial behaviours and internalising disorders (Kim-Cohen et al., 2006). These findings suggest that cumulative risk processes can result in significantly more negative outcomes for children and adolescents.

The processes that occur through parental psychopathology appear to be different than those that occur with parental substance abuse. For example, Luthar et al. (2003) compared mothers who had substance abuse problems (N=119) and mothers with psychopathology (N=108), and found that the risk of parent psychopathology significantly predicted children's externalising symptoms (e.g., disruptive behaviour) and internalising disorders (e.g., affective/anxiety disorders) whereas maternal drug use only predicted externalising disorders. Luthar et al.

suggested that the differences in outcomes may have come from children's perceptions of the cause of the problem. That is, with substance abuse children could identify the "substance" as the cause of their parents' behaviour, however with psychopathology the cause is unknown, and the children often blame themselves.

The differences in outcomes between children who experienced parent psychopathology and those that experienced parental substance abuse may have also been due to the associated risk processes that occurred with each. That is, each parent risk may create a unique environment of risk for the adolescent. By recognising the associated risk processes that occur with each risk, there can be a greater understanding of what processes are the most detrimental to adolescents' outcomes. When these processes are understood, a more accurate response can be implemented to prevent or reduce the negative outcomes for these adolescents.

Maltreatment. Child maltreatment, or abuse, are acts or an act that puts children's development, emotional health, or physical health in danger (Price-Robertson & Bromfield, 2004). Maltreatment can include physical abuse (e.g., hitting, kicking, burning), emotional or psychological abuse (e.g., rejection, isolation, ignoring), sexual abuse, or neglect (e.g., physical or medical needs) (Price-Robertson & Bromfield, 2004). Maltreatment is a serious risk for adolescents as it can affect their academic, emotional, psychological, and behavioural outcomes (Flores, Cicchetti, & Rogosch, 2005; Shonk & Cicchetti, 2001). For example, in a longitudinal study into the negative effects of maltreatment of 1920 adolescents within the USA by Bolger and Patterson (2003), maltreated adolescents had more internalising and externalising problems, significantly lower self-esteem, were more rejected by peers, had more problems in peer relationships, and were less likely to have a reciprocal friendship than nonmaltreated adolescents.

Maltreatment frequently occurs in the context of other risks. For instance, in the study by Runyan et al. (1998) of 667 maltreated children (2-5 years of age) the children had a diverse range of environmental risks, including low birth weight, a gestational age of less than 36 weeks, medical problems at birth, a mother younger than 17 years of age, or parents with alcohol/substance abuse problems. Only 13% of the children in the study were "doing well" and showing positive adaptation (Runyan et al., 1998). Positive adaptation was judged by the CBCL (Achenbach, 1991) and

Battelle Developmental Screening Test (BDST: Newborg, Stock, Wnek, Guidubaldi, & Svinicki, 1984), an assessment of children's abilities to recover from the impact of cumulative risks. The low proportion of children doing well indicates that it was difficult for these adolescents to overcome the cumulative risks, and that these situations may require interventions that have cumulative protective processes to overcome the large number of risk processes that have occurred in their lives.

Although maltreatment commonly occurs with other risks, its effect is greater than other environmental risks. These effects were evident in research by Shonk and Cicchetti (2001) of 149 maltreated children from a group of 229 low SES children in a USA urban community. Data was collected through a broad range of assessments in both school and camp situations, and the results indicated that despite all children having disadvantaged backgrounds, maltreated children had significantly higher academic and behavioural maladjustment than nonmaltreated children. In particular, maltreated children had greater externalising and internalising problems, lower academic engagement, lower social competence, and lower ego resiliency. Maltreated children also had significantly more referrals for speech therapy, were more likely to stay down a grade or be absent for more than 80% of the school year, and were more likely to be placed in a special education placement (Shonk & Cicchetti, 2001).

These findings were also evident in the study by Flores et al. (2005) of 133 maltreated and nonmaltreated children in a low SES Latino community. In this community, there were multiple environmental risks, including mothers with limited education, a large number of welfare recipients, high parent unemployment, large families, frequent parental psychopathology, and parental relationship issues. The data (child self-report questionnaires and peer and counsellor questionnaires) indicated that maltreated children experienced significantly more difficulties in interpersonal relationships and significantly more symptoms of internalising and externalising disorders (Flores et al., 2005). Consequently, even though all children were exposed to a disadvantaged community, maltreated children were at a significantly higher risk for negative outcomes than other children within this community.

Maltreatment is also a significant risk process because the negative effects can last many years after the risk has occurred. This persistence can be seen in the study of maltreated Romanian orphans by Rutter et al. (2007). Immediately after the orphans

were removed from neglectful orphanages in Romania, they displayed disinhibited behaviour patterns, and these patterns continued well into adolescence, many years after their removal from the orphanages. Disinhibited behaviours include not checking with their parents and going off with strangers (Rutter et al., 2007). Rutter et al. explained that the causal factor for the disinhibited behaviour was the depriving institution and the children's experience of neglect.

Significantly, the disinhibited behaviour of these adopted orphans persisted despite the children's environmental conditions changing after adoption (Rutter et al., 2007). These behaviour patterns may have persisted because the neglect caused a biological change in the children's behaviour, as environmentally based behaviour should change after the environment changes (Rutter, 2007). Recent research supports this assertion, with findings indicating that maltreatment may alter the function of the gene which results in brain cells that are associated to stress reactions being less sensitive (Reuters, 2009, February 23). In order for children and adolescents to show positive outcomes after maltreatment has ceased, they may require ongoing protective processes to offset the psychological and biological effects that maltreatment can create.

While any form of maltreatment is a risk, different forms and levels of maltreatment can create distinctly different problems for adolescents. In the longitudinal by Bolger and Patterson (2003), sexually abused adolescents displayed more internalising problems and lower perceived control, whereas adolescents who had experienced chronic long-term maltreatment experienced more problems with their peers, had lower self-esteem, more externalising disorders, were more aggressive, and experienced more rejection. In addition, adolescents who experienced maltreatment from an earlier age experienced lower self-esteem across all times and they were less likely to have an internal locus of control. Therefore, maltreatment as a risk needs to be understood by the type of maltreatment, the onset of maltreatment, the length of time maltreatment occurred, and other environmental risk processes that were present to understand how the risk affects the young person.

A potential protective process for maltreated children was identified in the study by Runyan et al. (1998). They found a strong relationship between maltreated children who were doing well and "social capital." Social capital was defined as "the

benefits that are derived from personal social relationships and social affiliations" (Runyan et al., 1998, p. 12) and operationally defined social capital as less than two children in the family, two parents in the home, church involvement, support for primary caregiver, and neighbourhood support. This indicates that despite the maltreatment occurring within a relationship, relationships still may be the most important key in promoting more positive outcomes for maltreated children.

Divorce. Parental divorce is frequently cited as a risk to healthy child development, as children from divorced families tend to rate lower in well-being, achievement and adjustment than children in intact families (Amato, 2001; Greeff & Van der Merwe, 2004; Kelly & Emery, 2003). The negative outcomes for adolescents after a family transition may be due to a prior vulnerability of the child, diminished parenting, the loss of important relationships, parental distress (strain, depression), socioeconomic disadvantage, or negative family processes (e.g., conflict, display of negative affect) (Amato, 2001; Hetherington et al., 1998; Kelly & Emery, 2003). Divorce can be a persistent risk as the negative effects of divorce (e.g., parent conflict, lack of contact with one parent) can be evident in children's lives many years after the divorce occurred (Wallerstein & Lewis, 2004).

The negative effects of divorce were evident in a study by Watt, Moorehead-Slaughter, Japzon, and Keller (1992) of 50 adolescents aged between 12 and 15 years whose parents had divorced. These adolescents experienced more conflict, were lonelier, sadder, and less motivated than adolescents who had not experienced divorce. They also felt less competent about their schoolwork and were performing lower academically than other adolescents. Furthermore, they perceived they had fewer friends even though they had the same number as others, were less popular, less well adjusted, and less cheerful. Thus, divorce can affect emotional, social, and academic aspects of the child's life.

One of the key risks for adolescents after their parents' divorce is the loss of a parent. This was evident in a study by Raphael, Cubis, Dunne, Lewin, and Kelly (1990) on the effect of parental loss (e.g., death, parental separation, or divorce) with adolescents aged between 14 and 18 years. They found that adolescents who had experienced a loss reported greater generic health problems, lower extraversion and higher neuroticism scores, poorer body perception, were more impulsive, and had a

more negative perception of their school performance. In addition, these adolescents were more likely to be sexually active, experience psychological problems and have sought help for emotional problems (Raphael et al., 1990). What is significant in this study is that the negative outcomes experienced by the adolescents were the same regardless of the type of parental loss and having a stepfather or stepmother did not improve outcomes. This finding suggests that the risk was losing the parent, rather than how the parent was lost or the number of parents present in the home.

Another risk associated with divorce is the conflict that can occur between the child/adolescent's parents (Wallerstein & Lewis, 2004). In one study on divorce and adolescent outcomes, Watt et al. (1992) found no relationship between marital conflict, scholastic achievement, peer rapport, or problem behaviour, however there was a significant relationship between marital conflict and self-worth. Furthermore, adolescents who had experienced divorce felt lonelier than adolescents who had not, despite having the same number of friends. This indicates marital conflict is significant, as it is able to alter the perceptions the adolescents hold of themselves and their social worlds.

The timing of divorce may be a salient factor when investigating outcomes for young people following the separation of their parents. These effects were evident in a longitudinal USA study of 585 5-year-old children, of which 97 children had experienced divorce (Lansford et al., 2006). Lansford et al. (2006) found that when divorce occurred during elementary school, children had more frequent internalising and externalising disorders than children who had not experienced their parents' divorce; whereas when divorce occurred during adolescence, it had a negative effect on adolescents' grades. Based on these findings, it is likely that the onset of parental divorce is a variable that can alter how children and adolescents react to the risk, and subsequently affect their outcomes and what protective processes may be necessary at each stage.

Divorce and growing up in a single-parent family does not always have an adverse effect on adolescents' outcomes (Reis et al., 2005). For example, in the quantitative Australian study by Ruschena, Prior, Sanson, and Smart (2005), adjustment following a family transition was assessed with 262 adolescents and there were almost no group differences in internalising and externalising behaviours

between adolescents who had experienced a transition and adolescents who had not. There were also no differences between positive behaviours, such as responsibility, self-control, empathy, and cooperativeness. The only significant difference between the groups in the study by Ruschena et al. (2005) was that adolescents who had experienced divorce were less attached to their parents and experienced more conflict with them. However, being less attached to separating parents and partly involved in the conflict that can accompany divorce may be normative for adolescents, and one way of successfully navigating the change.

To understand the way children and adolescents respond to the risk of divorce accurately, it may be necessary to conduct research using a qualitative approach with child and adolescent participants. In this way, their unique experiences of divorce can be revealed. The uniqueness of their views were evident in a cross-sectional study by Greeff and Van der Merwe (2004) of 98 divorced families who had not repartnered after divorce. Protective processes were assessed using the Family Sense of Coherence Scale (FSOC: Antonovsky & Sourani, 1988), a scale that measures the predictability of internal and external stimuli for the family, available resources, and meaningful challenges (Antonovsky & Sourani, 1988). Greeff and Van der Merwe (2004) found that both parents and adolescents indicated family hardiness (family strength and durability), the coping strategy of passive appraisal (the tendency to do nothing about crisis), and social support as processes that helped them to be resilient.

However, Greeff and Van der Merwe (2004) also identified protective processes that were unique for parents and adolescents. For parents only, time since the divorce was a protective process and for adolescents only, relative and friend support was important. This finding indicates that while some protective processes will help both parents and children (e.g., family hardiness), others will be unique to the parent and the child. Therefore, it is important to involve the young person in research to learn their perspective and to find the processes that are meaningful to them in overcoming risk.

Family Support. The family is a place where risks can occur, however it is also a place where protective processes can support the adolescent. Much of the research on family protective processes has been conducted in families where poverty is a risk (Conger & Conger, 2002; Reis et al., 2005; Tiet et al., 1998). For example, Tinsley Li et

al. (2007) found family support and helpfulness were protective processes against internalising and externalising disorders for children in families living in poverty. Furthermore, in research by Owens and Shaw (2003), impoverished children who had a secure attachment with their mother as an infant were two and a half times more likely to have positive adjustment at age eight. In another study of children from high-risk low SES families, resilient children had less distressed mothers, less rejecting parenting styles, and parents who were able to mobilise support for the family (Myers & Taylor, 1998).

Protective processes in the home environment can be important even when this is the source of the risk. In a qualitative study with seven maltreated children, Henry (1999) found five processes that had a protective function: namely, loyalty to parents, normalising the abusive environment, self-value, future vision, and invisibility to the abuser. While the family environment did not appear to be a source of protection for these children, they still perceived it as an important protective process.

Despite the small sample size of the study by Henry (1999), Ungar (2004b) also found that family was an important protective process for at-risk adolescents. He interviewed adolescents aged between 13 and 17 years with at least three risk processes (e.g., parents with a mental illness or drug addiction, a history of sexual/physical abuse, or living in sole parent or blended family). Regardless of their dangerous home environments, the adolescents preferred to be connected to their parents, as this connection gave them a context to work through their identity. These findings suggest it is important not to underestimate the value of the family to the adolescent, even when this is a source of risk.

The family can also be protective for adolescents at risk of externalising and internalising disorders. In a longitudinal study of 376 adolescents at risk for depression, Carbonell et al. (2002) assessed the relationship between protective processes and positive functioning. The protective processes included family processes (adaptability and cohesion), social support, positive outlook, and interpersonal relationships. Positive functioning included no internalising or externalising disorders, and no current psychiatric disorder. The findings from the study indicated that family processes were the most important protective processes, with the best predictors of resilience at age

26 years being increased family cohesion at age 15 and mothers' reports of adolescents spending time with the family.

Although family processes appear to be the source of positive functioning in the study by Carbonell et al. (2002), it is important to note that the adolescents who were well functioning were also more likely to have protective individual characteristics. These adolescents had a more positive self-concept at age 15, a more positive self-esteem at age 18, more positive relationships, greater popularity with peers and fewer interpersonal problems than the depressed group. Furthermore, well functioning adolescents were also more likely to share personal information with their family and were more likely to be satisfied with the support (advice and positive feedback) they received from their family. Conversely, the depressed adolescents were more likely to go outside the family for support and were less satisfied with the support they received (Carbonell et al., 2002).

The influence of protective processes from multiple levels was also evident in the study by Grossman et al. (1992). At the family level, perceived family cohesion and communication between the child and mother predicted high self-esteem, good grades, lack of deviance and absence of distressed mood for girls, and lack of deviance and high self-esteem for boys. In addition, at the individual level, Grossman et al. found that girls' relationship with their father predicted mood, deviance, and self-esteem, whereas boys' relationship with their father predicted nothing. Finally, for girls only, the amount of times parents were present at the dinner table predicted self-esteem, lack of deviance and mood. These findings, similar to the findings by Carbonell et al. (2002), suggest protective processes occur at different levels, and it may be multiple processes that lead to resilience, not one specific process. Furthermore, while the family may offer protective processes, the utility of these processes may be dependent on both the individual level protective processes and the willingness or ability of the individual to accept support.

Summary. There are processes within the home environment that either increase risk or increase protective processes. In particular, parental drug use, parent psychopathology, and parental divorce are risks for adolescents and have many associated risks that contribute to negative outcomes. Features of these home environments can include higher violence and conflict, reduced finances, greater

disorganisation, and higher unemployment (Flores et al., 2005; Kelly & Emery, 2003). Many of these risks are associated with long-term negative consequences, and risks that occur within this environment appear to be particularly powerful in derailing development and producing maladaptive outcomes (Rutter, 2007).

The home environment can also be a place that provides protective processes for adolescents. Families that offer predictability of internal and external stimuli, family cohesion, communication, a secure attachment, family support, and helpfulness can improve adolescents' functioning, reduce internalising and externalising disorders, and improve self-esteem (Carbonell et al., 2002; Grossman et al., 1992; Owens & Shaw, 2003). Even maladaptive families can provide protective processes for adolescents, as there is evidence that children and adolescents value the family as support even when the home environment is problematic (Henry, 1999; Ungar, 2004b). It is also apparent that while protective processes may be operating at the family level, there may also be some contribution from processes at the individual and community level. These findings underscore the importance of seeking the views of children and adolescents, as their perception of protective processes may be disparate from the views of researchers, and only they have access to the unique set of processes that are operating in their lives.

Community Level Processes

The community is significant as it provides a context which either promotes protective processes or increases risk. These processes occur in schools, religious organisations, clubs, and even prisons (Baldwin, Baldwin, & Cole, 1992). A key risk at the community level is low SES, or disadvantaged communities, and protective processes include social support from non-familial adults, a positive school environment, and participation in community groups (Catterall, 1998; Cook, 2000; Dumont & Provost, 1999; Laursen & Birmingham, 2003). There is concern that the structure of today's communities and the lack of resources place all adolescents at risk (Arrington & Wilson, 2000). However, Anthony states, "to exercise such an influence, the environment would need to be all-pervasive, totally engulfing the individual in a situation that presses him from every angle toward a particular type of development or outcome" (1987, p. 35). Thus, there are risk and protective processes within the

community that may influence adolescents, but they do not guarantee positive or negative outcomes and are subject to family and individual influences.

Low Socioeconomic Status. A well-established risk factor that can be present in an entire community is low socioeconomic status (SES). Children and adolescents who come from low SES communities are frequently identified as being more at-risk (Kim-Cohen et al., 2004; Orthner, Jones-Sanpei, & Williamson, 2004), and risks associated with low SES include reduced cognitive development, higher antisocial behaviour, and lower self-esteem and sense of mastery (Conger & Conger, 2002; Kim-Cohen et al., 2004; Myers & Taylor, 1998). The impact of low SES was apparent in a study by Owens and Shaw (2003) of 310 impoverished children and their mothers over seven years. These children had lower levels of positive adjustment and poorer mother-child relationships, their mothers had higher depressive symptoms and were more likely to reject their children. This suggests low SES can affect many areas of a young person's life, including their well-being and the interactions between family members.

While studies indicate a strong association between low SES and negative outcomes for adolescents, the negative outcomes can be due to the risks that co-occur with low finances rather than due to the low SES itself (Catterall, 1998; Reis et al., 2005; Tiet et al., 1998). That is, when people experience low SES, they frequently also experience other risks, including economic insecurity, lack of access to health care, lack of access to child care, and lack of safe and affordable housing (Orthner et al., 2004).

The impact of risks associated with low SES was evident in the study by Myers and Taylor (1998) of over 500 African-American children and their mothers living in urban poverty. Myers and Taylor measured maternal psychological distress, parenting style, family stress, and child and parent psychological health. Results indicated maternal psychological distress, the burden of stress on the family and coercive parenting styles predicted early behavioural problems in children. Furthermore, those mothers who were less distressed were less rejecting with their children, were more able to obtain support and their children had better scores on the CBCL (Achenbach, 1991). Consequently, the most deleterious effect of low SES as a risk was the effect it had on parent stress, which then affected parenting style and children's behaviour.

The associated risks of low SES were also evident in a longitudinal study by Conger and Conger (2002) of low SES families in a USA farming community. Conger and

Conger identified parent response to financial hardship as the strongest predictor of negative outcomes for adolescents, rather than the direct effects of financial hardship. For nonresilient adolescents, economic pressure increased both mothers' and fathers' emotional distress, which led to marital conflict and withdrawal. For resilient adolescents, parents had marital support, a sense of mastery, effective problem-solving skills, were involved in the adolescents' lives, and provided nurturant care. Conger and Conger stated that financial issues will "impinge on the emotional health and ongoing relationships of parents" (p. 363), and it was the emotional health of the parents that was the greatest risk for negative outcomes for adolescents, which was due to the economic hardship.

One issue with research on low SES as a risk factor is that it is generally quantitative, which does not provide insight into some of the associated issues of low SES. This is evident in the study by Orthner et al. (2004) of 373 low-income families in North Carolina. Most families reported they were doing well on the economic, problem-solving, social support, and family cohesion dimensions of a family strength index and the families had strong confidence in their problem-solving abilities. Low SES families only scored low on the communication dimension, as they reported they did not like to talk about financial issues. This action was viewed as dysfunctional by the researchers; however not talking about persistent issues may be an indicator of resilience. In fact, it was probable that repeatedly discussing financial issues was not constructive in their situation.

In support of this view, Lazarus and Folkman (1984, p. 137) suggested that "when there is nothing constructive to overcome the harm or threat…when there is no direct action that is relevant, denial and denial like processes contain the potential for alleviating distress without altering functioning or producing additional harm." Thus communication in each context is dependent on the resources available, relationships within the family, and the different needs of each family (Ungar et al., 2007), and it cannot be expected that all families will communicate in the same way. In this case, qualitative research may have provided greater insight into the reasons behind the way low-income families communicated, rather than assuming the anomaly was a negative aspect for these families.

High Socioeconomic Status. While low SES suggests high risk for adolescents, high SES is usually regarded as a protective process (Luthar & D'Avanzo, 1999). However, although a child or adolescent with high SES is less likely to be exposed to the associated risks of low SES, there are unique issues associated with high SES. For example, research by Madeline Levine (2006) with adolescents from affluent homes indicated that they had higher rates of depression, anxiety, substance abuse, cutting and psychosomatic disorders than the general population. Similar findings were also evident in research by Luthar and Latendresse (2005), where affluent suburban adolescents had significantly higher use of cigarettes, alcohol, marijuana, and hard drugs than inner city lower SES adolescents. In this study, high SES adolescents also had higher anxiety and depression, and girls from this group were three times more likely than inner city adolescents to have clinically significant levels of depression.

Luthar and Latendresse (2005) suggested achievement pressure and emotional and physical isolation from parents were the cause of the differences between the two groups. This assertion is supported by prior research, which indicates parent presence plays an important role in developing identity and has links with more resilient outcomes (Sartor & Youniss, 2002). Thus, high SES adolescents with absent parents can be at risk, regardless of the finances available to them.

Levine (2006) proposed the main issue facing the high SES adolescents in her clinical work was that they had little or no experience of failure, nor had they developed the skills to overcome failure due to overinvolved and overprotective parents. "Lack of risk" due to overprotective parents is problematic as the adolescent does not get to experience mild risks and therefore does not have the opportunity to learn to deal with different forms of adversity (Furedi, 2002; Ungar, 2008a). Levine asserts that, "while the houses my young patients live in are often lavish, their internal homes are impoverished" as they have been "inadvertently deprived of the opportunity to develop an inside" (2006, p. 8). It appears that in order to be successful it is important for adolescents to experience some sort of risk, so that they can develop competence to overcome risk.

These findings suggest that high SES does not always protect adolescents from risk, nor does it guarantee positive outcomes, as they can be as much at risk as adolescents from a low SES background. As with low SES, there can be associated

issues with high SES that are problematic rather than the level of SES alone. In particular, some high SES adolescents may not experience the challenge necessary to develop resilience. Anthony (1987) labelled these children "pseudoinvulnerables," as they were only "invulnerable" if they had an extremely protective environment. With this understanding of associated risks, it may be of more benefit to identify associated risks with different levels of SES rather than focusing on adolescents with low SES and the risks they experience.

Community Organisations. One of the main ways the community can act as a protective process is by offering events and organisations that provide the opportunity for adolescents to be involved (Dumont & Provost, 1999; Laursen & Birmingham, 2003). Research indicates that adolescents who participate in the community are more likely to be resilient, have an increased sense of belonging, develop better boundaries and have more adaptive skills (Laursen & Birmingham, 2003; McMillan & Chavis, 1986).

The advantage of community was evident in the qualitative study of church membership by Cook (2000) with 32 male inner city adolescents. Cook found that adolescents who were church members had greater life stability, increased self-regulation, and a better formed identity. She suggested that the involvement in church required the adolescents to conform to group rules and this promoted better outcomes. However, it is important to note that the adolescents who participated in church also had parents who were more likely to be together, not on welfare, and employed, which may indicate that family processes were also contributing to the adolescents' positive outcomes. Consequently, while church membership acted as a protective function in this study, it is unclear if the protective processes that led to resilience were the home environment, the community, or a combination of both.

The school is another community level influence where adolescents spend a large proportion of their time. In Western Australia, school attendance is compulsory between the ages of 6 years 6 months and the age of 17 years, and students attend five days a week for approximately 6 hours a day (School Education Act (WA), 1999). The school environment can be a source of protective processes, as research indicates a positive culture or climate is associated with students' increased well-being (Cohen, 2006), better academic performance (Berkowitz & Bier, 2005; Freiberg, 1999),

increased self-esteem (Hoge, Smit, & Hanson, 1990) and higher self-concept (Cairns, 1987; Heal, 1978). Evidence also indicates that a positive culture can decrease adolescents' risky health behaviours, such as smoking and drinking (G. C. Patton, 2006). Furthermore, there is evidence that responsiveness to students, student participation in school activities, and school safety can help adolescents recover from low performance and low commitment to school (Catterall, 1998; Cohen, 2006).

Perceived school climate was positively associated with increases in the individual level protective process of self-esteem in a study of 100 ethnically and racially diverse students from a low-income area within the USA (Way & Robinson, 2003). The effect of school climate was greater than the effect of support from family and friends, as family support was only significant when it had increased from low support at baseline to high support two years later, and friendship support did not predict self-esteem (Way & Robinson, 2003). This suggests that the school environment can have a compensatory effect when family support is low, and can hold processes that are uniquely protective for at-risk adolescents. This study did not elucidate what represented a supportive school climate and for research to progress in this area more details of the processes at work are required.

Other community facilities such as prisons or detention centres can also provide support when adolescents live in risky environments. While it would appear that prison is a poor outcome, studies indicate that adolescents who have a chaotic home environment with drug use, conflict, and poor communication with parents find that incarceration is a safer option (Todis et al., 2001; Ungar, 2001). In particular, in a study by Todis et al. (2001) of previously incarcerated adolescents, the "community" of prison provided protective processes of structure, better health, freedom from drugs, an ability to increase their education and make positive connections with other adults, time to reflect and a chance to mature. In addition, Ungar (2001) found prison provided adolescents with the resources and stability to forge an identity when they were not able to do this through traditional channels in their own communities.

Community involvement is not universally protective, as some communities are violent and have frequent drug use. When adolescents become involved in communities such as these, they may find some level of acceptance from the community but these pathways do not provide long-term positive outcomes or

acceptance within the broader community (Ungar & Teram, 2005). In fact, in dangerous neighbourhoods, lack of involvement can be the key protective process for adolescents. For example, in a study by Brodsky (1999), resilient mothers in dangerous neighbourhoods distanced themselves from their community, and it was their lack of involvement that actually protected them and their families from negative outcomes. Therefore, community involvement in itself is not an adequate protective process unless the community offers positive protective processes that assist adolescents in becoming successful by both their own standards and the standards set by society. Each community will be unique, therefore it would be necessary to evaluate the extent of risk and protective processes separately for each community before labelling it risky or protective.

Social Support. Support from adults within the community has also been identified as a protective process for children and adolescents (Carbonell et al., 2002; Greeff & Van der Merwe, 2004; Grossman et al., 1992; Kelly & Emery, 2003; Mandleco & Peery, 2000). In the study by Todis et al. (2001), consistent involvement with adults other than parents was one of the key protective processes when the adolescents were released from prison. Qualities of these adults were identified through interviews with the adolescents and included: engagement, monitoring, consistency, confrontation, guidance, positive regard, giving multiple chances, instrumental support, modelling and personal connection (Todis et al., 2001). The support of an adult within the community may have been more significant for these adolescents, as they could not access adequate social support within their home environment.

Laursen and Birmingham (2003) also found the presence of caring relationships was a common theme for resilient adolescents during interviews with 23 adolescents. They investigated what "caring" adults actually meant to the adolescents, and found that caring included the attributes of trust, attention, empathy, availability, affirmations, respect, and virtue. It was not only the presence of the relationship that created positive outcomes for these adolescents, but the presence of certain attributes within that relationship that enhanced resilience.

Similar to other protective processes, social support may be a product of other processes rather than the key protective process that leads to positive outcomes. For example, in the study by Carbonell et al. (2002) individual characteristics of the

adolescents may have influenced the availability of support. Specifically, resilient adolescents had fewer interpersonal problems than nonresilient adolescents, and resilient adolescents spent 80% of their time with others, while nonresilient depressed adolescents spent only 42% of their time with others. Thus, the protective process of social support was a function of the time and quality of their interactions with people that could provide support, which indicates the presence of individual level processes.

The importance of the qualitative nature of relationships was apparent in the study by Pilowsky et al. (2004). They found that nonresilient children had larger support networks than resilient children despite nonresilient and resilient children perceiving similar levels of support, and the parents of resilient children perceiving their children received more support. This suggests it was the qualitative nature of the support networks that were beneficial, rather than the size of the network. These qualitative features need further examination so that the function of social support is clearly understood.

One reason why social support as a protective process is poorly understood is the great variability in the way it is defined and measured. Currently social support can mean different things to different people. For example, one person may define social support as something instrumental (e.g., financial assistance, providing), while another may define it as emotional (e.g., love, kindness, empathy). While there is uncertainty over the term, there will remain difficulties in comparing studies, understanding the influence of social support on resilience, and recognising what aspects of social support contribute to making a difference. Qualitative work by Todis et al. (2001) and Laursen and Birmingham (2003) have provided a framework for further research, however additional research is required to define and understand the concept so it can be utilised successfully in research and applied effectively in practical settings.

Summary. The community around a young person can influence them through either the provision or lack of both human and material resources. Research indicates adolescents in low SES communities can experience lower outcomes in intelligence, relationships, and positive adjustment (Conger & Conger, 2002), and adolescents in high SES communities can experience increased drug use and depression (Levine, 2006; Luthar & Latendresse, 2005). Positive community influences include the provision of opportunities to become involved in the community, positive community

expectations, and social support (Greeff & Van der Merwe, 2004; Kelly & Emery, 2003; Todis et al., 2001).

Community organisations operate external to the family and can provide an environment for the young person that has stability and structure, and opportunities to work through issues associated with risk (Ungar, 2001). These organisations appear to be particularly beneficial when the young person does not have support from their home environment (Todis et al., 2001). However, it is important to note that the influence of the community as a risk or protective process is dependent on the characteristics of the community. Therefore, it is not possible to suggest that all schools or religious organisations contribute to resilient outcomes, as each community is different and will have different risk and protective processes operating.

Summary of Risk and Protective Processes

There are processes that can increase risk or protect adolescents from risk at the individual, family and community level. The majority of risk processes appear to originate from the family environment or influence this environment, such as divorce, maltreatment, and low SES. Some risks are more detrimental than others and can cause long-term negative consequences for adolescents (e.g., maltreatment); however the impact of risk is dependent on the individual and the resources available to them (Lazarus & Folkman, 1984).

Frequently risks occur in groups, with one initial risk and other associated risks. For example, when parents divorce, associated risks can include parental conflict, loss of a parent in their life, and declines in self-worth (Watt et al., 1992), and in studies of low SES communities there are often associated risks of stress and family conflict (Myers & Taylor, 1998; Owens & Shaw, 2003). These associated risks can have a greater impact on well-being than the initial risk. Therefore, it is important to recognise all risks experienced by adolescents to understand which risk, or risks, are the most harmful to their positive development. This can only be accomplished by involving the adolescent in the research process, as only they can provide access to the range of risks they have experienced, their perception of the risks, and the available resources in their context that may have inhibited or promoted well-being.

While it may appear logical that the removal of all risk will improve adolescents' outcomes, this is not the case. Evidence indicates that adolescents from high SES backgrounds who are "risk free" lack the challenge to develop into functional adults (Furedi, 2002). Research also indicates that the risk can be an aspect of the protective processes required for positive outcomes. For example, adolescents who have problematic family lives still desire to be involved in their family, despite the risk (Ungar, 2001). Therefore, some risk is required for healthy development, and at times an aspect of the risk is a part of the pathway to recovery.

Similar to risk processes, most protective processes appear to act in conjunction with one another, so it is difficult to distinguish if it is one process or the interaction between several processes that assists adolescents to be resilient (Luthar et al., 2000a). For example, in the study by Pilowsky et al. (2004), parents of resilient children had the protective processes of greater social support, less stress, and children with an easy temperament. These processes occurred at the individual (temperament), family (parenting), and community (perceived support) level. Therefore, protective processes at all levels need to identified, so that the effect of individual, family, and community processes, accumulative processes, and the interaction between processes can be understood in relation to adolescents' outcomes.

Some research indicates that specific protective processes are more important than others (Olsson et al., 2003). For example, effective parenting may have a greater influence on adolescent outcomes than adolescents participating in community activities. However, this is not substantiated as protective processes appear to operate differently for different people (Greeff & Van der Merwe, 2004), and their effect differs between contexts. Furthermore, some protective processes are only adaptive in certain contexts (Masten & Coatsworth, 1998; Ungar, 2004a), and they are frequently part of a set of processes rather than operating in isolation (Pilowsky et al., 2004). It is probable, similar to risks, that the "important" protective processes are unique to individuals and dependent on the risks they have experienced and resources available within their context.

It is clear also that multiple protective processes do not guarantee resilience, as the processes need to be what the adolescent requires and the adolescent also needs

to be willing and able to access the protective process. In the study by Pilowsky et al. (2004), despite the nonresilient children having a larger support network than resilient children they did not perceive more support. Thus the necessary process was there, but it was either not the right process or the children were unable to access it. Gilgun (1996) notes that protective processes does not guard the young person against poor outcomes. She states that "assets may be available to many persons, but if individuals do not or are not able to use the assets to help them cope with, adapt to, or overcome adversity, then at the individual level assets do not function as assets at all" (1996, p. 397). Consequently, while it is important to provide a vast array of protective processes, it is also important to ensure that the young person is able to use those processes and that they are the processes they require.

Positive Outcomes

To achieve resilience after risk, an individual needs to experience positive outcomes (Masten & Powell, 2003). There is great variability in how positive outcomes are defined and measured in resilience research, and the word "positive" is frequently interchanged with "successful," "healthy," or "adaptive" outcomes (Luthar et al., 2000a; Masten, 2001; Ungar, 2004a). The two most common measures of positive outcomes are lack of psychopathology and signs of competence (e.g., academic, social). Lack of psychopathology is a measure of positive outcomes in resilience research because psychopathology is associated with multiple risk processes, such as parental drug use, low SES, and a negative parental marital relationship (Tiet et al., 1998). Thus, adolescents who avoid psychopathology after experiencing these risks are considered resilient, as it is not the expected pathway. Psychopathology is evident through internalising (e.g., depression and anxiety) and externalising symptoms (e.g., acting out and aggression) (Achenbach, 1991).

Competence is used as a measure of positive outcomes in resilience research because domains of competence are frequently linked with well-being and adaptive functioning (Katz & Woodin, 2002). Competence can be defined as: "a pattern of effective adaptation in the environment…for a person of a given age and gender in the context of his or her culture, society, and time, or more narrowly defined in terms of

specific domains of achievement, such as academics, peer acceptance, or athletics" (Masten & Coatsworth, 1998, p. 206).

The acquisition of social competence is linked to academic achievement and psychological wellbeing in childhood, and adjustment in adulthood (Katz & Woodin, 2002; Sanson & Smart, 2001; Welsh, Parke, Widaman, & O'Neill, 2001). Signs of competence are usually major developmental milestones that are grounded in the community context and include attachment to a caregiver in infancy, academic achievement, socially appropriate conduct, getting along with peers in middle childhood, a cohesive sense of self, and the formation of close friendships within and across genders in adolescence (Masten & Coatsworth, 1998).

Issues with Current Measures

An issue with using lack of psychopathology as a measure of success is that frequently it is the only measure of positive outcomes. For example, in the study by Pilowsky et al. (2004) resilience was defined as those children who exhibited the fewest indicators of psychopathology, scoring in the lowest 25% on the CBCL (Achenbach, 1991). In another study, Tiet et al. (1998) defined resilience as "competence despite risk" and yet there was no measure of competence evident in their research. Instead, resilience was assessed by measuring the lack of psychiatric disorders and functional impairment through a diagnostic interview and the CGAS (Shaffer et al., 1983).

The problem with using lack of psychopathology as the only measure of success is that there is an assumption that the young person also experiences positive outcomes. While lack of psychopathology is a desirable outcome for adolescents, the absence of disorder does not guarantee the presence of success. For example, a person who has not been diagnosed with a disorder but is unemployed, has few friends and no sense of purpose would not be considered successful. Therefore, some focus also needs to be placed on the measurement of positive outcomes in conjunction with the measure of psychopathology (Masten, 2001; Masterpasqua, 1989).

The use of competence as a measure of positive outcomes in resilience has many issues as well. One issue is the large range of ways that competence is

theoretically and operationally defined in research. For examples, levels of competence can be attained from many different domains and each domain can be measured in a different way (Battistich, Schaps, & Wilson, 2004; Luthar, 1991; Luthar et al., 2000a). Specifically, competence may be defined as intelligence or social competence. If intelligence is the chosen domain of competence, it can be measured through IQ tests (Vaillant & Davis, 2000), school grades (Lansford et al., 2006), or achievement tests (Mikami & Hinshaw, 2006). If social competence is the domain, it can be measured through adult ratings (Hestyanti, 2006), peer ratings (Flores et al., 2005), or self-report social skills scales (Ruschena et al., 2005). This variability in sources and domains is problematic, as it is likely to produce inconsistency in the measurement of positive outcomes.

An additional problem with the use of competence as a measure of positive outcomes is that there is great variation in the standard of competence that is required for the child/adolescent to be "resilient." For example, if grades are used for academic achievement some standards include grades above the school mean (Luthar, 1991) while others place a positive or negative value on grades (e.g., A=13 whereas F=1) (Lansford et al., 2006). The variability in standards required for positive outcomes suggests that the cut off point for resilience is arbitrary. That is, does the young person need to achieve 100% or 80%, or an average score of some figure to be designated resilient.

If levels of excellence are used as a solution to arbitrary standards, it is still problematic as the research may be excluding potentially resilient adolescents who have improved from poor academic, social, or psychological outcomes to average outcomes. As a result, research may miss the opportunity to identify potentially protective processes for adolescents who are succeeding, but not at levels of excellence.

The measurement of competence also varies by the number of domains used to substantiate competence. Some studies use multiple domains to provide an overall indicator of competence (Reis et al., 2005; Rutter et al., 2007), while others only use one, or two domains (Pilowsky et al., 2004; Tiet et al., 2001). The problem with the diverse approaches to measuring competence is that each approach may provide a different measure of the same domain, and in turn, provide a very different indicator

of "positive outcomes." This makes it very difficult to compare different studies, and more importantly, may exclude resilient adolescents from the research by the way competence is measured.

Another issue with utilising competence as a sign of positive outcomes is that despite its links with well-being, competence does not guarantee well-being. In fact, there is evidence that adolescents may display signs of competence but be experiencing problem behaviours. Mikami and Hinshaw (2006) predicted independent goal-directed play would act as a buffer for girls with Attention Deficit Hyperactivity Disorder (ADHD) who were at risk for negative outcomes. That is, girls with ADHD who played quietly by themselves would have good long-term outcomes. In contrast, they found independent goal directed behaviour predicted problem behaviours in adolescence and was not protective (Mikami & Hinshaw, 2006). Thus, while these adolescents had the appearance of competence, this did not indicate healthy, long-term adjustment.

The need to look beyond levels of competence as the only measure of positive outcomes is apparent in other cases. Levine (2006) found that high SES adolescents in her study frequently had good social and academic skills and presented well, yet had higher rates of depression and anxiety. In another example, 18 year-old David Ritcheson from the United States of America was beaten and abused by several adolescents and jumped to his death from a cruise ship. One of the prosecutors was surprised at the suicide, saying "he always seemed positive and upbeat about his recovery" (Associated Press, 2007). The appearance of being positive and upbeat appeared to be a superficial measure of well-being that did not elucidate how David was actually functioning. While measures of competence are usually desirable outcomes and often more socially acceptable, it is important to also gather measures that elucidate well-being.

Measures of well-being are critical, because in some contexts social and academic competence may not be beneficial to long-term well-being. This was evident in a study of 115 children from Banda Aceh in Indonesia, one year after the Boxing Day tsunami (Hestyanti, 2006). In this study, only six children were defined as resilient which was those children who were labelled "good" or "nice" by the aid workers and not displaying any clinically significant levels of trauma (Hestyanti, 2006). As these

children had lost families and homes it was likely they were experiencing some level of trauma, and measuring their social competence at this time may not have been a reliable measure of positive outcomes. Hestyanti (2006) stated the nonresilient children were "actively and loudly processing their grief." It is possible that this behaviour was functional to long-term health as the young person could work through issues related to the adversity rather than being nice or good.

In another study that challenges the use of competence as a measure of positive outcomes, Luthar (1991) found that resilient low SES adolescents had higher levels of competence than their peers, however they also had significantly higher levels of depression and anxiety. Luthar suggests that resilient young people may inevitably experience some problems associated with the stresses they have experienced. Thus, the young people are showing recovery from the risk and are resilient, but they have not completely worked through the issues associated with the risk. Future research needs to address if adolescents can be resilient if they are "competent" and experiencing significant psychopathology. Discussion also needs to occur around why there are expectations that resilient adolescents need to show no signs of the risk they experienced to be resilient.

Despite these issues with using competence as a measure of positive outcomes, there are examples of research where competence has been used successfully. For example, Catterall (1998) used change over time in academic resilience in a study of 11,000 13 year-old students in the USA. The students in the study were receiving a C grade or lower in English and academic resilience was the tendency for students to show a significant improvement in grades from 13 to 15 years of age. Catterall found that 92% of low achieving students had academic resilience. This was a large number of resilient students, probably due to the fact that it was more inclusive of students who made positive progress regardless of the final grade they attained.

Bolger and Patterson (2003) also avoided some of the issues associated with competence by sampling from several domains. They measured maltreated children on four domains (peer acceptance, lack of internalising and externalising disorders, and academic achievement), and defined resilience as one standard deviation above the mean of any domain at any time over four years. Bolger and Patterson also took an average of all four domains to find if children were functioning well overall. With these

methods up to 21% of children were functioning well at some point in time, compared to only 5% functioning well in all domains consistently over time.

The advantage of the approaches by Catterall (1998) and Bolger and Patterson (2003) is that achievement did not have to be exceptional, in every domain, or in one nominated domain for the child or adolescent to be resilient. Rather, the studies took into account that adversity disrupts normal developmental pathways, and so children and adolescents who experience adversity and yet maintain normal development or have better than expected developmental trajectories are resilient (Luthar et al., 2000a; Masten, 2001; Reis et al., 2005). A strength of this form of measurement is that it acknowledges those adolescents who have made significant gains but are not achieving high levels of competence, and those that may be strong in one domain but not in others.

In summary, the measurement of positive outcomes needs to be a balance of both competence and psychopathology in order to test both areas of success and areas that are problematic. It is inadequate to assume that lack of psychopathology equates to success in other areas. Furthermore, it is necessary to look beyond socially accepted levels of competence to assess well-being as other negative processes may be occurring that contribute to positive or negative long-term well-being. If competence is used as a sign of positive outcomes, it is important to look at change over time, several domains, and take into account the adversity the young person has experienced and expected trajectories of development. Finally, some measure of well-being needs to be gathered, as lack of psychopathology and signs of competence do not always equate to a child or adolescent who is functioning well.

In conclusion, the most problematic outcome of current approaches to measuring positive outcomes is that children and adolescents may be labelled resilient or nonresilient incorrectly. This is an issue because the identification of protective processes is based on findings from these groups. If the groups are not resilient then the protective processes identified and future action to help children and adolescents will be misdirected. Consequently, there is a need to review current approaches to measuring positive outcomes and find a cohesive approach that can accurately identify resilient adolescents.

CHAPTER 4

METHODOLOGICAL ISSUES IN RESILIENCE RESEARCH

Chapter Overview

There are four main issues within current resilience research methodology, namely the reliance on quantitative methods, the absence of children and adolescents' voices, interpreting findings without recognising context, and the reliability of the construct of resilience. These issues can lead to research that lacks depth and breadth, presents limited perspectives, and research that cannot be applied to other settings. In this chapter, the methodological issues are discussed in detail as well as suggestions for alternative methods for gathering and analysing data. An outline of the methodology for the current research based on these suggestions is then provided.

The central issue in current resilience research is the over-reliance on quantitative methodologies and positivist paradigms, and the lack of qualitative inquiry (Barton, 2005). Quantitative methodology is useful for testing known variables and the relationships between them, but this methodology does not uncover new processes or explain the nature of the known variables (Ungar, 2004a). Consequently, quantitative designs only increase our understanding of relationships between variables, but do not expand the understanding of resilience. This approach to research is problematic because there is an assumption that all pertinent factors related to resilience have been discovered, and it is unnecessary to look for new factors. Furthermore, this approach does not elucidate the nature of known factors and how they operate as processes.

Another issue with quantitative methods is that they are not always adequate to deal with the complexity of human behaviour and the considerable number of processes associated with resilience research. Barton (2005) comments that "the sheer multiplicity of potential risk and protective processes and the possible relationships among them (reciprocal, conditional, etc.) places strains on the most complex multivariate, quantitative models. When one enters time as a variable…another layer of complexity emerges" (p. 142). Consequently, it may be questionable as to how well

these statistical procedures are able to produce findings that are statistically significant and conceptually relevant to adolescents' lives.

Roosa (2000), an advocate for quantitative methods, argued that "interactions are the heart and soul of resilience and arguably the most important and distinguishing feature of this concept" (p. 567). Yet Luthar et al. (2006) caution that main effects can be lost when searching for interactions. That is, unique differences in one group can be obscured when comparing large numbers of variables. Furthermore, the quality and richness of the variables being tested can also be lost when the variables are only considered within statistical procedures. For example, social support is frequently utilised as a measure of resilience, yet quantitative designs only indicate correlational relationships between social support and other variables and do not explain what constitutes social support. If the purpose of resilience research is to promote change in the lives of adolescents who have experienced risk, it is critical to understand which processes create positive change and how these processes work.

A further issue to consider in resilience research methodology is the forms of data collected. Currently, the majority of data is obtained through parent and teacher report and there is an absence of child and adolescent perspectives (Boyden & Mann, 2005; Ungar, 2004a, 2005a). If adolescents are included in the research, they are usually given intelligence and social competence questionnaires to assess their well-being, whereas when adult well-being is assessed they are consulted (Luthar et al., 2006). An underlying assumption of this approach is that adolescents are incapable of reporting on their own well-being, or they report inaccurately (Mauthner, 1997). This thinking is flawed, and Ben-Arieh (2005) suggested that there is concern about the validity of children's reports, but there is not concern about one group (adults) reporting on the daily activities of another group (children). He states, "It is obvious that many studies did not even consider this aspect of who is the source of information" (Ben-Arieh, 2005, p. 582). The greatest issue with the emphasis on adult perspectives is that resilience research excludes the perspective of the resilient person. Potentially, this data could hold significant keys in understanding the process of resilience.

The reliance on adult views to understand child and adolescent experiences has also ensured that young people have been classified based on "the selection criteria of

adults" (Ungar & Teram, 2005). These selection criteria often includes the use of arbitrary variables to measure positive outcomes, such as social competence and compliance (Barton, 2005; Ungar, 2004a), despite evidence that these are not always a good predictor of positive outcomes (Hestyanti, 2006; Mathiesen & Prior, 2006). Furthermore, definitions of risk and protective processes are predetermined by researchers without consulting children and adolescents.

This predetermination of processes is flawed, as the influence of risk and protective processes is not universal, but dependent on the individual and the resources and constraints within their environment. Therefore, it is important to find what children and adolescents perceive as a positive outcome, risk, or protective process, so that the understanding of these criteria is grounded in their definitions, not in adult assumptions regarding their experiences. Until this occurs, policies and planning designed to increase adolescent well-being will be based on adult perspectives, which may be an inaccurate representation of what adolescents need (Howard et al., 1999).

Another issue in resilience methodology is that context is rarely recognised in research. This is problematic as risks, protective processes, and positive outcomes may differ between contexts due to the resources and constraints of each context. Currently some research in resilience is being developed across cultures (Ungar, 2008b; Ungar et al., 2007), however the majority of resilience research has been conducted in North American communities (Flores et al., 2005; Orthner et al., 2004). As a specific example, very few pieces of resilience research have been conducted in Australia. Some of the notable Australian work in resilience is by Sue Howard and Bruce Johnson (Howard et al., 1999; Howard & Johnson, 2000) in Adelaide, and the Australian Temperament Project (Smart et al., 2003) in Victoria, a longitudinal study of children's risk and protective processes. Excluding context from research is problematic, as risk and protective processes will not always translate from one context to another (Ungar, 2004a). Therefore, there is a need to conduct research within specific contexts so that the risk, protective processes, and positive outcomes are relevant to that context.

The stability and reliability of the concept of resilience is also an issue, as some children and adolescents show resilience at one point in time but not in later measures

(Luthar et al., 2000a). For example, in the study by Bolger and Patterson (2003) a range of measures were used to assess resilience including teacher ratings, peer sociometric ratings, and a self-esteem scale (Harter, 1986), and only 5% of children consistently maintained positive functioning over time. Catterall (1998) also found that resilience was not fixed as student performance changed over time. In the study by Owens and Shaw (2003) of impoverished children, 73% showed stability in their well-being over two years on the CBCL (Achenbach, 1991).

This issue with stability of the concept may be methodological, as resilience can be measured through many different methods and each method may produce a different result. Some of these difference include the variables measured, the time after the risk, and the assessments utilised. Specifically, in some studies adolescents are tested immediately after the experience of risk and in others they are assessed a year or several years later (e.g., Hestyanti, 2006; Lewis & Frydenberg, 2002). These timing decisions can produce different results as the adolescents are at various stages of processing the risk. Therefore, an adolescent may be nonresilient immediately after the risk and resilient one year later. These differences do not invalidate the concept of resilience, rather they indicate that timing, variable selection, and instrument choice are significant and can influence the measurement of resilience.

Differences in resilience over time may also arise because of the various risks experienced by the participants in the studies. Rutter (2007) states that "People can be resilient in relation to some kinds of environmental hazards but not others. Equally, they may be resilient with respect to some outcomes, but not all" (p. 205). Therefore, it is not that the young person is resilient at one point, and nonresilient at another, it is that they may be experiencing different forms of adversity or only showing positive outcomes in some areas (e.g., academic or social competence). The statement by Rutter also emphasises the need to gather multiple measures of resilience, as their resilience may only be evident "in respect to some outcomes."

Further discussion is also required to ascertain if a person needs to be resilient their whole life to be resilient at all. That is, if a child bounces back from the risk of maltreatment and is successful during adolescence but experiences depression in older adulthood, is this still resilience. In the current study, the perspective is held that the construct of resilience need not be present at every stage in a person's life for it to be

valid and for the person to have long-term positive outcomes. That is, resilience is about being successful in the present and the foreseeable future, but with the understanding that other risks occur, and that times aspects of the previous risk require attention. For example, a resilient maltreated child may have to work through different issues when they become a parent for the first time. In addition, resilience is something that can occur at any time in one's life. While an individual may not show resilient behaviour in childhood or adolescence, they may demonstrate resilience as adults.

Methodology in Future Research

In summary, methodology in future resilience research needs to provide a balance between quantitative and qualitative methods, and include context and the perspective of children and adolescents to broaden the understanding of resilience. These changes will ensure that the conceptualisation of resilience is not limited to factors identified in previous research, that contextual differences are recognised, and will avoid the adult-centric nature of previous resilience research. Luthar et al. (2006) also contend that in future resilience research selected vulnerability and protective processes need to be salient, malleable, enduring, and generative. That is, they must be relevant to a large group of people, something that can be changed, have a long lasting effect, and they should cause positive changes to other areas.

The current design of this research project has been developed by considering these methodological issues. The design is mixed methods, employing both quantitative and qualitative methods to identify relationships between variables and to develop new theory. The qualitative data will also provide a rich description of the processes that occur from the risk to the experience of success. Furthermore, the perceptions of adolescent participants from a specific context are utilised to ensure that the risks, protective processes, and positive outcomes are applicable to their experiences within this context. In this way, the findings will be relevant to adolescents within this context.

CHAPTER 5

RESEARCH DESIGN

Chapter Overview

The philosophical framework that informed and guided this research was social constructivism, and the methodology was both quantitative and qualitative. There were three stages in this design. In the first, grounded theory was utilised to develop theory through in-depth individual interviews. In the second stage, focus groups were used to confirm, refute, or expand the findings that emerged from Stage One. In the final stage, a questionnaire was administered to compare the findings in Stage One and Two to a generalised quantitative understanding of protective processes related to resilience.

In this chapter, the research design for the three stages of the research is outlined. This includes the philosophical framework of social constructivism; the qualitative and quantitative research methodology; the use of mixed methods; the data collection methods of interview, focus groups, and survey collection; and forms of rigour. The rationale for using this philosophy and methodology is also presented, as well as advantages and disadvantages of the chosen methodologies.

Philosophical Framework

The philosophical framework that guides the current research is social constructivism. The purpose of social constructivism is to "understand contextualized meaning, and to understand the meaningfulness of human actions and interactions – as experienced and construed by the actors – in a given context" (Denzin & Lincoln, 2003, p. 597). Social constructivism, as opposed to a positivist philosophy, is based on the assumptions that there are multiple realities, meanings are constructed through social interactions, are dependent on context, and the investigator is a part of the research process (Guba & Lincoln, 1994; Robson, 2002; Rodwell, 1998; Ungar, 2004a).

Social constructivism is frequently confused with the terms "constructivism" and "social constructionism" (Gergen, 1985). These terms have many commonalities but there are subtle differences (Raskin, 2002). Constructivism is the knowledge

created by individuals through their experiences and observations; social constructivism is the knowledge created by individuals and this is influenced by societal conventions, history and interaction with others; and social constructionism is knowledge created through conversations (Talja, Tuominen, & Savolainen, 2005). Despite these differences, the terms are used interchangeably and Raskin (2002, p. 1) states that they "are employed so idiosyncratically and inconsistently that at times they seem to defy definition."

Rather than provide a lengthy philosophical debate on how to define the terms and which definition is correct, this section focuses on how the chosen philosophy, social constructivism, is defined within the current research. In this way, the research can be understood within the given assumptions, instead of through the reader's own conceptualisation of social constructivism. The understanding of social constructivism in the current research is based primarily on the work by Guba, Denzin, and Lincoln (Denzin & Lincoln, 2003; Guba, 1990; Guba & Lincoln, 1994). This includes the ontological (the nature of reality), epistemological (the nature of the relationship between the researcher and the participants), and methodological (how does the researcher go about finding this knowledge) approach to the research (Guba, 1990). These assumptions and the influence they have on the research approach are outlined in the following section.

The ontological approach to research within a social constructivist philosophy is that there are multiple realities and these realities are dependent on the individual's negotiations with their community (Lincoln & Guba, 2000). This is divergent from a positivist ontology, where there is one reality or "truth" to be discovered (Guba & Lincoln, 1994). The ontological position taken by the researcher affects the type of data collected and the way it is collected (Guba, 1990). Currently, much of resilience research is based on the realities of the researcher, parents, and teachers, rather than those adolescents who have experienced and overcome the risk (Boyden & Mann, 2005; Ungar, 2004a, 2005a). This type of data collection is based on a positivist ontology, as it assumes there is one truth and that data can be gathered from any source and be representative of the truth for all individuals. With the social constructivist ontological position taken in the current research, it is necessary to

access the adolescents' subjective socially constructed realities to understand the phenomena of resilience rather than assuming others can report on their reality.

A second ontological aspect of social constructivism is that constructions of reality are dependent on the individual's temporal, structural and cultural context (Charmaz, 2000; Guba & Lincoln, 1994). Thus, context is a significant factor that influences how individuals interpret their worlds and needs to be recognised in research. This is contrary to research with a positivist philosophy, whereby context can be "stripped" through controls and randomisation, and the gathered research is more representative of laboratory conditions rather than real life (Guba & Lincoln, 1994).

Context is largely ignored in resilience research, or it is focused on the North American context (e.g., Myers & Taylor, 1998; Orthner et al., 2004; Runyan et al., 1998). This focus has resulted in data that is representative of the experiences of adolescents within that context, and this may be unrelated to adolescents' experiences within other contexts. While this data may be useful for building a generalised understanding of resilience, it is not useful for understanding the unique interaction between individuals and context in any other context. Thus the current research context, Perth, Western Australia, is a significant aspect of the research as the adolescents' constructions are influenced by the unique challenges and resources of this context.

Within the social constructivist epistemology, the researcher and participants are "linked" in the research process, findings are created through their interaction, and values are acknowledged; whereas within a positivist epistemology the researcher remains objective, separate from the participants, and attempts to keep the research unbiased and value free (Charmaz, 2000; Guba & Lincoln, 1994). Guba states that the subjectivist position is the only way of "unlocking the constructions held by individuals. If realities exist in respondent's minds, subjective interaction seems to be the only way to access them" (Guba, 1990, p. 26). Thus, it would not be possible to remain objective and be able to access the constructions of the participants.

Furthermore, despite positivist claims that research can remain objective, all philosophical approaches are subject to the influence of the researcher and the choices they make during the research process (Guba, 1990; Johnson & Onwuegbuzie,

2004). Thus, rather than deny that this influence exists, the researcher with a social constructivist approach recognises that their subjective reality as the researcher will influence how the worlds of the participants are interpreted (Charmaz, 2000). Rodwell (1998) suggests that the researcher manage this influence by: controlling the power differential between themselves and the participants, setting up the methodology and data gathering to access the participants' views, and stating researcher biases so that the subjective reality of the participants is revealed. These suggestions have been adhered to in the current research by documenting the researcher's experience, biases, and role in the research, and by utilising predominantly qualitative methodology to access the participants' view.

As research with a social constructivist philosophy is based on the assumption that meaning is constructed through social interactions (Guba & Lincoln, 1994; Rodwell, 1998), methodologies associated with this philosophical approach generally utilise conversation as data, such as interviews and focus groups (Daly, 2007). These methodologies are effective ways to gather information because participants can use their own words to explain and interpret events, and reconstruct their constructions (Guba & Lincoln, 1994). With this form of data collection, participants can also introduce new words or explain the meaning they place on common words, which may be foreign to the researcher and thus possibly absent from the research (Charmaz, 2000). In the current research the methodology is mixed, however the main form of data collection is semi-structured in-depth interviews to allow the views of the participants to emerge. A complete discussion of the methodologies used in the current research is provided in the next section of this chapter.

Research Methodology

The methodology of the research project was mixed methods, which is defined as "a class or research where the researcher mixes or combines quantitative and qualitative research techniques, methods, approaches, concepts or language in a single study" (Johnson & Onwuegbuzie, 2004, p. 17). The assumptions of quantitative and qualitative methodologies are outlined in the next section, along with the advantages and disadvantages of each methodology. This is followed by a discussion of the rationale for combining the two methods.

Qualitative Methodology. Qualitative methodology utilises "thick written descriptions" to explain different phenomenon (Hansen, 2006; Martin, 2000). These methods can be used to "obtain the intricate details about a phenomena such as feelings, thought processes and emotions that are difficult to extract or learn about through more conventional research methods" (Strauss & Corbin, 1998, p. 11). The rich contextualised descriptions of categories provide an in-depth understanding of the concepts of interest, within the context they occur (Liamputtong & Ezzy, 2005). These descriptions can help explain why a phenomenon occurs rather than only learning what other variables relate to the phenomena or how frequently it occurs.

A qualitative design is inductive, which allows for alternative ideas to emerge in the research that may be different from the ones the researcher brings to the process (Liamputtong & Ezzy, 2005; Miles & Huberman, 1994). An inductive design is advantageous because it creates an opportunity to challenge existing ideas, develop new theory, and be open to participant meanings. Furthermore, an inductive design provides space for the participants' views, which are frequently absent in quantitative research (Guba & Lincoln, 1994).

A key criticism of qualitative research is that it does not have checks for validity and reliability, and provides no account of how the data was analysed or interpreted (Johnson & Onwuegbuzie, 2004). This criticism was addressed in the current research by adhering to processes of rigour suggested by Guba and Lincoln (1994) and Glaser and Strauss (1967) which are discussed later in this chapter.

Quantitative Methodology. Quantitative designs utilise numerical data and allow for the control of variables, randomisation, precise measurement, and the drawing of causal conclusions to the general population (Martin, 2000; I. Newman & Benz, 1988). The researcher remains objective in quantitative research and separate from participants in order to eliminate researcher bias (Johnson & Onwuegbuzie, 2004). Quantitative research is useful for verifying theory with a population group, testing relationships, and identifying patterns in data (Robson, 2002). Disadvantages of quantitative research include the absence of context, the assumption that there is one reality, and as the research is deductive the findings are limited to the variables included in the study (Guba & Lincoln, 1994; I. Newman & Benz, 1988). However, these limitations are less applicable to the current research as the qualitative methodology

in Stage One and Two recognised context, multiple realities and was inductive, and the quantitative methodology in Stage Three was only utilised to reflect on these findings.

Mixed Methods. The design for the current research is the convergence triangulation form of mixed methods (Creswell, 2003). This design employs both quantitative and qualitative methods concurrently within the same research to confirm, cross-validate, or corroborate findings (Creswell, 2003; Plano Clark & Creswell, 2011). Convergent triangulation is appropriate according to the criteria for selecting mixed methods designs of timing, weighting, and mixing outlined by Plano Clark and Creswell (2011).

Timing refers to when the data is collected. In a convergent design, the two forms of data are collected currently. The weighting of the design indicates what method (qualitative or quantitative) is given priority (Creswell, 2003). Usually in convergent triangulation designs the methods are equally weighted but this is not essential (Tashakkori & Teddlie, 2003). In the current research, the qualitative method is the dominant method. Mixing refers to how the quantitative and qualitative methods will be related (Creswell, 2003). Convergent triangulation designs requires the findings to be "merged" during the interpretation of findings (Plano Clark & Creswell, 2011; Tashakkori & Teddlie, 2003). That is, the quantitative and qualitative data sets are gathered at the same time, analysed separately, and then the findings are compared. See Figure 1 for a visual representation of the design. Capital letters are utilised to indicate the method which was prioritised.
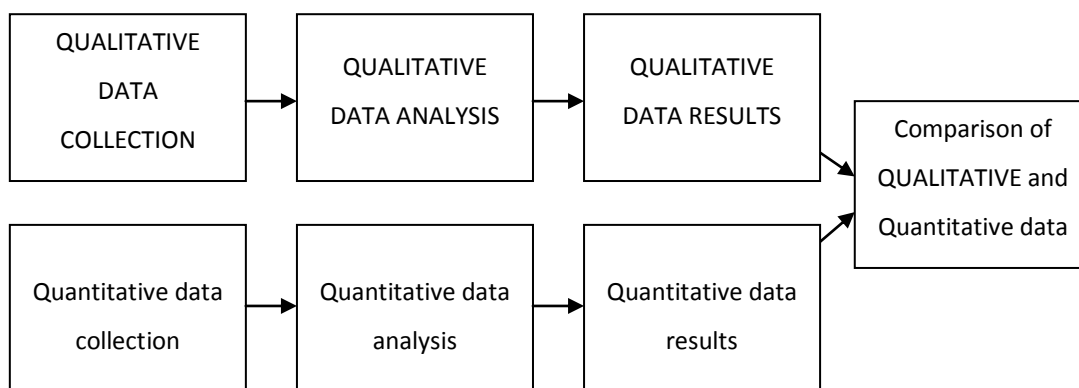
Figure 1. Visual Representation of Convergent Triangulation Mixed Methods

Despite the widespread use of mixed methods over the last 25 years, there is still contention over combining qualitative and quantitative methods together to form mixed methods (Morse, 2003). The issue behind combining the methods is the vast ontological, epistemological, and methodological differences between qualitative and quantitative approaches. Qualitative research recognises time and context, multiple realities, provides a rich written account of the findings, and the research considers values and subjective meanings (Guba & Lincoln, 1994; Johnson & Onwuegbuzie, 2004). Whereas in quantitative research, the researcher remains objective, detached and unbiased, tests empirically, and provides a formal written account of findings (Guba & Lincoln, 1994; Johnson & Onwuegbuzie, 2004). Consequently, by utilising the two methods together, it appears that there is an inconsistency in one's approach to research.

However, one's approach to research is not determined by the methodology , but by the philosophical approach (Guba & Lincoln, 1994; Robson, 2002). Methodologies are at times treated as philosophical approaches, but they are not, only techniques for gathering data (Creswell, Plano Clark, Gutmann, & Hanson, 2003; Greene & Caracelli, 2003; Nagy & Viney, 1994). While some qualitative and quantitative methodologies align with certain philosophical approaches they remain subject to the philosophical approach that directs the research (Guba & Lincoln, 1994; Morse, 2003), and both quantitative and qualitative methodologies are dependent on the influence of different philosophical approaches.

For example, "objective" quantitative methods can be biased by the researcher's background knowledge and experience, and this can influence their perspective when they select theories, procedures, instruments, and variables (Johnson & Onwuegbuzie, 2004). Conversely, some qualitative research can be quantified in an attempt to make it more "scientific" or lack checks for rigour and be highly opinionated (Corbin & Strauss, 2008). Thus, methodological issues exist with or without combining qualitative and quantitative approaches and the issue is not with the methodology but with the philosophical approach of the researcher and the use of rigour.

The key to producing valid and reliable research is to ensure that each methodology is used with integrity (Nagy & Viney, 1994). Therefore, the researcher must clearly state their philosophical position, consistently adhere to the assumptions of each methodology used, apply rigour to the collection and analysis of data, and present their methodologies and analyses in a coherent form for public scrutiny (Johnson & Onwuegbuzie, 2004; Morse, 2003). In this way, the researcher can present any biases evident in both qualitative and quantitative approaches, and provide a record of how these were negotiated within the research. Creswell et al. (2003) and Morse (2003) also suggest that priority or dominance is given to one of the methodologies, so that one methodology and the philosophical approach generally associated with it leads the research. In the current research, priority is given to the social constructivist philosophical approach and qualitative methodology, and thus these lead the research.

In summary, the only "correct" methodology is the one that provides the most effective data for the research question (Johnson & Onwuegbuzie, 2004). In the current research project, the mixed methods approach was deemed the most advantageous method to collect data to achieve the three study aims. The qualitative approach was necessary to provide new insights for theory development and new lines of inquiry for a field that is dominated by quantitative designs. The quantitative aspect was included in the design to check how the contextualised qualitative findings related to more general findings on protective processes related to resilience (I. Newman & Benz, 1988).

Data Collection

In the previous section, the assumptions of the quantitative and qualitative methodologies and rationale for using mixed methods were discussed. In the following section the mechanisms used for data collection are outlined, namely, grounded theory, interviews, focus groups, and questionnaires.

Grounded Theory. Grounded theory has been utilised as the methodology in the first stage of the current research. Glaser and Strauss (1967), the developers of grounded theory, defined it "as the discovery of theory from data" (p. 1). In this methodology, the process is inductive and the researcher can use both qualitative and

quantitative methods to collect data, which then drives the development of theory (Daly, 2007; Glaser & Strauss, 1967; Glesne & Peskin, 1992); whereas with other methodologies, the research is deductive and a theoretical framework is utilised to guide the research (Corbin & Holt, 2005). Much of Glaser and Strauss' work in developing grounded theory was in response to the large number of research papers at that time that were dedicated to "verifying" other people's theories rather than developing new theories (Glaser, 1992). The problem of only verifying theory is that theory development is limited because "novel and unexpected data has no place so it is suppressed" (Glaser & Strauss, 1967). The issue of only verifying data is evident in resilience research, as predominantly quantitative research methods are utilised to test associations between known variables (Barton, 2005).

The key assumption in grounded theory is that theory emerges from data collection, not forced through prior conceptions and theories (Glaser, 1992). Therefore it is important to suspend preconceived ideas and not have fixed assumptions prior to data collection and analysis, so that the data can guide interpretations (Daly, 2007). This is not to suggest that prior theory, research, and literature have no place in grounded theory research. In the current study, these sources of data were utilised to identify dominant themes and provided a framework for the initial interviews. However, once data collection began, the data drove the theory development, not the original themes gathered from prior research, theory, and literature. In this way, the theory was "grounded in the data."

Grounded theory is developed through specific data collection and analysis techniques. It begins with participant selection through theoretical sampling, a process whereby participants are purposefully selected based on certain characteristics (Glaser & Strauss, 1967). The advantage of theoretical sampling is that participants have "theoretical relevance," which ensures that the phenomenon under investigation is well represented by the participant group and that rich data is collected to develop theory. Participant selection is also guided by the unfolding analysis, so that as concepts emerge, the participant group may change so that they continue to be theoretically relevant (Glaser & Strauss, 1967).

Data for grounded theory is gathered through either quantitative or qualitative methods. In the current research, the data was gathered through the qualitative

technique of semi-structured in-depth interviews. With grounded theory, data is analysed from the beginning of data collection rather than when all data is collected so that new data can inform and guide subsequent data collection (Strauss & Corbin, 1998). In the current research, early data analysis influenced the interview questions, the approach to the interview, who was interviewed, and how many interviews were conducted. For example, participants in the first set of interviews introduced concepts that were novel to the researcher and these were introduced to participants in subsequent interviews.

In grounded theory, constant comparisons are made between collected data and new data to find core, emerging, and incongruent concepts (Strauss, 1987). The analytic tools during this process include asking questions to probe the data deeper, and making comparisons between coded text (Corbin & Strauss, 2008). Strauss and Corbin (1998) suggest four types of questions to ask during analysis: sensitising questions, theoretical questions, practical and structural questions, and guiding questions. Sensitising questions help to "tune the researcher" in to the research context. Theoretical questions assist in making links between the concepts. Practical and structural questions develop theory by questioning the development of concepts and the logic of theory. Finally, guiding questions direct the research process from the interview stage through to analysis (Strauss & Corbin, 1998).

During analysis in grounded theory, the data is initially coded through open coding, and then axial coding is utilised to develop categories, the properties of the categories, and theory (Glaser & Strauss, 1967; Strauss, 1987). Glaser (1992) describes the process of open coding as having no preconceived ideas and being "open" to discovering concepts in the data and their dimensions and properties. In the next step of axial coding, the categories developed through open coding are compared, contrasted and categories are linked (Strauss & Corbin, 1998). Codes are named through in vivo codes (using the actual words of the participants), psychological constructs, or the researcher's reading of prior literature (Glaser, 1992). Categories are stand alone ideas, and properties are the conceptual elements of the categories. In the beginning of analysis, lower level categories are developed and then higher order and core categories and the properties develop as analysis progresses (Glaser & Strauss,

1967). A core category will emerge from analysis, and this is a concept that all other concepts are related to and has "the greatest explanatory relevance" (Strauss, 1987).

Throughout the grounded theory research process the researcher is also involved in memoing and modelling. Memoing is the record of analyses, thoughts, interpretations, questions, and directions for further data collection (Strauss & Corbin, 1998). Memoing assists in reflecting on concepts, conflicts, and theory development (Glaser & Strauss, 1967). Glaser (1992) contends that memos emerge as analysis progresses, and do not have a predetermined structure whereas Strauss and Corbin (1998) suggest having a predetermined structure for memos. In the current research, the memos emerged as the analysis progressed, as suggested by Glaser. Modelling is the development of models to test relationships between abstract concepts (Strauss & Corbin, 1998). Modelling is useful as the researcher can develop and test the relevance and fit of theories by linking the abstract ideas of the categories.

Interviews. The method of data collection for the grounded theory stage of the research was individual in-depth semi-structured interviews. Interviews aligned well with the social constructivist philosophical framework in that participants could explain how they constructed meaning, provide contextualised descriptions of their lived experiences, and data was developed through the social interaction between the researcher and the participants (Glesne & Peskin, 1992). The aim of in-depth interviews is to "explore the complexity and in-process nature of meanings and interpretations that cannot be examined using positivist methodologies" (Liamputtong & Ezzy, 2005, p. 56). In-depth interviewing helps the researcher to understand context, obtain descriptions of phenomena, and develop a better understanding of the participants' worlds (Rossman & Rallis, 2003). In-depth interviews are more like conversations than structured interviews, having no predetermined answers (Marshall & Rossman, 2006).

During in-depth interviewing, the researcher asks a set of general questions but allows the participants to explore areas pertinent to their experience. This provides the participants with the opportunity to use their own language to describe their experiences and provides a large amount of data for model building (Rossman & Rallis, 2003). The researcher also uses probes to explore the deeper meaning of participant

comments. Probes encourage participants to give more detail to their initial response and help the researcher to clarify meanings and challenge how they interpret participant responses (Minichiello, Aroni, Timewell, & Alexander, 1995; Robson, 2002).

To generate high-quality data in in-depth interviewing it is important to establish a positive rapport with the participants early in the interview process (Minichiello et al., 1995). In this way, the participants will open up about their experiences and talk in greater depth on the phenomena of interest. Minichiello et al. (1995) also suggest beginning the interview with descriptive questions that only require participants to describe their experiences. This is less threatening to the participant and can assist in developing their confidence and rapport between the participant and the researcher. It is also important to communicate to the participant that their perspective is valued, so that they will feel confident and willing to share in-depth information about themselves (Marshall & Rossman, 2006).

Researchers need to be culturally sensitive towards participants and be aware of any racial, religious, or sexuality differences that may cause discomfort to the participants (Rossman & Rallis, 2003). Smith (1995) suggests monitoring the participant's verbal and nonverbal cues to see if they are uncomfortable with the line of questioning and to adjust questioning based on this information. Cultural sensitivity was enhanced in the current research through the use of open-ended questions, ensuring the participants understood there were no "correct" answers, and by the researcher managing her verbal and nonverbal reactions to participant responses. In addition, if participants appeared uncomfortable at any time during the interview they were given the option of terminating the interview or changing the topic of discussion.

The semi-structured style of interviewing requires a general interview guide with open-ended questions that cover the basic topics and probes (Hansen, 2006). The structure of a semi-structured interview schedule needs to be logical and flow from one concept to the next (Breakwell, 1995). However, the schedule is flexible and questions can be included or excluded and the order of questions and wording can be changed as the interviewees provide new information on the phenomena (Hansen, 2006; Robson, 2002; Smith, 1995). Thus, the order of the questions in the interview schedule is guided by how the participant responds and is not determined by the

schedule (Robson, 2002; Smith, 1995). This is sometimes referred to as a recursive model of interviewing, whereby each participant's comments and previous participants' comments determine interview questions (Minichiello et al., 1995). Semi-structured interviewing is advantageous for use with grounded theory as it allows the emerging data to guide the interview process rather than a predetermined set of questions.

Focus Groups. Focus groups were utilised in the second stage of this research to test the model of resilience developed in Stage One. This was a useful method of data collection as the group situation enhanced open disagreement and agreement regarding aspects of the model, which may not have occurred between the individual and the researcher in the interview situation. Focus groups generate data through a group of people discussing a topic (Krueger, 1988; Millward, 1995). Millward (1995) refers to these occurrences as "communication events." Focus group size ranges from 6-10 participants with similar experiences, concerns, or cultural backgrounds and usually run for one to two hours (Hansen, 2006; Krueger, 1988; Liamputtong & Ezzy, 2005; Millward, 1995). The selection of participants is guided systematic or theoretical sampling, whereby participants are chosen purposively, based on what they can contribute to the discussion (Millward, 1995).

Discussion in the focus group is generated by a set of questions and probes provided by the group facilitator (Berg, 2001). The facilitator directs the discussion around the research guide but abstains from being overly vocal or opinionated within the group to allow the group to generate ideas (Berg, 2001). Millward (1995) suggests that the guide be unobtrusive and subtle, and that the researcher maintain a moderate control of content and process. Moderate control ensures the group generates discussion around the concepts of interest but the facilitator also introduces new concepts to the discussion.

An advantage of focus groups is the interaction stimulated by the multiple participants. This assists in "clarifying" and "exploring" issues, and developing ideas in more depth and detail (Liamputtong & Ezzy, 2005). The interaction in focus groups may also "spark ideas" that may not have been thought of by one person (Hansen, 2006). Furthermore, when there is active disagreement within a group, participants

are pressed to evaluate their perspective more thoroughly than in an individual interview situation (Marshall & Rossman, 2006; Millward, 1995).

Guba (1990) also states that with the social constructivist philosophy, the hermeneutic aspect (depicting individual's constructions as accurately as possible) and the dialectic aspect (comparing and contrasting these individual constructions so that each respondent must confront the constructions of others and come to terms with them) need to be satisfied. Thus, focus groups are an effective way of achieving the dialectical aspect of social constructivism.

There are several disadvantages of focus groups that are worth noting, including the number of questions that can be covered in the time frame, bias through overly vocal participants, and more reserved participants not contributing in the group situation (Robson, 2002). To address these issues in the current research, key concepts were addressed first to ensure they were discussed in the set time, and clear expectations were set about confidentiality so that participants felt confident in sharing information. Furthermore, prior to beginning the group, participants were encouraged to respect one another's opinions, not interrupt other group members, and to take turns in sharing to ensure overly vocal participants did not dominate the discussion.

Survey Collection. Questionnaires were used in the third stage of the research to compare the contextualised model developed from Stages One and Two to a more generalised context free measure of protective processes related to resilience. Questionnaires provide a simple way of sampling attitudes, behaviours, and beliefs; provide anonymity; and can provide insight into patterns in responses (Robson, 2002). This was useful in the current research as the patterns in the questionnaires were compared to responses in the qualitative stages of the research. One disadvantage of questionnaires is that the respondent is limited to concepts introduced through the questionnaire. However, this was not problematic in the current research as the participants had the opportunity to express alternative opinions to those that were in the questionnaires during the interviews and focus groups.

Rigour

In quantitative research the quality of the research is defined by the terms validity and reliability, which is how accurate or true the research is and the degree to which the research can be repeated (Martin, 2000; Robson, 2002). These terms are less useful in research with a social constructivist philosophical approach as there are multiple realities that are determined by the participants, the interaction between the participants and the researcher, and context (Nagy & Viney, 1994). These differences make it difficult to replicate research and obtain similar results (Corbin & Strauss, 2008). Furthermore, some efforts to obtain rigour in qualitative research appear to undermine the philosophical position taken by the qualitative researcher, as one view is not more "valid" than another , nor can one interpretation invalidate another making it "unreliable" (Liamputtong & Ezzy, 2005; Seale, 1999).

Despite these issues, measures need to be taken to ensure that qualitative research is trustworthy, represents the participants' views and is not merely the "idiosyncratic opinion" of the researcher (Johnson & Onwuegbuzie, 2004; Seale, 1999). Corbin and Strauss (2008) suggest that qualitative research does not need to be validated but must have credibility whereby the researcher produces "findings that are trustworthy and believable in that they reflect participants', researchers', and readers' experiences with a phenomenon but at the same time the explanation is only one of many "plausible" interpretations of the data" (p. 302). Furthermore, there must be a clear indication that "the steps you have taken were firm and sound, and the logical progression from one stage to the next is well grounded and we can see what those steps were" (Richards, 2005, p. 139). There also needs to be a clear account of how the research was carried out and what decisions were made regarding the selection of participants, the collection of data, and the analysis (Nagy & Viney, 1994).

Within qualitative research, there are no universal methods for judging rigour and many researchers have developed their own set of criteria for judging their work. For example, Maxwell (2002) refers to descriptive, interpretive, theoretical, generalizability and evaluative validity; Lincoln and Guba (1985) use the terms credibility, transferability, dependability, confirmability, and authenticity; and Hansen (2006) suggests purposive sampling, respondent validation, transparency of methods

and analysis, and reflexivity to improve rigour. Despite the variety of terms, the aim of each is to improve the quality of qualitative research. Forms of rigour for the current research are taken from several researchers to ensure that each concern is addressed. These forms include purposive sampling, descriptive validity, credibility, transparency of methods and analysis. The implementation of these forms of rigour is discussed in the following section.

Purposive sampling is the selection of participants based on certain common characteristics rather than random selection to ensure that interpretations are based on a rich pool of data (Hansen, 2006). In the current research, participants were identified as resilient by two means, teacher selection, and self-selection, to ensure the sample was representative of resilient adolescents. This is not what Glaser and Strauss (51967) refer to as "exampling," whereby cases are gathered to support the theory. Rather, cases were drawn that represented the phenomena of interest and the data from these cases provided direction for theory development.

Descriptive validity is the factual accuracy of the data gathered, including the accuracy of the recording of the participants' words, pauses, tone, stress, and pitch (Maxwell, 2002). All other forms of validity are built on descriptive validity, and inaccuracies or distortions at this level will flow through to interpretations and theory development (Huberman & Miles, 2002). In the current research, all audio recordings were transcribed by the researcher soon after the interview was completed. This was to ensure that subtleties in each interview were remembered and that the researcher accurately captured the meanings participants were trying to convey. Each interview was transcribed verbatim and at the end of transcription the audio file was replayed and checked against the corresponding transcript.

Credibility is the "extent to which the findings represent the beliefs/feelings and values of the participants" (Nagy & Viney, 1994, p. 10). That is, the interpretations of the researcher should reflect what the participants were trying to communicate, and when the abstraction achieved through analysis is taken back to the participants, they should be able to "recognise themselves in the story being told" (Corbin & Strauss, 2008). Credibility can be undermined if the researcher allows their expectations and prior theory to influence how the data is analysed and interpreted rather than being guided by the data (Miles & Huberman, 1994). One way credibility

can be improved is by questioning the meaning of common words and clarifying unclear words or phrases to ensure the communication of the participants is accurately interpreted (Miles & Huberman, 1994).

Credibility was also improved through triangulation, a form of rigour recommended by several authors (e.g., Corbin & Strauss, 2008; Guba & Lincoln, 1994; Nagy & Viney, 1994). Triangulation occurs when data is drawn from multiple sources (e.g., informants, methods) and these sources "validate the theoretical scheme" (Corbin & Strauss, 2008; Nagy & Viney, 1994; M. Q. Patton, 1990). In the current research, triangulation occurred by collecting data through different methods (individual interviews and focus groups) and different informants in each stage. In particular, the model developed through Stage One interviews was presented to different participants in Stage Two through a different methodology to check for credibility.

Reflexivity is the researcher's awareness of their own training, beliefs, characteristics and impact of their role on the research process (Hansen, 2006). To be reflexive, researchers must constantly be questioning their own biases and utilising the data to drive the research. Reflexivity was maintained throughout the current project by maintaining a journal of all planning and thought processes (see Appendix A for journal excerpts), and by constantly returning to the raw data to explain or justify emerging concepts and theory.

Transparency of methods and analyses is a technique suggested by Hansen (2006) to improve rigour. This process allows others to judge if "another researcher at this time and place and using this methodology would arrive at similar conclusions" (Nagy & Viney, 1994, p. 23). To fulfil this criterion in the current research, detailed accounts of participant recruitment, data collection and analysis, and model development were provided. Furthermore, exerts of the planning journal are presented in the appendix and the researcher position is provided to reveal biases and how they were managed. By delineating this information, others can assess if interpretations were based on sound and explicit processes rather than "hunches" or assumptions (Guba & Lincoln, 1994). To increase transparency of methods, each quote inserted in the discussion was labelled with a pseudonym. This was to ensure that a

third person could interpret the quote and assess how frequently individual participants were used to support the assertions.

In summary, to ensure that the research was valid and credible, the forms of rigour used in the current study were purposive sampling, descriptive validity, credibility, and transparency of methods and analysis. These forms were an integral feature of each stage of the research process, as the quality of the research was dependent on the integrity with which it was conducted. Furthermore, the forms of rigour helped to ensure that the research was an authentic representation of the views of the participants. This aspect of rigour was critical, as the purpose of this research was to find adolescents' understanding of the process of resilience, not the researcher's.

Researcher Position

Prior to beginning a degree in psychology and starting this research I had been a teacher for 15 years. My teaching experience ranged affluent schools with multiple resources to very poor areas with multiple risks (e.g., domestic violence, parent psychopathology, maltreatment, and low socioeconomic status). The places I taught included the metropolitan area of Perth, the desert in the north of Western Australia, and Alberta, Canada. The age of the young people I taught ranged from six to 12 years of age.

Across the range of my experiences it had intrigued and frustrated me that some children who seemed to possess all of the necessary talents and skills for success ended in failure during and following adolescence, whilst others who lacked those same resources would go on to success. For example, I know of children from affluent schools who were socially and academically competent but as young adults were unemployed, disenfranchised from their family and friends, and using drugs. I also know of other children who had severe behaviour problems and dysfunctional families who had gone on to find gainful employment and build strong relationships.

I was also frustrated at the large number of children from the low SES schools who joined gangs, went to prison, and became pregnant during adolescence. At the school level we had every program available to increase self-esteem and optimism, develop their social skills, and reduce aggression. These children were able to define

self-esteem and explain how to be socially competent but they could not live it. Thus, the knowledge of protective processes was not enough for them to use the skills they had been given.

These frustrations resulted in several questions. Why do some adolescents have successful outcomes whilst others do not? What are the key processes that help adolescents be successful? Why are the programs we run so unsuccessful? At this point in thinking resilience research offered the best way of explaining the contradictory nature of the outcomes of some children and adolescents. However, the current research was unable to answer any of my questions. For example, popular literature suggested the traditional fare of a stable family, average to high socioeconomic status, and certain personal and interpersonal skills. Yet while I respected this research, these processes did not explain the multitude of cases where children had these processes/resources and did not find success, or where they did not have them and did.

I felt the only way to answer questions over pathways to success was to ask the adolescents themselves. What did they believe was the key to their success? What did they need from us to be successful? For too long we have researched children and adolescents through third parties, asking teachers and parents about how they think, act and what they value. This is fundamentally flawed, as unless the teachers and parents ask the young person their opinion before reporting to the researcher, they are only providing what is at best a guess as the young person's perceptions. This leads to basing prevention and intervention programs on these second hand opinions and wondering why they do not work.

Despite the need to keep an open mind, my initial expectation with this research was that the adolescents would report processes at the individual, family, and community level. In fact, I was so sure of this that I had the questions and literature review arranged in this hierarchy. I held doubts over this structure after the first interview, and after the second interview I was certain it was wrong. This put me in the position of thinking there must be a pattern but having no idea what it was. However, this is a good position for the researcher as it ensured I was completely dependent on the participants' ideas rather than my own.

When the participants began to talk about feeling valued and having worth I was averse to accepting this as the self-esteem bandwagon had been around for years. However, all participants consistently and repeatedly talked about their worth so I had to shelve my misgivings and listen to the way they conceptualised the idea. How they viewed worth was very different to how I had known it. It was not connected to performance, type of risk, talent, or a specific person.

It is important to note that I do have religious beliefs, and I worked hard to ensure these beliefs did not bias the research. At one point I worked so hard that I removed the category "existence" from the findings as I believed people would assume it was there because of my beliefs. However, this was problematic as the participants had indicated this was important to them so by removing it I was biasing the research in the other direction. In addition, I was not honouring the participants' stories and providing a true account of what was important to them.

This chapter reviewed the philosophical approach, methodological techniques, forms of rigour used in the current research, and the researcher's position. It also outlined the rationale for why these were the most appropriate approaches for collecting and analysing data in the current research. In the following chapter, the method, results, and discussion for the semi-structured in-depth interviews from Stage One are presented.

CHAPTER 6

STAGE ONE - Interviews

Chapter Overview

Chapter 6 provides the basis of theory development for the current study. In this chapter, the method is outlined, which includes details of the participants, the materials, procedures (recruitment and interviewing), and analysis. Following the method, the developed model of resilience is presented, and each stage of the model is discussed and linked with prior research.

Aim and Research Questions

The aim of the first stage of this study was to develop a model that explained how adolescents from the metropolitan area of Perth, Western Australia, navigated their way from risk to resilience. The research questions were:

1. How do the media, family, and friends influence adolescents in the current context?

2. How do these adolescents define risk?

3. How do these adolescents define success?

4. What behaviours and strategies did these adolescents use to respond to the risk?

5. What were the key protective processes that led to resilient outcomes for these adolescents who had experienced risk?

6. What were the processes that occurred from the initial risk to the achievement of success?

Method – Stage One

Participants

There were 23 participants in Stage One. Participants were aged between 13 and 17 years (*M*=15.5) and there were 8 males and 15 females in the sample. This was a suitable age for participants as prior longitudinal research indicates that young people begin to show a resilient or nonresilient trajectory at this age (Ruschena et al.,

2005; Smart et al., 2003). Adolescents were also chosen as participants as they were recalling recent events from childhood and adolescence rather than drawing on retrospective accounts as adults. This was an adequate sample size for this research as theoretical saturation had occurred with no new concepts emerging, and each concept was well explained by the data (Corbin & Strauss, 2008). Over half of the participants (N = 13) were of Australian background with the remainder representing a range of cultural backgrounds. Participants were recruited from five schools; these schools are discussed in further detail in the section on recruitment. See Table B1 in Appendix B for an overview of participant demographics.

Materials

Materials for the first stage included an introductory letter, information letter, and consent form for school principals (see Appendix C), and information and consent forms for adolescents who were participating in the research (see Appendix D) and their parents/guardians (see Appendix E). The information letters outlined the nature of the research and requested consent to be involved in the research. The consent forms outlined what was required of the principal, adolescent, or parent/guardians and ensured that the participants comprehended the process of the research before agreeing to participate.

A demographic information form (see Appendix F) and the Resilience Scale for Adolescents (READ: Hjemdal et al., 2006) (see Appendix G) were required for the adolescent participants after being interviewed. The demographic information form was designed to collect basic information about participants such as age, gender, and family status. The READ is a questionnaire that identifies protective processes related to resilience in adolescence. Data was collected for the READ in Stage One to be utilised in Stage Three.

An interview schedule with probes was also required for Stage One, and was based on key concepts from prior research in resilience (see Appendix H). These included types of risk, success, and protective processes at the individual (e.g., temperament), family (e.g., parenting style), school (e.g., helpful teachers), and community level (e.g., resources in the community). In grounded theory, interviewing is an interactive process, whereby each interview provides information that informs

subsequent interviews. Accordingly, the interview schedule was modified after each interview to include new concepts introduced by participants. The final format of the modified schedule is what is provided in Appendix H.

A digital recorder was used to record the interviews. The NVivo (Version 8) qualitative data analysis program and SPSS statistical analysis program (Version 15) were used to analyse qualitative and quantitative data respectively. The NVivo program allows the user to sort, classify, and analyse the qualitative data and is useful when there are large amounts of qualitative data.

Procedure

Recruitment. Recruitment was conducted through senior high schools in the metropolitan area of Perth, Western Australia. This provided a secure way to contact adolescents and obtain parental/guardian consent. Letters requesting involvement in the research were sent to the principals of seven public schools. These schools were chosen as they represented a range of socioeconomic status and cultural backgrounds within a similar geographic area. Principals were provided with an information letter and consent form (see Appendix C) and were contacted by the researcher one week after receiving the letter to confirm their involvement in the research.

Three principals declined to be involved in the research due to current research commitments. Of the four that agreed to participate, three had adolescents that returned consent forms and were involved in the interview process. Two metropolitan private schools became aware of the research project through contacts of the researcher, and indicated a willingness to participate in the research. In total, five schools participated in the research and provided data.

Table 2 provides an overview of each school. The socioeconomic status of each school's suburb is indicated by a Socio-Economic Indexes for Areas (SEIFA). This score provides an index of disadvantage for different geographic areas based on the 2006 census (ABS, 2008). There are four indexes; the one referred to in this research is the Index of Relative Socio-economic Disadvantage. This index is created from several factors, including low income, low educational attainment, unemployment, and dwellings without motor vehicles. Each score has a mean of 1,000 and standard deviation of 100. A low score indicates relative disadvantage. Areas are also ranked

from 1 to 10, with 1 being the lowest rank and greatest disadvantage. A decile of 1 indicates that area is in the bottom 10% of all areas ranked (ABS, 2008).

Table 2

Characteristics of Participant Schools and Local Community

| | School Characteristics | | | Community Characteristics | | |
| | | | | | SEIFA Score | |
School ID	Student Numbers	Public/ Private	Grad. Rates	Australian Born	SES	Decile
1	832	Public	96%	70%	1065	8
2	600	Public	96%	59%	990	4
3	434	Public	89%	63%	1055	7
4	927	Private	99%	55%	1101	10
5	494	Private	98%	59%	1087	9

After the school principals agreed that students from their school could participate in the research, they nominated a school contact person. The contact person was responsible for identifying resilient students, handing out consent forms, organising interviews rooms, communicating the project to school staff, and liaising with the researcher. The nominated person was either the deputy principal or student services coordinator.

In the first stage of recruitment, the contact person was asked to nominate up to 20 students that they and other staff members considered resilient. Resilience was defined by the researcher as those students who had experienced adversity (e.g., parental divorce, parental drug use, illness) and were showing signs of positive adjustment (e.g., improved behaviour, grades, or socialisation). The researcher encouraged the school contacts to utilise other teachers to identify resilient students and to consider students who had shown improvement rather than only selecting those students who were outstanding academically, socially, or athletically.

In the second stage of recruitment, the adolescents selected by school staff received consent forms and information letters outlining the nature of the research for themselves and their parents/guardians. These adolescents needed to decide if they

also perceived themselves as resilient. The information letter was clear that they were under no obligation to be involved in the research if they did not perceive themselves as resilient, and that by returning the consent form they were indicating that they believed they were resilient and would be involved in the interview process.

The two-stage process of recruitment was utilised so that adolescents' beliefs about their own resilience were respected. Prior resilience research frequently utilises other respondents to report on adolescents' resilience through academic, social, and behavioural measures. These measures only provide insight into how one person views one aspect of the adolescent's life and this may be an inaccurate representation of the adolescent. For example, the adolescent may rate high on social scales but be discontent with their life and feel like a failure. Conversely, adolescents may rate average academically but feel that they are successful considering their life experiences. The people who have the most insight into their lives are the adolescents themselves, thus their perspectives were acknowledged when considering them as resilient or successful.

Recruitment included the initial process of teacher selection to provide an external authentication of resilience. This external check was utilised to avoid criticism that every adolescent may perceive himself or herself as resilient, regardless of what "risk" they had experienced and how "successful" they were. Unfortunately, one drawback of this process was that resilient adolescents who were not known to school staff may have been omitted in the first stage of recruitment. However, the use of multiple staff members to identify potential participants was utilised to increase the likelihood that resilient adolescents were identified.

Interviewing. Participants were interviewed as consent forms were returned. Interviews were conducted at each school site in a private, safe place that was negotiated with the school contact within each school. Each participant was advised that the interview was confidential, they could stop if they needed a break, and they could withdraw from the research at any time without penalty.

As there was a power differential between the researcher and the participants, the researcher followed the guidelines suggested by Hansen (2006) for managing a vulnerable group. These guidelines included managing first impressions, building rapport, and using language carefully (Hansen, 2006). Specifically, when the participant

arrived for the interview, the researcher initiated conversation around imminent exams or recent news to build rapport. To ensure the participant felt comfortable the researcher dressed casually and used everyday language rather than academic terms. The researcher also ensured that the participants felt safe and comfortable in the chosen interview space and were aware of their rights to terminate the interview and not disclose information they were uncomfortable sharing.

During the interview, each participant was read the open-ended questions and asked for their opinions. The participants were not restricted to talking about the presented questions as these only provided a framework for discussion. At the end of each interview, participants completed a demographic form and the Resilient Scale for Adolescents (READ: Hjemdal et al., 2006). These forms took approximately five minutes to complete. Following the interviews, all participants were thanked for their time and contribution. The interview was recorded digitally to be transcribed verbatim and analysed by the researcher at a later date.

Analysis

Interview transcripts were analysed using guidelines suggested by Glaser and Strauss (1967) for grounded theory research and qualitative design. Each interview was transcribed verbatim by the researcher soon after it was conducted and all identifying names and places were removed. Participant pauses, self-corrections, "ums," emphases, and emotions (e.g., laughing) were noted in each transcript. When the interview had been transcribed, the researcher played the complete audio copy of the interview and compared it to the typed transcript to ensure that the transcript was an accurate representation of the recording. The researcher carried out all transcribing so that she could become familiar with the transcripts and begin analysis as each interview was transcribed.

Analysis commences with the first piece of data in grounded theory, so that collected data can inform subsequent interviews. This process proved to be invaluable as the participants frequently raised concepts that had not been included in the original question guide and these were introduced to subsequent interviews. Furthermore, the ongoing analysis frequently raised questions about meanings

assigned to words, and these meanings were able to be clarified in subsequent interviews.

After each interview was transcribed, the transcript was printed and analysed by hand. Each transcript was read line by line and coded through open coding. The focus of open coding process is to have no preconceived ideas and to be open to discovering concepts in the data (Glaser, 1992). The open codes developed through analysis by hand were then transferred to the qualitative data computer program NVivo (Version 8), as NVivo has the ability to classify, sort and arrange qualitative data. During this transfer, each transcript was recoded in greater depth. When all transcripts were coded through open coding on NVivo, there were 106 open codes (e.g., trust, risk, respect).

While it may appear redundant to code the transcripts by hand and with the computer program, both forms of analysis provided different insights into the transcripts. Coding by hand provided a visual representation of layers of ideas during the analysis process. Each time a transcript was reanalysed ideas could be added to, emphasised, or renamed and these changes were evident on the paper document. With NVivo, there is no visual representation of the coding history but there is the ability to gather codes from multiple transcripts and view them in one place. This is useful when making comparisons between different participants on one code. Both forms of coding had advantages that contributed to a thorough analysis of the data.

In the next stage of analysis, the open codes were compared, contrasted, and linked through axial coding. The resulting categories were more conceptual labels than the descriptive labels of the open codes. For example, text coded as "optimism" and "confidence about the future" were similar and grouped under the category of "hope." The process of axial coding reduced the 106 open codes to 20 categories that were less descriptive and more theoretical than the open codes. Examples of axial codes include the categories of purpose, insight, and acceptance.

After axial coding was completed, the data for each category was collated through the programming capabilities of NVivo and printed. This provided the researcher with the opportunity to view all data that was associated with each category. The data was then reanalysed to deepen the researcher's understanding of the properties and dimensions of each category. This resulted in comprehensive notes

regarding each category and highlighted weak or missing links. If a category's dimensions were not completely explained, the researcher returned to the original transcripts to find supportive evidence for the category or probed this area during subsequent interviews.

Memoing was used as a record of analyses, thoughts, interpretation, questions, and directions for future data collection (Strauss & Corbin, 1998). Memos helped the researcher reflect on past analyses, to clarify ideas, and move forward with analysis. They were also used to record the researcher's opinions and potential biases after interviewing and during analysis so that the researcher was aware of how they may influence subsequent interviews and analyses. This record provided an audit trail of how the analysis was performed, and was one of the techniques to improve rigour.

The aim of grounded theory is to develop theory, rather than to develop a list of themes as in some qualitative analysis strategies, therefore modelling was an integral part of the analysis process. Modelling was utilised throughout all stages of the analysis to identify relationships between the categories and to develop theory. The models were generated by linking categories according to the associations indicated by the participants in the transcripts. For example, several participants stated that it was only when they had insight into their problems that they could move on from their risk. Thus, this indicated that insight preceded success in the model. Developed models were repeatedly compared to the original transcripts to test the cohesiveness of the model, and to ensure that the model was consistent with the original data. Through the modelling process, "self-worth" was identified as the core category that all other categories related to and had the greatest explanatory relevance.

Results and Discussion – Stage One

Aim and Research Questions

The aim of the first stage of this study was to develop a model that explained how adolescents from the metropolitan area of Perth, Western Australia, navigated their way from risk to resilience. The research questions were:

1. How do the media, family, and friends influence adolescents in the current context?

2. How do these adolescents define risk?

3. How do these adolescents define success?

4. What behaviours and strategies did these adolescents use to respond to the risk?

5. What were the key protective processes that led to resilient outcomes for these adolescents who had experienced risk?

6. What were the processes that occurred from the initial risk to the achievement of success?

The model of resilience developed through the analysis of interview data is depicted below in Figure 2. The key components of this model are context, risk, response to risk, insight, self-worth, letting go and acceptance, and success. The developed model and findings from the analysis of Stage One results are discussed in the following section.
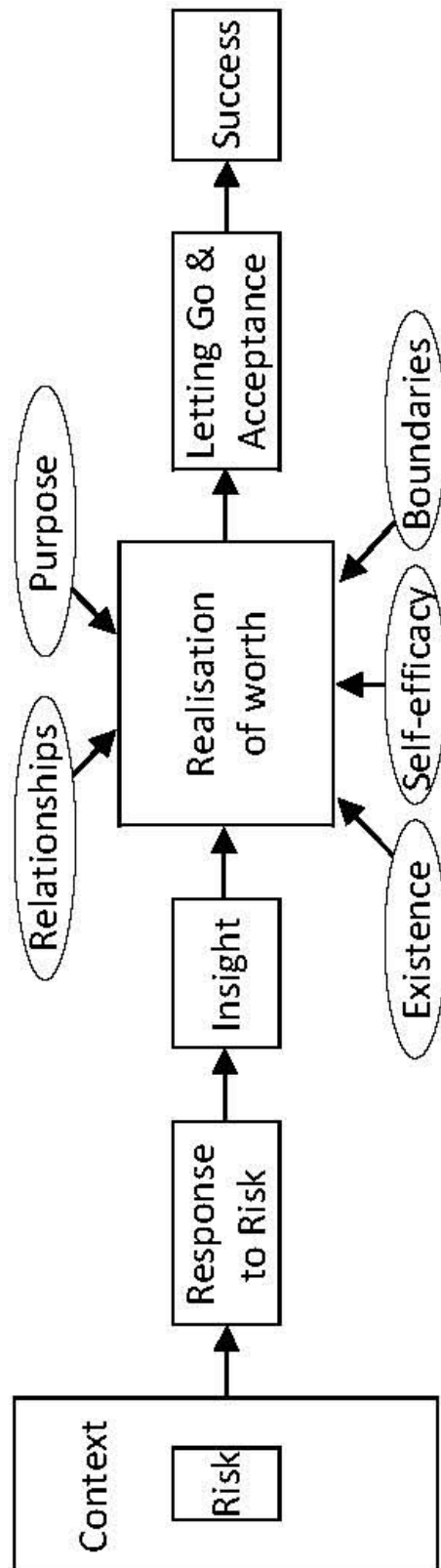
Figure 2. Resilience Model

Much of resilience research is conceptualised through an ecological framework (e.g., Pedro-Carroll, 2001; Prilleltensky & Prilleltensky, 2005; Rak & Patterson, 1996), whereby risks and protective processes are understood through the individual, family, and community level. The model in the current research diverges from this framework as the significant processes for the participants transcended these levels. For example, self-worth was a protective process; however, this occurred across levels, through individual, family, and community processes. The ecological framework was also unsuitable as it only considers different levels of risk and protective processes, and significant processes other than these emerged in the research.

The model begins at "risk" and ends in "success" however this is not to suggest that success is the end of the journey for these participants. Individuals encounter multiple risks in their lives of varying degrees. Therefore, each risk would create a new process for the participants whereby they respond to the risk, have insight, refer to their worth, let go and accept the issues associated with the risk, and be successful. However, their success with each risk will be dependent on the risk and the context, as Rutter (2007) states that "People can be resilient in relation to some kinds of environmental hazards but not others" (p. 205). Consequently, this model depicts one experience resilience in the face of risk.

It is important to note that the arrows in the model point both forwards and backwards, as participants were able to move backwards through the model at certain stages. For example, coping as a response to risk is a process not an event. Therefore, throughout all stages of the model the participants may return to "response to risk" to process the risk in further depth. In addition, while the participants considered themselves successful, there were times when they needed to let go and accept different aspects of the risk.

In the next section, each component of the model will be discussed in the order it appears in the model. When each component of the model is presented, that section of the model is shaded in the figure to indicate where that component fits in the resilience process. A descriptive account of the results with supporting participant quotes is then provided, and after that, the results are interpreted and linked to prior research and literature. The first component of the resilience model to be discussed is context.
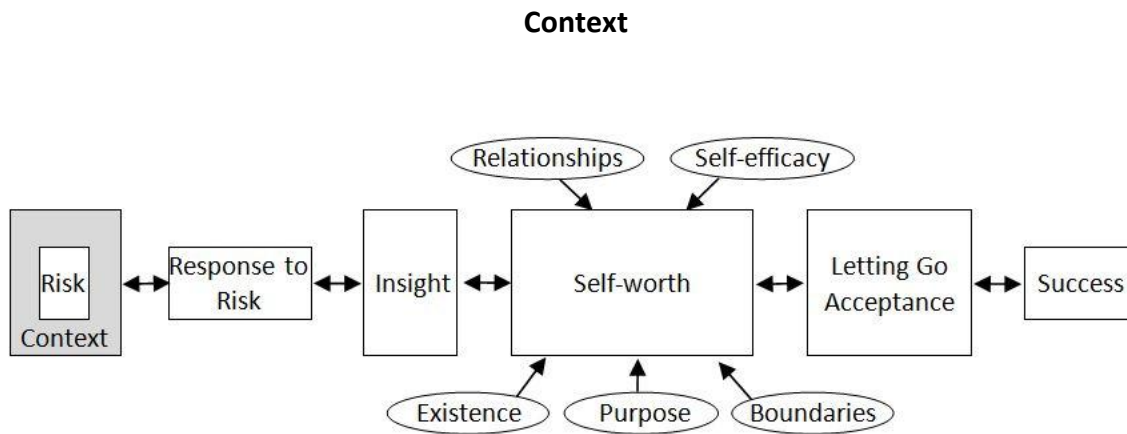
Context

Figure 3. Context

This cohort of adolescents within the Western Australian context live in a prosperous society and do not experience extreme pressures, such as famine, drought, wars or ongoing political conflict (Food and Agriculture Organization of the United Nations, 2009; Vision of Humanity, 2009; World Bank, 2009). The adolescent participants in the current study recognised that they were well provided for in comparison with other adolescents around the world. Emma reflected this view when she said:

> *We live in like a sort of place where we get what we want sort of thing, not…like obviously we don't get everything we want, but there's nothing that we can't have. We have enough food…we have like a house that, we're fine, our health's mostly good like.*

However, despite the provision of basic resources, there were risks within this context that had a negative effect on the participants. Key risks identified by participants in the current research included pressure to do well at school, dress well, "fit in," be the right weight, pretty, popular, and accepted. These pressures reflect findings in Australian government reports, academic literature and media reports, which indicate adolescents experience pressure in the areas of body image, sexual choices, friendships, how they dress, and the values they hold (AIHW, 2007b; Hargreaves & Tiggemann, 2003; Robinson, Wilde, Navracruz, Haydel, & Varady, 2001; Turner et al., 1997).

The participants indicated that pressure came from the media, friends, and family. Karen described how all three pressures are important and each one affects her decision-making. She said:

> It depends on who it's coming from as well, because if it's coming from your parents or your mum…you want love and care from your mum and your family and stuff so you sort of would do anything to have that. And then if it's from your friends, then well yeah they're your friends and you want to be part of a group and you think well maybe if that depends on that then you don't want to keep the friendship. And from the media oh media is everywhere so…it'll influence you in every way.

The three key areas where adolescence experienced pressure, namely the media, friends and family, are discussed in the following section.

Media

The media includes any messages that are conveyed through print, radio, television or the internet. Influential media reported by these participants included social networking sites (MySpace), celebrities, advertising, television programs (Playboy Mansion, Big Brother), and magazines (Dolly). Emma said, *"It's just like even though the media is really bad like…everyone sees it and you watch it and it's always in front of you."* The adolescents felt that the media was a pervasive influence that instigated and perpetuated many of the ideals they held. Cheryl stated that the media influenced her to be *"Just what all the celebrities are, that's what we standardise ourselves to."*

Both male and female participants felt influenced by the media because the message conveyed through various media channels is that conforming to their images and behaviours provides acceptance, success, and happiness. The key messages conveyed were to be pretty, thin, have particular possessions, and dress a certain way. These messages influenced the participants' body image, possessions they desired, behaviour, attitudes, and values. In relation to body size, Karen reflected, *"So it does come from media a lot, and magazines because all you see on TV is just really…yeah thin people and they're portrayed as what's meant to be good looking but it might not necessarily be the way."* Emma commented on the importance of being pretty, she said, *"Like you don't see anyone that's not attractive making it big, it's always like*

pretty people that have a lot going for them and stuff like. It's kind of put onto everyone else."

It was evident that despite attempting to conform to these messages the participants had not experienced the success they had expected. Janine explained the fruitless experience of purchasing objects hawked by the media, she said:

> *[The media] pressures you to go and buy certain things like even minor things. You see things and like oh if everyone's wearing that then maybe I should go get it too. And you end up going and getting it and…it's a waste of money.*

Other participants had tried to alter their body to conform. Coreen explained she was trying to, *"…be thin…to look like that generic kind of stereotype, what you're supposed to look like…I had a problem with eating for a while, I just didn't want to eat. And when I did I felt guilty about it."*

These participants explained that they had come to the realisation that conforming to the messages from the media did not bring about the experience of acceptance, success, or happiness they were striving to achieve.

Friends

Participants in the current study also experienced pressure from their friends, which influenced their choice of clothes and music, and their body image. The key reason they felt pressure to conform was so that they would *"fit in"* with their friends. Similar to the impact of the media, the participants felt that fitting in would bring acceptance and success. Michelle explained the need to conform as a part of being a teenager:

> *It's just teenagers, like they're just going through like this whole state of mind like 'oh I don't know like' cos you want to fit in. So if everyone's just like, like you know how that whole EMO thing came in? Like just recently, like everyone just wants to be EMO, so many people have dyed their hair black just to fit in.*

The participants explained they would take up trends they were not interested in to gain acceptance. Amanda said, *"I hanged out back with the popular group and…I went through like the whole gothic Emo phase thing and then I was so in denial that I really didn't like music on the radio but I know I did."* Joshua also experienced this pressure with fashion. He said,

Obviously you know you want to be cool. You know with friends, so I guess fashion is quite important…but for me, even for me you know…a couple of my friends got skinnies, you know skinny legs. And I used to be completely against that a couple of years ago cos that was like disgusting. And like my Mum said to me 'you know one day you're going to get skinnies.' And I thought no way no way but then of course I went and got a pair the other day just because you know friends and people around you are trying to wear them so you have to…

The rules for fitting in were based on messages from the media but they were also perpetuated by the participants and dependent on their friendship group. When Karen was asked where the pressure came from, she said, *"It comes from the media except then I think we develop it a lot within ourselves and what, especially with girls and stuff, what we believe is the best sort of thing."* Janine also indicated that pressure came from, *"Mainly the media, the media spreads it through music, ads, movies, everything, and then other people pick up on it and then it causes peer pressure."* Thus, the messages they received from the media were the basis for their standards, and then influenced what they expected from one another.

The types of pressures experienced by the participants were dependent on their friendship group. Karen said conforming, *"…just depends on… I guess who's around you and stuff. If you have really critical people around you then you're going to feel like you have to [conform]."* John attended a religious school and explained the pressures associated with this, he said, *"Well some groups at the school if you don't go to church you're considered a reject because it is a Christian school and some people are very judgemental about that. And then some other groups if you're not baptised."* The influence of the friendship group was also well explained by Emma when she said,

I think it depends on like who your friends are like my friends obviously aren't [into drugs] because it's a different social group but to some people it's like really important. If you don't drink they're like 'ohhh a bit odd' or if you don't go out and take drugs every weekend they think 'that's strange.' They think that you need that to have fun…I think it just depends on your social group.

Parents

Other participants felt their main source of pressure was from parents to do well at school and fulfil parental expectations. This pressure was not always explicit, as the participants expressed that their parents were not placing pressure on them verbally but they just *"felt it."* Karen discussed the pressure she experienced:

I think there is a lot of pressure with school and you know, to do well and to get the marks and the grades…and especially if that comes from parents. And yeah like to do the right thing sort of thing…More so from parents…my older brother did really well and everyone's like…'How's your brother doing?' So I try to live up to…sort of live up to him except then mum's like you don't have to live up to [him] except then, I don't know I just feel it, I have to try to be as good as him.

Joshua also reflected that his parents did not intend to place heavy expectations on him but it still occurred. He said, *"Well they have quite a strong expectation I think. I don't think they mean to do that to me but it happens. Like I see that and I feel that. And…you know…I really don't want to disappoint them."* These examples illustrate that there are messages with respect to expectations, particularly in regard to academic achievement, that the participants interpreted as necessary to be successful and achieve acceptance from their parents. Similar to these results, in a 2010 study into the well-being of Western Australian children and adolescents, almost a third of all participants expressed "too high parental expectations" as a source of stress (Commissioner for Children and Young People, 2010).

Implications

Adolescence is a time when young people should be exploring their identity and putting boundaries around what is them (Erikson, 1968; Grotevant, 1992; B. M. Newman & Newman, 2008). A key issue with these pressures is that they send a message to adolescents that they need to conform to certain standards set by the media, friends, and parents rather than explore who they are or who they want to be. Janine explained the difficulty of being yourself within these pressures. She said she felt pressured about, *"Oh, things on how to look, how to act, how to be yourself type of thing. Everyone tells you to be yourself but then they tell you what yourself should be, which is just ironic."*

Another problem with these pressures is that they target external qualities, such as wealth, body size, beauty, and intelligence. The focus on external qualities can cause adolescents to make judgements about themselves and base their worth on these qualities (Crocker & Knight, 2005). Professor Louise Newman, President of the Royal Australian and New Zealand College of Psychiatrists also concurs with this point and commented in an interview, "Exposure to sexualising messages contributes to girls

defining their self-worth and popularity in terms of sexual attractiveness" (Pownall & McPhee, 2010, May 15).

Emma explained how the media affected her, saying, *"It makes you feel like a lot more down on yourself and a lot more like oh I don't fit in sort of thing like…in the way of 'I'm not pretty enough so I can't do it'."* Research indicates that when self-worth is contingent on external resources it requires continual "validation and comparison with others" and is constantly threatened (Crocker & Park, 2004). Furthermore, by basing worth on external qualities, there is a reduced focus on internal qualities (e.g., determination, sensitivity, and independence) which are aspects of self that can assist adolescents to overcome adversity (Reis et al., 2005).

The focus on these external qualities is also problematic because of the standard at which they are set. The media presents a standard of intelligence, beauty, and thinness that is "ideal" and frequently manipulated through technology. Coupled with these ideal images is an increasing pressure on adolescents not to fail. Most adolescents will never reach these ideal standards regardless of what actions they take. The dissatisfaction they experience when they do not reach ideal standards is apparent in Coreen's comments. She explained how things were just not right regardless of how she tried:

> *I'd try to make myself better…they way I dress, just buy some new clothes…but there's not a lot you can do. I mean you can exercise and you can eat healthy and do all the things under the sun but at the end of the day you're still you…and I'm not sure it just feels like, I don't know, striving to be perfect, I'm just striving to be…I don't know, I just don't feel right.*

The result of these pressures is adolescents who are dissatisfied with themselves and have poorly formed identities. This is paradoxical as the self they have created through emulating others is not their authentic self, yet this is the self they dislike. Research indicates a stable identity can protect adolescents from risk or help them overcome risk (Adams, 1998; Erikson, 1977; B. M. Newman & Newman, 2008), thus the pressure to conform and the failure to form a stable identity is problematic for adolescents within this context, and particularly for those who have experienced risk.
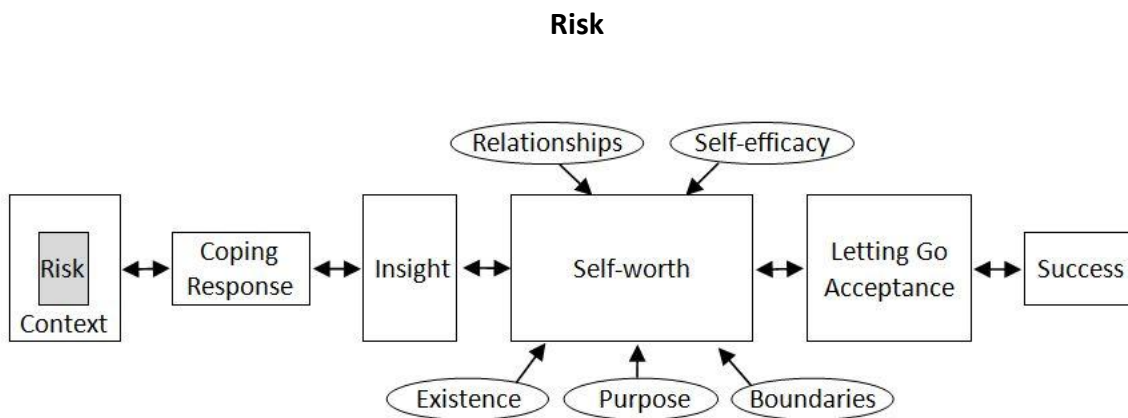
Risk

Figure 4. Risk

In prior research, risk is defined as "events, characteristics, or conditions that make negative outcomes more likely" (Carbonell et al., 2002). Key risks in resilience research are generally presented at the individual level (e.g., temperament, gender), the family level (e.g., parent psychopathology, parent substance abuse, parent divorce, maltreatment), and the community level (e.g., low SES, community violence). Risk is usually assessed either by a life events scale which provides a measure of the adolescent's exposure to stress (e.g., Cook, 2000; Luthar, 1991; Masten & Obradovic´, 2006), or adolescents are deemed to be at risk by being a member of a category identified as risky, such as being maltreated or having parents who have divorced (e.g., Barrera et al., 2004; Sigal & Weinfeld, 2001).

In the current research, risk was assessed through self-report and teacher identification. The dual assessment was utilised so that participants' perceptions of risk were acknowledged. This provided insight into how they interpreted the risk, what subsequent risks they experienced, and the most pertinent risk. That is, while one risk may have started the process, other subsequent risks may have been causing difficulties. Frequently in research a key risk is identified, such as divorce, and other pertinent risks may miss being addressed by not consulting the adolescent. Teacher identification was used to ensure that these perceptions were credible by other sources as there is some contention that adolescents may label everything a risk if they are given the opportunity to self-report (Sutherland, 2005; Ungar & Teram, 2005).

The participants reported a wide range of risks that have been identified in prior research, such as the transition to high school, parent psychopathology, conflict

between blended families, and overly high parental expectations. Most risks were associated with their parents, which is also consistent with prior research and suggests that the family unit has a large influence on the outcomes of adolescents (Bowlby, 1988; Catterall, 1998; Myers & Taylor, 1998).

Primary and Secondary Risks

The participants had experienced multiple risks, however in each case there was one risk that was the initiating risk that caused subsequent problems for the participant. The initial risk was labelled by the researcher as the "primary risk" and events that occurred after the primary risk as "secondary risks" to distinguish between which risk occurred first. Primary risks for these participants included the death of a family member, parent divorce or separation, physical health problems (e.g., diabetes, acne), and parents having a physical or psychological illness. Secondary risks included participants' drug use, low self-esteem, detachment from school, stress, depression, relationship issues with family or friends, choosing a negative peer group, and self-harm.

For some participants, the primary risk was the greatest threat, for others it was the secondary risk, and for others it was the cumulative effect of both the primary and secondary risks. For example, Larissa's primary risk was being abandoned by her mother and her secondary risks included relationship issues and risky behaviour. Her primary risk, being abandoned, remained her greatest issue. Whereas with Tayla, her primary risk was her dad leaving her when she was 12 years of age, and her secondary risks were choices she made after that event, such as poor friend choices, involvement in drugs, detachment from school, and self-harming. She recognised the impact of her father leaving her, saying, *"Since then everything has gone downhill."* While she had reconciled with her dad, the secondary risks remained the greatest issue in her life.

For Jodie and Keith, the cumulative effect of both the primary and secondary risks was significant. Jodie said,

> *My parents got divorced, and my dad got remarried and me and my dad had a fight and then yeah I got kicked out…I used to get beaten up by my dad so that was like a big thing…and I ran away and got kicked out and stuff…*

For Keith, the primary risk was his mother's depression and repeated suicide attempts, and the secondary risks included bullying, depression, and his own suicide attempt. Both the primary and secondary risks continued to affect his well-being. He said:

> *I think it is a self-causing loop. Um…I'm sort of more prone to…I had low self-esteem earlier on, probably because of depression and low self-esteem made me more err…vulnerable to things in my life, any setbacks, which would then go on to lower my self-esteem more and make me more depressed and so on. Spiral…I have inherited it genetically but it is difficult to distinguish between the biological and psychological…So it is hard to tell at times whether or not it's medical or if it's part of me. Which again stems from how I feel at the time.*

Types of Risk

The participants reported a diverse range of risks, including parent psychopathology, parent divorce, depression, and moving countries. These risks have all been identified and discussed in prior research (e.g., Amato, 2001; Carbonell et al., 2002; Kim-Cohen et al., 2006). In the following section, the risks the participants identified as the most disruptive to their well-being are discussed, with a focus on the effect each risk had on the participant.

Divorce. Divorce is a well know risk factor in resilience research (Lansford et al., 2006; Ruschena et al., 2005; Watt et al., 1992) and was identified as a risk by the participants in the current study. The participants considered divorce a risk factor because they felt a sense of loss after their parents' divorce, abandoned by one parent, and lost the guidance and support of the parent who left. Amanda explained her father's absence, saying, *"And last time I heard from him he said he was going to take us on a picnic and never came for like 10 years."*

Participants experienced a sense of loss through divorce because one parent had left the family home and they usually had little or no contact with them. William explained his feelings of loss when his dad left:

> *Well the main one that has definitely changed my life and I hated it was divorce, my parents just got divorced and it was, it was so much impact, especially when my dad found another, another women…it was just a shock, dad said I'm going out, I'm not going to be home again. And he just went out and left and I was in bed crying all night, I didn't get any sleep. I was sobbing, everything was just awful feeling, just thinking of dad.*

Participants frequently reported feeling abandoned by the parent that left after the divorce. Larissa explained the impact of her mother leaving:

Okay, the first one, like the major one in my life was my mother. The biggest influence like she meant, like she was the first thing to mean my whole world kind of thing, like yeah. I like had to deal with separation anxiety because she was really sick, up here (in the head) and I didn't realise that at the time, I thought she was just a bad mother. Like she doesn't love me, she abandoned me kind of thing.

Parent divorce also has associated issues for the participants. For William, he worried about the financial strain it placed on his mother, saying, *"She's so upset and stressed now it's because we live in a rental property, and it's just been so much because she hasn't been able to afford a house."* Sasha experienced ongoing conflict between her parents and step-parents, when asked if her parents were still together, she laughed and said, *"Noooo....No they kind of want to kill each other with hacksaws."* These findings are consistent with findings from previous research that there are associated risks with divorce, such as financial strain and conflict, that can increase risk for adolescents (Tiet et al., 1998).

Relationship Issues. Participants that had relationship issues with friends or romantic partners also experienced a sense of loss, similar to those participants whose parents had divorced. These issues tended to be a secondary risk based on the primary risk of parent divorce or being abandoned by their parents. For example, Sasha's primary risk was her parents' divorce, and her secondary risk included serious relationship issues with them and others. She explained her risk was:

Like emotional turmoil type stuff...relationships are a big issue. Having all these people around me that I cared about, you know doing things to themselves kind of screws with your head...I have clinical depression so it's a chemical imbalance, but at the same time I have a lot of really stupid people around me who screw with my head.

For Joshua, his greatest risk was the loss of a significant romantic relationship, which compounded the issues he had already experienced of high parent expectations and school issues. He said:

After a while she sent me a text saying I've been wanting to tell you for a long time but, you know, I don't really like you anymore as I used to and all that stuff. That was pretty full on for me because, you know, I tried really hard to you know, always be nice and all that stuff but...I put myself out there, gave it

everything and just, just for nothing. And that was pretty…I was quite upset…and that was really, pretty full on and around that time it was near the end of that term and there was all these tests, and everything was just ohhh.

Parent Psychopathology. Parent psychopathology has been identified as a risk factor for children and adolescents in prior resilience research (Kim-Cohen et al., 2006; Rutter, 1966; Tebes et al., 2001), and was identified as a risk by the participants in the current study. The main effect of parent psychopathology was that the participants felt abandoned by their parent. Unlike divorce, the parents were physically present but not emotionally or psychologically available. Tayla said:

My mum she like works all the time so I don't see her that much, and when she's home, she's like…I think she's actually depressed because…I don't know, she doesn't talk to me much anymore. She's not the kind of person that will like give you a kiss on the cheek or you know, give you a hug or say 'I love you'. She doesn't say that. I know she loves me but she's not that kind of person.

Clinton also had limited access to his dad while his dad was depressed. The way he handled it was:

I kind of let him have his own space, um…yeah, just let him have his own space. Because I could see…I'd get there and I'd say 'how you been' and he would go 'yeahhh' he just didn't sound happy so I just kind of I'll leave you alone, let you just kind of sit there and enjoy your rest and everything.

Health. Reduced physical and emotional health for the participants and their parents was also a risk for these participants. While parent mental health issues are frequently referred to in resilience research (e.g., Rutter, 1966; Tiet et al., 2001), parent physical health and adolescent health issues are less common. Some of the participants' physical health concerns included acne, diabetes, and issues associated with premature birth. Parental health issues included cancer and depression. Todd and Susan had both experienced their mother's battle with cancer. Susan said, *"Well, a big thing for me was like my mum having breast cancer but like it's all good now but it was a bit hard and sad like at the time,"* and Todd said, *"Well my mother had cancer and my sister has depression so stuff like that would be emotional stuff, anything that's taxing on you."* Keith had experienced his mother's mental health issues and said:

Well, I…was diagnosed with clinical depression when I was in Year 9, umm shortly before my mum attempted suicide. Ahhh…and then I went into hospital for depression for attempted suicide in Year 10, about midway through and that was 8 weeks. So that would be the most difficult thing in my life.

Parenting. Participants in the current research also experienced risk in relation to parenting. Problematic parenting included unrealistic expectations, parents' use of criticism and guilt, and the absence of parenting. Some of the expectations parents held for these participants were positive but they were set at such a high standard that this became a risk for the adolescent. Joshua said he experienced pressure, *"Definitely parents, they have a lot of expectations…at least for me…cos I've got an older brother and sister and they both of course did really well. So that puts me under quite a bit of pressure."* Participants who identified parent expectations as a risk explained they experienced lower worth and less acceptance. When Janine was asked if her parents' expectations affected her, she said:

> *It'll impact me but if I try and not let it get me…if I go 'oh maybe I am lazy, maybe I am not good enough' then I'll just become a depressed little person but I thought if I just keep trying, maybe I will one day impress them enough, so that type of thing. But it ends up I'm pressuring myself to be better than I am and when I don't get to that level, I don't feel good about myself.*

Belinda also experienced high parental expectations and felt that these expectations limited her self-discovery. She stated that the biggest risk for her was, *"Probably my parents and things like that…trying to…have my own life but also you know do what they want. Not what they want, but not upset them or do…you know their expectations and that sort of thing."* When Belinda was asked what would make her life better, she said, *"Probably my parents to be more understanding and about…you know, let me make my own choices and not be so overbearing about different things."* Sasha also commented on her father's expectations saying, *"I don't know how to word this. He just needs to stop…thinking I'm something that I'm not. He has too high expectations…and at the same time he has too low expectations."*

Parent expectations also had associated risks, similar to other risk processes. For example, John and his brothers experienced high expectations from his parents and this resulted in family conflict and John's brother leaving the family home. He explained how his brother leaving affected him, *"He didn't like the rules and regulations my dad set down so he just left and said I'm going to [country] and I'm leaving you. He left me too and that's…and at that point all my studies went [downward]."* For John, this associated risk was his greatest risk.

Some participants experienced diminished parenting through various circumstances, such as divorce, parent psychopathology, and financial pressure. Max and his sister had been left by their parents through financial pressure, he said, *"Well when I was younger ahh…my parents couldn't really afford me and my sister so we were passed around the family."* The key resources these participants lost when their parents were absent were support, advice, encouragement, and affection. For example, when Keith was asked if his mother was supportive during a difficult time, he replied, *"Sort of supportive but at the same time very…unaware and detached. I realised in that period that mothers don't know everything, you know the whole women's intuition thing doesn't extend to you know, knowing your deepest secrets."* Larissa recalled her mother, who had issues with psychopathology, giving her this advice when she was going through a difficult time, *"You're gonna learn a lot from this one. This one's going to teach you a lesson you'll never forget either. And I was just like 'Mum, you're supposed to support me'."*

Bullying. Bullying from peers emerged as a risk for many of these participants. The key effect of bullying was that the participants were rejected by the group they were striving to fit in with to gain acceptance. For Clinton, the bullying had existed all through primary school and when he entered high school he found he had to deal with the bullying all over again. When asked what risk he had experienced, he said:

> *…being teased all school pretty much. That would be a really difficult thing…but when I came [to high school], it just completely changed. I was like wow, okay, not only do I have to deal with the new work and everything I've also got to deal with a whole new set of people. And a lot more people than what I'm used to, and a lot of them teasing.*

Michelle also endured a long period of bullying. She said:

> *I was like coming home like in tears, they were like putting stuff in my hair and just like I'd sit there and they'd be throwing stuff at me and I like couldn't cope anymore like I had to walk out of the classroom so many times just bawling my eyes out…If you could change anything probably get all the bullies out of the world. That would be like the best thing and then everyone could just be happy.*

For some participants, the bullying was a secondary risk in addition to the primary risk they had experienced. For example, Keith had clinical depression, and then encountered bullying through the transition to high school. He said the bullying occurred, *"Arr…not this year, but err…last year and the years before…a great deal*

yeah…I mean I , I was very vulnerable to criticism so I noticed it probably a lot more than one should as well." William, whose parents had separated, also felt that being bullied was a large issue in his life. He said, *"I get picked on a lot. That happened all the time, all in primary school and it just never stopped happening, school didn't deal with it."* In addition, Max, who had been left by his parents, said school was a very difficult time for him as he was not liked by the other students.

Change. In the current study, the participants reported risks associated with change as the transition to high school and moving countries. The key issue with change as a risk was that the participants lost familiar sources of support. Frequently this change occurred in the context of other serious risks when support was critical. Participants who had difficulty during the transition to high school commented on the stress of losing support they had experienced in primary school and the increased academic pressure of high school. Todd explained the difficulty of the transition to high school saying:

> *…in Year 8 I just absolutely hated it. Cause I'd been used to…seven years of primary school. It's a long time to be in one place, and you know everything, you know the routine, you know who everyone is. Then you come to high school and everything is just a bit different, you're out of your comfort zone.*

Keith also felt that the transition added to his difficulties and said, "Yeah, well Year 8 was its own…I think it's what happened in Year 8 that left me being diagnosed in Year 9. I didn't enjoy that year, no friends, new school all that."

For participants who had experienced change through emigration, they talked about the difficulty of adjusting to new languages and customs, leaving behind friends and family, and having to develop new friendships groups. Mitchell had emigrated when he was 15 and this had put pressure on his final studies, he reflected that, *"I would think that maybe it wasn't quite such a good idea to move different countries [at that time]."* Karen had moved countries multiple times through her father's work and said, *"I've had a lot of change. And the whole lesson, the way everything worked was a whole lot different and…and just the culture, it was just, yeah I don't know…I found that really difficult to adapt to."* Coreen had emigrated when she was seven and then moved schools, she said:

> *…it was hard, leaving my family and still feeling really attached to both [country] but also to this country…Just the differences in cultures I think and*

trying to make new friends especially since coming to high school you have your little friendship group and then it's split up again and you have to reform it.

Minimisation of Risk

When the participants in the current research described the risk they had experienced they consistently minimised its importance. They said things like, *"it's not the end of the world," "not as bad as some people," "at times it seems stressful but then when you look back you're like that wasn't really stressful like enough to talk about,"* and *"there are a lot people out there worse than me, so I shouldn't complain about it or anything. It's not that bad."* There was a sense of being grateful, as if their experiences were not as bad as others. When the researcher said to one participant *"that's a pretty difficult thing to have,"* he replied, *"Oh everyone has problems."* The participants also expressed the sentiment that they could see the risk would not be forever. Emma said, *"Like it's not as if it's going to last,"* and Joshua said, *"During that time I kind of in the end I was just like…you know, whatever happens it doesn't really matter because you know it's not the end."*

The participants' minimisation of risk is evident in prior resilience research whereby resilient adolescents were more optimistic and viewed events as benign when they were not (Luthar et al., 2000b). This perspective may have been gained through the challenge of the risk experience or it may have been a personal characteristic they possessed before the risk occurred. If this attitude is the result of the risk experience, it is not a protective process but an outcome of risk. However, this is unclear and further research is required to understand the basis of the attitude and how it may contribute to the resilience process.

Risk Conclusion

In prior resilience research, risk processes have been identified at the individual, family, and community level (Mandleco & Peery, 2000). The participants in the current study identified risks at the individual and family/school level but did not identify risks at the community level (e.g., violence, racism). This finding does not invalidate community level risks, it only demonstrates that the participants did not perceive these as risks. This may have been because these risks can be subtle in the

way they create risk (e.g., financial strain creating tension in the family), and thus the participants did not attribute any negative effects to them.

Many of the individual and family/school risks reported by the participants were similar to risk processes identified in resilience research. For example, prior research indicates children who have parents with psychopathology are at a greater risk of also having psychopathology (Kim-Cohen et al., 2006; Rutter, 1966) and the transition to high school is associated with increased depressive symptoms and a decreased sense of belonging (B. M. Newman, Newman, Griffen, O'Connor, & Spas, 2007). In addition, parental criticism and alienation is associated with self-harming behaviour (Yates, Tracy, & Luthar, 2008); and the loss of a parent, either through divorce or death, has been linked to poor health outcomes, lower self-worth and academic achievement, and psychological and behaviour problems (Amato & Booth, 1997; Raphael et al., 1990; Watt et al., 1992).

The participants' explanations of risk indicated that risks occurred in groups and over a period of time. Their reports of groups of risks are also evident in prior research. For example, in a study by Barrera et al. (2004) adolescents whose parents were problem drinkers also experienced more stressors. Conger and Conger (2002) also identified marital conflict as an associated risk of financial hardship; and children who have parents with psychopathology are more likely to experience externalising and internalising disorders, parental drug use, low SES, and a negative parental marital relationship (Luthar et al., 2003; Tiet et al., 1998).

Within each participant's group of risks, there was one initiating risk followed by several other risks. All risks were a part of their risk experience, however one risk may have had a greater impact on the participant, or the impact may have been the effect of cumulative risks. Cumulative risks such as the ones experienced by Keith are harder to overcome, and research indicates that even resilient children and adolescents may experience detrimental outcomes when facing such extraordinary challenges such as these (Runyan et al., 1998; Sameroff & Rosenblum, 2006). Tayla expressed the difficulty of overcoming cumulative risks, including issues with drugs, relationships, health, and self-harming and said, *"When you're stuck in something like that, it takes a lot of willpower to get yourself out of it."*

Frequently resilience research utilises the adolescent's parents or teachers to define risk for the adolescent and this approach does not access their views on risk. Bell and Bromnick (2003, p. 205) reflect this view, and state that research on adolescents "tends to be dominated by 'adultist' ideas about the problems faced by adolescents, with an implicit assumption that young people's opinions and feelings are peripheral to the understanding of issues that fundamentally affect them." That is, basing the understanding of adolescent risk on adult perspectives is problematic because the identified risks are based on assumptions of others rather than the person who has experienced the risk.

By consulting the adolescent participants in the current study, they were able to report on events they perceived as risks. In Janine's case, she indicated her parents' high expectations made her *"feel a lot lower than what I am"* and reduced her feelings of worth and acceptance. Without consulting Janine, high expectations may not have been identified as a risk as it seems less "risky" than other events such as psychopathology and divorce. However, what may be a risk for one person may not be perceived as a risk by another. High expectations were a risk for Janine and by providing the opportunity for her to define her own risks, her experience was captured more accurately.

Another advantage of having the adolescent participants define their own risk experiences is that they were able to report the importance of each risk. For some participants the most harmful risk was not the most obvious. In John's case, he had overly authoritarian parents, but it was his brother leaving the family home that caused him the greatest risk. Tayla had been abandoned by her parents and moved from home to home, however her risk was the negative behaviours she had engaged in after these events. While questionnaires can assess the presence of various risks, only the adolescent can explain which risk was the most detrimental.

The adolescent participants were also able to provide an explanation of the effect of the risk rather than only the label. For example, when the participants discussed the risk of divorce they talked about feelings of loss and abandonment, described their reactions to their parents' divorce, and explained whether it was the divorce or their subsequent behaviours after the divorce that were the greatest risks. Often peer groups are cited as a source of risk for adolescents; however, these

participants indicated that choosing a peer group that engaged in negative behaviour was a consequence of another earlier risk, such as separated parents. Until adolescents are able to identify the most significant risk, research concerned with the relationship between risk and protective processes will be arbitrary, as the most effective protective processes need to target the risk that has the largest impact on adolescents' outcomes.

In summary, the participants in the current study reported a wide range of risks. For some, the risk was a major event in their life (e.g., parent divorce), and for others it was the events that occurred after a major risk. What is clear from these findings is that the reality of the risk experience is only available to the adolescent participants. One risk did not have equal value for all participants. Each risk can follow a different process, have a different effect on the adolescent, and be the catalyst for different subsequent risks. Accordingly, the uniqueness of the risk experience requires a person-based approach in future research to ensure the risk experience for each adolescent is captured accurately.
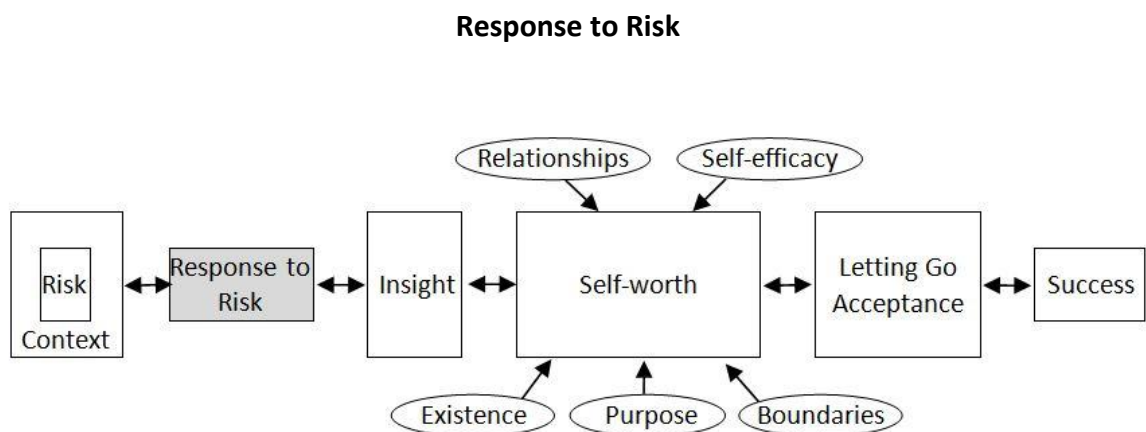
Response to Risk

Figure 5. Response to Risk

Response to Risk – Coping

After the participants experienced risk they employed some form of coping, which is "constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (Lazarus & Folkman, 1984, p. 141). One frequently used dichotomy of coping in resilience research is emotion-focused coping (EFC: worry, self-

blame, wishful thinking, ignoring the problem) and problem-focused coping (PFC: defining the problem, generating solutions, choosing solutions, acting) (Frydenberg & Lewis, 1996; Lazarus & Folkman, 1984). Coping can also be categorised through the Adolescent Coping Scale (ACS: Frydenberg & Lewis, 1993) as productive (trying to resolve the issue, focusing on the positive, and seeking relaxing diversions), non-productive (an inability to cope and avoidance of the issue, worry, self-blame, and wishful thinking), and reference to others (seeking professional help or general support through social or spiritual channels).

The resilient participants utilised a combination of both EFC and PFC throughout all stages of risk and recovery. Specifically, immediately after the experience of risk the participants used predominantly EFC and then moved towards a more PFC approach. EFC remained a useful coping tool even when the participants felt they had successfully overcome the risk. The participants' specific use of PFC and EFC is discussed in the following section.

Emotion-Focused Coping

When individuals use EFC they are attending to the emotions associated with the risk rather than trying to solve the problem (Boerner & Wortman, 2001; Bonanno & Kaltman, 1999). The participants in the current study attended to their emotions by crying, getting angry, using creative outlets, seeking relaxing diversions, avoidance, distancing, and denial. EFC is generally not linked to resilient outcomes (e.g., Dumont & Provost, 1999; Pilowsky et al., 2004) and it is evident in the participants' responses how it could be labelled as unproductive. For example, John said, *"Well I used to cry a lot and it was so emotional my brother leaving me and everything and leaving me with dad…"* and Amanda said:

> *I would just like ohh…I would be sitting in my room listening to like some [emotive] music, feeling sorry for myself, you know and like being really pissed off and just like angry at everyone. Like if you had talked to my family…I was always angry at everyone, I just snapped at everyone all the time. I was always tired and frustrated you know, so I would have just been snappy at everyone…just take the anger out on them, you know.*

However, EFC was advantageous as it allowed the participants to "let their emotions out" and release how they felt about the risk or risks they had experienced. Larissa explained the need to let it out, saying:

Ah well I can try to hide it but sometimes when it's just too strong I just can't bottle it anymore. I'm like a bottle…It's just like 'rah rah rah.' Yeah you can't help but…if it's been inside for so long and it's just, it just creeps out. To the point where you're just like no I can't do this anymore.

The need to let go of their emotions is evident in many of the participants' comments. Belinda used blogging as a tool and said:

Like sometimes if I'm kind of sitting there and I'm angry or anything at anything…I write a live journal which I can write out big ranty posts. Sometimes I don't even post half of them. I just vent for half an hour, or not even half an hour just 15 minutes and then kind of like go 'I'm over it now'. I can get on with whatever I was doing.

Coreen explained that she needed to cry to let go of things:

The way I deal with it usually, and I'm just trying to be as honest as I can here, that if something difficult comes up I cry. I'm not sure it's just the way I get some of my emotions out. My mum's always saying you know 'you've got to chill out'. It's not that I'm stressed, really stressed, it's just the way I let my emotions out and then once I've got that out of my system I can think alright how do I deal with this. And I change it and if I can't what's the point of crying.

While EFC was identified as an important coping strategy by these participants, previous resilience research indicates that EFC is associated with the absence of resilience and is viewed as unproductive or nonresilient (Dumont & Provost, 1999; Frydenberg & Lewis, 1993; Olsson et al., 2003). However, EFC (e.g., crying, anger, denial) was productive with these participants as it helped them to lessen, avoid, or minimise their stress (Lazarus & Folkman, 1984). Furthermore, by engaging in EFC strategies the participants felt more prepared to use PFC strategies to generate and select solutions. This was evident with Coreen, when she said *"once I have it out of system I can think alright how do I deal with this?"*

In addition to feeling their emotions, the participants also liked to *not* think about how they were feeling by using avoidance, distancing, and denial to "rest" from the risk they had experienced. These periods of rest were evident in many of the participants' stories and were well illustrated by Jodie, who had a background of maltreatment and parent divorce. She said, *"Yeah I think sort of just like not worrying*

about it so much and just trying to have a good time and stuff." When asked if this meant avoiding it, she replied, *"No, not avoiding it…like you gotta talk about it sometimes, it just like yeah some days are worse than others. It's like um…sometimes you need to get a break, to get away. It helps quite a bit."*

Resting from risk was not unique to Jodie; in fact, this was a recurring theme for all participants. They said they separated themselves from the problem, got quiet, ignored it, hid the problem, and distracted themselves by doing enjoyable things. For example, William liked to ride his dirt bike and Karen played the piano. She said, *"I really enjoyed [playing the piano] and it just passed the time, it's just…I don't know, it's like you just forget about everything and you sit down and play."*

The use of avoidance, distancing, and denial are labelled as non-productive forms of coping in resilience research because the adolescent is not working through the risk (Frydenberg & Lewis, 2004). However, as Jodie indicated, it was not that she was not working through the risk, it was that she was not able to work through the risk at all times. These participants were seeking a temporary diversion from the risk and an opportunity to rest from feeling and thinking about it. If the participants had sought "relaxing diversions" as a way of resting from risk, this would have been deemed productive in the coping literature (Lewis & Frydenberg, 2002). In reality, avoidance, denial, and distancing are achieving the same goal as relaxing diversions in that they are temporarily removing the focus from the risk experience. Thus, these forms of coping appear quite productive for these participants, particularly when they are not the only coping strategies they are implementing.

Problem-Focused Coping

With these participants, Problem Focused Coping (PFC) occurred after they had used Emotion Focused Coping (EFC) to process how they felt about what had happened. PFC involved working through the issues that they had experienced by thinking critically about what had happened, talking to friends, journaling, "reasoning out what happened," and taking action to deal with the problem. Candice and Cheryl explained how they reasoned through problems. If Cheryl had an argument she said she would, *"Go cool down and then think about it and realise why I am having the argument with them."* Candice said:

Yeah, like I talk a lot but I do a lot of inside thinking and like I go through if I've like done something wrong and I'm like, you go through and you try and say 'oh no that's okay' but then like you get two sides of the story and you think, you just work through in your mind what am I going to do with this…so I have to work that through and think okay what is going to be the solution I need to make the best decision here.

Conclusion

Participants used both EFC and PFC strategies throughout all stages of risk and recovery. These findings are similar to longitudinal research by Campbell (1996), where adolescents used both EFC and PFC, with their use of different forms of coping dependent on the time after the risk and the risk experience. The use of both EFC and PFC is also well explained by Stroebe and Schut's (1999) Dual Process Model of Coping. Stroebe and Schut assert that successful coping involves oscillating between loss-oriented processes (grief work, denial, and avoidance of restoration activities, letting go, and intrusion of grief) and restoration-oriented processes (behaviours that reorient the person after their loss and include distraction from grief, developing new roles and identities, and attending to life changes). Both loss- and restoration-oriented processes involve EFC and PFC strategies, indicating that both strategies can be effective at different times in the coping process.

Stroebe and Schut (1999) explain that people oscillate between loss-oriented and restoration-orientated processes because coping is difficult work and people can only manage a "dosage" of grief. The oscillation between the two processes and the concept of a dosage of grief was evident for these participants when they explained they were dealing with the problems, however sometimes they needed a break from them and they could not always be thinking about the risk. This rest provided space for them to revisit the risk when they were physically and emotionally ready or when new issues arose. These findings highlight that coping is not a linear process with a fixed end, rather it involves the oscillation between both EFC and PFC as the individual works through the risk experience.

There is a need for future research to investigate how different coping strategies are used together over time to attain positive outcomes. It appears that coping is not functional or dysfunctional, but dependent on the risk, resources, the individual and time following the risk (Campbell, 1996; Frydenberg & Lewis, 2004;

Lewis & Frydenberg, 2002; Pilowsky et al., 2004). With the participants in the current study, EFC and PFC were both useful strategies in managing their risk experience, regardless of the risk experience.

Response to Risk – Relationships and Identity

In the resilience literature there is very little discussion about the period between the risk experience and resilience. Bonanno (2004) suggests that resilience is when one experiences risk and maintains a stable equilibrium, whereas the experience of some symptoms of psychopathology between risk and resilience is "recovery." Other researchers allow a drop in functioning between risk and resilience (Van Vliet, 2008; Werner & Smith, 1982), and most researchers do not discuss the period between risk and resilience because the adolescents are assessed months or years after the risk experience (Greeff & Van der Merwe, 2004; Todis et al., 2001).

For the participants in the current research, the duration of this recovery time varied from a few days to a few years and was dependent on the source of the risk. For example, those participants who experienced a risk in the home environment were more likely to have a longer recovery time and experience a greater drop in functioning. The areas where participants experienced a drop in functioning after the experience of risk were relationships and identity, and these are discussed in the following section.

Relationships. After experiencing risk, the participants tended to choose friends with similar problems (e.g., depression, disenfranchised from parents) and goals to their own. The similarities were a point of connection and the basis for their friendships. Emma said, *"I'm friends with like most people at school and stuff but you've kind of got your closest friends…it just kind of works that way like, the people that are kind of similar to you in a way like…"* Their association with similar others was evident in many of the participants' stories. Sasha explained a relationship that had caused her many problems, saying, *"Well a lot of the depression sort of stuff was there beforehand because umm…a lot of my relationship with Phil was based around the fact that we identified with each other…because of depression and that sort of thing."*

In these post-risk friendships, the adolescents frequently emulated their friends' styles so they could fit in and feel accepted. The effort to be like their friends

was problematic when they were associating with friends who were experiencing their own problems. This was evident for Tayla who changed her appearance and behaviour to fit in. She said:

> I wasn't Italian, I wasn't rich, so I didn't fit in. I met a girl there in, end of Year 8, she came to this school and she was like a Goth. And so I started like dying my hair black and dressing all Gothic and stuff and they gave us a lot of crap for that…this is probably where my downhill bit started um…she had…what was it like? A chemical imbalance in her brain or something, like she had depression.… she was like really, really crazy and she used to cut herself and she used to take drugs and I guess when I started hanging out with her, because I thought she was my best friend, I started doing all the things that she was doing. I just thought you know, cos I had such a bad relationship with my parents I was like 'oh maybe if do what [friend] does it will make me feel better as well.' So I just kind of…got into the habit of doing it.

Within the negative peer groups, the participants experienced issues with trust (e.g., friends turning against them), pressure to conform (e.g., clothes, music), competitiveness, and bickering in their group. They felt these friends were insensitive to their needs and indicated they would not trust them. Amanda said, reflecting on her previous friendship group, *"I didn't realise how deceitful people are, like I was friends with these girls and then they totally just like backstabbed me and screwed me over and I was like oh my gosh this is so high school."*

Identity. Adolescence is a time when identity is explored and adolescents put boundaries around what is them (Erikson, 1968; Grotevant, 1992). Ungar (2005a) suggests that at first adolescents are "stuck with" one identity, then become chameleons experimenting with multiple identities, and finally experience control and acceptance and say "this is who I am." In this post-risk stage, the participants were chameleons, and were more likely to follow others to gain acceptance than pursue their own beliefs and style. This was evident when Tayla explained how she created her identity. She said, *"I was trying to find who I wanted to be, or the person that I was, and like I saw [friend] and I was like 'oh that's it', you know, this is the path that I'm choosing."*

"Emo," an identity that comes from the shortened form of "emotion," was a popular choice by the participants during this period. Adolescents that subscribed to this trend wore black clothes, piercings, and listened to dark, emotive music. Identities like Emo were chosen because they matched the emotions the participants were

experiencing at the time, such as anger and sadness. By taking on this identity, it gave them an outlet to express how they were feeling. Michelle explained how her friend became Emo:

> *People change that ways and stuff when they deal with like trauma and stuff. Cos I know one of my friends has done that. Like she changed when her dad died, as you can imagine. But she went like full on Emo and no one recognised her and she just went, like she was so like full on depressed and stuff.*

There was an acknowledgement that these were not permanent identities, but something they needed to do to express their feelings and to discover who they were. However, these identities could be problematic and during this period of experimentation they frequently experienced conflict with their parents and schools. It is likely that the conflict arose through the participants' behaviours rather than the external changes they made (e.g., dressing Emo or having a nose ring). For example, some of the participants were using drugs, stealing, or associating with a negative peer group. Belinda felt her parents did not understand her new self. She said in the beginning:

> *I did everything that my parents wanted, I wasn't hugely anything…and I started to get more confidence you know, started to be who I wanted to be more…for example, I dressed a little differently. Like I was a bit more you know open minded and that kind of thing and my parents thought that I was just being a freak and things like that…some stuff happened then they were like 'if you keep changing' that kind of thing then …we're gonna send you off to a boarding school and things like that.*

Conclusion. After the participants experienced risk, they connected with those who had similar problems and engaged in identity exploration. Within the friendships and identity exploration the participants were frequently trying to achieve acceptance. The search for acceptance through identity was evident when Tayla said, *"I wasn't like shy, but I wasn't comfortable with who I was. And I felt like I, then I became Emo and I felt like I had to dress like that so people would accept me."* This is consistent with Ungar's assertion that youth will create an identity through deviant channels if they cannot create one through traditional ones (2001). In addition, many of these participants did not have a functional family life and thus they sought relationships and identity through the channels that were available to them.

The phase between risk and resilience is poorly understood, particularly in regard to the behaviours and emotions the adolescents experience, and the length of this phase. In the current study, some participants were in this phase for a few days and others for a few years. For participants who were in this phase a long time, the negative behaviours they engaged in frequently became more of a risk than their initial risk. If this phase was better understood this trajectory may be able to be subverted and adolescents would not have the problems associated with these choices. Alternatively, it is possible that this phase is an integral step towards achieving resilience for some. That is, through making poor choices they come to the realisation they want a better life and this leads them to the next stage in the resilience model, "Insight." However, further research is required to understand the phase after risk and how it influences adolescents' short-term and long-term outcomes.
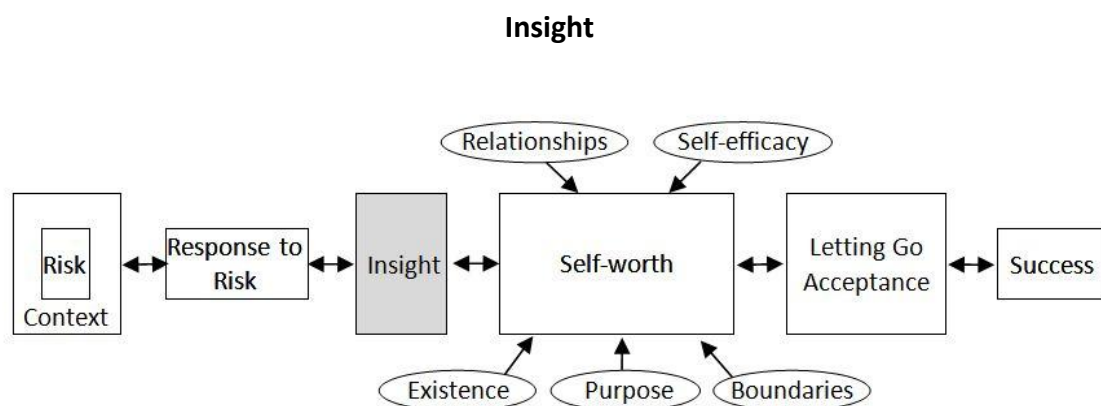
Insight

Figure 6. Insight

The participants began the journey of resilience through insight, which is the ability to see their current circumstances clearly and critically. Frey and Carlock call these moments of insight "transitions" and state that "transitions are turning points in one's life which are either internally generated or externally induced" (1989, p. 276). Insight, or transitions, are opportunities for growth and new possibilities, and can be conscious or automatic. When they are conscious, the change is driven by the desire to have a different outcome (Satir & Baldwin, 1983).

The process of insight was conscious for these participants, as they came to the realisation that they were dissatisfied with their life and they did want a different

outcome. Insight was achieved through a challenging event, life transitions, observing other people's behaviour, or personal reflection. The challenging event occurred for Tayla when her mum questioned her current behaviour. She said*, "It was a big kind of reality check when my Mum said to me a while ago…'Who are you?'"* Whereas for Clinton it was the transition from Year 10 and Year 11 which allowed him to reflect on the need to make something of his life. He said, *"I just thought this is Year 11, I can't really stuff around, this is the two main years I've got left. I've gotta actually do some work and keep my head down and that."*

The experience of being suspended from a private school and attending a public school for a short time provided Amanda with insight of how her life would progress if she continued to make the same decisions. When asked if she valued this second chance, she said:

> *Yeah definitely…Cos I know if I get kicked out, I told my mum I was like 'Mum if I do get kicked out I am gonna be on the dole for the rest of my life' like I know the future of myself, if I get kicked out I'm not going to go anywhere. Yeah I knew that if I got expelled I would not be able to do anything with my life.*

Observing other people's mistakes also allowed them to reflect on their own behaviour and choices. Karen had seen the devastation associated with drug use in her family. She said:

> *I've seen what it can do like and especially to your family because I've got like an uncle who's like, you just think 'you're on a different planet' but… So it's like and you've seen it and you're just like… you kind of think I wouldn't want to do that to someone.*

When asked if friends have helped her, Amanda explained how other people's mistakes had helped:

> *Well no one has really…they've helped me but don't know they have kind of thing, but not in necessarily a good way…there are some guys at school, that are like really just stupid and I know that if I went down the same…I know when I came back I'm like I'm totally going to have to change or I am going to end up like these guys. I look at them and I'm like oh my gosh no way. You know some guys at school they are so disrespectful, they're idiots, they're not doing well at school at all. I was like oh my gosh I'm so totally going to change my act because I don't want to end up like them you know. That's the only way they've kind of helped me.*

Insight occurred for Keith through the time he had spent alone in personal reflection during his depression. He said, *"Yeah when you spend a lot of time on your own, no choice really but to get to know yourself. But yeah I tend to sort of reflect on myself a lot more than most people would reflect on themselves."* Larissa also explained how she came to a point of insight through personal reflection. She said:

> *And I just didn't know what I wanted and I was just like so confused, I was swinging between denial and hope and I was just like oh my god like I didn't see things working with my ex and I was just like nah I just can't do this anymore. I had this huge realisation on Christmas Day, I just like um...I just looked back on all the times before and I just like, I just realised that he'd hurt me sooo much and I was like insane and I just knew it was going to happen again. And I was like why am I doing this to myself kind of thing and I was just like...good bye! kind of thing.*

Through insight these participants experienced a dissonance between how they were living and what they wanted their lives to be. They saw that the current way they were living did not reflect their value and said things like, *"I decided I'm worth more than this"* and *"I've always got this voice in my head saying 'you're better than this' 'you're better than this,' it's always there. And I know that I'm better than that."* Their self-worth then provided them with the strength to persevere through their issues to achieve success. They felt that as their life was worthwhile, then it was worth the effort to overcome the obstacles in their life. The sources of self-worth identified by the participants are discussed in the next section.
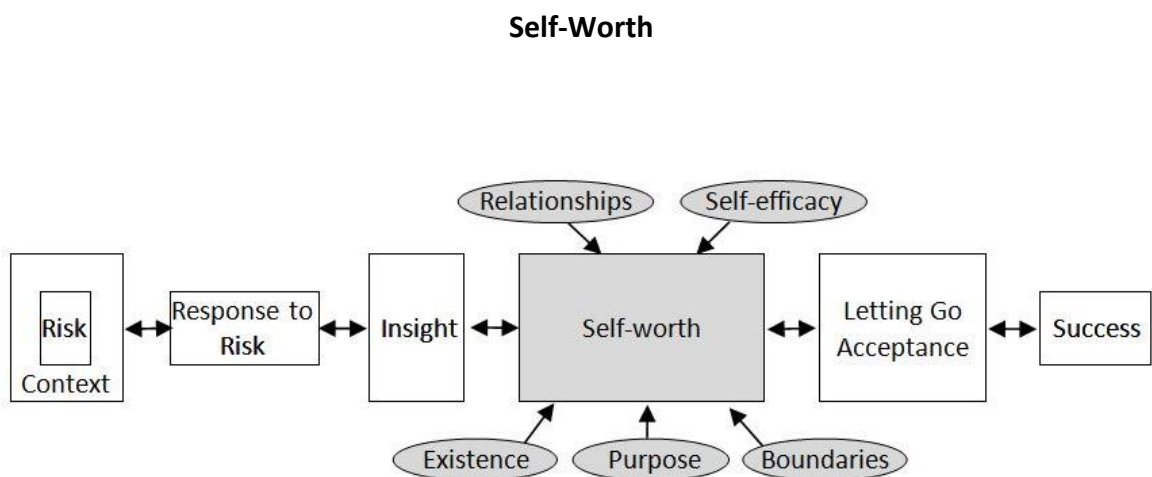
Self-Worth

Figure 7. Self-Worth

The key protective process that contributed to the participants' resilience was self-worth. The terms "self-worth" and "self-esteem" are interchangeable in psychological literature (Harter, 1999), however in the current research the term self-worth is used over self-esteem as "worth" was the term used by the participants. Self-worth is defined as "one's worth as a person, rather than a domain specific competence or adequacy" (Harter, 1999, p. 3). Each person's worth is contingent on their success or failure in domains they consider important (Crocker & Park, 2004; Harter, 1986). Self-worth is derived from either external sources (e.g., appearance, approval, academic achievement) or internal sources (e.g., moral virtue, God's love) (Crocker & Knight, 2005; Crocker & Park, 2004; Crocker & Wolfe, 2001; Shapka & Keating, 2005).

Research indicates that when self-worth is contingent on external resources it requires continual "validation and comparison with others" and is constantly threatened (Crocker & Park, 2004, p. 406). Branden (1991) labels self-esteem based on external validation as "pseudo self-esteem" and Deci and Ryan (1995) call it "contingent self-esteem" as opposed to "true self-esteem." Branden states that "Pseudo self-esteem is the illusion of self-efficacy and self-respect without the reality… For example, instead of seeking self-esteem through consciousness, responsibility, integrity, we may seek it through popularity, prestige, material acquisitions, or sexual exploits"(1991, p. 36). In the current research, the participants did not require external validation for their sense of worth. Therefore, this would suggest their worth was more stable and represents true self-worth. The five sources of worth for these participants were relationships, purpose, existence, boundaries, and self-efficacy. These resources are discussed in the following section.

Relationships

The findings from the current research indicate that relationships were protective and contributed to self-worth. Relationships are frequently identified as a protective process in resilience research. For example, the presence of caring adults was a protective factor in a study of at risk adolescents (Laursen & Birmingham, 2003); and children who were survivors of cancer had improved outcomes if they had a better parent-child relationship (Orbuch, Parry, Chesler, Fritz, & Repetto, 2005). In addition,

several studies indicate maltreated children have better outcomes if they have close relationships (Henry, 1999; Runyan et al., 1998).

Relationships are usually discussed within resilience research through the protective process of "social support" (e.g., Dumont & Provost, 1999; Greeff & Van der Merwe, 2004; Pilowsky et al., 2004). This is problematic because social support is only one aspect of a relationship and many other aspects may contribute to the process. Furthermore, social support is a process the adolescent receives and this does not recognise the bidirectional nature of relationships. Thus, the term "relationships" is utilised in the current research to encapsulate all aspects of relationships, and to acknowledge the influence of the adolescent on their relationships.

The participants indicated that many different relationships contributed to their worth, including relationships with friends, family, teachers, and other adults. The impact of each relationship was dependent on how important that person was to the participant. For example, some participants had a poor relationship with their parents so they valued their friends, whereas others had a closer relationship with their parents. Kath explained how different relationships affected her value:

> *It's always going to be influenced by that outside factor of people. I think to me like it would be more important about what my friends thought because my friends are really important to me. But it would depend for the person who's the most important to them as to what's… if they're really close to their parents and their parents were disappointed with them it would affect them more than someone who wasn't close to them.*

Regardless of whom the relationship was with, what the participants regarded as important in the relationships did not vary. These features included trust and respect, acceptance, seeing them as an individual, encouragement, affection, empathy, and support. It is essential to understand that relationships did not contribute to worth just because a person was present; it was these unique qualitative features that were necessary for worth to be conveyed. These features of relationships are discussed in the following section.

Trust and Respect. Trust and respect formed the foundation of relationships for these participants. They could not believe the words of others or use them as a source of worth unless trust and respect were present. Joshua said, *"I think you really need to know the person and really have, yeah trustworthy in someone so they aren't*

going to go and tell other people. You know, who kind of respects your private life."
Keith's comments also demonstrated the importance of respect. He said a significant teacher showed him, *"A greater understanding of how I was, asking me how I was…Another thing was sort of mutual respect...yeah respected me enough, and I respected her enough for us to you know, actually talk and get along."*

Trust and respect were built through people knowing them over a period of time, people who were *"always there in the worst times,"* and through people's past actions and words. When the participants felt people knew them, they considered it was more likely that they would be able to understand their history, and how that may influence their behaviours and emotions. The need for people to know them was evident when Emma was asked if she would access help from teachers, she said, *"Not really because like they don't know like what's going on like…they know you a bit obviously because you are here but they don't know you well enough to pass judgement on you sort of thing."* Susan also explained she would not use the school staff for support, *"No, not really. They're all nice and like they are probably supportive but I don't really know them that much, yet."*

The importance of knowing them was also reflected in Sasha's comments. She said she would not talk to her school friends about the problems she had experienced because she had been out of the country and, *"When I came back I had a lot of things that had happened and…I don't want to tell those people that."* However, Sasha explained that her sister's knowledge of her life made her a good confidante. She said:

> We talk a lot, like we pretty much know everything about each other as you kind of do with family members, but like we don't talk about stuff as though we were sisters we talk about stuff as though we were friends. She knows everyone that I deal with so she can pass judgement on them and she can give you really good advice…

Amanda also explained the importance of people knowing her and the impact this had on her relationship with her father. She said:

> Like if my dad says something to me it wouldn't change anything cause he doesn't know me he hasn't been there my whole life and I don't give a crap what he says, you know. If he says something like really rude to me like that's not nice you know, it would just brush past me because I don't even know him and he doesn't know me, he doesn't know anything about me you know. He doesn't even know what year I am. He forgot my name when I saw him. Like he doesn't know anything about me and if he said anything to me then I would hit

the fan. And I would be like 'excuse me' he's got no right at all because he doesn't know me. And he doesn't know what I've been through and I don't want to sit down and explain it to him because he should have been there when it happened. So he's not even a father to me.

The significance of trust in relationships was evident when the participants talked about the support they accepted. They indicated they rarely used provided support services as they were unfamiliar with the person providing the service. Joshua explained how he did not know the teachers and so would not use them for support, *"Some of the teachers are good just to talk to but I wouldn't really talk to them about personal things…I don't really talk personal, to adults, to teachers, maybe because I don't really know them really well."*

Trust and respect needed to be present in the relationships prior to risk being experienced so that the participants could access the relationship when they required them. Keith said, *"I never really saw the chaplain that often, not really sure why not, I just didn't really…I find it difficult to warm up to people very quickly, particularly when depressed it becomes much harder."* Trust was a major issue for Keith after he had consulted a psychologist over his suicidal ruminations. After he met with this psychologist he never approached one again and ended up attempting suicide. He said:

> *The school psychologist…I saw him for a bit but I, I didn't like him…really, he was very umm….he didn't seem entirely competent to be brutally frank. He um…he was a bit. Like I told him that I was…contemplating suicide and that I was you know, feeling very, very depressed and he said that there was nothing he could do he would just pray for me. Which, I mean it's fair enough if you're, if you're um…religious, but it seemed that I was in quite a bit of danger and I really wanted some help and he didn't really provide me as such, which I thought was a bit, well, negligent on his part.*

These participants lost respect for people who were unreliable, inconsistent, or treated them badly. They wanted others to *"treat them like a person, not inferior."* The participants' respect for others diminished through insincere attempts to gain their favour. For example, William commented on his stepmother's actions:

> *…she thinks, she's like 'oh I spend this much money on you and you give me this much respect' but um…I would rather respect than money. I mean, I'd rather respect because if you get respect you can actually respect them and then they will give you rewards instead of just giving money, then they expect more out of you. And you just can't do that…because then respect is out of the picture and*

you just can't do it. It's like train tracks, like the train tracks are missing in that train.

Trust and respect did not directly contribute to worth, but they did provide a foundation on which positive relationships could develop. Without these two elements, the participants appeared unwilling or unable to take advantage of the resources offered by relationships. These findings were also evident in a 2010 study of Western Australian children and adolescents, whereby "Having a trusting relationship, where information is kept confidential, is seen as essential in order to seek help with problems" (Commissioner for Children and Young People, 2010, p. 7).

Acceptance. Relationships that provided acceptance contributed to worth because it indicated to the participants that they were worthwhile as they were with all their mistakes and imperfections, rather than when they became something or met expectations. Acceptance was evident in relationships with parents, teachers, and friends. The impact of acceptance was evident when Karen said her worth came from, *"…just accepting me for the way I am sort of thing. And that will make me feel like I'm worth something because I'm not being cut down all the time."*

Parents provided acceptance when they accepted the participants with all their faults and regardless of how they performed or appeared. Coreen said, *"My parents are a big support…they're the people that make me feel best about myself, they don't care what I look like, come home, throw on my tracky pants, greasy hair, whatever, just hang out on the couch."* Cheryl also commented on the support from her mum and dad:

> *She's supportive, she doesn't really like …she just takes me for what I am I suppose, doesn't care…They just like...be what you want to be wear what you want to wear, cut your hair how you want to do it, whatever. They say like you're good on the inside so it shows on the outside I suppose.*

Acceptance was also evident through their relationships with teachers and other adults. Candice commented about a teacher that made her feel good, saying, *"She just accepted me as an individual. Some teachers just see the grade and think okay it's a whole year but she really like had an individual kind of relationship with me*

which not a lot of the teachers had." Leaders at a church youth group also provided acceptance for Amanda and she said:

> *I actually went to this youth group and I liked going there because I felt like, like I belong, like people accepted me…I felt like I finally like belonged somewhere and finally people had finally accepted me finally for like who I am, and don't care about my past.*

Seeing them as an Individual. These participants felt worthwhile as a person when others looked beyond their surface and saw the individual, particularly if it was troubled. This meant not making assumptions about them based on what they had done or on who they associated with. Todd commented on a teacher he had a good relationship with and said:

> *She recognised that these aren't just my ratty little Year 8 class who I really hate. They are 30 students who are all different who have different needs who I need to treat differently. It sounds silly, treating people differently but basically different personalities and stuff, they're gonna respond to different ways. You teach them different ways. And it wasn't even like you have the stereotypes, whoever sits in the back row is really all hip and cool and they go surfing on the weekends and they muck around in class. So she could have treated those five or six people all as the same but she didn't, she broke that stereotype down and treated the five or six people as individuals.*

Candice also commented on when teachers viewed them as part of a group rather than an individual. She said:

> *[They don't see you] as an individual, they just see you just as a group. And like they are 'that's just the Human Biology class and that's just the Year 6 class that I had in 1999', they couldn't really pick out individual people that really…that value you for who you are, didn't get a personal relationship with you.*

Some teachers showed the participants they saw and valued them by noticing things about them. For example, Keith had a close relationship with one teacher, partly based on her ability to value his strengths. He said, *"It was sort of like taking an interest, sort of beyond core duty. She recognised, not to be arrogant, that I was quite good at S and E and that I enjoyed it."* Sasha said also commented how one teacher "notices":

> *[The teacher] actually notices, which is different. I guess at one point I was kind of sad looking, she asked me this morning actually, she was like 'are you okay? You look kind of pale' I was like 'I didn't get any sleep' and she's like 'okay.'*

Seeing them as an individual was of particular importance when the participant had a poor reputation. Jodie said:

People start rumours and stuff and they hear one thing about you and they think bad things about you but [name] she's like, she's like outside of school and it's like, you know. You can talk to her and you know she's not going to judge you or anything.

Tayla appreciated the teacher asking her to participate in this research, as she felt the teacher saw that she had something of value to contribute. She said:

I was really quite happy when she asked me to like do this, cos I thought oh wow she asked me, wow no one ever really asks me to do anything. No one really cares what I have to say about anything, but she obviously sees past the…outside of what people must think about me. Yeah…that's a good thing. [She] makes me feel good about myself no matter what reputation I may have earned myself. A lot of teachers at this school must have heard stuff about me and are very prejudice when they speak to me and interact with me and stuff.

Encouragement. Another element that was essential in relationships was encouragement. Encouragement contributed to their worth as it showed them that other people saw their value. The participants received encouragement from a variety of sources, including family, friends, and other adults. Larissa commented on her boyfriend, *"Well that's practically the best way that he's stopped me and he's been like encouraging and stuff and he makes me feel good about myself…he's like the support team."* Janine explained the value of encouragement for her, *"Other people bring out things in you that you wouldn't have seen otherwise,"* and Mitchell said when you get encouragement, *"Then you realise it and go 'oh yeah I can'."*

Kath reflected on how her worth was influenced by words:

I think it's influenced by people, by what people say. Because if you're never told that you're good at something then why would you assume you are. And if you did assume you were good at something and no one reinforced that, then you would think that you were wrong.

Parents were an important source of encouragement for these participants. They wanted *"their gratitude"* and to hear *"I'm proud of you."* Encouragement built relationships between the participants and their parents and it was inadequate for parents just to think it, they needed to say it. Emma said, *"Mum kind of encourages me to do what I want like even if she doesn't agree with it she'll be like 'okay yep if that's what you want to do fair enough' like so it's good in that way."* The participants

indicated they needed encouragement before they were given criticism. When Janine was asked what she wanted from her parents, she said:

> *If they encouraged me before asking what I did wrong. Like in a test, if I got…I got an 81% in a Math test. The first thing mum said when I told her the score was 'what did you get wrong?' I went 'oh' I felt absolutely great! I would have liked it if she encouraged me a bit. They do encourage me but…in a way that doesn't work…*

She recognised encouragement that "worked" in one of her teachers, saying:

> *My Year 7 teacher was good. I don't even know why she was good, she was just good. She'd encourage you, make you feel good about yourself and pull out all your strong points and then build on them. And then afterwards work on the lower points type of thing.*

Teachers were able to provide encouragement if they had a relationship with the participant. Speaking of one teacher, Cheryl said, *"She's just so supportive of us, like everything we do she encourages us if we don't want to do it she's like go do it you can do it. It just makes you feel like better."* Mitchell explained how his teacher's encouragement made him feel worthwhile, *"I wasn't doing so well but then progressively I've just got better and better. And then like the teacher says 'oh you've caught up quite a lot' and that makes you feel that you are worth something."* Some teachers had taken a group of girls to a women's conference. Karen went on the trip and said:

> *I was wondering why she would just pick just, you know, our friendship group. And so on the bus on the way back and I was like so yeah why did you take us? And they were like well we think, they said they think we have a lot of potential but we don't use it. We're all just lazy (laughs) but we have a lot of potential so that's why they took us to inspire us and that. So the fact they did that, it's a lot of support.*

The participants indicated that they also received encouragement from friends. Mitchell explained the benefit of having friends to provide encouragement, saying, *"Obviously if you're not doing well in school but you've got loads of good friends to cheer you on as such that won't be too bad."* Amanda explained her relationship with another girl at school, and how her encouragement contributed to her worth. She said:

> *Okay, well like [name], she's probably like one of the main girls that like has helped me…it's been like last year and this year like she's really been like encouraging. Like she's said 'you've changed so much you know and you're such like a good person you could do anything now' and all this. That's really helped*

me so…and she doesn't know about that, she's just, she's just nice like that, but it's some of the words that have helped me a lot, you know.

Affection. Affection also contributed to the participants' worth through relationships with parents, friends, and teachers. With parents and romantic partners, affection was expressed through love, and with friends and teachers it was expressed through caring and warmth. Coreen said, *"I know I'm worth something…because there's people that love me,"* and Joshua said, *"I think I feel valued because I know that people would care for me and want me to do well and see that I can do well…and you know people around you that love you and care for you."*

The participants experienced affection when people expressed it through words or actions. When they discussed affection from their family, they focused on the words they used. Candice said, *"I think having like a good family to tell you like you know that's good I'm proud of you or kind of something like that"* and Amanda said:

> *If [mum] says I wasn't valued that would probably cut me down a lot because I really love my mum and I value her value...probably like the things I want to hear from my mum is like 'I'm proud of you' and stuff but I know she thinks it. She definitely thinks it cause you can see. But I want her to say it to make me feel proud you know, for her to be my mum and like stuff like that.*

The affection of friends also contributed to participants' worth. Candice recognised the importance of this affection, saying, *"I think like having good friends, that makes you feel worthy and knowing that people like out there actually do like you kind of thing."* In addition, Larissa explained the impact of affection between her and her boyfriend:

> *Well I think because we have really strong connection, it's not just mental kind of thing, it's a combination of emotional and mental. You don't really have that bond with every person and there's something so special and like to be able to overcome so many things like when you're angry at someone, to have like that sour spot in you, just to go soft again.*

The key way the participants felt affection from their teachers was through their actions. One teacher made an impact on Michelle and she said, *"She just hell makes eye contact with you all the time. And she just makes you feel, like when someone, as you know you've got eye contact you just feel like you're important, you're like you're worth something."* John said that the best teachers were, *"Strong*

Christians…and they care about me and help me do my work and….well these teachers I'm talking about are doing more than other teachers."

Affection contributed to worth because it indicated to the participants that they were worth loving or caring about. A critical feature of affection was that it was given without conditions. Coreen's comment reflected this feature when she said, *"And sorry…(crying) there's people that I respect that do see me…they do love me, I mean not just my parents because they have to, but I feel as if there are people that actually want to know me."* The unconditional nature of affection is evident in prior research, whereby children want to be loved and valued even if they do not achieve a required standard of excellence (Howard & Johnson, 2000). That is, affection contributes to worth when it is given freely and without regard to past behaviour or current achievement.

Empathy. Empathy from others who had experienced similar issues or were of the same age or gender was an important factor in relationships that contributed to worth. Empathy was effective because it conveyed to the participants that someone valued them enough to invest time and effort in order to understand them and the issues they faced. Clinton explained how empathy worked with a friendship he had saying:

> *Yeah, I think we've kind of…not gone through the same kind of things or same things…but we've gone through the same KIND of things if you know what I mean. I think he used to get teased…I don't know why. But he used to be teased and so he knew what it was like.*

Coreen found the school dean helpful because he had also emigrated from another country and could empathise with adolescents who experienced issues. She explained the connection:

> *I'm not sure if I feel a connection to him because he wasn't from this country either…that he's had to experience another culture and adjust to this or because he's seen a lot of kids with problems and a lot of kids who have had stress.*

Empathy was not pity or sympathy. These actions only indicated to the participants that someone felt sorry for them, not that they understood them. Janine expressed her dislike for sympathy saying, *"Well they feel really sympathetic for me and it's like, well you don't know what's going on! You can't do that. It annoys me. Like if someone understands what's going on then that's fine."* She went on to explain why

she had shared with one friend, *"I've only just recently cracked to one of my closest friends pretty much…because she's going through similar stuff and that's how I…talk to her about it, yeah."*

When the participants did not experience empathy, they believed the person may be insensitive to their needs and unable to understand their experiences. Lack of empathy also decreased the likelihood that the participants would share personal information, which indicated that people who showed empathy towards these participants had greater access to relationships with them. Joshua explained why he would not seek support from his friends:

> *I've got quite a lot of friends who um…you know they're friends but they're not really people you would talk to about your personal issues, it's more that you would hang out with and muck around with and stuff. But then half the time they're not really, half the time they might not be as sensitive or something…*

The effect of empathy was also evident with Michelle when she stated why she did not rely on her friends. She said:

> *It's like, yeah, so I didn't really want to say anything to mum or my dad, so I like I sort of needed someone to talk to then like and I was talking to my friends but they just don't really care and they've got their own little problems and because I'm not really that close to them, they just like didn't care.*

Support. Support was also an important element of relationships. The participants received support from their family, teachers, groups in their community, and friends. For these participants, the support they received was both instrumental and emotional, and included people being physically available, doing things to help, giving their time, and providing academic and social assistance. Prior research indicates that instrumental and emotional support are effective because they communicate "care and esteem" to a person (Semmer et al., 2008). For these participants, support showed the participants that someone was willing to invest time and effort into their lives, and this conveyed worth.

Parents provided both instrumental and emotional support. Instrumental support from parents included making costumes for them, providing transport, and giving advice. Todd reflected on the academic help he had received from his parents, he said:

Well my mother has been a teacher all her life. My dad was a teacher and now he is a financial planner. So they both understand how a student's mind works or whatever. So they will always, if I ever need any help with anything they are always very understanding, talk to me logically and they didn't get angry because I didn't know it or didn't just shun me off, saying you have to learn this yourself. So that helped me academically.

Mitchell also had instrumental support from his family and reflected on its importance, saying:

I think it would be pretty awful going through life and having no like, having none of your family being there for you, helping you with homework and stuff. Yeah, I suppose if you've got no family you're really quite…in my case if I had nobody I would probably be really quite stuck on what to do. Yeah, family is really important to me.

Emotional support from parents gave the participants someone to turn to when they had personal issues. Susan commented on her mum's support, saying, *"Like if there's something that I want to do she will like say her opinion and then if I need help she'll help me out even if she thinks it's wrong."* Emotional support included being there physically for the adolescent, and Karen said, *"I used to dance a lot and stuff and they would come and watch my show and stuff like that and support me in my music and my school and stuff."* Michelle also explained how the close family relationship provided access to support:

I'm really close to my mum, like I've always had that, like me and my mum, and my sister and my dad, we've got such close relationship as like a family. I have a big family bond thing, and so I don't like…if I need something like I would talk to my mum.

Several participants commented on how they appreciated the teachers that did more than what was required. They reported instances where the teacher would stay back after school to provide extra tuition, help them to access services, and provide special learning experiences. William appreciated one teacher's support when he drove him to the doctor during a school camp. When asked what he liked about that he said, *"He just drove me out there and he talked to me a lot. Just as you are!"*

Friends provided support through their presence and this gave the participants a forum to share personal things. For Clinton, he said, *"Hanging out with friends helped me a lot especially with Jack and Michael. Mainly Jack…if there was something I needed to talk to him about he's perfectly fine with talking about it."* Susan talked

about her friends, saying, *"They're sort of like being there for the other person, whatever, and like sticking up for them and just looking out."*

Church youth groups also provided a place for these participants to access support. They felt safe in this environment and were able to share, discuss issues, and obtain support. Joshua discussed the support in his youth group:

> *During youth we have a part of the time where we would get together in small groups, and my small group was quite small and it had [my close friends] and the leaders were my brother and this guy called [name] and I got on with them quite a bit and we got to the stage in our group where we ended up sharing quite a lot.*

Candice also commented on her experience at church, saying:

> *I really like being a teenager in church and stuff like that because you get people backing you up and you get to know that you are worthy. My youth group and my church, they have kind of helped me get through life, I don't know where I would have been without like the backup and support like I probably like wouldn't have been as confident or wouldn't have been like, I probably would have been suicidal or something if I wasn't like at my youth group.*

An important point to note is that some participants were not able to accept support during their experience of risk. Keith reflected on his family support during his depression and said:

> *Yeah, supportive but I don't know, neither of them could really do anything that was very, you know, deep for me. Just sort of…still sincere, you know but it wasn't very helpful in that is seemed very…I don't know. And the other thing is that you can't really take advice very well when you're depressed…it's very Cartesian sort of, my truth is the one that I believe, therefore it is the real truth.*

The issue of accessing support was evident in research by Carbonell et al. (2002), where depressed adolescents did not access family support and were less satisfied with the support they did receive. Thus, the benefit of support may be dependent on the readiness of the individual to receive this resource. This finding suggests that it is important to maintain support for at risk adolescents, even when it appears that the support is ineffective, as the support needs to be available to them when they are ready to access it.

Relationships Conclusion. Prior research indicates that relationships need to have certain characteristics to make them successful (Laursen & Birmingham, 2003). This was supported by the current research, with the participants indicating trust and

respect, acceptance, seeing them as an individual, encouragement, affection, empathy, and support were the most important characteristics of relationships. The core feature of these characteristics was that the participant was valued for who they were. Harter refers to this as "unconditional regard" and states that this is when "one is loved or supported for who one is as a person, not for whether one fulfils expectations of others" (1999, p. 181). In Harter's research, unconditional regard was a good predictor of high self-esteem whereas conditional support erodes self-esteem (Harter, 1999).

Unconditional regard is evident in all of the relationship characteristics identified by the participants. For example, acceptance demonstrated to the participants that they were valued just as they were, with all of their strengths and weaknesses, rather than when they became something. Encouragement showed the participants that someone saw and valued their strengths or their attempts to improve themselves. When they were seen as an individual, the participants felt that people noticed them and their uniqueness. This was evident when Keith said the teacher noticed he was good at the subject. It was not that this subject was particularly important, it was that the teacher noticed something special about him.

The unconditional affection from parents, friends, and teachers also showed them they had worth. The impact of affection on their worth can be seen through Emma's comment. She said, *"You have to be worth something because you have a family that cares…they provide things for you so you don't go without. So you have to be worth something because why would they do it if you didn't."* These participants felt cared for as they were, not when they became something.

Empathy indicated to the participants that someone was willing to take the time to try to understand their problems. This provided unconditional regard because it conveyed to the participants that they were still accepted after they had revealed issues in their life. Similarly, emotional and physical support was a statement to the participants that they were valued even when they required support. In addition, support was the sacrifice of someone's time and resources, and this indicated to the participants that they were worth this sacrifice.

In summary, in relationships that worked, the participants felt they were accepted and loved despite their strengths and weaknesses, and were seen for whom

they really were. Relationships that built worth were not conditional. It was an acceptance and valuing despite the things they did. Relationships that worked recognised the uniqueness of the person and placed value on that uniqueness, unconditionally.

Purpose

Having a purpose and helping others, both in their current situations and in the future, was one of the most significant resources that contributed to these participants' self-worth. They felt that doing something meaningful that helped others made their lives worthwhile. Their future work choices included nurse, psychologist, music therapist, midwife, counsellor, adopting kids, and helping troubled teenagers. They said they wanted *"to make a difference in the world."* Mitchell said he felt worthwhile *"when people ask for help and you are able to give it to them."* Karen said:

> Yeah I'd like to be able to well leave the world having changed something. I want to impact I don't know, people's lives, you know change something for the better…Well I can do some things you know…I don't know, like through my music there are things I can do so if I use what I am good at and work with those skills and use that to impact.

Their plans for the future focused on making a difference in other people's lives. Emma said, *"Just cause like you don't realise how many problems they actually have and that one person can make a difference to them like, there are so many people that commit suicide and stuff…like stupid reasons that can be fixed…"* Cheryl, a musician, said, *"I think that music's such a good outlet for everything, it's like a universal healer so why not try to use to it to try to help people. I just think it would be really cool."* Max also wanted to help others and said, *"I want to help people. Like counselling or something."*

Even in their current worlds they enjoyed making people feel better about themselves, making people laugh, listening to people's problems, helping lonely people, "*moving people with music*," and helping younger siblings. Amanda said:

> Like I'm the kind of person if I see someone that's lonely I will go up and talk to them, you know. Even though I would leave my little crowd you know, I wouldn't care. Cause like that's…I felt like that was me at one stage and like no one ever helped me.

Janine indicated how she liked to help others, saying:

I like sarcasm. I think I'm good at making people feel better about themselves, cos I know that that's what I want, so if I do it to someone else then maybe it will bounce back. Or even them being happy helps me, so…making them laugh type of thing or just giving them a compliment even. I like doing those sorts of things, I like helping people. It's fun.

Candice explained how she helped others:

I think one of my strengths is…and I like to do this, I like to make people laugh and to…I like to have a good time, like when I'm out doing something socially or like I'm at church or something I like…I like to see people laugh and like to see people like have a smile on their face kind of thing. Like if they're ever upset I can add a little bit of humour in there and like I know when not to use the humour but to give them a little laugh here and there and just think okay life's a bit better kind of thing. Like brighten up their day a bit.

In addition, Joshua said:

A lot of people say that I'm a good listener. If people have problems, I'm good at listening to people and I have good advice often to help them through that…when you start, I don't know, then you get meaning and purpose and then I guess you are more valuable, you find yourself more valuable, more useful to the world or to society or your family.

It is difficult to determine whether this helping behaviour assisted them in their recovery or whether the behaviour was a product of recovery. The strong desire to help because "that was them once" supports the idea that helping behaviour is a product of recovery. That is, the participants developed empathy through their experiences and then had the desire to help others. However, for these participants, their comments indicated they felt worthwhile *when* they helped others. They said things like *"even them being happy helps me,"* and *"It depends, it really depends on the person if they're going to make themselves worthy kind of thing."* It appeared that their helping behaviours stimulated feelings of worth as they were changing someone's life and this added value to them and generated positive change for the participants.

Helping was significantly different from the other resources of worth because the participants were focused on improving the outcomes of other people, rather than attending to their own appearance or success. This is what is referred to as an internal source of worth and is considered more stable that external sources of worth (Crocker & Knight, 2005; Crocker & Park, 2004; Crocker & Wolfe, 2001; Shapka & Keating,

2005). Despite the significance of helping in the current research, it is rarely mentioned in resilience research. In two of the few instances, Bonanno (2004) cites meaningful purpose, an aspect of hardiness, as a pathway to resilience and Ungar et al. (2007) refer to a "personal and collective sense of purpose" in the tension they label "identity." Helping others and purpose is an area that requires further research to understand the way it functions in resilient adolescents, as it appears to be a significant pathway in achieving a sense of worth.

Existence

The fact that they were born indicated to some participants that they had worth. Amanda said, *"Well I know that I'm worthy of anything because I was made for one. Yeah. If you're born you're obviously like worthy of something you know."* Others commented that God had created them and John said he was worth something because, *"God made me. Because He is the best ever and I am made in His image so I am worth…like precious,"* and Michelle said, *"… I think I'm worth something, yeah. I think I'm put here for a reason."* Emma said, *"Just the fact that I'm here"* as her twin had died at birth and she had almost died as a baby.

The view that their existence contributed to worth came predominantly from participants from private religious schools. Life being worthwhile is a precept of Christian teaching and is evident in Bible verses such as the one in Romans chapter 5, verse7: "We can understand someone dying for a person worth dying for, and we can understand how someone good and noble could inspire us to selfless sacrifice. But God put his love on the line for us by offering his Son in sacrificial death while we were of no use whatever to him" (Peterson, 1995, p. 370). Thus, the idea that they have worth without doing anything to earn it is something they would learn through their experience in church. This was reflected in Candice's comment when she said, *"I think I'm worth something and I think…I think the church really backs that up as well, the church that I go to they really, they make you feel like you are worthy and that you are worth something."*

While this resource of worth was not as common as other resources, such as relationships and helping, it was significant for those with religious belief systems. Existence is an internal source of worth and a more stable resource than external

sources of worth (Harter, 1999). Thus throughout their life and during risk experiences it is more likely that the participants who base their worth on existence will have less variation in worth over time. Due to the advantage of this resource, it would be worthwhile investigating how other nonreligious adolescents could discover worth through existence as well.

Self-Efficacy

Self-efficacy is the "beliefs in one's capabilities to organise and execute the courses of action required to produce given attainment" (Bandura, 1997, p. 3). Bandura (1997) suggests that people with low-self-efficacy will not attempt to change events as they do not think they have the power to do so, whereas people with high self-efficacy will approach tasks as challenges and with a heightened effort and endurance. Self-efficacy is gained through mastery experiences, vicarious experiences, verbal persuasion, and physiological and affective states, and it can influence depression, functioning and resilience (Bandura, 1994, 1997). Research indicates that even the perception of control, mastery, or competency is effective in promoting resilience (Bolger & Patterson, 2003; Cryder et al., 2006; Mikami & Hinshaw, 2006).

The core premise of self-efficacy is that a person believes they can exercise "control" over a situation (Bandura, 1994). The concept of control is also evident in the resilience literature but it is usually conceptualised as "locus of control." An internal locus of control is the belief that you can control the forces that shape your life (Luthar, 1991), whereas an external locus of control is associated with helplessness, or the feeling that you have no control over your life (Zimmerman et al., 1999). Self-efficacy and locus of control both refer to control and are defining a similar idea, that one can control events in their life. However, throughout this discussion of control self-efficacy is used as it provides a better conceptual explanation of the causes and outcomes of control.

Prior literature indicates self-efficacy, or being able to control events, is a health resource and promotes resilience (Bolger & Patterson, 2003; Grossman et al., 1992; Ungar, 2005a). Conversely, the perception that things are out of one's control can lead to passivity and low resilience (Luthar, 1991). In the current research, the participants perceived they were in control of their lives and felt responsible for events

that had happened in the past and what was going to happen in the future. Todd said

he liked, *"Just having control rather than being subjected to lots of things. Just doing*

your own thing. Like I go to school. I control how things are there, I'm not being bullied

or anything."

Through high self-efficacy they felt they had the ability and power to change

their circumstances. They saw threats as challenges and felt that it was up to them to

make changes if something went wrong. Joshua said, *"So yeah if I failed a test next*

time around I'd just make sure I studied more. You know, cos that's the only reason I

failed because I didn't study enough." When Max was asked how he would feel if he

failed something, he said, *"Annoyed because I should have done something different."*

For Clinton, he said:

> *Yeah, I like reasons. I don't like being told off without a reason. Why? Then I get*
> *in trouble for 'don't argue' and I'm like 'I wasn't arguing I just wanted to know*
> *why' I think that's my main problem. I like to know why so I can fix it.*

Mastery is one of the resources that promotes self-efficacy and has been linked

to more resilient outcomes in children and adolescents (Conger & Conger, 2002;

Laursen & Birmingham, 2003). Experiences of mastery come from challenging events

where the adolescent experience success (Bandura, 1997). These experiences were

evident in this group of participants, for example, Kath said she felt better when she

was, *"Doing well at things, like if you see that you've done well at something then you*

feel better about yourself."

Mastery experiences were even beneficial for those participants who were

strong in one area and not in another. Having a challenging area provided them with

the opportunity to learn the skill and gain confidence from this experience. This was

evident for Todd who was highly academic but weaker in social skills. He said:

> *I wasn't totally at the head of the class I was still a bit smart. I went to Tai Kwon*
> *Do and it allowed me to start all over again. Like back from a basic beginner*
> *white belt who knows absolutely nothing. And so it just provided a good*
> *opportunity for me to learn a whole new set of skills and stuff being someone*
> *who knows nothing, which, I don't know…just helped me out a bit…it was very*
> *good so you just got an understanding of other people and just an*
> *understanding of again…certain social skills.*

While skills in academia, sports, and music helped to develop their self-efficacy,

they did not act as protective processes on their own. The participants in the current

research perceived these skills as opportunities to increase their confidence or skills in one area, but did not rely on them due to their instability. For example, Michelle was highly successful in many sports but said she gained her worth from:

> *Probably…definitely from what other people think I think, yeah. More than like…playing netball and stuff, like, I never thought that I would like get captain of a team or anything, like I train hard and…even though I'm like really successful I don't really place my worth on that exactly like that. I'm a bit insecure about that sort of thing, like I don't, yeah…*

Research indicates that opportunities to be involved in activities develops skills and increases mastery (Laursen & Birmingham, 2003). For these participants, the opportunities were available in different settings, namely schools, sports groups, workplaces, and churches. The mastery experiences in these settings increased their confidence by giving them new skills can and provided them with the experience of success. John who had completed cadets felt more prepared for situations. He said, *"If I looked into the future and I got stranded on an island I would be able to survive because I'm doing cadets and I know how to survive in the outback."* Cheryl explained how work had helped her. She said:

> *Like before work I never used to want to talk to people but cos I have to, I have to ask them how they are, I have to like ask people things and like before I would be like 'ooohh' (scared noise). So yeah that kind of helped with the confidence thing and I don't know, now I don't mind talking to people…as much.*

The sense that they could control events in their lives caused them to take ownership of all problems; even issues that were not caused by them (e.g., parent depression). Coreen said, *"No. If I've got an issue, it's mine. I'm not going to impose that on someone else."* For Keith who was being bullied, he said, *"I didn't deal with it very well…and there was a lot of blame on myself."* Prior research indicates that adolescents can have worse outcomes when they blame themselves for problems outside of their control (Luthar et al., 2003). Therefore, while self-efficacy, or control, appears to contribute to worth, there may be occasions when the threat is out of their control and the perception of control would not be beneficial.

Boundaries

Parenting styles can be classified as authoritarian, authoritative, or permissive, and are differentiated by the boundaries set by the parents (Baumrind, 1993).

Authoritarian is demanding and obedience orientated, authoritative is supportive with clear boundaries and expectations, and permissive is lenient without many requirements for children (Baumrind, 1993). The participants in the current study indicated that they needed authoritative boundaries and wanted significant adults to "*push back*" if they were close to danger but did not want them to be overprotective. They felt boundaries were important as they communicated expectations and gave them a certain freedom within those guidelines. Todd explained the way his parents set boundaries:

> *If I was having a problem then they wouldn't be nurturing or whatever. They were just generally more of a guider, rather than an overprotective parent. I see lots of other people's parents and they tend to push them in certain directions. My parents just like boundaries. I can do whatever I wanted but if I got to the sides then they'd push me back then.*

The participants felt thankful for these boundaries when they saw their friends "*screwing up.*" They did not want or need too much freedom and the boundaries helped the participants to control themselves. Amanda recounted her experience in one poorly controlled school environment:

> *I was so not used to an environment like that. I'm not used to be so…free…and I didn't like it. I did not like it…I wanted boundaries cos then otherwise I just wouldn't be able to control myself. I didn't like the really big freeness I was getting there, I liked the boundaries…I need a controlled environment where I can learn.*

Boundaries were appreciated by the participants as they helped them to stay out of trouble or extricated them from troublesome situations. Candice commented on the boundaries set by one of her teachers, saying:

> *She went through some hardships with me and I mean because she was strong and she said 'nah you can't do this' like you know here's detention or something like that but she still, like it was for the good and like I think if I was still in that rebel kind of group then I would be somewhere different, like else from where I am now.*

This was also evident for Michelle whose mother had kept her from unsafe situations and environments. She said:

> *[My parents] have always been like quite strict and stuff but it's good. When I was little I was like in Year 8 and stuff and [my friends] always got to go down to like all the discos and stuff but I was like never allowed to go…But now I see what they're like and they started smoking like then, in Year 8 and stuff and*

now I'm just like…and like that's what they were doing, drinking then and now they're like feral to the max and I'm just like thank you so much for not letting me go.

The participants disliked overly strict or permissive boundaries. Janine spoke of her authoritarian parents and said, *"I know they like to think they're flexible parents but they're not."* John explained how strict parenting reduced his self-discovery, *"My mum and dad are strict and I just want more freedom. I like who I am but I haven't got a chance to experience like bigger stuff."* Sasha's father was permissive and she felt let down by his actions, or lack of action and said, *"Dad is just clueless and annoying half the time...like he found out about the cutting ohhh…it would have been a couple of months ago and he didn't do anything about it."*

Todd had authoritative parents, and felt overly strict boundaries could lead to negative outcomes for other adolescents. He reflected on the impact of strict boundaries on his friends:

It imposes very thin boundaries on the other person themselves. For me I'm pretty comfortable with a lot of different social situations but if you have overprotective parents saying 'you must do this as soon as you get out of the movies, you call me, you don't go wandering away, whatever' as is the case with one of my friends, then they get very stressed when they're in situations that they don't know. No, I think, would my parents like me to be doing this, no they wouldn't, I would probably get in trouble if they find out. But they're just not used to being in that sort of environment either.

Thus, the participants did not want overly strict boundaries as it communicated to them that they were not capable and could not be trusted, and the participants had reduced opportunities to make discoveries about self. Nor did the participants want permissive boundaries, as they felt disappointed that their parent or parents were not willing to intervene and protect them when they were at risk. These findings are similar to prior research in resilience whereby authoritarian and permissive parenting have been identified as less effective parenting styles, and are associated with depression, child aggression, and drug use (Chang, Schwartz, Dodge, & McBride-Chang, 2003; Rudy & Grusec, 2006). Furthermore, research indicates that lack of supervision, rules, and their enforcement have been linked to lower self-concept and social skills in childhood and more negative relationships in adulthood (Baldwin et al., 1992; Tiet et al., 1998).

The participants did express they wanted some boundaries with freedom within those boundaries. This would be referred to as authoritative parenting and this style of parenting is identified as a more effective form of parenting and is associated with higher resilience (Patock-Peckham & Morgan-Lopez, 2007; Rudy & Grusec, 2006). It is important to note that parental boundary setting may have only been appreciated by these participants as they had experienced insight and had had the opportunity to reflect on how the boundaries had contributed to their successful outcomes. It is possible that adolescents at an earlier stage of the risk experience would not have the same appreciation as these participants did.

Boundaries contributed to worth as they communicated to the participants that someone cared enough about them to stop them from hurting themselves. They felt that if people were willing to step in and place limits that prevented them from destructive behaviours/friendships/settings they valued them. However, strict boundaries undermined the participants' sense of worth, as the boundaries communicated to the participants that they were not competent enough to make decisions, could not be trusted, and thus they felt less worthy.

Self-Worth Conclusion

The participants in this research developed self-worth through relationships, purpose, existence, self-efficacy, and boundaries, and it was this sense of worth that provided them with the desire and strength to overcome the obstacles in their life. Relationships contributed to worth because they communicated to the participants that they were worthwhile as they were, not when they became something. Purpose provided the adolescents with an opportunity to invest in others, which gave them a sense of worth. Their existence indicated that they were given life and created in a certain way and this indicated worth. Self-efficacy provided experiences of success which increased their self-worth, and boundaries demonstrated that people were willing to protect and guide them because they were valued.

The participants did not need all of these resources to have self-worth, as each participant utilised the resources that were both available and meaningful to them. The significance of some resources over others is consistent with prior research, whereby low perceptions of worth in one area does not affect overall worth if the

person does not value that area (Parish & Parish, 1991; Wallerstein & Lewis, 2004). For some participants, resources were dictated by availability. For example, some could not access a positive relationship with their parents so they relied on their friends. Max had been abandoned by his parents when he was young, and when he was asked where he found his worth he said, *"By my friends. They tell me I mean something to them so I listen. If they [friends] didn't say it…I suppose I'd find something else to make me feel worthwhile or focus on something else."* This suggests that while some resources are significant in gaining worth (e.g., parent-child relationship), there are other opportunities to access a sense of worth if these resources are unavailable.

Despite the large number of processes identified in prior research at the individual, family/school, and community level (Mandleco & Peery, 2000; Masten & Powell, 2003), the participants in the current research only considered self-worth, and the sources that contributed to self-worth, as important in becoming resilient. The absence of other prominent protective processes from resilience research, such as high intelligence, social competence, and optimism, is notable and suggests that either the participants were unaware and therefore unable to report on their importance, or that these processes are not significant.

A possible reason why some of the established protective processes from resilience research did not emerge is that they do not lead to resilience. That is, these processes may be highly beneficial to adolescents, but are not the catalyst that helps adolescents become resilient. The inability for these processes to promote resilience is evident in previous research. For example, intelligence was an inadequate protective process in a study of academically gifted students by Reis et al. (2005), as it was only when students had certain personal characteristics (e.g., strong belief in self) that they were resilient. Social competence also has weak associations with resilience, with some studies indicating that social competence can co-occur with depression and problem behaviours (Levine, 2006; Mathiesen & Prior, 2006).

Another reason why some of the common protective processes in resilience research did not emerge is because they are secondary effects of having worth. That is, when adolescents have high self-worth these other processes develop (e.g., high social competence, academic success, or optimism). For example, if an adolescent has a high self-worth, they may be more likely to engage in social interactions and invest in

academic activities. This may then increase their skills in those areas, but these skills remain a consequence of having high self-worth. There is support for this supposition in prior research, with Dumont and Provost (1999) finding high self-esteem related to lower stress/distress, higher community involvement, and problem-focused coping in resilient adolescents; and Grossman et al. (1992) found that high self-esteem was an important predictor of an internal locus of control. Thus, it is possible that some of the protective processes identified in prior research are dependent on adolescents having a sense of worth.

Significantly, all of the resources that contributed to worth for these participants were internal and not contingent on validation or approval from others. This finding is unexpected as these participants lived in a context that placed a strong emphasis on gaining worth through external resources, namely being attractive, academic, or popular. The prominence of internal sources of worth is significant because these forms of worth are more stable and do not require constant validation from others to maintain feelings of worth (Harter, 1999). This type of worth is also referred to as "authentic" or "true" worth (Branden, 1991; Deci & Ryan, 1995), which indicates that resilience is only related to authentic forms of worth.

Another advantage of having internal contingencies of worth is the diminished focus on self, whereas when individuals base self-worth on external contingencies they are driven to succeed and become preoccupied with self (Crocker & Park, 2004). The diminished focus on self was evident with this group of participants, as the most pervasive resource of self-worth was the desire to help others, even when the participants had other resources available. Joshua explained the importance of doing something that has purpose:

> I feel valuable if I…I feel valuable because I know people, like my parents and stuff. But I only really feel valuable, really feel valuable, if I do something and it makes a difference. Just being there, being there created, doesn't really give you a feeling of valuable I think. Um…but because you're really making a difference and you know people around you that, you know that love you and care for you, I guess that also gives you value.

Harter also recognised the importance of internal contingencies of worth, and stated that it is critical to "help youth adopt the orientation that their self-worth should be based on inner qualities of virtue, which in turn may cause them to like the

way they look...we first and foremost value the person inside" (2000, p. 138). Coreen expressed a similar desire to the words of Harter when she said all she wanted for adolescents was:

> *That we could just be happy with ourselves no matter what we looked like, what dress size we wear, how tall we were, how smart we were, you know? How good at sports we are, what background or religion or language or anything like that just that everyone could be happy...and content, not so much happy.*

Considering this statement and the findings from the current research, it is apparent that it is vital for adolescents to develop a strong self-worth that is based on internal contingencies, rather than the external signs of success that are promoted within this context.

Letting Go and Acceptance
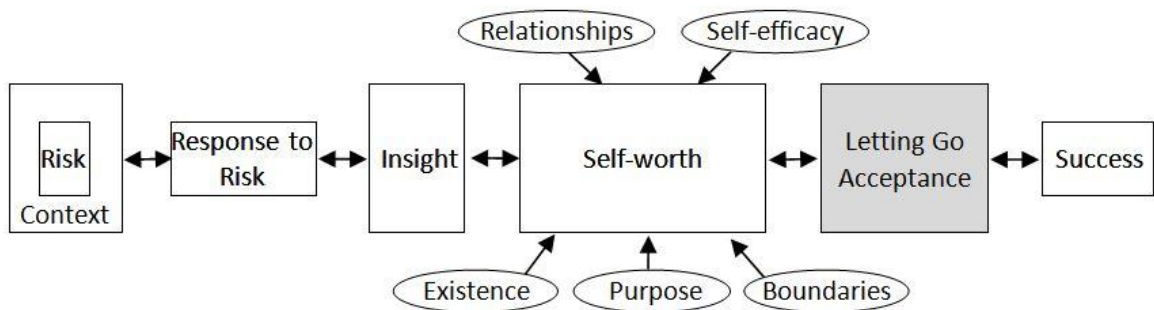
Figure 8. Letting Go and Acceptance

After the adolescents understood their worth, they viewed themselves differently, let go of things that conflicted with that understanding, and accepted what fitted. Specifically, they let go of the risk they had experienced, of issues related to their identity, and relationships that were damaging. They also accepted what had happened, who they were, and new friendship circles. This process was an important step for them so they could let go of the past and move on to a different future. The three key areas this process affected was the risk experience, identity issues, and relationships.

Letting go and Acceptance of Risk

When the adolescents let go of the risk, they released the mistakes they had made, the hurt they had experienced, and the anger and disappointment they had towards people who had let them down. This included those that had contributed to their risk and those that were unavailable as a source of support when they had needed them. To let go of the impact her critical parents had Janine said, *"I've tried to accept that…what my parents do, doesn't always have to impact me. And so, by changing it, it will help kind of thing."* Larissa referred to a relationship that she needed to accept, saying:

> And I actually got over it and I accepted it kind of thing. And I was like hoping that he'd change, but you shouldn't, and then I learnt later on that you shouldn't go into a relationship hoping for someone to change. I thought it was an acceptance kind of thing so I was like okay I have to accept this person for what they are and what they do kind of thing, I shouldn't be trying to change them.

Part of letting go of the risk involved separating themselves from the risk. This appeared to be the result of a gradual process rather than an immediate event when they first encountered the risk. That is, initially the problem was part of who they were, and as they let go of the risk, the risk became separate from them. For Keith with clinical depression he explained it like a ring:

> It depends which side of depression I'm on and the time I'm asked. At the moment I view it as a separate, not an entity, but it's ahh…part of me but still a separate thing. Sort of like umm…this ring on my hand…although I'm wearing it, it is not part of me as such. However when I am depressed, it is very much part of me to the point where it's indistinguishable from the rest of me.

Todd's mother had cancer and his sister had depression, and he explained the separation like this:

> I just separated myself. I thought I can mope for a month about this but is it going to feel any different if I just mope for a couple of days or whatever and deal with it. And once, I dunno, I just went over what was wrong. It didn't seem very big anymore as compared to when the first day when I had a bad day. I don't know, if you just deal with it and treat it, like separate yourself and treat it as a different problem.

As well as letting go of what others had done to them, they needed to let go of the mistakes that they had made following the risk. Larissa said, *"Yeah you can't just*

keep saying oh I'm bad, you have to be like I learnt this. Okay I have to go forward or like I'm never gonna like…grow." They also needed others to let go of mistakes they had made and not judge them on the past. They felt their history did not define who they were now, nor did it predict their future. When people let go of the past they felt it helped them to start again, move on, and be successful. Larissa talked about her boyfriend and said:

> *He's like one of those, he's like a revisionist. Yeah. So he's like always looking back to past for explanations and stuff and I'm just like judge me today not what I did yesterday. Because I'm like, I'm a growing person, I don't act the way I did one day like…I actually grow, I step forward, I don't step back into mud. I refuse to step back.*

Many of these participants had been engaged in negative behaviours following their risk experience, and this made it difficult for others to let go. For example, Clinton had been in trouble the day he was interviewed and said*:*

> *They said that the entire class was in on it and I thought 'why am I getting pulled aside?' It just annoys me because it's because of my past, I'm always the first person they check. I've changed my behaviour now but it would have been a lot helpful because had I have known that in Year 8 then I wouldn't have had this history and now when something happens they straight away point to me and go 'he did it.'*

Letting go and Acceptance of Identity

A well developed identity has been considered a protective process in prior research (Adams et al., 1987; Ungar et al., 2007); however, the findings in the current research suggest that identity was not a protective process but an outcome of overcoming the risk they had experienced. This inference is supported by the participants' comments that the risk had *"added to them," "they would be a loser if they hadn't experienced the risk,"* they were *"stronger,"* and the risk had developed their personal skills. When Michelle commented on the risk she said:

> *Yeah it definitely made me stronger, I was quite like a weaker person before, like personality wise, like I've always been like happy and…but I've always been really emotional but now I understand like how to handle like bullies in general like better. Yeah I can cope with that, like now I used to, I just got so cut up when they said that.*

Prior research indicates that adolescents develop an identity and then attach worth to it (McKay & Fanning, 1992). However, with these participants, it was only

after they had identified their worth that they were ready to let go of conforming to others' expectations, accept themselves, work out the values, beliefs, and standards that were important to them, and incorporate these aspects into their identity. By having a stable sense of worth, they did not need the approval of others, to follow trends to fit in, or to try to be "perfect." Furthermore, as their worth was based on internal contingencies, there was less emphasis on their abilities or physical appearance when they formed their identity. Amanda explained how she let go of trying to fit in after she had discovered her worth. She said:

> *So after about two years I was like it's so like…you have to live up to…it doesn't matter what like…'trend' or whatever you're in, like group or whatever, you always have to live up to an expectation. I was so annoyed at that so I was like 'screw this' I am going to have my own style. I just listen to anything I want, dress how I want, I don't care what people say like I wear dresses and my Nikes together. And people are like 'what are you wearing?' and I go 'what are you wearing?'*

After Tayla believed she had worth, she did not need the external things that had used to create her identity after the risk. For example, she had removed her facial piercings and said:

> *Yeah I took them out, bit of an image change, I mean I was Emo…and I used to wear like black! But I don't know, I don't feel I need to dress in a certain way to impress people anymore I just dress the way I want to dress…These days yeah I think people dress to let other people know, hey you know, I'm dressing like this so I must be a certain way. But I don't like people like that, like fake people. I don't like that…I just wear whatever I want, and if people perceive that in a certain way then that's their choice, they can look at me however they want. But I'm happy with who I am these days, so it doesn't matter.*

Coinciding with the process of letting go was the process of acceptance. Specifically, they accepted the way they looked and aspects of themselves that were unusual and acceptance of self no longer depended on receiving approval from others. The adolescents understood that they would rarely reach the expectations of others and to strive for this was fruitless. Amanda said, *"… sometimes I annoy people because I'm really loud. And I know that about myself but I don't care I just keep going. It's just who I am I can't help it."* Larissa explained what she told her boyfriend about acceptance, *"He's like looking at me and going 'I don't like this you have to change!'*

kind of thing. And I'm just like you have to accept someone for who they are kind of thing."

The most important thing they accepted was their uniqueness. It was well summarised by Karen when she said:

> *No it's like you do what you do, it's like if you're good at something then you're good at something. There's no need to be better than everyone because there's pretty much always going to be someone who's better than you. But then why do you have to be the best person? And how do you mark something, say they're in music or whatever, like if…I don't think there could ever be anyone who is the 'best' person because you do everything differently, everyone does things differently and stuff. So what you do might be different but it doesn't mean it's better or worse than what someone else does.*

Acceptance did not mean that they accepted something as "right" but that it was part of who they were or part of what had happened. For example, Coreen struggled with eating and had come to accept it. She said she:

> *[I wanted] to be thin and to feel …I'm not sure, to look like that generic kind of stereotype, what you're supposed to look like. I know I had a problem with eating for a while, I just didn't want to eat…but I'm kind of…I don't know…I guess I've matured and I feel…not better about myself but I know the reality is we're just human.*

Making choices about identity. Once the participants had let go of who they were not, and accepted themselves, they began to make choices about what they would incorporate into their identity. Ungar (2000) stated that adolescents do not simply conform to peer groups but utilise them to enhance their own identity, and are selective in what they will take from their peer group to incorporate into their identity. Research suggests the three main influences on adolescent identity are the media, friends, and family (Grotevant, 1992). With these participants, the main influences on identity at this stage were examples of what they liked and disliked about others, and values from their childhood, adolescence and religious organisations.

The participants discussed the way they used behaviour they disliked as a way of making decisions about their identity. Emma reflected on how some people had influenced her, saying, *"In a way because I've seen what can go wrong so it's kind of like ohhh…"* Tayla recounted how some of her friends had ruined their lives, and this influenced her decision-making:

I've seen some of the nicest people that I've been friends with since Year 8, some of the nicest people get into drugs and they are completely ruined. You know, one of my best…well she was one of my best friends, she used to come to this school for a little while and she just like smoked dope every day. And her mother lets her. And she just sits at home, every day, doing that. And it's horrible! I look at her and I think, you used to be such a beautiful person, I don't want to end up like that.

Clinton also explained the influence one friend had on his decisions:

He's just crashed his car into a tree at about 90 ks or whatever, being an absolute idiot I asked him what happened to the car and he said it's bent up and need to get rid of it but it's alright I bought a new car yesterday. I thought I'm really happy I'm not friends with him anymore because I'm just seeing myself, because I've got a car, I can just see myself doing the things that he does to it and being an absolute hoon.

In addition to using negative behaviour to make decisions about their identity, the participants utilised values from religious organisations and their parents. The influence of religious organisations is consistent with prior literature that indicates involvement is related to a better formed identity (Cook, 2000). When asked how her religious beliefs helped her Larissa said:

They just inspire and like kind of guide you along the right track kind of thing. It's like this is right, this is wrong, this is right, this is wrong. Yeah. Because [my boyfriend], he's like a strong, he's orthodox, so we both follow the Bible. You just want to…you just look on the bright side, because I'm also a Catholic so I have a pretty good value system and stuff. You're just forced with a question, it's just like okay, reflect back on beliefs and values and stuff.

The participants also discussed how their upbringing had affected their current identity. When asked how she decided on her values, Belinda said, *"Some things come from home, some things from schoo*l.*"* Coreen said, *"I'd like to think I've been brought up with those morals, that my parents have taught me that…"* In addition, Emma explained how she was influenced by her grandma's work with people with disabilities, *"So I've been brought up with that since I was little and so I've been in…it's been in front of me I don't see it as…I don't see people differently when they are like that."* She also commented that she was like her mum, saying, *"That's how my mum is, my mum's like well if you don't want to do it, don't do it…she's like don't let people kind of walk all over you, make your own decisions. That's why I'm like it."*

These findings indicate it is important to provide adolescents with positive and negative examples of identity, and sets of values so that when they are ready to make decisions about their identity they have a range of information to draw on.

Letting go and Acceptance of Relationships

Friendships were based on similarities between the participants and their friends. For example, Mitchell, an academic boy said, *"Like you pick your friends…you and your friends you have the same I suppose 'goals' in life, you all want to do well. And you pick your friends if they treat well…and you'll kind of have the same morals."* Prior to overcoming risk, this meant that some participants chose friends with similar issues to them; however, as the participants changed, so did their friendships. That is, as they started to deal with the risk, make healthier personal choices, and developed their own identity they let go of negative friendships as they no longer shared similarities with these friends. Clinton said, *"My attitude towards a lot of people has hugely changed. My choice of friends is better."* Coreen commented on her friendship groups saying, *"But I kind of just gave up on them, probably at the end of last year. At the start of this year I just thought oh, grow up."* Michelle who was very popular and then bullied by her friends said:

> *I've seen that being cool isn't everything anymore. Like as soon as I was in Year 9 I was like 'hey wait a minute' and I was just like I'm the one getting good grades, I'm the one that's like, that the boyfriend, that the guy they're trying to get likes me and I was just like, yeah, I'm not going to be friends with you guys anymore.*

Other participants also commented on their changed friendship groups. Janine said:

> *I used to hang out with a different group, not a bad group but it was good, it wasn't the right mood. It was kind of bland. I like to use that word because it's a polite way of saying not fun! So I went to another group back with some old friends that I had and it's more colourful. And it's fun and they're all bubbly and they're all really different. So I like hanging out with them. I changed that and I guess it made me happier in a way because they were happier.*

These participants recognised that some friendships *"dragged them down"* were destructive and were not compatible with their new healthier choices. Keith said, *"If you were really unhappy and you spent time in the cemetery then you probably*

wouldn't get any happier. Same thing applies." Negative friendships had required them to conform and made them feel judged, whereas with their new friendships they felt accepted, encouraged, understood, happy, and good about themselves. They also realised that some relationships were an aspect of their past and it was important to let go of these friendships to move on with their life. Candice explained it when she said, *"Sometimes people like kind of when they change like mature or something they kind of move on from that, they go more mature that's why I kind of change to different groups."*

New friendships provided the participants with a forum to talk through issues, opportunities to "*vent*" their problems, and people that looked after them, stuck with them through hard times, "*cheered them on,*" and helped to push them on academically. They also provided an escape from problems so they could just have fun and forget about some of the risks that had occurred. In addition, the experience of risk provided the participants with clarity on who they wanted as a friend, and what was important to them. The participants were more deliberate in their choice of friends by selecting a smaller group and friends that made them happy. Tayla said:

> *My friends. I love my friends to death. I don't have heaps and heaps and heaps of friends anymore, you know, like I used to just be friends with everyone. But the friends that I have now, are good friends, and they're people that I want to keep with me for life.*
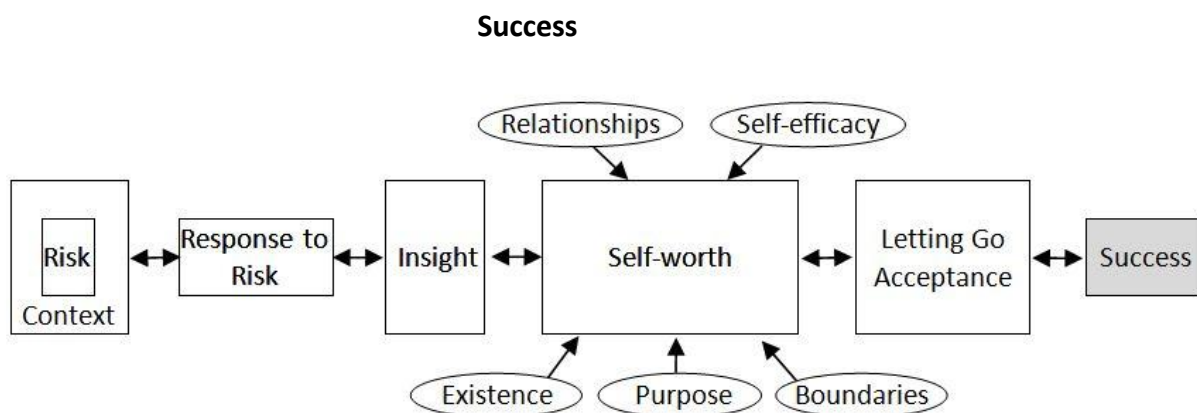
Success

Figure 9. Success

The key ways the participants conceptualised success in the current research were personal happiness, positive change, and achievement. Success was not

excellence or perfection in every aspect of their lives; it was a personal standard considering their adversity and current personal resources. It was well summarised when Coreen said:

> *Success to me means not exceeding everyone else but doing what I can and not pushing myself so hard so that I can't take it but feeling good within myself that I've tried hard and that I've done the best that I can.*

Success was usually a unique selection of only one or two areas that held personal significance for them. For Candice, that meant a career and marriage. She said:

> *I think you've got to balance it out between successful in your career as well as in like life social kind of status as well...I want to get married in there and not just focus on my career I want to you know get out, have some fun, enjoy, enjoy life, but still setting up for the future.*

The following sections provide a discussion of happiness, positive change, and achievement, the three ways the participants conceptualised success.

Happiness

The most common indicator of success was happiness. When asked what success meant, William said, *"If I'm happy pretty much,"* and Cheryl said, *"I suppose if you're happy then you must be worth something because you can't be happy if you're not I don't think."* Mitchell also referred to happiness saying:

> *Like the way you go about your day, if you feel happy …if you enjoy every day of your life I suppose you have been pretty successful. If you go around all day just being really grumpy and stuff you probably haven't…maybe there's somewhere you've gone wrong.*

Happiness tended to be based on their performance in certain areas. For example, Todd said success was, *"Being happy, knowing what you want to do, or just having a general idea of not even like 'I want to be a doctor when I grow up' but knowing I want to finish high school."* When asked what areas of success he had experienced he mentioned academic, Tai Kwon Do, and social friendships and then said*, "So yeah, I'm happy all round."* Thus, happiness was an indicator of success for them but it was based on their performance in the areas that were important to them.

Happiness also contributed to success in other areas, such as academic and social domains. Emma said, *"Like you can't get good grades if you're not happy, you*

can't do your schoolwork if you're not like happy with yourself sort of thing. You can't really achieve anything." Sasha said, reflecting on an improved relationship, "*And I think because of that I'm happy and I have more incentive to do better in school.*"

Positive Change

Participants in the current research also felt that positive change was an important indicator of success. Larissa described success as, "*I think with yourself, knowing yourself is another success. Like are you growing as a person are you developing? Is something stopping you, are you dealing with situations in right ways?*" Positive change was important to these participants as some of them were still experiencing issues but they had made significant improvements.

In one case, Clinton had improved from poor behaviour and schoolwork and said, "*I think my grades have improved a fair bit, my attitude towards a lot of people has hugely changed. My choice of friends is better. I don't get into trouble…as much. And if I do it's only for small things.*" Prior to overcoming the risk he had isolated himself to protect himself from being bullied. He felt this was also an area of success because, "*If somebody asked me to go somewhere I'd definitely go.*" He believed the improvements he had made were significant enough to feel he was "successful," despite the fact he was still getting in trouble and occasionally had problems with his attitude.

A reduction in psychopathology is also an indication of positive change, and was a sign of success for these participants. Keith had a diagnosis of clinical depression and explained success was, "*Well, in context (laughs), the first thing that springs to mind is my depression which is going…yeah good.*" In addition, Sasha who had a history of depression and self-harm said, "*Well firstly I think well I haven't committed suicide yet!*" These participants had not overcome these issues, but they were experiencing an improvement which they perceived as success. Overtly it does not appear that they are successful as they are still experiencing psychopathology. However, it is significant that they have made the change from a worse state such as not socialising, not leaving their bed, and self-harming.

Achievement

When asked what success meant to them, the participants also indicated achievement, and in particular academic achievement. Mitchell, who was academically oriented, said that success was, *"That you've achieved something. That if you work really hard and you get good results that would make me happy."* For Susan achievement was, *"Mainly sport,"* and Mitchell's area of achievement was learning something new. He said, *"Learning new stuff as well. Learning a new song on the piano that's taken you ages and ages and at the end you finally get."* The types of achievement the participants endorsed were dependent on their strengths and what they valued.

Significantly, academic achievement was endorsed predominantly over other forms of achievement. This may be due to the fact that these participants were in their final stages of high school and preparing for exams. Thus, academic achievement was a large focus for them during the time they were interviewed. The reference to academic achievement may also have been because the participants perceived this was important to others. For example, Larissa said, *"If you do not pass you do not go to university, you practically look like you have no life whatsoever if you don't, you're not a success."* Those that endorsed academic achievement because of its perceived importance tended to add it on after their first response to the question. For example, Kath said success was, *"being happy, being okay with who you are,"* and then added, *"…doing well at school because it's like considered the most important thing to us because that's considered the main part of our life at the moment."* Sasha initially indicated "positive change" as a sign of success and then said, *"My mind goes nyahh, 'schoolwork' because I'm in uniform and I have to remember these things."*

The participants also endorsed academic achievement because they understood that this could influence their success in personal, work, and relational areas of their lives. That is, academic achievement in itself was not success; it was the related successes from academic achievement that were important. Janine said if she had a choice between, *"Successful and unhappy, or unsuccessful and happy, I would like to be somewhere in the middle."* She was referring to school and her own happiness, recognising that school was a significant aspect of success yet it was not

something that made her happy. John explained the impact of academic achievement on his future work choices:

> *Passing high school…the better grades you get the better job…If a guy walked in to apply to be a cop and he got D and he failed Year 10, they will still accept his application, but if another guy came in another hour later and he has passed Year 12 and is an A grade student they are going to go to him more than the other person. So better grades the better the job…or more chance of getting a job.*

Academic achievement was not an essential aspect of success for all participants. Some reported not doing well at school but perceived that area was separate from the rest of their lives. Jodie said, *"I think I'm doing alright. I'm not really doing that well at school, I'm not sure if I'm doing alright in school, but yeah, outside of school I'm doing alright."* Tayla, demonstrating the low importance of academic success at this point in her life said:

> *Yeah, I'm so torn between what I'm gonna do because my friends keep saying to me there's only four weeks left of school why don't you just stay. But I feel like I can't be here, I don't know. I need to get some money and stuff. I need to get a bit of independence and go out there and try working and see how I like it.*

In summary, the participants indicated that happiness, positive change, and achievement were how they measured success. Happiness was generally based on their success in other areas and this helped them to be more successful. Positive change indicated progress from poor performance, attitude, or behaviour to improved outcomes. In regards to achievement, academic achievement was the predominant form referred to by the participants, however there were also other forms of achievement such as music and sport that contributed to feelings of success.

Implications

The indicators of success in the current research, happiness, positive change, and achievement, are quite different from common measures of success in resilience research, namely lack of psychopathology (Achenbach, 1991) and measures of academic and social competence (Katz & Woodin, 2002; Masten & Coatsworth, 1998). These differences and the implications are discussed below.

Competence and Achievement. Competence is one of the prevalent measures of success in resilience research. A key issue with this measure is that it may be

excluding resilient adolescents from samples of participants, or including those who are nonresilient. For example, if social competence was used as a sign of success in the current research, many of the participants would not have been selected as some participants reported that they were quite shy and found it difficult to make friends. William said he needed *"personality training"* and Sasha said she had been *"depersonalised and unable to hold a conversation"* through the issues she had experienced. In addition, several participants mentioned that prior to overcoming their risks they had presented well socially and academically but were not doing well at the time. This suggests that if their competence was measured at that time, they would have appeared resilient but not considered themselves to be. Therefore, measures of competence can incorrectly signal resilience or nonresilience.

Another criticism of using competence as a measure of success is there is an assumption that academic and social competence equate to general well-being. While they are important tools for any individual, they are not the definitive definition of well-being as there is evidence that adolescents with high intellect and those that display social competence are not always showing positive adaptation in other areas (Levine, 2006; Reis et al., 2005). The participants in the current research indicated they could show signs of competence but be very unhappy with their life. Janine said, *"I just mask it all. So like everyone sees me as this…person, and then I think about other things but that doesn't get reflected to anything though."* Thus, by the standard of social competence, she would be judged resilient but this was just a facade.

While the participants' choice of "achievement" as a measure of success appears very similar to measures of competence, it is quite different. In prior resilience research, competence is generally set by the researcher at a specific level within a specific domain (e.g., Barbarin & Richter, 1999; Vassallo et al., 2004). Conversely, in the current study, the domain and standard of achievement was dependent on the participants, and what they identified as their strengths and priorities. The benefit of this approach is that the participants are being assessed in an area that is relevant to them, rather than one that is relevant to the researcher. Kath's comment reflected the importance of this when she said:

> It doesn't really like…the whole deal with school has gone down a lot. They've realised all these other ways. What's important is that people are going to

accept you with what you wanna to do. And as long as people accept you doing those things then they will help you get there. Everything you do has to kind of lead up to that. And if you're okay with that other people have to be as well.

Adolescents' unique conceptualisations of success have been somewhat disregarded in prior research. There has been an assumption that groups of adolescents are homogenous and one measure of success can be applied to all, regardless of whether that measure is meaningful to the adolescents. This is problematic, as when one measure is used across a whole group, "resilient" participants may be mistakenly included or excluded. For example, if a measure of academic competence is utilised to assess success, adolescents that are gifted in leadership, the arts, or sports may be identified as unsuccessful and nonresilient. Future research needs to utilise individualised measures of success so that the unique strengths of each adolescent are recognised and they are accurately categorised as successful or unsuccessful.

Lack of Psychopathology and Positive Change. In prior resilience research, lack of psychopathology is a common indicator of success as it is not the expected pathway after some forms of risk (Pilowsky et al., 2004; Tiet et al., 1998). If this measure was applied in the current research, several participants would not be identified as resilient, as these participants still experienced issues with depression. The inclusion of these participants may attract some criticism, as depression is rarely associated with resilience. However, these participants were resilient as they had shown significant recovery from a far worse state, and they believed this positive change was important.

The use of positive change over time as a measure of success provides an opportunity to determine personal gains, rather than comparing the participants to a particular standard. Positive change may not equate to an absence of psychopathology or excellent academic and social outcomes, but it does equate to some improvement from the negative outcomes individuals may have been experiencing. The improvement in outcomes appeared to be particularly important to the participants in the current research who were at high risk (e.g., self-harm, depression) as they felt that excellence was out of their reach and the steps they had taken towards well-being were significant.

Adolescents' Perceptions. A significant problem that underpins most current measures of success in resilience research is that the adolescent's perceptions of success are excluded and children and adolescents have been classified by adult criteria. These criteria can be more about conforming to society's norms rather than measuring actual well-being (Ungar, 2005a; Ungar & Teram, 2005). To include adolescents' perceptions in the current study, participants were nominated as resilient by school staff and were then required to self-identify as resilient. Including adolescents' perceptions provided a more complete measure of success as they were able to report on all areas of success and problems, including those hidden to the researcher. This method of measuring success resulted in a diverse group of participants. In particular, some of the adolescents had experienced and still experienced psychopathology but were resilient, and other adolescents were doing well by their own standards, but not by conventional standards of school performance or social skills.

Utilising adolescent participants' definitions of success was also advantageous as the definitions they supplied were dependent on what they valued, their strengths, resources, and the risk they had experienced. This provided a more individualised measure of success. For example, if they were academic they perceived school success as important, athletic students perceived sport success as important, and those that had experienced cumulative risks were more likely to identify positive change as a sign of success. The importance of having individual differences in defining success was recognised by Michelle when she said, *"Like being successful, definitely, well for me, like it's different to people's perspective obviously but I think for me it's just getting my good grades."*

The only way adolescents' unique perceptions of risk can be accessed is by asking them. It is only when adolescents self-report that they can explain their definition of success given their resources, values, and strengths. Ben-Arieh (2005) stated that we ask adults about their well-being but we give children and adolescents tests or ask other adults to report on theirs. If this same procedure was applied to adults, the problems would be obvious. For example, an elite athlete or company manager would not be given an academic test to test their success, nor would they be

compared on the same measure, as each would have their own areas of success and different strengths.

Furthermore, by asking the participants about their success, they were able to explain that it was a process. That is, they did not experience risk and then suddenly experience success, but had smaller experiences of success that were a part of their larger perception of success. For example, Sasha was getting her life together but school was still a problem, Clinton was getting into trouble less, and Keith had less frequent bouts of depression. They indicated that they *"were happy with how their depression was going"* and *"weren't in trouble as much."* Thus, their success was a process and something some of them were still working on.

Current measures of competence and lack of psychopathology do not show progress over time unless they are longitudinal studies (e.g., Catterall, 1998). Progress was important for many of these participants because an "ideal" state (e.g., no psychopathology, straight As, success in all areas) was either unobtainable or difficult to achieve in the short-term. Thus, the individual trajectories of each adolescent need to be understood, and this will be dependent on the adolescent's baseline of behaviours, psychological and emotional states following risk, and how they define success in the short- and long-term.

In summary, the participants in the current study defined success as happiness, positive change, and achievement. By asking the participants about their perceptions of success, the domains of importance were identified and the participants could indicate change over time. The inclusion of their perceptions provides validity to the current study's measures of success, as it would be meaningless to identify the adolescents as successful when they themselves do not perceive themselves as such. Furthermore, by including the participants' perceptions, other aspects of themselves can be revealed, such as feelings of worthlessness, loneliness, or happiness that may not be apparent during psychometric testing. In future research there is a need to assess success by asking adolescents, and understanding this in the context of the experienced risk, their access to resources, and their requirements to be successful adults.

Costs and Benefits of Risk

There were both costs and benefits associated with the risks the participants had experienced. Tayla commented, *"[The risks] have made me a completely different person. When you're younger you have like a sense of innocence, now…I think that I've seen some bad things, I've seen the world and I'm more ready for like the future."* While some of the benefits appear to be similar to what is defined as success, these participants viewed them as positive outcomes through the risk experience, not a definition of success. The costs and then the benefits of the participants' risk experiences are outlined in the following section.

Costs

The costs for these participants included loss of reputation, innocence, time, and trust, and regrets over poor choices. Time was lost when the participants were distracted by the risk and lost education opportunities. Tayla was happy with her life but said, *"I'm not happy with what I've done with school. I think that I've let myself go, and that I could have done so much better."* In addition, Sasha explained how the relational issues she had experienced had affected her school performance saying, *"And that was sort of hard and I know that it screwed up a lot of my schoolwork."*

The loss of trust was evident with many of the participants and they indicated this would influence future relationships. However, they believed this change would protect them from being hurt in the future. For example, Joshua had lost his sensitivity through being hurt by girls and said, *"Well like I used to be you know really nice and always like be sensitive…I guess people found that out and they used it…I've kind of lost that and now I don't really care as much."* Janine said, *"I find it hard to…not trust people, I'm quite a trusting person but to actually trust someone enough to discuss the depth of things, I don't normally do that and…it's like I've built up a wall type of thing that people can't easily get through."* Jodie who had been beaten by her father and then kicked out of home by her mother explained how her trust had changed, saying:

> *I guess cause of everything that happened with my dad, cause I used to trust him a lot, and after that I sort of had trust issues with people. And then this year, like I used to trust some people and then we got into a fight about stuff and then you lose your trust.*

When Jodie was asked earlier in the interview what she needed to form better relationships, she said, *"If I had better trust in people. If I could trust people better."* Thus, the break in trust they experienced during their risk experience may have a negative impact on future relationships.

The participants also experienced regret following some of the choices they had made immediately after the risk. They realised that they had missed opportunities that could not be retrieved. Larissa explained her regret:

> *It's like but how could you do that in the first place? And you don't even know why you did it just happened. It's regretful but you learnt a lot from it and it's just been like helllloooo! Someone's not thinking straight, but you're just blinded by...what's actually happening.*

In addition, Tayla said:

> *I'm happy with my life so far but I think I could have done a lot better and made a lot better choices that would have left me better off today, but...I think I've learned from the experience, like the things I've done wrong…*

Benefits

Research in the area of posttraumatic growth (PTG) suggests that there can be some evidence of positive growth following a trauma (Woodward & Joseph, 2003). PTG is "positive psychological change experienced as a result of the struggle with highly challenging life circumstances (Tedeschi & Calhoun, 2004, p. 1). PTG is positive change beyond their original state of functioning (Tedeschi & Calhoun, 2004; Tedeschi, Park, & Calhoun, 1998). Individuals who experience PTG can have an increased appreciation for life, a change in their priorities, a feeling of being stronger as a person, or positive spiritual change (Tedeschi et al., 1998). Theorists believe PTG either occurs through an individual's attempt to make meaning of the adversity, the drive for completion, or the need to assimilate or accommodate the risk (Joseph & Linley, 2005; Tedeschi & Calhoun, 2004; Tedeschi et al., 1998).

Tedeschi and Calhoun (2004) state that PTG is possible, not inevitable. Thus, in the current research some participants have experienced growth but not all participants. The absence of PTG does not indicate an absence of resilience. Some participants had greater risks and were close to functioning at their pre-risk level. Other participants had greater resources and were able to work through the risks more quickly and show greater recovery. The areas of growth for these participants were

relationships, coping skills, and increased maturity. Tayla said, *"I feel like it's added to the person that I am today, and I wouldn't want to be anyone else."* Some of the key areas of growth are discussed in the next section.

Relationships. After emerging from the risk, some participants had improved relationships with their current friends or were able to identify friends that were more reliable and trustworthy. Mitchell said, *"It's a real good reminder of how good your friends are,"* and Cheryl explained, *"It actually made sure you found your real friends not people who would just take you because you were good on the outside."* Max reflected that he was much closer to his sister compared to other people he knew, which occurred through the risk of them being abandoned together, and Karen who had moved countries several times during her life felt she had a much better understanding of other cultures. This finding is consistent with PTG literature that suggest relationships are a key area of growth (Tedeschi et al., 1998).

Coping Skills. The participants felt that they had developed better coping skills that would help them and *"make them more ready for the future."* They indicated they were *"more adaptable,"* and Coreen said:

> I think I've become um…an easier…I don't know I'm not sure if this is even proper English but easier adjuster, like when different…when change comes my way I can adapt to it easier than other people seem to be able to do. I'm not really sure how to explain that I just seem to take on board things that would normally concern me.

While they still used emotion-focused coping their coping strategies were predominantly problem-focused. One participant said that she *"did not respond so emotionally"* and another said she had learnt not to let everything affect her. They had had time to deal with their loss and benefitted from these experiences. They explained their improved coping with comments like Amanda's, *"I would probably just like…I might just suck it in you know. Like it doesn't matter you know, just a little setback, go through it,"* and Cheryl said, *"I suppose you learn how to deal with it like you know what your outlets are, you know how to deal with how you feel."*

Maturity. The participants also recognised a "maturity" that had emerged through the process of dealing with the risk. They often spoke of having to step up and be the adult in situations. For example, the participants said things like, *"I'm the one who has to be the adult,"* and *"I was forced to grow up."* Larissa also said, *"I feel like*

I've grown to the age of 80." They had to grow up quickly and depend on themselves and there was a feeling of independence from this experience. The participants said *"I wanted to prove I could do it"* and *"I don't want pity."* Amanda commented, *"Yeah, I think I'm mature because of the stuff like I've always had to depend on myself a lot. So I've become mature I'm not really childish. I can be but I'm not really into that childish…getting older now you have to grow up you know."* Amanda went on to explain why she was mature, saying:

> *I think it's because I've been through a lot when I was younger and I was a whoosy when I was younger but I think I've like grown because I was blamed so much for everything and I just learned how to take it you know and just like, just to not let it affect me. That's what I've done most of my life like just not let it affect me and stuff.*

Personal Growth. These participants also experienced personal growth through the risk they had experienced. They gained insight through the risk process and appreciated having learnt the lessons early. This insight had shown them what a negative future may be like, helped to act as a deterrent, and provided them with hope for the future. Cheryl said, *"Yeah what doesn't kill you makes you stronger I suppose. Cause you kind of learn how to deal with it."* And Larissa explained her growth as a person:

> *It's like um…well you start with something, which is yourself and you think about later, you think about what you are to the rest of the world kind of thing and you're just you, and the best thing you can do as a person is grow as a person, mentally and emotionally kind of thing.*

In summary, some participants experienced PTG after their experience of risk. The areas they experienced growth, namely relationships, coping, maturity, and personal growth, are similar to areas identified in PTG research (Tedeschi et al., 1998). For those participants who did not experience growth, it may be because their risk was not a "seismic event"(Zoellner & Maercker, 2006). However, this is not to suggest that their risk was not significant, rather that PTG only occurs as a result of certain risks. More links between PTG research and resilience research are required to completely understand the nature of growth after risk for children and adolescents.

Summary of Stage One Results
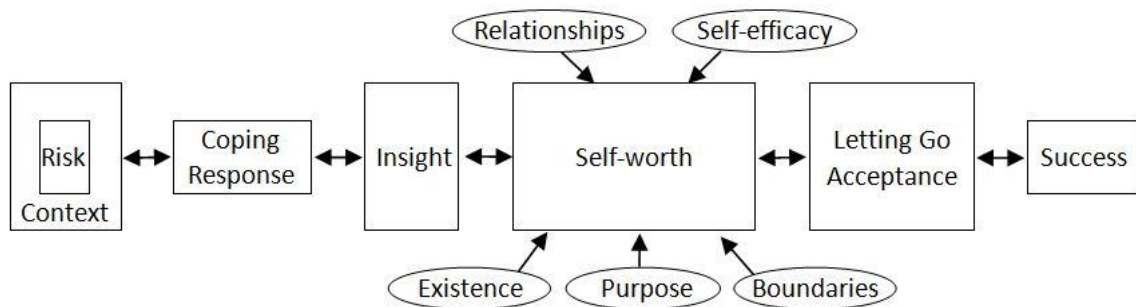
Figure 2. Resilience Model

The results and analysis from Stage One indicated a process of resilience for the participants that included the elements in Figure 2. While every participant went through a similar process, the qualitative nature of that process was different for each participant. A summary of the elements in the model and the range of responses are discussed below.

Context

The participants in the current study lived in a context where they were well provided for and they did not have pressure around the basic resources of food, water, and shelter. However, these participants did experience pressure from the media, parents, and friends to conform to certain standards. These pressures influenced the participants to adjust their behaviours so that they fitted in and gained acceptance. This was detrimental for the participants as the standards were based on external qualities (e.g., beauty, dress, achievement), were set at a very high standard, and diverted them from forming their own identity. Furthermore, when the participants could not reach those standards, they became dissatisfied with themselves; and when they did attain the standards, the acceptance was conditional. These contextual issues are problematic as a stable identity and internal qualities (e.g., determination, sensitivity) are related to resilience; and it is in this context that the participants in the current research were experiencing risk.

The risks experienced by these participants included divorce, relationship issues, parent psychopathology, health issues, harsh parenting, bullying, and change. Risks were either a primary or a secondary event. For example, for some participants divorce was the primary event and relationship issues, drug use, and a negative peer group were the secondary events. The greatest risk for the participant may have been either the primary event, secondary event, or a combination of events. By providing the participants with the opportunity to report on their risks they were able to describe the effect of the risk (e.g., feeling abandoned), the most deleterious risk, and the trajectory of the risk experience. A significant feature of these participants' reports of risk was the way they minimised the risk experience. It is unclear if this was an outcome of the risk experience or a characteristic of the resilient participants.

After the participants had experienced risk they responded to the risk through emotion focused (EFC) and problem focused coping (PFC). EFC was used predominantly after the risk experience and then consistently after they had worked through the risk; whereas PFC was utilised later in the risk experience. While EFC is associated with nonresilient adolescents, the participants felt EFC was an important stage for them to process the feelings associated with the risk. After they had processed these feelings, they then felt able to use PFC and apply strategies to work through the risk.

Following the experience of risk there was a stage where some of the participants showed less "resilient" behaviours through the relationships and behaviours they chose. The participants that experienced this drop in functioning were those that had a less stable home environment and it appeared they were searching for support, acceptance, or resolution of the risk through friends with similar experiences to them (e.g., depression) and identity exploration. The identity they selected was generally "Emo" due to the dark, emotional expression it allowed. These friendships and the identity exploration lasted from a few days to a few years until the participants had insight into their situation.

Insight was achieved when the participants experienced a challenging event, a life transition, observed other people's behaviour, or through personal reflection. The key process that occurred during insight was a dissonance between their current life and what they believed they were worth. The participants said things like, *"I decided*

I'm worth more than this," and *"you're better than this."* Once they had insight into the difference between their life and their worth, they felt that they had the strength to overcome the obstacles in their life.

The key sources of self-worth for these participants were relationships, purpose, existence, self-efficacy, and boundaries. Effective relationships had a foundation of trust and respect, acceptance, seeing them as an individual, encouragement, empathy, and support. The overarching quality of relationships was what Harter (1999) refers to as unconditional regard, which is when the adolescent is accepted and valued as they are rather when they meet expectations. Worth was also built when the participants had purpose and helped others. Prior literature suggests that helping is a result of overcoming risk as people develop empathy for others who have experienced their situation; however, with these participants the helping behaviours were the key to providing worth.

The participants also achieved worth through their existence. They believed if they had been born then that signified that their life had value. While this view was expressed predominantly by participants with a religious background, it was also evident with other participants. Self-efficacy contributed to the participants' worth because they had experiences of success, mastery, and control that communicated worth to them. Boundaries provided worth in that the participants could identify that people cared about them if they were willing to place limits on them.

Following the participants' insight and realisation of their worth, they went through a process of letting go of the risk, artificial identities, and detrimental relationships. They also accepted what had happened to them, accepted aspects of themselves so they could create an authentic identity, and developed new friendships that were consistent with their worth. This process was important as in order to forge a new future they needed to let go of the past.

The participants defined success as happiness, positive change, and achievement. This is contrary to the usual indicators in resilience research of lack of psychopathology, social competence, and academic achievement. They stressed that success is dependent on the individual and their values. Success was also a process, with many of them recognising that they were not at their final goal but they had experienced small successes that were leading to that goal. In addition to their

definition of success, the participants reported positive and negative effects of their risk experience. The positive changes included improved relationships and coping skills, increased maturity, and personal growth. The negative effects included loss of reputation, innocence, time, and trust, and regrets over poor choices.

Implications

The predominant focus in resilience research is on "risk processes," "protective processes," and "success." Some models of resilience provide organisational frameworks for risk and protective processes (e.g., Mandleco & Peery, 2000) or links between risks, protective processes, and outcomes (e.g., Haase, 2004); however these models do not explain any other processes that occur in resilience. Consequently, the significance of the model generated in the current research is the identification of other processes that occur between risk and success. These processes include the response to risk, insight, letting go and acceptance. By recognising these intermediate processes, the understanding of resilience is less fragmented and it is possible to identify how an adolescent utilises all processes to move from risk to success.

The findings from Stage One indicate that each stage in the resilience model is a process. That is, they occur over time and change in character. This process can be seen in the risk as the participants responded to the risk and experienced subsequent risks. It can also be seen in their descriptions of the changes that occurred in their identity, relationships, and perception of risk; and in their definitions of success as they recounted the gradual improvements they had made. The advantage of identifying processes rather than factors is that a continuum of responses can be acknowledged, and then the adolescent's response can be better understood. For example, when the participants responded to risk they initially used EFC and then predominantly PFC with some EFC. It is only by viewing this response as a process that the efficacy of different coping styles at different stages can be appreciated.

These findings also highlight the complexity of the resilience process. At each stage of the resilience model, the participants had qualitatively different experiences within those pathways. They experienced a variety of risks, had different responses to risk, utilised unique coping patterns, drew on diverse sources of worth, and defined success in their own way. The range of responses at each stage of the model indicates

that it is not possible to test risks, coping responses, and definitions of success without consulting the adolescents. If these processes are defined for the adolescent, it is likely their unique experiences will be absent from the research. Belinda's comments underscore the importance of asking the adolescents themselves rather than relying on other adults to decide what is important to them. She said:

> *Even if you're really really old and really really wise, you're not always going to be able to make the right choice. So it's yours to make. It's better to make a mistake on what you've chosen to do than make a mistake on someone else's choice.*

CHAPTER 7

STAGE TWO - Focus Groups

Chapter Overview

Chapter 7 provides the data and analysis from the two focus groups that were conducted to test the credibility of the model developed in Stage One. In this chapter, the method of Stage Two is outlined, which includes the participants, materials, procedure, and analysis. The results from the analysis are then presented and similarities and differences between Stage One and Stage Two results are discussed.

Aim and Research Questions

The aim of the second stage of this research was to test the credibility of the developed model by presenting the findings to a different sample of adolescents from the same population. The research questions were:

1. What aspects of the model do Stage Two participants perceive as accurate in describing the process of resilience?

2. What aspects of the model do Stage Two participants perceive as unnecessary or inaccurate in describing the process of resilience?

METHOD – Stage Two

Participants

Fourteen adolescent participants who had not participated in Stage One of the research, aged between 13 and 18 years (M = 15 years), were recruited for Stage Two. There were eight participants in the first group and six participants in the second group. The majority of adolescents were Australian and approximately 30% came from a divorced family. These participants were recruited through theoretical sampling, whereby participants are chosen for their ability to contribute to the phenomena being studied. For this stage, the criteria for involvement in the focus group included being an adolescent from the metropolitan area of Perth, WA, not being involved in Stage One, experiencing some form of risk, and showing signs of success. See Table 3 for the focus group demographics.

Table 3

Demographics of Focus Group Participants

Participant Number	Focus Group	Gender	Age	Nationality	Parents Divorced
26	Andrew	M	14	Australian	Yes
27	Mark	M	14	Australian	No
28	Ben	M	13	Australian	No
29	Tom	M	13	English/German	No
30	Jack	M	14	Australian	No
31	Erika	F	14	Australian	No
32	Mia	F	13	Australian	No
33	Abbey	F	14	Australian	No
34	Cate	F	18	Australian	Yes
35	Adam	M	18	Australian	No
36	Lauren	F	16	Australian	No
37	Megan	F	17	Australian	No
38	Juliette	F	17	Australian	Yes
39	Holly	F	15	Australian	Yes

Note. All participant names have been changed to pseudonyms to protect their identity

Materials

The materials for Stage Two included information letters and consent forms for the participants and their parent/guardians (see Appendix I and J), a set of guiding questions (see Appendix K), the READ (Hjemdal et al., 2006), a demographic form (see Appendix F), and a digital voice recorder. The guiding questions were based on the categories that emerged from Stage One of this research. For example, "insight" was an important category for adolescents in Stage One so this category was presented to the focus groups with probes to elicit their understanding of the category. The READ was administered in this stage for analysis in Stage Three.

Procedure

Focus group participants were acquired through contacts of the researcher. Participants were provided with consent and information forms for themselves and their parents/guardians. When at least six adolescents had returned consent forms for each group, the groups were organised at a place and time that was convenient to the participants. Both groups had parental consent and a parent remained nearby for safety purposes. At the beginning of each group, the focus group boundaries were set, such as respecting each others' ideas, one person speaking at a time, and confidentiality of information spoken within the group. The participants were also reminded that their involvement in the group was voluntary and they could terminate their involvement at any time during the focus group.

The researcher then outlined the nature of the research and explained the purpose of the group. The participants were informed that individual interviews had been conducted on the topic of resilience and a model of resilience had been developed through these interviews. Key categories from the model would be presented to them during the focus group and they were to discuss their experience and construction of the category, and its relevance and accuracy. Participants were encouraged to speak honestly and to disagree with the categories and each other if they held different views.

The focus group then proceeded, directed by the set of open-ended questions in the focus group guide. The participants were given a question, such as "What is success to you?" and they discussed how they conceptualised success. At the end of their discussion, the researcher summarised the main points and highlighted the categories identified in Stage One. The participants then discussed the relevance of these categories in relation to their initial views. This procedure was used so that participants did not feel influenced by the researcher's opinions before they had considered how they constructed the category. This was particularly important as there was a distinct power differential between the participants and the researcher and presenting the information from Stage One in the very beginning may have indicated to the participants that that was the "correct" version, limiting the discussion to those categories raised by the researcher.

The focus groups lasted approximately 40 minutes and 45 minutes respectively. At the completion of each focus group, the participants completed the READ and a demographic form for analysis in Stage Three. They were then thanked for their time and prompted to seek help if the discussion had raised any issues for them.

Analysis

The digital recordings were transcribed verbatim by the researcher and analysed through the "Template approach," whereby codes developed prior to data analysis are used to identify text in the transcripts that aligns with that code (Robson, 2002). The a priori codes were generated from the model in Stage One, and included context, risk, success, coping, insight, self-worth, relationships, purpose, and self-efficacy.

Initially, each transcript was read line-by-line and text was coded through open coding. Glaser (1992) describes the process of open coding as having no preconceived ideas and being "open" to discovering concepts in the data and their dimensions and properties. Open coding was utilised initially so that the researcher remained open to new and unexpected findings before viewing the transcripts through the lens of the a priori codes. When open coding was completed, each transcript was coded with the developed a priori codes. When all text was coded, similar codes were collated to compare and contrast participants' comments. For example, in Stage One the participants' constructions of "success" included positive change, happiness, and achievement and these constructions of success were compared to the focus groups' responses.

In the following section, the results from the focus groups are discussed through the framework of the model developed in Stage One. It is important to note that the aim of this stage of the research was to verify or refute the findings from Stage One, not to find new categories or theory. However, if new ideas emerged they were acknowledged and are presented in the following discussion. Within each section, the results from Stage One are outlined first, and then the results from Stage Two are presented and compared to Stage One.

Results and Discussion – Stage Two
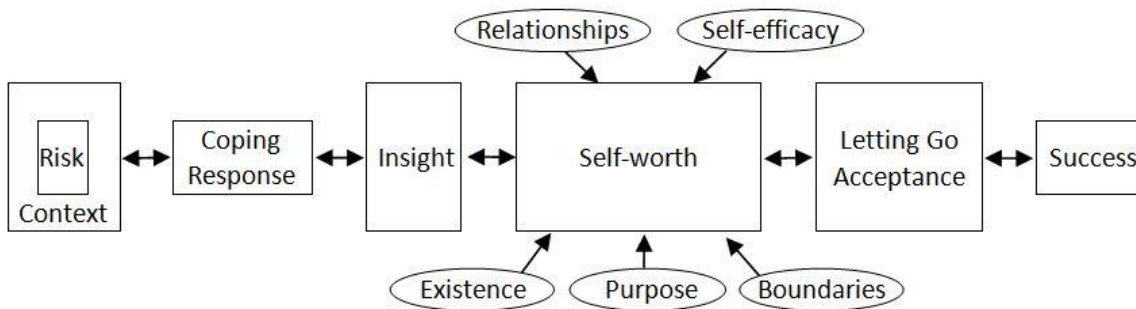
Figure 2. Resilience Model

Context

The participants from Stage One experienced pressure from the media, friends, and parents to conform to certain standards. For these participants, the pressure to conform was based on the need to be accepted by either their peers or their parents. They felt if they "fitted in" they would be a part of the group and thus gain acceptance. This acceptance was conditional and the participants felt dissatisfied with themselves when they did not reach other people's expectations.

Stage Two participants also identified the media, friends, and parents as sources of pressure. They felt that the media provided them with images and behaviours that were "normal" for adolescents through magazines (e.g., Dolly, Cleo) and television. These expectations were also perpetuated by their peer groups. Cate explained this saying, *"Advertising does that to you…like if you don't get this then you're not with the flow or whatever, like you know. And hearing about people doing and like thinking oh all my friends do it, like it's normal."* These participants also experienced pressure from their parents to be successful at school. Andrew said his pressure was on getting good grades and this came *"mostly from my parents."*

Specifically pressure existed around sex, alcohol, clothes, and drugs. Holly commented on the pressure to have sex, saying:

> *Like you could get pressured into it like they could make you feel bad about not doing it...or like you hear about it all the time, the boy will be like 'oh I'm going to break up with you if you don't have sex.'*

With alcohol, the participants experienced pressure when they refrained from drinking, and this caused them to stand out. To avoid this, they would go to parties, sip one bottle of beer throughout the night, and pretend they had drunk multiple drinks. Jack said, *"Yeah, it's just like you're still on the first bottle just to try to fit in you know."* Others discussed how friends they knew would act drunk or buy glass lemonade bottles and put them in stubby holders to look like beer.

As with the participants in Stage One, pressures were dependent on their friendship groups. Lauren said, *"Like some friends can be more like, you have to do this or I'm not going to be your friend and other friends are like cruisey."* Cate explained the influence of her friends saying, *"Probably getting into like friends of like the wrong kind of crowd. Like I know when I was in Year 8 and 9 I was like doing really stupid things because I was in the wrong crowd."* In addition, Erika recounted how her friends changed when they associated with a different group:

> At my school there's a cool group and a lot of them do take drugs and like go
> out to parties and drink and stuff… I don't really want to do that…like I have
> friends who don't want to go to those parties and then suddenly like they'll be
> doing that.

The participants from Stage Two felt pressure to conform to these pressures so that they would fit in and gain acceptance. Andrew said, *"You have to try to fit in wherever you can,"* and Megan said, *"It's definitely, like it's gotten so much worse since being at school, everyone wants to fit in…you know they'll do anything for it, they want to feel that like they belong."* This is similar to the participants in Stage One, however these participants emphasised the need to "not stand out" as well as the need to fit in. Not standing out meant not being noticed by their peers when they were refraining from conforming. The participants explained that when they did not conform they were vulnerable to rejection and feelings of being "not loved." They used words like "*freak*" and "*unusual*" to describe how they were seen by others and Holly said, *"I don't want to be the reject, like you don't want to be the one randomo who's like 'nah I don't want to have sex'."*

Not standing out was important because the participants felt that they could not afford to be isolated in the school environment. Lauren explained why she would

conform to some behaviours, *"I think like still though in school cos it's like it's that environment you need friends to get you through."* Adam added to that and said:

> *I think in a school environment you definitely, you are always going to want to try to fit in no matter how high or how morally standard you be. No matter how good you've been raised at home, you still want to fit in cos um…your school life, as a sense, is your whole life when you're there.*

Thus, the pressures from peers were influential because their friendships within the school environment are a large part of their life at this age. While these participants indicated they did not want to conform, they also explained that their need for friends in the school environment caused them to attempt to balance their own values and desires with the expectations of others.

The participants in Stage One indicated that conforming to the messages from the media, their peers, or their parents did not achieve any type of success. Instead, it usually brought about dissatisfaction with self and then a rejection of the need to conform. The same sentiments were expressed by the resilient participants in Stage Two. When talking about drinking alcohol and sex, Erika said, *"like it just wrecks your life and there's no point,"* and Mark said, *"it makes you look stupid."* Rather than conform, they made friends with peers who accepted them. Cate said:

> *If my friends can't accept me for the way I am then that's their problem. Like I be myself, I don't care, cos God made me this way. If there's something I don't wanna do, I won't do it. I won't let anyone pressure me to do anything…maybe when I was a bit younger, yes, but these days that I've matured a bit more, no.*

They felt that by being themselves their friendships would be better. Mark said:

> *And if you be yourself and you don't try to fit in with people then usually your friends are better as well. You find closer friends if you're just being yourself rather than trying to fit in with people. You feel more comfortable as well.*

In summary, the participants in Stage Two expressed the same contextual pressures as the participants in Stage One. The pressures were significant as they influenced their feelings of acceptance with their peers and their parents. The only difference between Stage One and Two participants was the way they talked about conforming. Stage One participants explained they wanted to "fit in" whereas Stage Two participants discussed "not standing out." Despite the differences in language

used to describe conforming, both groups of participants were avoiding being rejected and seeking acceptance within these contextual pressures.

Risk

The adolescents in Stage One freely discussed their experience of risk during the individual interviews. The researcher encouraged them to only share what they were comfortable with and they would say things like *"doesn't bother me"* or *"I'm happy to talk about it."* This openness to sharing their risk did not occur in the Stage Two focus groups. These participants did not want to discuss risk, despite the fact they freely discussed many other personal issues. Instead, they tended to talk around the subject of risk or selected things that were high risk, but not necessarily things that they had been involved in (e.g., drink driving, drugs). The researcher was aware of some of the risks these participants had experienced through earlier conversations with them, including parental psychopathology, the acrimonious divorce of their parents, and bullying. However, this information was not brought into the group as it was clear they were reluctant to discuss it. Thus, while the concept of risk cannot be verified through the focus group, it is worth noting the unwillingness of the participants to disclose some personal information in the group situation.

One interesting outcome on the discussion of risk was when Juliette, a teen mother, was asked if having a baby as a teenager was a risk. She gave a noncommittal response at first and then when the researcher suggested it may not have been a risk for her, she said, *"Well yeah like, it makes you think a bit differently about life...I wouldn't call it difficult but other people would. Like other people are like 'whoa it must be so hard having a kid' I'm just like 'yeah, I guess'."* This reply emphasises the importance of not prejudging or speculating what constitutes risk for the adolescents, and allowing them to decide what has been a risk in their experience. For Juliette, the birth of her son was a turning point in her life and she regarded the pregnancy as something that saved her from the life she was living.

Coping

Stage One participants used both emotion focused coping (EFC) and problem focused coping (PFC) to manage the risk they had experienced. In the early stages of

risk they used predominantly EFC and then moved towards more PFC strategies, however they continued to use EFC while they used PFC. The participants from Stage Two used coping strategies in the same way. They said they needed to express their emotions to begin with and then they could move on to PFC. They felt the expression of emotions was an important aspect of coping with risk prior to problem solving. Juliette said:

> *I think showing that emotion like actually helps get to the problem solving because like if you're upset about something and you're like crying or something, like you're thinking about and then you like just see how to get out of it, how to help you whatever.*

The participants believed there were certain guidelines for EFC. Erika said, "Maybe like don't be angry for like ages but you can just have like an hour or day of being upset and then get over it and then like deal with it," and Cate said, "It's okay to be angry but I don't think it's okay to get angry at other people for your wrong goes." Megan highlighted the importance of coping as a process, and emphasised the need to move through this process, she said:

> *There's a time for grieving and there's a time for being sad, but it depends how long you stay in that and if you keep, like if you're angry for the sake of being angry. But you know, it's definitely a process like you know we all have… like to keep us balanced from being the way we are we have to let out those emotions because it's just like saying 'you can't cry' 'you can't be angry' 'you can't be sad'.*

Distraction was used by the participants in Stage One and this was also a helpful strategy for the participants in Stage Two. To distract themselves the participants in Stage Two played instruments, listened to music, prayed, painted, and played basketball. Ben said, *"If you're going through hard times [a goal] gives you something to focus on so if you need something to kind of distract you from bad things going on if you have a goal then you can focus on that."* He went on to explain the value of distraction, *"If you're focused on a negative thing, like a bad thing that isn't really helping you, if you're distracted from it you cannot feel so down and not feel bad about it."*

When the participants were ready to engage in PFC they began seek advice and think about what they needed to change. Andrew said he would, *"Talk to people about it. And see if they can give you some advice,"* and Jack said, "*Well like if you failed a*

test like you would think about what you needed to improve on and like why you failed it." However, it was important that the PFC occurred after the EFC. The participants felt concerned that other people expected adolescents to "bottle up their emotions." Megan said, *"Can I show any emotion at all? It's just like saying 'be a brick wall' don't let anything in don't put anything out',"* and Adam reflected on adults in his life and said:

> *Yeah, like go with the times kind of thing and they definitely forget and definitely don't think how times have changed where today's society there's so many deaths, there's so many suicides and people have so much bottling up and they're just going to crack on it.*

In summary, the process of coping was the same for participants in Stage One and Two. Both groups utilised EFC initially after the risk, followed by PFC and some EFC. The coping mechanism of distraction was also identified as useful by both groups when there was no helpful response the risk. These findings indicate that EFC is a significant aspect of the coping process that enabled the participants to engage in PFC. In addition, coping responses changed over time, which demonstrates that the most effective coping response may be dependent on the risk and the time since the risk occurred.

Insight and Reflection

The adolescent participants in Stage One indicated there was a moment of insight that occurred as a result of a challenging event, life transitions, observing other people's behaviour, or personal reflection. During this experience of insight, they realised that there was a dissonance between how they were living and the choices they were making, and what they felt they were worth. Once they had this realisation they instituted changes to alter the course of their life.

When the focus groups were asked if there had ever been a time when they had had insight into their situation, they all said yes, definitely, and laughed at how obvious this was to all of them. They explained that it was either somebody telling them they were off track or an experience of self-reflection. It was summarised well by Megan when she said, *"You know, it can be the subtle thing or it can be yourself slowly looking at yourself. Or at times it just needs to be someone saying to yourself what are you doing, wake up, you know."* Holly explained her insight, *"Mine was more like*

somebody coming up to me and going 'what are you doing?!' Like why are you being

such a retard?"

The self-reflection frequently occurred after the participants felt burdened by the events in their lives. Lauren said, *"It's always there but suddenly it just gets so bad that you're like what am I doing? It just became so much of a big deal."* Cate explained all the aspects of her life that indicated to her that things needed to change. She said:

> *Well you realise that when like after a while, say you know you're going pretty bad and like your friends aren't talking to you as much and like you know you're not going out cos your social life changes, your behaviour changes, you know your thoughts change, and if you're like all like 'ohh' [spaced out] you know, then your friends will back away from you and your family will be like onto you more, or maybe they will be a little bit further away from you. Again, it all depends where you come from as well, situation.*

Similar to the participants in Stage One, insight was based on dissatisfaction with their current life and their perception of what their life should be. Megan said, *"It sort of got to a point where I was like, this goes against what I was really going for."* They indicated that insight did not create instant change for them; rather it was the catalyst for gradual changes towards their ideal self. Juliette said:

> *Well in my opinion I think it really has to be like incredibly wrong for you to decide that your life needs to change, you just need to like realise that there are better things that could be happening and like…just like going through bad things you're like…like it's really it's not subtle at all you're just like oh my goodness what the heck is going on? And you change that but just thinking how can my life be better? And just like working towards that.*

Megan also explained the gradual changes:

> *I think for me it wasn't like a sudden thing. I sort of…I realised there was something different and I was like whoa. I saw myself like there would be like one thing in my life and I was like whoa hang on that needs to change and then it would be something else, it wasn't like a complete instance where I stopped and I said I need to change this, this and this about my life.*

Compared to risk and protective processes, the process of insight is rarely discussed in resilience research. This absence from research is problematic, considering the importance assigned to insight by the participants in Stage One and Two. It was by insight that the participants began to reflect on their lives and institute change, thus this is a critical area in future research.

Self-Worth

The participants from Stage One indicated that self-worth was the protective process that enabled them to overcome risk. Once they believed they had worth, they felt the effort to work through the risk was justified. Self-worth was gained through relationships, purpose, existence, self-efficacy, and boundaries. The participants did not need all of these resources to have worth, but used the resources that were meaningful and available to them. The resources that contributed to worth were all internal sources of worth, which were not contingent on the validation or approval of others (Crocker & Park, 2004).

Similar to Stage One participants, the participants in the Stage Two focus groups gained worth through relationships, purpose, existence, and self-efficacy. They also utilised several resources like the participants in Stage One. For example, Adam said,

> *I got a few things, one would be God, and then sharing or having a relationship with someone…being treated fairly and as an equal in all situations, and…definitely succeeding and reaching your goals that you set and always looking back at them and changing them accordingly and following them.*

One difference between the Stage One and Two participants is that the Stage Two participants did not identity boundaries as a source of worth. These participants believed boundaries were there, *"to keep you from getting hurt or getting involved with the wrong people."* However, Holly said, *"You don't always realise that straight away! I hate you! Why are doing this to me?"* Thus, even if boundaries are a source of worth, they may not be appreciated by the adolescent at the time they are being enforced. The deferred appreciation was evident when Tom said, *"Sometimes they're a bit unfair but you understand after a while that they're there for a reason."* While this resource was not endorsed by the Stage Two participants, it was strongly supported by the participants in the individual interviews. These differences may be due to the nature of the dynamics in the group discussions and require further investigation. The other worth resources of relationships, purpose, existence, and self-efficacy are discussed in the following section.

Relationships

Relationships were a key factor that provided worth for the participants in Stage One and Stage Two, and the features of these relationships were similar between the stages. Those features included encouragement, trust, empathy, affection, support, and acceptance. The statements from Stage Two that support the findings from Stage One are discussed below.

Ben said what he looked for in a relationship was, *"Someone who is sincere when they say things."* Megan also explained the importance of trust, loyalty, and affection in her relationships:

> *For me trust and loyalty is a big thing. For a long time I had these big trust issues where I didn't really trust anyone and just one person you know really started to say you know this is, you need to start trusting people. It took a while, cos they had to earn it and loyalty is like, you know, a dog by the owner's side. It doesn't leave once it's been trained and for me, like, you want to feel that love between people.*

The significance of both acceptance and encouragement was evident when Holly agreed with the rest of the group and said:

> *They all just said it, like it's just relationships and just having people like tell you you are doing a good job, like how would you know like, you know if we went through our lives and nobody ever told us we were doing well you would always second guess yourself…You get lots of people saying 'oh yeah', you know, 'that's really good, you're doing really well in this area' you just, you know, that makes you feel so much more accepted. It's just people, helping you through.*

The influence of encouragement was also clear when Erika said she felt worthwhile when she was encouraged by family, and Cate said, *"Relationships, people encouraging you, and like you know telling you that you're doing good and stuff like that,"* and Megan explained the support encouragement provided:

> *Definitely seeing where you can be, and seeing people say 'I can see you doing this, I do believe in you.' It just, it gives you so much to live for. Cos it's not like, you know…if you're doing something and then no one is supporting you and oh it doesn't really matter. You don't want to just do it for yourself you want to do it for them as well. I think people think what do you really want or you know, need, from your parents and stuff I think a lot people would just need them there, and to be understanding.*

Seeing them as an individual was explained well by Ben when he said, *"I think being liked for who you are by other people and also yourself to make you feel*

valuable." Affection and empathy were also significant and Tom explained that a person who made him feel worthwhile was:

> *I think someone who truly cares, not just someone who just is listening to you because they have to or you're just the only one to talk to at the time…someone who will actually talk back to you about the situation and help you.*

Support was evident in many of the participants' comments. Tom said relationships were effective, *"If they support you. Like they help you and believe in you."* The focus of the support was on other people's presence and time. Cate had just turned 18 and said, *"Like for my, for my birthday party I had last night, all I wanted was really was for both my mum and my dad to be there…but that's, coming from a divorced family that's all you really want."* Lauren wanted time from her parents who were very busy, and said this would make her feel better about herself. For Megan whose parents were still together, she valued support but did not expect it from her dad. She said:

> *I think for me I…I love my dad, but he's not the best dad so like I try and look for someone that, you know, that can be that father figure that I look up to and talk to and stuff and that…and having their support is an even bigger thing because it just sort of lifts you up and boosts you to go on and do more things.*

Juliette was a teen mum and explained the impact of her mum's support on her life. She said:

> *Yeah, I think also like support, cos like my mum…is absolutely amazing, I have the most amazing mum. And like I think without her like my life would just be all over the place right now. So like, yeah, I think it just depends on a lot of things that…and just the way you have a view on life like if you think 'oh my goodness, my life is so hard' then life will be hard. But if you think yeah I can get through this then you will.*

In summary, in Stage Two relationships contributed to worth and this is consistent with the findings from Stage One. The qualities of the relationships were specific (e.g., trust, encouragement, support), however it did not appear to matter who the relationship was with. This finding suggests that the qualities of relationships are more determinate of worth than the person the relationship is with.

Purpose

Purpose was a source of worth in the Stage One interviews. The participants indicated they felt worthwhile when they helped others and they all had plans to work in helping professions in the future (e.g., nurse, counsellor). Purpose, or helping, is referred to as an internal source of worth and is considered more stable that external sources of worth (Crocker & Knight, 2005; Crocker & Park, 2004; Crocker & Wolfe, 2001; Shapka & Keating, 2005).

Similar findings were evident in the Stage Two focus groups. In Stage Two, the participants' sense of purpose was gained through helping people and knowing they were doing something of substance. Mark said that worth was from, *"Feeling like you have a purpose. Like feeling like you have somewhere to go from where you are."* Andrew said he would feel worthwhile if, *"People like enjoyed having you around, like felt that you were helpful, useful kind of. Like they enjoyed having you around, it wasn't just like 'oh you're here'. They enjoy having you and they have fun and stuff."* Juliette said she gained worth from, *"I think like being needed, just like even by friends or whatever if something goes wrong and then like they call you for help and then just like…so like wow like they could have called so many people and they called me and so like I must mean something to them."* In addition, Lauren said, *"Being that person that someone else can kind of lean on all the time and like your little secrets…and having like that close friendship."*

As with the Stage One participants, the participants in Stage Two found worth through helping, rather than wanting to help others because they had worth. That is, the action of helping others changed how the participants perceived their worth, rather than helping emerging as a response to feelings of worth.

Existence

Existence was identified as a source of worth for the participants in Stage One, and was predominantly evident in those participants who held religious beliefs. These participants believed that they had worth because God created them or because they were born. Within the Stage Two focus groups, only the second focus group referred to existence as a source of worth. This was probably due to the fact that all the participants in this group regularly attended a church and had beliefs that they were

created with worth. For example, Cate said she gained worth from, *"Probably like God, such being a Christian,"* and Adam said, *"One would be God."* While this influence was not evident in all participants, it is worth noting the impact these beliefs have on worth for those that are involved in religion.

Self-efficacy

Self-efficacy was an important contributor to worth in the Stage One of this research. Self-efficacy is the "beliefs in one's capabilities to organise and execute the courses of action required to produce given attainment" (Bandura, 1997, p. 3) and is gained through mastery experiences, vicarious experiences, verbal persuasion, and physiological and affective states (Bandura, 1994, 1997). The participants in Stage One achieved self-efficacy through experiences of success in an area they valued (e.g., academics, sport, music). Self-efficacy contributed to worth because the participants felt that if they made a decision to complete a task, and then carried out this decision, they were worthwhile.

The participants in Stage Two also gained worth through self-efficacy. Abbey explained how achievement made her feel worthwhile, *"When I do well at something like if don't do well I kind of like get annoyed with myself but when I do like good at something I feel like proud and happy and stuff and valuable."* Cate said worth came from, *"Even just like doing good yourself, like succeeding at a goal or something."* Ben explained how his goals, and achieving these goals gave him worth, *"Like an important test comes up, your goal is to do above average, to get above 70% something like that to work towards. If you get you know, you feel like…the study and stuff that you've done is worthwhile."*

A significant aspect of self-efficacy for both Stage One and Stage Two participants was the value of the goal to be achieved. That is, self-efficacy did not come from achieving anything. It came from achieving specific tasks that were meaningful to them and tasks that were challenging. Thus, to promote self-efficacy in adolescents it would first be necessary to identify what they perceived as meaningful and challenging.

Letting Go/Acceptance

Letting go was an important step for the participants in Stage One to be able to move on with their lives. They let go of the risk they had experienced, of issues related to their identity, and relationships that were detrimental. After letting go, the participants in Stage One also accepted what had happened to them, who they were, and new friendship circles. In the process of acceptance, they used examples of what they liked and disliked about others, values from their childhood and adolescence, and values from religious organisations to make decisions about their identity and their friendships.

Stage Two participants agreed that the processes of letting go and acceptance were important for them to move on. Jack said, *"Well you would be happier and less depressed."* However, the Stage Two participants emphasised that there was an appropriate time to let go and this was dependent on each situation. They felt there may be something they needed to learn from the situation, and only when that lesson was learnt they could let go. For example, Mark said, *"It's important if it happens a lot to dwell on it a bit so that you can solve it next time it happens,"* and Abbey said:

> *Sometimes like if…for a reason you might just let it go might be like frustrating to the person who is trying to tell you something and you are just like letting it go all the time but that want to tell you something and they don't know how so it might be a bit hard if you just keep letting it go.*

Similar to the participants from Stage One, the participants from Stage Two also used examples of what they liked and disliked about others, values from their childhood and adolescence, and values from religious organisations to make decisions about their identity and friendships. Adam commented on how religious values influenced him, *"Like when you grow up and like you get to our age and as Christians we have different standards and different morals to anyone else,"* and Holly said she was influenced by, *"How you're raised as well."* Thus, when the participants were ready to make positive choices about their identity and friendships, they needed to have access to appropriate models so they could gather information to help them make effective decisions.

Success

In Stage One success was conceptualised as happiness, positive change, and achievement. Happiness was dependent on their performance in certain areas, positive change indicated they had improved from a more negative state, and achievement was success in an area they valued. These definitions of success were also evident in the Stage Two focus groups. For example, Ben and Juliette thought success was happiness, and they said, *"I think being happy with yourself and things that you've done,"* and *"Yeah and just being like happy with yourself and like happy with what you're doing and everything."* The importance of positive change was explained by Adam, he said:

> *I would say success is how far you've come from where you haven't wanted to be. So if in Year 8 you're the biggest nugget and you're into drugs and alcohol and by then end of Year 12 you're a good academic student, you're on the way to getting a good career, that's success. Not what your grades are at school, not who your friends are, it's just where you want to see yourself and how far you've come from where you don't want to be.*

Lauren felt that achieving goals was the best indicator of success, saying, *"It's just like reaching your goals, like your own goals,"* and Jack agreed, saying success was, *"Achieving your goals."* The emphasis here was on "personal" goals that were important to them. Mark said, *"Successful is kind of like making the most of yourself…kind of like being active and…always having something to do rather than not doing anything with your life."* For some, this meant academic achievement, but for others this meant other areas such as music and sport. For example, Mia said her indicator of success was, *"Doing well at school"* whereas Abbey did not believe school was a good indicator of success, *"Cos like with school, there's stuff out of school you can do well in."*

Importantly, similar to the participants from Stage One, these participants believed success was a personal choice and it was the best they could do in an area that was important to them. Jack explained it as, *"If you don't want to get As and Bs on tests it doesn't really make you successful. It's to do with what you want to succeed in,"* and Ben said:

> *Success is a matter of opinion. Someone might think that one thing is successful but that's low on another person's standards. So it varies with each person. It's*

like if someone wants to like be good at sport and they are, and they're not too good at, you know, school, they're still successful you cos like they enjoy their sport and they're going well and that.

While the participants in Stage Two agreed with the definitions of success developed from Stage One, they also extended the idea of success to include trying. Cate said success was, *"Trying your hardest to get where you are and you know, if you don't get where you are then you still try,"* and Holly agreed with this and said, *"Yeah! Like you can strive for excellence like…you don't always have to get there but at least you're trying."* Their definition of success also included failure. Holly went on to say, *"Like you can set yourself a goal and you will get to that goal without…not like without failing, do you know what I mean?"* They understood that in striving for excellence there will be occasions where they do not achieve what they are aiming for but that was an aspect of success for them. This is somewhat similar to Stage One participants as they indicated that success could be small steps towards a long-term goal.

The participants in Stage Two also emphasised that fame, wealth, and popularity were not good measures of success. Cate reflected on being rich and said, *"They say money buys happiness but really it doesn't because if you…like look at all the rich people in the world and how, how depressed are they?"* Megan added to this:

> *I think personally success and being famous is completely different like we put so much emphasis on being famous that we just look at what other people have and we don't see that being successful is you know just accomplishing something, whether it be…you know for some people it's that dramatic of getting through that day, or just you know just achieving school, college, anything. I think so many people are looking at, to be successful I have to be famous, but you don't have to.*

In summary, both Stage One and Stage Two participants had similar conceptualisations of success, and these included happiness, positive change, and achievement. Another similarity between the two stages was the emphasis they placed on personal values when measuring success. For example, if the participants valued academic achievement they would use it as a sign of success. Conversely, if they did not, they could achieve high grades and not feel successful. These findings indicate that measures of success in resilience research need to be contingent on the participants' values, rather than using a general measure for all participants.

Adolescent Perspectives

Throughout the conversations in the focus groups it was apparent the importance of asking adolescents to define their own lives. They repeatedly indicated that the risk they experienced, their perception of success, and how they coped were unique to each individual. Holly said, *"I think there's a lot of pressure to but it just depends on the individual person."* Cate from a divorced family said:

> *Like if you're from a divorced family obviously probably me and [participant] probably think the same thing in a sense or you know, if you're a family who are together you know, you think something different. It depends where you come from and what your culture is and what you believe.*

The adolescent participants talked about how adults forgot what it was like to be a teenager, and how times have changed significantly. Cate said, *"That's what happens, people like teachers, parents, anyone really, grandparents whatever, they still live back in their day because that's where they're from in a sense, but we are in a new day and we live by that day."* In addition, Adam said, *"So many people that are successful, famous people, and people that are high up forget where they've come from. Teachers, they are one huge example. They forget how it was like when they were at school and how much it has changed. They don't look at the broader picture, they just look at the little point."*

Megan reflected on the way youth are perceived when they give their perspective, saying:

> *Today we talk back to our parents because we have an opinion and I think so many people are scared…like older people look down on youth and see just people that run amok, chat back and you know, just see disrespectful people but really all we're trying to do is say our opinion.*

Holly said in reply to Megan:

> *We can't expect them to go fully back in our time and put themselves completely in our shoes. We should be thinking 'okay, this is how it was back then, when they were kids this is how things were run, so that's all they know.' Like they haven't been raised in this generation they don't obviously know, so we need to meet them halfway.*

Holly did not expect adults to understand adolescents because she recognised that things were different for them. This is ironic as adults do assume they understand adolescents by defining risk, success, and protective processes for them, and excluding

them from research that concerns them. To understand their "day" and what is important to them, and to gain a clear understanding of all of the pertinent processes, it is necessary to ask them.

Summary of Stage Two Results

The aim of the Stage Two was to check the credibility of the model of resilience developed in Stage One. Through the discussions in the Stage Two focus groups, it was evident that the model developed in Stage One was an accurate representation of how resilient adolescents within this context constructed the process of resilience. Furthermore, all categories identified by the Stage One participants were confirmed by the Stage Two participants, and the order of these categories in the model were substantiated. The participants in both groups also agreed on the qualitative nature of these categories. For example, they defined success in the same way and believed it was based on personal values.

In addition, the concept of self-worth, the core category in the model, was identified by the participants in the Stage Two focus groups as the key resource required to overcome risk. These participants also agreed that worth was based on several resources (e.g., relationships, purpose), and that the significant sources of worth were dependent on the resources available to them and their values. Boundaries were the only resource not identified by the focus groups but this may have been due to the timing of their risk and the nature of the group discussion.

These findings are credible because forms of rigour were utilised throughout each stage of the research. For example, open-ended questions were used initially in the focus groups so that the participants were not influenced by how the researcher conceptualised each category. Credibility was also improved by questioning the meaning of common words and clarifying unclear words or phrases used by the participants. The researcher was also reflexive, constantly questioning her own biases and utilising the data to drive the research. Thus, the resilience model developed in Stage One is a credible representation of the resilience process these participants experienced in this context.

CHAPTER 8

STAGE THREE – Questionnaires

Chapter Overview

Chapter 8 provides the results and discussion for Stage Three, which is based on the data from the questionnaires gathered in Stage One and Two. In this chapter, the method is provided, including the participants, materials, and procedure for the research. The results of the questionnaire are then presented and comparisons are made between the questionnaire responses and the findings from the Stage One interviews and Stage Two focus groups. Finally, the significance of these similarities and differences are discussed.

Aim and Research Questions

In the third stage of this research, the aim was to compare the contextualised findings of Stage One and Two to a context free measure of protective processes related to resilience. The research questions were:

1. Do the participants from Stage One and Two have a significant number of protective processes on the Resilience Scale for Adolescents (READ)?

2. What similarities and differences are there between the significant subscales on the Resilience Scale for Adolescents (READ) and the protective processes developed through the qualitative research in Stage One and Two?

Method – Stage Three

Participants

There were 36 participants in Stage Three. These participants had participated in either Stage One or Stage Two of the current research. The average age of this group was 15.3 years and there were 16 male and 20 female participants. The small participant group for this stage of the research is unusual for a quantitative study; however it was important for the purposes of this study. That is, the aim was to identify similarities and differences between the scale and the qualitative data gathered in Stage One and Two. Therefore, it was necessary to only include the original

participant groups to achieve this aim. See Table L1 in Appendix L for an outline of participant demographics.

Materials

The Resilience Scale for Adolescents (READ: Hjemdal et al., 2006) was required for Stage Three of the research. This questionnaire is designed to measure the presence of protective processes for adolescents and is comprised of 28 positively phrased statements with a 5-point Likert scale response format of strongly disagree, disagree, average, agree, and strongly agree. The READ was based on 41-item Resilience Scale for Adults (RSA) (Friborg, Hjemdal, Rosenvinge, & Martinussen, 2003) with the five subscales of Personal Competence (self-efficacy, self-esteem, hope, determination, ability to plan and organise, realistic orientation to life, self-liking, ability to uphold daily routines); Social Competence (extraversion, social adeptness, communication skills, cheerful mood, ability to initiate activities, flexibility in social matters); Structured Style (plans and structures daily routine); Family Cohesion (shared values, family support, family's ability to keep positive outlook despite hardship); and Social Resources (perceived access to support, intimacy, availability of support).

To develop the READ, the RSA was tested on a random selection of 425 Norwegian adolescents between 13 and 15 years of age. Of the original 41 items, 13 items were removed because they were either irrelevant to adolescents, did not fit the model, or correlated with other questions (Hjemdal et al., 2006). This resulted in eight questions for the subscale of Personal Competence (e.g., I reach my goals if I work hard), five for Social Competence (e.g., I easily find new friends), four for Structured Style (e.g., I am good at organizing my time), five for Social Resources (e.g., I have some close friends/family members that really care about me), and six for Family Cohesion (e.g., In my family we agree on most things).

The READ has a total Cronbach's Alpha of 0.94 and the reliability for each subscale ranges from 0.69 to 0.89 (von Soest, Mossige, Stefansen, & Hjemdal, 2009, 7 August). Validation studies suggest the scale is internally consistent and is strongly related to positive outcomes for adolescents between 13 and 20 years of age, and correlates negatively with depression, anxiety, suicidal ideation, self-harm, stressful

and negative life events (Hjemdal, Aune, Reinfjell, Stiles, & Friborg, 2007; Hjemdal et al., 2006; von Soest et al., 2009, 7 August). Despite there being no norms for total scores on the READ, high total scores on the READ are strongly related to having protective processes that relate resilience (Hjemdal, personal communication, July 21, 2010), therefore the total score provides an indication of effective protective processes.

The READ is not commonly used in Australian research so there is no published data to compare the results of the current study. Despite its infrequent use, the READ was the most appropriate questionnaire to use in this research as it was created for adolescents and was based on a comprehensive review of resilience literature. This is contrary to many other scales that are used to measure "resilience," but measure other constructs such as self-esteem (e.g., Self-Perception Profile for Adolescents: Harter, 1986) and sense of coherence (e.g., Sense of Coherence Scale: Antonovsky & Sourani, 1988).

Procedure

The READ (see Appendix G) was administered to all participants at the end of the Stage One interviews and Stage Two focus groups. Participants were informed that the scale was a measure of protective processes and that they were to answer the questionnaire as truthfully as possible. The researcher answered any queries relating to question comprehension. The participants were informed that their responses to the questionnaire were confidential and they had the right to refuse to participate or withdraw at any time. The participants took approximately five minutes to complete the READ.

The READ was analysed utilising SPSS Version 15 software. Participant responses for each question were entered into the program and data was screened for missing variables. There were four missing variables from four different participants on four different statements, and these were replaced through the method of mean substitution (SPSS, 2010). This involved adding all responses for that question and dividing it by the number of participants. This method is a traditional method of replacing missing values and leaves the mean unchanged by new data (SPSS, 2010).

Results – Stage Three

Participant responses were added to provide a total score for the READ scale. High total scores were used as they are indicative of protective processes related to resilience and they also provide individual profiles. The highest possible score on the scale is 140. In the current research, the minimum total score was 83 and the maximum total score was 105.29. The range between these scores was 42 and the standard deviation was 11.21. See Table 5 for each participant's total score on the READ.

Table 5

Participant Total Scores on the READ

Participant	Total Score	Participant	Total Score
Sasha	83.00	Kath	113.00
Todd	111.00	Emma	108.00
Keith	104.00	Karen	113.00
Susan	106.00	Mitchell	113.00
Belinda	92.00	Andrew	104.00
Clinton	115.00	Mark	113.90
Jodie	108.00	Ben	117.00
John	114.00	Tom	98.00
Amanda	108.29	Jack	105.00
William	84.00	Erika	125.00
Joshua	110.00	Mia	118.27
Janine	109.00	Abbey	106.00
Tayla	99.00	Cate	95.00
Larissa	90.00	Adam	107.00
Cheryl	119.00	Lauren	87.00
Coreen	90.00	Megan	93.00
Max	119.00	Juliette	107.00
Michelle	119.00	Holly	87.00

As there are no norms or published data on total scores for the READ to make comparisons with the current participants, the scores were compared to the "average" response of "3" across all statements through a single sample t test. The t test indicated that the total scores for these participants (M=105.29) were significantly higher than the average total response of 84, t(35) = 11.40, p<.00.

In the next stage of analysis the range, mean, and standard deviation of each statement were calculated (see Table M1 in Appendix M). To obtain a mean for each of the five subscales (Personal Competence, Structured Style, Social Competence, Social Resources, and Family Cohesion) the questions for that scale were added and then divided by the number of questions. For example, Structured Style was represented by questions 2, 8, 13, and 18. The responses to these questions were added together and divided by four to obtain a new variable named "sstotal." When the new variables had been created, a descriptive analysis was performed to identify the mean and standard deviation for each subscale. See Table 6 for these results.

Table 6

Mean Scores and Standard Deviations for the Five READ Subscales

	M	SD
Personal Competence	3.52	.46
Structured Style	3.15	.56
Social Competence	3.78	.56
Social Resources	4.18	.55
Family Cohesion	3.62	.87

A single sample t test was used to compare the mean response for each subscale and "3," the neutral response on the questionnaire. The assumptions of a normal distribution were confirmed through the Shapiro-Wilk statistic (see Table M2 in Appendix M). The results indicated that the resilient participants responded significantly more positively on the subscales of Personal Competence, t(35) = 6.89, p<.00; Social Resources, t(35) = 12.87, p<.00; Family Cohesion t(35) = 4023, p<.00; and Social Competence t(35) = 8.32, p<.00. Structured Style was the only subscale where

the adolescents did not score significantly above the neutral response of 3. See Table 7 for a summary of the results.

Gender differences were tested through an independent samples *t* test. The Shapiro-Wilk test was statistically non-significant at $p<.05$, confirming the assumption of normality (see Table M3 in Appendix M). Equal variances were assumed through Levene's Test of Equality of Variances with a *p* value of $<.05$. The *t* test was non-significant for all five subscales, which indicates there were no significant differences between genders on any subscale of the READ scale. See Table 8 for the means scores for each gender and Table 9 for a summary of the *t* test results.

Table 7

Differences between Subscale Means and Average Response of 3 on the READ Scale

	t	df	Sig. (2-tailed)	Mean Diff.	95% CI	
					LL	UL
Personal Competence	6.89	35	.00*	.53	.37	.68
Structured Style	1.64	35	.11	.15	-.04	.34
Social Competence	8.32	35	.00*	.78	.59	.97
Social Resources	12.87	35	.00*	1.17	.99	1.36
Family Cohesion	4.23	35	.00*	.62	.32	.91

Note. *LL* = lower limit; *UL* = upper limit

* *p<.05*

Table 8

Mean Scores for Males and Females on the Five Subscales on the READ

	Gender	N	M	SD	SE
Personal Competence	Male	20	3.50	.51	.11
	Female	16	3.55	.40	.10
Structured Style	Male	20	3.24	.47	.11
	Female	16	3.05	.66	.17
Social Competence	Male	20	3.65	.65	.15
	Female	16	3.94	.38	.09
Social Resources	Male	20	4.25	.53	.12
	Female	16	4.06	.56	.14
Family Cohesion	Male	20	3.70	.71	.16
	Female	16	3.51	1.05	.26

Table 9

Independent t-test for Gender Differences on the Five READ Subscales

	Levene's Test for Equality of Variances		t-test for Equality of Means					95% CI
	F	Sig	t	df	Sig	Mean Diff.	SE	LL UL
Personal Competence	1.19	.28	-.23	34	.81	-.037	.16	[-.35, .28]
Structured Style	1.02	.32	.97	34	.34	.18	.19	[-.20, .57]
Social Competence	4.07	.052	-1.56	34	.13	-.29	.18	[-.66, .087]
Social Resources	.00	.99	1.11	34	.28	.20	.18	[-.17, .58]
Family Cohesion	3.55	.07	.64	34	.53	.19	.30	[-.41, .79]

Note. *LL* = lower limit; *UL* = upper limit

* *p*<.05

Discussion – Stage Three

The aim of Stage Three was to compare the contextualised qualitative findings from Stage One and Two to the READ, a context free measure of protective processes related to resilience. The results indicated that the participants in the current research had significant protective processes overall (as indicated by the total score), and significant protective processes in the subscales of Personal Competence, Social Competence, Social Resources, and Family Cohesion. The implications of the total score and each subscale on the READ in relation to the qualitative findings are discussed in the following section.

READ Total Score

The results of the *t* test indicated that the total scores on the READ were significantly larger (*M*=105.29) than 84, which is an average response of "3" over the entire scale, *t*(35) = 11.40, *p*<.00. While this result cannot be compared to any norms or previous studies, it does indicate that the participants had significantly more protective processes that are related to resilience than average.

It is worth noting that the range of total scores was quite large (42). This wide spread of scores may be due to variation in protective processes between participants. For example, participants who had did not have support in their home environment tended to have lower overall scores (e.g., Sasha=83), whereas participants who had both school and home support networks had higher scores (e.g., Todd=111). This indicates that when adolescents have less support in one area they may have a lower total score on the READ. However, the range in total scores also suggests that the type of protective processes may be more related to resilience than the number of protective processes. For example, while Sasha had a lower total score and less protective processes than Todd, the processes she had were as effective as Todd in helping her to be resilient in the face of risk. Therefore, a greater focus on the most effective processes may be warranted in future resilience research.

Personal Competence Subscale

The subscale of Personal Competence was significantly more positive than the average response of "3," *t*(35)=6.89, *p*=.00, which indicates the participants in this

research possessed protective processes related to Personal Competence. The subscale of Personal Competence includes the individual dispositional attributes of self-efficacy, self-esteem, hope, determination, ability to plan and organise, realistic orientation to life, self-liking, and the ability to uphold daily routines. Similar processes within the qualitative component of this research were the categories of "self-worth" and "self-efficacy," however hope and determination were not significant.

Due to the combination of multiple protective processes to create the subscale Personal Competence, it is difficult to ascertain whether the participants possessed all or some of these processes. For example, Statement 1 was about goals, and the responses ranged from 3 to 5, with a mean of 4.19 which indicated a highly positive response across all participants. Whereas Statement 12 was about control and the responses ranged from 1 to 5, with a mean of 2.64, indicating less positive support. Thus, it remains unclear what protective processes within Personal Competence the participants were endorsing when the subscale is viewed as a whole. It is possible only some aspects of this subscale were significant protective processes in the lives of these participants.

Social Competence Subscale

The subscale of Social Competence was also significantly positive with this group of participants, $t(35)=8.32$, $p=.00$, indicating the participants possessed protective processes associated with Social Competence. This subscale samples the protective processes of extraversion, social adeptness, communication skills, cheerful mood, ability to initiate activities, and flexibility in social matters. Despite the significance of Social Competence with these participants, it did not emerge as significant in the qualitative stage of this research. Many of the participants were shy and said they "*lacked social skills*" through the hardships they had experienced. They also stated that at times when they were not coping they were able to display good social skills.

The significance of this subscale may have been due to the emphasis on "helping" within the statements for the subscale. For example, Statement 6 states "I easily make people feel comfortable around me" and Statement 25 "I always find something comforting to say to others when they are sad." Therefore, while the

subscale of Social Competence was significant, it appears the subscale is drawing on other resources, such as helping, that promote well-being. Helping was a significant category in the qualitative component of this research and this may explain why this subscale was significant.

Social Resources Subscale

The subscale of Social Resources was significantly positive for these resilient participants, $t(35)=12.87$, $p=.00$ which indicates that Social Resources were significant protective processes for them. This subscale is purported to measure perceived access to support, intimacy, and availability of support. However, within the content of the statements it is evident that this subscale is also measuring encouragement, care, and people valuing their qualities as well as support. While these statements could be viewed as an aspect of support, they are more indicative of relationships rather than the singular aspect of support within relationships.

In the qualitative stage of this research, the participants indicated relationships were a significant resource for worth. In particular, encouragement, being valued, supported, and cared for were significant aspects of relationships. Thus while there are commonalities between the results on the questionnaire and the qualitative findings, these commonalities are from relationships not support. In future research it is critical that "support" and "relationships" are considered separately, as each construct is qualitatively different and the breadth of relationships will be poorly understood if the focus remains on social support.

Family Cohesion Subscale

The subscale of Family Cohesion measures shared values, family support, and the family's ability to keep positive outlook despite hardship. This subscale was also significant for the participants in the current research, $t(35)=4.23$, $p=.00$, indicating that this was an important protective process. However, despite the significance of this subscale, "Family" did not emerge as an important resource in the qualitative stage of this research. This is due to the fact that not all participants had access to well functioning families, not because they did not value their family. Furthermore, rather than specifically discuss family, the participants tended to discuss the qualities of good

relationships rather than particular people (i.e., family, friends). This indicates that families need to provide specific qualities before it can act as a protective process for adolescents.

Significantly, Family Cohesion was the only subscale where participant responses ranged from one to five on every statement. The range may have been due to the heterogeneity of the sample, with some participants having functional intact families and others having dysfunctional separated families. However, the significance of the subscale for all participants is consistent with prior research, whereby even adolescents who have experienced or are still in a dysfunctional family place value on the family unit (Ungar, 2005b).

Structured Style Subscale

Structured Style was a nonsignificant subscale that measures the ability to plan and structure daily routine, $t(35)=1.64$, $p=.11$. The nonsignificance of this subscale may be attributed to the sample of participants or this subscale may be less relevant to resilience. For example, this group had a more chaotic life due to the risks they had experienced, therefore planning and structure may have been less relevant as a protective process. Furthermore, the statements for this subscale such as "I always make a plan before starting something new" may not represent how adolescents approach tasks developmentally. In addition, some statements for the subscale (e.g., "Our family has rules that simplify everyday life") may be sampling the subscale of Family Cohesion and will not be relevant to those participants who had problematic family lives. Significantly, organisation and any related constructs (e.g., goal setting) were not significant categories in Stage One and Two of the current research.

Gender Effects

There were no significant gender effects in this sample of adolescent participants. This is contrary to Norwegian studies where gender effects have been evident. For example, in one study of 421 adolescents from randomly selected junior high schools, boys scored significantly higher than girls in Personal Competence and girls scored significantly higher in Social Resources (Hjemdal et al., 2006). In another study with 6,723 Norwegian adolescents (Mean age = 18.3 years), girls scored

significantly higher on Social Resources than boys, and boys scored significantly higher on Family Cohesion and Personal Competence (von Soest et al., 2009, 7 August).

The lack of gender effects in the current sample may have been due to the small sample size or gender may be less differentiated in an Australian culture. In addition, none of the previous studies with the READ have had "resilient" participants. That is, the participants have been drawn from high schools without differentiating between resilient and nonresilient participants (Hjemdal et al., 2007; Hjemdal et al., 2006). It is possible that the gender effects are less significant when only resilient adolescents are used as participants.

Summary

The aim of Stage Three was to compare the contextualised qualitative findings from Stage One and Two to the READ, a context free measure of protective processes related to resilience. There were similarities between the significant subscales on the READ questionnaire and the qualitative findings from Stage One and Two of this research. Specifically, aspects of the READ subscales Personal Competence, Social Resources, Family Cohesion, and Social Competence were evident in the qualitative findings. This indicates that aspects of these subscales are related to protective processes indicated by the participants in Stage One and Two.

While there were similarities between significant subscales on the READ and the qualitative findings, it remains unclear what subcategories for each subscale are significant for the participants. For example, if a participant scored significantly higher than 3 on the subscale of Social Competence, it may have been due to extraversion, social adeptness, communication skills, cheerful mood, ability to initiate activities, or flexibility in social matters. Thus, while each subscale is based on a comprehensive review of the literature in that area, this may also be a shortfall when trying to understand the mechanics of resilience.

A limitation of prior research with the READ is that the participants have been sampled from the general population. That is, there were both resilient and nonresilient adolescents in the sample (Hjemdal et al., 2007; von Soest et al., 2009, 7 August). With this research design, there is no way to discriminate if resilient and nonresilient adolescents' responses are different. This limitation is also evident in the

current research. As "nonresilient" participants were not sampled, it is not possible to distinguish if the responses to the READ are unique to resilient participants. The significant subscales may be significant to all adolescents and further research with groups of resilient and nonresilient participants is required to find if the READ can discriminate between these participants.

A second limitation of the current study was the small sample of participants. Thus, the conclusions are drawn tentatively, as a much larger sample would be required to make substantive conclusions regarding the link from the questionnaire to the qualitative findings. However, despite the small number of participants, the findings from the questionnaire provide data that is useful in understanding how the qualitative data may fit within a larger framework of protective processes.

In summary, according to the results from the READ the participants in the current context had significant number of protective processes related to resilience, and there were similarities between the qualitative results and some aspects of the subscales. However, the exact nature of the similarities could not be ascertained, mainly due to the large number of domains being sampled within each subscale on the READ. Barton (2005) comments that "the sheer multiplicity of potential risk and protective processes and the possible relationships among them (reciprocal, conditional, etc.) places strains on the most complex multivariate, quantitative models. When one enters time as a variable…another layer of complexity emerges" (p. 142). Due to the unique individual trajectories of the participants in the current study, it may not be possible to capture the complexity of protective processes through quantitative measures such as the READ. Therefore, to gain more informative data that is matched to specific needs, it may be more beneficial to gather qualitative data to assess active protective processes. Alternatively, the model developed in Stage One may provide a structure for quantitative assessment that is effective in measuring a more definitive range of protective processes related to self-worth.

CHAPTER 9

GENERAL CONCLUSIONS

Chapter Overview

In this chapter, the findings for Stage One, Two, and Three are summarised. The summaries are structured around the aims and research questions for each stage. Following the summaries, the implications of the current research for policy, theory, and practice in psychology and education are discussed. Finally, the limitations of the current study are presented and the chapter concludes with recommendations for future research.

Stage One Summary

The aim of the first stage of this research was to develop a model that explains how adolescents from the metropolitan area of Perth, Western Australia, navigate their way from risk to resilience. A model of the resilience process was developed through the semi-structured in-depth interviews in Stage One. This model had seven key components – context, risk, response to risk, insight, self-worth, letting go and acceptance, and success (see Figure 2). Each participant went through the components in the model in the same sequence, however their experiences at each stage varied. These variations and the components of the model are discussed through the Stage One research questions below.
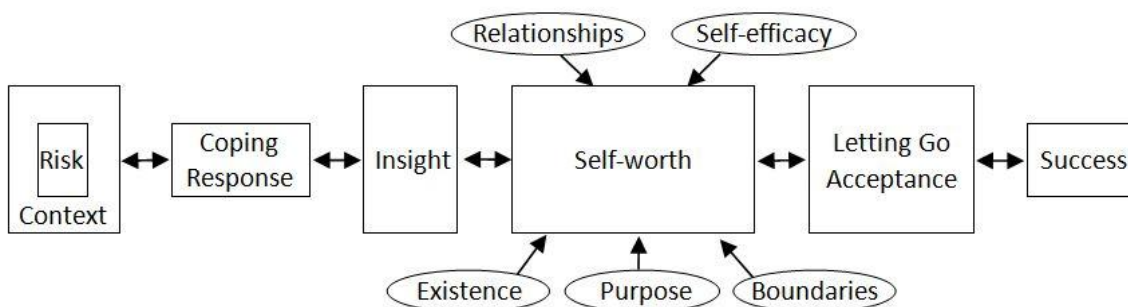
Figure 2. Resilience Model

Research Question 1: How do the media, family, and friends influence adolescents in the current context?

Context

While Western Australian adolescents do not experience pressure over the basic resources of food, water, and shelter (Food and Agriculture Organization of the United Nations, 2009; Vision of Humanity, 2009; World Bank, 2009), they are subject to other pressures that are unique to their context. In particular, the adolescent participants in the current study felt pressure to conform to specific expectations from their friends, parents, and the media. Some of the expectations they experienced concerned their appearance, behaviours, and academic achievement.

The issue with these contextual pressures is that they create an environment whereby adolescents feel it is necessary to conform to expectations to gain acceptance. This is problematic as conforming to others' expectations only provides "conditional acceptance." That is, the adolescents gain acceptance when they behave how others want them to. Conditional acceptance can negatively affect adolescents' self-worth, as feelings of worth and acceptance can be tied to fulfilling these expectations (Crocker & Park, 2004). The focus on others' expectations can also derail identity exploration and development, as the adolescents are trying to be what others want them to be rather than exploring who they are or who they want to be.

These issues are significant, as in prior research identity and self-worth were associated with more resilient outcomes (e.g., Carbonell et al., 2002; Davey et al., 2003; Ungar et al., 2007). Thus, despite adolescents within this context having access to basic resources, they have two key protective processes – identity and self-worth – threatened before they encounter serious risk. Therefore, the features of this context need to be considered when attempting to understand adolescents' experience of risk, their response to risk, success, and processes that may promote resilience.

Research Question 2: How do these adolescents define risk?

Risk

The participants in the Stage One interviews reported a wide range of risks, all of which have been identified in prior resilience research (e.g., Kim-Cohen et al., 2006; Rutter, 1966; Tebes et al., 2001; Yates et al., 2008). These risks included the experience of severe depression, being abandoned by their parents, critical parents, and migration from another country. As the participants had diverse experiences of risk, they also had diverse responses to risk. This indicates that different risks require different approaches to ensure that adolescents are receiving support appropriate to the risk they have experienced.

The participants defined risk as a group of events with different values rather than a "one-off" event. The initial risk which precipitated other risks was labelled the primary risk by the researcher and subsequent risks were labelled secondary risks. For example, for one participant the primary risk was his mother's attempted suicide, and the secondary risks were his own depression, suicide attempt, and bullying. The importance of each risk varied between participants. Some participants indicated the primary risk was the most detrimental to their well-being, others found the secondary risk was the most problematic, and for some it was the combination of cumulative risks. This finding indicates that for research in risk to be accurate, it is necessary for adolescents to identify all risks they have experienced and be able to indicate which has had the greatest impact on their well-being. Identifying risks accurately is also significant to ensure interventions are targeting the correct risk.

The participants' reports of multiple risks over time also indicates that risk is not an event or "factor" but a process. By treating risk as a process rather than a factor, changes in the risk experience can be acknowledged and this can increase the understanding of different risk experiences. For example, divorce is a risk factor in resilience research but knowledge of this factor does not provide any information on the experience of divorce over time. Divorce as a risk process may include other experiences such as alienation from parents, disengagement with school, or changes in peer groups. To understand this process it is necessary to include adolescents in

research. As participants, adolescents can identify all events that occur within the risk process and indicate which events were the most deleterious to their well-being.

A significant finding during the in-depth interviews was the participants' tendency to minimise the importance of their risk experience. This finding was also evident in the study by Luthar et al. (2000b), whereby resilient adolescents were more optimistic and viewed risk events as benign when they were not. This perspective may have been gained through the risk experience or it may be due to "traits" of resilient adolescents. However, within this group of participants there were no consistent features that would suggest it was a resilient trait. These participants ranged from optimistic to pessimistic, socially competent to shy, and high achieving to low achieving. If the minimisation of risk was due to the risk experience, further research is required to understand how and why that perspective evolves.

Research Question 3: How do these adolescents define success?

Success

The final stage in the resilience model was "success." The participants defined success as either positive change, happiness, or achievement. They emphasised that success was dependent on what was important to them. Therefore, high performance in domains they did not value did not equate to success. For example, if they performed well academically but did not value academic achievement they did not feel "successful." The participants also emphasised that success was a process and that each small experience of success was part of the journey to their ideal endpoint of success.

The most common indicators of success in resilience research are researcher determined signs of competence and lack of psychopathology (e.g., Katz & Woodin, 2002; Masten & Coatsworth, 1998; Pilowsky et al., 2004), as they indicate positive development despite the experience of risk (Masten & Powell, 2003; Rutter, 2007). The participants' definitions of success were quite different from these definitions, and this disparity raises questions over the accuracy of both definitions of success. In particular, can an individual be labelled successful by a researcher if they do not believe they are, and are adolescents' personal definitions of success meaningful if

they do not relate to positive long-term functioning? The best solution to these issues is to include measures that are meaningful to the adolescent, as well as measures that are linked to positive development. Through this method, the adolescents' views are respected along with outcomes that are necessary for long-term well-being.

Research Question 4: What behaviours and strategies did these adolescents use to respond to the risk?

Response to Risk

Some participants initially exhibited nonresilient behaviours as a response to the risk, such as drinking alcohol, associating with negative peer groups, and using drugs. These participants tended to be the ones whose risk occurred in the home environment. This response to risk may have been because these participants were not able to work through the risk within their home environment, so they sought out avenues that were available. This aligns with research that indicates adolescents access other resources to forge an identity when they are not able to do so through traditional channels in their own communities (Ungar, 2001). The trajectories of these participants are significant because they indicate that adolescents can have a negative response to risk but go on to have positive outcomes. This finding also highlights the importance of creating opportunities for disenfranchised adolescents to reengage with positive life choices and to remain optimistic about adolescents who appear to have negative trajectories.

Following the experience of risk, the participants utilised both emotion focused coping (EFC) and problem focused coping (PFC) to respond to the risk. EFC was used almost exclusively immediately after the risk experience, and PFC was used predominantly later in the risk experience. The participants indicated they could not use PFC until they had worked through the emotions associated with the risk. These findings are contrary to prior resilience research whereby EFC is generally regarded as "nonresilient" (e.g., Dumont & Provost, 1999; Pilowsky et al., 2004). However, the use of EFC immediately after the risk is consistent with some longitudinal research that indicates effective coping is dependent on the time that has elapsed since the risk experience (Campbell, 1996).

These findings indicate that the timing of research may alter the type of coping adolescents are engaged in. With these participants, they were given the opportunity to describe their entire response to risk, from the initial risk to their experience of success. This methodology allowed the participants to explain what form of coping they used and when they used it. If they were only given a checklist during this research project, they would have indicated they used primarily PFC. While this would be accurate, it would ignore the fact that EFC was a necessary part of the process before they arrived at PFC. It is critical that future research in coping and resilience acknowledges the time after the risk to understand the relationship between EFC, PFC, and resilience.

Research Question 5: What were the key protective processes that led to resilient outcomes for these adolescents who had experienced risk?

Self-Worth

Self-worth was the key protective process that helped these participants overcome risk. It is defined as "one's worth as a person, rather than a domain specific competence or adequacy" (Harter, 1999, p. 3). The participants derived self-worth from five different resources, namely relationships, purpose, existence, self-efficacy, and boundaries. They did not need to have all of these resources to have worth; each participant drew worth from a selection of resources that were important to them. The selective use of resources is consistent with prior research which suggests that a person's worth is only affected by areas that the person values (Parish & Parish, 1991; Wallerstein & Lewis, 2004).

Relationships, purpose, existence, self-efficacy, and boundaries are all internal rather than external sources of worth. Internal sources of worth are not contingent on the validation of others whereas external sources are based on approval and validation (Crocker & Knight, 2005; Crocker & Park, 2004; Crocker & Wolfe, 2001; Shapka & Keating, 2005). The advantage of having internal sources is that worth is more stable and does not require constant validation from others to maintain it (Crocker & Park, 2004; Harter, 1999). Significantly, internal sources of worth are contrary to what is promoted within the research context. In this context, messages from the media,

friends, and family suggest that worth is based on external validation. That is, they are worthwhile if they meet other people's expectations of dress, behaviour, and academic performance. This finding indicates that internal sources of worth may be an important key for coping with pressures within this context.

Research Question 6: What were the processes that occurred from the initial risk to the achievement of success?

Insight

After the participants had responded to the risk, they experienced insight into their worth. For those participants who had engaged in negative behaviours after risk this brought about a dissonance between how they were living and their perceived worth. For the other participants, insight into worth helped them maintain a positive trajectory that matched their sense of worth. Insight was achieved through personal reflection, seeing other people's negative behaviour, or through others reprimanding them. These sources of insight have been recognised in prior research. For example, Frey and Carlock (1989) stated that insight is "internally generated or externally induced." The subsequent positive changes that occurred in the participants' lives were then driven by their desire to have a different outcome or to avoid negative outcomes (Satir & Baldwin, 1983).

Letting Go and Acceptance

Once the adolescents had established that they were worthwhile, they began to make changes in their life through a process of letting go and acceptance. They let go and accepted the risk they had experienced, they let go of unhelpful friendships and accepted new relationships, and they let go of other people's expectations and accepted who they were. Throughout this process, they established their identity by looking at values from religious organisations and their parents, and examples of what they liked and disliked about others.

In prior resilience research, identity achievement is linked to more resilient outcomes (Adams et al., 1987; Ungar et al., 2007). For example, P. R. Newman and Newman state "the formation of a personal identity leads to a crystallisation of a sense

of who one is… along with where one hopes to go in the foreseeable future" (1988, p. 552). However, with the current group of participants the "sense of who they were," or their identity, emerged from their risk experience. Thus, identity was not a protective process, but an outcome of the other protective processes. It was not until they understood their worth that they were willing to make a commitment to an authentic identity.

Costs and Benefits of Risk

There were both positive and negative outcomes that occurred as a result of the risk experience. The participants did not identify these as success or risk, but recognised them as an outcome of risk. The positive outcomes included improved coping skills, relationships, personal growth, and an increase in maturity. The negative outcomes for some participants included feeling they had lost time, trust, and reputation through the risk experience and the way they responded to risk.

The positive changes in the participants after risk can be attributed to posttraumatic growth (PTG: Woodward & Joseph, 2003). This is when an individual experiences a growth in psychological function due to the challenge of working through a risk (Tedeschi & Calhoun, 2004). Research in risk indicates that PTG is possible, but not inevitable (Tedeschi & Calhoun, 2004). Thus, some participants experienced growth and others did not. Further research is required to understand the causes of this growth and the links between PTG and resilience.

Stage Two Summary

The aim of Stage Two was to test the credibility of the model developed in Stage One. To achieve this aim, the categories of the model were presented to two focus groups of adolescent participants. These participants were a different sample than Stage One but were from the same population. During the focus groups, the participants were encouraged to express their views on the relevance of each category to resilience, the nature of each category, and any aspects of the resilience process they felt were unexplained by the model. A summary of the findings are presented in the following section through the research questions.

Research Question 1: What aspects of the model do Stage Two participants perceive as accurate in describing the process of resilience?

The data generated from the focus groups indicated the model developed in Stage One was an accurate representation of how resilient adolescents within this context constructed the process of resilience. Furthermore, each category was identified as relevant and the nature of each category was consistent with the participants' reports from Stage One. The protective process of self-worth was confirmed as the key protective process that was necessary to be resilient. The participants from Stage Two also identified similar resources that contributed to worth as the participants from Stage One (e.g., relationships, purpose, existence, and self-efficacy).

Research Question 2: What aspects of the model do Stage Two participants perceive as unnecessary or inaccurate in describing the process of resilience?

The only aspect of the model that was not completely supported by the Stage Two participants was the category of boundaries. In Stage One, boundaries were identified as a significant resource for self-worth whereas the participants in Stage Two felt boundaries were helpful for "pulling them up" when they were off track but did not support their sense of worth. This disparity between Stage One and Stage Two participants may have been through the methodology used to gather the data in each stage. That is, in Stage One the participants were involved in semi-structured in-depth interviewing and were given the opportunity to explore their own story of resilience at their own pace; whereas in the group situation the participants were provided with categories and were required to quickly reflect on those categories as they were presented. Due to the significance of boundaries in Stage One it was maintained in the model, however further research through different methodologies is required with this category to gain a better understanding of how it operates as a source of worth.

Stage Three Summary

In the third stage of this research, the aim was to compare the contextualised findings from Stage One and Two to a context free measure of protective processes related to resilience. The qualitative data was compared with the Resilience Scale for Adolescents (READ: Hjemdal et al., 2006) to ascertain similarities and differences between the protective processes identified by the participants and protective processes identified in prior resilience research. All participants from Stage One and Two completed the scale for analysis in Stage Three.

Research Question 1: Do the participants from Stage One and Two have a significant number of protective processes on the Resilience Scale for Adolescents (READ)?

As there are no set norms for the READ to classify the participants as having a significant number of protective processes, significance was set as scoring significantly above the neutral response of 3 (*average*) on the READ. According to this standard, the participants in Stage One and Two had a significant number of protective processes related to Personal Competence $t(35)=6.89$, $p=.00$, Social Competence $t(35)=8.32$, $p=.00$, Social Resources $t(35)=12.87$, $p=.00$, and Family Cohesion $t(35)=4.23$, $p=.00$. This finding indicates that the method of participant recruitment (school staff and self-selection) in the current study resulted in a participant group that had a significant number of protective processes related to resilience according to a standardised measure of resilience.

Research Question 2: What similarities and differences are there between the significant subscales on the Resilience Scale for Adolescents (READ) and the protective processes developed through the qualitative research in Stage One and Two?

The significant subscales on the READ (Personal Competence, Social Resources, Family Cohesion, and Social Competence) did not directly relate to any categories developed in the model through Stage One or Two. However, each subscale on the READ has multiple subcategories, and some of these subcategories did relate to

categories in the model. For example, the READ subscale of Personal Competence included the individual attributes of self-efficacy, self-esteem, hope, determination, ability to plan and organise, realistic orientation to life, self-liking, and the ability to uphold daily routines. Of these subcategories, self-esteem and self-efficacy were also evident in the model developed in Stage One and Two.

While there were similarities between the subcategories of the subscales on the READ and the developed model, it is unclear what subcategories for each subscale were significant for the participants. Part of the problem is that the READ is based on a comprehensive review of the literature in resilience and each subscale includes multiple subcategories, some of which are major constructs in psychology. For example, within the subscale Personal Competence, optimism and self-esteem are both significant and well researched constructs in resilience literature. Thus, the scale can provide an indication of what broad protective processes the adolescent may possess (e.g., Social Competence), but it cannot isolate which processes within the broad category that are the most efficacious. Alternatively, the qualitative methodology in Stage One and Two of this research was capable of describing and explaining the complexity of the protective processes that the participants required to be resilient.

Implications for Theory, Policy, and Practice

The results of this research contribute to theory, policy, and practice in both psychology and education. These contributions include the development of a resilience model, the recognition of context, the identification of the protective process self-worth, implications of adolescent consultation, and applications to educational settings. In the following section, the implications of this research for psychology and education are discussed.

Theory, Policy, and Practice in Psychology

Resilience Model

The most significant contribution of this research is the development of a model of resilience. While some modelling has occurred around key risk and protective processes in resilience (e.g., Alvord & Grados, 2005; Compas, Hinden, & Gerhardt,

1995), this is the first model that comprehensively describes the process of resilience from the experience of risk to the endpoint of success. The advantage of a model that explains the complete process of resilience is that the process can be understood as a whole rather than only as fragments of the process. Research into specific risk and protective processes remains highly productive, however it is analogous to having a comprehensive understanding of ingredients in a meal but not understanding how those ingredients work together to make the recipe. Risk, protective processes, and success are the "ingredients," and the model provides a beneficial way to understand how they work together in the "recipe" of resilience.

Additionally, if the same analogy is used, there are many other ingredients in the resilience process than risk, protective processes, and success. Processes identified in the current research include context, the coping response, insight, and self-worth. These processes are significant and a strength of the developed resilience model because they explain how the adolescent moves from one stage to another. Furthermore, without these processes the "process" of resilience is incomplete and less comprehensively explained.

The model is also significant because it provides a useful framework for working with adolescents. Each stage of the model represents one aspect of the process of resilience, and these stages could be used to identify current adolescent functioning and provide direction for intervention. For example, if an adolescent has had a recent experience of risk they would be at the "response to risk" stage in the model. The model provides a description of this stage that includes possible feelings and behaviours following risk, and how emotion and problem focused coping may be utilised. It also indicates what stage follows response to risk and this would be informative in guiding the adolescent through to outcomes that are more successful.

Significant processes, in addition to risk, protective processes and success, are discussed in the following section.

Context. Context is at times a neglected aspect of resilience, with purported risk and protective processes appearing to occur in a social vacuum. However, if resilience is "the outcome from negotiations between individuals and their environments for the resources to define themselves as healthy amidst conditions collectively viewed as adverse" (Ungar, 2004a, p. 342), then it is critical that context is

understood. The model of resilience developed through this research emphasises the importance of context, as it is the context that either provides the resources for healthy development or creates risk for the adolescent.

The significance of context was apparent within the current research. The context of Perth, Western Australia did not have life threatening events but it did have elements that were psychologically unhealthy for the participants. In particular, the adolescents struggled with conforming to the expectations of others and this affected their feelings of acceptance and worth. Significantly, worth was threatened by the context and was also the main protective process for these resilient participants. This indicates that contextual features of their environment were in direct conflict with the protective process they required to be resilient.

The significant effect of the context in Perth indicates the importance of recognising the features of each context to ensure an appropriate response is provided through intervention and prevention strategies. For example, in the current context where worth was challenged, this could be accomplished through educating adolescents about conforming and the basis of worth, through the provision of appropriate role models, and by placing an emphasis on internal qualities of worth, such as hope, kindness, and generosity. In other contexts, the response to adolescents' needs may be different, as each response is dependent upon the risks and resources within each context. Universal conceptualisations of resilience that disregard context are ignoring a large part of the adolescents' experiences that are critical in understanding how they perceive risk, success, and the most significant protective processes.

Response to Risk. While coping skills are frequently studied in resilience research (e.g., Boyden & Mann, 2005; Campbell-Sillsa et al., 2006; Coifman, Bonanno, Ray, & Gross, 2007; Davey et al., 2003; Dumont & Provost, 1999; Rutter, 2007), the current research has provided a more comprehensive view of adolescents' coping responses after risk. Prior research in coping is generally grounded in quantitative studies at one point in time. These studies do not explain the qualitative of the coping response and how it may change over time. The current consensus in resilience and coping research is that resilient adolescents use problem focused coping and

nonresilient adolescents use emotion focused coping (Frydenberg & Lewis, 1996, 2004).

However, through the qualitative approach in the current research, it is evident that coping changes over time and there is no one "correct" method of coping to be resilient. The participants indicated that they used both emotion focused and problem focused coping at different times following the risk. They explained they used predominantly emotion focused coping first as they needed to feel sad or angry about the risk they had experienced before they could consider problem focused coping. They also reported they continued to use emotion focused coping even after they had processed the risk and were using problem focused coping.

These findings suggest that policies for adolescents who have experienced risk need to include time and space for emotion focused coping strategies as well as problem focused coping. Furthermore, adolescents may need to move between the two strategies in order to cope with the risk in the most successful way. Additional research is required that investigates coping over time to improve the understanding of how coping changes and to identify the most useful strategies at different times after the risk.

Insight. Insight is another aspect of this model that emerged as an important process of resilience, however it is rarely discussed in resilience research. The absence of insight as a process in research is significant because in the current research it was a critical antecedent to recovery. It was only when the participants experienced insight into their worth that they were willing to work to overcome the risk. This finding suggests that the utility of protective processes may be dependent on insight. That is, adolescents may have all the protective processes necessary, but not use them unless they have insight into the discrepancy between negative life choices and their self-worth.

In addition, the finding that insight is a significant process in resilience indicates it may be important to provide adolescents with experiences that develop this process. These experiences could include giving adolescents challenging events, encouraging them to have personal reflection, and providing them with models of negative behaviour to deter them from their current trajectory. By combining insight with the

protective processes, they may be more likely to use the provided processes and show more resilient outcomes.

Self-worth. One of the most important discoveries from the current research was the identification of self-worth as the protective process that enabled the participants to overcome risk. It was only when they recognised their self-worth that they were willing to invest time and energy to overcome the risks they had experienced. It is important to note that self-worth was based on internal resources that did not require external validation. This is what is referred to as "authentic" or "true" worth (Branden, 1991; Deci & Ryan, 1995). An authentic self-worth is not contingent on anything, such as talent, money, achievement, or fulfilling others' expectations.

This definition of self-worth is critical to understand, as it was only an authentic sense of worth that was related to resilient outcomes. The participants did not feel worthwhile when they were striving to meet others' expectations. A significant difference between the two forms of worth is that with authentic self-worth the participants felt valued for who they were as they were, whereas with contingent self-worth the participants had to achieve something or alter themselves to gain worth. Valuing adolescents for who they are creates a security and stability around their worth. That is, they did not do anything to earn worth so they cannot do anything to "lose" it.

With this understanding of worth, attention needs to be directed to helping adolescents develop an authentic self-worth. The current research indicates that sources of worth are dependent on what adolescents value. Therefore, it is necessary to identify what each adolescent values as a source of worth to ensure that any intervention is accurately targeted. The importance of having meaningful sources of worth may help to explain why some adolescents appear to have everything they need to be successful but are not showing recovery from risk. For example, if adolescents use purpose as a source of worth, then positive relationships may be insufficient to change the value they place on their lives. Thus, while it would be beneficial to develop all sources of worth, it is vital to understand the sources that are meaningful to the adolescent.

Prevention and Intervention Programs

Several programs within Australia and Western Australia are currently being utilised to build resilience in adolescence. Specifically, those programs include MindMatters (Curriculum Corporation, 2000), The Resourceful Adolescent Program (RAP; Shochet, 2002), and Bounce Back! (McGrath & Noble, 2003). MindMatters is a government funded program which aims to "develop the social and emotional skills required to meet life's challenges and enhance the development of school environments where children and adolescents feel safe, valued, engaged and purposeful" (Curriculum Corporation, 2000). The aim of the Resourceful Adolescent Program (RAP) is to build the resilience of teenagers through building on strengths and resources and the development of social, emotional, and psychological skills (Shochet, 2002). The program Bounce Back! also provides skills related to resilience, including value development, strategies for bouncing back, managing emotions, dealing with bullying and relationship skills (McGrath & Noble, 2003).

Evidence indicates that these programs are effective in promoting positive mental health in adolescents (e.g., Askell-Williams, Lawson, Murray-Harvey, & Slee, 2005; Shochet et al., 2001). However, to remain effective, it is critical for the programs to be research driven, address environmental barriers for positive change and contemporary social concerns, and be socio-culturally sensitive (Dusenbury & Falco, 1995; Rotheram-Borus et al., 2009; Small & Huser, in press). Thus, they will need to be modified and revised to ensure they are meeting the current concerns within the Australian context. The current research would be a valuable source of data to inform these modifications. Firstly, this research uses Australian data to generate theory on resilience so it is relevant to the program context. Furthermore, the research is based on adolescents' perceptions which provides a unique insight into the process of resilience. Finally, this research is also current, therefore the identified risks, protective processes, and barriers to mental health are also current and can ensure that program modifications are relevant to today's adolescents.

Adult Self-Worth

The focus of this research was on adolescent resilience and the processes that occur from risk to success. Accordingly, the model and findings of the research cannot

be generalised to other populations. However, Steinberg and Lerner (2004) suggest that research with adolescents can inform understanding of other population groups, and there is anecdotal evidence that suggests the protective process identified in this research, self-worth, is also a significant process for adults.

The significance of self-worth for adults is evident for those with disabilities, weight issues, and addictions. For example, in a lecture at Edith Cowan University, Barry Lafferty described the key process that helped him to overcome adversity as "self-belief" (Lafferty, personal communication, June 29, 2010). Barry had meningitis as a baby and suffered nerve damage that affected his speech and muscle co-ordination, however through self-belief he started successful businesses, travelled the world, and experienced healthy friendships.

The importance of worth was also evident in an Oprah television show that looked at contestants from the reality weight loss television program "The Biggest Loser" who had successfully maintained their weight loss. The contestants said the key to overcoming weight issues is "if you believe that you're worth it" (Winfrey, 2008). Furthermore, adults who have recovered from addictions also indicate that worth is a key process. For instance, Nic Sheff wrote a book on his addiction to methamphetamines and said he used drugs so he did not have to look inside himself and see an "ugly, disgusting worthless person" (Sheff, 2009). It was only when he had insight and realised he was worthwhile that he worked to overcome his addiction.

Consequently, this research and the developed model may have significant implications for resilience in adulthood. Specifically a high self-worth may be the key process that helps adults overcome risks that they have experienced over their lifetime. The adolescent participants indicated they would not utilise skills (e.g., problem solving, social competence) until they believed they were worth the effort. If the resilience process for adults is similar to adolescents, interventions that provide skills for recovery from risk may be ineffective unless the adults have self-worth. However, to obtain a comprehensive and accurate understanding of the resilience process for adults, it is necessary to implement qualitative research with adult groups to understand how they perceived the process of resilience.

Adolescent Consultation

The involvement of adolescents is a strength of the current research and contributes significantly to current theory and practice in psychology. Adolescents are rarely utilised as participants in resilience research. Instead, research concerning them is often based upon the views of their guardians or teachers. If adolescents are involved, they are usually required to complete a questionnaire which only provides them with the opportunity to agree or disagree with the constructs provided by the researcher. This type of involvement is nominal as the participants do not have any opportunity to voice their experiences.

A strength of the current research is that the adolescents were active participants. That is, they did not only respond to constructs presented by the researcher but raised new concepts and their responses guided the research process. Their active involvement in the research ensured the developed model was directly linked to adolescents' experiences rather than being based on the other people's perception of their experiences. It also provided a unique insight into the processes of risk and success, integral concepts in resilience, and other processes that lead to resilience.

A particular strength of adolescent consultation within the current research was the comprehensive understanding of risk that was obtained. This included what the participants perceived as a risk, the impact of the risk, and how the risk changed over time. The process of consultation began with participant recruitment, whereby the participants were included in the research if they perceived they had experienced a risk. This is contrary to most research in resilience, as participation is usually based on whether the participant has experienced a risk identified by the researcher. While this approach is effective in identifying common patterns in relation to certain risks, it ignores the individual's perceptions of the risk. Not all "risks" are perceived by children and adolescents as a risk. Therefore, it is necessary to consult with adolescents to understand what they perceive as a risk as one cannot assume that risk processes will have an equal impact on all adolescents. What acts as a risk for one may be a minor discomfort for another.

Success, similar to risk, is usually predetermined by researchers in resilience research as a lack of psychopathology or a measure of competence. This approach to measuring success is based on the assumption that the researcher is more competent at defining success for the adolescents than the adolescents themselves. While measures of success used in research are desirable targets for adolescents, they may not be constructs that they use to define success. Applying one standard to assess success is flawed, as the measure will only indicate the researcher's beliefs about success and will exclude the adolescent's perception of his or her own success. The participants in the current research emphasised that success is unique, it is different for everyone. Thus, in the current research the participants' unique views of their own success were accessed by ensuring they self-identified as a successful before participating in the research, and by allowing them to define success during the interview process.

Adolescent involvement in the research ensured that success was understood within the context of risk. That is, without consulting the adolescent participants there is no way of understanding the risks the participants have experienced, and how each risk may have affected their "level" of success. For example, expecting an adolescent who has been abandoned or neglected to have exemplary levels of academic achievement is unjustified. When the participants in the current study who had experienced neglect explained it, they said they were happy they were still at school and that they had not given up, that they were still alive and fighting their depression, or that they had come from failing to passing their subjects.

Consultation with adolescents also provided a greater understanding of resilience processes. This understanding could not be achieved through parent, guardian, or teacher reports because they did not experience the risk, the processes along the way, or the subsequent recovery. Only the adolescents themselves were able to explain processes like "insight," as these processes are frequently internal and are not available to secondary sources. Furthermore, even if secondary sources were aware of the insight process, it would be almost impossible for them to ascertain how an adolescent achieved it. As a result, consultation revealed processes and the qualities of these processes that would have been unavailable to other individuals.

In summary, the involvement of adolescents in the current research project has provided data of greater depth, shows processes associated with resilience, and is an authentic representation of their experiences. In future resilience research and work with adolescents it is critical that adolescents are given the opportunity to voice their experiences. As was evident in the current research, each adolescent has a unique story of resilience that can provide insight into known constructs and introduce new constructs that can enhance our overall understanding of resilience. Furthermore, if they are included in processes that involve them it may be more likely that actions concerning them are accurate, well timed, and appropriate to their needs.

This assertion is reflected in a 2010 report into the well-being of Western Australian children and adolescents, with the conclusion of the report stating,

Importantly, children and young people are not a homogenous group. Like the adults they become, they have diverse needs, interests and opinions. Mechanisms for including the views of children and young people in identifying their needs and developing programs, services and strategies to meet them, are central to the provision of effective responses to the issues that affect them (Commissioner for Children and Young People, 2010, p. 27).

Theory, Policy, and Practice in Education

Prior to discussing the implications of this research for theory, policy, and practice in education, it is important to outline existing educational policy in the Australian context. The policies that inform Australian and Western Australian education are the "Melbourne National Declaration on Educational Goals for Young Australians" (MCEETYA; Ministerial Council on Education Employment Training and Youth Affairs, 2008), "The National Framework for Values Education in Australian Schools" (Department of Education Science and Training, 2005), and the "Curriculum Framework" (Curriculum Council, 1998b). An overview of the policies is presented in the next section, with specific focus on aspects of each policy that relate to building resilience.

National and State Policies

The "Melbourne National Declaration on Educational Goals for Young Australians" is the key policy that informs education in Australia (MCEETYA; Ministerial Council on Education Employment Training and Youth Affairs, 2008). This report was developed in 2008 by the ministers for education in each Australian state/territory. The two overarching goals developed by MCEETYA are: Australian schooling promotes equity and excellence and all young Australians become successful learners, confident and creative individuals, and active and informed citizens. "Confident individuals" includes youth who "have a sense of self-worth, self-awareness and personal identity that enables them to manage their emotional, mental, spiritual and physical wellbeing" (MCEETYA, 2008, p. 9).

The "Australian National Curriculum" is currently being developed and has been guided by the "National Declaration on Educational Goals for Young Australians" (National Curriculum Board, 2009). In the document outlining the shape of the new curriculum, the Curriculum Board state, "Education plays an important part in forming the young people who will take responsibility for Australia in the future. If it is to play this part effectively, education must address the intellectual, personal, social and economic development of young Australians" (National Curriculum Board, 2009, p. 5). To address the personal and social development of young Australians the Curriculum Board have created "general capabilities," which include literacy and numeracy knowledge, information and communications technology (ICT) thinking skills, creativity, self-management, teamwork, intercultural understanding, ethical behaviour, and social competence (National Curriculum Board, 2009). These capabilities and the learning areas are currently in draft form and open to consultation and feedback.

"The National Framework for Values Education in Australian Schools" is another important government policy that is based on the "National Declaration on Educational Goals for Young Australians" and the national "Values Education Study" (Department of Education Science and Training, 2005). This report was commissioned by the Australian Government to assist in providing a framework for values education within schools and is supported by MCEETYA. The findings in the report indicated that

effective values education in schools requires: articulating values in the school's mission/ethos; developing student responsibility in local, national and global contexts; building student social skills and resilience; and incorporating values into all school policies and practices, including teaching programmes across the key learning areas (Department of Education Science and Training, 2005).

Another important national document is the "Framework for Care in Schools" developed by Terry De Jong and Helen Kerr-Roubicek (2007) for The Australian Guidance and Counselling Association (AGCA). This framework provides a "care lens" for practitioners to improve student learning and well-being. The framework addresses care through the school ethos and environment; curriculum, teaching and learning; and partnerships and services. Some of the suggested practices to support care in each domain include developing "positive, professional relationships with students by getting to know them as individuals, being respectful, and supporting them in their learning, and social and emotional needs" and "address care through the curriculum by teaching knowledge, attitudes, and skills related to emotional and social competence which includes content that focuses on resilience" (De Jong & Kerr-Roubicek, 2007).

In Western Australia, the "Curriculum Framework" is the key document that informs practice in education. The Framework outlines what outcomes are expected of students in Western Australian schools in each learning area (e.g., English, Mathematics, The Arts). The Curriculum Board state that "values are fundamental to shaping curriculum" and values "influence [people's] behaviour and give meaning and purpose to their lives" (Curriculum Council, 1998a, p. 16). With that understanding, the Curriculum Council developed a set of "Core Shared Values" which underpin the "Curriculum Framework" and align with the "National Declaration on Educational Goals for Young Australians" and "The National Framework for Values Education in Australian Schools."

Specifically, the Core Shared Values within the "Curriculum Framework" include a pursuit of knowledge and a commitment to achievement of potential; self-acceptance and respect of self; respect and concern for others and their rights; social and civic responsibility; and environmental responsibility (Curriculum Council, 1998b). Links to resilience are evident in the value "self-acceptance and respect of self." The

descriptor for this value is: "The acceptance and respect of self, resulting in attitudes and actions that develop each person's unique potential – physical, emotional, aesthetic, spiritual, intellectual, moral and social. Encouragement is given to developing initiative, responsibility, ethical discernment, openness to learning and a sense of personal meaning and identity" (Curriculum Council, 1998b).

Implications of Current Research on Policy

The current research can contribute to the development of the new "Australian National Curriculum." Specifically, this research is applicable to the general capabilities that students need to be successful. At present, the general capabilities identified by the Curriculum Board include literacy and numeracy knowledge, information and communications technology (ICT) thinking skills, creativity, self-management, teamwork, intercultural understanding, ethical behaviour, and social competence (National Curriculum Board, 2009). These capabilities are constructive, however their focus is on the provision of skills, not on developing the young person's identity and worth. The current research indicates that skills are useful but only when they are accompanied by self-worth. Therefore, some attention to self-worth is warranted in the general capabilities being developed in the National Curriculum.

MCEETYA state that "confident individuals" are youth who "have a sense of self-worth, self-awareness and personal identity that enables them to manage their emotional, mental, spiritual and physical wellbeing" (MCEETYA, 2008, p. 9). Self-worth, an aspect of confident youth was identified as the key protective process by the participants in the current research. Furthermore, a stable identity was one of the key outcomes of having a high self-worth. Therefore, findings from this research can inform ways of supporting MCEETYA's goal of developing confident individuals. The sources of self-worth in the research were relationships, self-efficacy, boundaries, purpose, and understanding the significance of their existence. The way these resources could be utilised in educational settings to increase self-worth are discussed in the following sections.

The importance of relationships to children and adolescents' well-being is well known, however qualities of these relationships are discussed less frequently. In this research, there were specific qualities in relationships that contributed to worth,

namely trust and respect, acceptance, seeing them as an individual, encouragement, affection, empathy, and support. The significance of these relationship qualities are evident by their placement in the AGCA's "Framework for Care." Within this framework, De Jong and Kerr-Roubicek (2007) assert that there is a need for teachers to develop positive, professional relationships with students by getting to know them as *individuals*, being *respectful*, and *supporting* them in their learning, and social and emotional needs.

Given the importance of these relationship qualities in building worth, it would be beneficial to make them more explicit to those working with adolescents in educational settings. That is, rather than expect staff to build meaningful relationships without direction, provide a framework during staff development and training that will strengthen student-teacher relationships and adolescents' self-worth. It is inadequate to assume that relationships occur because there are people present. There needs to be an intentional effort to develop positive relationships that enhance adolescents' self-worth so that they can be confident individuals.

Self-efficacy, another source of worth in the current study, is the "beliefs in one's capabilities to organise and execute the courses of action required to produce given attainment" (Bandura, 1997, p. 3). Self-efficacy is derived from mastery experiences, vicarious experiences, and verbal persuasion (Bandura, 1994, 1997). Consequently, opportunities for mastery in the school setting could enhance self-efficacy and lead to a higher self-worth. For mastery experiences to be meaningful however, they need to be in an area that is valued by the adolescent. Thus, success in multiple areas of the curriculum could be meaningless to the adolescent if they did not value any of those areas. The achievement of self-efficacy in the school setting currently occurs by chance, as it is dependent on students being enrolled in subjects that are meaningful to them. Therefore, for adolescents to be able to develop their unique potential there is some requirement for educational settings to make provisions for individual differences.

This assertion is supported by the "Curriculum Framework" value of Acceptance and Respect of Self, which includes the aim to "develop each person's unique potential – physical, emotional, aesthetic, spiritual, intellectual, moral and social" (Curriculum Council, 1998b). This is not to suggest that every student has an

individualised education plan so that they can achieve their unique potential. Instead, within each school year there needs to be the opportunity for adolescents to develop mastery in an area that is meaningful to them. To accomplish this, it would be necessary to systematically seek adolescents' perceptions of what they valued so that they have the opportunity to achieve mastery and success in those areas.

Having a sense of purpose and helping others also provided worth for these participants. Purpose, or contributing to society, is recognised as a value within the "Curriculum Framework." It states that "Society has something to gain from every individual life, and should maximise the opportunities for all persons to contribute to the common good" (Curriculum Council, 1998b). There is some provision for adolescents to express purpose while they attend secondary school. To graduate and achieve a Western Australian Certificate of Education (WACE) students must complete twenty hours of Community Service (Department of Education, 2008). While this community service program is a significant start to developing a sense of purpose for adolescents, one twenty hour experience may have a negligible impact on purpose when the adolescents attend high school for five years.

For adolescents to gain an authentic sense of purpose and understand ways in which they can contribute to society, it would be beneficial to provide them with informal and formal opportunities to explore activities that provide purpose. This would require a period of consultation with the adolescents to assess how they find a sense of purpose. In practice, purpose in school settings could create opportunities for peer tutoring, work in the community, and peer support. While the creation of this intervention may be a lengthy process, having adolescents fulfilling some sense of purpose would provide great benefits to the adolescent and the schools. That is, adolescents with purpose may have a greater self-worth which impacts on the adolescent, and adolescents who are invested in purposeful activities within the school setting are also contributing to the health of that environment.

One final way in which this research can contribute to policy, theory, and practice in education is through the inclusion of adolescents' voices. This methodology provided the adolescent participants with an authentic opportunity to explain their experiences, which resulted in data that was grounded in these experiences and within the adolescents' context. Holdsworth and Blanchard (2005) state that high risk young

people in schools are frequently "Unheard Voices" and disengaged from school. To reengage these students they suggest gathering more data about what they are saying, communicating their voices to schools in ways that ensure that they are heard, and giving attention to curriculum, school structures (e.g., class sizes), school ethos (e.g., respect and fairness), and school/teacher relationships (Holdsworth & Blanchard, 2005). Having a "voice" that is heard may be an effective way for adolescents in Western Australia to become "successful learners, confident and creative individuals, and *active* and informed citizens" (MCEETYA, 2008, p. 9).

Recommendations

Based on the previous section that outlined the contributions of this research to theory, policy, and practice in education and psychology, the following recommendations have been made.

1. Use the resilience model as a framework for working with adolescents
2. Investigate the influence of self-worth on adults
3. Utilise current, contextualised data to inform interventions with adolescents
4. Teach adolescents emotion and problem focused coping and how coping changes over time
5. Provide opportunities to develop self-worth within educational settings
6. Provide formal and informal opportunities to develop purpose
7. Provide opportunities to develop mastery in areas that are meaningful to adolescents
8. Set and maintain boundaries for adolescents
9. Increase adolescent involvement in planning and evaluation

Limitations

An advantage of this research is that the findings are relevant to a particular context; however, this is also a limitation because these results are not generalisable to other populations. Despite this limitation, the findings will be beneficial to the context where the findings were gathered. In addition, further research could be conducted to assess the utility of these findings among other populations.

A second limitation of both the interviews and the focus groups were the restrictions imposed by the gatekeepers of the institutions where the adolescents were recruited. In the first phase of recruitment, the participants were selected by school staff. While the researcher provided the school contact person with explicit instructions regarding the definition of resilience it is impossible to know how accurately this was subscribed to by the contact person or staff members who selected participants. It would have been preferable to provide all adolescents in one year group with information and consent forms and allow them to decide if they were resilient, however this was unmanageable for the schools. The limitation of only having teacher selected participants was that participants that were unknown to teachers were excluded.

Another limitation of working within the constraints of the gatekeepers was the time limits for the interviews and the focus groups. Frequently participants wanted to continue the interview or focus group but they were required to be back at class or their parents were waiting for them. Despite this limitation, valid data was collected within the given time and the researcher appreciated the time sacrificed by the schools and the parents.

Future Research

There are several directions for resilience research based on the findings of the current research. Firstly, it is imperative that adolescents are involved in the research process so that the gathered data provides a meaningful direction to prevention and intervention plans. Research also needs to be based in specific contexts so that findings can be understood within those contexts. Different contexts create different needs and the influence of risks and protective processes are dependent on these contexts. Findings from this research also indicate that coping is a complex phenomena that requires longitudinal research to provide a more comprehensive understanding of the process over time. Finally, the resources of worth and the impact they have on resilient adolescents requires further research to ascertain how this construct underpins recovery from risk.

Final Conclusion

The broad aim of this research was to develop a model of resilience for adolescents in the Perth, Western Australian context. The model that emerged from the data indicated that multiple processes occur between the experience of risk and success, including response to risk, insight, self-worth, and letting go/acceptance. The development of the model provides a framework for working with adolescents that can assist in identifying where they are in the resilience process and selecting an appropriate response to meet their current needs.

The key protective process within this model was self-worth. Importantly, self-worth for these participants was based on internal sources of worth. This is contrary to the current context, which suggests that worth is gained by having fame, fortune, and beauty. The difference between external and internal sources of worth is significant, as internal sources of worth do not require validation or approval from others, are more stable than external sources of worth, and are associated with resilience.

If the participants had self-worth, they felt they were "worth" investing time and energy to overcome their risk experience. Without this sense of worth, they did not see the point in "saving" themselves. At the point where Tayla felt her life turned around she said, *"I decided I'm worth more than this."* These findings suggest it is critical to provide adolescents with messages and experiences that develop their self-worth so that they can be resilient. As one participant said, *"I've always got this voice in my head saying 'you're better than this' 'you're better than this,' it's always there. And I know that I'm better than that."* This statement provides a challenge for policy makers, educational institutions, and families to be that "*voice,"* so that adolescents in this context can be resilient.

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Appendix A

Excerpts from Journal

8 February 2007

Have transcribed three interviews. Realised I have been looking for objects and events that make a difference when in fact I think it is thoughts and attitudes and it doesn't matter who or where so much. I also think I should listen more to the young person when they are speaking as I get the impression that I am following too much of the schedule and not trusting them to tell their story.

27 February, 2007

Knowledge is not enough. We all have knowledge but this does not always equate to action. Why do some people act and others don't? Subtleties.

26 March 2007

Have just spoken to two "fastrak" classes at [name] senior high school. These are the kids that are there to do stuff other than academia. It stunned me how sterile the university is compared to some of these harsher environments. We make judgements and decisions from a different world. It was also interesting to note how the kids scoffed when I said they may have been successful and had valuable things to day. Other standards exist – I wonder whose standards matter the most – our internal ones or the external world, societal view?

9 May 2007

If I consider resilience as matter…

1. It can bounce back after stress
2. It may never had experienced the stress (i.e., divorce experienced but not stressful)
3. They matter may be coated (an external protective factor)
4. The matter may have multiple stressors that cause it to fail (e.g., heat, pressure)
5. Matter from different places has different strengths and weaknesses

23 May 2007

Looking at ecological model to understand the findings. Doesn't seem to fit but not sure what the data is saying at this point.

15 August 2007

Interviewed three students today at [school]. Realised I was trying to judge whether their experiences were difficult by academic standards (uni theory). Is that the point? I don't think so. I think it only matters if they perceive something to be difficult. I wish I could talk to the kids longer. They have so much to say and as the time goes on they seem to get into deeper things. It is unnatural to force everything in 45 minutes.

12 July 2008

When analysing I am trying to include all important comments even if I think they don't fit with my perception of resilience. I find them a better truth than my preconceived ideas.

31 October 2008

Is resilience just something we have created so we can remove "trouble" from kids? Just so we can have a neat trouble free, clean society?

21 January 2009

1. Social support is an inadequate name for what happens between people. It is a relationship as the adolescent gives and takes.
2. Is identity a consequence of worth or worth resource?

20 May 2009

Risk and resilience are momentary. Look at Peter Daniels, failed businesses. If he was judged at any point prior to the final successful business he would be identified as nonresilient. Life will continue to have ups and downs.

17 August 2009

1. Realised that separating risk from self is part of the process of letting go. It is pushing it away from self.
2. Control didn't fit anywhere and self-efficacy wasn't complete. When I researched self-efficacy Bandura indicates it is about *controlling* a situation – amazing as I always thought it was more about how to attribute blame/responsibility.
3. Now I am reading Frey and Carlock and they are talking about making transitions to improve self-esteem. This would be what I have referred to as insight (and reflection).

Appendix B

Table B1

Demographics of Interview Participants

Participant ID	Age	Gender	School ID	Cultural Background	Risks
Sasha	16	F	1	New Zealand	Divorce, Psychopathology (self), Family conflict, Relationship issues, Self-harm
Todd	16	M	1	Australia	Psychopathology (family), Health issues (family), Change
Keith	16	M	1	Australia	Psychopathology (self and family), Bullying, Change
Susan	14	F	1	Australia	Divorce, Health issues (family)
Belinda	15	F	1	Australia	Parent expectations
Clinton	16	M	1	Australia	Bullying, Psychopathology (family)
Jodie	15	F	1	England	Divorce, Maltreatment
John	16	M	5	Australia	Parent expectations
Candice	16	F	5	Australia	Parent expectations
Amanda	16	F	5	Yugoslavia	Divorce, Drug use and violence, Disenfranchised from school
William	13	M	5	Australia	Divorce, Bullying
Joshua	16	M	5	Netherlands	Divorce, Relationship issues, Parent expectations
Janine	16	F	5	Australia	Parent expectations
Tayla	15	F	2	New Zealand	Divorce, Psychopathology (family), Disenfranchised from school, self-harm
Larissa	16	F	2	Romanian	Divorce, Psychopathology (family), Relationship Issues
Cheryl	15	F	4	Australia	Health issues (personal)
Coreen	15	F	4	Scotland	Change
Max	16	M	4	New Zealand	Separation from parents, Bullying
Michelle	16	F	4	Australia	Bullying
Kath	16	F	4	Australia	Change
Emma	16	F	4	Scotland	Divorce, Change, Loss (twin sister)
Karen	16	F	4	Australia	Change
Mitchell	15	M	3	England	Change

Note. All participant names have been changed to pseudonyms to protect their identity

Appendix C

Introductory Letter to Principals

Dear [Principal Name],

My name is Mandie Shean. I am currently completing my PhD in psychology at Edith Cowan University. I am writing to ask your permission to have your students involved in my research project on resilient adolescents. This project has ethics approval and I have attached the official information and consent letter for your interest. The aim of this study is to find what helps young people be resilient when they have experienced difficult times.

What is the advantage for you?

You will gain firsthand knowledge from the collected data about protective factors and risk factors for adolescents. You would also receive data from other schools in your area through a summary report of all research findings. This information would be invaluable for planning in SAER, behaviour management, and pastoral care.

What is required of you and your school?

I have 14 years teaching experience so I understand the demands on school staff; Consequently this project requires no direct involvement from teachers and administrators. I will give the school approximately 200 consent and information letters to distribute. Enclosed with the letters is a prepaid envelope so that your staff do not need to process the consent forms. I will interview 10 – 15 students from the students who return consent forms. Each interview will take less than one hour.

What now?

I will contact you or one of your deputies next week to discuss this further. If you would like to contact me I can be reached on [phone] or on email at mshean@our.ecu.edu.au I would appreciate your participation.

Thank you for your time,

Mandie Shean

Information Letter for Principals

Dear [Principal Name],

My name is Mandie Shean and I am currently completing a PhD in Psychology at Edith Cowan University. I am writing to request your permission to conduct a part of my research at your school. This research is part of my course requirement and has been approved by the ECU Human Research Ethics Committee. The aim of the research is to identify how resilient adolescents define protective factors and risk factors.

The target population for the research is resilient adolescents. These adolescents are those who are doing well despite having experienced difficult circumstances. In this research, I would like the adolescents to self-identify as resilient. Consequently, all adolescents will receive information letters and consent forms for themselves and their guardians, and adolescents who return the forms will be identified as resilient.

Students will be asked to participate in Phase One of the research project, in which they will be involved in semi-structured interviews and asked to complete the Resilience Scale for Adolescents (READ) and a demographic form. The READ is a short form that gives a measure of protective processes related to resilience and will take approximately 5 minutes to complete. I would like to conduct the interviews at the school site, as this is a secure location for students.

This process will occur at six different high schools within the West Coast Education District. The data from all interviews will be analysed and formulated into a model of protective factors and risk factors that influence resilience. This will then be presented back to a different group of students in a focus group. This group will be asked to discuss the accuracy of the model.

I do not anticipate that this will be a stressful process for the adolescents. If they do feel uncomfortable or stressed they may withdraw from the interview or focus group at any stage without consequence. I will discuss this project with the school psychologist prior to starting so they are aware of the possible outcomes. In the event

that a student experiences stress or discomfort, I will notify you immediately so you can decide the subsequent course of action.

There are great benefits to this research, both at the school and community level. Giving young people a voice to express what is important to them in being successful will equip us to respond appropriately to those needs. Too frequently we decide what we think is best without consulting those adolescents who are most affected by these decisions.

The proposed research is between July and December this year, and January and June in 2007. If you have any questions regarding "An Exploration of the Construction of Resilience in a Western Australian Context," please contact me on [phone], or my supervisors Associate Professor [name] or Doctor [name] on [phone number]. If you would like to speak to an independent person regarding the project, please contact the Research Ethics Officer, [name] on [phone number]. If you agree to the research being conducted in your school, please fill out the consent form and return it in the reply paid envelope.

Thank you,

Mandie Shean
School of Psychology
Edith Cowan University

Consent Form for Principals

Please read the following information and sign at the bottom if you agree to participate in the study.

I _____ (print name) have read the information and have been informed about all aspects of the research project and any questions I have asked have been answered to my satisfaction.

I give my permission for _____ Senior High School to participate in the research project.

I agree that the research data gathered for this study may be published provided the adolescents and the school are not identifiable.

I understand that the students may be required to complete a resilience and demographic questionnaire

I also understand that they may be interviewed or in a focus group and the interview/focus group will be digitally recorded. I have been informed that the recording will be erased once the interview is transcribed.

Principal Signature   _____

School   _____

Date   _____

Appendix D

Information Letter for Adolescents – Interview

Dear Student,

Thank you for helping me with my research. My name is Mandie Shean and I attend Edith Cowan University. This research is part of my PhD in Psychology.

Why do I need your help? I want to talk to young people who are doing well even though they have experienced hard things. By listening to your answers, I can find ways to help other young people when things are difficult. I would like to listen to the things you have to say as your ideas can really help.

What do you have to do?

I will ask you to fill out a short demographic and resilience questionnaire. It will take about ten minutes. Then I will ask you some questions about what has helped you be successful and what things have made it difficult to be successful. There are no right or wrong answers – it is whatever you think. You can talk about whatever comes into your mind.

Who will see what you say? Your interview is confidential. That means I am the only person who will see or hear what you say and I will not play your interview to anybody else and I will not talk about you to anybody. I will record the interview digitally so I can listen to it later and type up what you say. Once I have typed it, your recording will be erased.

If you feel uncomfortable at any time during the interview, you can stop. If you want to stop, you will not get in trouble. It is entirely up to you if you participate in the research. If you feel like you need to talk to someone after the interview, I will let the principal know and he/she can arrange something that is suitable for you and your parents.

If you have any questions, talk to your mum, dad, or guardian, and if you still have questions then ask them to call me. This research project has ethics approval from the ECU Human Research Ethics Committee. If you would like to talk to an independent person regarding this project, please contact the Research Ethics Officer, [name]. If you would like to participate in "An Exploration of the Construction of Resilience in a Western Australian Context," then please fill in the consent form on the next page and return it in the reply paid envelope.

Thank you,

Mandie Shean
School of Psychology
Edith Cowan University

Consent Form for Adolescents – Interview

Please read the following information and sign at the bottom if you agree to participate in the study.

- o I have read the information sheet provided
- o I have had the chance to ask questions and any questions I have asked have been answered
- o I agree to participate in the study and I understand I can pull out at any time
- o I understand that the interview will be digitally recorded so it can be written down later
- o I also understand that the recording from the interview will be erased after it has been written down
- o I agree that the research information may be published and understand that I will not be identified
- o I understand that I will be completing a resilience and demographic questionnaire and participating in an interview

Adolescent Consent

Name   _____

Signature   _____

Date   _____

School   _____

Appendix E

Information Form for Parents/Guardians – Interview

Dear Parent/Guardian,

I attend Edith Cowan University and I am conducting a research project that is part of my course requirement for my PhD in Psychology. The aim of the project is to find what adolescents identify as protective and risk factors that contribute to resilience. I have chosen adolescents because it is valuable to hear their point of view on something that is relevant to them. By participating in this research, they will be providing important information that will help in the planning of programs that address the development of resilience for other young people.

Your child will be asked to complete a short demographic questionnaire and a resilience scale. After that they will participate in an interview to ascertain what they identify as risk and protective processes. There are no "right" answers; I only want to find what they think about resilience rather than deciding what I think it means.

Each interview will take approximately 25-30 minutes. The interviews will be digitally recorded and then transcribed. All interviews will remain confidential. That is, only I will know the identity of each person who is interviewed. After the interviews have been transcribed, all identifying features will be removed from paperwork and recordings will be erased. Results from this project may be shared in conferences or publications but no adolescents will be identifiable.

It is expected that the process will be a pleasant one for your child, however if they experiences any stress or discomfort they may withdraw at any time. There will be no consequences if your child does not wish to continue with the interview. If any issues arise during the interview, the principal will be contacted immediately and you will be notified.

This research project has ethics approval from the ECU Human Research Ethics Committee. If you have any questions regarding the project of "An Exploration of the Construction of Resilience in a Western Australian Context" please contact me on [phone] or my supervisor A/Prof [name] on [phone number]. If you would like to speak to an independent person regarding the research please contact the Research Ethics Officer, [name] on [phone number]. If your child would like to participate in this research and you give consent, please return the consent form in the reply paid envelope.

Thank you for your time,

Mandie Shean
School of Psychology
Edith Cowan University

Consent Form for Parents/Guardians – Interview

Please read the following information and sign at the bottom if you agree that your child can participate in the study.

I_____ (print name) have read the information and have been informed about all aspects of the research project and any questions I have asked have been answered to my satisfaction.

I agree that the research data gathered for this study may be published provided that it is not identifiable.

I understand that data will be gathered through two questionnaires and an interview process.

I am aware that the interviews will be digitally recorded. I also understand that the recording will be erased once the interview is transcribed.

I agree that _____ (print child's name) may participate in this activity and realise that they may withdraw at any time.

Parent/Guardian's name

_____

Parent/Guardian's signature

_____

Date

_____

Appendix F

Demographic Information Form

Name: _____

Age: _____

Participant number: _____

Gender: ☐ Male ☐ Female

Country of origin _____

Language spoken at home: _____

I live with (tick anyone who lives in your house on a regular basis)

☐ Mum   ☐ Dad

☐ Step-Mum   ☐ Step-Dad

☐ Brother   ☐ Step-brother

☐ Sister   ☐ Step-sister

☐ Grandparents ☐ Other

Occupation (if applicable) _____

To ensure your safety during the interview, please indicate if you have any current issues with:

Hearing   _____

Seeing   _____

Illness   _____

Medication   _____

Appendix G

Resilience Scale for Adolescents (READ) (Hjemdal et al., 2006)

Appendix H

Semi-Structured In-Depth Interview Schedule

Interview Introduction
- Thanks for coming in today. Introduce myself.
- Do you know why you are here? (let them explain)
- Well I am doing some research on "resilience." Resilience is when you do well in your life even though you have had some difficult things happen.
- By talking to you and other young people, and hearing your story, I can better understand why you have done well and find ways of helping other young people who aren't doing so well.
- I am going to bring up topics but they are just as a guide. Some things may mean more to you than others. You don't have to answer questions if you don't feel comfortable or you don't want to.
- There are no right or wrong answers. If I knew the answers I wouldn't be talking to you. Please take your time and just tell me what you think honestly.
- Before I start I want you to know that I will be recording the interview so I can listen to it again later. No one else will hear what you say and when I type it up I will remove all names so no one will be able to identify you. Is that okay?
- Anything you say to me is confidential. That is, I am the only one who will know what you said. However, if you say anything that would make me concerned that you would harm yourself or someone else I will need to let someone know, but I will let you know first.
- We can stop at any time if you would like to take a break or if you want to stop altogether.
- Do you have any questions or concerns? Okay let's start….

Interview Questions

Youth Culture
- Tell me what life is like for young people today (activities, opportunities, risks)
- What do you think others think about young people?
- How do you deal with pressure from others?

Resilience Definition
- Some young people experience difficult things in life. What are some of the difficult things you have experienced in your life? Prompt – why is this a risk?
- Do you think this difficult thing has been helpful in any way?
- Do you feel you have been successful in life so far?
- How do you know you have been successful? What signs?
- Do you feel you are doing 'okay' if you're not successful?

Personal Characteristics
- Strengths – Tell me about what are you good at? How do you know?
- Ways of coping with issues - Have you had any setbacks? Can you tell me a story of how you have dealt with them?

- What do you say to yourself when something difficult happens?
- What things make you feel good?
- Do you like to feel in control of things around you?

Self-Worth

- How do you feel about yourself?
- How do you know you are worth something? Do you value yourself? Do others value you?
- In what way do your family/friends make you feel good about yourself?
- What makes you feel secure?
- What makes you feel significant?

School

- Are there any teachers you have found particularly supportive?
- Describe people that have been helpful and what makes them supportive
- Other staff
- Students at school

Home

- Tell me about your relationship with your mum and dad
- Do they have expectations for you?
- Siblings
- Extended family
- Anyone else in the home?

Out of school

- Sports
- Church
- Neighbourhood
- Other

Future outlook

- Tell me about the plans you have for the future.
- How do you feel about your future?

Access

- How do you gain access to services you require or resources you need?
- What has been the most helpful in getting where you are today?
- What could you not live without in the future?
- How do you negotiate what you need?
- Are resources available to you in your community? What sort?
- What power do you have in life?
- What level of access do you have to health resources?
- What are some of the opportunities in your life you have appreciated?

Would you like to add anything else before we finish? Thanks for your time.

Appendix I

Information Letter for Adolescents – Focus Group

Dear Student,

Thank you for helping me with my research. My name is Mandie Shean and I attend Edith Cowan University. This research is a part of my PhD in Psychology.

Why do I need your help? I want to talk to young people who are doing well even though they have experienced hard things. By listening to your answers, I can find ways to help other young people when things are difficult. I would rather listen to the things you have to say as your ideas can really help.

What do you have to do?

There are two parts to the study. You will only need to be in the second part. In this part I am getting a small group of young people together for a focus group. In this group I will be asking you to talk about ideas presented by other adolescents on risk and success. There are no right or wrong answers – it is whatever you think. You can talk about whatever comes into your mind.

Who will see what you say?

The focus group is confidential. That means I and the other group members are the only people who will hear what you say, and this will not be repeated outside of the group. I will record the focus group digitally so I can listen to it later and type up what is said, however I will not play the recording to anybody else and once I have typed it the recording will be erased.

If you feel uncomfortable at any time during the focus group, you can stop. If you want to stop, you will not get in trouble. It is entirely up to you if you participate in the research. If you feel like you need to talk to someone after the interview, I will let your parents know and they can arrange something that is suitable for you.

If you have any questions, talk to your mum, dad, or guardian, and if you still have questions then ask them to call me on [phone number]. This research project has ethics approval from the ECU Human Research Ethics Committee. If you would like to talk to an independent person regarding this project, please contact the Research Ethics Officer [name] on [phone number]. If you would like to participate in "An Exploration of the Construction of Resilience in a Western Australian Context," then please fill in the consent form on the next page and return it to me.

Thank you,

Mandie Shean
School of Psychology
Edith Cowan University

Consent Form for Adolescents – Focus Group

Please read the following information and sign at the bottom if you agree to participate in the study.

- ○ I have read the information sheet provided

- ○ I have had the chance to ask questions and any questions I have asked have been answered

- ○ I agree to participate in the study and I understand I can pull out at any time

- ○ I understand that the focus group will be digitally recorded so it can be written down later

- ○ I also understand that the recording from the focus group will be erased after it has been written down

- ○ I agree that the research information may be published and that I will not be identified

Adolescent Consent

Name   _____

Signature   _____

Date   _____

Appendix J

Information Letter for Parents/Guardians – Focus Group

Dear Parent/Guardian,

I attend Edith Cowan University and I am conducting a research project that is a part of my course requirement for my PhD in Psychology. The aim of the project is to find what adolescents identify as risk factors and protective factors that contribute to resilience. I have chosen young people because it is valuable to hear their point of view on something that is relevant to them. By participating in this research, they will be providing information which will help in the planning of programs that address the development of resilience for other young people.

In the first phase of research, a model of resilience was developed based on individual interviews with adolescents. In the second phase of research the model will be presented to your son/daughter through a focus group. They will be asked to reflect on the research findings to check if they accurately represent what adolescents believe.

The focus group will be digitally recorded and then transcribed. There are no "right" answers; I only want to find what they think about resilience. The focus group discussion will remain confidential. That is, only I and the group members will know the identity of each person that is involved in the focus group. After the focus group has been transcribed, all identifying features will be removed from paperwork and recordings will be erased. Results from this project may be shared in conferences or publications but no adolescents will be identifiable.

It is expected that the process will be a pleasant one for your child, however if they experiences any stress or discomfort they may withdraw at any time. There will be no consequences if your child does not wish to continue with the focus group. If any issues arise during the group, you will be contacted immediately.

This research project has ethics approval from the ECU Human Research Ethics Committee. If you have any questions regarding the project of "An Exploration of the Construction of Resilience in a Western Australian Context" please contact me on [phone number] or my supervisor A/Prof [name] on [phone number]. If you would like to speak to an independent person regarding the research please contact the Research Ethics Officer, [name] on [phone number].

If your child would like to participate in this research and you give consent, please return the consent to me or have your child bring it along on the organised day.
Thank you for your time,

Mandie Shean
School of Psychology
Edith Cowan University

Consent Form for Parents/Guardians – Focus Group

Please read the following information and sign at the bottom if you agree that your child can participate in the study.

I_____ (print name) have read the information and have been informed about all aspects of the research project and any questions I have asked have been answered to my satisfaction.

I agree that the research data gathered for this study may be published provided that it is not identifiable.

I understand that data will be gathered through a focus group.

I am aware that the focus groups will be digitally recorded. I also understand that the recording will be erased once the focus group is transcribed.

I agree that _____ (print child's name) may participate in this activity and realise that they may withdraw at any time.

Parent/Guardian's name

_____

Parent/Guardian's signature

_____

Date

_____

Contact number

_____

Appendix K

Focus Group Guiding Questions

Procedure:
1. Introduce self
2. Explain research
3. Explain purpose of focus group
4. Resilience scale (READ)
5. Demographic form
6. Set guidelines for focus group

Instructions for Group:
1. Ask participants not to discuss details of the content of the discussion once they leave the focus group site.
2. Ask participants to respect other group members by not divulging what any participant says during the discussion or the identity of any individual present once they leave the focus group site. Remind them that in the informed consent agreement, you have pledged not to disclose anything concerning their participation in the study with anyone other than the research team.
3. Ask that participants speak one at a time.
4. Ask participants to treat one another with respect (criticism, name-calling, or making pejorative comments about any given contribution).
5. All participants need to feel free to express their opinions without fear of being attacked by the group. You can challenge, but do it nicely.
6. Say what you like
7. Don't have to say anything
8. Can stop at any time without getting in trouble
9. Fill out scales and demographics form

PRESSURES:
- Tell me about some of the pressures you experience as a teenager.
- Why would or wouldn't you do these things?

These are some pressures the interviewed teens faced. Tell me if you think these are pressures too.
- To be popular, taking drugs/alcohol/smoking, what you wear, getting good grades at school
- (Prompt: Tell me more about it)
- The participants from Stage One felt the media, parents and friends affected their choices. How do you feel about that?

RISKS:
- What would you perceive as a risk to your well-being?

These are the risks the interviewed teens faced:
- Family issues – abandoned, divorce, support, expectations, respect
- Bullying, Health issues, Change

SUCCESS:
- What does it mean to you to be successful?

Literature suggests academic, social, and sporting success. The other teens felt it was: Happiness, improvement from previous state, achievement, individual ideas of success
- What is your opinion?

COPING:
- Tell me about things you do to help you cope (Prompt: fail test, fight, family issues).

The other teens felt that there were many ways you could cope with issues.
- Crying
- Talking to someone
- Get advice
- Listen to music
- What do you think of that?

INSIGHT and REFLECTION
- Has there ever been a moment in your life when you realised you were going in the wrong direction?
- What happened?

The other teens felt that they had insight into their worth and this changed their behaviour. Insight was from personal reflection, others saying something to them, or seeing other people's behaviour.
- What do you think about this?

PROTECTIVE PROCESSES

Feeling or like you had value as a person was the most important thing to helping the other teens overcome obstacles and move on with their life.
- What does feeling worthwhile mean to you?
- How do you feel worthwhile or valuable?

I am going to tell you some things that the teens felt made them feel worthy. Tell me what you think about them.

Sense of purpose
- How would helping others make you feel?

Existence
- Does just being alive make you feel valuable?

Self-Efficacy
- What experiences give you confidence?
- How do you feel when you have mastered something?

Boundaries
- How do you feel about someone putting boundaries/restrictions on you?

Relationships
- What is important to you in a relationship?

- The aspects that came up in the research were trust, valued/loved, support, seen as an individual, empathy.
- How would a relationship make you feel valued?

Other
- Is there anything else that makes you feel worthwhile/valuable?

IDENTITY: These teens felt there were times where they tried to be what everyone wanted them to be so that people liked them and they felt like they fitted in. Later on they just accepted who they were and what they were good at and didn't care what other people thought. Can you relate to this? Can you share your experiences of trying or not bothering to fit in?

LETTING GO:
- When something happens that was difficult, do you feel the need to let go of it? You know, move on?

When something difficult had happened they thought it was important to 'let go' of it and move on (e.g., If their parents had let them down or they had been bullied they thought it was important not to hang on to that).
- How do you feel about that?
- What advantage or disadvantage would there be?

FRIENDS:
- How do you choose friends?
- Do your friendships change? Why?

The type of friends the teens chose depended on where they were at in life. That is, if they were into studying they hung out with academic types, if they were looking for a bit of fun they hung out with more out there friends.
- What do you think about this?

GOALS: Goals were important to these teens but they did not feel they helped them get through difficult times. How do goals influence you?

SOCIAL SKILLS: Social skills (popularity, making friends) are very important in the literature. These teens thought they were helpful but not the most important. How important do you think being popular is?

OUTCOMES OF RISK
- Does anything good ever come out of risk?

What's had a positive influence on you, in that it's helped you to do well in life?

CLOSING: Is there anything else you would like to add?
Any questions?

Appendix L

Table L1

Demographics of Stage Three Participants

Participant ID	Age	Gender	Nationality	Parent Divorce
Sasha	16	F	New Zealand	Yes
Todd	16	M	Australia	No
Keith	16	M	Australia	No
Susan	14	F	Australia	Yes
Belinda	15	F	Australia	No
Clinton	16	M	Australia	No
Jodie	15	F	England	Yes
John	16	M	Australia	No
Candice	16	F	Australia	No
Amanda	16	F	Yugoslavia	Yes
William	13	M	Australia	Yes
Joshua	16	M	Netherlands	Yes
Janine	16	F	Australia	No
Tayla	15	F	New Zealand	Yes
Larissa	16	F	Romanian	Yes
Cheryl	15	F	Australia	No
Coreen	15	F	Scotland	No
Max	16	M	New Zealand	No
Michelle	16	F	Australia	No
Kath	16	F	Australia	No
Emma	16	F	Scotland	No
Karen	16	F	Australia	No
Mitchell	15	M	England	No
Andrew	14	M	Australian	Yes
Mark	14	M	Australian	No
Ben	13	M	Australian	No
Tom	13	M	English/German	No
Jack	14	M	Australian	No

Participant ID	Age	Gender	Nationality	Parent Divorce
Erika	14	F	Australian	No
Mia	13	F	Australian	No
Abbey	14	F	Australian	No
Cate	18	F	Australian	Yes
Adam	18	M	Australian	No
Lauren	16	F	Australian	No
Megan	17	F	Australian	No
Juliette	17	F	Australian	Yes
Holly	15	F	Australian	Yes

Appendix M

Table M1

Range, Mean and Standard Deviation of READ statements

Qu.	Subscale	N	Min	Max	M	SD
1	Personal competence	36	3	5	4.19	.67
4	Personal competence	36	2	5	3.66	.89
7	Personal competence	36	2	5	3.72	.78
12	Personal competence	36	1	5	2.64	.90
17	Personal competence	36	2	5	3.81	.67
20	Personal competence	36	1	5	3.36	.93
23	Personal competence	36	2	5	3.61	.84
26	Personal competence	36	2	5	3.22	.76
2	Structured style	36	2	5	3.86	.76
8	Structured style	36	1	5	2.69	.86
13	Structured style	36	1	5	2.78	1.02
18	Structured style	36	1	5	3.29	.91
6	Social competence	36	3	5	3.86	.68
11	Social competence	36	2	5	3.67	.79
16	Social competence	36	1	5	3.64	.99
22	Social competence	36	2	5	3.92	.73
25	Social competence	36	2	5	3.81	.86
3	Social resources	36	3	5	4.33	.68
9	Social resources	36	2	5	3.67	1.04
14	Social resources	36	3	5	4.57	.69
19	Social resources	36	2	5	4.00	.96
28	Social resources	36	3	5	4.31	.62
5	Family cohesion	36	1	5	3.41	1.02
10	Family cohesion	36	1	5	4.17	1.06
15	Family cohesion	36	1	5	3.17	1.28
21	Family cohesion	36	1	5	3.75	.91
24	Family cohesion	36	1	5	3.83	1.05
27	Family cohesion	36	1	5	3.36	1.17
	Valid N (listwise)	36				

Table M2

Shapiro-Wilk Test of Normality

	Shapiro-Wilk		
	Statistic	df	Sig.
PCtotal	.96	36	.24
SStotal	.97	36	.41
SCtotal	.97	36	.52
SRtotal	.96	36	.18
FCtotal	.96	36	.20

Table M3

Shapiro-Wilk Test of Normality

	Gender	Kolmogorov-Smirnov			Shapiro-Wilk		
		Statistic	df	Sig.	Statistic	df	Sig.
PCtotal	Male	.16	20	.20*	.94	20	.29
	Female	.17	16	.20*	.96	16	.74
SStotal	Male	.16	20	.18	.94	20	.24
	Female	.16	16	.20*	.96	16	.66
SCtotal	Male	.11	20	.20*	.96	20	.63
	Female	.13	16	.20*	.98	16	.93
SRtotal	Male	.14	20	.20*	.92	20	.12
	Female	.13	16	.20*	.95	16	.56
FCtotal	Male	.11	20	.20*	.97	20	.67
	Female	.18	16	.18	.94	16	.41

Note. *This is a lower bound of the true significance.