The chapters in this volume draw our attention to many issues in the lives of urban girls in contemporary society, most notably to the variety and intensity of the stresses and challenges that these girls encounter in their daily lives. Yet many girls and young women continue to do well, and even thrive, under conditions regularly identified as perilous or stressful. In such cases, people are described as “resilient,” suggesting that they have the capacity to succeed in the face of adversity. Many striking stories of resilience have been told and reported in legends and ancient tales, movies and television shows, books and newspapers. For example, a recent television movie, *Homeless to Harvard: The Liz Murray Story*, featured the true story of a young woman who was left homeless and alone at the age of 15 when her mother died as a result of AIDS and drug addiction. Liz went on to win a scholarship to Harvard, to study film at Columbia University, and to write a book about her life. Such compelling stories of resilience have long captured human imagination and inspired hope in other people.

Although the phenomenon of resilience is not new, the systematic study of resilience did not begin until around 1970 (Luthar, in press; Masten & Powell, 2003). What researchers have learned in recent years has been somewhat surprising. Resilience is not especially rare, nor does it require superhuman powers or extreme good luck; it seems to grow out of “ordinary magic,” the common protections, resources, and opportunities available in many individuals, families, neighborhoods, and cultures.
In this chapter, we present an overview of how researchers currently conceptualize risk and adversity, as well as competence and resilience in development. In addition, we describe findings from a 20-year longitudinal study of resilience in an urban sample, highlighting what we have learned from the girls (now women) who have participated in this research. Finally, we point out key issues for further discussion, and controversial topics that continue to raise questions in the field of resilience research.

Project Competence is one of the programs whose researchers have tried to understand resilience over an extended period of time in the development of individuals (see Masten & Powell, 2003, for an overview of this project). In this chapter, we highlight some of the theory, methods, and findings of this study that are relevant to the development of resilience in the lives of the girls and women who have participated for more than 20 years. In the concluding section, we raise some of the controversial issues that complicate and enrich the study of resilience in development, in the spirit of spurring further thought and discussion of this research field. First, we begin by defining key concepts, which provide the background for our studies of resilience in Project Competence.

**Resilience**

In order for research to move beyond case accounts and stories of resilience, the concept of resilience must be defined and operationalized. Broadly speaking, *resilience* refers to the general phenomenon of doing well despite exposure to significant threats to development. A comprehensive study of resilience therefore requires specification on two points: first, identification of the threat to development, and, second, a judgment about adaptational success (Masten & Coatsworth, 1998). Therefore, it is important to define and measure positive adaptation and also the risks or adversities that people have encountered. A person who is doing well but has not experienced any unusual or significant adversity might be considered competent or adaptive or well-adjusted, but he or she would not yet meet the criteria for resilience. If the same person encounters some kind of major hazards and continues to do well or recovers and goes on with life, then he or she would begin to meet the definition of resilience. It is also possible for an individual to meet the criteria for resilience at one time in
life and yet experience later difficulties. Thus, resilience is not a static concept but a dynamic one; lives through time are always changing. In fact, it is interesting to study when resilience emerges and whether it endures through time and transitions. Some girls show resilience early in life and continue to develop well, with minor bumps in the road to adult adjustment. Other girls stumble in adolescence and never recover, and still others are late bloomers, who get on a positive road later, as they leave girlhood behind.

**Competence**

Defining resilience requires measuring how well individuals are doing. There are different ways to define “doing well” in life and various indicators of positive functioning; these depend both on the developmental criterion of interest and on the theoretical orientation of the investigator (Luthar, Cicchetti, & Becker, 2000). These include the presence of certain behaviors (e.g., academic success, positive peer relationships, community involvement), as well as the absence of other behaviors (e.g., drug use, violent behavior, truancy; Masten & Reed, 2003). Developmental scientists often define and judge how well a child is doing in terms of their progress or success in age-salient tasks, which are the benchmarks of psychosocial development in a given culture and time in history (Havighurst, 1972; Masten & Coatsworth, 1998). Some are universal across all human cultures, such as learning to talk as a young child, while others vary across history and culture, such as learning to read or doing well in school. In some cultures, developmental tasks may vary by gender, so that girls are expected to learn traditional dance or handiwork but boys are not. Across all cultures, developmental tasks vary by age. For example, getting along with peers has developmental importance by the early school years, but close friendships become more salient as children grow older, and the domain of romantic relationships emerges as a developmental task later in adolescence and young adulthood. As girls grow older, what is expected of them increases in complexity and responsibility, requiring more cognitive capacity, strength, skills, or the maturity that comes with puberty or rites of passage in a culture. Over historical time, the salience of particular developmental tasks may wax and wane, so that skill in farming, for example, becomes less important and the ability to read well becomes more important.
Competence arises from complex interactions between the child and her environment. As children grow up, the contexts in which they must function will change, and the challenges they must negotiate to demonstrate competence will differ (Masten & Coatsworth, 1998). Negotiating the transition to secondary schooling at the same time that a girl is adjusting to the many changes that accompany puberty is a common challenge; if a girl is also dealing with divorce or death in the family at the same time, it can become very difficult to stay on track with school, social life, and family obligations.

In Project Competence, studies have focused on competence in major developmental tasks in our studies of resilience (e.g., Garmezy, Masten, & Tellegen, 1984; Roisman, Masten, Coatsworth, & Tellegen, 2004). Some definitions of doing well in life also consider how a person is feeling on the inside, in terms of psychological well-being or happiness (Luthar, in press). It might also be reasonable to include additional domains of physical or mental health in defining or measuring positive adjustment when one studies resilience (Masten & Coatsworth, 1998). Therefore, it is important when judgments about resilience are made for research that the criteria for judging positive outcomes be clearly indicated. In any case, in order to capture the full range of human functioning, it is necessary to assess competence in multiple and diverse domains. Although there is agreement on many of the domains of life that must be included in the assessment of competence, some differences of opinion persist (Luthar et al., 2000). Similarly, there can be within-individual heterogeneity of adaptation or functioning; for example, some people are highly accomplished in certain spheres and wholly unfit in others. Researchers who are interested in defining and identifying competence in multiple domains must carefully consider all these issues.

Risk Factors and Adversity

Negative life experiences have been conceptualized and measured as risk factors for adversity. Risk factors are established predictors of negative outcomes, such as poverty, single parenthood, or premature birth, which means that the chances of certain problematic outcomes are higher among people with the risk factor. But risk factors are predictive of problems for large groups of people, not necessarily in individuals, and certainly no person's life is completely risk-free. Thus a girl can be a member of a
"high-risk group" for learning problems (e.g., defined by having multiple risk factors for such problems) and never have any academic problems at all.

While the nature or intensity of the individual risks may vary, the aggregation of multiple risk factors leads to an increased likelihood of poor functioning. The co-occurrence of multiple risk factors (i.e., cumulative risk) has been a robust predictor of maladaptation (Sameroff, 2000). High cumulative risk can refer to the co-occurrence of multiple risk factors at the same time or to the piling up of risk factors over a more extended period (Masten & Reed, 2003). Notably, many risk factors tend to naturally co-occur and therefore are difficult to disentangle. For example, features of poverty include both community-level risk factors (e.g., neighborhood violence, underresourced schools) and individual- or family-level risk factors (e.g., marginalized cultural groups, substance abuse, divorce).

Adversity is a special kind of risk factor, referring to negative life experiences that are directly observed or measured rather than inferred via the presence of certain risk factors. In Project Competence, we have measured negative life events or adversity actually experienced by individuals instead of relying solely on the measurement of risk factors. (As an example that distinguishes between risk factors and adversity, living in Kansas is a risk factor for experiencing tornadoes, but a tornado destroying your home is a traumatic adversity.) Although there are differences in the meaning and measurement of risk factors and measured adversity (Obradović, Masten, & Shaffer, 2005), the terms are often used interchangeably in the literature.

**Resources/Assets/Protective Factors**

In the study of resilience, it is also important to identify what makes a difference in the lives of people who have succeeded despite risk or adversity. Investigators have identified positive attributes of individuals or their relationships and contexts that predict better adaptation. Some of these predict good outcomes at all levels of risk; they often are described as assets or resources. Having good cognitive abilities or a good sense of humor or having good parents is associated with better social adjustment in many studies, regardless of whether people experience risk or adversity. However, some predictors appear to be important or more important only under difficult circumstances; these are called protective factors. Some fac-
tors work both ways. Good cognitive abilities and effective parenting predict better academic achievement across all levels of adversity; however, under hazardous rearing conditions, such as dangerous neighborhoods, these advantages appear to play a particularly important role in adaptation and development (Masten & Coatsworth, 1998; Masten, 2001).

Collectively, assets, resources, and protective factors may diminish, nullify, or counteract the consequences of adverse life experiences. It is probably the overall balance of risk factors to resources, assets, and protective factors that results in adaptation or maladaptation, rather than the effects of any single asset or protective factor (Werner, 2000). Additionally, both risk and protective factors are defined in terms of their relation to the developmental outcome of interest. Some factors may be related to positive adaptation under certain circumstances, while in other situations, they may predict negative functioning (Masten & Coatsworth, 1998). For instance, extreme shyness may reduce risk-taking behavior in adolescence, but it may interfere with social skill development in childhood.

**Description of the Study**

As noted earlier, Project Competence is an example of a longitudinal study that has extensively examined the phenomenon of resilience in a sample of urban participants who have been followed from middle childhood through early adulthood. Although both boys and girls were recruited for participation in this study, only the girls are included in the participants and data we present in this chapter. An introduction to the study design and methods is provided here; more detailed information on study methods and procedure can be found elsewhere (Masten et al., 1999; Masten et al., in press; Roisman et al., 2004).

**Participants**

In 1977 and 1978, the children who would eventually participate in the Project Competence longitudinal study were 8 to 12 years old, in third through sixth grades at two urban schools in Minneapolis. Parents of children in these grades were invited to participate in a cross-sectional study of competence and life events, which involved extensive multiple sources of information (parents, teachers, self, peers, school records), multiple methods (interviews, tests, questionnaires, etc.), and many hours of data
collection for each participant family. Of the 205 original participants and their families who decided to join the longitudinal study, 114 were girls. This cohort was a normative school sample, in that all the families of children in the third to sixth grade were invited to join. The socioeconomic status among the girls’ families ranged from 7 to 92.3 (reflecting a range from unskilled labor or public assistance to professionals of high prestige) on the 100-point Duncan Socio-Economic Index (Hauser & Featherman, 1977), with a sample mean 40.23 (the level of skilled labor or clerical positions). The ethnic and racial diversity of the girls was very similar to that of the Minneapolis public schools at the time (74% Caucasian, 17% African American, 6% American Indian, 2% Hispanic, and 1% Asian).

This study became a longitudinal study when the original cohort was followed up after 7 (Time 2), 10 (Time 3), and 20 (Time 4) years. At the adolescent assessment (Time 2), the girls were 14 to 17 years old; at the emerging adulthood assessment (Time 3), the girls were 19 to 23 years old; and at the young adulthood assessment (Time 4), the young women were 28 to 34 years of age. Retention of the whole cohort has been excellent, with approximately 90% of the original cohort who are still living participating in the 20-year follow-up. Of the 114 original young women, 108 participated in the 20-year follow-up (95%), as well as most of their parents who were still living. Two young women could not be located. Much of the data collected during the study is described in the following.

Measurement of Competence Domains

For the childhood assessment at Time 1, three major domains of competence were assessed: academic achievement, social competence, and conduct. These domains, as well as the emerging domains of romantic competence and job competence, were assessed in adolescence and the transition to adulthood (Times 2 and 3). The young adult follow-up around age 30 (Time 4) included assessments of all previous competence domains and the new developmentally salient domain of parenting competence for those participants who were parents. (Although a portion of the cohort had become parents at the time of the adolescent assessments, parenting was not considered an age-salient developmental task until adulthood. By Time 4, the majority of the young women participating in the study had become parents [n = 74].) The selection of domains of interest and the criteria used to measure success in these domains were guided by developmental task theory and the limited available developmental literature on
competence and adaptation in development (see Masten, Burt, & Coatsworth, in press; Masten & Coatsworth, 1998; and Masten & Powell, 2003, for the history of these ideas and measures).

Measurement of Adversity

Information on life history was ascertained from questionnaires, detailed interviews, and multiple informants. To judge the overall adversity of a given period of a child's life (between competence assessments, for example), we included all the acute and chronic events that were independent of the child's own behavior, excluding events like breaking up with a boyfriend or getting arrested, that can be quite stressful but are likely influenced by a child's own behavior and therefore would be confounded with our measures of competence. Life events, which were included in analyses, included those originating in the physical self (e.g., hospitalized due to illness), family (e.g., family violence, divorce, incarceration of a sibling), or community (e.g., death of a friend, tornado). Based on this information, the overall level of psychosocial adversity experienced was rated for each interval before and between major assessments, on a 7-point scale (1 = no or very little adversity, 5 = severe adversity, 7 = catastrophic adversity). Independent ratings were obtained from multiple judges, with very high agreement (see Gest, Reed, & Masten, 1999; Masten et al., 1999, for more details). For the classification of resilience (high adversity, good competence) described in the following, high adversity was defined as a score of 5 (severe) or higher through two periods of time, from birth through Time 1 and from Time 1 to 2.

Measurement of Potential Resources, Protective Factors, and Subjective Well-Being

**Parenting Quality in Childhood and Adolescence**

Composite scores of the quality of parenting experienced by each girl were created based on ratings of the parent-child relationship from the perspective of the child, parent, interviewers, and clinical judges. In childhood, high scores on this composite (high parenting quality) reflect a combination of high structure and rules, warmth and closeness, and high expectations for their child's achievement and prosocial behavior. In
emerging adulthood, the measurement of parenting focused on closeness because structure and discipline were no longer age-appropriate indicators of parenting quality.

**Measures of Psychological Well-Being in Late Adolescence and Early Adulthood**

Several aspects of psychological adjustment, including measures of *self-worth, psychological distress, and positive and negative affectivity*, were measured at multiple time points during the course of the study. An individual's general feelings about herself were assessed during emerging adulthood (Time 3) and again in young adulthood (Time 4) using a self-worth scale based on the Harter Self-Perception Scale (Harter, 1985; Masten, Neeman, & Andenas, 1994). Symptoms of current psychological distress were indexed by the Global Symptom Index (GSI) from the Symptom Checklist 90-Revised (SCL90-R; Derogatis, 1977, 1982) in emerging adulthood (Time 3) and with the Young Adult Self-Report checklist (YASR; Achenbach, 1997) in early adulthood (Time 4). Mean levels of total symptoms for this cohort were comparable to standardized norms, indicating that this sample was normative with regard to reports of distress. Two general trait personality dimensions, positive and negative affectivity, were assessed by the Multidimensional Personality Questionnaire (MPQ; Tellegen, 1982, 1985) in emerging adulthood and young adulthood at the Time 3 and 4 assessments.

**Selected Findings**

Over time, the members of the Project Competence research team have studied resilience in the longitudinal study in different ways. In this chapter, we highlight one of the person-focused approaches, in which we have classified people according to their history of competence in multiple domains at the time and also the level of adversity they have experienced earlier in life. In this approach, our goal has been to compare people who we define as resilient at a given time (OK on three major domains of competence and also high in lifetime adversity prior to the Time 2 assessment) with peers who have the same level of competence but low adversity (competent) or the same level of adversity and low competence (maladaptive group). Here, we present the results of these types of analyses with a particular focus on the female participants in the study.
Diagnosing Resilience

In emerging adulthood (Time 3) and early adulthood (Time 4), the girls and young women were classified into groups based on overall patterns of adaptive functioning in age-salient developmental tasks, as well as their exposure to chronic adversity in childhood and adolescence. These classifications ultimately enabled “diagnoses” of individuals as either competent, resilient, or maladaptive.

In late adolescence, three levels of competence groups were formed (low, mixed, and OK) based on patterns of success in academic achievement, social competence, and conduct. Girls classified as OK (n = 58) were judged to be performing competently in all three of the salient domains of competence, as evidenced by competence ratings within a half standard deviation (SD) of the sample mean or better. (Since competence was conceptualized as doing “OK,” rather than doing very well, the cutoff score actually falls below the group mean, in order to include the average range or above.) Those individuals classified as low (n = 25 girls) fell below average on two or more major criteria of competence. The mixed group (n = 26) did not meet the criteria for either “low” or “OK.”

In young adulthood, more domains of competence and a variety of adaptive life choices are available (work versus advanced education, parenting versus working, and many combinations). Developmental task domains included academic attainment, social competence, conduct, romantic competence, work competence, and parenting competence (when applicable). Women classified as “OK” (n = 79) were judged to be performing competently in four or more competence domains (including parenting, which was considered a mandatory domain of competence for those who were parents) as evidenced by competence ratings within .5 SD of the sample mean or better. Those individuals classified as “low” (n = 12) were performing below average in at least three domains of competence, and the middle/mixed group (n = 17) did not meet the criteria for either “low” or “OK.”

Adversity levels were classified as low, middle/mixed, or high using the adversity ratings spanning pre–Time 1 and Time 1 to 2. To be classified as high adversity (n = 57), an individual had to have experienced adversity rated as 5 or higher (severe to catastrophic) across the two time periods of childhood and early adolescence. Low adversity was defined as experiencing little or no adversity in both time points. Those who did not
experience consistently high or consistently low levels of adversity fell into the mixed/middle group.

Only the "extreme" groups were considered for person-centered analyses (i.e., those with mixed or ambiguous scores on either competence or adversity ratings were excluded), and diagnoses were made according to the classification shown in Table 2.1. Although the table includes a cell for the vulnerable group (low competence and low adversity), there are too few participants in the category for further analysis ($n = 2$). This "empty cell" is interesting and observed in other studies, suggesting that this is not a common pattern (see Masten et al., 1999). Table 2.1 also shows the number of participants who were classified in each category at both Time 3 and Time 4.

### Characteristics of Resilient, Competent, and Maladaptive Individuals in Emerging Adulthood

A number of group comparisons were conducted in order to analyze the various differences among the groups at Time 3. By definition, both the resilient and the competent individuals were doing significantly better than the maladaptive individuals in all developmentally salient domains of competence (conduct, social, academic) at the Time 3 assessment, although the resilient and competent groups were not significantly different from each other. As reported elsewhere (Masten et al., 1999), specific factors such as average or better intellectual functioning and good parenting quality were significantly more common among both the competent and the resilient young women, and appeared to serve as protective factors for those participants who maintained positive adaptation despite exposure to severe and chronic adversity.

A series of further analyses were conducted to compare the groups identified in late adolescence; the results of these analyses of variance are presented in Table 2.2. Notably, in addition to the concurrent differences...
in domains of competence assessed at Time 3, the resilient and competent young women also showed evidence of better overall adaptation than the maladaptive participants in most of the domains of competence that had been measured at baseline (middle childhood) and the first follow-up (early adolescence). These findings represent a strong example of developmental continuity, such that a person’s adaptational outcomes are often the product of long-standing developmental history. Interestingly, the groups do not differ significantly in their functioning in domains of competence that are not yet developmentally salient (e.g., Roisman et al., 2004); for example, while emerging adults who are doing well are typically more competent in terms of academic functioning, a highly relevant domain for girls of this age who are still completing their schooling, they do not show evidence of significantly better functioning in terms of work or job competence, a domain that is still emerging at this age.

Beyond competent functioning in various domains, which are largely measured via external behavior, there are also significant group differences in terms of internal adaptation, as measured via various indices of well-being. These analyses of group differences are also presented in Table 2.2. As these results show, girls who were classified as competent or resilient in emerging adulthood reported better overall self-worth and higher positive

![Table 2.2](Table_2.2.png)

**Table 2.2: Analyses of Variance Among Groups Classified at Time 3 (Late Adolescence).**

<table>
<thead>
<tr>
<th>Time 3 Domains</th>
<th>df</th>
<th>F'</th>
<th>Post hoc comparisons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic</td>
<td>2, 61</td>
<td>48.205</td>
<td>C, R &gt; M</td>
</tr>
<tr>
<td>Social</td>
<td>2, 61</td>
<td>33.790</td>
<td>C, R &gt; M</td>
</tr>
<tr>
<td>Conduct</td>
<td>2, 61</td>
<td>32.781</td>
<td>C, R &gt; M</td>
</tr>
<tr>
<td>Work</td>
<td>2, 58</td>
<td>NS</td>
<td>—</td>
</tr>
<tr>
<td>Romantic</td>
<td>2, 58</td>
<td>NS</td>
<td>—</td>
</tr>
<tr>
<td>Self-worth</td>
<td>2, 58</td>
<td>9.775</td>
<td>C, R &gt; M</td>
</tr>
<tr>
<td>Positive affectivity</td>
<td>2, 57</td>
<td>5.274</td>
<td>R &gt; C, M</td>
</tr>
<tr>
<td>Negative affectivity</td>
<td>2, 57</td>
<td>7.018</td>
<td>M &gt; R, C</td>
</tr>
<tr>
<td>Global symptom index</td>
<td>2, 57</td>
<td>NS</td>
<td>—</td>
</tr>
<tr>
<td>Earlier Domains</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>T1 Academic</td>
<td>2, 61</td>
<td>6.256</td>
<td>C, R &gt; M</td>
</tr>
<tr>
<td>T1 Social</td>
<td>2, 61</td>
<td>4.517</td>
<td>C &gt; M</td>
</tr>
<tr>
<td>T2 Conduct</td>
<td>2, 61</td>
<td>15.434</td>
<td>C &gt; R &gt; M</td>
</tr>
<tr>
<td>T2 Academic</td>
<td>2, 55</td>
<td>13.288</td>
<td>C, R &gt; M</td>
</tr>
<tr>
<td>T2 Social</td>
<td>2, 55</td>
<td>4.257</td>
<td>C, R &gt; M</td>
</tr>
<tr>
<td>T2 Conduct</td>
<td>2, 55</td>
<td>17.579</td>
<td>C &gt; R &gt; M</td>
</tr>
</tbody>
</table>

*All reported F values are significant at p < .05. NS = nonsignificant.

C = Competent, R = Resilient, M = Maladaptive. Groups separated by commas are not significantly different using LSD post hoc analyses.
emotionality than the maladaptive girls. Interestingly, the resilient girls demonstrated the highest scores on a measure of positive emotionality, even more than the competent individuals. In contrast, the maladaptive group had significantly higher scores of negative emotionality than the competent or resilient groups, suggesting that these young women were more stress reactive and likely to become upset in the face of adverse events. However, comparisons of overall distress (using the Global Symptom Index of the SCL-90-R; Derogatis, 1977, 1982) and well-being did not differ significantly among groups at the time of the emerging adulthood assessment. Now that we have assessed outcomes for many of these young women 10 years later, we also have learned that competence and resilience tend to endure. If we compare how the three groups that were diagnosed at Time 3 are doing in adulthood, the competent and resilient groups are doing well in many areas, whereas the maladaptive group has much worse outcomes by comparison. In the next section, we discuss the results obtained when we rediagnose all the girls based on their competence in adulthood.

**Characteristics of Resilient, Competent, and Maladaptive Individuals in Early Adulthood**

The girls were reclassified in adulthood based on assessments of competence in the age-salient developmental tasks in early adulthood. The same criteria were used for defining early adversity as in previous analyses. Again, and by definition, individuals in the competent and resilient groups showed significantly better functioning in all age-salient domains of competence, as compared with those participants in the maladaptive group (see Table 2.3). Group differences on internal measures of adaptation were also examined at early adulthood. At Time 4, the young women who were classified as either competent or resilient demonstrated higher scores than maladaptive individuals in terms of their self-ratings of well-being, positive affectivity, and self-worth. In addition, the resilient and competent women reported lower scores than did maladaptive women in terms of negative affectivity and internalizing problems. Thus, the competent and resilient young women appeared to be consistently better off, on the inside (well-being, symptoms, prone to more positive and less negative emotion) as well as the outside (competence).

It is also clear that some young women turn their lives in a new direction, because there are girls who were classified as “maladaptive” in adolescence who have moved into the resilient category. These dramatic
Table 2.3
Analyses of Variance Among Groups Classified at Time 4 (Early Adulthood)

| Time & Domains   | df | F   | Post Hoc Comparisons
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic</td>
<td>2, 68</td>
<td>14.626</td>
<td>C, R &gt; M</td>
</tr>
<tr>
<td>Social</td>
<td>2, 68</td>
<td>6.235</td>
<td>C, R &gt; M</td>
</tr>
<tr>
<td>Conduct</td>
<td>2, 68</td>
<td>29.080</td>
<td>C &gt; R &gt; M</td>
</tr>
<tr>
<td>Work</td>
<td>2, 68</td>
<td>12.139</td>
<td>C, R &gt; M</td>
</tr>
<tr>
<td>Romantic</td>
<td>2, 68</td>
<td>4.783</td>
<td>C, R &gt; M</td>
</tr>
<tr>
<td>Parenting</td>
<td>2, 46</td>
<td>54.831</td>
<td>C, R &gt; M</td>
</tr>
<tr>
<td>Self-worth</td>
<td>2, 66</td>
<td>17.877</td>
<td>C, R &gt; M</td>
</tr>
<tr>
<td>Positive affectivity</td>
<td>2, 63</td>
<td>5.867</td>
<td>C, R &gt; M</td>
</tr>
<tr>
<td>Negative affectivity</td>
<td>2, 63</td>
<td>13.899</td>
<td>C, R &gt; M</td>
</tr>
<tr>
<td>Internalizing symptoms</td>
<td>2, 65</td>
<td>9.543</td>
<td>C, R &gt; M</td>
</tr>
</tbody>
</table>

*All reported F values are significant at p < .05. NS = nonsignificant.

IC = Competent, R = Resilient, M = Maladaptive. Groups separated by commas are not significantly different using LSD post hoc analyses.

Turnarounds are small in number but provocative when considering whether the transition to adulthood offers a window of opportunity to shift one’s life in a much better direction. Looking back, there were hints that the maladaptive youth who would become resilient were already showing signs of higher motivation to achieve in the future, greater planfulness, and more adult support, even before the changes in competence occurred (Masten et al., 1999).

In summary, these data highlight that resilience is indeed an observable phenomenon in the lives of these urban girls and women. Patterns of adaptation across different levels of exposure to adversity reveal that positive functioning in the context of stressful life experiences is not only possible but also predictable from past behavior, and the presence of environmental resources and protective factors. Furthermore, external manifestations of competence are often accompanied by internal feelings of well-being, though certainly not all the time.

Our findings for urban girls in this study are very consistent with findings found in other research on resilience, including data obtained across both genders in the current sample and for rural youth in Iowa (Elder & Conger, 2000), Hawaiian youth from Kauai (Werner and Smith, 1992), and a host of other studies in the United States and other countries (Luthar, 2003, in press; Masten, 2001; Masten & Powell, 2003). Similar protective factors turn up across diverse studies, which suggests that there may be some fundamentally important protective processes at work when we observe resilience (Masten, 2001). But many questions regarding
From Urban Girls to Resilient Women

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resilience remain. There are also many topics of debate that stir up controversy. Several of these issues are discussed in the following section, with the goal of spurring further thought and future research into these complex phenomena.

Issues for Discussion

As we have already noted, the type of research undertaken by Project Competence and related studies requires serious consideration of various decisions regarding how researchers define and operationalize concepts and terms of interest. The dilemmas explored here include how to define adversity, how to define competence, and how to identify appropriate competence domains.

How to Define Adversity

As noted previously in this chapter, the definition of resilience requires definitions of two distinct elements: adequate adaptive behavior and adversity. In order to measure adversity in large groups of people, we must make generalizations about the adversity of experiences, across very different life situations and knowing that each person may perceive events differently. Certainly, not everyone reacts to adversity in the same way, even when the adverse events themselves appear quite similar. However, despite this variability of experience, the ability to conduct empirical work requires the operationalization of adversity based on relatively objective criteria (e.g., tallying how many life events from a list have occurred over the past year, based on common events that usually cause significant stress, problems, or hardship). Yet we know that events like death, divorce, substance abuse, or physical maltreatment, while they are all risk factors for a host of negative outcomes, can vary tremendously in their severity and negative impact from one individual to another.

Some investigators also argue that stress is in the eye of the beholder; it must be perceived and experienced by the individual person as stressful. Investigators who take this point of view often include the perceived stressfulness of life experiences in their measures of adversity. The difficulty that arises in these studies is separating the adversity from the coping and adaptation processes we are trying to understand. In Project Compe-
tence, we chose to define adversity objectively and then try to study processes related to perception and adaptation; for example, we have found that perceived stress is highly related to symptoms of distress and also to individual differences in personality.

How to Define Competence

Challenges also occur in operationalizing competence. Often, the functioning of a normative, or reference, group is used to define what it means to be doing “OK.” But is it reasonable to create competence standards that are based on the functioning of individuals who have never experienced adversity, or does this create the expectation that an individual who has experienced significant adversity should nevertheless be expected to attain a level of functioning comparable to those who have lived less stressful lives? The establishment of “cutoffs” for defining competent functioning is at the very core of resilience research, and these are decisions that must be made carefully.

Another aspect that must be considered is the context in which the child lives, including cultural factors. Differing values or expectations can certainly affect decisions about competence criteria (Masten & Coatsworth, 1998). Similar issues also arise in considering how to define global competence across multiple domains of functioning, as is described in the following.

Multiple Domains of Competence

Researchers often choose to focus on multiple domains of competence (e.g., academic, conduct, or social) in describing overall adaptation (Luthar, Cicchetti, & Becker, 2000), which affords the opportunity to conduct more expansive investigations of developmental outcomes. However, the inclusion of multiple domains also can lead to a larger question for studies of global adaptation: Is there a number of specific domains of competence in which a person must be functioning well in order to be considered competent overall? Might there be a hierarchical nature among domains such that adequate functioning in certain domains is mandatory in order to be considered generally competent? In Project Competence, this question has been dealt with using both methods, as noted earlier: At earlier time points, a participant must have been doing well in most, but not all, competence domains in order to be judged as “OK,” while in adult-
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hood, the domain of parenting competence was considered a mandatory aspect of overall competent functioning.

Other reasons for discriminating among multiple domains of competence include intrapersonal variability in functioning. An individual may have certain domains in which she functions less well, perhaps due to developmental reasons or personal vulnerabilities. Alternatively, a person may make a conscious choice to focus on, or de-emphasize, particular domains. For example, if a person prefers not to enter into romantic relationships so that she can concentrate on a career, should she be evaluated differently than others in the domain of romantic functioning? Should she be considered to be less romantically competent than her peers? Obviously, by limiting research definitions to observable actions and behaviors, empirical standardization can be achieved, but perhaps at the expense of deeper explanations of competent functioning.

Conclusions

These examples of issues debated by investigators who study resilience serve to underscore a basic tension between conducting research that is methodologically rigorous and quantitative in nature and pursuing investigations that are more individually focused and oriented toward qualitative methods. Hopefully, the notable potential to integrate these methods (Sullivan, 1998) can be utilized by future investigations of the development of resilience. One of the most striking observations that has resulted from the studies of these urban girls is how many different paths these girls have followed to resilience. The women who have participated in this study have endured diverse experiences, drawing on multiple resources and protections. Many have relied on their relationships with family members and friends, and some have had mentors who came into their lives at just the right time. Spirituality and religious faith have been important for some women; others have found a path by means of talents for school or music or leadership. Some girls turned their lives around following the development of a positive romantic relationship or birth of a child; still others have found professional success that has bolstered their overall adaptation. Transitions to adulthood appear to offer new opportunities for positive development and resilience. The study of naturally occurring resilience has already informed efforts to intervene in the lives of children and adolescents who are at risk for maladaptive development, but there is much work still ahead.
By understanding risk and resilience and the processes by which girls overcome adversity to become successful young women, resilience investigators aim to learn better strategies of prevention and intervention to promote competence, reduce risk, and protect development.

**Notes**

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1. Additional data not included in this chapter were collected at each time point (for further details, see Masten et al., 1999; Masten et al., in press; Roisman et al., 2004).

**References**


