

## Resilience Research and Community Practice: A View from the Bridge

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*The feeling is clear and indisputable. As if you suddenly sense the whole of nature and suddenly say: yes, this is true.—Fyodor Dostoyevsky*

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With each insight and discovery in both the worlds of resilience research and community practice, the mystery of human resilience is revealing itself. With a view from the bridge between these realms a practical road map appears.

### Waves of Resilience Research

Ann Masten provides exceptional guidance recounting where we have been for the last half century. In *Ordinary Magic: Resilience in Development* (2014, p. 72) she describes four waves of resilience research briefly represented this way:

**I. Descriptive** (What is resilience? How do we measure it? What makes a difference?)

**II. Process** (How questions: What processes lead to resilience? How do protective, promotive, or preventive influences work? How is positive development promoted in the context of risk?)

**III. Interventions and Testing** (Are our theories on target?)

**IV. Dynamic Systems Orientation** (Focus is on interactions of genes with experience, persons with contexts, connecting levels of analysis, and multidisciplinary integration.) Masten concludes:

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*“Now...it is time to take stock...of what has been learned...the evidence and the surprises, the conclusions and the controversies, the gaps and the future goals, and the implication to date for practice and policy.”*

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### Research Gaps and Opportunities

Each wave was stimulated by researchers' insights that there were gaps in existing knowledge and therefore yet another area to explore. Not every insight, no matter how respected the scientist, was immediately influential. Michael Rutter's 1987 call to distinguish *protective mechanisms* (internal to the person) from *protective factors* (external to the person) to some extent went unheeded.

The 2009 *Preventing Mental, Emotional, and Behavioral Disorders among Young People: Progress and Possibilities* Institute of Medicine's massive report for the U. S. National Research Council reviewed 15 years of prevention research, updated the definition of prevention and concluded:

**“At this time, theory, research, and practice have evolved to support an approach to prevention that aims not only to prevent disorder, but also to promote positive mental, emotional, and behavioral health in young people.”**

The meticulous review clearly positioned mental health education and positive development at the policy, research and practice forefront of prevention. Entrenched systems are slow to change at federal, state and local levels. This rigorous and highly credible study remains on the sidelines.

We in community need to pay attention to such “dropped breadcrumbs,” which in some

cases may prove to be missing links to enhanced practice research.

We may face an additional complication. Dante Cicchetti and Megan Gunner beautifully describe the difficulty and importance of researchers from multiple highly specific areas of expertise meeting the challenges of translational research (2009, p. 1-23). As technological accessibility to scientific information explodes, the opportunity and need for collaboration and accurately precise understanding between researchers in formerly unrelated disciplines and remote locations is immense. Such ratcheting-up of research processes may naturally leave little time for collaboration and partnership with community practitioners in schools, helping professions and services.

In the community trenches we may see new ways of doing things that are invisible to researchers. The system of establishing evidence based practice is daunting for practitioners and often of necessity driven by research interests and funding. This leaves little room for searching out worthy practices which may in fact shed new light on important and practical resilience pathways.

#### **Fifth Wave Possibility**

Perhaps each true new wave of research develops in the fertile soil of innovation. Consider this possibility:

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***The fifth wave of resilience research could wisely explore the inner landscape of being human. This involves illusive matters of how we operate in a healthy manner from the inside-out spiritually and mentally.***

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The odds historically have been loaded against research in this essential but rather formless arena comprised of both spirituality and mental health. Jane Goodall (1999) explains why. “Science does not have appropriate tools for the dissection of the spirit” (p. 165). University of Vermont Professor-Emeritus, George Albee adds, “There has been a clear rejection of mental health promotion efforts, particularly those seeking to promote wellness. The reason is not difficult to determine. If wellness reduces the overall rate of emotional distress, then the myth of discrete, separate mental illnesses is destroyed” (Cicchetti, 2000, p. xiii). The challenges surrounding spirituality and mental health research surface easily with even a simple literature review.

#### ***Spirituality***

Peter Benson, Gene Roehlkepartain and Kathryn Hong, colleagues at Search Institute in 2008, faced the spirituality issue head on saying:

*Spiritual questions “are difficult, even uncomfortable in both science and practice. Fewer than 2 percent of scientific publications on adolescents address spiritual development. And when they are asked...youth development professionals put spiritual development at the bottom of the list—below social, emotional, cognitive, and physical development. ...Part of the challenge is that leaders struggle to frame the agenda in a way that is appropriate in the public arena in a pluralistic society. Too often spiritual development is presumed to be synonymous with religious development and is thus optional or even taboo. ...we lack appropriate language, frameworks, research base, or practices*

*that enable us to examine, understand, and strengthen this dimension of life. Despite these challenges, the past decade has seen an explosion of interest in spirituality” (2008, pp. 1-2).*

Robert Coles, author of the 1990 classic, *The Spiritual Life of Children* wrote the *Foreword* to Roehlkepartain, King, Wagener and Benson’s edited 2006 *Handbook of Spiritual Development in Childhood and Adolescence*. The *Handbook* offered a comprehensive review of current research from multiple disciplines in four continents and began to propose new directions. E. C. Roehlkepartain reports lack of funding unfortunately prevented continued research (May 3, 2015). In 2006 Tufts University also produced *An Encyclopedia of Religious and Spiritual Development in Childhood and Adolescence*. Sage published both of these seminal books.

Colleagues outside of the resilience research world confirmed the obstacles to researching spirituality. Stanford’s Rachel Naomi Remen, M.D., said:

*“Embracing the mystery in our work may require us to first heal the wounds of our training. The way I was trained the father of health care could easily have been John Wayne. Reality was narrowly defined and for many years I believed that anything real was evidence based, and what could be described in numbers was truer than what could only be described in words. But perhaps the things that are most real are those that cannot be expressed in numbers or even words but only directly know. Our lives are transformed by such experiences. . . . These transformations are often spiritual in nature. In such*

*moments of profound change it is as if our true life is offered to us, a life transparent to our deepest values” (Puchalski & Ferrell, 2010, pp. xv, xvii).*

The word *spirituality* can be unsettling and especially if confused with the very private matter of religion. Researchers certainly would need to grapple with this term just as they do with the meaning of resilience.

Parker Palmer who leads acclaimed professional renewal programs for American educators clarifies, “By *spiritual* I mean the diverse ways we answer the heart’s longing to be connected with the largeness of life — a longing that animates love and work, especially the work called teaching.” (1998, p. 5).

A fundamental or natural longing, if common to all people, would trigger meaningful universal questions such as those synthesized by Bonnie Benard (1991, 2004). Does this longing manifest as the need for caring and supportive relationships substantiated in resilience research? As the positive impact of having meaningful opportunities for participation and high expectations? Or the need to be listened to? Peter Benson of Search Institute knew the powerful impact of asking young people to describe their “spark” . . . what they hoped to give to the world.

Robert Coles, in the later years of his career researched and wrote *The Spiritual Life of Children*. “It was harder by far for me to obtain funding for this research than other work I’d done. . . . From foundation executives I kept hearing, ‘We are not involved in religion’ ” (p. xviii). Ultimately published, he wrote, “I have attempted to

hear out children of various national, religious, and cultural backgrounds so that they might give us some idea of what the universal questions have meant to them” (p. 37).

“Do I risk pomposity when I describe this work as phenomenological and existential rather than geared toward psychopathology or toward the abstractions that go with ‘stage theory,’ or with ‘levels’ of ‘development’ ? . . . Others, too, might enjoy walking this road, one that has been somewhat neglected, even shunned by any number of us who are significantly secularistic and scientific in our education. From such others we would, surely, learn more of what it means to be a human being, possessed of language and consciousness” (p. 39).

Mayo Clinic’s Amit Sood, M.D., developed, delivers and extensively researches outcomes of his stress-reducing resilience training primarily for health care professionals and patients. He says, “When science has matched spirituality it creates a milieu for transformation. This is . . . timeless wisdom that sages have told us, that scientists are finding. Science is nothing but the study of spirituality. That’s what I believe. Science doesn’t know it. Science will know it at some point. I believe this is what the children of the world need. They want us adults to be grateful, to be compassionate, to be accepting, to live our lives with meaning and have forgiveness. And if we do that we will create a wonderful world for them” (Sood, May 11, 2015). Pilot work with educators is currently underway.

### *Mental Health*

Although mental illness currently takes top billing in a problem focused the seeds of change have been sown. Influential scientists lead the research exploring mental health.

Esther Sternberg, M.D., joined the U.S. National Institute of Health (NIH) in 1986. Five years later in *The Balance Within: The Science Connecting Health and Emotions* she said, “Even the greatest skeptic must now admit that a wealth of evidence exists to prove in the most scientific terms that the functions of the mind do influence the health of the body and that sickness in the body can affect our moods and emotions through molecules and nerve pathways” (2001, p. xv).

Describing a sea change in medical science Sternberg said, “We have moved . . . to a different soil: one where . . . popular culture pushes a sometimes reluctant scientific world . . . The mind-body connection, first a child of the popular culture, is finally making its way in these echoing halls as more and more scientific evidence accumulates to strengthen the proof of these connections” (2001, p. 198).

Clearly seeing potential for patient thinking and belief to impact healing she explained, “Understanding the brain-immune connections at these minute and systems levels will help physicians believe their patients when they say that believing and laughter make them well” (2001, p. 209). Can believing make you well? “ . . . the placebo is a very potent cure, since at least one-third of the effect of any cure, whether modern medication or health regimen of any

sort comes from that belief that it will cure, from the placebo effect” (2001, p. 167).

As if she was seeing healthy mental functioning in a new way, she writes, **“Perhaps ...we could learn to disconnect the feelings from the events.... It then takes one more step to imagine that the emotions that come attached or disconnected could trigger the nerve and hormone pathways that could change the immune system and thus our physical health”** (2001, p. 161).

Can the mind be quieted and health improved? Not surprisingly mindfulness research in the last twenty five years has grown exponentially to more than 367 studies by 2012. (Williams & Kabat-Zinn, 2013, p. 2). While the answer is very promising but not yet complete, both practice and research are robust.

In 2009 American schools of education from Harvard, Stanford, Penn State, Columbia, and Virginia, Wisconsin, Michigan and George Washington universities joined the Collaborative for Academic and Social Emotional Learning (CASEL) and the American Psychological Association in sponsoring a groundbreaking conference, *Educating World Citizens for the 21<sup>st</sup> Century*. This *Mind and Life Institute XIX* with the Dalai Lama facilitating convened 1,000 educators, scientists and contemplatives exploring strategies for cultivating a healthy, mind, brain and heart in schools. The Dalai Lama formed key working relationships.

World-renowned neuroscientist Richard Davidson founded the Center for Investigating Healthy Minds (CIHM) at the University of Wisconsin-Madison Waisman

Center. CIHM is a global leader researching how to understand the mind and emotions, and to nurture human well-being. Davidson worked closely with the Dalai Lama to plan study of the neuroscience involved.

Davidson recounts the Dalai Lama’s extraordinary insight while viewing an MRI experiment. The graduate student was asked to voluntarily move his fingers on the right hand; the MRI scanner showed activation of the motor cortex in the left hemisphere of the brain. The Dalai Lama then had an insight to ask the student to not move his fingers but simply imagine his fingers were moving. The Dalai Lama wanted to see if the brain activated with pure mental activity and it clearly did. Davidson explains, **“It’s all going on inside one’s head so to speak ...these are powerful tools which can be used to measure the changes in mental activity that may be produced through practices that are designed to transform the mind”** (Davidson, May 10, 2013).

Clearly research questions begin to surface. Does all thinking similarly activate areas of the brain? Is a practice required? Or, can all healthy thinking trigger beneficial neurological processes that improve not only physical but mental and spiritual health as well? If so, what are the implications?

### **The Research Call for New Focus**

Researchers have long debated what is important to study in discovering how to best promote human well-being. There is a trail of evidence suggesting an internal focus may be critical.

For example, 2009 IOM report up-ended 15 years of risk focused national prevention policy emanating from IOM’s own 1994

prevention research review and recommendations. After careful updating review the committee in 2009 concluded:

*“...the disproportionate emphasis on treatment of existing conditions needs to be corrected. We propose a new emphasis on true prevention...we define as occurring prior to the onset of disorder, as well as mental health promotion” (p. xiv).*

*“At this time, theory, research, and practice have evolved to support an approach to prevention that aims not only to prevent disorder, but also to promote positive mental, emotional, and behavioral health in young people” (p. 69).*

*“While research on promotion is limited, emerging interest and involvement in it and the potential it holds for enhancing health warrant its inclusion in the consideration of how the nation can improve its collective well-being” (p. xv).*

Additionally, in the 1997 Annie E Casey Foundation’s *The Key Insight, The Eye of the Storm: Ten Years on the Front Lines of New Futures*, Don Cray reported: “When there’s improvement, it usually isn’t that the services per se were different, it’s about a change in the person who delivered the service, and the way they delivered it. ...It became clear systems change meant changing the interactions between people in all the systems...a very different and difficult agenda.” (1997, p.7).

Parker Palmer in *The Courage to Teach* explains, “The most practical thing we can achieve in any kind of work is insight into what is happening inside of us as we do it (2007, p.7).

Dr. Sternberg points to the inner landscape “where you can step from inside out—from indoors to outdoors, and from inside yourself to the world you share with others” (2009, p. 168).

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### Understanding the Inner Landscape

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***In this landscape we believe human beings are at promise because there is a core of spiritual and mental well-being to be discovered. Here there is no focus on problem prevention, private and personal aspects of religion, or diagnosis and treatment of mental illness.***

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Few community projects have attempted to improve the inner well-being of “helpers”—professionals in school and community agencies. These are crucial adults who are in a position to foster youth resilience. This is uncharted territory and requires innovative ways of thinking about resilience. For more than 25 years the National Resilience Resource Center’s unique systems change resilience training has assisted cohorts of helping professionals to understand how they operate from the inside out realize resilience more fully.

### Defining Resilience

We recognize the definition of resilience is continuously evolving (Masten 2014, pp. 9-10). Because we believe there is an important internal dimension at play in human resilience, NRRC honors and builds on this definitional legacy and also moves forward. We define resilience as *our natural, innate capacity to navigate life successfully. The opportunity to learn how*

*we operate makes a critical difference  
whether one realizes resilience or not.*

Such a definition makes way for exploration of the spiritual and mental inner landscape and points to the importance of individuals functionally learning how they can realize resilience from the inside out. This NRRC definition in no way disregards the importance of, and necessity for, protective factors, processes and systems addressed by the four waves of resilience research.

### **NRRC Resilience Training Overview**

The NRRC adult trainings, offered primarily in collaborative school community settings, focus on enhancing the *health of helpers*. Briefly stated, the ultimate purpose is to prepare adults to foster resilience in the children and youth they serve. Participants pass their understanding to students, clients, colleagues, family members and others. For example, one county Department of Human Services in-house training cadre impacts 350 employees serving an estimated 30,000 clients. In comprehensive collaborative community trainings, NRRC teaches basic principles for realizing health and well-being so adults and ultimately youth are able to tap their natural resilience.

This is practical educational process of learning that life happens from the inside out. This means we create our own experience of life events with the thoughts we choose to hold on to. If we begin to understand we are *thinkers* with a natural ability to *notice that we are thinking rather than what we are thinking*, the world begins to be a very different place. We each have 60,000 thoughts a day. By habit, we hold on to a few stressful thoughts and frequently make tornados of the mind. In this insecure

state of mind, we begin to believe what seems to us as real and permanent. From this perspective we blame the circumstances in our lives, when in fact, it is our invisible habitual attachment to particular thoughts creating the experience.

We cannot change a thought. The moment we notice a thought, it is has already happened. But the hopeful lesson is that we are more than our thinking, that this thought will pass, that another more helpful insight will become apparent. We can begin to trust we are hardwired with sufficient “knowing” to meet life’s ups and downs. “Wait, the wisdom will come.” In the process we hold onto our peace of mind and have a better chance of discovering the way out of the internal thicket. We can begin to discover our own spirituality and mental health.

In simplest terms we can learn to trust the unknown, to invoke the “still small voice within,” to trust in that which is greater than us. Each individual, each culture, each tradition offers its own language and practice. In essence this *inner landscape* makes our future hopeful and promising. As Holocaust survivor Viktor Frankl said, “Man can preserve a vestige of spiritual freedom....there are always choices to make....any man can decide what shall become of him—mentally and spiritually,” and “It is this spiritual freedom—which cannot be taken away—that makes life meaningful and purposeful” (1959, pp. 104-106).

Additional information about this NRRC community-based resilience training and program evaluation outcomes is available (Marshall 1998, 2004, 2005). Also see [nationalresilience.com](http://nationalresilience.com).

### Evaluation Outcomes

While research was not feasible in these publically funded community projects spanning nearly 25 years, NRRC's longitudinal independent program evaluation is solid. **Adult focus groups** document *enhanced mental and physical well-being, enriched inner life and reflection, improved relationships with others and increased satisfaction with workplace or daily life*. The **statistically significant pre/post introductory training survey** with an **n of 797** shows positive impact reducing stress and improving life quality, and producing a more secure state of mind essential to well-being and healthy living. Post survey means indicated there was statistically significant change in perception at **.005 or .001 probability levels** on 38 of 39 items. It follows that these changes in perception would indicate significant changes in the behaviors that proceed from these perceptions or beliefs. An **additional post-post survey** with an **n of 143** subjects tested from 10 months to six years with a mean of 3.1 years after initial training shows **long-term statistical significance ( $p \leq .05$ ) on 37 of the 39 items**. *“The overwhelming evidence is that the changes in perceptions, thinking, and behavior that were reported by participants following their training remain intact over time. The principles of resilience and Health Realization become internalized and continue to bear fruit and effect change long after the initial training is over.”* For additional qualitative and quantitative program and evaluation details see *Outcomes* at [nationalresilienceresource.com](http://nationalresilienceresource.com).

### Implications for Future Research and Community Practice

For those who are open to the challenge of embarking on a new wave of resilience research involving community practice, exploring the *inner landscape*—spiritual and mental health—as the core of human resilience warrants preliminary study. Could the definition of resilience evolve to acknowledge a universally innate human capacity for navigating life successfully? If tapping this natural capacity for resilience were found to be dependent on, among other things, children and adults having an understanding how they create their own experience of life from the inside out, what are the implications? If every human being were thought to have the natural capacity for resilience, how would education, health care, human services, medical science and social systems change? In what contexts could human beings learn such principles? Is the time at hand for systems globally to learn how to support and engage the spiritual and mental health—*inner landscape*—of all children and adults? In what ways can resilience research and community practice build this bridge to the future together?

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