

## **Coping and Resilience: Exploring the Inner Lives of African American Children**

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*In contrast to the conclusions commonly drawn from media portrayals of African American children, the majority are not poorly adjusted. Many do well even by traditional standards, such as mental health, high school graduation, and employment. Although the simultaneous pursuit of diverse research strategies is possible, the focus on problems such as delinquency and aggression has so dominated the national agenda that it has diverted resources away from research on normal development and resilience. A model is proposed to delineate several sociocultural, family, neighborhood, and personal coping factors thought to moderate the effects of stress and risk factors that ordinarily contribute to adverse developmental outcomes in children and adolescents. The need for research on emotional development, particularly the developing capacity for emotion regulation, is unquestionable. The article concludes by proposing research on issues related to resilience and coping that can advance our understanding of the emotional development of African American children.*

The April 1993 *New York Times* series "Children of the Shadows," like many in its genre, evokes pathos and despair through its portrayal of the tragic elements observed in the lives of inner-city African American children. Children are depicted as developing in an environment that places them at high risk for a variety of physical illnesses and disabilities, injuries,

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socioemotional maladjustment, and premature death. The degradation of the human spirit and decrements of emotional adjustment are undeniably experienced by many children and adolescents living in poverty. Nevertheless, in isolation, these elements render a distorted or misleading portrait when used to characterize African American youth as individuals and as a group. Such accounts make it difficult to imagine that the overwhelming majority of children are doing remarkably well even by traditional standards of functioning such as success at school, emotional health, social competence, and commitment to family and community. In these stories one rarely sees the terms competent, altruistic, resourceful, creative, aspiring, motivated, and spiritual used to describe African American youth. Unfortunately, there seems to be little media interest in or research efforts devoted to understanding African American children who live in nurturing but poor households and who experience emotionally supportive and stable personal relationships in "broken" homes; who develop a positive ethnic identity in spite of rampant denigration of their race; who steadfastly pursue education even though its relationship to gainful employment is uncertain; who abstain from addictive substances even though drugs are ubiquitous and life is unkind; and who avoid gangs, illegal activity, and incarceration in spite of pressure to belong and to make the fast buck.

Consistent with negative medial portrayals, empirical research on the socioemotional development of African American children has focused primarily on externalizing disorders, such as delinquency and aggression, and problems related to social and academic maladjustment. Social and behavioral scientists have generated considerable information about the disproportionately high rates of behavioral problems from early childhood through adolescence. For example, through this research we have learned that although African American youth accounted for only 15% of the adolescent population, they accounted for 50% of arrests for murder, 25% of arrests for crimes against property, and 66% of arrest of youth for rape (Myers, 1989). Citing data from the 1985 Children's Defense Fund report and the 1985 Urban League's State of Black Americans report, Myers (1989) concludes that African American children and youths of the urban underclass face a negative social and mental health trajectory that includes poor school performance, school dropout, multiple risks for those who become teen parents, and involvement in gangs, violence, and substance abuse. In contrast, relatively little research has been conducted on mood regulation and affective development in African American children. Yet disturbances of mood are very important to understanding the etiology and development of

other well-publicized and troubling social outcomes. For example, the work of Shepard Kellam and his associates at the Johns Hopkins University Prevention Research Center has demonstrated a strikingly high comorbidity of affective disturbances with conduct problems and academic underachievement, difficulties of concentration, and affective disturbances. The comorbidity of mood and behavioral disorders were initially greeted with suspicion and treated as a research artifact attributable to sampling or measurement errors. However the within-study and cross-study consistency in these findings suggest that these problems indeed frequently occur together in children. Data gathered at the Hopkins Prevention Research Center with inner-city children have noted depressed mood in nonclinical, nonreferred African American children and adolescents in poor communities that were, on average, equivalent to levels for children and adolescents hospitalized for clinical depression. These mood disturbances are particularly prevalent among young African American males in elementary and middle school and in adolescent females. Cross-sectional data reviewed by Barbarin and Soler (this issue) show that depression peaks for boys at about ages 9-10 (Grades 4-5) and then drops to normal levels. For girls, depression is only moderately elevated up through age 10 but rises and peaks around ages 15-16.

Similarly, we observe an age-related trend on academic achievement that for males mirrors the age trend for depressed mood. African American children as a group, particularly boys, experience discontinuity in educational attainment and school adjustment at around fourth or fifth grades. At this time, male students who had performed at grade level and above in reading and math show marked deterioration of performance, falling below grade level (Ferguson, in press). Females as a group show a similar decline in academic performance but not until much later at around ages 15-16, after the onset of puberty. The remarkable symmetry in the age curves for achievement and depressed mood leaves room for speculation about a possible relationship between the two. Perhaps as males become less academically directed and less committed to achievement in school, they become less depressed about failure. Thus it appears that as depression declines so does academic functioning. Once this downward spiral begins, it is intransigent and unresponsive to efforts to reverse it. The result is progressively substandard achievement, low self-esteem and morale, loss of vocational aspirations, disaffection with education, and an increasingly antagonistic stance toward the school system. These two age-related phenomena lend even greater urgency to investigations of the factors that influence and shape emotion development.

## SOURCES OF RISK IN PSYCHOSOCIAL DEVELOPMENT

Considerable epidemiological and developmental research has examined adverse developmental outcomes and risky situations associated with them. The conditions that place children at risk for poor psychosocial functioning and make stringent demands on their ability to adapt assume many different forms including poverty (and its concomitants—low birth weight, malnutrition, lead poisoning), chronic physical handicap or illness, early disruption of the attachment relationship, parental dysfunction in the form of chronic and serious psychopathology or substance abuse, loss of a parent through divorce, imprisonment, or death, and living under conditions of chronic violence, community disasters, or homelessness. Moreover, these risk factors apparently have a cumulative effect when they occur together. Poverty nevertheless stands out as one of the most frequently identified risk factors associated with development of children. For example, chronic poverty and instability of family life in childhood together increased considerably the risk of psychological, social, and academic impairment in adolescence and early adulthood (Werner & Smith, 1989). Poverty is defined on the basis of per capita financial resources available to a family. Thus a primary impact of poverty stems directly from economic hardship and stress in handling the expected and unexpected demands of life. In reality, its effects are pervasive and as a result, extend beyond those directly associated with restrictions of economic resources. For example, poor people are subjected to a wide array of mundane stress such as those associated with living in dangerous neighborhoods. For the young child living in poor communities, housing, medical care, nutrition, and safe environments in which to play are all compromised (Halpern, 1990). Moreover, the schools these children attend have fewer resources and lower academic expectations, thus helping to perpetuate the cycle of academic underachievement. In addition, poverty is associated with instability in several aspects of life: residence, schools, marriage, and family relations. The added strain associated with this instability contributes further to risk of psychosocial impairment (Masten, 1992).

The economic distress associated with poverty also affects development by abridging the socioemotional resources that children need to deal with their own distress. For example, it might reduce the emotional availability of the parent to comfort a child faced with emotional difficulties. To the extent that parents are themselves distracted by financial need, their availability to stimulate and reinforce their child's learning might be undermined and in this way adversely affect the child's academic performance (Slaughter & Epps, 1987). Thus it is quite possible that living in an impoverished environment

will impact negatively on the parents' ability to provide the socioemotional supplies needed for the child's emotional and cognitive development. Ineffective functioning of one of these key settings adds to the child's risk of maladjustment. Similarly, McLoyd (1990b) argued that poverty and economic loss diminish a parent's capacity for supportive, consistent, and involved parenting and at the same time leave parents more vulnerable to the debilitating effects of negative life events. Economic hardship is indirectly linked to children's socioemotional functioning via its impact on the parent. Thus poverty removes family life from the category of protective factors and places it in the category of risk factor (Rutter, 1987b). Accordingly, poverty is a multifaceted situation that abridges access to a host of social and emotional resources that affect well-being. Therefore, it is not surprising that for significant numbers of African American children, family struggles with stressors related to poverty are a major impediment to healthy development and emotional adjustment (Dryfoos, 1990).

### PERSONAL RESILIENCE

Even though the effects of poverty are pervasive, many poor children develop into effectively functioning adults. Although we know a great deal about conditions such as poverty which place children at risk of developmental disturbances, there is much we do not understand fully about the nature of the conditions and the competencies that enable children to resist palpably adverse circumstances and how they acquire these competencies. For this reason, the healthy development of African American children, especially in the face of adversity, is a phenomenon which deserves more attention and acknowledgment than it has been accorded to date.

Personal resilience and environmental protective factors are thought to play a crucial role in mediating the relationship between risk factors such as poverty and psychosocial development. For children who have been severely stressed, positive outcomes are related to qualities such as personal reflectiveness, self-efficacy, easy temperament, self-esteem, and a high level of cognitive skills (Garmezy, 1991). These abilities equip children to make adaptive, personal responses to challenges and to access to environmental resources that facilitate healthy and normal development (Masten, 1992). Although much of the theoretical work has tended to view resilience as a quality of the individual, a strong argument can be made that it is also a quality of the social context in which the child develops. Therefore, resilience is not only a quality of individuals but also of social contexts that have

embedded within them factors that offer protection against forces that might affect development adversely. Protective factors within the environment or social context includes family functioning characterized by warmth, cohesion, enlightened discipline, culture and ethnic identification, and supportive extrafamilial relationships and community structures, such as churches, neighborhood organizations, and schools that effectively promote competence in social and cognitive domains (Reid, Landesman, Treder, & Jaccard, 1989). Parental optimism and perceptions of themselves as capable of coping successfully with life's problems are also positively associated with children's social and academic functioning (Slaughter & Epps, 1987). Social support in the family, neighborhood, schools, and churches are reported to act as buffering agents as they reduce emotional strain on parents and also help to decrease the presence of punitive, coercive, and inconsistent parenting behaviors (Keltner, 1990; McLoyd, 1990a; Ogbu, 1985; Spencer, 1990). Thus these social networks have an indirect effect on the economically disadvantaged child's socioemotional development. The common elements identified in these approaches as mediating developmental outcomes include sociocultural factors, such as ethnicity, quality of family functioning, and individual coping styles. The relations of these factors to one another and to developmental outcomes are not clear. It is likely that the interaction among these personal and environmental factors constitute a process through which children accommodate to adverse circumstances and remain on course toward normal development.

### **COPING AS MEDIATOR OF RISK**

Personal style of coping with adverse circumstances is also a likely source of resilience that protects children against debilitating circumstances that might impair development. Emotion regulation and self-control are fundamental to and basic components of coping. Understanding the process of coping, particularly emotion regulation, takes us a step closer to unraveling and intervening in the close relationship between affective disorder and disturbances related to violence, academic performance, problems of conduct, and aggression. Despite a growing interest in the effects of stress in the lives of children and the need to understand the evolution of children's capacity to cope with that stress, the inner lives of African American children remain an enigma. Research on the experience and regulation of emotion can provide a framework for investigating and explaining more completely a host of developmental outcomes important to African American children, such as

achievement orientation, health protective behaviors, and mood and conduct disorders. In addition, the capacity to regulate emotional arousal and distress have causal relation to physical health and social competence. Psychological theories currently attribute dual functions—positive and negative—to emotional expression and regulation. Emotions have the potential for disorganizing behavior as well as regulating it. The expression of emotions signals unpleasant arousal, leading to aversive states. Alternatively, emotions are biologically adaptive and can be psychologically constructive (Thompson, 1990). The chronic experience of negative emotions is incapacitating. Take as an example the case of mood disturbances associated with forms of child psychopathology, such as depressive, anxiety, and conduct disorders. Alternatively, emotional expression can be energizing, motivating, and sustaining. Although the study of emotional experiences and affect regulation among children of African descent is important in its own right, the relationship among these variables and other developmental outcomes, such as educational achievement and psychological adjustment, amplify their importance. Aggressive and conduct-disordered children might have undetected disturbances of mood and affect. The lack of a strong achievement motivation might in fact spring from dysphoria related to the lack of positive reinforcement and affirmation by school staff. Moreover, positive affect might be a key component of altruism, empathy, and the ability to endure and adapt to unavoidable suffering.

### **EMOTION REGULATION AS MEDIATOR OF DEVELOPMENTAL OUTCOME**

The evidence linking the favorable psychosocial adaptation to coping processes is robust and growing (Brown, O'Keefe, Sanders, & Baker, 1986; Folkman, Lazarus, Gruen, & DeLongis, 1986; Harris, 1989; Harris & Lipian, 1989). Much of our thinking about coping in children is influenced by the wealth of theory and research available on adults' emotion regulation. Coping is the individual's cognitive and behavioral efforts to manage a threatening condition (e.g., see Lazarus, 1975). Great significance is attached to cognitive appraisal and mediation and the ability to regulate emotional arousal. Whereas some individuals cognitively discount stressful situations and repress emotional responses, others have heightened awareness and reflect on different manifestations and nuances of life stressors. This latter group of youngsters attend fully to, and give expression to the distress that these events

cause in their lives. These strategies could be related to development of social competence and to academic achievement. Yet children and adults differ with respect to level of cognitive maturity. Differences in cognitive maturity might also emanate from differences in cultural values and life experiences. Such differences are important to the ways children develop for coping and, in turn, to behavioral and emotional outcomes. In a study of diabetic children and adolescents, Band and Weisz (1990) found that coping style and perceived coping efficacy were significantly related to conduct problems and parent ratings of the child's sociobehavioral adjustment. Similarly, coping strategies were predictive of emotional adjustment in a sample of child and adolescent oncology patients (Worchel, Copeland, & Barker, 1987).

Coping is also related to social problem solving in that both processes require the perception and evaluation of a compelling situation, the generation of alternatives for confronting the situation, and the recognition of the consequences of one's actions so as to choose the best response. Awareness and manipulation of mental states is often difficult for youngsters (Altschuler & Ruble, 1989). This capacity is nevertheless important. Often, the manipulation of mental states can be effected by drawing on recollections of past experiences to appraise and give meaning to current, potentially distressing situations (Rutter, 1987a, 1987b). In the domain of social problem solving, aggressive and nonaggressive boys' and adolescents' interpretations of peers' intentions strongly influence behavioral response to provocation in social situations (Dodge, 1980; Dodge & Frame, 1982; Dodge & Somberg, 1987). Guerra and Slaby (1989) reported strong relations between perceived intentions and behavioral responses in the populations observed. Cognitive mediation, in the form of particular biases regarding intent, seems to be a key factor in understanding these subjects' behavioral responses to provocation.

Additional support for the role of cognition in effective coping is provided by Siegel (1981), who found that hospitalized children who were more successful at coping (as measured by lowered anxiety and discomfort as well as greater cooperation) were also more active in information seeking than were those who coped less successfully. Brown et al. (1986) posited that individuals who use cognitive coping strategies experience less pain and stress than do those who "catastrophize," or overemphasize the negative features of an event. Their study supported this hypothesis; subjects who reported more coping efforts also reported significantly less trait anxiety than catastrophizers. In addition, they found that both the type and the number of coping strategies reported by subjects increased with age. The type, quality, and range of coping strategies employed by children have important effects on psychological, social, and behavioral outcomes and, fur-



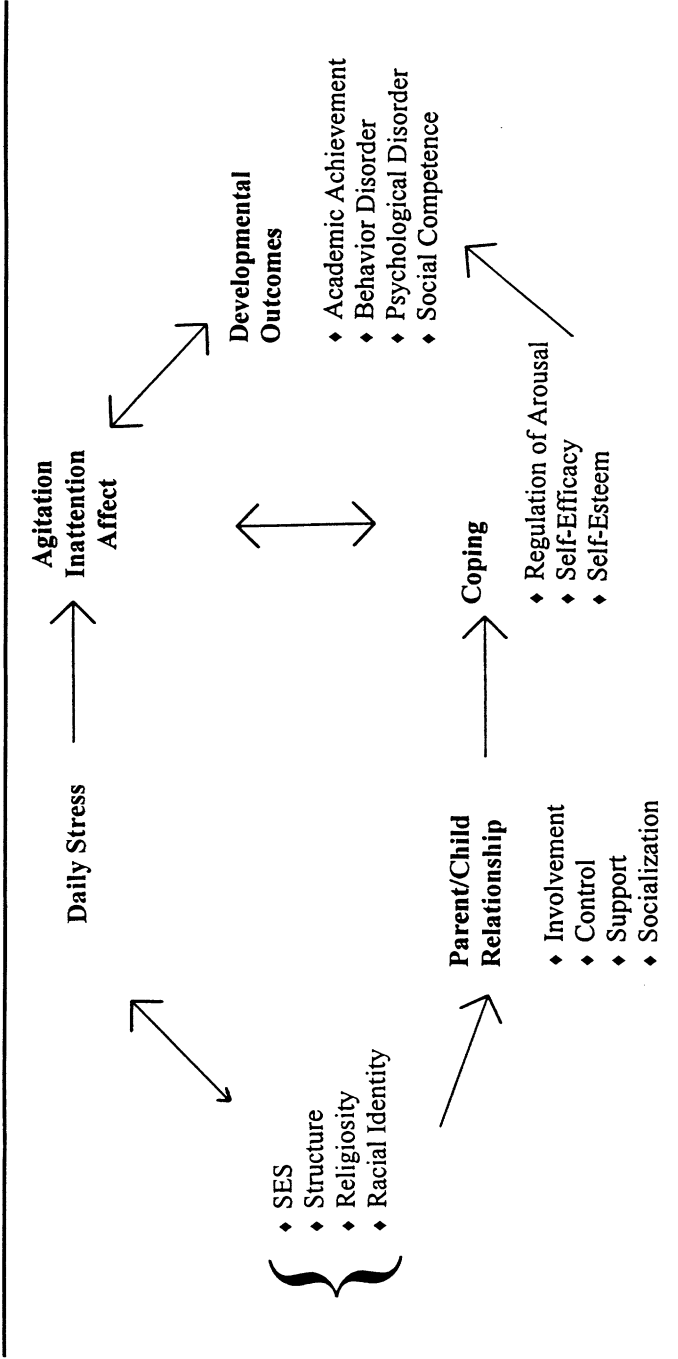
thermore, that age and development are crucial variables in the exploration of such strategies.

Greater flexibility, as measured by the number of alternative strategies available to the individual for coping with stress, is tied to adaptation to a wide range of stressful situations (Compas, 1987). Maccoby (1983) suggests that basic features of cognitive and social development are likely to affect what the child experiences as stressful and how he or she will then cope. In light of this idea, Compas's suggestion that the greater number of strategies leads to more adaptive functioning implies that older or more highly developed children will be better copers. Peterson (1989) highlighted this and discussed the utility of having many coping alternatives available to respond to stressful events. In addition, she noted that it is not only the use of coping strategies but also the appraisal of any given situation that is mediated by level of cognitive development.

### MODEL OF SOCIOEMOTIONAL DEVELOPMENT

To integrate observations from the literature reviewed above and to help summarize assertions made here about the key relationships influencing developmental outcomes, a model of emotional development for African American children is proposed and presented in Figure 1. In essence, this model describes the relationships among a child's social ecology, emotional development, and developmental outcomes. Because emotional development is context driven, these processes must be understood in light of the specific sociocultural conditions out of which they arise. Accordingly, understanding of the relationships among stress, resilience, and outcomes might be facilitated by consideration of the cultural factors (e.g., social identity, religiosity, racial attributions, extended family structure) and family functioning (e.g., conflict, emotional expressiveness, support, parental involvement). When included as a part of the explanatory model of stress and coping they help to account for variations in emotional arousal under similarly distressing circumstances, the persistence of particular affective states and the development of strategies for emotional self-regulation in African American children. Accordingly, ethnic group identity, family structure/functioning, and neighborhood environment are essential components of any explanatory model seeking to account for emotional arousal, persistent mood states, and the development of strategies of emotional self-regulation.

The model suggests a set of relationships among antecedent conditions such as economic status (poverty), aspects of culture and ethnicity (family



**Figure 1: Family Model of Emotional Development of African American Children**

structure, religiosity, and racial identity), daily or mundane stress, key aspects of family functioning (parent-child relations, particularly parental involvement in the child's life, control, support, and socialization attempts), personal coping by the child (particularly emotion regulation, self-evaluation, and control attributions), frequently observed affective states (agitation, restlessness, and depressed affect), and developmental outcomes in academic, behavioral, psychological, and social domains. These relationships are only partially supported by data and await fuller tests in subsequent research. In the model, low socioeconomic status (SES) is the equivalent of poverty. Neighborhood and community effects are not included specifically in the model not because they lack importance but because they overlap substantially with low SES or poverty. Poverty increases exposure to violence through community of residence and exposure to a variety of distressing circumstances that have an enduring effect on the mood of African American children.

Associated with poverty are a number of family structures. Although extended family structures are common among African Americans, household compositions involving single adults (mother or grandmother) represent the home environment of about 56% of African American children according to the 1990 Census. In grandmother-only and dependent child family structures, the reasons leading up to the grandparent's assumption of parental responsibility (e.g., unwillingness, incapacity, incarceration, death, substance abuse of biological parents) might itself be a continuing source of distress for the child and the household. An alternative household arrangement is the three-generational household (grandmother, mother, and dependent children), which can provide the much needed instrumental assistance of a second adult with the possible disadvantage of blurring of generational boundaries, lines of authority, and responsibility for the care of the children. Poverty and some family structures (single adult, stepparent, grandmother only) are hypothesized to be related to increase the susceptibility to mundane stress and life crises.

The critical factor underlying many of the risk factors identified in the review of research presented above is stress. For example, families that are poor, and are composed of single adults might experience more frequent occurrence of stressful situations or might have fewer resources with which to deal with them. Thus in the proposed model it is hypothesized that poor and single-parent families are more likely to be subjected to a variety of daily stresses leading to problems of agitation, inattention, and sad affect in their children. These problems are then directly linked to adverse developmental outcomes related to school performance. Parent-child relations (i.e., involvement, control, support, and socialization) are influenced by poverty, family structure, religiosity, and racial identity. Poor and single-adult households

might be characterized by less involvement with the child, although warmth and supportiveness characterizes the relationship. This model also predicts that the effects of poverty on emotional development is mediated by parent-child relationships and coping, particularly emotion regulation. These relations will influence coping, which might influence developmental outcomes. On the adaptive side of the equation, increased religiosity and a firm racial identity might be positive resources that have a favorable impact on socialization, which, in turn, influences coping strategies, affect regulation, self-esteem, and self-efficacy, all of which might contribute to developmental outcomes. Religiosity might influence socialization styles toward firmer control, higher maturity demands, and greater acceptance of personal responsibility for one's behavior. Coping, particularly the emotion and problem-focused strategies used for regulation of arousal such as denial, acceptance, distraction, and reaching out to others, and emotional ventilation themselves are influenced by parental socialization and develop over time. For example, parents who are religious might teach children to cope with emotional arousal by stoically accepting the situation as it is or reaching out to others (e.g., a Supreme Being) for help or through prayer. For these children, strategies that involve enduring suffering and delay of gratification might prepare them well for adaptation to and success in academic settings.

### **GAPS IN THE RESEARCH ON EMOTIONAL DEVELOPMENT OF AFRICAN AMERICAN CHILDREN**

Research on emotional development of school-aged children, particularly on African Americans is scarce. Much of the research dealing with African American children focuses on pathological processes related to aggression, delinquency, conduct disorder, attention deficits, and hyperactivity and should not be ignored. However, the preponderance of research on school-aged children, particularly African American and Latino, has involved investigations of aggression, delinquency, attention deficits, and hyperactivity with relatively little attention paid to normal and atypical emotional functioning. Although this research might tell us a great deal about atypical behavior, there is much that is not understood about typical social development and the capacities of children to overcome a range of environmental stressors and resource deficits to develop psychosocial competence and maintain psychological health. Future research could focus on the effects of age, gender, social-cultural variables, poverty-related life stress and their interactions on affective states and affect regulation as well as their relationship to psychosocial outcomes

(e.g., internalizing disorders, problems of restlessness and concentration, conduct problems, social acceptance by peers, and academic achievement).

Affect and strategies of emotion regulation invoked by children, particularly within the context of the distressing situations associated with poverty, remain largely unexplored even though they seem critical to our understanding of children's adjustment. To test these ideas presented in Figure 1, research is needed to clarify the extent to which emotional development (mood and affect regulation) is mediated by (a) sociocultural factors (e.g., SES, social identity, religiosity, racial attributions, and extended family structure), (b) qualities of family functioning (e.g., conflict, emotional expressiveness, support, and parental involvement), and (c) neighborhood context (e.g., residential stability, percentage of single-parent households, and crime and victimization rates). This research should also explore how particular strategies of emotion regulation and social problem solving could be linked etiologically to adaptive and maladaptive behaviors. An important idea that can be tested is the extent to which affective responses to poverty-related distress and individual differences in emotion regulation constitute integrated components in the causal chain linking poverty to a host of adverse developmental outcomes. Normative data is needed to provide a yardstick against which clinicians and researchers can measure and interpret data obtained in more selective and specialized populations, illuminate potential risk factors in developmental pathways leading to disordered behavior and underachievement, and provide clues about protective factors that are the foundation of competence and healthy psychosocial adaptation.

By integrating assessment of cultural, familial, and neighborhood context, the proposal for research proposal here fills a gap in much of the existing work on emotional development of African American children. This research focuses on understanding and comprehensively mapping out mood states and emotion regulation observed in African American children. Thus one outcome of this research might be a better understanding of the normative emotional and motivational states of African American children. Second, it can offer an analysis of how sociocultural factors enhance or impede emotional development. Third, it can articulate the role of cognition and cognitive development in the coping strategies of African American youngsters. Finally, it is expected that such knowledge could lead to the development of effective interventions for African American children at risk. In all this is a plea to extend scholarly efforts beyond research, whose primary aim is to illuminate the etiology of problems, to investigations of the pathways leading to positive outcomes. In pursuing such a strategy, we can come to understand how African American children learn to deal competently with the varied

demands they face and maintain health functioning avoiding disturbances of mood, conduct, and achievement.

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