








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Critical examination of resilience and resistance in African American families: Adaptive capacities to navigate toxic oppressive upstream waters

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Abstract

African American families navigate not only everyday stressors and adversities but also unique sociocultural stressors (e.g., “toxic upstream waters” like oppression). These adverse conditions are consequences of the historical vestiges of slavery and Jim Crow laws, often manifested as inequities in wealth, housing, wages, employment, access to healthcare, and quality education. Despite these challenges, African American families have developed resilience using strength-based adaptive coping strategies, to some extent, to filter these waters. To advance the field of resilience research, we focused on the following questions: (1) what constitutes positive responses to adversity?; (2) how is resilience defined conceptually and measured operationally?; (3) how has the field of resilience evolved?; (4) who defines what, when, and how responses are manifestations of resilience, instead of, for example, resistance? How can resistance, which at times leads to positive adaptations, be incorporated into the study of resilience?; and (5) are there case examples that demonstrate ways to address structural oppression and the pernicious effects of racism through system-level interventions, thereby changing environmental situations that sustain toxic waters requiring acts of resilience to survive and thrive? We end by exploring how a re-conceptualization of resilience requires a paradigm shift and new methodological approaches to understand ways in which preventive interventions move beyond focusing on families’ capacity to navigate oppression and target systems and structures that maintain these toxic waters.

Keywords: African American families; resilience and resistance; toxic waters; structural racism

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Researchers have long been fascinated by individuals and groups of people who succeed despite encountering hardship. Resilience, which comes from the Latin words *re* (back) and *salire* (to jump, leap; Agnes, 2005), has varied definitions, but the consensus is that resilience refers to a dynamic system of processes that result in positive adaptation in the context of adversity (Masten et al., 2021). Adversity is multifarious and has been associated with conditions that affect everyday life experiences and developmental outcomes of children and their caregivers with widespread negative consequences. These conditions, often including poverty, socioeconomic disadvantage (Béné et al., 2014), community violence (Boyd et al., 2022), and social isolation, can take a toll on families, leading to family disruptions (Nurco et al., 1996), compromised parenting, and elevated risk for compromised health and overall development (Murry, 2019). Notably, those who

are able to overcome and navigate adversity appear to be stronger and better prepared for future adversities, demonstrating resilience (Fraser et al., 1999; Patel et al., 2017; Walsh, 2003).

Concerns have risen in recent years regarding insufficient empirical evidence, poor operationalization of the resilience construct, as well as questions about the extent to which adversity and traumatic events build and promote resilience (Macedo et al., 2014). These concerns served as the impetus for the current manuscript. We sought to advance the field of resilience research by critically reviewing underlying theoretical assumptions and summarizing studies to gain greater insight on several key issues: (1) what constitutes positive responses to adversity?; (2) how is resilience defined conceptually and measured operationally?; (3) how has the field of resilience evolved?; (4) who defines what, when, and how responses are manifestations of resilience, instead of, for example, resistance? How can resistance, which at times leads to positive adaptations, be incorporated into the study of resilience?; and (5) are there case examples that demonstrate ways to address structural oppression and the pernicious effects of racism through system-level interventions, thereby changing environmental situations that sustain toxic waters requiring acts of resilience to

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survive and thrive? We begin with a brief overview of conceptual definitions of resilience, followed by a summary of theoretical frameworks and underlying assumptions.

Resilience: positive response to adversity

A critical area in studies of adversity and resilience includes efforts to identify factors that explain how and why certain individuals show positive responses to adversity. Initial studies attributed natural-inherited traits (such as temperament; Rutter, 1979), as key processes that explained why some individuals were able to successfully navigate adversity or to become resilient. This perspective was also compounded by acquired traits such as ego resiliency, which describes growth that can emerge from adverse experiences, noting that some individuals not only recover but also advance their capacity to adapt, even when confronting ever-changing environmental demands (Luthar *et al.*, 2000). However, this perspective has been met with great criticism, as the underlying assumptions of trait resilience inadvertently place the burden of navigating adversities on the individual. Thus, when one does not successfully overcome adversities, it is assumed that the individual does not have what it takes to manage difficult life circumstances. While trait resilience is still used to guide studies of resilience, this framing has been met with great criticism as resilience has been shown to arise due to factors and systems that are external to individuals (Luthar *et al.*, 2000; Masten, 2014). If adversity-coping behaviors can be socially learned, then opportunities to intervene and build/promote resilience are plausible. In this regard, studies that identify causal pathways through which individual attributes interact with and through environmental and social contexts, such as families, schools, peers, and other social relationships, have advanced the field of resilience to include transactional social-ecological frameworks (Kuldas *et al.*, 2021). This perspective acknowledges the interdependence of social adaptive systems and ways in which individuals respond to risk. Moreover, social interactions are transactional relationships in which one's immediate social environment not only affects an individual, but humans have the agency to also influence their environment. This transformational process has a reciprocal influence on the interaction between the environment and individuals' capacity to adapt and accommodate adversity. As such, child-parent, student-teacher, peers, and relationships with wider society play a critical role in modifying the negative consequences of risk, through support and resources that dissuade negative outcomes (Sameroff, 2009). Thus, navigating risk to achieve resilience is a transactional human developmental process, as proximal and distal processes in one's environment interact to influence adaptation in the face of adversity (Stokols *et al.*, 2013).

This transactional social-ecological perspective assumes that behaviors and responses are influenced by proximal and distal environments that surround individuals to influence developmental processes and capacity, and the extent to which an individual successfully navigates adversity is thought to reflect resilience. Moreover, Masten (2001) argued that resilience "does not come from rare and special qualities, but from the everyday magic of ordinary, normative human resources in the minds, brains, and bodies of children, [as well as] in their families and relationships" (p.235). In other words, resilience is "ordinary magic," characterized as an ecological construct, where positive outcomes emerge from and through interactions between individuals' capacity, their context, access to resources and support, including cultural relevance, meaning, and perception of how to adapt or overcome adversity (Bryant *et al.*, 2022; Ungar, 2013). In this sense, one's positive response to adversity emerges from the interaction of individual and contextual

characteristics; the application of this framework has varied in acknowledgment of this important differential.

Evolution of resilience theory

Different conceptualizations of resilience are byproducts of varied underlying assumptions in theoretical frameworks and conceptual models. Moreover, theoretical frameworks and conceptual models guiding resilience research have evolved over time. For example, at its inception in the 1970s, resilience theory was rooted in the study of adversity and the harmful impacts of adverse life experiences on people (van Breda, 2018). This focus was characteristic of social and medical sciences at the time, which centered on identifying the origins of illness and the causes of the breakdown of social and physical well-being (van Breda, 2018). These early studies demonstrated that vulnerability, which comprised a variety of factors, including a family history of illness, maternal risk behaviors in the pre- or post-natal period (i.e., substance use, postpartum depression, inadequate neonatal care, etc.), and broader familial or societal risk factors (i.e., marital discord, poverty, war), contributes to negative developmental outcomes (van Breda, 2018). These vulnerabilities have wide-ranging negative consequences, including physical, psychological, social, and intellectual outcomes (Werner *et al.*, 1967).

In the course of these studies though, researchers also found that the relationship between vulnerability and negative outcomes was extremely variable. While many people did, indeed, have negative outcomes in response to vulnerability, not all did. Some may have experienced an initial decline in functioning but recovered, others did not show any deterioration, and still, others achieved even higher levels of functioning than before the adverse event (Masten, 2011). These results were surprisingly different from the universal pattern the researchers had anticipated, leading to theoretical frameworks to explain typologies of exceptional individuals not negatively impacted by adversity as 'invincible' (Dahlin *et al.*, 1990; Werner & Smith, 1982, as cited in van Breda, 2018). The notion of invincibility was, in fact, one of the first definitions of resilience as an outcome of adversity (Werner & Smith, 1982). Theories of resilience were further advanced through the shift in clinical research acknowledgment of the contributions of competence as a response to adversity that, in turn, fostered health promotion (van Breda, 2018).

Another wave of theoretical advancement emerged from developmental science, setting forth the developmental resilience framework, which included not only individual characteristics, as influential factors explaining variability in adversity response, but also various contextual factors, such as family, extended families, peers, and teachers, as protective drivers of the resilience processes (Masten *et al.*, 1990). The notion of contextual factors was later expanded to include adversities emerging from sociohistorical and environmental systems, including oppression, discrimination, and marginalization (Bernard *et al.*, 2022; García Coll *et al.*, 1996; Murry *et al.*, 2018), highlighting the need to understand unique ways in which macro-system-structural factors and processes not only create adversities, but also influence how individuals, families, and communities navigate challenges emerging from social and structural system.

While there is an acknowledgment in resilience theories that contexts matter, structural, contextual processes, and factors have not been included in theories of resilience. This omission was noted by Luthar (1999), who highlighted the need for more consideration of context-specific protection and vulnerability processes that are unique to populations who are disproportionately at elevated risk for experiencing adversity, for example, minoritized populations. Documenting unique ways in which these populations overcome

adversities, and in turn, manifest resilience can inform preventive interventions. Given that rates of exposure to adversity and disparities are higher among African Americans compared to non-African Americans, we sought to summarize research examining the study of adversity and resilience in African American families, with consideration given to generational shifts in approaches undertaken to link adversity and resilience, as pathways to address and advance health equity (e.g., Murry et al., 2018). In the next section, we summarize generations of resilience research, giving specific attention to the evolving studies of resilience among African Americans. We end this section with a call to action for researchers, practitioners, and policymakers to address the causes of adversity (i.e., the murky upstream waters) that require African Americans and other minoritized populations to build resilience in order to live, thrive, and succeed.

Generations of resilience research on African Americans

Resilience research on African Americans reflects generations of studies. The first generation focused on detecting or identifying the causes of inequities by denouncing the widely applied social deviance model of African American families emerging in the Moynihan's report (Moynihan, 1965; see Billingsley, 1968), followed by the identification of key strengths that African American families relied on to navigate and survive in a hostile environment (Hill, 1973). This generation also included writings that established the foundations for understanding how and why adversity causes health disparities and inequities as well as factors ameliorating risks faced by African Americans. One stream of research attributed inequities to structural factors, such as industrial automation, exclusionary labor policies, racial discrimination, and political practices (Clark, 1965). Others contend that inequities were not due to societal or system-level structures but attributed to individuals' cultural deficits or deprivation (Bobo, 2000; Bonilla-Silva, 1997). Specifically, poverty and its consequences disproportionately affected African Americans because of unwillingness to work hard, delay gratifications, control impulsiveness, due to being uneducated, trapped in a cycle of poverty, and psychologically unstable (Clark, 1965). This social deficit model perpetuated the research on African Americans for decades, with limited emphasis on resilience. The second generation of resilience research, however, included studies to understand and explore reasons why inequities are maintained and perpetuated. More specifically, scholars during this time sought to gain greater insight into how families were able to survive and thrive in and through adversities to achieve healthy functioning (Dunham, 1965; Robins, 1966; Suttles, 1968). A notable emergence in this generation was Norman Garnezy's (1971) work, which posed questions about the development of inner-city families, who despite being impacted by racism, poverty, inner-city conditions, and other adverse situations, they and their children were "invulnerable" (pg. 4), a term later characterized as "resilient." A key driver of reduced vulnerability is the African American *community*.

Thus, the third generation reflects a strengths-based, solution-focused emphasis on acknowledging the causes and how to reduce inequities, focusing on micro-level processes in the individual, family, and community, emphasizing their protective nature. Thus evolved a generation of research focused on documenting resilience through the protective nature of communities and family assets. Hill's (1973) book, the *Strengths of Black Families*, provided the foundational basis for the identification of strengths, assets, and resilience in Black families, noting five fundamental

sources for survival: strong work orientation; strong religious orientation; strong belief in family; strong achievement orientation; and adaptability of family roles. Hill's strength and asset-based resources have been, more recently, characterized as a rare perspective and have characterized the protective processes that African Americans rely on to navigate adversities, namely toxic waters, as strength-based, cultural assets (Murry et al., 2018). These protective processes are figuratively illustrated as "rubber suits" (see Fig. 1) that include *optimism*, characterized as goggles to protect a vision of hopefulness for the future. Despite living and raising children in impoverished and crime-ridden neighborhoods, optimism combined with positive affectivity (e.g., good interpersonal relationships) enabled rural African American mothers to overcome the deleterious effects of environmental conditions on their daily lives (Cutrona et al., 2000). The rubber suits also include the protectiveness of *kinship support*, illustrating the presence of family and relatives as support systems. Several studies have reported fewer depressive symptoms among mothers with more kinship support than among those with less kin support (Black et al., 2005; Dominguez & Watkins-Hayes, 2003; Murry et al., 2008). Another part of the rubber suits includes residing in a supportive and cohesive community, in which community members monitor and sanction appropriate behavior. Studies have demonstrated the long-term protective effects of *community socialization* against negative outcomes, such as deviant peer affiliation, conduct disorder, and sexual risk behavior (Berkel et al., 2009; Browning et al., 2008). Having access to other adults in the community who come together to support parents and monitor neighborhood children is a process referred to as collective socialization or collective efficacy (Burton & Jarrett, 2000). Collective socialization can also encourage prosocial development among youth through community members' oversight and establishing norms for sanctioning appropriate behavior and processes to monitor and correct misbehavior. When community residents band together in this way, the process of parental monitoring reaches beyond household boundaries and represents a measure of trust and agreement among adults about acceptable conduct for children (Berkel et al., 2009).

The rubber suit also includes *racial socialization*, illustrated in Figure 1 as a spray nozzle that families use to protect themselves and their children by spreading messages about ways to prepare for direct race-related experiences, including *racial pride*. Racial pride, in turn, acts as a "disinfectant" spray that protects youth by fostering identity-promoting positive adjustment and development (Murry et al., 2018). Brown's (2008) study of African American students, for example, revealed that racial socialization messages and perceived social support from parents served as a protective function for students, enhancing resilience capacity as youth transition from high school to college. *Spirituality* is illustrated as boots that assist African Americans to keep moving forward despite adversities. The African American church is one of the most significant and influential institutions in the African American community (Lincoln & Mamiya, 1990). Spirituality has been associated with a range of emotional protective processes, including happiness, hope, faith, optimism, strength, confidence, forgiveness, trust, and meaning (Mattis, 2001). Church involvement promotes positive behavior and developmental outcomes through its impact on moral development, racial pride, and self-esteem (Butler-Barnes et al., 2012). Thus, the rubber suit portrays the third generation's focus on micro and ecosystem-level mechanisms that are often associated with African Americans' resilience. The suit illustrates a dynamic system that African

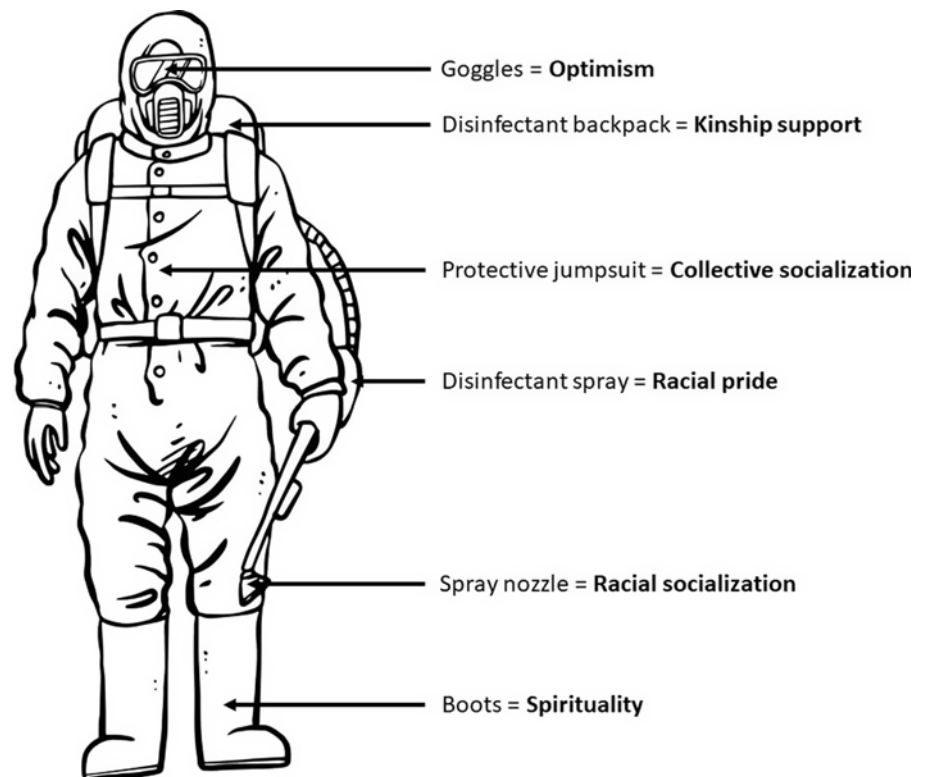


Figure 1. The toxic water protective rubber suit: African Americans' strength-based, cultural assets.

Americans rely on to respond to challenges that threaten the function, survival, and development of their families and communities.

An underlying assumption guiding the first three generations of resilience is the premise that individuals bend, rather than break, in response to adversity or traumatic situations (Bryant *et al.*, 2022). This perspective, however, falsely leads researchers to overlook systemic structural oppression and racial discrimination, major stressors confronted by marginalized populations that have been associated with a plethora of disparities. Racism creates and sustains environments and conditions that have been characterized, metaphorically, as toxic, hazardous, polluted waters that African American families swim in as they navigate everyday life experiences (Murry, 2019). Racism and oppression create a pervasive sense of fear and terror that impact every aspect of minoritized families' lives, with implications for their health and safety. Structural and systems of oppression and discrimination, manifestations of toxic waters, create rivers of social, economic, educational, political, and legal conditions that influence health, including housing, income, employment, and education (Braveman & Gottlieb, 2014). These rivers are commonly described as social determinants of health (CDC, 1999).

While the capacity to overcome these structural challenges has been widely documented, recent studies have noted that, what may appear to be resilience at first, that is African Americans stretching to navigate their environments, may be a deceptive manifestation of resilience, thereby masking skin-deep processes that contribute to numerous disparities (Brody *et al.*, 2013). For instance, Brody and colleagues (2013; 2020) found, in their longitudinal study of African American youth, that despite exposure to chronic adversity, many of the youth demonstrated developmental competence in several domains, such as academic success and positive psychological adjustment. However, a deeper examination showed that their academic resilience was accompanied

by a physiological toll (i.e., early aging manifested by metabolic syndrome and insulin resistance) later in adulthood (Brody *et al.*, 2020). Furthermore, as minoritized individuals attempt to stretch, bend, or adapt to these toxic conditions, forces in society (e.g., systematic racism and social injustices) actively work to block their efforts, taking a greater toll on development and overall health outcomes (Bryant *et al.*, 2022). Concomitantly, the stretch or resilience is accompanied by excessive strain, unmet expectations, and burdens that lead to physiological and psychological disruptions (e.g., weathering, allostatic load; Anderson, 2019; Bryant *et al.*, 2022). This perspective acknowledges the unique, yet multidimensional, contribution of sociohistorical and structural oppression as adversities and demonstrates ways in which theoretical and conceptual understanding of resilience research has evolved over time.

The capacity to navigate sociohistorical and structural oppression that should take a toll but instead is met with surviving and thriving has been characterized as "ordinary magic" (Masten, 2001). This characterization emphasizes and applauds the strengths of African Americans as being able to cope mystically with adversities using commonplace resources. However, while focusing on the magic in "ordinary magic" may be enchanting and captivating, these studies fall short of telling the whole story. Anderson (2019) argues that these coping processes may, indeed, foster temporal positive adaptations; however, continuous exposure to structural oppression may create more damaging vulnerabilities long-term. Further, critical reframing of resilience research by scholars like Johnson & Arditto (2023) has called upon researchers to adopt more contextualized approaches to the study of resilience that are intersectional and situate resilience interventions as complementary instead of a stand-in for institutional change. This school of thought facilitated a fourth generation of studies of resilience, which focus on redirecting

attention from toxic waters that require the need to wear rubber suits to upstream policies and practices that create and sustain optimal conditions (Murry et al., *in press*). Therefore, the fourth generation of research attempts to address and identify solutions for clearing the murky waters, not simply applauding the efficacy of African Americans' rubber suits.

Often debated in this fourth generation of research is the question—on whom does the onus of clearing the murky waters fall? In this vein, community activism may offer insight into ways to turn the focus on engaging community members to seek their guidance to not only improve community outcomes but also to create system-level changes (Gil, 2005). Such engagement may not only provide insight into their perspectives on how changes in upstream policies and practices may eliminate the need to wear rubber suits but also ways in which they are pushing back against the murky waters, through resistance. In fact, early works of Carol Stack (1974) confer the protective nature of support and cohesion in the African American community that buffer its members in the face of adversities (Sampson & Groves, 1989). Thus, we confer that what might be viewed as resilience, may in fact be acts of *resistance*. We view acts of resistance as proactive coping to challenge and confront oppressive systems, by refusing to use the rubber suits in order to stretch, accommodate, or bounce back in response to marginalization. In our analogy of the rubber suits, some processes, illustrated as the covering and spraying mechanisms, go beyond keeping the murky waters out. In fact, these cultural assets represented in the rubber suit are employed by African American families to change their oppressive environments. Efforts to resist may include consciously and intentionally transforming systems of oppression through agency, creating counter-narratives, developing social positions that construct the self as the meaning maker, defining the situation, reimagining an equitable and just society, engaging in practical community organizing activities to transform social structures and culture, thereby build an equitable social world (Vogel & O'Brien, 2022).

However, the unfolding of resilience research to include resistance in the fourth generation demonstrates the expansion of transformation that goes beyond the efforts of marginalized individuals but can guide system-level change through interventions. For example, Ungar (2013) describes resilience interventions occurring as either a first-order change (i.e., where individuals initially attempt to make changes in their environment to cope with adversity, acts of resilience), a second-order change (i.e., a focus on the environment and modifying adverse conditions, acts of resistance) or combination of both. We contend that the emergence of the fourth generation of resilience research moves beyond explaining *how* populations cope with oppression to an action-oriented framework that disentangles the first and second-order changes, exploring ways in which responses to adversity are geared toward acts to *fight against* rather than *navigate* stress-inducing environments.

In fact, African Americans have a longstanding history of resistance to social structures and systems that seek to oppress, minoritize, and marginalize them (Ward, 1999). Many do persist, despite chronic adversity, which is often celebrated as resilience; surviving and thriving may occur through acts that disrupt structurally oppressive waters. This resounding call encourages the need to continue advancing resilience research that applies action-oriented frameworks. In this endeavor, there is a need to not only consider ways to eliminate systemic structural oppressive factors that require resilience (Jones et al., 2021; Rogers & Way, 2021) but also to intentionally disentangle

resilience and resistance. A brief overview of the uniqueness of resilience and resistance and potential ways in which both responses may overlap is discussed in the following section.

Resilience and resistance are not the same

As previously noted, resistance is conceptualized as strategies and actions individuals use to respond to, negotiate, dispute, and change adverse or challenging situations (Das et al., 2022; Giroux, 1983; Robinson & Ward, 1991; Rogers & Way, 2018). At the crux of the application of resistance theories to studies of minoritized populations is the premise that they are not passively impacted by adversity, especially in situations emerging from structurally oppressive systems (Solorzano & Bernal, 2001). Instead, they choose overt (e.g., boycotts, demonstrations) or subtle (e.g., persistence in school, nurturing racial pride, creation of an online subculture) means to respond to societal mores, expectations, and stereotypes that dehumanize them in various contexts (Das et al., 2022; Rosales & Langhout, 2020; Solorzano & Bernal, 2001). Moreover, strategies and actions to change oppressive systems may occur through acts of resistance intended to reclaim or preserve humanity (Wray-Lake et al., 2022).

As efforts are undertaken to disentangle resilience and resistance, it is important to note the ongoing scholarly debate about what constitutes optimal or real resistance (Rosales & Langhout, 2020). Giroux (1983), for instance, suggests that resistance is characterized by two intersecting dimensions: (a) a critique of social oppression and (b) an interest in social justice. Solorzano and Bernal (2001) building on these dimensions (i.e., critique and interest), created a framework to explain resistance among minoritized youths in the school context. Applying this framework, Solórzano and Bernal (2001) identified four types of resistance: reactionary behavior (i.e., no critique or interest), self-defeating resistance (i.e., critique but no interest), conformist resistance (i.e., interest but no critique), and transformational resistance (i.e., both critique and interest). Of these four categories, transformational resistance, which is characterized by a deep understanding of social oppression and a strong desire for social justice, is considered most optimal, or real, since it more likely leads to transformation in an oppressive system.

Another aspect of the debate focuses on the need to specify outcomes emerging from acts of resistance. Should acts result in the transformation of oppressive systems to be considered resistance (Rosales & Langhout, 2020)? For example, resistance among African Americans is often associated with social movements, such as the Civil Rights Movement, the Black Powers Revolution of the 1960s, and more recently, the Black Lives Matter Social Movement. Yet, besides these overt forms of resistance, Robinson and Ward (1991) acknowledge that everyday acts of resistance can be covert and also emphasize that not all types of resistance lead to optimal transformative outcomes. Covert acts of resistance may be engaged in for survival and/or liberation. Prominently, the key differentiating factor between these two types of resistance is that resistance for survival enables minoritized individuals to endure and persist despite adversity. Resistance for liberation, on the other hand, results in galvanizing and strengthening, which may lead to systemic, structural change (Robinson & Ward, 1991). A more in-depth description of these two forms of resistance is provided in the following section.

Resistance for survival may include multiple strategies, such as rejecting oppressive educational and sociopolitical systems. An example is studies applying Ogbu's (2004) oppositional culture theory to demonstrate ways in which minoritized youth may seek

alternative ways to oppose structural oppressive systems. To demonstrate rejecting oppressive and marginalized educational systems, youth may mask intellectual abilities as acts of rejecting assimilation, using substances, engaging in violence, social isolation, and other structurally and contextually driven adaptive behaviors (Murry *et al.*, 2009). These acts of resistance for survival, while transitory responses to oppression, may result in long-term harm, leading to disconnection from the larger minoritized group, and in some cases unintentionally legitimize stereotypes (Robinson & Ward, 1991; Rogers & Way, 2016; Solorzano & Bernal, 2001; Ward, 1999).

Resistance for liberation, on the other hand, are acts that build and cultivate strong community network ties that can be transformative, creating a counternarrative that rejects negative stereotypes. For example, intentionally supporting African American businesses and appreciating their African American identities by refusing to alter their behavior to suit and fit in better with the dominant cultural group (Martin *et al.*, 2013) are acts of liberation. Similarly, African American women, who resist liberation, are less likely to engage in code-switching (*i.e.*, modifying their mannerisms and language) to make others comfortable and elicit positive social interactions and acceptance from the dominant cultural group treatment (Leath *et al.*, 2021; Martin *et al.*, 2013). Essentially, we argue that the main difference between resistance and resilience is intent, orientation, and subsequent responses toward oppressive systems. While resilience is portrayed as the capacity to overcome odds and succeed despite adversity, resistance aims to undermine oppressive structures by either attempting to alter them or fighting against the logic of imposed socially constructed prescriptions (Rosales & Langhout, 2020). For example, parents, while engaging in racial socialization, often intentionally and purposefully provide strategies for their children to push back against systems that negatively impact them. This form of socialization is preparation for racial bias (Hughes *et al.*, 2006).

Despite this robust discussion, the distinction between resistance and resilience is not often clear, due to an interplay between both concepts, as processes or strategies that define and described resilience and resistance often converge. Indeed, an indicator signifying resilience, is racial socialization, as it has been shown to promote academic achievement and positive youth development despite racial adversity (Evans *et al.*, 2012; Murry *et al.*, 2009). However, beyond simply facilitating positive adaptation, despite exposure to adversity, Ward (1999) argues that successful racial socialization “prepares African American children to psychologically resist their racial subordination” (p. 175). Furthermore, an extension of racial socialization, ethnic-racial socialization, is also thought to promote different types of resistance. Das *et al.* (2022), for example, noted that the majority of African American mothers in their sample who engaged in preparation for bias did so to promote resistance for survival (*e.g.*, self-patrolling, ignoring discrimination, focusing on hard work). Adding to this school of thought, Das *et al.* (2022) also observed that preparation for bias may also foster resistance for liberation (*e.g.*, self-advocacy, building critical consciousness, affirming their African American identity, and racial pride). Further, patterns of both resilience and resistance in parental racial socialization conversations with their children (Das *et al.*, 2022). Stevenson and Arrington (2009) coined the term “adaptive racial socialization”, which Murry and colleagues (2009) noted that balancing messages of racial pride and [preparation for bias] proactive awareness of racism served a protective function against

racial adversity (*i.e.*, resilience), construing strategies to navigate (*i.e.*, resilience), as well as challenge negative stereotypes that are perpetuated by oppressors (*i.e.*, resistance).

Preparation for racial bias may, in fact, facilitate critical consciousness development, a level of awareness of structural oppression. We contend that this cognitive developmental process may be a form of resistance and, in so doing, may lead to resilience. Critical consciousness development is a three-pronged process, wherein individuals begin to reflect upon their experiences of oppression and identify structural causes (critical reflection). Racial oppression awareness may in turn trigger internal thoughts about the extent to which one has the ability to individually or collectively act upon oppressive systems (critical agency). Collectively, these processes may serve as an impetus to engage in actions within and outside of existing systems to address the root of structural inequity (critical action; Hope *et al.*, 2020). According to Hope and colleagues (2020), experiences of individual, institutional, and cultural racism are directly related to critical action (Hope *et al.*, 2020).

Jones *et al.* (2020) advanced these ideologies by focusing specifically on identifying forms of race-related approach-oriented coping, termed racially attuned collective coping. This coping strategy is thought to be a key process in the promotion of positive adaptive outcomes among African American adolescents, occurring through activism, that is acts of racial collectivism (*i.e.*, joining boycotts, civic demonstrations). Critical consciousness, in this instance, critical agency, appears to serve an influential role in predicting both positive behavioral and cognitive responses to the consequences of marginalization, that is acts of both resilience and resistance.

While individuals may act in ways that demonstrate their personal resistance to racism, they may also respond in ways that seek collective redress from experiences of racial oppression and marginalization (Robinson & Ward, 1991). Collective socialization, or the establishment of large kinship networks, has been shown to provide support to both parents and youth to navigate challenges and adversity (Murry *et al.*, 2018). This community-level protection can also be leveraged as a resistance strategy, laying the foundation for grassroots, collective activism (Stephen, 2009). Just as with racial socialization, certain components of collective socialization, often construed as resilience, can also be leveraged as an act of resistance. Moreover, the interplay between resistance and resilience is also depicted in their co-existence and bidirectional processes. For instance, on one hand, in resilience research, the term ‘resistance’ refers to a pattern of resilience; one where steady and positive development is noted despite environmental adversity (Masten & Wright, 2010). On the other hand, Tara Yosso (2000) combines the two acts, coining the term “resilient resistance”, which was later included in Solorzano and Bernal’s (2001) transformational resistance framework, to suggest that these two processes can co-exist.

Concomitantly, resilient resistance refers to conforming in order to survive and/or succeed; therefore, resilient resistant acts fall between conformist and transformational resistance (Yosso, 2000). Adhering to our conceptualization of resistance as actions that challenge oppressive systems causing adversity, such acts do not simply “overcome” to achieve positive development, but can also resist cultural stereotypes, and in turn foster resilience. Ward (1999) observed these coping patterns among both African American and biracial children. Case in point, results from a qualitative study of African American female students in a predominantly white institution showed that maternal

ethno-gendered racial socialization promoted resistance against stereotypes, which was described as the first step in the process of resilience and coping (Johnson et al., 2022). Another example is engaging in alternative ways to achieve academic success in response to oppressive educational systems, as resistance leads to resilience, is noted in the works of Gaylord-Harden and colleagues (2018). These scholars applied the calibration framework to explain how African American males resist race-related experiences of “othering” by resisting the internalization of this imposed positionality by teachers and peers. One strategy is developing hypermasculine attitudes (Cunningham et al., 2013) and disengaging cognitively and physically from schools to avoid negative encounters (Murry et al., 2009). In other words, high levels of hyperarousal and hypervigilance can be a resistance coping strategy for African American males that allows them to adapt to contexts where threats are imminent, uncertain, and racially charged (Cassidy & Stevenson, 2005; Cunningham et al., 2013). For example, Cunningham and colleagues (2013) found that when African American adolescent males experienced mistreatment within their communities (e.g., by police officers, salespeople, and neighbors), they were more likely to employ hypermasculine resistance behaviors.

From an ecological perspective, resistance at the individual, family, and community level boosts and facilitates a cyclic byproduct, psychological resilience, of African American children (Jones et al., 2021; Ward, 1999). This theoretical explanation of the reciprocal relationship between resilience and resistance warrants more empirical exploration. With this in mind, we turn our focus to a critical examination of five years of research on studies of resilience among African American families (Murry, 2017–2022) to explore, retrospectively, the extent to which patterns of both resilience and resistance are embedded in a cultural-asset, strength-based framework.

Scoping review: critical review of Murry et al., studies of African American families navigating adversities

In this section, we draw on aspects of the “rubber suit” analogy to critique the extent to a selection of published papers from a body of research examining ways in which African American families navigate adversity and demonstrate evidence of resilience, resistance, and domains of resistance (survival & liberation). To conduct this review, we leveraged a reflexive-selective scoping review of the lead author’s articles from the past 5 years in order to generate a sample for understanding where protective mechanisms within African American families were framed as resistance, resilience, both, or neither. Given the similarity of these terms, we were also mindful of their conflation and interplay.

Thus, an adapted scoping review integrated essential aspects of Arksey and O’Malley’s (2005) framework, which focuses on 5 stages: (1) identifying research questions; (2) identifying relevant studies; (3) selecting studies based on criteria; (4) charting out the data; and (5) aggregating, synthesizing, and writing up results. This framework, a widely recognized method for scoping reviews, is based on its structured format and was used to guide and inform strategies and approaches for selecting, reviewing, and analyzing the selection of articles. While this effort has limitations in generalizability by focusing on a specific body of work, we have balanced these limitations with the critical end goal of being able to say something substantial about the framings used in this specific scholarship. We also hope that others may learn from the lessons we have learned from critical reflection of our own work.

Research questions and purpose

The overall purpose of this endeavor was to gain insight into ways in which African American families navigate adversity, conducting a post hoc review of existing studies posing the following questions: (1) What is the nature of the conceptualization of resistance and resilience across the selection of publications? (2) Are there key differences between investigations that feature resistance, resilience, or both? and (3) What domains or themes of resistance—specifically resistance for survival versus resistance for liberation—does the sample illustrate? Further, our purpose included critically interrogating the selected publications, and reflecting on the tensions and interplay between resilience and resistance, as discussed above. As such, the final section of our analysis more deeply critiques the approaches revealed by this review and contributes to a refined conceptualization of African American resilience-resistance research.

Article review and selection

We conducted an intentionally selective scoping review of the lead author’s publications of the past five years (2017–2022) as a means for generating a data set for employing our critique of resilience and resistance within the literature on African American families and youth. At the start, there were 32 peer-reviewed journal articles—including peer-reviewed commentaries and editorials—identified studies matching the publication year criteria; book chapters, gray literature, and publications in press were not included in this review. These 32 articles were then screened using the following eligibility criteria: (a) publication must feature or focus on African American youth and families; and (b) publication must discuss implications for this population, with regard to systemic racism and other forms of oppression. This inclusion process involved assessing publication titles and abstracts and reviewing full-text articles. The second and third authors met to discuss and validate the selected sample, which resulted in 14 publications.

Charting the data

The full-text versions of all 14 publications were compiled and assessed based on a variety of criteria. Specifically, we coded for background information (e.g., publication year, journal outlet, authorship), methodological aspects (e.g., sample size, population, approach, type, timeline, and data type), and for framings utilizing resilience and resistance within each manuscript. The latter group of codes was particularly important, as coding for instances of resilience and resistance—employing Robinson & Ward’s (1991) resistance for survival versus liberation framework—worked to address our three research questions. The sample was qualitatively coded using open coding after loading article PDFs into MAXQDA, an advanced qualitative coding software (VERBI Software, 2022). Outside of open coding using this codebook, we also leveraged document text search features provided by the software to ensure that no mentions or references to resilience (i.e., “resilience,” “resilient,” “resiliency”) or resistance (i.e., “resistance,” “resist,” “resistant,”) were omitted from the coding process. MAXQDA allowed the research team to code, memo, and assess inconsistencies throughout the coding process. All inconsistencies—including unclear coding and discussions regarding differentiating resistance for liberation and survival—were addressed via ongoing conversations. The full codebook is provided in Table 1; background information codes and an overview of the entire

Table 1. Codebook for charting selected articles

Parent Code	Child Code	Code Description	% of Sample
Background Information	PubYear	Year that the article was published	
	Journal/Outlet	Journal or outlet that published the article	
Method	Sample Size	Details the sample size of the publication, if relevant.	
	Population	Describes the specific population of interest or source.	
	Approach	Describes the specific methodological approach.	
	Type	Describes the type of method, including qualitative, quantitative, mixed methods or other.	
	Timeline	Describes the timeline of data collection, including longitudinal, cross-sectional, or other.	
	Data Type	Describes the type of data was collected, including primary, secondary, or other.	
Resilience	General Framing	Mentions or uses resilience or resilient intentionally as a framing.	36%
Resistance	General Framing	Mentions or uses resistance, resist, or resistance intentionally a framing.	21%
	Liberation	Frames resistance as liberation, includes empowerment of beliefs, identity, and actions.	(52%)
	Survival	Frames resistance as survival, includes experience of adversity and navigation of systemic racism and oppression	(12%)
	Other/NA	Frames resistance in some other manner, outside of liberation or survival.	(36%)
Both	General Framing	Mentions or uses resilience and resistance intentionally as a framing.	36%
Neither	General Framing	Does not mention or use resilience or resistance intentionally as a framing.	

sample are provided in Table 2. The next section will aggregate and synthesize the results.

Results

Descriptive analysis of our selective sample of papers revealed that most were published between 2018 and 2022 via a variety of journals, the most common of which was *Prevention Science* (3 publications) and *Journal of Research on Adolescence* (2 publications). Six of the publications were empirical articles, 3 were theoretical, 3 were reviews, and there was 1 commentary and 1 editorial. Of the 6 studies with specified participants, sample sizes ranged from 412 to 897 ($M = 612.7$); all 6 of these studies included both African American parent and youth participants as a part of the analyses. An examination of methodological approaches revealed the following: 4 were systematic reviews, 4 utilized structural equation modeling, 1 used regression, and 1 involved comparative effectiveness of intervention modalities, while the remaining reviews, commentaries, and conceptual papers did not employ a specific method. Further, quantitative studies made up 50.0% of the sample (7 publications), while 4 articles were qualitative (28.6%); 3 publications (21.4%) did not involve data collection so were coded as “Other.” Six publications involved longitudinal data analysis and only 1 included a cross-sectional design, with 7 publications categorized as “other” without a specific timeline for data analysis (i.e., reviews, theoretical). Finally, the type of data involved in the sample’s publications was evenly split between primary and secondary data: 7 publications each. For example, reviews and theoretical pieces were coded as secondary analyses given that they relied on previously collected data and sources as a foundation for claims made.

Of our sample ($n = 14$), 13 publications (92.9%) meaningfully referenced resistance or resilience relevant to African American youth and families; this reflects the relevance and application of resistance and resilience concepts in studies seeking to elucidate

realities faced by African American youth and families. The remaining article, by Murry et al. (2019) investigated the comparative effectiveness of three delivery modalities of the Pathways for African American Success (PAAS) program. The missing reference to resilience or resistance may be because the article focused more on program modality efficacy, as opposed to the implications of the program for resistance or resilience processes. Five studies referenced resilience only, 3 studies referenced resistance only, and 5 studies referenced both. Table 1 explores the breakdown of publications based on the terminology referenced. Of these 13 publications featuring resistance, resilience, or both, references of the terms of interest ranged from 2 to 20 per manuscript, with an average of 8.7 relevant references. Across the sample, there were 88 *resilient*-related references (e.g., resilience, resilient, resiliency) as compared with 33 *resistance*-related references (e.g., resist, resistance).

Relevance of terminology in references: resilient, resilience, resistance, and resilience-resistance

Several commonalities emerged among the use of the terms resilient and resilience within publications (see Table 3 for exemplars). For instance, resilience was oftentimes framed as a protective factor influenced by other processes. This observation was noted by Berkel and colleagues (2022) in this manner: “African American parents’ use of racial socialization is a determining factor in nurturing these key elements of resilience (p. 2). Another common framing of resilience consisted of explicitly naming behaviors and practices used as a strategy for coping, however, these coping mechanisms were largely discussed “in spite of” oppressive forces (i.e., systematic racism). For example, Barbarin and colleagues (2016) explained, “The Positive Youth Development framework highlights the propitious influence of familial and community assets that promote resilience and prosocial development in spite of chronic adversity” (p. 4). A third framing of resilience was a bit more nuanced; resilience was

Table 2. Descriptive insight for publications sample

#	Authors	Year	Type	Journal	Sample Size	Source	Method	Method Type	Timeline	Data Type
1	Carlo, G., Murry, V.M., Davis, A.N., Gonzalez, C.M., Debreaux, M.L.	2022	Review	Adversity and Resilience Science	N/A	N/A	Systematic Review	Qualitative	Other	Secondary
2	Murry, V.M., Bradley, C., Cruden, G., Hendricks Brown, C., Howe, G.W., Sepulveda, M., Beardslee, W., Hannah, N., Warne, D.	2022	Theoretical	Prevention Science	N/A	N/A	Other	Other	Other	Secondary
3	Murry, V.M., Gonzalez, C.M., Hanebutt, R.A., Bulgin, D., Coates, E.E., Innis-Thompson, M.N., Debreaux, M.L., Wilson, W.E., Abel, D., Cortez, M.B.	2021	Empirical	Attachment and Human Development	897	Parent / Youth	Structural Equation Modeling	Quantitative	Longitudinal	Primary
4	Barbarin, O.A., Tolan, P.H., Gaylord-Harden, N., Murry, V.M.,	2018	Theoretical	Applied Developmental Science	N/A	N/A	Other	Other	Other	Secondary
5	Murry, V.M., Lippold, M.A.	2018	Review	Journal of Research on Adolescence	N/A	N/A	Systematic Review	Qualitative	Other	Secondary
6	Murry, V.M.	2019	Empirical	Family Relations	867	Parent / Youth	Structural Equation Modeling	Quantitative	Longitudinal	Primary
7	Murry, V.M., Berkel, C., Innis-Thompson, M.N., Debreaux, M.L.	2019	Empirical	Journal of Pediatric Psychology	421	Parent / Youth	Structural Equation Modeling	Quantitative	Longitudinal	Primary
8	Murry, V.M., Berkel, C., Liu, N.	2018	Empirical	Prevention Science	412	Parent / Youth	Simple / Logistic Regression	Quantitative	Cross- Sectional	Primary
9	Murry, V.M., Butler-Barnes, S.T., Mayo-Gamble, T.L., Innis-Thompson, M.N.	2018	Review	Journal of Family Theory and Review	N/A	N/A	Systematic Review	Qualitative	Other	Secondary
10	Gaylord-Harden, N.K., Barbarin, O.A., Tolan, P.H., Murry, V.M.	2018	Theoretical	American Psychologist	N/A	N/A	Systematic Review	Qualitative	Other	Secondary
11	Berkel, C., Murry, V.M.M., Thomas, N.A., Bekele, B., Debreaux, M.L., Gonzalez, C.M., Hanebutt, R.A.	2022	Empirical	Prevention Science	667	Parent / Youth	Structural Equation Modeling	Quantitative	Longitudinal	Primary
12	Gaylord-Harden, N.K., Graham, S., Barbarin, O.A., Tolan, P.H., Murry, V.M.	2018	Editorial	Journal of Applied Developmental Psychology	N/A	N/A	Other	Quantitative	Longitudinal	Primary
13	Murry, V.M.	2022	Commentary	Journal of Research on Adolescence	N/A	N/A	Other	Other	Other	Secondary
14	Murry, V.M., Hensman Kettrey, H., Berkel, C., Innis-Thompson, M.N.	2019	Empirical	Journal of Adolescent Health	412	Parent / Youth	Comparative Efficacy	Quantitative	Longitudinal	Primary

Table 3. Review of selected peer-reviewed manuscripts by the first author (n = 14)

Code	Title	Citation	Exemplar(s) of Framing	#
Resilience	Culture-Related Adaptive Mechanisms to Race-Related Trauma Among African American and US Latinx Youth	(Carlo et al., 2022)	<i>“Despite their experiences with oppression, many minority children have been able to succeed and demonstrate resilience in the context of a racialized society.”</i> (p. 5, Resilience)	20
	Re-envisioning, Retooling, and Rebuilding Prevention Science Methods to Address Structural and Systemic Racism and Promote Health Equity	(Murry et al., 2022)	<i>“Thus, programs that focus on enhancing individual resilience may provide African American communities with a life raft in the midst of toxic waters, helping them cope with oppression, but this does not solve the problem of racism in the USA.”</i> (p. 10, Resilience)	7
	Longitudinal study of the cascading effects of racial discrimination on parenting and adjustment among African American youth	(Murry et al., 2021)	<i>“Despite these limitations, our findings empirically support the hypothesized model and offer insights on strength and resilience in African American families to navigate and transcend challenges associated with racial discrimination to raise healthy and competent children.”</i> (p. 14, Resilience)	2
	Promoting social justice for African American boys and young men through research and intervention: A challenge for developmental science	(Barbarin et al., 2019)	<i>“The Positive Youth Development framework highlights the propitious influence of familial and community assets that promote resilience and prosocial development in spite of chronic adversity.”</i> (p. 2, Resilience)	9
	Parenting Practices in Diverse Family Structures: Examination of Adolescents’ Development and Adjustment	(Murry & Lippold, 2018)	<i>“In diverse family structures, parents may also help their children develop strategies for countering negative experiences associated with social labeling of differences as a function of the structure of their family as well as build resilience and empowerment to navigate and reject negative messages about their family form.”</i> (p. 3, Resilience)	6
Resistance	Blurred Eras: Historical and Contemporary Socio-Ecological Contexts of Development and Adjustment of African American Adolescents	(Murry, 2022)	<i>“A key ingredient in this exchange is parents’ own critical reflections of racism and that their child is growing up in racialized institutions and therefore must be prepared for racialized experiences, knowing when to resist and be confident in their ability to offer adaptive racializing coping strategies that were effective for their children, was also a critical aspect of the socialization process.”</i> (p. 3, Resistance-Liberation)	6
	Pathways for African American Success: Results of Three-Arm Randomized Trial to Test the Effects of Technology-Based Delivery for Rural African American Families	(Murry et al., 2019)	<i>“Youth sessions also included both universal (e.g., risk resistance skills and future orientation) and culturally specific content (dealing with racism).”</i> (Resistance-Survival, p. 6)	4
	The Closing Digital Divide: Delivery Modality and Family Attendance in the Pathways for African American Success (PAAS) Program	(Murry et al., 2018)	<i>“resistance strategies, and racially specific content, including how to proactively respond to racism”</i> (p. 2, Resistance - Liberation)	7
Both Resilience & Resistance	Healthy African American Families in the 21st Century: Navigating Opportunities and Transcending Adversities	(Murry, 2019)	<i>“Being hopeful for the future and optimistically framing one’s life situations may engender effective coping strategies when situations appear to be bleak . . . This is a form of resilience that might provide opportunities for families to insulate themselves from the negative effects of stress”</i> (p. 10-11, Resilience) <i>“As active agents, I contend that African American families have the capacity to transcend socio-eco-political adversities and shape the ways in which race, ethnicity, and sociocultural settings influence family functioning”</i> (p. 2, Resistance - Liberation)	19
	Excavating New Constructs for Family Stress Theories in the Context of Everyday Life Experiences of African American Families	(Murry, et al., 2018)	<i>Coping is a term commonly used in family stress research and has been, understandably, used interchangeably with resilience . . . It is worth emphasizing, at this juncture, that much of what is known about stress in African American families has been designed to address questions about what is not working and to explain what is wrong with these families—that is, to describe the “troubled” state of African American families.</i> (p. 5, Resilience) <i>“Biopsychosocial resistance efficacy” listed as an outcome for “Positive Development, Adjustment, & Adaptation”</i> (p. 13, Resistance - Liberation)	20
	Understanding Development of African American Boys and Young Men: Moving From Risks to Positive Youth Development	(Gaylord-Harden et al., 2018)	<i>“For example . . . the Rochester Child Resilience Study found that protective factors for African American boys included self-regulation, positive social orientation, social bonding to individuals and institutions, and healthy beliefs and clear standards for behavior.”</i> (p. 7, Resilience) <i>If this greater scrutiny is combined with a biased mislabeling of behavior, the child may not receive the support needed from adults to develop self-regulatory competence. Withdrawal, resistance, or oppositions may be quite adaptive under these conditions.</i> (p. 4, Resistance - Survival)	7

(Continued)

Table 3. (Continued)

Code	Title	Citation	Exemplar(s) of Framing	#
	The Strong African American Families Program: Disrupting the Negative Consequences of Racial Discrimination Through Culturally Tailored, Family-Based Prevention	(Berkel et al., 2022)	"...guided by resilience perspectives as many adolescents at risk for negative developmental trajectories because of racism and poverty nevertheless are able to overcome these challenges and the competence model of family functioning , which points to adaptive parenting as an important contributor to resilience ." (p. 4, Resilience) "Child sessions focus on future orientation, prototypes, resistance efficacy , and adaptive behavioral strategies to use when encountering racism" (p. 4, Resistance - Liberation)	7
	Coping and adaptation in challenging environments: Introduction to the special issue on development of boys and young men of color	(Gaylord-Harden et al., 2021)	"The impact is not only to inform recalibration of perspective on violence exposure of youth of color, but also to bring forth opportunities for intervention to positively support resilience and protection for healthy development ." (p. 4, Resilience) "There is an opportunity for more research on how activism and resistance efforts to challenge the structural conditions that produce inhibiting environments may be adaptive responses in boys and young men of color " (p. 4, Resistance - Liberation)	9
Neither	The Pathways for African American Success: Does Delivery Platform Matter in the Prevention of HIV Risk Vulnerability Among Youth?	(Murry et al., 2019)	Not applicable.	0

framed as a goal or named "resilient" as something for African American youth and families to become, however, it was not linked to liberatory practices. An illustration of this included Carlo and colleagues (2022) opening that, "despite their experiences with oppression, many minority children have been able to succeed and demonstrate resilience in the context of a racialized society (p. 5). One publication stood out in its critique of resilience. Murry, Bradley, and colleagues' (2022) article titled, "Re-envisioning, Retooling, and Rebuilding Prevention Science Methods to Address Structural and Systemic Racism and Promote Health Equity." This article outlined the need to "disrupt individual resilience," tying this new vision to structural change and social justice frameworks.

Similarly, central themes also emerged across the three publications that only referenced "resistance" within the context of African American youth and families (See Table 3 for exemplars). For example, instances in which resistance was framed as a reaction or mechanism for survival; for example, Gaylord-Harden and colleagues (2018) clearly delineated the ways in which resistance may manifest as behaviors that seem deviant or negative but are actually coping strategies that are engaged to survive in the midst systematic racism. These authors shared, "confronted with a sense of "otherness" from teachers and peers, African American males may cope by developing hypermasculine attitudes . . . disengage cognitively and physically from schools to avoid negative encounters" (Gaylord-Harden et al., 2018, p. 8). Expectedly, resistance was also framed as an explicit opposition to oppression, or a liberatory practice, which in this case involved critical reflection on the part of African American parents, Murry (2022) explained,

"A key ingredient in this exchange is parents' own critical reflections of racism, and that their child is growing up in racialized institutions, and therefore must be prepared for racialized experiences, knowing when to resist and be confident in their ability to offer adaptive racializing coping strategies that were effective for their children" (p. 3).

Other usages featured resistance as adaptive and proactive, framing it more as a racism-stress coping strategy. Murry, Berkel, and colleagues (2018) briefly outlined, "resistance strategies, and racially specific content, including how to proactively respond to

racism" (p. 2). To further capture this variation of domains of resilience Robinson & Ward's (1991) framework, Table 1 outlines how often each instance of resistance was categorized across the sample. Resistance references coded as "other" included those only referring to a citation or those which used "resist" as a verb unrelated to the topic of interest. The next section describes more of the interplay between resilience and resistance as exhibited within publications that utilized both terms explicitly.

The critique of resilience-resistance framing employed in the selected papers reiterates the theoretical dispositions featured above and supports Robinson & Ward's (1991) framework differentiating resistance as survival versus liberation. However, investigation of the selected publications revealed the utilization of both resilience and resistance, demonstrating a blurring of differentiation, as well as a potential for more critically examining the intersection. In this vein, a critical evaluation of both resilience and resistance may offer greater insight into the extent to which resilience framings in the literature may actually represent resistance, and, specifically, the action-oriented intent of responses. This perspective gives rise to a critical question: Is race-stress coping resistance for liberation or resistance for survival? Gaylord-Harden and colleagues (2021) seem to suggest as much in their claim that, "Researchers are demonstrating that resilience is more complex and multi-layered than previously presumed. Moreover, as this study illustrates these findings point to more subtle, person-specific, and positive development/resilience-oriented interventions" (p. 4). Murry, Bradley, and colleagues (2022) critique this intersection further, adding that Prevention Science's focus on individualistic frameworks or micro-level instead of macro-level interventions is "reinforced by existing service systems, including schools and public health agencies, that emphasize individual responsibility for health or education without attending to the social and economic conditions that increase health risk and disrupt individual resilience (Murry et al., 2022, p. 5). These authors noted that "programs that focus on building individual and family resilience often ignore the upstream environmental factors and processes that create and sustain chronic exposure to discrimination and systemic racism, or the social structures necessary to sustain" (Murry et al., 2022, p. 5).

Thus, while there is a need for preventive interventions that move beyond families and individuals to increase resilience and include skill and capacity building to promote resistance, the greatest need is for system-level action-oriented change that eliminates the need to navigate oppressive toxic waters.

Reimagining adversity response research: removing structural toxins

To jumpstart this process, this section offers a framework to reimagine the field of resilience and resistance research, offering insights on plausible ways to engage in action-oriented practices and policies that disrupt systems and structures that create, perpetuate, and sustain toxic waters. While numerous social determinants pour downstream to pollute the waters, we focus on two critical systems, education, and health care, because of their reciprocal nature. A plethora of studies have documented the causal link between education and health, such that those with more education are healthier and have longer life spans compared to those with fewer years of schooling (Case & Deaton, 2021). Moreover, educational attainment predicts not only income but also resources, with social and psychological benefits (Assari *et al.*, 2019) and can create conditions that affect one throughout the life course, from prenatal to aging (Lynch, 2006). In the following section, a brief discussion of structural and system-level processes and practices that create adversities in schools and healthcare settings is presented, followed by recommendations of ways to facilitate level change through action-oriented system-level transformation.

Disrupting and removing toxins in schools

Schools play a critical role in shaping the life course. Paulle (2013), in the book, *Toxic Schools*, makes a strong argument that attending schools where students are exposed to threatening, frightening, violent, and environmentally hazardous conditions can cause stressful and toxic situations, compromising both mental and physical problems. According to Boen *et al.* (2020), toxic school experiences have not only short-term consequences but also long-term patterns of health inequities long after school completion. African American students disproportionately experience toxic schools has been attributed to racial discrimination. These experiences often emerge through peers, school staff, and oppressive discriminatory policies (Fisher *et al.*, 2000), including disinvestment in schools with high populations of African American students. The consequences of structural oppression and discrimination are manifested through disparities in grading, representativeness of teaching materials, disciplinary and expulsion practices, and imposed anti-Blackness in dress code policies (Brady *et al.*, 2014; Fisher *et al.*, 2000; Marcelo & Yates, 2019). The downstream effects can be observed in students experiencing low expectations and academic worth, discouraged from enrolling in gifted and college prep courses, relegated to special education classes, insulted, disrespected, or misjudged and stereotyped by peers and school staff (Fisher *et al.*, 2000; Goodwin *et al.*, 2021; Marcelo & Yates, 2019). Exposure can lead to compromised youth behavioral and mental health functioning, as well as decreased school engagement, school connectedness, academic persistence, academic self-efficacy, and early school leaving (Bottiani *et al.*, 2020; Gale, 2020; Goodwin *et al.*, 2021; Griffin *et al.*, 2020; Murry *et al.*, 2009; Seaton & Douglass, 2014).

While these experiences are imminent from school toxins, the burden to navigate this environment is heavily placed on African American youth and families, wherein youth are encouraged to build resilience through effective problem-solving,

self-encouragement, seeking emotional and social support, bolstering racial identity and racial connectedness, and increasing academic commitment (Amemiya & Wang, 2018; Austin *et al.*, 2022; Chavous *et al.*, 2008). A few studies have documented ways in which African American youth may engage in resistance strategies in schools. Resistance strategies in schools include how adolescents push back on structural forces (Collins, 2009), such as silence, distance, emotional expression, anger, and confrontation (Andrews, 2012; Kelly, 2018). Other forms of resistance include protesting against maltreatment, advocating for social and restorative justice to improve treatment and school conditions, and sharing their critical reflections and actions with others in and outside the school environment (Austin *et al.*, 2022; Kelly, 2018). Kelly (2018) reported that African American girls develop strategies for critical resistance in schools, engaging in critical dialog with peers in online spaces as a platform to voice injustices when their schools are not safe and supportive. Several scholars noted that African American students may passively resist by disconnecting from completing school assignments, socially isolating while in school, and outwardly expressing their frustrations in ways that can be misconstrued as defiance and behavior concerns (Amemiya & Wang, 2018; Kelly, 2018). These acts of resistance often result in labeling, as students may be deemed as “troublemakers,” or are mistreated and denigrated when actively or passively questioning the assumptions and values of their teachers or standing up against discrimination (Kelly, 2018). These reactionary processes are African American youths attempting to cover themselves to navigate toxic waters flowing in and through school settings.

Research has highlighted an array of policy and practice implications for education settings to enhance sociocultural resilience at a systemic level. The social-ecological perspective states that schools can utilize direct and indirect strategies to enhance positive adaptation for children and families (Masten & Motti-Stefanidi, 2020; Ungar, 2011). Directly, schools can utilize school-wide interventions and prevention programs aimed at disseminating an anti-bias curriculum, restorative justice practices, or a school-wide culturally tailored resilience curriculum that highlights the impact of systems on educational outcomes, cultural strengths, and empowerment (Darling-Hammond *et al.*, 2020; Elisha & Collins, 2022; Graham *et al.*, 2017; Richards *et al.*, 2016). Indirectly, school resilience strategies may include fostering relationships between school staff, students, and their families, providing safe learning environments and safe spaces in schools for discussing race and identity, and engaging in culturally responsive teaching and classroom management practices (Amemiya & Wang, 2018; Austin *et al.*, 2022; Brady *et al.*, 2014; Gale, 2020; Goodwin & Long, 2022; Kelly, 2018; Theron, 2016). Schools should foster critical consciousness and cultural pluralism to enhance the climate, safety, and support for African American students, especially girls (Amemiya & Wang, 2018; Kelly, 2018).

Schools can also ensure that students are learning in an equitable racial school climate with high expectations, high levels of teacher support, peers with high academic values, and classrooms focused on academic attainment in terms of individual improvement or growth rather than focus on academic competition (Amemiya & Wang, 2018; Brady *et al.*, 2014; Gale, 2020; Golden *et al.*, 2018). Schools should also aim to remove zero-tolerance policies and other exclusionary discipline practices at the school and district-wide levels and critically examine the sources of students’ anger and behavioral concerns (Austin *et al.*, 2022; Kelly, 2018). Further, schools should intervene against discrimination by supporting students, creating and sustaining a safe reporting system, and providing consistent consequences and accountability

against maltreatment (Austin et al., 2022; Earnshaw et al., 2014; Goodwin et al., 2021). Finally, district and state-level school policies should ensure equity in funding by ensuring that schools' funding allocation matches their training and implementation needs regarding direct and indirect social-ecological resilience strategies to prevent and effectively intervene in African American youth's educational, mental health, and behavioral outcomes.

Disrupting and removing toxins in the healthcare context

Health and healthcare systems also create, sustain, and perpetuate inequities, primarily attributed to the structural racism in historical healthcare policies and practices that continue today (Bailey et al., 2021; National Center for Health Statistics, 2016; Yearby et al., 2022). For example, two policies, the Establishment of the Hospital Survey and Construction Act and the Hill-Burton Act enacted in 1946, while publicly described as efforts to address hospital bed shortages in the areas of highest need, particularly the rural South, this policy allowed for "separate-but-equal" facilities for nearly two decades (Yearby, 2020). Policies such as these, and others to follow, set the stage for the disparate health care with disparities and consequences that continue today. It is worth noting that compared to White Americans, African Americans disproportionately have lower rates of influenza vaccination, higher blood pressure, higher maternal mortality, higher rates of firearm injury, and higher rates of depression, which is not happenstance (National Center for Health Statistics, 2016).

Multiple medical organizations, including the American Psychiatric Association and American Academy of Pediatrics, have penned public apologies acknowledging the discriminatory and racist practices that directly and negatively impacted minoritized groups (American Academy of Pediatrics Board of Directors, 2020; American Psychiatric Association, 2021). Recent attention to the need to address the root causes of racism as a contributor to health inequities has set forth a call for system-level changes (Braveman, 2017). While some evidence of change has emerged, there remains a significant opportunity for the healthcare field to do more to disrupt producing policies and practices that contribute to downstream "toxic waters" that affect health outcomes (Garner et al., 2021). In the following section, we provide potential strategies that the health and healthcare system can implement to disrupt and remove toxins and advance equity thereby reducing disparities that disproportionately affect African Americans.

Individual healthcare provider actions

A robust body of literature describes how exposure to adverse experiences in childhood can detrimentally impact physical and mental health over the life course (Bethell et al., 2014; Brown et al., 2009; Gilbert et al., 2015). The capacity to navigate adversities, while having short-term positive outcomes, can have long-term detrimental health impacts, causing early aging, as evident by the onset of chronic disease during young adulthood (Brody et al., 2013). Healthcare providers, especially pediatricians, treat patients during critical developmental stages, from birth to young adulthood, a window of opportunity for preventive intervention and examine policies and practices that may hinder access to quality care and services (Williams & Cooper, 2019). In addition, incorporating clinical knowledge and practices to fit the ecological, contextual, and cultural needs of patients are ways to ensure access to high-quality care (Cooley et al., 2019; Paulus et al., 2021).

In fact, patients' displeasure with medical service may be met with resistance, manifested in a range of responses, including not adhering to recommended medical advice and not keeping scheduled appointments. Essex (2022) describes resistance as an opportunity to disrupt the status quo and when such behaviors occur, particularly among youth, pediatricians can offer empathetic listening and explore the reasoning driving the youth's resistance. Resistance may be attributed to a patient's response to harmful policies or a challenge to unfair assumptions and treatment. Rather than mislabeling youth as "disobedient" or "disruptive", an inquisitive examination of the root causes of the youth's behavior is warranted. In addition to seeking insight from youth to understand responses, it may be helpful to engage caregivers to gain greater insight and develop an action plan that aligns with the causes of resistance (Garner et al., 2021).

Given their clinical experience, healthcare providers are in unique positions to observe ways in which inequities associated with social determinants of health affect their patients (Boudreau et al., 2022). Pediatricians, for example, can gather information to track and monitor ways in which systemic and structural barriers affect health equity. For example, intake information can offer insights into whether their patient is experiencing poor-quality education, residing in unsafe neighborhoods, or experiencing unstable housing (Halfon et al., 2007). Such knowledge capabilities provide opportunities to treat the "whole child," going beyond providing excellent and equitable healthcare to all patients. Healthcare providers can leverage their unique vantage point as an advocate for their patients (Halfon et al., 2007).

Serving in this role is not new, by engaging in resistance advocacy, healthcare workers facilitated the improvement of sanitation as early as the 1800s (Hamlin, 2008). Advocacy can take many forms (Paulson, 2001), such as letter writing or public statements; attending meetings, vigils, or town halls; social media campaigns; or media interviews; formal act of advocacy by communicating with local, state, or federal legislators on specific themes or topics. Elevate awareness of critical health-related issues by sharing de-identified stories and providing relevant data, all of which provide lawmakers with the personal context of the issue. The health of patients is clearly impacted by policies (Centers for Disease Control and Prevention (CDC), 1999). However, policy and legislative leaders often do not have the same level of clinical or research expertise compared to those in healthcare (Schering & Writer, 2022). Of the 535 Members of the 118th Congress, there are 26 medical professionals- only 2 are pediatricians. Therefore, to further impact change upstream, medical providers have an opportunity to add their voice as policymakers to utilize their unique understanding of the interconnectedness of policy and health (Boudreau et al., 2022). For example, advocating for firearm injury prevention to save the life of their patients.

Firearm violence is a public health crisis in the United States (Lee et al., 2022). In 2020 firearm injuries overtook motor vehicle collisions as the leading cause of death for US children (Goldstick et al., 2022). African American youth are disproportionately affected by firearm violence and these inequities have widened in the last decade (Andrews et al., 2022). Overall, pediatric mortality is lower in states with stricter firearm laws (Goyal et al., 2019). Firearm safety policies such as universal background checks and child access prevention laws have been shown to reduce deaths in children (Goyal et al., 2019). Pediatricians and other healthcare providers all too often see the devastating impacts of fatal and

nonfatal firearm injuries. Therefore, they are ideally positioned to speak on behalf of children and families on this issue. For example, by raising awareness among parents through the media about the efficacy of safe storage (Grossman *et al.*, 2005). Healthcare providers can also speak with legislators about the impact of firearm injuries on their patients and provide data to support firearm safety policies. To further address the root causes of firearm violence, healthcare providers can partner with community-based organizations through mechanisms such as hospital-based violence intervention programs shown to reduce future injuries or violent crime involvement in a cost-effective manner (Becker *et al.*, 2004). This same framework can be applied to other health disparities, such as maternal mortality or hypertension.

Other health advocacy equity approaches may include supporting comprehensive and more equitable healthcare access, and the expansion of Medicaid in the 10 states, primarily in the South, which are yet to adopt this policy (Lee *et al.*, 2022). Medicaid programs are a major source of health coverage for minoritized individuals and, as such, can help to address health disparities (Metzger *et al.*, 2021).

Institutional actions

Healthcare providers have a powerful voice and important role in disrupting systems of oppression. Individual action is a crucial component in this endeavor— but so is collective action. Through the collective layers of driven individuals alongside proactive institutions, more meaningful change can occur.

Social determinants or drivers of health (SDOH) affect 50–80% of variation in health outcomes with poverty, education, and employment having the largest impact (Hood *et al.*, 2016). While advancing health equity through clinical care is of certain importance, addressing the ways in which social determinants of health impact health outcomes is essential. This requires systems to expand assessment to screen for SDOH by instituting policies at all outpatient and Emergency Department visits or at the time of admission to the hospital (Hacker *et al.*, 2022). In one institution-wide study examining resource utilization after food insecurity screening, 61% of interested families were connected to food resources (Fritz *et al.*, 2021). The Centers for Medicare and Medicaid Services is now requiring hospitals to report SDOH measures in the domains of food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety (Hacker *et al.*, 2022). These policies should be delivered equitably and integrated within existing referral networks of community resources. This includes providing services through proactive, equitable and integrated approaches with healthcare delivery collocated with nonmedical professionals and resources (e.g., early developmental intervention services or legal services). In their study of collaborative community-clinical partnerships Beck *et al.* (2021) describe cross-sector partnerships, medical-financial, medical-legal, clinic-based food pantries, and access-expanding programs to address upstream causes of childhood poverty and implications for child health outcomes. This innovative approach was strengthened by the consistent use of co-design, community organizing, and community-engaged methodology to enhance equitable partnerships, transparency, and accountability.

Finally, institutions must assess their environments for race-based care delivery, create inclusive climates, and adopt antiracist policies and programs (Olayiwola *et al.*, 2020). One concrete example is eliminating the usage of race-based models such as

calculating the risk of pediatric urinary tract infection or vaginal birth after cesarean section (Wright *et al.*, 2022). Antiracist frameworks involve conscious, active, and ongoing efforts to comprehensively address the multidimensional aspects of racism in our society. Infrastructure for racial justice should be prioritized consistently in strategic visioning, hiring practices, and engaging community partners (Olayiwola *et al.*, 2020). Key to the success of these policies is embedding antiracist education into medical curriculum and faculty development (e.g., resistance education and emphasizing physicians' roles in health and equity) (Hagopian *et al.*, 2018).

Conclusions

In our paper, we sought to advance the field of resilience research by gaining greater insight into what constitutes resilience and potential mislabeling race-stress coping behaviors for resilience when actions are aligned with resistance. Our discovery included reviewing classic empirical and conceptual works, reflecting on our own body of research, and exploring a world in which oppressive structures, systems, practices, and policies would engage in action-oriented efforts to detoxify downstream works, such that the need for resilience and resistance would no longer be uniquely required of African Americans and other minoritized populations. Several key conclusions emerged. First, while studies of resilience are based on assumptions that navigating adversities requires drawing on strengths and coping strategies to overcome odds through “ordinary ways of managing challenges”, Wray-Lake *et al.* (2022) theorized that there may be a potential mislabeling of this process. That is, there is a need to reexamine how individuals and families respond to racism, as what has been characterized as resilience may overlap with resistance there may be overlaps between resilience coping and resistance. Results from our adapted scoping review offered empirical support for this call to action.

We also offer insight on ways to disrupt upstream policies and practices to clean the murky, toxic waters rather than requiring individuals, families, and communities to draw on their strengths and cultural assets to swim in the murky waters (Rogers & Way, 2021). Our case study of two systems urges school administrators and teachers, and healthcare service providers to leverage their privileged positions to acknowledge their positions of power and dismantle practices and policies and also engage in resistance action-oriented efforts (Barker, 2005; Wray-Lake *et al.*, 2022). Not only does this encourage resisting as a collective societal experience, but it also takes away the focus from fixing individuals to cleaning the murky waters (Rogers & Way, 2021). Cleaning the toxic waters will not eradicate the internal fabric of the walls that hold the waters, as the foundational basis of our society is built on the historical vestiges of slavery and Jim Crow law. We propose a modification to Murry *et al.*, Integrative Model for the Study of Stress in Black American Families to one that illustrates ways in which African American families can redirect their strengths and cultural assets from navigating and resisting murky, toxic waters, to the enhancement of family promotive and inhibit ubiquitous vulnerabilities and in turn foster positive development and adjustment for caregivers, their children, and communities (See Fig. 2). In so doing, rubber suits will no longer be needed to survive—an area of research to serve as the impetus for the next generation of resilience research.

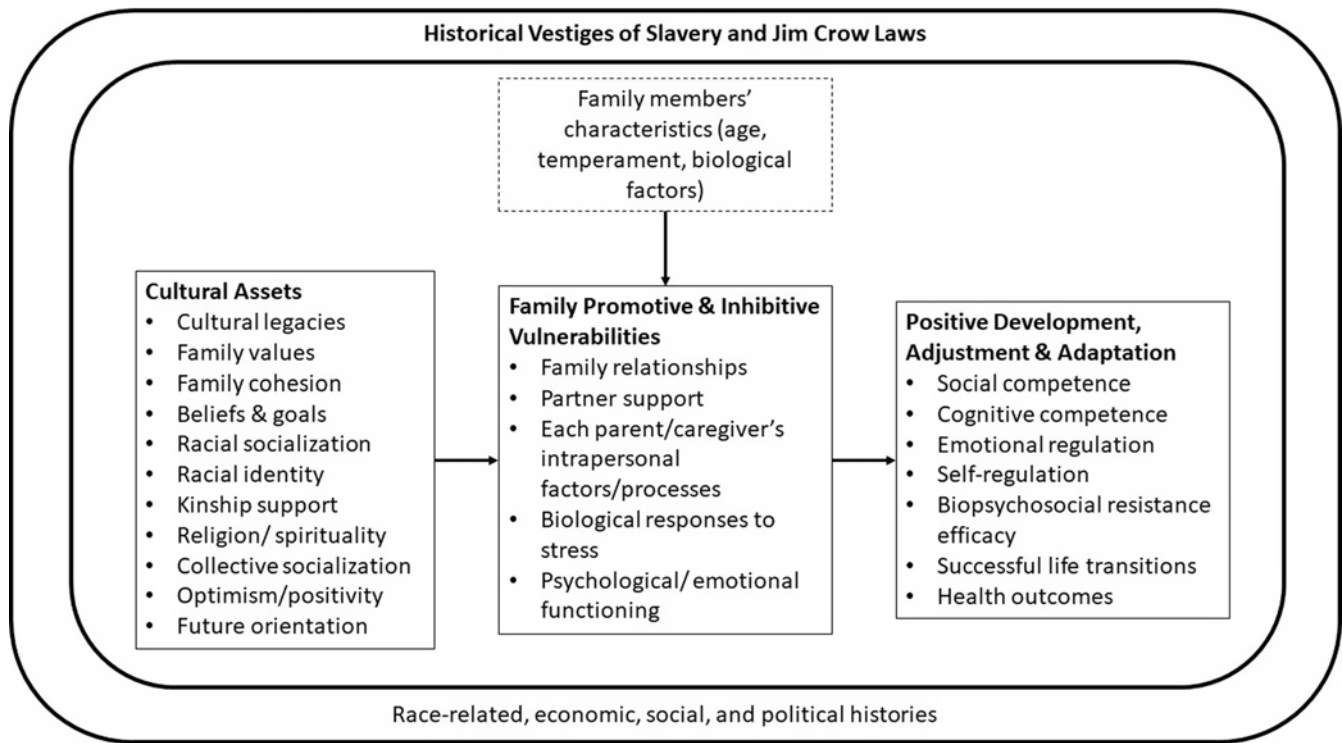


Figure 2. Proposed integrative model for the study of stress in African American families without sociocultural contextual stressors.

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References

- Agnes, M. (2005). *Webster's new college dictionary*. Wiley.
- Amemiya, J., & Wang, M.-T. (2018). African American adolescents' gender and perceived school climate moderate how academic coping relates to achievement. *Journal of School Psychology, 69*, 127–142. <https://doi.org/10.1016/j.jsp.2018.05.001>
- American Academy of Pediatrics Board of Directors (2020). American academy of pediatrics board of directors, 2020, truth, reconciliation, and transformation: Continuing on the path to equity. *Pediatrics, 146*(3), e2020019794. <https://doi.org/10.1542/peds.2020-019794>
- American Psychological Association (2021, October). *Apology to people of color for APA's role in promoting, perpetuating, and failing to challenge racism, racial discrimination, and human hierarchy in U.S.* APA Council of Representatives. <https://www.apa.org/about/policy/racism-apology>. Accessed June 8, 2023.
- Anderson, L. A. (2019). Rethinking resilience theory in African American families: Fostering positive adaptations and transformative social justice. *Journal of Family Theory & Review, 11*(3), 385–397. <https://doi.org/10.1111/jftr.12343>
- Andrews, A. L., Killings, X., Oddo, E. R., Gastineau, K. A. B., & Hink, A. B. (2022). Pediatric firearm injury mortality epidemiology. *Pediatrics, 149*(3), e2021052739. <https://doi.org/10.1542/peds.2021-052739>
- Andrews, D. J. C. (2012). Black achievers' experiences with racial spotlighting and ignoring in a predominantly white high school. *Teachers College Record, 114*(10), 1–46. <https://doi.org/10.1177/0161468112111401002>
- Arksey, H., & O'Malley, L. (2005). Scoping studies: Towards a methodological framework. *International Journal of Social Research Methodology, 8*(1), 19–32. <https://doi.org/10.1080/1364557032000119616>
- Assari, S., Caldwell, C. H., & Bazargan, M. (2019). Association between parental educational attainment and youth outcomes and role of race/ethnicity. *JAMA. Network Open, 2*(11), e1916018. <https://doi.org/10.1001/jamanetworkopen.2019.16018>
- Austin, J. L., Jeffries, E. F., Winston, W., & Brady, S. S. (2022). Race-related stressors and resources for resilience: Associations with emotional health, conduct problems, and academic investment among African American early adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry, 61*(4), 544–553. <https://doi.org/10.1016/j.jaac.2021.05.020>
- Bailey, Z. D., Feldman, J. M., & Bassett, M. T. (2021). How structural racism works—Racist policies as a root cause of U.S. racial health inequities. *New England Journal of Medicine, 384*(8), 768–773. <https://doi.org/10.1056/NEJmms2025396>
- Barbarin, O., Tolan, P., Gaylord-Harden, N., & Murry, V. (2019). Promoting social justice for African-american boys and young men through research and intervention: A challenge for developmental science. *Applied Developmental Science, 24*(3), 1–12. <https://doi.org/10.1080/10888691.2019.1702880>
- Barker, G. (2005). *Dying to be men: Youth, masculinity and social exclusion* / Gary T. Barker. Routledge.
- Beck, A. F., Marcil, L. E., Klein, M. D., Sims, A. M., Parsons, A. A., Shah, A. N., Riley, C. L., O. N. R. Bignall II, Henize, A. W., Kahn, R. S., Unaka, N. I. (2021). Pediatricians contributing to poverty reduction through clinical-community partnership and collective action: A narrative review. *Academic Pediatrics, 21*(8), S200–S206. <https://doi.org/10.1016/j.acap.2021.04.010>
- Becker, M. G., Hall, J. S., Ursic, C. M., Jain, S., & Calhoun, D. (2004). Caught in the crossfire: The effects of a peer-based intervention program for violently injured youth. *Journal of Adolescent Health, 34*(3), 177–183. <https://doi.org/10.1016/j.jadohealth.2003.04.001>
- Béné, C., Newsham, A., Davies, M., Ulrichs, M., & Godfrey-Wood, R. (2014). Review article: Resilience, poverty and development. *Journal of International Development, 26*(5), 598–623. <https://doi.org/10.1002/jid.2992>
- Berkel, C., Murry, V. M., Hurt, T. R., Chen, Y.-f., Brody, G. H., Simons, R. L., Cutrona, C., & Gibbons, F. X. (2009). It takes a village: Protecting rural

- African American youth in the context of racism. *Journal of Youth and Adolescence*, 38(2), 175–188. <https://doi.org/10.1007/s10964-008-9346-z>
- Berkel, C., Murry, V. M., Thomas, N. A., Bekele, B., Debreux, M. L., Gonzalez, C., & Hanebutt, R. A.** (2022). The strong African American families program: Disrupting the negative consequences of racial discrimination through culturally tailored, family-based prevention. *Prevention Science*, <https://doi.org/10.1007/s1121-022-01432-x>
- Bernard, D. L., Smith, Q., & Lanier, P.** (2022). Racial discrimination and other adverse childhood experiences as risk factors for internalizing mental health concerns among black youth. *Journal of Traumatic Stress*, 35(2), 473–483. <https://doi.org/10.1002/jts.22760>
- Bethell, C. D., Newacheck, P., Hawes, E., & Halfon, N.** (2014). Adverse childhood experiences: Assessing the impact on health and school engagement and the mitigating role of resilience. *Health Affairs*, 33(12), 2106–2115. <https://doi.org/10.1377/hlthaff.2014.0914>
- Billingsley, A.** (1968). *Black families in White America*. Prentice-Hall Publishers.
- Black, A. R., Cook, J. L., Murry, V. M., & Cutrona, C. E.** (2005). Ties that bind: Implications of social support for rural, partnered African American women's health functioning. *Women's Health Issues*, 15(5), 216–223. <https://doi.org/10.1016/j.whi.2005.05.003>
- Bobo, L.** (2000). Racial attitudes and relations at the close of the twentieth century. In N. Smelser, W. J. Wilson, F. Mitchell, & America Becoming Eds. (Eds.), *Racial trends and their implications* (pp. 262–299). National Academy Press.
- Boen, C. E., Kozlowski, K., & Tyson, K. D.** (2020). Toxic, schools? How school exposures during adolescence influence trajectories of health through young adulthood. *SSM - Population Health*, 11, 100623. <https://doi.org/10.1016/j.ssmph.2020.100623>
- Bonilla-Silva, E.** (1997). Rethinking racism: Toward a structural interpretation. *American Sociological Review*, 62(3), 465–480.
- Bottiani, J. H., McDaniel, H. L., Henderson, L., Castillo, J. E., & Bradshaw, C. P.** (2020). Buffering effects of racial discrimination on school engagement: The role of culturally responsive teachers and caring school police. *Journal of School Health*, 90(12), 1019–1029. <https://doi.org/10.1111/josh.12967>
- Boudreau, A., Hamling, A., Pont, E., Pendergrass, T. W., Richerson, J. COMMITTEE ON PEDIATRIC WORKFORCE, COMMITTEE ON PRACTICE AND AMBULATORY MEDICINE** (2022). Pediatric primary health care: The central role of pediatricians in maintaining children's health in evolving health care models. *Pediatrics*, 149(2), e202105553. <https://doi.org/10.1542/peds.2021-05553>
- Boyd, D. T., Jones, K. V., Quinn, C. R., Gale, A., Williams, E.-D. G., & Lateef, H.** (2022). The mental health of black youth affected by community violence: Family and school context as pathways to resilience. *Children*, 9(2), 259. <https://doi.org/10.3390/children9020259>
- Brady, S. S., Winston, W., & Gockley, S. E.** (2014). Stress-related externalizing behavior among African American youth: How could policy and practice transform risk into resilience?: Stress-related risk and resilience. *Journal of Social Issues*, 70(2), 315–341. <https://doi.org/10.1111/josi.12062>
- Braveman, P.** (2017, June 22). A new definition of health equity to guide future efforts and measure progress. *Health Affairs Blog*, <http://vitalysthealth.org/wp-content/uploads/2017/07/Health-Equity-Health-Affairs-Blog-June-2017.pdf>
- Braveman, P., & Gottlieb, L.** (2014). The social determinants of health: It's time to consider the causes of the causes. *Public Health Reports*, 129(Suppl 2), 19–31. <https://doi.org/10.1177/00333549141291s206>
- Brody, G. H., Yu, T., Chen, E., & Miller, G. E.** (2020). Persistence of skin-deep resilience in African American adults. *Health Psychology*, 39(10), 921–926. <https://doi.org/10.1037/hea0000945>
- Brody, G. H., Yu, T., Chen, E., Miller, G. E., Kogan, S. M., & Beach, S. R.** (2013). Is resilience only skin deep? Rural African Americans' socioeconomic status-related risk and competence in preadolescence and psychological adjustment and allostatic load at age 19. *Psychological Science*, 24(7), 1285–1293. <https://doi.org/10.1177/0956797612471954>
- Brown, D. L.** (2008). African American resiliency: Examining racial socialization and social support as protective factors. *Journal of Black Psychology*, 34(1), 32–48. <https://doi.org/10.1177/0095798407310538>
- Brown, D. W., Anda, R. F., Tiemeier, H., Felitti, V. J., Edwards, V. J., Croft, J. B., & Giles, W. H.** (2009). Adverse childhood experiences and the risk of premature mortality. *American Journal of Preventive Medicine*, 37(5), 389–396. <https://doi.org/10.1016/j.amepre.2009.06.021>
- Browning, C. R., Buntington, L. A., Leventhal, T., & Brooks-Gunn, J.** (2008). Neighborhood structural inequality, collective efficacy, and sexual risk behavior among urban youth. *Journal of Health and Social Behavior*, 49(3), 269–285. <https://doi.org/10.1177/002214650804900303>
- Bryant, C. M., Anderson, L. A., & Notice, M. R.** (2022). Revisioning the concept of resilience: Its manifestation and impact on black Americans. *Contemporary Family Therapy*, 44(1), 16–28. <https://doi.org/10.1007/s10591-021-09621-6>
- Burton, L. M., & Jarrett, R. L.** (2000). In the mix, yet on the margins: The place of families in urban neighborhood and child development research. *Journal of Marriage and the Family*, 62(4), 1114–1135. <https://doi.org/10.1111/j.1741-3737.2000.01114.x>
- Butler-Barnes, S. T., Williams, T. T., & Chavous, T. M.** (2012). Racial pride and religiosity among African American boys: Implications for academic motivation and achievement. *Journal of Youth and Adolescence*, 41(4), 486–498. <https://doi.org/10.1007/s10964-011-9675-1>
- Carlo, G., Murry, V. M., Davis, A. N., Gonzalez, C. M., & Debreux, M. L.** (2022). Culture-related adaptive mechanisms to race-related trauma among African American and US latinx youth. *Adversity and Resilience Science*, 3(3), 247–259. <https://doi.org/10.1007/s42844-022-00065-x>
- Case, A., & Deaton, A.** (2021). Life expectancy in adulthood is falling among those without a, *PNAS*, 118, 1–2.
- Cassidy, E. F., H. C. Stevenson Jr.** (2005). They wear the mask: Hypervulnerability and hypermasculine aggression among African American males in an urban remedial disciplinary school. *Journal of Aggression, Maltreatment & Trauma*, 11(4), 53–74.
- Centers for Disease Control and Prevention (CDC)** (1999). Ten great public health achievements—United States, 1900–1999. *MMWR. Morbidity and Mortality Weekly Report*, 48(12), 241–243.
- Chavous, T., Rivas-Drake, D., Smalls, C., Griffin, T., & Cogburn, C.** (2008). Gender matters, too: The influences of school racial discrimination and racial identity on academic engagement outcomes among African American adolescents. *Developmental Psychology*, 44(3), 637–654. <https://doi.org/10.1037/0012-1649.44.3.637>
- Clark, K. B.** (1965). *Dark ghetto*. Harper & Row.
- Coates, T.** (2014, June). The case for reparations. *The Atlantic* <http://www.theatlantic.com/magazine/archive/2014/06/the-case-for-reparations/361631/>. Accessed June 9, 2016.
- Collins, P. H.** (2009). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment*. Routledge.
- Cooley, J. L., Ritschel, L. A., Frazer, A. L., & Blossom, J. B.** (2019). The influence of internalizing symptoms and emotion dysregulation on the association between witnessed community violence and aggression among urban adolescents. *Child Psychiatry & Human Development*, 50(6), 883–893. <https://doi.org/10.1007/s10578-019-00890-9>
- Cunningham, M., Swanson, D. P., & Hayes, D. M.** (2013). School- and community-based associations to hypermasculine attitudes in African American adolescent males. *American Journal of Orthopsychiatry*, 83(2-3), 244–251. <https://doi.org/10.1111/ajop.12029>
- Cutrona, C. E., Russell, D. W., Hessling, R. M., Brown, P. A., & Murry, V.** (2000). Direct and moderating effects of community context on the psychological well-being of African American women. *Journal of Personality and Social Psychology*, 79(6), 1088–1101. <https://doi.org/10.1037/0022-3514.79.6.1088>
- Dahlin, L., Cederald, M., Antonovsky, A., & Hagnell, O.** (1990). Childhood vulnerability and adult invincibility. *Journal of Acta Psychiatrica Scandinavia*, 82, 228–232.
- Darling-Hammond, S., Fronius, T. A., Sutherland, H., Guckenbur, S., Petrosino, A., & Hurley, N.** (2020). Effectiveness of restorative justice in US K-12 schools: A review of quantitative research. *Contemporary School Psychology*, 24(3), 295–308.
- Das, S., Pitts, J., Arevalo, K., Cox, B., Blood, T., Hughes, D., Coulanges, V., Keryc, C., Rogers, O., Way, N.** (2022). Lessons of resistance from black

- mothers to their black sons. *Journal of Research on Adolescence*, 32(3), 981–998. <https://doi.org/10.1111/jora.12740>
- Dominguez, S., & Watkins-Hayes, C.** (2003). Creating networks for survival and mobility: Social capital among African-american and latin-american low-income mothers. *Social Problems*, 50(1), 111–135. <https://doi.org/10.1525/sp.2003.50.1.111>
- Dunham, H. W.** (1965). *Community and schizophrenia*. Wayne State University Press.
- Earnshaw, V. A., Rosenthal, L., Carroll-Scott, A., Peters, S. M., McCaslin, C., & Ickovics, J. R.** (2014). Teacher involvement as a protective factor from the association between race-based bullying and smoking initiation. *Social Psychology of Education*, 17(2), 197–209. <https://doi.org/10.1007/s11218-014-9250-1>
- Elisha, I. M., & Collins, R.-N.** (2022). Resilience: Within-group variations in the impact of racial discrimination on black youth's mental health. *Policy Insights From the Behavioral and Brain Sciences*, 9(1), 11–17. <https://doi.org/10.1177/23727322211068015>
- Essex, R.** (2022). How resistance shapes health and well-being. *Bioethical Inquiry*, 19(2), 315–325. <https://doi.org/10.1007/s11673-022-10183-x>
- Evans, A. B., Banerjee, M., Meyer, R., Aldana, A., Foust, M., & Rowley, S.** (2012). Racial socialization as a mechanism for positive development among African American youth. *Child Development Perspectives*, 6(3), 251–257. <https://doi.org/10.1111/j.1750-8606.2011.00226.x>
- Fisher, C. B., Wallace, S. A., & Fenton, R. E.** (2000). Discrimination distress during adolescence. *Journal of Youth and Adolescence*, 29(6), 679–695. <https://doi.org/10.1023/A:1026455906512>
- Fraser, M. W., Richman, J. M., & Galinsky, M. J.** (1999). Risk, protection, and resilience: Toward a conceptual framework for social work practice. *Social Work Research*, 23(3), 131–143. <https://doi.org/10.1093/swr/23.3.131>
- Fritz, C. Q., Thomas, J., Brittan, M. S., Mazzio, E., Pitkin, J., & Suh, C.** (2021). Referral and resource utilization among food insecure families identified in a pediatric medical setting. *Academic Pediatrics*, 21(3), 446–454. <https://doi.org/10.1016/j.acap.2020.11.019>
- Gale, A.** (2020). Examining black adolescents' perceptions of in-school racial discrimination: The role of teacher support on academic outcomes. *Children and Youth Services Review*, 116, 105173. <https://doi.org/10.1016/j.childyouth.2020.105173>
- García Coll, C., Lamberty, G., Jenkins, R., McAdoo, H. P., Crnic, K., Wasik, B. H., & Vázquez García, H.** (1996). An integrative model for the study of developmental competencies in minority children. *Child Development*, 67(5), 1891–1914.
- Garnezy, N.** (1971). Vulnerability research and the issue of primary prevention. *American Journal of Orthopsychiatry*, 41(1), 101–116. <https://doi.org/https://doi.org/10.1111/j.1939-0025.1971.tb01111.x>
- Garner, A., Yogman, M., & Committee on Psychosocial Aspects of Child and Family Health, Section on Developmental Behavioral Pediatrics, Council on Early Childhood** (2021). Preventing childhood toxic stress: Partnering with families and communities to promote relational health. *Pediatrics*, 148(2), e2021052582. <https://doi.org/10.1542/peds.2021-052582>
- Gaylord-Harden, N. K., Barbarin, O., Tolan, P. H., & Murry, V. M.** (2018). Understanding development of African American boys and young men: Moving from risks to positive youth development. *American Psychologist*, 73(6), 753–767. <https://doi.org/10.1037/amp0000300>
- Gaylord-Harden, N. K., Graham, S., Barbarin, O., Tolan, P. H., & Murry, V. M.** (2021). Coping and adaptation in challenging environments: Introduction to the special issue on development of boys and young men of color. *Journal of Applied Developmental Psychology*, 72, 101220. <https://doi.org/10.1016/j.appdev.2020.101220>
- Gil, D. G.** (2005). Toward a 'radical' paradigm of restorative justice. In D. Sullivan In, & L. Tiffit (Eds.), *Handbook of restorative justice: A global perspective* ((1st ed. pp. 499–511). Routledge.
- Gilbert, L. K., Breiding, M. J., Merrick, M. T., Thompson, W. W., Ford, D. C., Dhingra, S. S., & Parks, S. E.** (2015). Childhood adversity and adult chronic disease: An update from ten states and the district of columbia. *2010 American Journal of Preventive Medicine*, 48(3), 345–349. <https://doi.org/10.1016/j.amepre.2014.09.006>
- Giroux, H. A.** (1983). Theories of reproduction and resistance in the new sociology of education: A critical analysis. *Harvard Educational Review*, 53(3), 257–293. <https://doi.org/10.17763/haer.53.3.a67x4u33g7682734>
- Golden, A. R., Griffin, C. B., Metzger, I. W., & Cooper, S. M.** (2018). School racial climate and academic outcomes in African American adolescents: The protective role of peers. *Journal of Black Psychology*, 44(1), 47–73. <https://doi.org/10.1177/0095798417736685>
- Goldstick, J. E., Cunningham, R. M., & Carter, P. M.** (2022). Current causes of death in children and adolescents in the united states. *New England Journal of Medicine*, 386(20), 1955–1956. <https://doi.org/10.1056/NEJMc2201761>
- Goodwin, A. K. B., Chen, G. L., & Long, A. C. J.** (2021). Mental health, well-being, and help-seeking in schools among black adolescents: The role of discrimination in high-achieving academic settings. *Psychology in the Schools*, 58(9), 1690–1707. <https://doi.org/10.1002/pits.22523>
- Goodwin, A. K. B., & Long, A. C. J.** (2022). Parents' perceptions of culturally responsive teacher practices and elementary children's mental health and well-being. *Journal of Child and Family Studies*, 32(3), 781–795. <https://doi.org/10.1007/s10826-022-02454-3>
- Goyal, M. K., Badolato, G. M., Patel, S. J., Iqbal, S. F., Parikh, K., & McCarter, R.** (2019). State gun laws and pediatric firearm-related mortality. *Pediatrics*, 144(2), e20183283. <https://doi.org/10.1542/peds.2018-3283>
- Graham, P. W., Yaros, A., Lowe, A., & McDaniel, M. S.** (2017). Nurturing environments for boys and men of color with trauma exposure. *Clinical Child and Family Psychology Review*, 20(2), 105–116. <https://doi.org/10.1007/s10567-017-0241-6>
- Griffin, C. B., Stitt, R. L., & Henderson, D. X.** (2020). Investigating school racial climate and private racial regard as risk and protector factors for black high school students. *School Engagement. Journal of Black Psychology*, 46(6-7), 514–549. <https://doi.org/10.1177/0095798420946895>
- Grossman, D. C., Mueller, B. A., Riedy, C., Dowd, M. D., Villaveces, A., Prodzinski, J., Nakagawara, J., Howard, J., Thiersch, N., Harruff, R.** (2005). Gun storage practices and risk of youth suicide and unintentional firearm injuries. *JAMA*, 293(6), 707–714. <https://doi.org/10.1001/jama.293.6.707>
- Hacker, K., Auerbach, J., Ikeda, R., Philip, C., & Houry, D.** (2022). Social determinants of health—An approach taken at CDC. *Journal of Public Health Management and Practice*, 28(6), 589–594. <https://doi.org/10.1097/PHH.0000000000001626>
- Hagopian, A., West, K. M., Ornelas, I. J., Hart, A. N., Hagedorn, J., & Spigner, C.** (2018). Adopting an anti-racism public health curriculum competency: The university of washington experience. *Public Health Reports*, 133(4), 507–513. <https://doi.org/10.1177/0033354918774791>
- Halfon, N., DuPlessis, H., & Inkelas, M.** (2007). Transforming the U.S. child health system. *Health Affairs*, 26(2), 315–330. <https://doi.org/10.1377/hlthaff.26.2.315>
- Hamlin, C.** (2008). Health of towns association (Act. 1844-1849). In *Oxford dictionary of national biography*. Oxford University Press.
- Hill, R. B.** (1973). *The strengths of black families*. Emerson Hall Publishers.
- Hood, C. M., Gennuso, K. P., Swain, G. R., & Catlin, B. B.** (2016). County health rankings: Relationships between determinant factors and health outcomes. *American Journal of Preventive Medicine*, 50(2), 129–135. <https://doi.org/10.1016/j.amepre.2015.08.024>
- Hope, E. C., Smith, C. D., Cryer-Coupet, Q. R., & Briggs, A. S.** (2020). Relations between racial stress and critical consciousness for black adolescents. *Journal of Applied Developmental Psychology*, 70, 101184. <https://doi.org/10.1016/j.appdev.2020.101184>
- Hughes, D., Rodriguez, J., Smith, E. P., Johnson, D. J., Stevenson, H. C., & Spicer, P.** (2006). Parents' ethnic-racial socialization practices: A review of research and directions for future study. *Developmental Psychology*, 42(5), 747–770.
- Johnson, D. J., Yoon, J., & House, S. H.** (2022). Resistance and resilience in African American and latinx women college students in the context of ethno-gendered racism. *Research in Human Development*, 19(3-4), 123–142. <https://doi.org/10.1080/15427609.2023.2165380>
- Johnson, E. I., & Arditti, J. A.** (2023). Risk and resilience among children with incarcerated parents: A review and critical reframing. *Annual Review of*

- Clinical Psychology*, 19(1), 437–460. <https://doi.org/10.1146/annurev-clinpsy-080921-081447>
- Jones, S. C. T., Anderson, R. E., Gaskin-Wasson, A. L., Sawyer, B. A., Applewhite, K., & Metzger, I. W. (2020). From “crib to coffin”: Navigating coping from racism-related stress throughout the lifespan of black Americans. *The American Journal of Orthopsychiatry*, 90(2), 267–282. <https://doi.org/10.1037/ort0000430>
- Jones, S. C. T., Anderson, R. E., & Stevenson, H. C. (2021). Not the same old song and dance: Viewing racial socialization through a family systems lens to resist racial trauma. *Adversity and Resilience Science*, 2(4), 225–233. <https://doi.org/10.1007/s42844-021-00044-8>
- Kelly, L. L. (2018). A snapchat story: How black girls develop strategies for critical resistance in school. *Learning, Media and Technology*, 43(4), 374–389. <https://doi.org/10.1080/17439884.2018.1498352>
- Kuldas, S., Dupont, M., & Foody, M. (2021). Ethnicity-based bullying: Suggestions for future research on classroom ethnic composition. In P. K. Smith, & J. O. Higgins Norman (Eds.), *The Wiley Blackwell handbook of bullying* (pp 246–265). Wiley-Blackwell.
- Leath, S., Butler-Barnes, S., Ross, R., & Lee-Nelson, Z. (2021). What happens if they come for you? An exploration of mothers’ racial socialization on discrimination with black college women. *Psychology of Women Quarterly*, 45(2), 194–211. <https://doi.org/10.1177/0361684320979679>
- Lee, B. P., Dodge, J. L., & Terrault, N. A. (2022). Medicaid expansion and variability in mortality in the USA: A national, observational cohort study. *The Lancet Public Health*, 7(1), e48–e55. [https://doi.org/10.1016/S2468-2667\(21\)00252-8](https://doi.org/10.1016/S2468-2667(21)00252-8)
- Lee, L. K., Fleegler, E. W., Goyal, M. K., Doh, K. F., Laraque-Arena, D., Hoffman, B. D., & The Council on Injury, Violence, and Poison Prevention (2022). Firearm-related injuries and deaths in children and youth: Injury prevention and harm reduction. *Pediatrics*, 150(6), e2022060070. <https://doi.org/10.1542/peds.2022-060070>
- Lincoln, C. E., & Mamiya, L. H. (1990). *The black church in the African American experience*. Duke University Press.
- Luthar, S. S. (1999). *Poverty and children’s adjustment*. Sage.
- Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development*, 71(3), 543–562. <https://doi.org/10.1111/1467-8624.00164>
- Lynch, S. M. (2006). Explaining life course and cohort variation in the relationship between education and health: The role of income. *Journal of Health and Social Behavior*, 47(4), 309–323. <https://doi.org/10.1177/0022146506047004>
- Macedo, T., Wilhelm, L., Gonçalves, R., Coutinho, E. S. F., Vilete, L., Figueira, I., & Ventura, P. (2014). Building resilience for future adversity: A systematic review of interventions in non-clinical samples of adults. *BMC Psychiatry*, 14(1), 227. <https://doi.org/10.1186/s12888-014-0227-6>
- Marcelo, A. K., & Yates, T. M. (2019). Young children’s ethnic-racial identity moderates the impact of early discrimination experiences on child behavior problems. *Cultural Diversity and Ethnic Minority Psychology*, 25(2), 253–265.
- Martin, A., Boadi, N., Fernandes, C., Watt, S., & Robinson-Wood, T. (2013). Applying resistance theory to depression in black women. *Journal of Systemic Therapies*, 32(1), 1–13. <https://doi.org/10.1521/jsyt.2013.32.1.1>
- Masten, A., Best, K., & Garmezy, N. (1990). Resilience and development: Contributions from the study of children who overcome. *Development and Psychopathology*, 2(4), 425–444. <https://doi.org/10.1017/S0954579400005812>
- Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist*, 56(3), 227–238. <https://doi.org/10.1037/0003-066X.56.3.227>
- Masten, A. S. (2011). Resilience in children threatened by extreme adversity: Frameworks for research, practice, and translational synergy. *Development and Psychopathology*, 23(2), 493–506. <https://doi.org/10.1017/s0954579411000198>
- Masten, A. S. (2014). Global perspectives on resilience in children and youth. *Child Development*, 85(1), 6–20. <https://doi.org/10.1111/cdev.12205>
- Masten, A. S., Lucke, C. M., Nelson, K. M., & Stallworthy, I. C. (2021). Resilience in development and psychopathology: Multisystem perspectives. *Annual Review of Clinical Psychology*, 17(1), 521–549. <https://doi.org/10.1146/annurev-clinpsy-081219-120307>
- Masten, A. S., & Motti-Stefanidi, F. (2020). Multisystem resilience for children and youth in disaster: Reflections in the context of COVID-19. *Adversity and Resilience Science*, 1(2), 95–106. <https://doi.org/10.1007/s42844-020-00010-w>
- Masten, A. S., & Wright, M. O. D. (2010). Resilience over the lifespan: Developmental perspectives on resistance, recovery, and transformation. In J. W. Reich, A. J. Zautra, & J. S. Hall (Eds.), *Handbook of adult resilience* (pp. 213–237). Guilford Publications.
- Mattis, J. S. (2001). Religion and African American political life. *Political Psychology*, 22(2), 26–278. <https://doi.org/10.1111/0162-895X.00238>
- Metzger, G. A., Asti, L., Quinn, J. P., Chisolm, D. J., Xiang, H., Deans, K. J., & Cooper, J. N. (2021). Association of the affordable care act medicaid expansion with trauma outcomes and access to rehabilitation among young adults: Findings overall, by race and ethnicity, and community income level. *Journal of the American College of Surgeons*, 233(6), 776–793e16. <https://doi.org/10.1016/j.jamcollsurg.2021.08.694>
- Moynihan, D. P. (1965). *The negro family: The case for national action*. United States department of labor. Office of Policy Planning and Research.
- Murry, V. M. (2019). Healthy African American families in the 21st century: Navigating opportunities and transcending adversities. *Journal of Family Relations*, 68(3), 342–357. <https://doi.org/10.1111/fare.12363>
- Murry, V. M. (2022). Blurred eras: Historical and contemporary socio-ecological contexts of development and adjustment of black American adolescents. *Journal for Research on Adolescence*, 32(1), 290–294. <https://doi.org/10.1111/jora.12734>
- Murry, V. M., Berkel, C., Brody, G. H., Miller, S. J., & Chen, Y. F. (2009). Linking parental socialization to interpersonal protective processes, academic self-presentation, and expectations among rural African American youth. *Cultural Diversity and Ethnic Minority Psychology*, 15(1), 1–10. <https://doi.org/10.1037/a0013180>
- Murry, V. M., Berkel, C., Inniss-Thompson, M. N., & Debreux, M. L. (2019). Pathways for African American success: Results of three-arm randomized trial to test the effects of technology-based delivery for rural African American families. *Journal of Pediatric Psychology*, 44(3), 375–387. <https://doi.org/10.1093/jpepsy/jsz001>
- Murry, V. M., Berkel, C., & Liu, N. (2018). The closing digital divide: Delivery modality and family attendance in the pathways for African American success (PAAS) program. *Prevention Science*, 19(5), 642–651. <https://doi.org/10.1007/s11121-018-0863-z>
- Murry, V. M., Bradley, C., Cruden, G., Brown, C. H., Howe, G. W., Sepúlveda, M. J., Beardslee, W., Hannah, N., & Warne, D. (2022). Re-envisioning, retooling, and rebuilding prevention science methods to address structural and systemic racism and promote health equity. *Prevention Science*, 1–14. <https://doi.org/10.1007/s11121-022-01439-4>
- Murry, V. M., Brody, G. H., Simons, R. L., Cutrona, C. E., & Gibbons, F. X. (2008). Disentangling ethnicity and context as predictors of parenting within rural African American families. *Applied Developmental Science*, 12(4), 202–210. <https://doi.org/10.1080/1088690802388144>
- Murry, V. M., Butler-Barnes, S. T., Mayo-Gamble, T. L., & Inniss-Thompson, M. N. (2018). Excavating new constructs for family stress theories in the context of everyday life experiences of black American families. *Journal of Family Theory & Review*, 10(2), 384–405. <https://doi.org/10.1111/jftr.12256>
- Murry, V. M., Gonzalez, C. M., Debreux, M. L., Coates, E. E., & Berkel, C. (2023). Implications of built and social environments on the academic success among African American youth: Testing SAAF intervention effects on parental academic racial socialization. *Frontiers in Psychology*, 14. <https://doi.org/10.3389/fpsyg.2023.956804>
- Murry, V. M., Gonzalez, C. M., Hanebutt, R. A., Bulgin, D., Coates, E. E., Inniss-Thompson, M. N., Debreux, M. L., Wilson, W. E., Abel, D., Cortez, M. B. (2022). Longitudinal study of the cascading effects of racial discrimination on parenting and adjustment among African American youth. *Attachment & Human Development*, 24(3), 322–338. <https://doi.org/10.1080/14616734.2021.1976926>
- Murry, V. M., Kettrey, H. H., Berkel, C., & Inniss-Thompson, M. N. (2019). The pathways for African American success: Does delivery platform matter in the prevention of HIV risk vulnerability among youth? *Journal of Adolescent Health*, 65(2), 255–261. <https://doi.org/10.1016/j.jadohealth.2019.02.013>

- Murry, V. M., & Lippold, M. A. (2018). Parenting practices in diverse family structures: Examination of adolescents' development and adjustment. *Journal for Research on Adolescence*, 28(3), 650–664. <https://doi.org/10.1111/jora.12390>
- Nurco, D. N., Kinlock, T. W., O'Grady, K. E., & Hanlon, T. E. (1996). Early family adversity as a precursor to narcotic addiction. *Drug and Alcohol Dependence*, 43(1), 103–113. [https://doi.org/10.1016/S0376-8716\(96\)01299-9](https://doi.org/10.1016/S0376-8716(96)01299-9)
- Ogbu, J. U. (2004). Collective identity and the burden of, acting white, in black history, community, and education. *The Urban Review*, 36(1), 1–35. <https://doi.org/10.1023/B:URRE.0000042734.83194.f6>
- Olayiwola, J. N., Joseph, J. J., Glover, A. R., Paz, H. L., & Gray, D. M. II. (2020). Making anti-racism a core value in academic medicine. *Health Affairs Forefront*, <https://doi.org/10.1377/forefront.20200820.931674>
- Patel, S. S., Rogers, M. B., Amlôt, R., & Rubin, G. J. (2017). What do we mean by 'community resilience'? A systematic literature review of how it is defined in the literature. *PLoS Currents*, 9. <https://doi.org/10.1371/currents.dis.db775aff25efc5ac4f0660ad9c9f7db2>
- Paulle, B. (2013). *Toxic schools: High-poverty education in New York and Amsterdam*. Chicago: University of Chicago Press.
- Paulson, J. A. (2001). Pediatric advocacy. *Pediatric Clinics of North America*, 48(5), 1307–1318. [https://doi.org/10.1016/S0031-3955\(05\)70376-X](https://doi.org/10.1016/S0031-3955(05)70376-X)
- Paulus, F. W., Ohmann, S., Möhler, E., Plener, P., & Popow, C. (2021). Emotional dysregulation in children and adolescents with psychiatric disorders. A narrative review. *Frontiers in Psychiatry*, 12, 628252. <https://doi.org/10.3389/fpsy.2021.628252>
- Richards, M., Romero, E., Deane, K., Carey, D., Zakaryan, A., Quimby, D., Gross, I., Thomas, A., Velsor-Friedrich, B., Burns, M., Patel, N. (2016). Civic engagement curriculum: A strengths-based intervention serving African American youth in a context of toxic stress. *Journal of Child & Adolescent Trauma*, 9(1), 81–93. <https://doi.org/10.1007/s40653-015-0062-z>
- National Center for Health Statistics (2016). *Health, United States. In health, United States, 2015: with special feature on racial and ethnic health disparities*, National Center for Health Statistics (US).
- Robins, L. N. (1966). *Deviant children grown up*. Williams and Wilkins.
- Robinson, T., & Ward, J. V. (1991). A belief in self far greater than anyone's disbelief. *Women & Therapy*, 3(4), 87–103. https://doi.org/10.1300/J015V11N03_06
- Rogers, L. O., & Way, N. (2016). I have goals to prove all those people wrong and not fit into any one of those boxes": Paths of resistance to stereotypes among black adolescent males. *Journal of Adolescent Research*, 31(3), 263–298. <https://doi.org/10.1177/0743558415600071>
- Rogers, L. O., & Way, N. (2018). Reimagining social and emotional development: Accommodation and resistance to dominant ideologies in the identities and friendships of boys of color. *Human Development*, 61(6), 311–331. <https://doi.org/10.1159/000493378>
- Rogers, L. O., & Way, N. (2021). Child development in an ideological context: Through the lens of resistance and accommodation. *Child Development Perspectives*, 15(4), 242–248. <https://doi.org/10.1111/cdep.12433>
- Rosales, C., & Langhout, R. D. (2020). Just because we don't see it, doesn't mean it's not there: Everyday resistance in psychology. *Social and Personality Psychology Compass*, 14(1), e12508. <https://doi.org/10.1111/spc3.12508>
- Russ, S. A., Hotez, E., Berghaus, M., Verbiest, S., Hoover, C., Schor, E. L., & Halfon, N. (2022). What makes an intervention a life course intervention? *Pediatrics*, 149(Supplement 5). <https://doi.org/10.1542/peds.2021-053509D>
- Rutter, M. (1979). Protective factors in children's responses to stress and disadvantage. In Kent, M. W., & Rolf, J. E. (Eds.), *Primary prevention of psychopathology, Vol 3: Social competence in children* (pp. 49–74). University Press of New England.
- Sameroff, A. Ed (2009). *The transactional model of development: How children and contexts shape each other*. American Psychological Association.
- Sampson, R. J., & Groves, W. B. (1989). Community structure and crime: Testing social-disorganization theory. *American Journal of Sociology*, 94(4), 774–802. <https://doi.org/10.1086/229068>
- Schering, S., & Writer, S. (2022). AAP: Policymakers should seek pediatrician expertise. *AAP News*, <https://publications.aap.org/aapnews/news/19420/AAP-Policymakers-should-look-for-pediatrician>.
- Seaton, E. K., & Douglass, S. (2014). School diversity and racial discrimination among African-american adolescents. *Cultural Diversity and Ethnic Minority Psychology*, 20(2), 156–165. <https://doi.org/10.1037/a0035322>
- Solorzano, D. G., & Bernal, D. D. (2001). Examining transformational resistance through a critical race and latcrit theory framework: Chicana and chicano students in an urban context. *Urban Education*, 36(3), 308–342. <https://doi.org/10.1177/0042085901363002>
- Stack, C. (1974). *All our kin: Strategies for survival in a black community*. Harper & Row.
- Stephen, A. B. (2009). Resistance begins at home: The black family and lessons in survival and subversion in Jim Crow Mississippi. *Black Women, Gender and Families*, 3(1), 65–90.
- Stevenson, H. C., & Arrington, E. G. (2009). Racial/ethnic socialization mediates perceived racism and the racial identity of African American adolescents. *Cultural Diversity and Ethnic Minority Psychology*, 15(2), 125–136. <https://doi.org/10.1037/a0015500>
- Stokols, D., Lejano, R. P., & Hipp, J. (2013). Enhancing the resilience of human-environment systems: A social ecological perspective. *Ecology and Society*, 18(1), 7. <https://doi.org/10.5751/ES-05301-180107>
- Suttles, G. D. (1968). *The social order of the slum*. University of Chicago Press.
- Theron, L. C. (2016). The everyday ways that school ecologies facilitate resilience: Implications for school psychologists. *School Psychology International*, 37(2), 87–103. <https://doi.org/10.1177/0143034315615937>
- Ungar, M. (2011). The social ecology of resilience. Addressing contextual and cultural ambiguity of a nascent construct. *American Journal of Orthopsychiatry*, 81(1), 1–17.
- Ungar, M. (2013). Resilience, trauma, context, and culture. *Trauma, Violence, & Abuse*, 14(3), 255–266. <https://doi.org/10.1177/1524838013487805>
- Van Breda, A. (2018). A critical review of resilience theory and its relevance for social work. *Social Work*, 54(1), 1–18. <https://doi.org/10.15270/54-1-611>
- VERBI Software (2022). MAXQDA 22 [Computer software]. Author.
- Vogel, C., & O'Brien, K. (2022). Getting to the heart of transformation. *Sustainability Science*, 17(2), 653–659. <https://doi.org/10.1007/s11625-021-01016-8>
- Walsh, F. (2003). Family resilience: A framework for clinical practice. *Family Process*, 42(1), 1–18. <https://doi.org/10.1111/j.1545-5300.2003.00001.x>
- Ward, J. V. (1999). Resilience and resistance. In A. Garrod, J. V. Ward, T. Robinson, & R. Kilkenny (Eds.), *Souls looking back: Life stories of growing up black* (pp. 173–185). Routledge.
- Werner, E., Simonian, K., Bierman, J. M., & French, F. E. (1967). Cumulative effect of perinatal complications and deprived environment on physical, intellectual, and social development of preschool children. *Pediatrics*, 39(4), 490–505.
- Werner, E., & Smith, R. (1982). *Vulnerable but invincible: A longitudinal study of resilient children and youth*. Adams, Bannister and Cox.
- Williams, D. R., & Cooper, L. A. (2019). Reducing racial inequities in health: Using what we already know to take action. *International Journal of Environmental Research Public Health*, 16(4), 606. <https://doi.org/10.3390/ijerph16040606>
- Wray-Lake, L., Halgunseth, L., & Witherspoon, D. P. (2022). Good trouble, necessary trouble: Expanding thinking and research on youth of color's resistance to oppression. *Journal of Research on Adolescence*, 32(3), 949–958. <https://doi.org/10.1111/jora.12789>
- Wright, J. L., Davis, W. S., Joseph, M. M., Ellison, A. M., Heard-Garris, N. J., & Johnson, T. L. (2022). AAP board committee on equity. Eliminating race-based medicine. *Pediatrics*, 150(1), e2022057998. <https://doi.org/10.1542/peds.2022-057998>
- Yearby, R. (2020). Structural racism and health disparities: Reconfiguring the social determinants of health framework to include the root cause. *Journal of Law, Medicine & Ethics*, 48(3), 518–526. <https://doi.org/10.1177/1073110520958876>
- Yearby, R., Clark, B., & Figueroa, J. F. (2022). Structural racism in historical and modern US health care policy. *Health Affairs*, 41(2), 187–194. <https://doi.org/10.1377/hlthaff.2021.01466>
- Yosso, T. J. (2000). *A critical race and latCrit approach to media literacy: Chicana /o resistance to visual microaggressions*. Doctoral dissertation, University of California, Los Angeles, ProQuest Dissertations & Theses Global.