

# Families Across Time

A Life Course Perspective

*Readings*

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# Chapter 9

## Families in the Context of Communities Across Time

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All families are embedded in a sociohistorical and cultural context that influences the structure of families, the timing and sequencing of life events, and the demands on time and energy of family members and that operates as a potential resource in meeting the needs of the families and their members. Consistent with a contextual view, families are seen as dynamic agents constantly interacting with their environment. Proponents of life course theory and family development theory have long conceptualized family boundaries as being permeable to societal influences, especially social norms about the timing and sequencing of events by age and stage (Klein and White 1996). However, studies of families across time have generally neglected the relationship between the family system and the larger social structure.

This chapter draws both the structural and interactional perspectives of family development theory. We discuss how structural and normative properties in local communi-

ties and neighborhoods influence patterns of family functioning and interaction over time. "Family-environment fit" describes the interface between families at particular stages in the life course and the community in which they are embedded. Next, we give considerable attention to the "social capacity" of communities and the variables that strengthen or obstruct this potential resource for families. Finally, we conclude the chapter by proposing a model of family life processes that attempts to explain the diversity in the timing and sequencing of family transitions in the context of community.

### Communities, Neighborhoods, and Family-Environment Fit

Communities can be viewed in two ways: as geographic communities and as functional communities. Communities defined by geographical boundaries differ from functional communities that form around common interests or activities (Gusfield 1975). Geographic communities and functional communities are not necessarily independent. Both types can be described on a continuum that reflects the extent to which their residents come together in either a deliberate or a spontaneous manner to (a) develop a psychological sense of connection, (b) acquire external resources and create opportunities for meeting the individual and collective needs and goals of their residents, (c) offer opportunities for meaningful participation, (d) provide instrumental and expressive social support, (e) solve problems and manage conflicts as a collective unit, (f) affirm and enforce prosocial norms, (g) respond to internal and external threats, and (h) maintain stability and order (Bogenschneider 1996; Bowen 1998; McMillan and Chavis 1986).

In this chapter, "community" refers to the spatial setting in which a family resides, specifically the neighborhood. While "neighborhood" is a familiar term, it has proved difficult to define in research studies. Sampson, Raudenbush, and Earls (1997) defined a neighborhood as "a collection of people and institutions occupying a subsection of a larger community" (919).

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### The Concept of Family-Environment Fit

In thinking about the relationship between families and communities, we find the concept of family-environment fit to be useful. Extending the concept of *person-environment fit* from the work of French and associates (Caplan 1983; French, Caplan, and Harrison 1982; Harrison 1978) to the family level, Bowen and Pittman (1993) proposed two types of family-environment fit. The first type has to do with how well communities meet families' needs. Some of these needs are universal and constant over time, while others vary depending on the developmental stage and individual characteristics of the families (Melson 1983). Examples of family needs include shelter, safety, social support, transportation, educational facilities, and social and recreational facilities for individuals of different ages. Family-environment fit is considered *high* when communities provide families with opportunities and resources that match their needs.

The second type of fit has to do with how well families meet the demands and requirements of the community. Thus, family-environment fit also reflects the extent to which the capabilities and competencies (social skills, parenting style, problem-solving ability) of families are responsive to community needs. For example, communities may demand participation of members in community events and the vigilance of members to monitor children's activities and help maintain public order.

These two types of family-environment fit are interrelated (Kulik, Oldham, and Hackman 1987). Communities that place too little demand on families may actually lower their capacity to meet the families' needs in the future. In addition, families are considered better able to achieve higher levels of maturity and competence in environments that challenge them (Moos 1987).

### Family Adaptation and Family Resiliency

For purposes of discussion, it is important to define two concepts used to describe family functioning from a family-environment fit perspective: *family adaptation* and *family resiliency*. Family adaptation reflects the outcome of the interplay between families and

their environments at any one point in time (McCubbin and McCubbin 1987; McCubbin and Patterson 1983). From this perspective, family adaptation is defined as the outcome of efforts by families to effect changes in themselves or their environments so as to meet their needs and to confront life demands successfully (Bowen, Orthner, and Bell 1997). Members in adaptive families cooperate in accomplishing their collective goals as a family as well as their personal goals as individuals in such a way that neither the needs of the collective nor the needs of the individual are systematically neglected (Bowen 1991; Constantine 1986; Kantor and Lehr 1975).

The concept of *family resiliency* captures changes in the level of family adaptation over time in the context of stressor events and situations. It is the pattern of adaptation *over time* in the context of stressor events and situations that distinguishes resiliency from adaptation (DeHaan, Hawley, and Deal 1995; Hawley and DeHaan 1996; Silliman 1997). Resilient families are those who are able to establish, maintain, or regain an expected or satisfactory range of adaptation in the context of developmental transitions, positive challenges, or life adversities (DeHaan et al. 1995; Hawley and DeHaan 1996). As a source of both protective factors and risks, the community can serve as either an ally or an adversary in this process.

According to Silliman (1997), families work to maximize their level of fit with their environment by adapting their functioning or by finding a context that is more supportive of their needs and goals. When families are unable to negotiate a better context, they may actively disengage from their community of residence to protect the family and its interests. Family members may also work to arrive at a new consensus about their presenting situation. For instance, Boss (1988) discussed how family members use denial as a collective strategy in an attempt to manage situations of poor fit. It is likely that families will be more prone to distort their interpretations of fit when they are overwhelmed by demands or when they perceive low levels of control over their presenting situation.

## Social Capacity in Communities

Social capacity in a community reflects the informal system of social care and social control in that community. It is the extent to which community members are able to generate psychological, social, and material resources and opportunities; enforce prosocial norms; and maintain order and safety. The social capacity of a community is thus assumed to directly influence families' abilities to manage developmental transitions and to evidence adaptation and resiliency over time. Because communities have varying levels of social capacity, some are better able than others to meet the needs of families and promote the successful development and functioning of families and their members.

Both academic and social commentators generally conclude that the social capacity of communities in the United States has declined (Bellah 1990; Coleman 1988; Schorr 1989; 1997). An important task for informing community practitioners is to identify features that reflect a community's social capacity as a resource for families at different stages of development, such as when children are added to the family through birth, adoption, or marriage or when adult family members grow older or suffer disabilities.

Social capacity may be reflected in both informal and formal relationships among individual community members and between individuals and institutions. McKnight (1997) uses the term *association* to describe how citizens may work informally together to solve problems and to care for community members. McKnight contrasts associations with *systems*: formal institutions in society that provide services and supports on a contractual basis. Policymakers and practitioners struggle with the question of the best way to generate community responsiveness to family needs: should it be through institutions and formal support mechanisms, or through the promotion of informal networks of support? For example, is it better to place children who have been permanently removed from their homes in paid foster care settings until they can be placed in new families, or to support willing extended family

members as care providers by providing them with financial and other assistance? McKnight concludes that formal systems have evolved at the expense of group associations over the last century. When formal systems provide benefits that could have been provided through informal relationships, residents are denied an opportunity to engage in the types of exchanges that promote the development of informal ties and obligations.

Three features of communities that reflect their social capacity have emerged in the literature in recent years: social capital (Coleman 1988), collective efficacy (Bandura 1986; Sampson et al. 1997), and value consensus (Coleman and Hoffer 1987). These features primarily reflect informal relationships among community members, although at times they involve relationships of community members with formal systems. We discuss each in the following sections, along with selected community features that may limit their development. Understanding these three aspects of social capacity can help community practitioners identify aspects of communities that need to be enhanced to promote the healthy development of families and their members.

### Social Capital

James Coleman (1988) introduced the concept of social capital into the literature as one of three types of family capital, or resources within the family. *Social capital* refers to the quality and support of family relationships. Financial capital is the family's economic or physical resources, including possessions and income. Human capital includes knowledge and skill possessed by parents and the capabilities and competencies of children. Social capital is perhaps the most important of the three types, for without it, financial capital may assume little meaning and human capital may not be translated into positive outcomes for family members. Coleman emphasized that social capital, like other forms of capital, makes it possible to achieve certain outcomes that would not be attainable without it.

Coleman (1988) also described social capital as an asset that is embedded in the na-

ture of relationships among persons outside the family. Social capital outside the family includes the level to which the family system is embedded in an integrative network of people and institutions in the community that share common values. Our discussion here is concerned with the social capital that lies in the community outside the family. Extra-familial social capital is considered to promote the ability of families to make successful adaptations and to demonstrate resiliency in the face of normative and non-normative stressors. Coleman discussed three related forms of social capital that can be applied to the community as indicators of its social capacity: "obligations and expectations, information channels, and social norms" (95).

*Obligations and expectations.* The first form of social capital, obligations and expectations, may be applied to communities in which reciprocal patterns of exchange among residents create a sense of indebtedness that is regulated by norms of trust and cooperation. Social capital is likely to be greater in communities with dense patterns of social exchange and in which transactions evolve from short-term exchanges to long-term commitments. The social capital that is available to a family increases as it is able to incur credits from exchange relationships in the community. For example, a parent builds "credit" among neighbors when she provides a ride or child care to another parent or links a neighbor child to an adult friend who has the expertise to help with a school project. Using formal systems of support in a community may actually decrease the fund of social capital that results from these types of informal exchanges between residents.

*Information channels.* The second form of social capital discussed by Coleman, information channels, includes information from others that facilitates the family's ability to meet its needs and to accomplish its goals. For example, for a single parent who needs child care to work a job with a split shift, getting information from others in the community about flexible child care alternatives may mean the difference between employment and unemployment. Communities vary in the extent to which residents share

varied and specific information across a range of topics.

*Social norms.* Coleman discusses social norms as the third form of informal community social capital. A product of social interaction over time, norms constitute expectations for behavior that both facilitate and constrain behavior. Norms in a community that promote prosocial and altruistic behavior and constrain antisocial and self-centered behavior are likely to provide a positive context for family life. For example, in some communities, norms exist that encourage neighbors to look out for one another, such as through community watch programs. In others, neighbors may call parents of children in the neighborhood when they see the children engaged in problem behavior, such as skipping school. Such behavior sends a message to youth that parents in the neighborhood work together. Communities may vary in the strength of feedback mechanisms among residents that affirm or enforce a range of acceptable behavior. Community networks in which residents know and interact with one another over an extended period of time are most likely to develop consensus about expectations for behavior and the collective ability to promote and constrain the behavior of those in the network through differential rewards and punishments. As noted by Coleman, the potential power of these networks to shape behavior increases as these relationships extend across different contexts (e.g., family members live in the same neighborhood, attend the same church, shop at the same stores, work for the same employer).

In summary, communities vary in their social capital, which is one of three components of social capacity. Social capital is a community's ability to promote reciprocal obligations and expectations, information exchanges, and shared norms among members. Coleman's components of social capital suggest community characteristics that may be targeted in neighborhood-level interventions. A useful starting point for these interventions is to provide opportunities, such as community events and activities, for neighbors to get to know one another.

### Collective Efficacy

The second component of social capacity, collective efficacy, evolved from the work of Albert Bandura (1986, 1993, 1995). Collective efficacy is defined by Sampson and associates as "social cohesion among neighbors combined with the willingness to intervene on behalf of the common good" (918). Collective efficacy includes social capital as an important dimension but adds a second dimension that involves the willingness of members to mobilize their efforts to promote the public good. Collective efficacy is thus an important component of the community's social capacity that functions as an asset for families by promoting adaptation. As an example, Sampson et al. (1997), in a large-scale survey of 343 neighborhoods in Chicago, found that the extent to which neighbors evidenced social bonds and trust and assumed collective responsibility for the welfare of children was a more important predictor of neighborhood violence than either poverty or residential instability. When residents in impoverished neighborhoods with high immigrant concentrations and residential instability demonstrated a sense of community consciousness and collective action, violence levels declined.

Thus, the concept of collective efficacy, like social capital, suggests variables for community practitioners to target in interventions. Collective efficacy is enhanced when neighborhood efforts to organize and to request resources or assistance from community institutions and local community resources, such as the city council, police department, or area churches, are successful. Real-life examples of collective efficacy include residents demanding and receiving city help in cleaning up a vacant lot for establishing a playground; supporting a police crackdown on neighborhood traffic related to drug dealing, weapons, and drunk driving through a surprise random license checkpoint; and working with a white, elderly church in a predominant African-American neighborhood on its declining to open its doors to neighbors and provide afterschool and mentoring programs for youth. Community practitioners can work with community groups as a coaches, role models, cata-

lysts, and advocates in accomplishing such results.

### Common Values

The third community feature that reflects social capacity is a sense of common values that encourage and affirm supportive interaction patterns within and between families and the enforcement of prosocial norms (Coleman and Hoffer 1987). Consistent with the work of Bowen (1991) and others (Christensen 1964; Kluchhohn and Strodtbeck 1961; Parsons and Shils 1951), *values* are defined as characteristics of individuals that reflect organized sets of preferences that inform choices among alternatives and strategies for achieving desired results. Patterns of interaction among residents over time that reflect cooperation, trust, and mutual support facilitate the development of core community values and the willingness of neighbors to accommodate their individual priorities and wishes to the needs and interests of the collective.

The extent to which residents share common values that inform more specific goals, aims, interests, ambitions, and aspirations may also encourage the development of social capital and collective efficacy in a community. For example, shared values among members of a community about the importance of education to children's success in life are likely to reinforce norms (which constitute expectations in social relations) that encourage neighbors to tell parents when they see their children engaging in problem behavior.

Shared community values are not always positive and affirming to family adaptation and resiliency (Steinberg, Darling, Fletcher, Brown, and Dornbusch 1995). The most positive context for a family's level of adaptation and resiliency is the situation in which the focal values have positive significance for family outcomes, the values of the family align with community values (value congruency), and values are highly crystallized in a community (value consensus). In examining the relationship between parent monitoring and adolescent performance in school, Steinberg et al. (1995) reported an important caveat in the operation of value consen-

sus in a community: The level of value consensus has positive effects on youth development only to the extent to which the values promote positive developmental goals for youth. These findings suggest the importance of considering not only the extent to which values are shared by residents in a community but also the content of its values in assessing its social capacity.

Community practitioners need to be aware that common community values help set the standard for behavior and behavioral norms among residents. A lack of value consensus among community residents may subvert citizen participation and collective mobilization efforts around social problems and issues that challenge family adaptation. Greater outreach by practitioners to help residents better understand their values and the values of their neighbors about community and family life may promote efforts to identify core community values.

#### Variations in the Social Capacity of Communities

Some communities face particular difficulties and challenges in building social capacity. Furstenberg and Hughes (1997) discuss several community-level features that may influence a community level of social capacity, each of which can be targeted for community intervention. The first is the nature of the *physical infrastructure* of the community. Communities vary in their level of isolation, ranging from isolated farming communities to densely populated urban centers; the type, quality, and density of housing that residents have available; the presence of parks and recreational facilities for families and children; their proximity to local agencies and resources; and the design of roads and patterns of access within and between communities. Such physical features are likely to frame opportunities for social interaction in the community.

Second, according to Furstenberg and Hughes (1997), communities vary in their social and demographic composition. Such collective attributes reflect the *social infrastructure* of the community and are likely to inform the nature of sociocultural risks and opportunities in neighborhood settings. For

example, consistent with social disorganization theory (Shaw and McKay 1942), works by Wilson (1987, 1996), Coulton and Pandey (1992), and Sampson et al. (1997) demonstrate how the presence of concentrated disadvantage in communities (poverty, welfare dependency, joblessness, segregation, crime, oppression, social isolation) provides a poor context for the development of social capacity. In addition, high levels of residential instability in communities may prevent the development of interactions that build social capital. For example, Sampson et al. (1997) found that residential stability (percentage of residents living in the same house at least five years; percentage of owner-occupied dwellings) was positively associated with supportive patterns of interaction among residents and effective mechanisms of informal social control, which they conceptualized as collective efficacy. Riger and Lavrakas (1981) developed a similar measure of residential stability that they defined as "behavioral rootedness." Research by McAuley and Nutty (1985) suggests that, as families move through the life cycle, they become more rooted in their communities, experience greater community integration, and associate more risk with moving.

Third, Furstenberg and Hughes (1997) discuss how the operation of *institutional resources*, including those inside and outside of the community's boundaries (mental health center, police department, churches, community development initiatives), influence the nature of community life. These institutional resources function as instruments of socialization, social control, and social support.

The next section offers an integrative summary of key concepts that have been introduced in this chapter. A case study by Brodsky (1996) shows the importance of considering families in this community context. In the case study, ten single-parent families struggle with raising school-age children in a context of danger and peril, a situation in which the social capacity of the community is too weak to compensate for its social risks. This case study demonstrates the astute parenting skills and, in some cases,

harsh parenting practices it takes to protect children from noxious realities.

### Single-Parent Families in Peril: A Case Example

Brodsky (1996) conducted a qualitative study of the protective strategies of ten single mothers raising fourth- to sixth-grade daughters in "risky" neighborhoods. The mothers, who were described as "resilient" by key informants, used strategies such as distancing themselves and their children psychologically and physically from their neighbors. *Psychological distance* was achieved by viewing themselves as having different values and behaviors than others in the community. The mothers conveyed to their children that they were not true members of the community and used other youths in the neighborhood as examples for their children of how *not* to be. One mother went so far as to tell her son she would "kill him" before allowing him to engage in the behaviors common to young men in their neighborhood—using drugs and alcohol on street corners. *Physical distance* was achieved by locking doors, keeping children inside, avoiding sitting out in front of the residence, and being a "homebody." One woman saw her home as a totally separate place from the neighborhood: "It's my world. And . . . when you close that door, leave the world out there" (351).

Another strategy demonstrated by the mothers in Brodsky's study was to limit their community involvement to only those roles that directly benefited their own children, such as volunteering at the school. One mother in the sample maintained involvement in a local resident council primarily to receive early notices of upcoming youth activities, which benefited her child. This strategy represented a deliberate, sometimes reluctant, abandonment of a community orientation because of a perceived lack of shared values and a sense of hopelessness about the possibility of improving neighborhood conditions.

Some women in Brodsky's sample placed an emphasis on involvements *outside* their residential community. Church involvement

sustained more than one woman, and church was considered a "community" separate from the neighborhood. One mother worried about her child's negative perceptions of their neighborhood and hoped the girl would know she did not have to live "that way": "If I can put her in a different environment where it's a different culture or whatever, I don't care, I'll do it" (356).

Brodsky (1996) suggests that maintaining what she calls a negative psychological sense of community represented a deliberate, adaptive strategy of the women in her sample to protect themselves and their children from the threatening characteristics of their communities. This may be the best available strategy for families in communities that have the least to offer families with negligible levels of family-environment. However, the strategy is likely to have its disadvantages. In neighborhoods where selected opportunities and resources do exist, such as supervised activities for children, it might prevent parents from exploiting existing supports. Furthermore, Pretty et al. (1996), found that adolescents' perceptions of a lack of sense of community in their neighborhood contributed to loneliness and a lower sense of well-being. Brodsky also points out that parents' wariness of peers and community sites may be especially stressful on family relationships when children reach the adolescent stage of separation and individuation (Erikson 1959). The potential for parent-adolescent conflict is illustrated by two mothers' comments about how they refused to indulge children's requests for popular items of clothing or jewelry out of fear of having them draw the attention of drug dealers, gang members, or robbers or the sexual attention of men on the street.

This case study illustrates ways in which social risks present in a community may overwhelm its resources for social capacity and consequently detract from the community's ability to serve as a context for healthy family and human development. In such circumstances, both family adaptation and family resiliency may be threatened or constrained. However, Brodsky's case study also illustrates the actions families may undertake in an effort to achieve a desirable fam-

ily-environment fit. As for the children in the study, perceptions of an "inhospitable" community may impede participation and the development of social connections and social skills that would normally occur as youths become more involved in the community (Pretty, Conroy, Dugay, Fowler, and Williams 1996). In sum, in dangerous communities and communities that fail to provide a sense of community, the needs of both the developing individual and the family are not met by the community; the lack of family-environment fit can affect both parenting behavior and child social development.

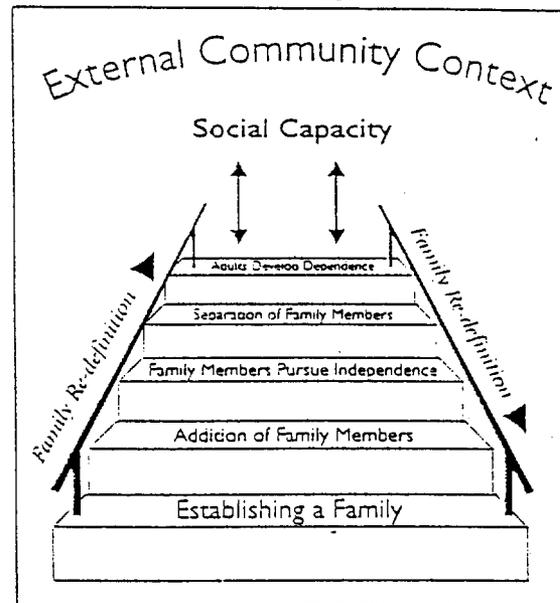
### Conclusion

As indicated in the example we have discussed, the importance and implications of social capacity as a resource may vary over the life course of the family. Yet studies of the effects of community environments on family outcomes have tended to neglect variations in the level of fit between families at particular stages of life and the communities in which they are embedded. In addition, studies of variations in family processes and outcomes over the family life course have tended to treat community context as a constant.

Models of family development are needed that recognize today's diversity in family structures and variation in the timing and sequencing of family statuses, as well as capture the community context in which these family transitions and processes take place. A model that is considered to have implications for guiding practice interventions and informing research efforts is depicted in Figure 9.1. This model includes three major components: (a) stages of the life course, (b) the social capacity of the community, and (c) external community context.

Five stages of family life processes define the central aspect of the model: (a) establishing a family, (b) addition of family members, (c) family members pursuing independence, (d) separation of family members, and (e) adults developing dependence (Richman and Caye 1995). Each stage, which is represented metaphorically as a step on life's staircase, is delineated by a central family

**Figure 9.1**  
Combining Research, Interventions, and Families



life task. At any one time, families demonstrate a level of internal family adaptation, which ranges from maladaptation to "bonadaptation." Over time and in the context of developmental transitions and challenges, families demonstrate a pattern of adaptation that represents their level of resiliency, which ranges from low to high.

In the first stage, the family is established. This may happen in traditional ways through courtship and marriage, but it also could occur through other means, including remarriage, birth, adoption, and cohabitation involving either a heterosexual or a gay or lesbian couple. The establishment of the family, broadly defined, occurs when any two individuals define themselves as a family (Hartman and Laird 1983).

In the second stage, members are added. Most often, this occurs through birth. However, family members can be added through adopting, providing kinship care for a child, or having parents move in with adult children.

In the third stage, family members pursue independence to the extent that they are capable. Typically, children begin to develop relationships in the wider community. As

they move through adolescence, they generally begin the launching process from the family of origin. However, this process toward independence may not always be possible for all children. Some children have physical, intellectual, or psychological challenges that restrict their ability to function independently from their family of origin. Although there is a tendency to associate this stage with children growing older, centrifugal forces in the family also may be initiated by adult members who occupy positions in systems outside the family. For example, a parent may return to school in order to pursue a new career field.

Families may revisit the fourth stage, separation of family members, multiple times. In the traditional trajectory, families launch young adult children. The process of separation may also be dealt with when adults in the family separate or divorce, when a family member dies, or when a family member moves to a residential facility, such as a nursing home. Family separation can also be more temporary, such as when a family member lives apart from the family system as a consequence of job demands.

In the last stage, adult members of the family grow older or suffer disabilities or circumstance that may make them dependent on the other member of the family for assistance. These situations may be either permanent or temporary. In such cases, one partner may develop dependence on the other or both partners may become dependent on other family members.

These family life steps can vary in their sequence and timing, can be skipped, and can be revisited as the family changes over time. In addition, families may be challenged by more than one task at any one time. For example, in situations of divorce and remarriage in which the new couple has children from a previous marriage who are pursuing independence as well as preschool children from the current marriage, the family system can be described as "stretching" or "straddling" steps.

The process of family redefinition within and between stages is depicted as informed and constrained by the social capacity of the community: the second component of the

model. Families are considered to have some influence over the level of social capacity present in the community. As discussed previously, the level of fit between the family system and the community influences the success of the family in making transitions, in fulfilling the individual and collective needs of family members, and in responding to external demands.

Research is needed that addresses the level and types of social capacity that the family system may need at different stages of the life course. For example, a socially integrative neighborhood may be a particularly important asset for parents with children in the early and middle adolescent years—a period in development when children begin to spend an increasing amount of time in the wider community. An important task for researchers is to better understand the minimum threshold of social capacity below which families become systematically disabled and fail to demonstrate adaptation and resiliency. Research by Crane (1991) suggests that neighborhoods have breaking points below which residents experience sharp increases in problem behavior.

The external community context is the last component of the model. Families who reside in the community typically exert less control over its external context than they do its social capacity. As discussed in a previous section, the external context includes the physical infrastructure of the community, its sociodemographic characteristics, and its institutional resources (see Furstenberg and Hughes 1997). These community features influence the degree to which residents are able to build the community's social capacity. Additional research is needed that examines how the relationship between these contextual features and family outcomes are mediated by the level of social capacity in the community.

In his campaign for nomination as the Democratic candidate for president of the United States in 1968, Robert F. Kennedy summoned Americans to join together to restore community as "a place where people can see and know each other, where children play and adults work together and join in the pleasures and responsibilities of the place

where they live" (cited in Schorr 1997, 305). Unfortunately, Kennedy's call remains unanswered in too many communities. And too many families continue to be plagued by inadequate housing, concentrated disadvantage, joblessness, and crime and violence. Such conditions seriously jeopardize the ability of communities to develop the kind of social capacity that Kennedy felt had been lost in many American communities and that represents the type of context that promotes family adaptation and resiliency in the face of developmental transitions, positive challenges, and life adversities.

### Discussion Questions

1. What are some behavioral indicators in families that would suggest a "goodness of fit" with their community?
2. In what ways do shared values among community residents provide a means to affirm or enforce norms that govern social relations in the community?
3. Why is it important in assessing the social capacity of a community to focus not only on the level of value consensus among residents but also on the content of this consensus?
4. What are examples of community-level features that may influence the level of social capacity in a community?
5. In what ways may the social capacity in the community influence the ability of families to successfully make developmental transitions?

### Glossary

**Collective efficacy** A pattern of social relations among members of a group in which members evidence solidarity, a sense of responsibility for promoting the collective interests of the group, and belief in the ability of the group to organize to achieve specific aims and goals.

**External community context** Physical, demographic, and institutional features of the community, including its opportunity structure and its formal systems of care, that influence the degree to which residents are

able to build the community's social capacity.

**Family adaptation** The outcome of efforts by families to effect needed changes in themselves and their environments so as to meet their needs and to confront life demands.

**Family-environment fit** The level of congruence in the relationship between the family and the larger community.

**Family resiliency** Describes families who are able to establish, maintain, or regain an expected or satisfactory range of adaptation when faced with developmental transitions, positive challenges, or life adversities.

**Social capacity** The extent to which community members come together in either a deliberate or a spontaneous manner to develop a psychological sense of connection, acquire external resources and create opportunities for meeting the individual and collective needs and goals of their members, offer opportunities for meaningful participation, provide instrumental and expressive social support, solve problems and manage conflicts as a collective unit, affirm and enforce prosocial norms, respond to internal and external threats, and maintain stability and order.

**Social capital** The level to which the family system is embedded in an integrative network of people and institutions that share common values.

**Values** Characteristics of individuals that reflect organized sets of preferences that inform choices among alternatives and strategies for achieving desired results.

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