

# A Call for a Basic Science of Healing

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**Objective:** In this perspective article, we call for an investment in a basic science of healing. Extensive evidence shows that most people overcome exposure to violence or other trauma, but we know surprisingly little about the assets and resources that facilitate resilience. **Method:** We examined all 629 articles published in *Psychology of Violence* since its inception to November 2023. **Results:** We found that only 106 articles (16.9% of all published articles) provided new data on the associations of psychosocial strengths or protective factors with violence or victimization (often along with new data on risk factors too). Further, most of those focused on identifying precursors to violence. Only 6.7% of published articles included data on pathways to healing. That is only 1 out of every 15 articles (approximately). Other major drawbacks of existing work include a limited knowledge of healing processes in diverse cultural settings around the world, with most prior research based in North America or Western Europe. **Conclusions:** The lack of investment in a science of healing has impeded progress in intervention, with many programs only loosely tied to what we know helps people overcome exposure to violence. We need to not only invest in a science of healing but also shift our methods to more equitable and collaborative efforts with communities. More investment in understanding pathways to healing after violence holds substantial promise for reducing the burden of trauma.

**Keywords:** victimization, healing, resilience, sociology of science, strengths

People who have been victimized want to know how to feel better. This may seem obvious, but this basic need seems to have escaped many social scientists. Instead, much social science continues to focus on the great insights from 20th-century violence research—that all forms of interpersonal violence are much more common and harmful than previously recognized. We understand the appeal of this topic because this was the focus of some of the most impactful social science research ever conducted, including Straus and Gelles's (1990) research on intimate partner violence, Koss et al.'s (1987) research on acquaintance rape, Finkelhor et al.'s (1990) work on sexual abuse, and Olweus's (1978) on bullying. Their findings not only contributed to the founding of substantial social science research fields but also facilitated huge public investments to address these problems. Landmark legal initiatives that rest on these foundations include the U.S. Violence Against Women Act and the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence (aka the Istanbul Convention). Countless antiviolence curricula and school policies were developed (albeit with limited success; Banyard & Hamby, 2022), and hundreds of millions in grant dollars for services and research were invested. Yet, a *basic science of healing* remains relatively neglected. We mean research that studies pathways to recovery after exposure to violence and identifies factors

(across the human ecology) that contribute to well-being despite a history of adversity. The current field of violence research grapples with three interrelated challenges that demand a critical reexamination of how we approach the study of violence. These challenges include (a) the overemphasis on deficit-based perspectives, (b) the limited understanding of strengths across global cultures, and (c) the lack of knowledge on healing, which impedes intervention. We discuss these issues and recommend ways to invest in a basic science of healing.

## The Overemphasis on Deficit-Based Perspectives

A significant limitation in the basic science literature on violence and trauma is its persistent adoption of a deficit-based lens and narrow focus on risk factors and/or negative outcomes associated with violence. Despite ongoing calls to move beyond deficit-based models and embrace strength-based approaches in violence research (Hamby & Gray-Little, 1997; Hamby et al., 2018; Sabina & Banyard, 2015), the literature on strengths, protective factors, healing, and resilience remains limited. The disproportionate emphasis on risks, deficits, and negative outcomes hampers the field's progress in creating a well-rounded knowledge base, overshadowing individuals' paths toward healing, recovery, and resilience. An overly narrow use of the term *resilience* has also hampered progress. Too often, resilience is loosely used as a synonym for emotional toughness or determination instead of operationalizing all the elements that help people and communities overcome trauma (and how they vary across circumstances, contexts, and cultures). Even nominally strength-based approaches can be limiting. A comprehensive basic science of not only the problems (i.e., the causes and negative consequences of violence) but also the full range of solutions (i.e., potential mechanisms and pathways to prevent and/or mitigate the detrimental effects of violence) is necessary to better support well-being among all people exposed to violence and other trauma.

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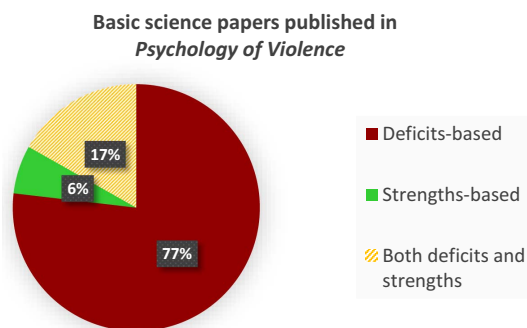
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*Psychology of Violence* provides an apt illustration. With the help of Susan Yoon's graduate students, we examined titles and abstracts of all 629 articles published in *Psychology of Violence* since its inception in 2010 through November 2023 (including the 9 years Sherry Hamby served as editor). Although *Psychology of Violence* does not specifically focus on trauma recovery (we are not aware of a scientific journal that does), it publishes on a wide range of topics related to violence, victimization, and services for survivors that we believe provide a good snapshot of the field. We determined 64 (10.2%) articles focused on interventions or services (not basic science) and 41 (6.5%) were perspectives pieces, special issue introductions, or other articles that did not present new data. This left 524 articles that presented new empirical data on what might be considered basic science. Methodological articles that focused on psychometrics, mostly for measures of violence, comprised another 66 (10.5% of the total pool). Because *Psychology of Violence* is not a likely outlet for measures of strengths (or perhaps even risk factors), we did not think this fairly reflected the overall measurement field and eliminated them from further consideration.

The biggest group of published articles in *Psychology of Violence* focused on other basic science questions, including studies seeking to identify factors associated with the perpetration or victimization of violence. Of these basic science articles ( $n = 458$ ), almost half focused on victimization (43.4%), and a little over one third focused on perpetration (34.7%), with 13.8% focusing on both (often examining victimization as a risk factor for perpetration) and 8.1% neither (such as articles on bystander behavior).

Of the pool of 458 basic science articles, the overwhelming majority ( $n = 352$ ; 76.9%) focused solely on risk factors—problems such as substance misuse, interpersonal conflict, and economic hardship. See Figure 1. We used a generous definition of strengths, because some articles that included constructs labeled as strengths, such as empathy, nonetheless primarily discussed these constructs in terms of their absence. Nonetheless, only 6.3% (29 articles) focused solely on strengths/protective factors, such as emotion regulation or social support, while 16.8% (77 articles) included both risk and protective factors. This means that exclusively deficit-focused articles outnumbered solely strength-based ones by a startling ratio of more than 12:1.

**Figure 1**  
The Focus of Basic Science Papers in *Psychology of Violence*, 2010–2023



Note. See the online article for the color version of this figure.

Even within the rather small group of studies measuring at least one strength that could be identified from the abstract ( $n = 106$ ), three in five (60.4%, 64 articles) were focused on what might be considered a basic science of prevention (Figure 2). That is, they focused on identifying protective factors that were associated with lower levels of involvement in violence as either perpetrator or victim, with the goal of identifying precursors to violence. Only 39.6% (42 of the 106 studies with at least one strength) focused on pathways to healing, such as greater well-being or lower distress for people exposed to violence. This amounts to only 6.7% of the 629 total articles published in *Psychology of Violence*, or approximately 1 out of every 15 articles. As researchers who have also engaged with the literature as readers and journal editors, we have found that this pattern is not unique to *Psychology of Violence*, whose content is of course dependent on what gets submitted, but typifies most research on violence.

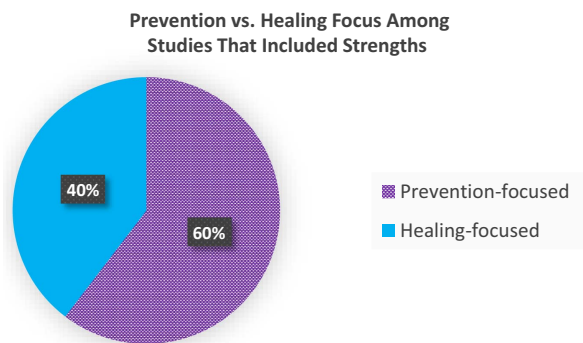
Why do we pay so little attention to the science of healing? It may only be coincidental that deficit-based work benefits violence professionals, as much as if not more so than victims. Data on rates and adverse consequences are the main way that shelters, hotlines, research grantees, and others justify ongoing investments in their work. The sociology of service organizations and social problems has long shown that organizations often present problems in ways that benefit them (such as “poster children” for specific diseases) at least as much as the populations they are intended to serve, who often do not appreciate being treated as objects of pity (Longmore, 2013; Loseke & Best, 2003). Victims might be cheered by news that resilience is common. In contrast, evidence that most people show resilience—even after relatively high doses of violence and other trauma—could be problematic for professionals who rely on public investment of funds, which unfortunately are often allocated based on what issues seem most in crisis.

Inattention to the science of healing is important because these investments are not always well spent. Some trauma services do not benefit victims and can even harm them. We have known for years that psychological debriefing (aka critical incident stress debriefing) does not prevent posttraumatic stress disorder (PTSD) and may even worsen outcomes for people exposed to trauma (Bisson et al., 2009; Bledsoe, 2003). The World Health Organization (2012) cautioned against using it, yet a quick search of Google Scholar showed many still do. The focus on negative consequences has wrongly suggested to some that everyone experiencing trauma would benefit from a little therapy.

That is not the only example. Many scholars and advocates call for abolition or substantial reform of child welfare responses to abuse, after extensive documentation of the harms of child removal and racist biases in the handling of child welfare cases (e.g., Chase & Ullrich, 2022; Doyle, 2007). These problems are not limited to violence interventions. The Drug Abuse Resistance Education prevention program does not reduce substance use and may even worsen outcomes for some youth but is still offered to many U.S. school children (for a detailed review, see Banyard & Hamby, 2022). Too often, we get caught up in the seeming need to “do something” without considering how people may already be coping or if our interventions help. Some scientists think that a focus on symptoms and psychological disorders may be contributing to increases in diagnoses and declines in functioning (Foulkes & Andrews, 2023). A better understanding of common pathways to healing and well-being across multiple domains (social, emotional,

**Figure 2**

*Coding for Prevention Versus Healing Focus in Psychology of Violence Articles That Included Strengths, 2010–2023*



*Note.* See the online article for the color version of this figure.

physical) could help us shift faster from ineffective to effective interventions for those who do need professional help. Likewise, it could help others thrive while avoiding a deficit-based, diagnostic lens.

### **A Limited Understanding of Strengths Across Global Cultures**

A second limitation in violence literature is the overdominance of studies from North America and Western Europe. Among the 42 healing-focused articles in *Psychology of Violence*, over half (54.8%) came from the United States, although the United States has only about 4% of the world's population. The disproportionate representation of individuals from Western, educated, industrialized, rich, and democratic (WEIRD) societies (71.4% of studies in this sample) raises concerns about the applicability and generalizability of findings to wider and more diverse populations (Henrich et al., 2010). Furthermore, even within WEIRD countries, basic science research is frequently conducted with college students and upper-middle-class White populations. Notably, compared to the wealth of violence research conducted with WEIRD populations, limited research has focused on the unique pathways to healing experienced by members of marginalized and minoritized communities who are most vulnerable to violent victimization, including racially and ethnically minoritized groups of people, individuals from lower-income communities, people from the global south, and lesbian, gay, bisexual, transgender, queer, intersex, and asexual people. The exclusion of marginalized and minoritized groups from basic science research widens the gap in our understanding of the complex and nuanced nature of violence—and recovery and healing from it—occurring in various contexts.

Additionally, research with WEIRD populations may fail to fully capture culture-specific strengths and protective factors associated with resilience following exposure to violence and trauma (Asay et al., 2013). Thus, ensuring the inclusion and reflection of global populations, diverse communities, and cultural perspectives is vital to moving the field forward. Further, when this work is extended to other communities, the focus is often on showing that people all over the world do not like being beat up (i.e., replicating the extremely

well-established association between victimization and symptomatology). Instead, we would be much better served by investing in identifying the assets and resources that are most helpful in diverse cultural settings.

### **How Lack of Knowledge on Healing Impedes Intervention**

The lack of basic knowledge about healing creates a third issue: an absence of a solid scientific foundation for violence prevention and intervention. Because we do not know what assets and resources most help people overcome trauma, intervention models are often based on a thin scientific base. Many intervention and prevention programs focus on making people more rational (e.g., cognitive restructuring, myth-busting, and psychoeducational approaches to prevention or intervention), but there is little basic science evidence that becoming more rational is a key pathway to healing. Although cognitive behavioral therapy has repeatedly demonstrated that it is better than no treatment and better than psychodynamic therapy, a recent large meta-analysis of interventions to promote well-being found smaller effect sizes for cognitive behavioral therapy than for mindfulness (largest effect sizes), acceptance and commitment therapy (which has a large mindfulness component), positive psychology interventions, and two different types of narrative interventions (van Agteren et al., 2021). We believe that intervention science could progress faster with a stronger basic science foundation.

We have decades of research showing that many prevention and intervention programs have limited impact. Further, prevalence rates for many problems remain stubbornly similar to what they were when the first epidemiological studies were conducted (for a review, see Banyard & Hamby, 2022). Programs with limited supporting evidence include batterer's intervention, violence prevention, antibullying programs, suicide prevention, domestic violence shelters, and support groups for victims. Summer camps that were supposed to prevent delinquency are now thought of as "deviancy training" (Gottfredson, 2010). These problems are not limited to violence and trauma either—programs like Drug Abuse Resistance Education for substance misuse also have a dismal record (Flynn et al., 2015; Sloboda et al., 2009). Yet, we also still know little about how most youth manage to successfully evade substance misuse without formal intervention. This state of affairs should be a call in and of itself to connect intervention more strongly to a basic science of healing.

Bridging the gap between basic science and applied research is an overdue task for violence researchers. Research on prevention and intervention often highlights issues in curricula that are not informed or guided by findings and insights from basic science. Continued silos between basic science and clinical realms significantly impede the development of effective violence prevention and intervention strategies (Yuan et al., 2016). Prevention and intervention strategies that focus solely on individual-level change, without leveraging multilevel strengths, assets, and protective factors, will likely have limited impact. We need to promote healthy families, communities, and environments—not just individuals (who must have extraordinary powers to thrive in dysfunctional settings). One excellent recent example of a systems-level strength-based concept is *institutional courage*, developed by Freyd and colleagues (Smidt et al., 2023). Institutional courage is an organizational climate characterized by transparency and proactiveness in response to harmful acts in its

setting. Smidt and colleagues' study showed that this system-level strength is associated with improved health in people who have experienced institutional betrayal—a terrific example of a study that falls within the design of a science of healing.

A paradigm shift toward strength-based prevention and intervention strategies, which harness people's internal and external resources and strengths, is essential to promote meaningful changes in violence prevention and recovery (Banyard & Hamby, 2022). We are hopeful that this could also lead to other beneficial outcomes, such as fewer people involved with law enforcement and child welfare systems.

Although grounding prevention and intervention more firmly in a science of healing will require substantial shifts among practitioners, we believe there are many benefits. For one, there is the potential of much more effective programs. Also, it has been our experience that clients appreciate being approached with a strength-based approach. In Sherry Hamby's work, many clients have told her that this is the first time they have ever been asked about strengths. A clinic who incorporated some of our measures into their intake reported that starting off with an assessment of strengths enhanced the therapeutic alliance. Although such findings need to be established in more formal research, they hint at a brighter future for providers and clients alike.

### Toward a Science of Healing

A casual reader of the scientific literature might think that it is difficult, if not almost impossible, to recover from victimization. However, considerable evidence indicates that resilience is the norm, not the exception. Healing outside of formal interventions is common. We have known this for years—at least in some corners of work on violence and trauma, as seen in Ann Masten's classic treatise on the "ordinary magic" of resilience (Masten, 2001)—a lovely phrase that captures many people's capacity to thrive despite exposure to traumatic events.

One of our favorite examples of the ordinary magic of resilience comes from the research following 9/11. The terrorist attacks on 9/11 make a good example because it is hard to imagine an event that more closely embodies the *Diagnostic and Statistical Manual of Mental Disorders* criteria for a potentially PTSD-inducing event, exposure to actual or threatened death, serious injury, or sexual violence by directly experiencing, witnessing in person, learning that the event(s) occurred to a close family member or close friend, or repeated or extreme exposure to aversive details, as with first responders. Yet, researchers found that even shortly after the attacks, PTSD rates among those living closest to the World Trade Center were approximately 20% (Galea et al., 2002). From a public health point of view, that is a mental health crisis affecting thousands. Yet, a PTSD rate of 20% also means that four out of five people in the immediate vicinity of the 9/11 attacks did not develop PTSD—a remarkable display of resilience. A follow-up study (Galea et al., 2003) showed that only 6 months later, rates were approximately 1% in most of Manhattan—a stunning rebound. Such results call into question the implicit assumption in much social science that a single traumatic event is likely to lead to PTSD.

As remarkable as these findings are, considerable research shows that not only do most people exposed to violence not meet criteria for

PTSD, but they are also thriving by many standards. In a recent analysis of children involved with the child welfare system, 54% of preschool-aged children showed resilience in the form of age-appropriate performance in multiple domains (emotional, behavioral, social, and cognitive) at the time of initial assessment. Only 18 months later, 81% demonstrated resilient functioning across a range of emotional, behavioral, social, and cognitive indicators (Yoon et al., 2024). In one study where more than 98% of the sample reported exposure to adversity, more than half nonetheless stated that every item on the subjective well-being and posttraumatic growth scales were "somewhat true about me" or "mostly true about me." This included 77.0% of participants who reported that "I am satisfied with my life" and 87.5% who endorsed that "I have a lot to be proud of" (Hamby et al., 2018). Other researchers have also found that high functioning is more common than might be expected after trauma (Bonanno, 2004).

These are remarkable findings—and yet we know surprisingly little about how these impressive recoveries come to pass. What we do know focuses again mostly on risk. Lifetime trauma dosage explains much of the variability in posttraumatic mental health problems. In those 9/11 studies, prior trauma dosage was a better predictor of developing PTSD even compared to markers of trauma severity such as losing a loved one or one's job because of the attacks (Galea et al., 2002). The dose-response relationship between trauma dosage and adverse health consequences has been found in numerous other studies of violence—most famously in work on adverse childhood experiences and polyvictimization (Felitti et al., 1998; Finkelhor et al., 2011). These findings have been replicated dozens if not hundreds of times and have also shown that the cumulative burden of trauma affects not only PTSD and other psychological consequences but also many serious health problems, such as diabetes, respiratory distress, heart disease, and cancer (Hughes et al., 2017; Petrucci et al., 2019).

Conventional ideas about resilience impede progress toward a basic science of healing. Norman Garmezy, often credited as the first resilience researcher, deserves kudos for pushing back against the conventional thinking that children in adverse environments would be permanently damaged and noticing that some were doing better than others (Garmezy, 1974). However, he wrongly assumed resilient children had some sort of "invulnerability" due to genetics or temperament. Even by the 1980s, people such as the British psychiatrist Michael Rutter were pushing back on that concept (Rutter, 1985). We now know that social ecological factors like parents' mental health status and the amount of cognitive stimulation contribute to resilience in this population (Yoon et al., 2024). Unfortunately, though, the idea that resilience is equivalent to some sort of innate toughness persists in many quarters.

However, most contemporary theorists consider resilience to be a process and recognize that many factors, across the whole human ecology, contribute to resilience (e.g., Hamby et al., 2018; Ungar, 2021). External resources, such as social support and good health care, play an essential role in helping people overcome trauma and achieve adaptive functioning despite trauma exposure. Increasingly, people are recognizing that not only the social ecology but also the physical ecology—features of the natural and built environments—contribute to healing. We need to do more to identify the most beneficial factors. Exciting work on resilience is



bringing the dosage idea to the strengths side of the equation. This includes concepts such as *poly-strengths* (Brooks et al., 2024; Hamby et al., 2018, 2020b) and *positive childhood experiences* (Bethell et al., 2019). People's "dosage" or "portfolio" of strengths appears to be key to helping them achieve well-being despite exposure to trauma, but we have much to learn about the most important elements of resilience portfolios.

### Identifying Pathways to Thriving

It is well established that most people are exposed to trauma and that most people heal and thrive despite these exposures (the process of resilience). It is surprising and unfortunate that we do not know much about what happens in the middle. What are typical pathways to thriving following trauma exposure? What are the steps or *virtuous cycles* (good things building on good things, the opposite of vicious cycles) that help people avoid or escape PTSD and depression? How can communities and societies best facilitate virtuous cycles? The study of resilience requires three elements: some form of trauma (measured or known to be present in a particular population), some measure of at least one protective factor/strength, and some indicator of a biopsychosocial outcome (Hamby et al., 2018). It does not matter whether the measured strength is labeled "resilience" or not. Indeed, overreliance on measures of resilience has held back the science of healing. Many resilience measures emphasize regulatory strengths such as emotion regulation and/or combine questions on numerous strengths in an unsystematic fashion. Such measures do not help us appreciate the full range of strengths that help people overcome trauma.

The good news is that numerous subdisciplines within psychology and related fields conduct many studies that include these three elements. This includes research on stress and coping, posttraumatic growth, resilience, salutogenesis (health generation), health promotion, and positive psychology. It also includes work on protective factors that is conducted within mainstream violence research of the type often published in *Psychology of Violence*. The study of coping with racial trauma follows the same framework. A science of healing includes research in fields such as school psychology, medicine, criminology, social work, sociology, and public health. Although much of this research focuses on violent events, other kinds of traumatic events, such as natural disasters, life-threatening illnesses, or forced migration, are studied using a similar trauma–strengths–outcome framework. Even fields such as environmental psychology and urban planning often include work on recovery from trauma (violent and nonviolent) and should be integrated with work on interpersonal factors. Unfortunately, much of this work is siloed. Scientists in one discipline or subdiscipline often know little about similar efforts in other fields.

Organizing this work under the rubric of a science of healing would help those people find each other. Many, if not most, of the publications in these diverse areas could be united under a basic science of healing so that we are quicker to recognize, for example, when the same factors that are found to promote posttraumatic growth after a natural disaster are also found to help children overcome maltreatment or promote salutogenesis in low-income communities. By investing less in reinventing the wheel, we can move forward faster.

### The Diversity of Pathways to Healing

We also urgently need to know more about variations in pathways to healing. What are nontraditional or unconventional pathways to overcoming trauma that can nonetheless lead to good outcomes? More knowledge about alternatives might be especially helpful to people who are experiencing PTSD or other symptoms and are labeled "treatment resistant" because they do not follow typical pathways to healing. We need to know more about culturally specific pathways, too. For example, how do people from more collectivist societies cope with victimization compared to people from more individualistic ones? Even the very concept of resilience might vary across cultural settings. When a research team used qualitative approaches to develop a resilience measure for Australian Indigenous communities, they found that people emphasized cultural traditions and social relationships more than the perseverance and emotion regulation often seen in resilience questionnaires developed with WEIRD populations (Gee et al., 2023).

Numerous cross-cultural studies suggest that resilience pathways vary across different cultures. A protective factor crucial in one culture might not work in the same way in other cultures (Pan et al., 2008; Sisask et al., 2010). For instance, in a comparative study on resilience pathways of Canadian and South African adolescents, peer support emerged as a significant protective factor mitigating the negative impact of family adversity on adolescent mental health for Canadian adolescents. However, the protective effect of peer support was not observed for South African adolescents (Cameranesi et al., 2022). Another cross-cultural investigation, focusing on protective factors against youth externalizing problems in American and Hungarian contexts, revealed that parental monitoring was a universal protective factor for both groups, while school-related protective factors, such as happiness with school, were only significant for American students (Piko et al., 2005). A scoping review of resilience research in Kosovo identified factors such as nationwide meaning making and dignity that are seldom studied in mainstream resilience research (Kelmendi & Hamby, 2023). Future research needs to do more to unpack what distinguishes different cultural settings.

There are also potential developmental differences. For example, in a study of social support, we found that *tended* adolescents—those offered social support even when they did not seek it—fared worse than *rebuffed* adolescents who sought social support and did not receive it (both groups looked worse than interconnected youth who sought and received help and better than isolated youth who neither sought nor received help; Hamby et al., 2020a). In contrast, in an adult sample, the tended and rebuffed groups looked more similar (Cheng et al., 2024). Resources that help adults might not help adolescents. Other research similarly indicates there might be developmental variations in factors associated with resilience and healing, with some elements demonstrating more pronounced influences at certain developmental stages (Yoon, Dillard, et al., 2021; Yoon, Howell, et al., 2021). For instance, Yoon, Howell, et al. found that meaning making emerged as a central protective factor in adulthood but was observed less in studies focusing on childhood. We need more research on developmental differences to know how robust these patterns are. Regrettably, we know even less about thriving in late life—an almost criminally neglected area despite the rapid aging of the population in the United States, most of Europe, Japan, and many other countries.

As you read this, you might be thinking "Oh, there are studies on this topic—or that one." And you would be right—you can find a

handful of studies on almost any topic under the sun. The research base has exploded. But there are huge disparities in what is studied.

### Rethinking Victimization–Perpetration Links

A science of healing could also inform our understanding of perpetration, reframed as another adverse outcome of trauma. Or perhaps re-reframed as a nonviolent way of being in the world and placed alongside subjective well-being, spiritual well-being, and physical well-being as one of the facets of a thriving life. Although prior trauma is not the only pathway to perpetration, it is an important one. Just as we do not know much about how most youth avoid misusing substances, we do not know much about how most youth learn to behave nonviolently despite the stresses and provocations that lead some to perpetration. A robust science of healing could provide insights for interrupting the intergenerational transmission of trauma and other factors that place some people exposed to violence at higher risk for perpetration. Because exposure to violence is so widespread, intervention and prevention must be more closely linked than is often appreciated, and this could be one way to build stronger bridges between the two.

### How Strength-Based Lenses Can Inform Methodology

We need to change not only the “what” (shifting to strength-based studies of healing) but the *how* of science. A science of symptoms and deficits almost invites a paternalistic approach to understanding victims of trauma and the suffering they endure. Simply asking questions in terms of risk factors and negative consequences defines a population as one that has limitations and needs help. Inadvertently and perhaps even unconsciously, we think this is one of the many contributing factors to a science that has largely been done “on” populations instead of with them.

There are many ways to give stronger voices to community members, from incorporating qualitative methods like focus groups and interviews that let them explain their thinking on a topic (how many times have you looked at a survey question and not wanted to say agree or disagree because neither answer quite fit?); participatory research that lets them get involved in the development of research questions, methodologies, and interpretations; and newer participatory methods such as photovoice that offer fresh tools to express themselves. These methodologies go beyond traditional data collection, fostering a deeper understanding of the nuanced and complex lived experiences of individuals and communities affected by violence and trauma. Everyone is an expert in their own life and we need to take a more collaborative approach to science. Inviting community members as equal partners and acknowledging their insights and lived experiences is validating and contributes to a more equitable and inclusive approach to addressing trauma. A shift to a focus on healing can facilitate more equitable research because the very objective of understanding healing means that community members have wisdom to contribute. It shifts our role to identifying patterns of healing and disseminating findings to the broader public. It is been our experience that many people are eager to share their stories in the hopes that what they have experienced might help others.

### How a Focus on the Science of Healing Impacts Scientists

We would like to close with a few thoughts about how shifting to a focus on healing has also affected us, as researchers. Both of us have experienced personal joy and growth as a researcher who does this type of work. At one level, it has taught us to identify and appreciate the strengths, assets, and resources that we can access. What is more, we have found it uplifting to explore solutions (“what works”) versus focusing on problems. Sherry Hamby has been in this field for over 30 years. Like most researchers trained in the 1980s and 1990s, much of her early work also focused on documenting rates, risk factors, and consequences. Although she included some focus on strengths earlier, in 2012, she made a firm switch to a focus on strengths and resilience. This renewed her energy for the work and made it easier to sustain her efforts in this challenging topic.

Shifting to strengths has also affected our perceptions of our roles as colleagues and mentors. We are two cochairs of ResilienceCon, a conference dedicated to providing an outlet for people to share their strengths-based work (research, prevention, or intervention) for violence and other forms of trauma (<https://www.lifepathsresearch.org/resiliencecon/>). We have been inspired to help build bridges and “bust silos” to bring together like-minded resilience researchers, practitioners, policymakers, and individuals with lived experience to identify underappreciated strengths, untapped resources, or novel pathways to healing. With Vicki Banyard, Sherry Hamby also created the Resilience Portfolio Consortium (<https://www.lifepathsresearch.org/lifepaths-community/>) to provide another resource to support scholars interested in a basic science of healing. Scientists need assets and resources to thrive, just like anyone else, and shifting to strength-based approaches has transformed our professional lives.

### Conclusion

As we reflect on past research and look to the future of violence research, we advocate for more investment in a basic science of healing. In this perspective article, we highlight a persistent imbalance in the current spectrum of violence research, where a disproportionate emphasis is placed on risks and deficits, with considerably fewer efforts devoted to basic science research on healing and resilience. Shifting our focus toward understanding the fundamental elements and processes of healing has the potential to not only enrich the foundational knowledge in this area but also bridge the gap between basic and applied sciences. The insights gained from a basic science of healing can critically inform the development of thoughtful and effective interventions and programs aimed at facilitating healing in individuals and communities. A greater commitment to a basic science of healing, coupled with attention to cultural diversity and the adoption of more equitable and collaborative methodological approaches, holds immense promise in advancing the field and illuminating the future of violence research.

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