

Nurturing Hidden Resilience in At-Risk Youth in Different Cultures

Michael Ungar PhD¹

Abstract

Introduction: While there has been growing interest in the concept of resilience, there has been little attention paid to the cultural and contextual factors that influence children's healthy growth and development under adversity. Using findings from the International Resilience Project, a study of over 1500 youth in 11 countries on five continents, it has been possible to show that there are both generic and culturally specific aspects to resilience. **Method:** Fourteen communities were invited to participate based on the variability in the risks children face in each setting. A minimum of 60 youth in each community were administered the Child and Youth Resilience Measure. Qualitative interviews were also conducted with a subsample of youth. **Results:** Both homogeneity and heterogeneity in the overall sample was demonstrated, with exploratory factor analyses suggesting at least four subgroups of youth distinguished by their status as Western or non-Western, boys or girls, and the degree of social cohesion of their communities. Qualitative data explains these differences as related to seven tensions experienced by youth developmentally. **Conclusion:** This work highlights the need for greater cultural and contextual sensitivity in how resilience is understood. Implications for practice with at-risk youth include the need to understand the contextual specificity of positive development under stress.

Key words: at-risk youth, cultural differences, resilience

Résumé

Introduction: Malgré l'intérêt grandissant envers le concept de résistance à l'adversité, il existe peu d'études des facteurs culturels et contextuels qui influent sur la croissance saine des enfants et leur développement dans l'adversité. Plus de 1500 jeunes issus de 11 pays différents répartis sur cinq continents ont fait l'objet d'une étude basée sur les conclusions du projet Résistance internationale à l'adversité. Cette étude a montré que la résistance à l'adversité comporte des aspects spécifiques, génériques et culturels. **Méthode:** Quatorze communautés ont été invitées à participer à cette étude basée sur la variabilité des risques auxquels les enfants font face dans chaque situation. Un minimum de 60 jeunes de chaque communauté a répondu à un questionnaire de mesures sur la résistance à l'adversité. Des interviews qualitatives ont également été menées auprès d'un sous-échantillon d'adolescents. **Résultats:** L'homogénéité et l'hétérogénéité de l'échantillon global ont fait apparaître un minimum de quatre sous-groupes d'adolescents définis par leur origine (occidentale ou non occidentale), leur sexe et le degré de cohésion sociale de leur communauté. Les données qualitatives expliquent que ces différences sont liées à sept tensions vécues lors du développement de l'adolescent. **Conclusion:** Il faut faire preuve d'une plus grande sensibilité à la culture et au contexte pour comprendre la résistance à l'adversité. Cela signifie que les professionnels qui traitent les adolescents à risques doivent connaître les spécificités contextuelles du développement positif en présence de stress.

Mots-clés: adolescents à risques, différences culturelles, résistance à l'adversité

¹Dalhousie University, Halifax, Nova Scotia

Corresponding email: michael.ungar@dal.ca

Submitted February 12, 2006; Accepted March 20, 2006

*This paper was presented as a keynote address at the joint AACAP/CACAP meeting, Toronto, October, 2005

An industry of talk show hosts and books have emerged chronicling the life stories of those few individuals who not only survive adversity, but thrive despite the negative influence exposure to risk poses. This ability to thrive under hardship goes by a number of different names, from resilience to hardiness, coping or simply beating the odds. Masten (2001) describes the phenomena as the "ordinary magic" of lives lived well. Over the years, to investigate this phenomenon of positive development, we have seen four overlapping phases of research. The first was the trait and characteristic studies most prominently showcased in Anthony and Cohler's 1987 work, *The Invulnerable Child*. Concurrent with such studies of intrinsic qualities of children that

contribute and predict successful development have been a second wave of researchers such as Garmezy (1976) and Rutter (Rutter, Maughan, Mortimore & Ouston, 1979) who have spent their careers examining the protective mechanisms that interrupt negative growth trajectories, mitigate risk, and promote healthy growth and development. Such efforts have, combined, produced a vast literature, well represented by Luthar (2003) in her recent work *Resilience and Vulnerability*. A third wave of researchers, notably Lerner and Benson (2003) who work with the Search Institute have focused on positive youth development, generating lists of assets that predict healthy outcomes in large population-wide samples. This approach to assets offers a subtle challenge to

resilience researchers. The focus moves from mitigating risk, preventing negative chain reactions, and explaining the small percentage of youth without the manifested negative outcome that would be expected, to a survey of the assets children have and the correlations between assets and healthy development. This shift from preventing risk to promoting growth and development is in keeping with health promotion efforts and broader emphases by those such as Antonovsky (1987) who emphasize the salutogenic rather than pathogenic aspects of development.

As broad and inspiring as this work has been, a fourth wave of researchers are beginning to wonder at the Eurocentric bias of much of the resilience-related research (Boyden & Mann, 2005; Ungar, 2005). This bias is embedded in the design and choice of measures and outcomes even when research is documenting the experiences of minority or marginalized populations (Smith, 1999). A group of researchers internationally are now arguing that studies of healthy functioning must be conducted with sensitivity shown to the context and culture of those being studied. There is otherwise the possibility to argue that resilience related research is weakened by first, the apparent arbitrariness in the choice of outcome measures, and second, a lack of culture relevance in both research design and interpretation of findings. If we examine two quotes from a recent 14-site 11 country mixed methods study that I lead, the International Resilience Project (IRP), both validity of both these critiques can be shown. For example, if we listen closely to how Sasha, a 17-year old teenaged mother from Winnipeg Canada explains her resilience, we find her talking about her school and teacher as the most important factors contributing to her success:

The guidance counsellor right now at my school was my teacher last year and at the time I had an eight month old son and it was really hard for me to get to school and to do well and stuff. I had a big attitude when I came. And one day I decided I wasn't going to come to school no more and I told my teacher, Pat, and she just said that everything was going to be okay if I made it okay and that she would help me everyday to get to school. She would pick

me up. She would phone me. She would give me bus tickets. She bought my son a sled and she just told me it was going to be okay. And I came and I did it and I finished the whole year...if she wasn't there I would have just probably dropped out.

If we then listen to a second teenaged mother, Akili, from Njoro Tanzania, an impoverished community at the base of Kilimanjaro, we see a very different account of what contributes to a young woman's resilience:

I am not independent as I still depend on my mother. Previously I was depending on my father and my mother but since I got pregnant my father deserted me and he doesn't like to see me...I depend on my mother for everything.... The main protector of my life is myself and it is not proper to disturb my mother. I feel as I made a mistake of getting pregnant before the right time, I have to take care of myself... My mother is helping me to get employed so that I can live a good life... If I have money I think I can solve my problems. I have no money because I am not running any business...My goals are to have a job or a business which will let me rent my own room, where I can live with my child, so that I can depend on my own instead of depending on my mother.

In the first instance, Sasha credits a teacher and her schooling as pivotal to her success. In the second case, Akili links her success to her mother and her access to opportunities to start her own small business selling goods in the market. Evidently, while stay-in-school programs have great currency, and are often touted in the literature as protective factors for at risk child populations, ensuring longer school engagement, Akili would benefit more from micro-enterprise grants now routine in the developing world. This is not what we typically think of when we design interventions for at-risk youth populations. And yet, in a country like Tanzania where more than 50% of girls do not go past grade six in their education, and where entrepreneurship among women is valued, it makes sense to promote Akili's business opportunities rather than just encouraging her to return to school. While lamentable in some respects that education is not valued by Akili or her community, it is interesting nonethe-

less to argue that the girl's resilience must be accounted for based on her culturally determined business acumen.

Such idiosyncratic explanations for resilience are critical to intervention. However, they also have much to teach us about what other ways we might intervene across global contexts. For example, to my knowledge we never ask North American teenaged mothers about whether they require small business loans to ensure their survival. We do however routinely apply western standards to young women in Tanzania, judging their rate of successful development by the education level they attain. One can only wonder if micro-enterprise grants might not, in some cases, benefit youth in American and Canadian contexts as much as their furthering their education.

The IRP

The IRP is a study of over 1500 youth in 11 countries on five continents that has had as its goal to address these shortcomings in the literature. The 14 communities involved were each invited to participate based on the variability in the risks children face in each setting and the capacity of researchers locally to carry out the study. Sites included; Sheshatshiu, an aboriginal community in Northern Canada; Hong Kong, China; East Jerusalem and Gaza, Palestine; Tel Aviv, Israel; Medellín, Colombia; Moscow, Russia; Imphal, India; Tampa, Florida; the Gambia; Njoro, Tanzania; Capetown, South Africa; Halifax, Canada; and Winnipeg, Canada (two sites, one with urban aboriginal youth, the other with non-aboriginal youth in residential care). The IRP is a mixed method study that has employed an iterative design leading to the development of a culturally valid measure of resilience, the Child and Youth Resilience Measure (CYRM). The original 58-item instrument, scored using a 5 point likert scale, was successfully administered to a minimum of 60 youth in each of the 11 sites (694 males = 47.9%; 757 females = 52.1%, mean age = 16 years, S.D.= 2.653). All youth were selected by Local Advisory Committees (LACs) as representative of at-risk youth in each community who were doing well by local standards (i.e. successfully coping with their adversity by either working, or continuing their education, etc.). In addition, 85 qualitative interviews were

conducted with youth and a number of focus groups and interviews with adults in each community in order to more "thickly" describe resilience related phenomena between and within sites. Each site also added to the CYRM 15 site-specific questions that were analysed separately. Full explanation of the methodology can be found in Ungar & Liebenberg (2005) and Ungar, Lee, Callaghan & Boothroyd (2005). Results are now under review with a number of journals or available through the project website (www.resilienceproject.org).

Results from the first wave of the IRP demonstrate that resilience can be better understood as a culturally embedded artefact, reflecting not only intrinsic qualities of the child, but is also a function of the child's environment's capacity to provide access to health-enhancing resources. Thus, resilience may be best defined as follows:

Resilience is both an individual's capacity to navigate to health resources and a condition of the individual's family, community and culture to provide these resources in culturally meaningful ways.

Unpacking this definition, we see that resilience is about both the child's ability to navigate to health resources (the exercise of personal agency) and the capacity of the child's family, community and culture to provide health sustaining resources (availability and access) ranging from positive attachments to the provision of instrumental supports such as education, housing and medical care, as well as meaningful participation, good governance, safety and a collective identity (to name a few of the aspects of resilience examined during the study). Furthermore, there is a need to understand resilience as the result of negotiations by children with adults in order to influence the quality of the resources received such that children's needs are met in ways meaningful to the child and culturally appropriate. As any clinician knows, it is not good enough to simply offer a talking cure or medication to a child in need of care. Neither treatment will be effective and compliance low unless the nature of the intervention matches with the child's culture and context. The social ecology surrounding the intervention and the pathways to resilience children travel are as or more important than the qualities of the child him- or herself.

Homogeneity and Heterogeneity

The IRP results revealed trends towards both homogeneity and heterogeneity across global populations. While far from representative, the study's sample of convenience was used to innovate methodology and address epistemological questions related to the study of resilience. In this regard, the findings suggest that there are both global and culturally specific aspects to resilience. Across all the sites, the site-specific means on all 58 CYRM questions were remarkably similar with only small but significant variations recorded for four sites (Gambia, Northern Canada, United States and Russia). Of these four, only the Northern Canadian site with an Aboriginal population showed a remarkably lower overall site mean on the CYRM. While such convergence is interesting and not entirely expected, it is noteworthy that individual questions showed much more variation across populations. For example, if we look just at the youth from Southern Canadian cities (Winnipeg and Halifax) we can observe that these youth are:

- More comfortable expressing themselves sexually (mean of 3.80 vs. 3.27 for the global sample)
- More likely to feel they can influence the future (3.92 vs. 3.58)
- More likely to keep going when life gets difficult (4.13 vs. 3.79)
- More comfortable talking with people they don't know (3.41 vs. 3.0)
- Less likely to serve their communities (3.22 vs. 3.51)
- Less optimistic (3.14 vs. 3.36)
- Feel less responsibility for "making the world a better place" (3.40 vs. 3.78)
- Less likely to feel they can avoid violent situations (3.32 vs. 3.75)
- Less likely to talk with their families about how they feel (2.72 vs. 3.19)
- Less likely to feel their parents know much about them (3.04 vs. 3.44)
- Less likely to feel religious beliefs are a source of strength (2.64 vs. 3.25)
- Less likely to have a family routine around mealtime (2.43 vs. 3.04)

The second lesson the team learned was that aspects of children's lives that contribute to resilience reflect a child's culture and context. Exploratory factor analyses, for

example, showed that while the Southern Canadian and American youth, both boys and girls, produced one coherent factor structure, the entire sample did not. A second set of analyses showed that girls in non-western sites, including aboriginal girls in Northern Canada, produced a second factor structure. Boys in these non-western sites, however, did not group together as one. A number of efforts, based on theory generated through the analysis of the qualitative data helped to group the non-western boys into two groups, those from communities with high social cohesion (shared purpose and collective sense of identity) and those with low social cohesion. On the basis of these differences, the research team has questioned the apparent homogeneity in overall mean scores, arguing for a more contextualized understanding of the data, and children's resilience.

The qualitative data is particularly useful, as well, in understanding why children group themselves differently into these four factor structures. Using a grounded theory approach to the analyses, and the dialogical process of member checks and reciprocity in the design, seven "tensions" were identified that could account for the youth participant's experience of positive growth (all the youth interviewed were felt by their communities to be resilient). These seven tensions are detailed in Table One.

Findings show that *youth who experience themselves as resilient and are seen by their communities as resilient are those that successfully navigate their way through these tensions, each in her/his own way, and according to the strengths and resources available to the youth personally, within her/his family, community and culture.*

A clinical case example:

Applying the concepts of resilience as navigation and negotiation for health resources, within distinct social ecologies, in an effort to resolve the seven tensions, one can see how clinical interventions can be effectively tailored to suit an individual child and family. By way of illustration, I would like to look at the case of 15-year-old Aboriginal boy, Paul, who was referred to me for individual therapy following his re-arrest for breaches of his probation. He had previously been incarcerated for violence

Table One: Seven Tensions

Tension	Explanation
1. Access to material resources	<ul style="list-style-type: none"> • Availability of financial, educational, medical and employment assistance and/or opportunities, as well as access to food, clothing and shelter
2. Relationships	<ul style="list-style-type: none"> • Relationships with significant others, peers and adults within one's family and community
3. Identity	<ul style="list-style-type: none"> • Personal and collective sense of purpose, self-appraisal of strengths and weaknesses, aspirations, beliefs and values, including spiritual and religious identification
4. Power and control	<ul style="list-style-type: none"> • Experiences of caring for one's self and others; the ability to affect change in one's social and physical environment in order to access health resources
5. Cultural adherence	<ul style="list-style-type: none"> • Adherence to one's local and/or global cultural practices, values and beliefs
6. Social justice	<ul style="list-style-type: none"> • Experiences related to finding a meaningful role in community and social equality
7. Cohesion	<ul style="list-style-type: none"> • Balancing one's personal interests with a sense of responsibility to the greater good; feeling a part of something larger than one's self socially and spiritually

and drug-related offences. Those charges had placed him in custody for the second time. As I got to know Paul, it was difficult not to feel hopeless about changing him or his situation. He lived on reserve. He had insecure attachments to his parents, who themselves struggled with addiction problems. His violence was a way of coping with life beyond his front door, and behind that door as well. He performed poorly at school, if he went at all. Despite these many deficits, Paul had an evoking personality and when not on drugs or drinking proved to be a very reasonable young man.

Youth such as Paul are common in my practice. What was less common was the creative solution he found to cope. He became a part of the Warrior Society operating on his reserve. This paramilitary organization advocates armed struggle when necessary to defend national interests of aboriginal peoples. While on leave back to his community, Paul became linked to older men who were Warriors through his uncle. At the same time, members of the Warriors Society were active defending Aboriginal fishing rights on the Atlantic coast. During one of his temporary releases, Paul's went to work fishing with his uncle, an activity which at the time was

illegal according to the courts. When I later met with Paul back in custody, he told stories of being on his uncle's fishing boat while Department of Fisheries and Oceans enforcement officers fired live ammunition across the bow of their boat to get them to put back in to harbour.

While I was not advocating Paul break the law nor engage in armed struggle, his solution did lead him out of trouble. He stopped doing drugs, became a more active member of his band, and as far as I know, never again ended up in jail (at least not in the juvenile system).

Implications for Practice

There are several specific implications, then, of this work:

Don't believe everything you read: Findings suggest that different communities will have very individual definitions of what makes children resilient. While the bulk of the resilience literature has been generated in western contexts, we cannot assume homogeneity across global populations. There is a need to ask more, and tell less when it comes to understanding the contextual specificity of positive development under stress.

All aspects of resilience are not created equal: As the case illustration above shows, the aspects of resilience that are most protective will influence outcomes differentially depending on the culture and context in which they manifest. A singular approach to intervention would be highly unlikely to succeed across cultures as children's social ecologies will interact with the protective function of each aspect. As demonstrated above, even something like social justice or relationships are highly contextually determined and influence well-being in ways that may or may not be normative across cultures.

Pathways to resilience are a many splendored thing: The constellation of factors that interact in the lives of resilient children have been shown to be complex in their associations. There must necessarily be appreciation shown for both the homogeneity and heterogeneity in coping across populations.

Future Research

Further research, now in the planning phase, will build on the work of the IRP. The hope is to not only generate a more valid and reliable body of research, but to also investigate longitudinally, and across many other cultures, the relevance of resilience related aspects of children's growth and development. It is with great anticipation that the IRP team looks forward not only to continuing its investigations, but also to applying the findings methodically to practice with at-risk populations globally.

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