Handbook for Working With Children and Youth
Pathways to Resilience Across Cultures and Contexts

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INTRODUCTION: RESILIENCE ACROSS CULTURES AND CONTEXTS

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ike all works on resilience, this one too is a cultural artifact, the result of a shared set of beliefs, values, and ideologies found among a group of academics, child advocates, clinicians, and other specialists who share an interest in children's unique ways of protecting themselves when growing up amid adversity. Although I share with contributors to this volume the common goal of better understanding children, our multiple standpoints make me reticent to assert that there is any one pathway to health common to children globally. Instead, I must be satisfied with a collage of competing truths, each a vibrant local account of what we have come to think we know about children's well-being. The more we dialogue across social, cultural, and linguistic barriers, the more convinced I am of a plurality of possible ways to account for children's resilience.

The best place to begin this exploration of pathways to resilience is close to home. I live on the East Coast of Canada. I am a white, heterosexual male. I earn a good income. I am able-bodied. The risks my family and I confront in our daily lives are negligible compared with those of many other families and their children living less than a mile from my home. Of course, the latchkey children across the street who come home after school to an empty house, who spend hours with video games, suffer their own risks that come with being emotionally neglected. Fortunately, as a community we have provided services and structures to, at the very least, meet these children's needs. There are schools they can attend, guidance counselors who check in on them, government-funded social workers to investigate claims of neglect against their parents. There are also community programs, perennially underfunded, but nevertheless available. There are police, doctors, and emergency services close at hand.

Farther from my home, there are children who face far different challenges. They still confront the same acute risks of my neighbors, experiencing episodes of abuse or the disruption of divorce. But their worlds provide more chronic stressors as well. For example, the African Nova Scotian communities a little north of where I live and across the harbor have experienced systematic discrimination and underservicing that have been an unfortunate part of their deep-rooted history. Their schools have historically been underfunded more than those in my neighborhood. Their access to health care is compromised by the poverty that results from prejudice. They are more likely to be the target of police checks and incarceration. These same prejudices led to the outright dislocation of the African Nova Scotian community in the 1960s to make way for a bridge over the harbor. Combined, these intrusions have taken their toll.

Of course, I could widen the circle further. I could speak about street children in other parts of my community, youth who couch surf, drift between shelters, or when weather permits, populate the streets of every major city and small town in Canada. I could go further and paint simplistic pictures from my travels in Aboriginal communities in Canada and describe the challenges they face: the legacy of residential
schools that were a cultural genocide that has contributed to epidemics of substance abuse and suicide. I could move beyond my national borders and look to the United States with its structural inequities, the multiple risks of biological, psychological, emotional, and social factors confounding children's development. But why stop there? I could look overseas to the Middle East, Asia, South America, Africa, and even Eastern and Western Europe where the politics of hatred and prejudice, war, poverty, disability, and marginalization due to gender, sexual orientation, race, and ethnicity all combine to disadvantage children. I could easily paint a picture of a world of children at risk.

This monochromatic view of children and families presents us with a singular and "thin" description of children's lives. Seldom do we hear accounts from children themselves. This is unfortunate because a quieter, less articulated version of children's lives speaks of resilience. It is a much more hopeful vision, one embraced by the authors of the chapters in this volume. If we look, we can find within each population of at-risk children aspects of healthy functioning that may or may not have been overlooked.

**DISCOVERING RESILIENCE**

In the middle to late 1900s, a growing number of researchers such as Werner and Smith (1982), Rutter (Rutter, Maughan, Mortimore, & Ouston, 1979), Garmezy (1976), and Murphy and Moriarty (1976) began to structure longitudinal studies in Western contexts that found that an inconsistent and unpredictable number of children from at-risk populations presented with remarkably good mental and physical health outcomes despite the multiple disadvantages of structural, familial, and individual stressors.

That body of work has become the basis for a burgeoning field of research into resilience among children and adults. It has provided clinicians, policymakers, child advocates, and researchers a different way of thinking about populations at risk. It has shown that some individuals do survive incredible hardship and that the uniqueness of their solutions may be invisible to outsiders to those lives. However, even as we have come to notice the health to be found among at-risk individuals, our definition of this resilience has tended to assume a minority-world bias, that of the small, privileged part of our world that lives in relative affluence in Western democracies. In particular, most resilience literature comes from the Western-trained psychological and social service community.

Within this narrow community, resilience has come to mean the individual capacities, behaviors, and protective processes associated with health outcomes despite exposure to a significant number of risks. Without risk, there is no resilience, only health of a different order. Although a good start, and a paradigmatic shift from a focus on the etiology of disease to the "etiology" of health, we have ignored the bias inherent in what we assume to be health indicators. A volume such as this, that places side by side so many different understandings of children's well-being, is a challenge to this homogenizing health discourse. This broadening of our perspective is analogous to what the theory of resilience has done to psychopathologizing discourses of well-intentioned professionals who nonetheless stigmatize at-risk populations with labels of dysfunction. This volume seeks to open to debate what is and is not a sign of health, the variety in the pathways children travel to well-being, and the theoretical and methodological challenges accounting for this plurality of perspectives internationally. This new ground can be charted, however, only because of the debt we owe to the resilience pioneers who shook us up with their vision of health hidden amid danger.

Caution is needed when speaking of resilience. The discourse of resilience can be (has been?) co-opted by proponents of a neoconservative agenda that argue if one person can survive and thrive, then shouldn't the responsibility for success be on all individuals within populations at risk to do likewise? Are services really needed, or should people themselves be expected to follow the lead of the "invulnerable" and surmount their difficult life circumstances? It is a familiar twist on the "anyone can be president" myth. It denies the very real structural constraints on children's lives. Not all children have the constellation of capacities to succeed. Much less would there be the capacity of our society as it is structured to provide places for all children if they were to succeed. After all there is only one president every four years.

More invisibly, inventions based on presented models of adaptation that are exceptions of health and arbitrariness in the variables. The bulk of work based on a Eurocentric view is a product of a moment that has taken place during which the measurable, and predictable, the complexity of individuals, families, and adversity, cannot be boiled down to a single set of principles contextually specific. Not to say we cannot conduct scientific inquiry in different gold standards of the population under study, or what our research is or is not true. But to go further, we are bound to the particular that we overstep the social if we learn anything culturally, it is the monolayer of people into an abyss of unacknowledged validity are now being formerly marginalized (minority groups, victims or illness). The relevance, and the localized truths.

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More invisibly, resilience research and interventions based on a resilience framework have presented models of successful growth and adaptation that are biased toward Western conceptions of healthy functioning, ignoring the arbitrariness in their selection of outcome variables. The bulk of the resilience literature is based on a Eurocentric view of the world. This view is a product of a philosophical enlightenment that has taken place over the last 400 years during which the world became a knowable, measurable, and predictable place. Arguably, the complexity of resilience, the myriad ways individuals, families, and communities overcome adversity, cannot be so simplified as to generate a single set of principles generalizable from one contextually specific study to the next. This is not to say we cannot embrace the tools of scientific inquiry in different contexts, seeking the gold standard of external validity for each population under study. We can assert, "For this one group of people, sharing these qualities, what our research shows is likely to be true." But to go further, to speak globally, when we are bound to act only locally, requires that we overstep the bounds of reasonableness. If we learn anything from working cross-culturally, it is that to speculate on the commonality of people's experiences is to tumble into an abyss of uncertainty. Claims of external validity are now being challenged by those formerly marginalized by the process of research (minority groups, women, people with disabilities or illness). They are calling for authenticity, relevance, and the re-presentation of people's localized truths.

Although I might be fairly certain that what I know about health may be relevant to the neglected children who live next to me, I am less certain of the veracity of what I know about what makes a child resilient when I encounter communities further afield, such as those of Canada's First Nations or those in countries that are less economically developed, although with cultural traditions and indigenous health practices far more ancient than my own.

At a time when we are increasingly open to critical engagement between those marginalized and the elites who hold power over them, there is a need when studying resilience to understand the multiple pathways that children, their caregivers, and communities travel toward health. This book is intended to broaden our understanding of how children, youth, and the adults who care for them sustain resilience in diverse cultures and contexts. In the process, it challenges the individualizing discourse of health, showing that resilience is embedded not only in psychological factors but also in the structures that support children's access to the resources they need to sustain well-being.

A POPULAR THEORY

A burgeoning interest in the study of resilience has resulted in a fascination with lives lived well despite adversity. Television talk shows and bookstore shelves are full of tales of those who have survived well. They provide a picture of individuals who encounter any of a host of challenges and then marshal personal and social resources to overcome them. Eric Weihenmayer (2001), for example, in his biography of his life as a visually impaired mountain climber, demonstrates incredible resourcefulness and determination as he learns to conquer more and more difficult peaks, eventually reaching the summit of Mt. Everest, a metaphoric as much as a physical accomplishment. In a different vein, The Girl in the Picture: The Kim Phuc Story (Chong, 2000), documents the life of a 9-year-old girl badly burned during a napalm attack in Vietnam in 1974. A newspaper photo of Phuc shortly after the attack not only helped to end the war by raising awareness of what was happening but also brought her much-needed medical attention even as she was being exploited as a tool for government propaganda. Her story, too, is one of survival.

To understand these lives lived well, one cannot, however, overlook the cultural, social, and structural forces at play. Each was provided with very real resources that contributed to survival. Each had access to opportunities. Each also had the intelligence and temperament to exploit those opportunities.

A broad developmental perspective on resilience that can fully account for how children become resilient in multiple contexts and across cultures has yet to be fully articulated. A number of works from Western authors, such as Combrinck-Graham's (1995) Children in Families at Risk, Walsh's (1998) Strengthening
In the smaller scale societies in developing [sic] countries, the impingement of modern values has produced a spectrum of responses from reaction against what they perceive as alien to enthusiastic acceptance of what they perceive as modern and advantageous. There is still little known about how and why families respond in the way they do. Even less is known about the process of reconciling local traditional values with global values. (p. 75)

A construct as complicated as resilience requires a critical deconstruction, with special emphasis placed on the social locations of those who hold the theory to be true. What then is the value of this thing we call resilience? If it is a product of discourse, a socially and contextually specific idea that is open for interpretation by those who use it around the world, then what can it offer health professionals and researchers? How can we say anything meaningful about children's pathways through adversity that will resonate with "truth" for everyone globally if resilience remains a concept controlled by Western professionals?

These questions are answerable. In fact, if we turn to philosophers such as Hacking (1999), who has sought to understand how ideas such as health become accepted as true, we see that realities are fixed through their simple day-to-day ritualization, the everyday way in which lives are lived. Hacking illustrates his point with a critical examination of what are termed "paper crime waves," the excessive focus on a public event that exceeds the relative importance of the phenomenon to most people's lives. This media hyperbole leads people to exaggerate the occurrence of the event and gives rise to panic. In North America, we see this occurring with youth crime, which continues to decrease despite public perceptions to the contrary. Hacking cautions us, however, from treating such panics as simply social constructions. Such a simplistic and dismissive understanding, he says, overlooks the complexity of the relationships involved and the intricate power plays between individuals and institutions that sustain the definition of the problem.

Opening up the concept of resilience to a similar critique helps us to avoid simplistic explanations that all expressions of children's survival are social constructions and therefore equally valid pathways such social relativism is no population of children a taxin health in many different health, but the views of frequently that found in world, cannot be so easily tiger. Instead, we need to ism, a view of resilience text or all about grand the bias of their expert pr

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None of this, however complete relativism or is indigenous medicine. A (1998), mental illness in countries, is recognized b ties as a sign of illness, le and cannot always be cur indigenous methods. Nativ
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equally valid pathways to health. Promoting such social relativism is not the intention here. A population of children at some risk may sustain health in many different ways that reflect their access to the resources they need to create health. But the views of the dominant culture, frequently that found in the minority Western world, cannot be so easily dismissed as a paper tiger. Instead, we need to move beyond the dualism, a view of resilience as all about local context or all about grand metatheories that reflect the bias of their expert proponents.

It is this same middle path that has been well charted by others such as Swartz (1998), who has examined mental health in the context of Southern Africa. To Swartz, the contextualization of mental health phenomena is essential because biomedical explanations of disorder alone are inadequate to account for people’s experiences of illness worldwide. Mental health must be understood as more than an intrapsychic or psychiatric phenomenon. The difficulty will always be balancing the emic and etic perspectives of those who experience illness and those who diagnose and treat it. As Swartz observes, creating an antiracist psychiatry requires that we see beyond the empiricism of psychological theory. We need a new language that more than translates ideas across cultures but that relays differing constructions of what health means and how it is expressed. Specific to the problem of translation (in particular its failure), Swartz explains,

If we hold the empiricist view, the task of translating is simply finding the appropriate words in different languages for feeling states. If on the other hand we hold the hermeneutic/constructionist view, the task of translating is more complex: we have to consider the extent to which the act of translation implies the construction of a particular reality. (p. 29)

None of this, however, opens the door to a complete relativism or an overprivileging of indigenous medicine. According to Swartz (1998), mental illness does exist in developing countries, is recognized by people’s communities as a sign of illness, leads to stigmatization, and cannot always be cured through the use of indigenous methods. Naïveté under the guise of cultural sensitivity simply re-creates the dualism between the minority and majority worlds, without appreciating any shared realities whatsoever. A better balance is required.

In the chapters that follow, we move back and forth between the specific and the universal, between local knowledge and pan-global understandings. This dialogue is meant to draw a line in the sand, to find the ever-shifting place where local truths compete with global truths in a healthy dialectic. When it comes to children’s survival, we need to understand their accounts of their experiences while aggregating what we know collectively to offer others at risk some signposts on an effective pathway to health. The challenge is to provide these signposts without privileging a Eurocentric understanding of resilience as universal.

Of course, some aspects of resilience are so ubiquitous as to appear universal: We agree in most cultures and contexts not to do violence to one another (except in ways justified by the need for self-defense); we agree to share food with loved ones; we form attachments; we seek power over our lives and a position of recognition in our communities. These are all essential elements of resilience that appear in global studies on health. We can assert with confidence such truths as "universal by consent" (see Leonard, 1997). We can also simultaneously strive to show tolerance for a polyocular view of the world, encouraging transcultural exchanges that help us to see the varying degrees of relevance of many of our commonly held beliefs about what makes people healthy when exposed to risk. The juxtaposition in this book of differing theories, definitions, and interventions concerned with resilience demonstrates this ambivalence between the cold certitude of the enlightenment and the free-for-all of the postmodern. If we are to understand resilience better, we must open to scrutiny what we know and how we practice based on that knowledge.

Health data are never neutral. One would, for example, hardly know that teenagers are acting more responsible sexually now than in any time since statistics have been gathered. The teen birth rate in the United States has dropped to 42.9 births per 1,000 women aged 15 to 19 (Childtrends, 2003). The drop has been seen in all racial and ethnic groups and in all regions of
the United States. Furthermore, teens' self-reports of sexual activity have also declined slightly. Strange, then, that there is still a moral panic about teenagers and sexuality. Stranger still is that the rate of teen births during the 1950s and 1960s was twice what it is today, given perceptions that sexuality was more controlled during both those decades. What we fail to understand in a media awash with worry is that interventions and a widening social safety net are having the effect we anticipated. Clearly, in the context of where I live, we have the technologies required to help children grow up safer and to prevent their exposure to risk.

**IS RESILIENCE RESEARCH FLAWED?**

If we are to make the study of resilience a legitimate and *fundable* endeavor, one that can offer a counterpoint to the study of disease and psychopathology, we will need to address its shortcomings. Critics contend that the concept of resilience may be nothing more than a tautology, a simplistic way of saying that whatever makes you stronger must necessarily be good. There is also the danger of identifying resilience in individuals we have already arbitrarily designated as successful by the design of our inquiry into their lives. If, for example, a child remains in school despite population-wide risks associated with dropping out, then we might argue the child is resilient. But what does such a distinction, the laying on of the label resilient, add to our understanding about children and health? We already, after all, have ample theories to explain why some children drop out and why others do not.

With all the problems discussed above, it is not surprising to find some researchers abandoning the construct of resilience altogether. Tarter and Vanyukov (1999) characterize resilience as lacking heuristic value or practical usefulness because of its nonlinearity and failure to predict epigenetic trajectories through life. Their argument is ecological: "Successful or poor adjustment does not ultimately reside in some abstruse property of the person such as resilience but instead emanates from the interaction between the person's phenotype and environment" (p. 99).

Arguably, what the study of resilience as an overarching concept adds is the possibility to weave a tapestry of health-related phenomena that offers a paradigmatically different position from which to examine children at risk. Resilience researchers and clinicians look to those who succeed for clues to successful development rather than focusing on those who succumb to risk. When we investigate what makes someone strong instead of what causes weakness, we are more likely to identify that which bolsters health. Alleviating illness gets us only halfway to resilience. We might interrupt the course of a disease, but we fail to understand how individuals sustain health. This shift in focus is imperative if we are to study health rather than disorder. As Glantz and Sloboda (1999) explain, despite criticisms of resilience research, "It should not be discarded because it encourages an important focus on a real and important phenomenon" (p. 113). In our pursuit of the etiology of health, we encounter the multiple forces at play in the lives of those who survive and thrive. For example, in Canada, it is noteworthy that some children don't drop out of school when facing the combined threats of decreased job prospects or the systemic prejudice encountered by visible minorities, most notably Aboriginal and African Canadian youth. However, it is even more remarkable that children don't drop out when they must dodge bullets to get to school or resist the pull into street gangs and the money and status they bring when growing up in the poorest communities of Medellin, Colombia. Shifting our focus to health, we are given culturally embedded clues to survival strategies. Collectively, these strategies can help us understand where best to invest our limited social and financial capital.

Because good interventions and policies tend to be built on enlightened science, it has fallen to researchers to demonstrate what resilience is and how it is nurtured. The problems of arbitrariness in what is measured and what is used as health outcomes and the difficulties of accounting for social and cultural variability are all aspects of resilience research that are not insurmountable. Even the skeptics are encouraging a much-needed debate. I would agree with Glantz and Sloboda (1999) who write the following:

Unfortunately, the collaboration with subjective and it is fraught surement, and pragn many of these core diversity in the use o usly as a quality, a come. We have identified resilience in which to cloud or eclipse the f sus on the referent c application, or agree tions, models, and th in inconsistencies and interpretations in serious questions about value of the concept.

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Unfortunately, the concept of resilience is heavily laden with subjective often unarticulated assumptions and it is fraught with major logical, measurement, and pragmatic problems. We share many of these concerns. We find there is great diversity in the use of the concept; it is used variously as a quality, a trait, a process, or an outcome. We have identified few attempts to assess resilience in which measurement problems do not cloud or eclipse the findings. There is no consensus on the referent of the term, standards for its application, or agreement on its role in explanations, models, and theories. In sum, the problems and inconsistencies in measurements, findings, and interpretations in the published literature raise serious questions about the utility and heuristic value of the concept of resilience. (pp. 110-111)

These are not necessarily arguments for abandoning the term, which, as Glantz and Sloboda (1999) note, is still much needed. They do, however, push us to find a heuristically useful understanding of resilience that is helpful for comprehending the way children live their lives day-to-day.

There are many different hypotheses about what sustains resilience. Frequently, they are not well articulated, hidden beneath the fog of a dominant discourse that is more concerned with illness than health. For example, Loeber and Farrington (2000) note in their review of the factors contributing to juvenile delinquency:

Some children engage in minor delinquent acts for excitement, adventure, or other emotions common among children. For these children, offending may be considered as part of the context of child development in which youngsters learn prosocial behaviors by trial and error. (p. 742)

Although it is certain that for some of these children, these early offenses are "stepping stones in pathways to serious, violent, and chronic offending" (p. 743), for many others, these events do not predict future negative outcomes. It is intriguing that Loeber and Farrington find such problematic behaviors to be part of normative development in some contexts. The problem, as they explain, is that "currently we have few tools to distinguish between those young children who will continue with their problem behavior and those who will not" (p. 746). What is refreshing is that Loeber and Farrington can at least see the complex negotiations for health of the subjects in their study. If we are to understand healthy coping among children at risk of becoming delinquents, then we must look for patterns of health-seeking behavior that co-occur with their problems. Thus, we can see what Glantz and Sloboda (1999) mean in concrete terms when they invite us to "postulate the interaction of positive and negative influences leading to variable outcomes" (p. 114). In the case of children who act like delinquents, it is a difficult distinction to make between those who are engaged in risk-taking behaviors as a way to further their positive growth and those whose delinquency puts them on a course to more serious problems. To categorically say that risk-taking socially deviant behaviors are all bad, or all good, overlooks the variability in children's pathways to health.

An example such as this enters us into the realm of Saussure's (1978) signs and signifiers: We can no longer be entirely certain that any set of behaviors signifies either health or illness. Empiricism does not necessarily become obsolete, however. Instead, our attention is called to the contextual specificity and need to account better for the meaning those being investigated hold for the phenomena under study. The more complex and mixed method our designs, the more likely we are to achieve a theory that accounts for the multiplicity of competing understandings of health (and illness).

As Massey, Cameron, Ouellette, and Fine (1998) note in their studies with youth, at least three problems face resilience researchers: values, context, and trajectory.

Resilience researchers have suggested that resilience can be conceptualized as increased self-esteem, increased depression, and improvements in one's social competence, sense of coherence, or sense of empowerment. These multiple indicators of wellbeing complicate a simple conceptualization of thriving. In many cases the values implied by these indicators suggest outcomes harmonious with the lived experience of our participants, although in other cases there may be disagreement between the values of researcher and those of the researched [italics added]. (p. 339)
In practice, one can see how these research problems get expressed in instances where children are resistant to interventions or behave in ways that challenge cultural norms. A remarkably diverse collection of studies have found that resistance is not all bad, and in fact, the children and families who challenge authority are often those who maintain health better than the passive victims of structurally exploitative educational and social welfare systems (see Ungar, 2004). Resisting hegemony has its value, although one is less likely to be seen as resilient. There is a fine balance observable in the lives of at-risk children and youth between conformity and resistance, each contributing to the definitional ceremony of becoming known as resilient to one's peers, caregivers, and community (see Bowman, 2001, for an example of how Palestinian families strengthen their collective identity through acts of resistance and personal sacrifice). Studies of lives lived well, such as those provided in this volume, highlight this tension, providing a caution to our nomothetic tendencies to categorize children without attention to the contexts in which labels are worn.

**Culture and Context**

The construct of resilience has relevance globally, although pathways to health must be understood as contextually specific. Take, for example, instances where children experience substantial social upheaval. In 1996, a post-Soviet Russia adopted a new set of laws to govern families that have significantly changed the relationship between children and parents and families and State institutions. In this world of ambiguity and shifting norms, there have been unforeseen challenges as both bureaucrats and professionals are reluctant to pass to parents the State powers they enjoyed before perestroika. Not surprisingly, contemporary Russian parents are also not prepared to rear their children independent of the State’s sharing responsibility and authority over children (Butler & Kuraeva, 2001). From my standpoint, where the boundaries between State and family are more clearly defined, I find it difficult to understand the Russian family’s dilemma. This blinder to my Russian counterpart’s more collectivist orientation would, of course, bias any research I design from my cultural standpoint that might overemphasize individualism.

But how much does any systemic risk such as that found in Russia compromise the health of children? Should it be considered a risk factor at all? Markowitz (2000) shows that despite the changes Russian children have experienced over the past decade and a half, remarkably few have noticed how different their lives are from that of their parents. Instead, amid the chaos, adolescents have taken up the challenge to design a life that works well for them, one that emphasizes “challenge and adventure” (p. 216). In a world of constant change, anything becomes possible. As the value placed on authority breaks down in school and community, as evidenced by the dissolution of organizations for children sponsored by the Communist party, the effect has been to leave a cultural vacuum that is more noticeable to adults than children. Yet despite the absence of these formal collectivist organizations, Russian teens still desire the same close connection to their families and a few close friends that were common a generation ago. One must therefore exercise caution assessing Russian children as more at risk now as a result of the socioeconomic turmoil experienced by their caregivers.

This trend toward greater understanding of health in context has been evolving for decades. More than 30 years ago, we saw novel approaches to studies of people’s experiences that challenged racial bias. Ladner (1971) observed in her landmark study of 30 young black women:

> "We can observe differences between racial and social class groups regarding, for instance, the time at which the female is considered to be ready to assume the duties and obligations of womanhood. Becoming a woman in the low-income Black community is somewhat different from the routes followed by the white middle-class girl. The poor Black girl reaches her status of womanhood at an earlier age because of the different prescriptions and expectations of her culture. There is no single set of criteria for becoming a woman in the Black community; each girl is conditioned by a diversity of factors depending primarily upon her opportunities, role models, psychological disposition and the...\]

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disposition and the influence of the values, customs and traditions of the Black community. (p. 11)

We know that how children address the “maturity gap” (Moffitt, 1997) between their status as children and their participation in their communities as adults is an important component of how children negotiate their way to healthy adult identities. That Ladner (1971) opens to debate the cultural bias of normative behavior in American culture problematizes the whole notion of what is and is not measured as risk and resilience in the West. By her work, Ladner shakes the foundations of what we assume to be healthy adolescent behavior. If teenage pregnancy needs to be reconsidered as a sign of risk, then the entire psychological enterprise of arguing what is health and illness tumbles like a house of cards. What we see in its place is the tentative negotiated agreement that defines what is a healthy pathway to resilience and what is not for each specific context.

This is similar territory to that charted by other feminist authors in the late 1970s and early 1980s. Gilligan (1982) showed us the different developmental pathways for girls’ moral development, and members of the Stone Center such as Surrey (1991) and Miller (1976) challenged Erikson’s stage theory of development. In both cases, these authors make the distinction that what we believe about development and, ultimately, about health is influenced by the dominant culture that has privileged male ways of classifying the world as normative or nonnormative. We no longer need to think of independence and autonomy as the signs of growth. Instead, if we take the lead from these feminist theorists, we see that growth in connection is a better description of girls develop. Interestingly, this has also been shown to be an accurate description of healthy males develop as well. Osherson (1992) found among young men an expressed desire to find connections with their fathers and Perhaps we must follow Ladner’s (1971) lead. As she notes,

It is simply a question of whether or not the values, attitudes, behavior and systems of belief which govern the dominant white middle class should be the criteria by which Black people, most of whom have never been allowed to assimilate into the American mainstream, should be evaluated. (pp. 267–268)

Substitute the phrase “Black people” with any other group that does not count itself among the privileged white middle class and one quickly sees the shallowness of assuming any definitive construction of healthy functioning that can be evaluated outside the context in which it is experienced. The bulk of resilience research, although itself contesting the irony of trying to say something meaningful about health from studies of illness, has avoided looking critically at how wellness is culturally embedded and expressed.

Constructions of Risk and Resilience

First things first. There is a good news story everywhere we turn. As much as professions such as social work, psychology, and psychiatry, and the general public hooked on CNN, want to imagine the world a more dangerous place, our children more at-risk than ever before, and life in general miserable, there remains much to be hopeful about. This does not minimize the staggering impact that people globally experience from HIV/AIDS, the effect of war and community-wide epidemics of violence, or the lack of human rights for the many who are dispossessed. In each instance, however, there remains an alternate story, one that is much more full of hope. There is a fine line when studying resilience: One can simply ignore the bad or, alternately, be too realistic, embedded in an empiricism that is itself biased by the numbers it reports. Instead, we may be better off to appreciate that the construction of problems is dialogical. As Houston and Griffiths (2000) have shown, at some level, risk is socially constructed, dependent for its identification on a discursive process that names what we experience as a risk to our well-being.

Take, for example, two perspectives on violence. Michael Moore’s Academy Award-winning documentary Bowling for Columbine is a disturbing and humorous look at the culture of fear in America today, a fear that is far out of
proportion to the risks people face. Instead, according to Moore, the fear that is seeded by the media and nurtured through people's collective beliefs makes Americans constantly afraid for their safety. Their response, a liberal access to guns, has ironically made the very people trying to protect themselves 10 times more likely to be killed by a firearm than in Canada and 50 times more likely than people living in Japan.

In contrast, we can examine a very different perspective on violence. Accounts from Bogotá, Colombia, one of the most violent places on earth, with homicide rates that have been as high as 4,000 per year in a city of 3 million, show that for most people the experience of violence is still a relatively rare event. Duque and his colleagues (Duque, Klevens, & Ramirez, 2003) have found that few people in Bogota say they experience extreme forms of violence, despite very well-founded perceptions by outsiders that their communities are dangerous.

Which is the better account of the risks associated with violence? Whose view of their personal security, the American or Colombian, is the most accurate? Risk and resilience are never phenomena that are simply objective fact. They are entangled in the collective ideologies of people and their communities.

If we look closely at the risk and resilience literature, there are quiet discourses that tell a different story about the health status of at-risk populations and the unique mechanisms that promote well-being. For example, in the West, we are coming to understand that our efforts to mitigate all risk in children's lives might inadvertently be removing meaningful rites of passage through which children experience manageable risk. Perhaps we would do well to remember "that which doesn't kill you makes you stronger." Improving children's well-being is never as simple as removing risk from children's lives (Ungar, 2002).

We need to listen better. This volume is about providing a space for voices that are less often heard and, indeed, have been all but absent from discussions on resilience. Clearly, the contributors to the following chapters argue that resilience is not an individual characteristic alone. Nor is it only a process. Resilience occurs when the personal meets the political, when the resources we need for health are available so we can realize our potential. Resilience is as much a quality of my family, community, and culture as it is something inside me or a process I engage in. It is only because of a Western psychological discourse that we think more about the individual than the communal. Even when we acknowledge the agentic qualities of a child who thrives, we mustn't overlook the access that child experiences to health resources, including a collective discourse that defines the child's pattern of coping as resilient. We need a communalization of health, understanding health as a communal experience. A well-resourced community, a caring family, meaningful roles for individuals, rites of passage, social equality, and access to education and health care are some of the conditions necessary for the individual to experience health. Strictly speaking, these factors are independent of the individual. And yet, they also result from the actions of healthy individuals who provide for others who are more vulnerable.

To say "I" am resilient is to be mistaken. The If of which we speak is a cultural artifact, a perspective that is social and historical, relational and constructed. Instead, we might better say, "There is resilience in this child and his or her community, family, and culture." Resilience is simultaneously a quality of the individual and the individual's environment. To the extent that a child accesses communal health resources and finds opportunities to express individual resources, so too will resilience be experienced.

The implication of this way of thinking is that pathways to resilience must be adaptive and provide individuals with ways to negotiate for the health resources that are available. These resources can be diverse and include anything from attachments to others, self-efficacy, and a healthy sexual identity to safety and security and access to health care, food, and shelter. As this volume illustrates, children, youth, and adults globally enjoy differential access to these resources and exploit opportunities to overcome adversity in many different ways. However, the interplay between what is available and what is used is complicated. Simplistically, the provision of an opportunity that addresses risk is insufficient to change behavior unless the complexity of the problem and the construction of
the solutions by those involved are appreciated. This may be obvious, and yet, volumes of work on program fidelity emphasize the correct implementation of programs more than their contextualization.

**Contextual Sensitivity in Resilience Research**

Luthar, Cicchetti, and Becker (2000) make a similar point in their analysis of the field of resilience research, which according to them has become quite muddled. They argue that studies of protective processes, for example, need to be contextually sensitive to understand the nature of the protective function each plays in different settings. Protective processes are not one-dimensional but interact with the settings in which they appear. As such, a single protective process such as staying in school or remaining attached to one's family through times of crisis may either stabilize an individual's health (preventing further exposure to risks associated with dropping out or becoming a street kid), enhance his or her health (build competence, both academically and socially), be a reactive way to counter a specific threat (the more a child is in school, the less time he or she has to get into trouble), or simply be a direct and proportional response to a threatening environment (staying in school and staying connected to one's kinship network increases chances to find employment and community acceptance later in life). Any single factor associated with resilience in any particular context will protect against risk only in ways meaningful to those whose lives are affected.

We are embracing this ambiguity more often. As Kaplan (1999) notes,

A major limitation of the concept of resilience is that it is tied to the normative judgments relating to particular outcomes. If the outcomes were not desirable, then the ability to reach the outcomes in the face of putative risk factors would not be considered resilience. Yet it is possible that the socially defined desirable outcome may be subjectively defined as undesirable, while the socially defined undesirable outcome may be subjectively defined as desirable. From the subjective point of view, the individual may be manifesting resilience, while from the social point of view the individual may be manifesting vulnerability. (pp. 31–32)

The onus is on the research community, in partnership with study participants, to look closer at what is a risk factor, a protective factor, or an outcome associated with resilience (see Rutter, 2001). It is no longer good enough to arbitrarily decide the definition of these aspects of resilience without the contextualization required to authenticate the meaning of the terms with those who participate in research. Even quantitative designs can do this, although mixed-method designs that employ rigorous qualitative work may be more amenable to the task. There is reason to be cautiously optimistic that we are getting better at embracing the ambiguity of the multiple pathways people travel to health.

Take, for example, the relatively unknown work by Morgan (1998). He examined the relationship between behavioral outcomes, as measured by the level of privileges attained, and resiliency factors in residential treatment among 92 children aged 7 to 15. Hypothesizing that an internal locus of control would be related to behavior associated with resilience, Morgan found instead a null finding. There was no significant correlation between children's pattern of internality or externality, whether they behaved in ways that showed they exercised self-control or defied authority. As Morgan explains,

It seems logical to suggest that, since internal locus of control is related to more successful outcomes in resiliency studies, that it may also be related to more successful, i.e., better level scores. It must be stressed that this remains only a conjecture, however, since it seems possible to also imagine the opposite direction of this relationship, that an internal locus of control, since it may suggest more of a sense of empowerment, may cause these children to, in fact, question and rebel against a well-defined set of rules and expectations precisely because they see themselves as having more options, as being more capable of effecting change compared to those children who are more externally oriented...who may just simply go along with the structure of the program because they feel rather powerless to change or manipulate the system. (p. 44)
Given the lack of significant findings, Morgan (1998) listens to his data speak and concludes that "a more resilient child might actually have poorer level scores if the nature of resiliency was to cause a child to fight a system" (p. 100). In other words, the contextual specificity of the residential setting makes an attribute like internality a potential threat to resilience despite the hypothesized link between internality and resilience. Clearly, the idea that resilience is an individual characteristic is no longer tenable. A wave of new resilience researchers is showing that resilience is as much a characteristic of the environment as it is an individual's capacity to exploit opportunities in that environment (see Knox, 2000).

Take, for example, the behavior of students who cut classes. The attribution by educators might be that these are wrongful acts on the part of students. But it also may be that students are resisting a system that has failed to educate them in a way amenable to their style of learning. Fallis and Opotow (2003) talk about the incongruity between adult expectations to attend school and the bored youth who skip class say they experience: "For students, boring connotes something missing in their education, conveys a deep sense of disappointment, and casts class cutting as a coping mechanism for classes that fail to engage" (p. 108). Here again, as in earlier examples, the interplay of context, the power to define one's world (discursive empowerment), and behavior or outcomes is intricate and not always evident outside the specific context in which research takes place.

If we broaden our scope to Colombia again, we can find similar discursive resistance documented by researchers like Felsman (1989) who, based on 300 semistructured interviews with street children under 16, heard them account for ganglike behavior in nonpathologizing ways: "Although the gallada's [gangs of street youth] involvements in crime and violence must be recognized and contended with, it must first be realized that these children do not band together to fight and steal; rather, they band together to meet primary physical and emotional needs not being addressed elsewhere" (p. 66).

A host of other researchers are pushing us to redefine risk and resilience within a contextually specific discourse. Martineau (1999), for example, examined the intertextuality of resilience studies through a meta-analysis of the language used in research reports. She finds that obscured behind the well-meaning intentions of teaching resilience is a call for disadvantaged children and youth to conform to the behavioral norms of the dominant society (associated with social and school success) by overcoming or being invulnerable to the systemic distresses and adversities of their everyday lives. (p. 3)

This indictment of the system supports a notion of health as intricately linked to liberation. This overtly politicized understanding of resilience is neither common nor well documented. In part, this is because the dominant discourse of resilience researchers has to date been the psychologizing discourse of Western mental health researchers. Critically, Martineau argues:

The resiliency discourse imposes prescribed norms of school success and social success upon underprivileged children identified as at risk. The effect is that non-conforming individuals may be pathologized as non-resilient. Emphasis remains wholly on the individual and thus, individualism is a dominant ideology embedded in the mainstream resiliency discourse. (pp. 11–12)

Such studies reveal that the pathways children navigate toward healthy lifestyles are far from fixed, despite discursive hegemony that tells us what is and is not normative development.

Our capacity to appreciate localized discourses of resilience has hindered our fuller understanding of how people navigate pathways to health when seriously compromised by adversity. We have tended to predetermine outcomes, blinding ourselves to the indigenous, and often everyday, occurrences of resilience. It is this more contextually sensitive, indeed everyday, understanding of resilience that is the next challenge for resilience researchers. As McCubbin and his colleagues (McCubbin et al., 1999) have explained in regard to African American families,

Notwithstanding . . . negative realities, most minority families go on with the ordinary business of everyday living. Children and grandchildren of former convicts, attend, attend daily to the workaday, and infant, and infirm, children, and all that is within their world, and that is within their context. Daily fun requires a high tenacity and cre

A New Under:

If resilience is going to be a mode of understanding, it is going to be a mode of thinking.

Studying resilience, acceptance, and nonadherence to the dominant ideology, culture cannot be, culture cannot be seen as a system where everyone conforms. Nor can differences be seen as fixed. Differences are everywhere, and the numerous studies require a quantitative approach to make sense of the data. (pp. 44–45)

Sadly, this mix of methods and approaches have hesitated to the numerous studies that require a quantitative approach. Each population is different, and the need to adapt to the indigenous attachments. Take for ex Mulle, O.C. (2000) and CoK Brazil and the n and the quantity of ability to adapt to the indigenous attachments. Each population is different, and the need to adapt to the indigenous attachments. Take for ex Mulle, O.C. (2000) and CoK Brazil and the n and the quantity of ability to adapt to the indigenous attachments. Each population is different, and the need to adapt to the indigenous attachments.
of everyday living: raising and educating their children and grandchildren, caring for the elderly and infirm, celebrating birthdays and anniversaries, attending family reunions, and finding ways to make ends meet. As deeper understanding of resiliency is sought, perhaps a closer look at the ordinary might be instructive. For many racial and ethnic minority families, the ability to do the “ordinary” is in itself an extraordinary achievement. Daily functioning amidst negative realities requires a high level of motivation, commitment, tenacity and creativity. (p. 32)

**A NEW UNDERSTANDING OF RESILIENCE**

If resiliency is going to be understood, it is going to be a messy affair. As Genero (1998) explains,

> Studying resiliency within a context of relationships, variables such as class, gender, sexuality, and culture cannot be relegated to a background status. Nor can differences in the conceptual meaning of relationships, family, and cultural groups be ignored. . . . Although the use of both qualitative and quantitative data-gathering techniques may be desirable, it seems that an interdisciplinary, multimethod approach may generate the most exciting data. (pp. 44–45)

Sadly, this mixed-methods approach is seldom employed. Worse, we as a research community have hesitated to complicate our studies with the numerous confounding variables we would require to situate resilience within the context of each population studied.

Take for example a study by D'Abreu, Mullis, and Cook (1999) of street children in Brazil and the relationship between the quality and quantity of social support and the child's to adapt to street life, find food, and form attachments. Remarkably, their study found that there was no relationship between the dependent and independent variables. The results, which were based solely on quantitative data, leave more questions unanswered than answered. We are left with the vaguely thought that the research team its work with the certainty that they find something without understanding the localized constructions of the concepts indigenous to the children themselves. This openness to multiple constructions of core research terms by participants is not meant to create an epistemological vacuum typical of extreme positions in postmodernism. Not all truths will be equally privileged, but all truths may have a constituency of one and often more. The researcher who wants to understand individual and collective constructions of concepts such as resiliency among marginalized populations will need to enter the world of discourse analysis. In theoretically murky spaces, the goal of inquiry must be partially consultation rather than consensus building or, perhaps worse, ethnocentric and premature generalization.

This volume is a step forward in this regard. It is an attempt to bring together well-considered arguments about what creates resilience in at-risk populations of children around the world. In one way, it seeks a tentative consensus, a tacit agreement that we can all speak about resilience as if the term is held in common. It is, of course, not. Instead, if one scratches the surface, one will find in these chapters a plurality of understandings of how we understand children's health, how we study it, and how we intervene to promote well-being amid a wide range of challenging life circumstances. The result is a pastiche, a collection of related bits brought together in a stunning collage. To bring some order to this enterprise, the book is divided into three sections, theory, research methods, and finally, practice. Each section is introduced briefly below with an overview of the chapters it contains.

Contained in this collection, then, are many perspectives not common among resilience researchers or among those who have tried to apply the concept of resilience to practice with at-risk populations across cultures and contexts. Venturing into uncharted territory has necessarily meant bringing together scholars and practitioners, advocates and community organizers, researchers and policymakers, both known and unknown, to the field. If this volume appears at moments slightly uneven in its presentation, it is because it has pulled together such a divergent group of authors under the same cover. The result is a collection of voices that have been more or less privileged. Together, however, we
demonstrate that resilience is more than an individual set of characteristics. It is the structures around the individual, the services the individual receives, the way health knowledge is generated, all of which combine with characteristics of individuals that allow them to overcome the adversity they face and chart pathways to resilience.

Perhaps in the juxtaposition of our work, the embracing of our own diversity as authors, we will move a little closer to identifying something that we all hold in common, a deeper understanding of what makes children healthy when growing up facing multiple risk factors. In that moment of synergy, there is the possibility that our appreciation of our diversity will give us a glimpse of that which is universal even as we celebrate the local.

**Implications for Theory**

In the first section of this volume, contributors examine how resilience is theorized and the need, if any, for change. Each chapter offers some less common perspective on the construct of resilience, pushing our conceptualization of the foundations of resilience-related research and practice. This work follows in the wake of others who have hinted at the need to look beyond the skewed, subjective bias of researchers. Take, for example, those who have challenged us to see beyond our dichotomous thinking that classifies communities as either high or low risk. Moving beyond the dichotomous thinking of inner-city human ecologies that overlook aspects of health, a number of researchers have explored the strengths of these communities, which are the direct result of the chaos people experience living there (Nelson & Wright, 1995). In such instances, the steeling effect of community stressors may actually enhance capacities that are invisible to outsiders.

Theoretically sound resilience research and interventions are similar. They must demonstrate an understanding of the warp and weave of communities that knit themselves together to achieve health. A good example was provided by Brodsky (1996) who studied 10 African American single mothers living in high-risk communities. Brodsky demonstrated that a psychological sense of community (PSOC), normally associated with measures of resilience, was in this case shown to be negatively associated with health among the women. Although interveners might bring with them as outsiders to these women's lives the belief that fostering community is a way to address the community's problems, they would actually be putting these particular women's sense of well-being more at risk because of the myopia of the theory from which they operate. Brodsky shows that the negative aspects of a PSOC far outweigh any well-intentioned outsider's positive connotation of the concept. She explains that given the atmosphere in those communities, resources, and the nature of community membership, the women in her study talked about how they maintain boundaries, avoid personal investments with others, hold common symbols of independence, and avoid emotional connections with others outside their families as strategies to protect themselves and their families from the chaos around them. It was, according to the women, a successful way to maintain health and security.

This volume strives to explore similarly different perspectives on the theory of resilience. The intention is to contribute a broader, more contextually sensitive way of conceptualizing health in at-risk populations.

**The Chapters**

The section begins with Boyden and Mann's (Chapter 1) global perspective on children's coping in majority-world contexts. Their work challenges our notions of what makes a child resilient, suggesting that although resilience may be a useful metaphor, we must attend far more to the specific cultural contexts in which children survive and thrive. Specifically, we must look as much at the meaning that children and their communities create for the social and developmental threats they encounter as at the political systems that do or do not meet children's needs. Boyden and Mann's extensive experience in countries as diverse as Thailand, Nepal, Tanzania, and the Balkans helps to show the plurality of understandings among children of what sustains their health under adverse circumstances.

Next, Laurie McCubbin (Chapter 2) brings family resilience to a global perspective of culture and ethnic identity, the components of their family authors draw from research and theory, and feminist studies of culture and ethnic identity. This volume strives to bring the possibility of ancestral ties to and in our culture to lay a foundation for work with resilience.

In the next chapter, (Chapter 3) examines what resilience can inform of marginalized population American youth in inner-city settings, and few social researchers both construct and use the ecological perspective that an ecological attention on the intersection of social context will stand the lives of these learning from these you on educate us as to what adverse environments and what most when attributes are supported.

In Jane Gilgun and Laurie McCubbin (Chapter 4), the authors challenge what is and is not a sign of the ecological attention on the intersection of social context will stand the lives of these learning from these you on educate us as to what adverse environments and what most when attributes are supported.

In the next chapter, Crisp, Lewis Aptekar, and (Chapter 5) provide a framework for working with high-risk street children and their communities.
Next, Laurie McCubbin and Hamilton McCubbin (Chapter 2) broaden our understanding of family resilience by focusing on aspects of culture and ethnic identity as important components of their family resilience model. The authors draw from research on families, trauma, and resilience and from anthropology, sociology, and feminist studies to reveal the importance of culture and ethnic identity as critical components of a relational perspective of family resilience in the face of trauma. The authors’ ancestral ties to and immersion in Polynesian culture lay a foundation for their systematic study of resilience.

In the next chapter, Joyce West Stevens (Chapter 3) examines whether the notion of risk and resilience can inform our understanding of marginalized populations, specifically African American youth in inner-city communities challenged by unsafe environments, economic problems, and few social resources. Concluding that both constructs are useful, West Stevens proposes that an ecological framework that focuses attention on the intersection of persons, process, and social context will best help us to understand the lives of these marginalized youth. Learning from these youth, she shows that they can educate us as to what youth need to survive adverse environments and that youth are helped most when attributes associated with resilience are supported.

In Jane Gilgun and Laura Abrams’s chapter (Chapter 4), the authors propose that resilience be understood as the expression of cultural and gendered norms. Challenging the dominance of what is and is not a sign of healthy functioning, they show through a study with violent individuals that processes associated with interpersonal violence can in some instances contribute to an “awkward but effective” way that vulnerable poorly resourced individuals experience health.

...is thereby understood as something individuals strive for even if their path is deviant or disorderly when judged by others. In their chapter, Gilgun and Abrams analyze perpetrators’ adaptations to adversity, looking at their gendered beliefs, roles, and strategies.

In the next chapter, Jacqueline McCadam-Crisp, Lewis Aptekar, and Wanjiku Kironyo (Chapter 5) provide a framework for understanding street children and their ways of sustaining resilience through nonconventional lives lived in the street. Street children in both the minority and majority world are discussed in detail, with a rich number of examples from research and interventions. McCadam-Crisp and her colleagues show both intrigue and puzzlement regarding the capacities of these children to overcome adversity. Under their scrutiny, risk chains that might be thought to compromise children (including child labor, leaving home, and even prostitution) are shown in contextually specific instances to provide some of these children with a way to survive better than they would without the street.

Ira Prilleltensky and Ora Prilleltensky (Chapter 6) move the discussion to the level of the professional intervening to promote wellness and resilience in marginalized populations, such as people with disabilities. They show that we need change in how we have understood the role of the psychologist, social worker, and other helping professionals. Interventions must necessarily be more influential in the sphere of social justice. Their argument is that wellness and resilience cannot “take hold” unless both are rooted in “socially just communities and processes.” Both psychological and political influences are needed to create change at the level of individuals and their communities. To date, this critical and transformational focus has not been a large part of professional discourse by those employed to help vulnerable children, youth, and families.

In the next chapter, Cindy Blackstock and Nico Trocmé (Chapter 7) use their examination of the reasons behind the disproportionate removal of Aboriginal children from their families as a way to argue that risk to children comes from structural forces outside children’s immediate families. Using data from the Canadian Incidence Study on Reported Child Abuse and Neglect, they provide evidence to support an argument that we must necessarily address structural barriers such as inequitable service access if we are to create culturally appropriate conditions for children to overcome risks associated with maltreatment.

In the last chapter of this section, Fred Besthorn (Chapter 8) advances our understanding of the conditions necessary for resilience even further. He offers a novel understanding of
one aspect of resilience that has been largely overlooked by researchers: the child's interaction with his or her natural environment. Besthorn shows that the ontological and epistemological insularity of the human development and resilience fields, embedded as they are in Western modernity, have caused us to ignore the importance of our experiences with the natural world and their contribution to health outcomes.

**Implications for Research**

Achieving a more contextually relevant understanding of resilience will require methods for research that reflect advances in health research already underway in the social sciences. Although beyond the scope of this volume to explore fully the debate over which methods are most appropriate to what kind of research, the bias of most contributors to this volume is toward some type of mixed-method approach to resilience research. The need for contextualization of concepts and instruments, combined with the need for "thickly" described lives to see resilience in lives lived under adversity, makes it most likely that as valuable as quantitative approaches can be, they require a qualitative component as well (Galambos & Leadbeater, 2000). The nuts and bolts of how one actually integrates these two approaches, however, remains hotly debated (Miller & Crabtree, 2000).

Although debate continues, it appears that multiple-method designs, or at the very least the aggregated findings from studies within diverse research paradigms, both qualitative and quantitative, will provide the most comprehensive picture of resilience. As Tashakkori and Teddlie (2003) argue in their discussion of mixed-method approaches to research, such research is mixed in many or all stages of the study (questions, research methods, data collection and analysis, and the inference process). Therefore, one of the assumptions of such research is that it is indeed possible to have two paradigms, or two worldviews, mixed throughout a single research project (p. 11).

The result is much more diversity in the data and what they can tell us. The mixed-method approach routinely combines different paradigms. It is not simply that one does a focus group, a form of qualitative inquiry, to validate an instrument. The researcher goes further, combining both realist or value-neutral perspectives with the value-engaged constructionist and subjective position of complementary research paradigms (Greene & Caracelli, 2003). In particular, mixed-method designs are noted for their contribution to cross-cultural research where cultural distance demands researchers deconstruct their standpoint vis-à-vis research participants and the culture under study (Moghaddam, Walker, & Harré, 2003).

None of these design advances, however, lets us avoid the thorny issues that complicate resilience research when it is attentive to contextual variation. The best these new methods do is allow us to engage more effectively in the debate. Critics from both research paradigms, quantitative and qualitative, recognize that they will have to do far more with the tools they have available if they are to adapt their methods to myriad different contexts (see, e.g., Glantz & Sloboda, 1999).

The complexity of our research is likely to get worse the better we get at documenting resilience-related phenomena. This is not a field for those who like order. It is more like reading a great epic novel where one is never, indeed if ever, quite certain what a single event means to the overall experience of a character. Furthermore, if this complexity makes research difficult, the need to account for multiple constructions of health across global contexts makes it positively unwieldy. This is very similar to Cohen and his colleagues (Cohen, Capilovic, Armeli, & Hettler, 1998) who have characterized the field of research on "thriving," principally concerned with adults who have suffered traumatic life events, as "un sophisticated" because of the methods employed and in particular the inability of researchers who as of yet have failed to account for the variability in how participants define benefits or gains associated with health.

Under the weight of such critiques, researchers are obligated to embrace complexity and account for localized constructions of health phenomena. In this endeavor, either set of methods can become the principal tool when enhanced by the other. Far from a distant goal, complementarity in many forums. As Maddill, Jordan, & Sh has been a shift in the epistemological orientation of psychologists, a shift that work, medicine, and Maddill et al. observe few psychologists to positivist in which our demonstrated through with observed events relies on those of the range of post-positivistic which recognize an perspective in the theories and findings Interpretation? Metaphor of conflict under less contributors to this search epistemologically bridging to collap paradoxes.

**The Chapters**

It's appropriate, then, on methods with a cl (Chapter 9). Barton et al. to date, acknowledging has been shifting our ecological context in However, there remain and theoretical challenge the potential value of iterative methods and studies in both research that a symbolic int resilience is the mos because we still have the missing piece in ncluding resilience thanism that best expl behavior despite explicit designs that accompl longitudinal and exp their sample. What's the meaning and cult understand a health!
such complementarity in design is now evident in many forums. As Madill and her colleagues (Madill, Jordan, & Shirley, 2000) observe, there has been a shift in tolerance for alternative epistemological orientations to research among psychologists, a shift easily seen in nursing, social work, medicine, and other disciplines as well. Madill et al. observe that few psychologists today espouse a strict logical positivist in which knowledge is understood to be demonstrated through its direct correspondence with observed events and research methods modelled on those of the hard sciences. In practice, a range of post-positivist epistemologies are utilized which recognize an element of interpretation and metaphor in the production of social scientific theories and findings. (p. 1)

Interpretation? Metaphor? These are landscapes of conflict under less ideal circumstances. The contributors to this section navigate these same epistemologically troubling waters, providing bridges to collaboration across research paradigms.

The Chapters

It's appropriate, then, to begin this reflection on methods with a chapter by William Barton (Chapter 9). Barton critiques resilience research to date, acknowledging that its greatest strength has been shifting our attention to health and the ecological context in which that health occurs. However, there remain daunting methodological and theoretical challenges. Although he shows the potential value of both quantitative and qualitative methods and reviews many exemplary studies in both research traditions, he concludes that a symbolic interactionist approach to resilience is the most needed at this juncture because we still have not entirely comprehended the missing piece in most developmental theory, resilience theory, that being the mechanism that best explains peoples' successful behavior despite exposure to risk. Quantitative designs that accomplish this have tended to be longitudinal and expensive and risk attrition in their sample. What's more, they may overlook the meaning and cultural specificity needed to understand a health-related construct such as resilience. Although qualitative studies bring with them their own limitations, most notably a lack of generalizability (in preference for transferability and other criteria of authenticity), Barton argues we need more of them before we can carry on with quantitative work on this theme.

In the next chapter, Eli Teram and I (Chapter 10) look specifically at the contributions qualitative research can make to resilience research that is more politicized, ideological, and culturally grounded. However, as we point out, although qualitative methods offer the hope that they can make transparent the researcher's bias, perhaps preventing research from being misappropriated by neoconservatives who would have us believe resilience is something inside a child, just waiting for the child to express, qualitative research too can be problematic. Although qualitative methods might be useful to resilience research, interpretative challenges abound. The chapter concludes with an examination of how the better integration of qualitative methods can make resilience research more politically relevant and informing of public policy.

Taking a very different approach, John LeBlanc, Pam Talbott, and Wendy Craig (Chapter 11) look at the limits of epidemiological data, exploring the problems inherent in research that has tried to answer the question, "How are the world's children and youth faring with regard to their psychosocial health?" Their work highlights both the complexities and shortcomings of an epidemiological perspective, discussing the difficulties of measuring a multidimensional construct such as resilience and health. Using international data, they examine what we do know about the psychosocial health of youth while demonstrating both the strengths and limitations of the research that produced those findings.

In the next chapter, Laura Camfield and Allister McGregor (Chapter 12) explore how we research well-being in majority-world contexts. Specifically, they offer indicators of how research on well-being is seeking to integrate both objective and subjective approaches to how we understand experiences of poverty and how those experiences are reproduced. They show that it is important that we bring together a range of academic disciplines if we are to
understand how people achieve a sense of themselves as resilient, a proxy term in Camfield and McGregor's work for happy. Resilience is something people create for themselves and that they rely on structures around them to create. However, there is typically a gap between people's own evaluations of their lives and what others see as their material well-being. Methodologically, Camfield and McGregor raise a number of important questions regarding the obligation of researchers to examine the nature of people's own constructions of their poverty and disadvantage. Rather than being dismissive of what these people have to say, their chapter argues people's appraisals are not the product of misinformation or poor judgment but elaborate schemes reflecting people's aspirations and strategies to survive or perhaps even thrive.

The following chapter by Linda Liebenberg and I (Chapter 13) details how one goes about researching resilience across cultures and contexts. Our experience designing and implementing the International Resilience Project, a multisite, mixed-method interdisciplinary study in 14 sites globally, provides an account of the real-world problems researchers encounter working cross-culturally. There is little, however, written to guide researchers in the specifics of how to conduct such work. In this chapter, the nitty-gritty of the perils and pitfalls of such collaborations are explored, with specific details provided regarding how to host a meeting to design a multisite study and the negotiations necessary to find consensus on how children's health should be studied.

Implications for Practice

Well-considered theory regarding the nature of resilience generated from innovative and rigorous research methods can inform different practice applications. Approaching interventions to ameliorate conditions that threaten children and youth's well-being from an understanding of resilience orients clinical treatment, programming, community work, and policy initiatives in potentially novel directions. With few exceptions, however, these initiatives are seldom grouped under the heading "building resilience" (see Ungar, 2004; Walsh, 1998). They are, nevertheless, increasingly informed by the burgeoning literature on resilience.

Practice that builds resilience is multidimensional. Resilience is not an individual trait. Huang (2003) puts it succinctly: "We need to integrate the impact of disparities into our mental health care of children." In fact, interventions that address singular dimensions of health such as self-esteem or issues of child labor can actually result in negative consequences for children. There is, for example, evidence that antibullying programs in school that show children the negative aspects of bullying actually create pro-bullying attitudes in children who feel powerless and are seeking ways to increase their self-esteem (Rahey & Craig, 2002). Sutton, Smith, and Swettenham (1999) argue that approaches to violence prevention in schools that fail to recognize aspects of health among bullies will simply not work:

It is important to realize that some bullying children do have power, and that they can misuse this power in ways advantageous to them (in some circumstances). For some, this power takes a social rather than physical form, and such bullies are undoubtedly skilled at achieving interpersonal goals. They would probably not see their behavior as incompetent or maladaptive, and there is evidence that it often is not. (p. 133)

Although we would evidently prefer that children not bully others in their efforts to feel powerful, we cannot intervene assuming that they are incompetent. Such ungrounded, biased approaches to intervention obscure the health-sustaining behaviors of troubled children. Only when bullies are offered socially desirable outlets for their particular competencies will we see changes in their behavior. A more holistic understanding of the way children sustain health would help to avoid erroneous program design. What we now understand about resilience requires us to think more broadly about any type of interventions that address children's exposure to risk.

Once one shifts focus and understands how children in different contexts search for resilience, one understands that intended outcomes from interventions result only when our actions are grounded on the knowledge of the culture and context of those a But how grounded? Ho be when we tailor inte all a lack of homogenei zed populations. As D (1997) discuss in rela...
and context of those with whom we intervene. But how grounded? How specific do we need to be when we tailor interventions? There is after all a lack of homogeneity even among marginalized populations. As Dupree, Spencer, and Bell (1997) discuss in relation to self-esteem in black adolescent boys in the United States, a case-by-case and situation-specific approach is required if one is to promote resilience in children in unique circumstances. Although they speak of generic processes such as encouraging “help-seeking strategies and greater social mobility” (p. 258), which will enable many to survive in their home environments, they caution that the mistake we make is to not fully appreciate the unique constellation of resources available to support these strategies.

Because resilience is becoming an increasingly complex term to understand, problematizing our discourse on health, we see that interventions at the level of policy are as necessary as interventions targeting individuals and families. Not surprising, Queiro-Tajalli and Campbell (2003) link organizing strategies and community development with the growth in resilience among specific populations. Resilient communities mobilize to secure resources, one aspect of this mobilization being to find others who will provide mutual support and develop a movement of resistance that fosters structural change. These are lofty goals, but they are just as integral to a resilience-based approach to Practice as the more immediate treatment goals of direct practice and prevention programs.

As Tully (2002) writes, “There is a constant interrelationship between the development of public policy (as a response to human need), human behavior (as defined and supported by public policy), and resilience (as a positive coping mechanism related to adapting to ongoing change)” (p. 330).

When it comes to interventions, one size no longer fits all. As Crowel (2003) has pointed out, it is no longer possible to speak of evidence-based practice when we move interventions into ethnically diverse communities. Instead, we might speak only of “promising practices” that may be judged to fit with a particular population at risk.

In this section, a diverse group of authors from around the world offer their examples of interventions to build resilience with at-risk populations. The result is a pastiche of writing, varied but coherent when viewed from afar. There is much to advance our thinking here, with many different interventions advanced as multiple pathways through the swampy chaos of lives lived under adversity.

The Chapters

The section begins with work by Zahava Solomon and Avital Laufer (Chapter 14) from Israel who relate the findings of a study of responses by Jewish Israeli children to terror. Surveying almost 3,000 adolescents, aged 13 to 15, from 11 schools in Israel, Solomon and Laufer report that on the whole, Israeli teens cope well with the terror they experience, demonstrating resilience both in the way they deal with the trauma and in how they use that exposure to trauma as an opportunity for growth. Embedded in this study are many clues for those who choose to intervene with youth exposed to war and violence, including evidence that social support, ideological commitment, and religiosity all play a role in both mitigating the effects of violence and enhancing psychological growth and coping. However, as Solomon and Laufer explain, the relationship between these factors is complex, with health-enhancing effects being different for youth with different experiences and different beliefs.

The next chapter approaches the problem of intervention differently. Philip Cook and Lesley du Toit (Chapter 15) examine children’s resilience when confronted with the challenge of HIV/AIDS in communities in South Africa. They discuss the Circles of Care, a community capacity-building project, as an example of culturally grounded action research and a way of supporting child and community resilience. Highlighting the fit between the project and indigenous African cultural values, beliefs, and practices, they show that children’s resilience depends on the promotion of healthy human development resulting from child, peer, family, and social factors embedded in each child’s social ecology.

Marion Brown and Marc Colbourne (Chapter 16) next look at a very different context and the survival strategies of youth there. They examine
the experiences of lesbian, gay, and bisexual youth (LGB) who cope with homophobia and heterosexism. Brown and Colbourne show that the behaviors of this population, frequently assumed to be signs of psychic distress, mental illness, or other social problems, have seldom been recognized as the legitimate, indeed at times, only ways these youth can respond to and resist their oppression. Resilience is found when these youth manage to navigate around the prejudice they experience. Brown and Colbourne, through discussion of a youth project targeted at meeting the needs of LGB youth, provide rich examples of resilience among this population as they engage in ongoing negotiations between themselves and their environments. Despite a societal context full of problems, both structural and ideological, and precarious family environments, these youth regularly locate the personal and community resources they need to succeed.

Many of the chapters also look at families, their form and function, as one factor in the healthy development of children. Alean Al-Krenawi and Vered Slonim-Nefo (Chapter 17) report on a study of 352 Bedouin children from Israel from both monogamous and polygamous families. Theirs is an interesting story to tell, with Al-Krenawi and Slonim-Nefo hypothesizing that children from polygamous families would report more problems psychologically, sexually, educationally, and within their families than children from monogamous families. Their intent is to show that different family forms affect the well-being of children differently. They show that although polygamy may once have been a family form that functioned well, the current reality of urbanization and consumerism that is changing Bedouin society seems to be making polygamous families less successful in terms of securing their children's well-being. Romanticism aside, culturally specific family forms appear to need to adapt as children's broader social environments change as well.

The theme of family functioning as a factor in resilience among children is elaborated on in the next chapter by Barbara Friesen and Eileen Brennan (Chapter 18). Friesen and Brennan explore the resilience-building mechanisms found within families and the broader ecological and specifically community contexts within which families live. Their work details the need for stable supportive communities that provide for the cultural continuity of those living there. In exploring these themes, they examine the child-community relationship, as influenced by the child-family relationship, documenting programs that build the structural conditions for resilience through quality child care arrangements, after-school and mentoring programs, and community-centered, youth development programs.

Next Kwai-yau Wong and Tak-yan Lee (Chapter 19) examine youth at risk in Hong Kong in the 1990s and report on a significant innovation in service delivery that involved the adoption of a screening mechanism in the school system for early identification and intervention. This mechanism was adapted from one used with Canadian youth. While reporting on the Understanding the Adolescent Project (UAP), Wong and Lee identify the inadequacies inherent in its theoretical framework. In particular, they explore the lack of a culture-specific dimension to the UAP. A critical read of the literature, both Western and Chinese, provides a cultural lens through which to reexamine the UAP, offering educators, social workers, and mental health counselors on the front lines with at-risk youth in Hong Kong an alternative professional discourse focused on prevention and health from a uniquely Chinese perspective.

Continuing to elaborate on this theme of resilience as dependent as much on social structures as on individual characteristics, Thomas and Menamparampil's chapter on the young people of North East India (Chapter 20) explores the complicated patterns of coping among youth who face the dual threats of poverty and armed militancy. Although their lives are difficult, youth in this remote part of India demonstrate a constellation of coping strategies aided by structural conditions that facilitate their development. In particular, Thomas and Menamparampil discuss one exemplar of community development for youth, a faith-based organization, Don Bosco, which has as its mission to educate and train youth who are marginalized. Although seldom discussed in the literature on resilience, Thomas and Menamparampil argue that faith-based organizations seed youth resilience through programs as wide ranging as literacy schools, and work.

In the next chapter, the discussion moves to the agencies contributing to health in at-risk children. Barter suggests alternative strategies from a Canadian perspective of marginal resilience and its impact on service delivery to children. His message that work, that builds the systemic barriers to injustice, that affec
Introducing as literacy, peace education, vocational schools, and workshops on self-esteem.

In the next chapter, Ken Barter (Chapter 21) moves the discussion from how community services contribute to resilience to what government services can and should do to promote health in at-risk children. His work discusses barriers to promoting protective factors in the lives of children who receive child protection services. Barter suggests alternatives to the formal bureaucratic support provided by government systems that might better strengthen protective factors and positive outcomes for children. His work demonstrates from a Canadian perspective that an important part of marginalized children’s pathways to resilience includes pathways through the formal service delivery systems mandated to protect them. His message is that we have alternatives to the work that build community, and that address the systemic barriers, such as poverty and social injustice, that affect children adversely.

As an example of alternatives to standard practices in child welfare, Nancy MacDonald, Juan Glode, and Fred Wien (Chapter 22) examine in their chapter approaches to family and children’s services rooted in Aboriginal traditions in Canada. In particular, they explore custom adoptions and family group conferencing as ways of avoiding Eurocentric child welfare practices, such as adopting children out to white families, that have contributed to cultural genocide. Their work, focused on the Mi’kmaw communities of Nova Scotia, looks at how provincial, territorial, and federal levels of government in Canada have or have not changed legislation and implementation of child welfare laws to protect the rights of Aboriginal children. Their work is an example of how structures and policies (a) set the conditions to add to the risks faced by marginalized populations or (b) are designed to provide the conditions for resilience to emerge. They argue that child justice and child welfare bodies that understand the importance of using interventions that reflect traditional worldviews of Aboriginal peoples are likely to be those that are most successful in sustaining the well-being of these children.

From child welfare, we move to education. Alexander Makhnach and Anna Laktionova (Chapter 23) explore resilience among contemporary Russian youth with a special focus on both child protection and educational forces that influence children’s positive outcomes in a society in transition. They review the personality characteristics found among Russian youth and families that contribute to resilience and explore the role played by communities and social institutions to strengthening qualities associated with resilience among youth. In particular, they look at how the Russian educational system is providing children and families with the interventions required to sustain them through this time of social change.

Shifting the focus back to the minority world, Mary Armstrong, Beth Stroul, and Roger Boothroyd (Chapter 24) compare the closely related constructs of systems of care and resilience. Their argument, like those of their colleagues who precede them, is that these concepts intersect. Resilience depends on structural conditions, in particular the way formal and informal systems respond to children’s needs. They present a historical overview of the resilience literature and then contrast it with the similarities and differences in what we understand about systems of care for children in need. Their work points to the benefits for policymakers, planners, and researchers examining systems of care and child resilience to be aware of advances in both fields and the potential of each body of literature to inform policy, system planning, and research efforts.

Broadening our perspective further, Scotney Evans and Isaac Prileptensky (Chapter 25) write about youth civic engagement (YCE) and its potential impact on the well-being of youth. Their argument is based on a contention that neither wellness nor resilience can be fully understood or promoted without accounting for power differentials between youth and adults and the broader social structures that adults control. However, there needs to be caution in how this engagement is undertaken. Evans and Prileptensky explain that youth can just as easily be manipulated or cast as token agents of social control by adult-engineered systems that abuse the idealism of youth. Without a power analysis, Evans and Prileptensky argue, YCE may pose more perils than promise.

In a very different context, these same challenges are addressed in the chapter by Toine van Teeffelen, Hania Bitar, and Saleem Habash
(Chapter 26) who detail both the adversities Palestinians face and the consequences of those adversities to the mental health of youth growing up in the Occupied Territories. Unlike many other accounts of Palestinian youth, however, this chapter examines evidence of the resilience to be found among Palestinian youth. After discussing personal, familial, and cultural resources that sustain resilience, van Teeffelen, Bitar, and Habash consider how a development organization, the Palestinian Youth Association for Leadership and Rights Activation (PYALARA), can create conditions that bolster resilience among youth. PYALARA provides both social interventions such as mentoring programs and different forms of youth-oriented media to give youth a voice in the political decision-making process.

The next chapter by Wanda Thomas Bernard and David Este (Chapter 27) examines the context within which young African Canadian males navigate through the challenges they face and the personal, family, community, and spiritual resources they use to overcome the systemic prejudice and structural disadvantage they experience. Bernard and Este examine these challenges to young African Canadian males, particularly in the areas of education and employment. They then apply Hill's (1998) resiliency model developed for African Americans to the African Canadians. Their chapter concludes with reflections on resilience collected from 30 males who discuss both their experiences of success and marginalization.

Concluding the book is a chapter by Luis Duque and his colleagues (Chapter 28) which brings us fully back to the challenge this volume addresses: What does resilience look like across cultures and contexts, and how do we promote it? In this chapter, Duque and his coauthors explore the Early Prevention of Aggression Project that was implemented in Medellin, Colombia, based on design elements from Canada and the United States. The chapter examines the challenges faced when projects in majority-world settings that seek to create the structural conditions for resilience to emerge are adapted from minority-world contexts where the bulk of the scholarship and implementation has taken place. Specifically, the chapter reviews findings from the first phases of an evaluation of outcomes, with a special focus on how well the project was implemented and fidelity to the model when it is employed in communities far more dangerous and far less resourced than those in more economically developed nations. Far from showing that "one size fits all," the chapter shows that different settings provide children very different challenges to health that require different measures to promote resilience.

It is an appropriate place to conclude the book, with the argument for a more contextual understanding of resilience, that acknowledges the structural, as well as the personal factors that foster resilience, demonstrated on a large scale in a context far beyond that normally discussed in the resilience literature. Combined, this and all the other accompanying chapters demonstrate the necessity for the field of resiliency theory, research, and practice to broaden its focus and cultural embeddedness if it is to continue itself to "survive and thrive."

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