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CHILDREN'S RISK, RESILIENCE, AND COPING IN EXTREME SITUATIONS

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CHALLENGES TO CHILDREN'S WELL-BEING

Adversity comes in many forms, as a result of social or political strife, individual acts of omission or commission, environmental calamities, and many other causes. Due to their youthfulness and, specifically, their lack of social power, children and adolescents are often among the most severely affected by these adverse circumstances. Poverty, armed conflict, forced migration, family problems, environmental degradation, and exploitation, all rising to unprecedented levels, have deepened concern internationally for the protection of children¹ and for the promotion of their health and well-being.

With the nearly universal ratification of the UN Convention on the Rights of the Child (CRC), the protection of children exposed to adversity has now become one of the central priorities of childhood interventions internationally. The convention provides a comprehensive global framework for supporting children in both chronic and episodic conditions of stress. Modern policy has clearly embraced the ethical and moral view that children have a right to special consideration and that children exposed to exceptionally harsh situations merit the greatest concern. But on what terms do we extend such consideration? The logical outcome of public sector austerity and the gradual dismantling of state structures—or the absence of such

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structures in the first place—is that children and their families and communities cannot necessarily count on the promises made in international treaties. Moreover, due to the sheer scale of some childhood problems—for example, children in Africa orphaned by AIDS or those experiencing armed political strife—affected populations are frequently forced to rely on their own individual capacities to cope. To say this is not to exonerate callous governments that choose to ignore their responsibilities toward children, but to be pragmatic about the immediate prospects for large numbers of children and to focus policy attention on the challenges that lie ahead.

Although there are many structural and practical obstacles to the development of effective measures for children, there is evidence that shortcomings in policy and practice are also the result of erroneous conceptualization of problems and their solutions, inadequate empirical evidence to support specific interventions, and unquestioned assumptions about children's development and their relative capacities and vulnerabilities. Indeed, recent research in the social sciences and experience in dealing with children in stressful situations, as will be discussed in this chapter, are providing new insights that challenge much conventional wisdom about how to assist affected children. Because it is increasingly clear that many notions of childhood and of childhood vulnerability, development, and well-being are contextually constructed (see Ungar, 2004), serious doubt is being cast on the relevance of many traditional prescriptions for protecting children, especially interventions imposed from outside the child's social and cultural context. At the same time, new insights and ideas that could be more helpful have not been widely disseminated or evaluated.

Under increasingly difficult circumstances globally, the CRC's demand that children's best interests be a major criterion for actions concerning them has raised disturbing doubts and questions regarding how to define and deliver what is most appropriate and effective for young people. Scholars and practitioners in different parts of the world have been trying to find out what effects misfortune has on children's social, psychological, and emotional well-being and

to provide appropriate psychological and social care and support. However, child protection remains an uncertain art, beset by challenges and disputation at the methodological, conceptual, theoretical, and practical levels. The present chapter explores some of the issues and controversies pertinent to a discussion of children's vulnerability, resilience, and coping in situations of extreme hardship, highlighting problems and gaps in existing research and recommending areas for further theoretical development and field research. It makes the case for a dynamic, contextualized view of misfortune and suggests that children's experiences of adversity are mediated by a host of internal and external factors that are inseparable from the social, political, and economic contexts in which children live. It also calls for greater attention to children's own understandings of their experience. Throughout, it asserts the need for research, policy, and programmatic interventions to consider carefully the reality of children's lives in order to improve the effectiveness of interventions designed to assist them.

CHILD DEVELOPMENT, "RISK" AND "RESILIENCE" IN THE LITERATURE

In this section, we examine some of the key concepts and theories that inform discussions of development, well-being, risk, and resilience in children who are exposed to adversity. Despite the global application of these concepts, the most systematic and influential body of information on child development and well-being and on the factors that mediate risk and resilience during childhood is found in research with children in the United States and Europe.

Up until the early 1980s, scholarly understandings of child development were dominated by the work and ideas of Jean Piaget, whose emphasis was on the uniformities of children's development and the ways in which the individual child makes sense of the "generic" world (Rogoff, 1990). The Piagetian model stresses that individual children actively construct knowledge through their actions in the world. Learning takes place when a child is required to reconcile his or her expectations of the world and his or her actual experience of that world.

This constructivist approach is still important. However, in the last 25 years psychologists and anthropologists interested in child development in diverse cultural contexts have challenged Piaget's view of the child as a solitary, independent individual whose interaction with the world leads him or her to spontaneously develop general skills and strategies that can then be applied across logically similar problems (Cole, Gay, Glick, & Sharp, 1971; Rogoff, 1990). These scholars have become increasingly attracted to the sociocultural approach of Lev Vygotsky (1978) and the work of later theorists such as Barbara Rogoff (1990), Michael Cole (1996), and Jacqueline Goodnow (1990).² The main tenet of this more recent perspective is that all psychological phenomena originate through interpersonal interaction and hence social and cultural context provide the framework for how children learn to think, speak, and behave.

This focus on the importance of social interaction to child development is reflected in the methodology implicit in Vygotskyian theory, in which activity, rather than the individual, is the basic unit of analysis. "Activity" from this perspective includes not only the task at hand but also people, interpersonal relations, goal-directed behavior, and shared understandings. In this view, individuals are active agents in their own environment, they engage with the world around them, and in some senses, create for themselves the circumstances of their own development. The central aspect of this approach is the notion that through participation in cultural activities, and with guidance from more skilled peers, siblings, and adults, children can learn to think and to develop new skills and more mature approaches to problem solving. It is generally assumed that all communities establish ways of helping children to build connections between their current knowledge and those skills and understandings they are capable of acquiring (Rogoff, 1990).

This stress on the importance of activity, relationships, and interaction provides a useful framework within which to explore the influence of social and cultural context on child development. The ways in which children in diverse settings learn to respond to adversity and extreme hardships are critical components of this developmental process. Consciously or not, caregivers

and others structure children's learning environments to support boys and girls to acquire the knowledge, skills, and experience they need to function successfully in their community. The classification of certain experiences or circumstances as "risky" or "dangerous" is thus not a straightforward, universal given. Boys and girls of different ages and different abilities in different contexts will understand and make meaning of their experiences in different ways. These understandings will be influenced not only by their individual genetic heritage and physical and biological maturity but also, and more particularly, by the social, cultural, economic, and political environment in which they live.

In assessments of the forces that undermine children's development and well-being, research in the minority world tends to focus on children who confront severe family and personal difficulties, such as recurrent ill-health, maltreatment, family separation and divorce, chronic poverty, and parental mental illness and unemployment (Garmezy & Rutter, 1983; Werner & Smith, 1998). Indeed, the death of a parent is highlighted as one of the more immediately traumatizing events for a child, linked with later psychic disorder, notably depression. This research originated in the field of psychopathology and responded initially to concerns among parents, welfare professionals, and other adults about a perceived rise in childhood problems, such as school failure, juvenile crime, and attempted and actual suicide among young people (Fraser, 1997). One of the objectives of the research was to identify factors in children's lives that increase risks for such behaviors and, insofar as these studies aimed to serve policy, establish how structural reform or service provision could prevent or reduce these risks (Garmezy, 1983). Initial concerns focused on exploring a possible correlation between stressful life experiences in children and a range of psychiatric disorders. Today, the focus for many scholars has shifted to the determination of the factors that enable children to remain competent in the face of adversity.

Although studies of children in the minority, industrialized world focus primarily on intrafamilial risk, research on young people in the majority world tends to address major societal events and situations, such as armed conflict, mass murders, famine, or mass displacement.

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Such catastrophic events are generally identified in this research as being “beyond the normal” range of human experience because they cause disturbance and upheaval, not just at a personal and familial level but throughout society (Ager, 1996; De Vries, 1996). They threaten family and community coping, destroy social and cultural institutions, and distort social norms and values (De Vries, 1996). There is a particular concern that such experiences overwhelm children psychologically, undermining their development, coping, and future adaptation in adulthood.

Children’s individual responses to adversity have been described in the research in terms of “risk” and “resilience.” *Risk* refers to variables that increase individuals’ likelihood of psychopathology or their susceptibility to negative developmental outcomes (Goyos, 1997). Some risks are found internally; they result from the unique combination of characteristics that make up an individual, such as temperament or neurological structure. Other risks are external; that is, they result from environmental factors, such as poverty or war, which inhibit an individual’s healthy development. Despite the apparently devastating odds, however, not all children exposed to risks and adversities develop problems later on. In the literature, these children are deemed *resilient*. As Schaffer (1996) notes, “Whatever stresses an individual may have encountered in early years, he or she need not forever more be at the mercy of the past. . . . children’s resilience must be acknowledged every bit as much as their vulnerability” (p. 47).

Historically, the notion of resilience entered the health sciences from applied physics and engineering, where it refers to the ability of materials to “bounce back” from stress and resume their original shape or condition. A rubber ball is an example. The term seems to have been first used in medicine to characterize the recovery of patients from physical traumas such as surgery or accidents. Somewhat later, it was adopted into psychology, first for the study of children of mentally ill mothers. It is now understood to indicate an individual’s capacity to recover from, adapt, and remain strong in the face of adversity. Hence, the literature ascribes resilience to three kinds of phenomena: (a) good outcomes despite high-risk status, (b) sustained competence under threat, and (c) recovery from trauma (Masten, Best, & Garmezy, 1990).

Resilience is recognized as depending on both individual and group strengths and is highly influenced by supportive elements in the wider environment. These positive reinforcements in children’s lives are often described as “protective factors” or “protective processes.” They operate at different levels and through different mechanisms—individual, family, communal, institutional, and so on—and frequently correlate with and complement one another. Their effects are shown only in their interaction with risk. Although it is understood in the literature that risk and resilience are not constructed the same way in all societies, it is generally accepted that the interaction of risk and protective factors plays an important role in the social and psychological development of boys and girls in all contexts. The concepts of risk, resilience, and protective factors have now come to form the bedrock of research on children who live with adversity, although, as we argue below, they are not without their problems and limitations.

KEY MECHANISMS OF RISK AND RESILIENCE

Research has identified several processes or mechanisms at the individual, family, and wider environmental levels that have been shown to have a significant influence on risk and resilience in children. For example, a healthy, strong child is likely to be more resilient emotionally and psychologically than one who is physically weak or sick. Likewise, gender has been found to have an important effect on the way in which children respond to adversity (Werner & Smith, 1998), although the literature tends not to provide consistent patterns linking gender with coping, resilience, or vulnerability. Among other individual attributes in children, age, temperament, sense of humor, memory, reasoning, perceptual competencies, sense of purpose, belief in a bright future, and spirituality have all been found to have a significant impact on resilience (see, e.g., Bernard, 1995; Garbarino, 1999). These protective factors shape to a large extent the strategies that children use to manage stressful situations and to defend themselves against painful experiences or low self-esteem.

Some children are better able to manage stress because of disposition or temperament. Thus, protective factors such as resourcefulness, curiosity, a goal for which to live, and a need and ability to help others are largely matters of temperament and coping style. Generally, children who are able to remain hopeful about the future, are flexible and adaptable, possess problem-solving skills, and actively try to assume control over their lives are likely to be less vulnerable than those who passively accept the adversity they face (Punamaki, 1987). Socially competent children, capable of lateral thinking and problem solving can enhance their coping by identifying alternatives to their current circumstances and devising creative solutions. The capacity to engage in critical thinking can also help to shield a child from simplistic interpretations of experience that are self-defeating (Garbarino, Kostelny, & Dubrow, 1991). Personal history also influences coping (Garbarino, 1999). Children who have experienced approval, acceptance, and opportunities for mastery are far more likely to be resilient than those who have been subjected to humiliation, rejection, or failure.

The literature points not just to children's own inner resources and competencies but also to their interpersonal relationships as essential factors mediating risk and resilience. Thus, the presence of at least one supportive adult can have an enormous impact on a child's resilience (see, e.g., Ressler, Boothby, & Steinbock, 1988; Werner & Smith, 1992). Family members and significant others can play a major role in helping children interpret, "process," and adjust to, or overcome, difficult life experiences (Dawes, 1992). Acting as mentors, adults can provide models of and reinforcement for problem solving, motivation, and other coping skills (McCallin & Fozzard, 1991; Punamaki 1987; Richman & Bowen, 1997; Turton, Straker, & Mooza, 1990). Developmental psychology has long emphasized the early bonding between mother and infant and overall quality of nurture within the primary caregiving unit as absolutely fundamental to well-being, especially in younger children. Today, however, it is increasingly recognized that in many societies the mother is only one of several caregivers and that, consequently, children's attachments may be quite dispersed (Mann, 2001).

The centrality of emotional attachment to and support from a significant reference person is revealed in its absence. In the late 1990s in Sierra Leone, children who were separated from their families following abduction by the rebel forces or whose parents had been killed or deserted them during the war faced many grave difficulties. Without a caring guardian to take their side, children expressed feelings of being branded and were susceptible to discrimination and hostility. Fostering by extended family members does not always resolve their problems, as one adolescent girl emphasized:

You have to be humble to the aunt and uncle and show them respect. You must not be proud. Because you don't have mother, you don't have father so you have no other choice but to be humble. If you do good things you never get praised—they always shout on you and put you down. (15-year-old girl, Makeni, Sierra Leone, quoted in Boyden, Eyber, Feeny, & Scott, 2004, p. 58)

Such sentiments have been commonly reported by separated and orphaned children in numerous situations, including Liberia (Tolfree, 2004), Sudan (Vraalsen, in press), Sri Lanka (Galappatti, 2002), Tanzania (Mann, 2002), Malawi (Mann, 2003a), and elsewhere. Boys and girls in these circumstances described how difficult their lives were without the love and protection provided by at least one close adult. In many villages in South Sudan, children argued that those orphaned boys and girls who live with extended families are just as vulnerable as those who live entirely without adult or family care (Vraalsen, in press).

Not only do supportive relationships with family and nonparental adults help to protect children from the negative effects of stressful situations, there is considerable evidence that social support from peers can greatly enhance children's resilience. This is clearly recognized by the Maasai, who live in an area of Kenya and Tanzania that is prone to severe drought and famine. The Maasai have a strong sense of clan, family, and community identity in which suffering is traced historically to the difficulties faced by the Maasai as a people. Traditional Maasai risk management strategies reflect a close familiarity with hunger and other hardships, such that

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young *morans* (teenage boys who are learning to become warriors) must always travel and eat in pairs for mutual support and protection (Boyden et al., 2004). In this context, boys learn from a young age not only the importance of teamwork and cooperation but also how to provide material, emotional, and physical assistance to peers. In addition to the confidence they build in their own ability to confront future challenges, they learn to trust that they are not alone and that others can assist them in times of need.

Positive peer relationships provide children with an arena of support outside the family in which they can experiment, develop attitudes, skills, and values, and learn to share, help, and nurture one another. These relationships become especially important during middle childhood and adolescence and both mitigate the negative effects of adversity and contribute to a child's sense of self-esteem. This process may in turn enhance the development of other protective factors, such as a sense of competence and an ability to form other meaningful relationships, empathize, and feel a sense of belonging. In short, friendships provide children, like adults, with opportunities to be themselves and to feel good about who they are—processes that help to build resilience. This truth was evident in research with children affected by HIV/AIDS in Malawi, where girls between the ages of 8 and 14 years described the opportunity to sit with friends and “share secrets” as one that made them feel “strong” and “less alone” (Mann, 2003a).

Neighborhoods and institutions such as schools and organized community groups can supplement protective factors at the individual and family levels by providing a supportive context for children. In industrialized countries, the state is fundamental in this regard, aiding children through a range of interventions, including food subsidies, housing, and social insurance. Today, specialized state-run institutions of childhood—child care and leisure centers, schools, and so on—complement the traditional roles and functions of the family. During crises, they may replace family altogether. In contrast, most poor countries do not have the resources for widespread state support to communities, families, or children living in adversity. Where high birth rates, early mortality, and educational wastage are pressing problems,

birth spacing, health, and education services take priority over social services and welfare policies. In this context, it is often a bonus if government assistance programs exist at all. Where they do, they frequently suffer heavily from underinvestment, poor outreach, high transaction costs, or corruption.

Experience demonstrates that in the absence of state intervention, child protection often relies on the mobilization efforts of civil society and participation from various community groups. These informal protective processes may include collective activities (such as joint labor on community projects or labor exchanges on farms) and institutional support (e.g., credit supplied by money lenders, remedies offered by traditional healers, or spiritual guidance provided by religious officials).

Sometimes crisis itself can lead to the development of protective processes that enhance resilience in children. In Milange, Mozambique, following the devastation of war, reconciliation and forgiveness was achieved by acknowledging and celebrating the return of former combatants, who put the war behind them by partaking in ceremonies and confessionals (Gibbs, 1994). Reconstruction was achieved through the management of everyday activities such as building houses and planting fields in which children—including former child combatants—played an integral role. The church and local healers played a major part in the reconstruction, focusing and reaffirming the process. On the other hand, in impoverished and AIDS-affected areas of southern Kenya, assistance for struggling families from the village clan committee and other sources is said to be on the decline. Whereas once there existed a broad network of neighbors and other village members to ensure that no children would go hungry, nowadays, individual or familial self-help strategies are favored over collective ones. One elderly woman recalled how at one time “a child would belong to the community.” This is no longer the case, she said (Boyden et al., 2004).

THE LIMITATIONS OF EXISTING RESEARCH

Much of the literature on risk and resilience in childhood is based on longitudinal studies that

cover the life span well into adulthood and amplify important individual differences between children. As such, that literature has made a major contribution to our understanding of the personal, familial, and broader environmental influences on children's well-being and development in adverse situations. In so doing, it has vital implications for children throughout the world and should be widely disseminated among practitioners and policymakers. However, even after decades of learning and experience in this field in some countries, we still do not know the extent to which these protective factors are universal across cultures. We also do not know enough about the effects on children of exposure to adversities of different kinds or the ways in which children respond to and deal with these experiences. A review of the existing research evidence on childhood adversity indicates several major shortcomings. Before commencing a discussion of some of the most significant debates and issues associated with the topic, we highlight the problems with existing research.

Limitations of Terminology. First³, although the idea of resilience has for some purposes proven itself a useful way of imaging human ability to thrive in the face of adversity, it suffers several important limitations, both conceptual and cultural. Early writers employing the term conscientiously proposed it not as an explanation but as a temporary convenience until such time as scientific theories of natural human resistance to psychological stress could be properly formulated (Anthony, 1987). With time, however, this makeshift construct gradually came to be treated as confirmed fact by all but a few theoretical researchers. A fully featured scientific theory to explain unexpectedly positive human response to adversity still lies in the future.

As might be expected of an impressionistic metaphor imported into psychology from the natural sciences, it has been impossible to define resilience with the precision necessary to confirm it through rigorous scientific research. A variety of sometimes incompatible concepts and definitions are currently in use. The term was at first commonly characterized as a trait of individuals—children were classified as “vulnerable” or “resilient”—and much of the lay literature is still in that vein. However, as

research and careful reflection (Luthar & Cicchetti, 2000; Luthar, Cicchetti, & Becker, 2000) demonstrated this concept to be untenable, the definitional focus became both more collective, centered on families and other groupings and more abstract, portraying resilience as a “dynamic developmental process” (Yates, Egeland, & Sroufe, 2003) or the transaction between individuals and their environment. It seems increasingly clear that resilience cannot be directly observed and measured and, in fact, is only inferred from observations based on the related constructs of risk and “positive adaptation” (Luthar, 2003).

This raises the question of whether anything like resilience actually exists in nature; perhaps it is only a conceptual artifact. There is no question that some children submitted to severe stress do survive better than expected, but it is not clear that one needs a mediating factor such as resilience to explain it. This doubt is now a matter of debate. Some researchers have suggested that the issue can be tested by statistically sorting the direct effects of “protective” variables from interactions that might suggest a mediating factor (i.e., resilience). At least some analysis of this type finds that the direct, context-specific effects of protective factors can explain virtually all positive adaptation, which suggests that the notion of a general quality of resilience is superfluous (Wyman, 2003). More analysis of this type is required, but some initial findings imply that resilience is perhaps an idea we do not need to explain why some children thrive in harsh conditions and others do not.

Limited Assumptions. Second, ideas of resilience call on subthemes taken for granted in contemporary Europe and North America that are not so readily accepted by equally sophisticated intellectual systems elsewhere, including in science. A good example is the concept of self. From early on, resilience was conceived as completely or partially involving self-integration or self-organization. This, of course, requires some sort of self to be integrated or organized, perhaps the sort of core being envisaged in 20th-century Freudian or humanistic approaches to psychology. The problem is that selfhood has never been shown to exist apart from the construct of it, and other intellectually sophisticated

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cultures and systematic philosophies—such as Buddhism and much of Hinduism, for example—deny that self really exists. They do not deny that we experience a sense of inner self, but they consider that experience to be the most fundamental of all human illusions. There is no objective reason to consider the assertion of independent selfhood more rational than the assertion of no-self. Interestingly, some of today's leading researchers in neurology and evolutionary psychology hold to one or another version of the view that the idea of self is a sort of interpretive illusion compiled from a wide variety of neurological stimuli, perhaps originating from the entire body rather than the brain alone.

The idea of risk, as used in much of the risk-and-resilience literature, is also culturally and normatively loaded, as is the notion of *competence*, which is seen as the basis for resilience by highly influential researchers such as Garmezy and Masten. Even as used in the social science literature with a certain amount of care, these are not terms that always enjoy easy transit between cultural contexts. Even the negative conceptualization of *adversity* as hostile factors exogenous to the individual—the essential setting for the emergence of resilience—is regarded by a sizable number of non-Western cultures and philosophies as partial, short-sighted, and naive. Instead, they see connections between what we perceive and what we create. Rogoff (2003) notes that this objection is a difficult point for Westerners, including many social scientists, because schemes “separating the individual and the world are so pervasive in the social sciences that we have difficulty finding other ways to represent our ideas” (p. 49).

Culture is not an entity that *influences* individuals. Instead, people contribute to the creation of cultural processes and cultural processes contribute to the creation of people. Thus, individual and cultural processes are *mutually constituting* rather than defined separately from each other. (p. 51)

As we argue below, there is a case to be made that adversity is as much a matter of perception as of situational fact, and many societies deliberately create painful and even potentially dangerous situations for children—such as in some rites of passage or forms of apprenticeship—to

promote their development by teaching them to embrace discomfort as opportunity rather than turning it into adversity. That approach puzzles and horrifies some individuals, who might consider it abuse rather than nurture. The issue is not who is right or wrong, of course, but the degree to which the notion of resilience calls on elements of contemporary Western culture not necessarily shared elsewhere, including in the sciences. Although we use the term resilience here in recognition of its utility as a device for indicating a state that many of us recognize intuitively, we do not regard it as a sound theoretical construct. Indeed, we maintain that resilience may, following further enquiry, appear to be a sensible construct only in certain very limited cultural and intellectual contexts.

Limited Scholarship. A third difficulty with the risk-and-resilience research is that scholarship in this field has been limited largely to children and childhood in the industrialized, minority world. Some scholars have gone to considerable lengths in these studies to include children from diverse cultural and economic backgrounds. Nevertheless, inherent in much of the literature on risk and resilience is a view of childhood that is informed by the context of white middle-class family life, not necessarily by the very different realities that shape the lives of children in other parts of the world. The underlying assumption is that children in the minority world have grown up the “right way” and that children everywhere should be raised in the same manner—that is, in the nuclear family, with two parents, without social or economic responsibility, and so on. The implication of this assumption is that this context is the benchmark against which “healthy” childhood is measured. However, ethnographic evidence from diverse cultures suggests that there is no single, uniform approach to child rearing. Multiple developmental pathways exist throughout the world. In accordance with the insights first advanced by Vygotsky (1978), many now recognize that the well-being of children is influenced by the material, social, and cultural aspects of the specific environment in which they live, despite what the literature presumes.

The focus of this literature on the minority world and on the kinds of adversities thought

to prevail in industrialized countries limits its explanatory scope. As noted, the most systematic information currently available tends to deal with often chronic personal and family problems that occur within the private domain of the home. Hence, despite the overwhelming evidence concerning the structural causes of most childhood adversities, the most extensive research on risk in childhood concerns far more immediate and personal circumstances, in particular loss of and separation from parents, especially mothers. In the majority world, children tend to face additional and sometimes far greater threats to their well-being that are not adequately addressed in this literature. For example, large numbers of children throughout the globe are routinely exposed to major societal catastrophes that affect entire communities, such as famine, forced displacement, and "ethnic cleansing." Children's responses to these and other adverse situations have been underreported in the literature and are not well understood generally.

Limited Interpretation. Finally, there is the additional problem that much of what we know about childhood experience from the research is based on adult interpretation and supposition. Most of the studies on children's vulnerability and resilience draw on researchers' preconceived ideas about what constitutes adversity or risk for children. Often, adults (parents, teachers, and others who are close to children) are used as respondents. The result is that, in many cases, we do not have accurate information on children's own perceptions. This is problematic given that there is emerging evidence that children do not share the same understanding of risk and adversity as do adults. The privileging of adult perceptions over children's experiences has sometimes meant that, in practice, resilience is conceived of more as the absence of pathology rather than the presence of personal agency in children. Thus, in many of the studies of war-affected and displaced children, resilience is tantamount to the lack of trauma or psychiatric disorder; the notion that children's own resourcefulness may promote their mental health is, in many cases, entirely foreign. In contrast, the psychological literature does envision children's personal attributes as contributing significantly to resilience, embracing

the idea of children as resourceful. Nevertheless, much of the discussion of children's competence in practice focuses on the rather passive notion of protective factors, not the idea of children actively managing and even in some instances improving their situation.

THE SOCIAL AND POLITICAL CAUSES OF RISK AND RESILIENCE

The factors that determine whether and how a person comes to experience adversity operate at numerous levels. Practical experience has shown us that there are significant disparities between groups and categories of children in terms of their exposure to risk and survival, coping, and well-being and that such disparities normally have structural causes relating to discrepancies in social power. Often, these structural threats at the macro level are transmitted through successive generations of a population, community, or family and are seldom actually within the control of the individual they affect. Caste is one structural configuration that permanently disadvantages some people, for the status, classification, and indeed, much of the fate of over 100 million *dalits* ("untouchables") in India is determined at conception and cannot be changed even after death. As a child grows up, this structural vulnerability is then compounded if the child happens to be a girl (and thereby suffers intrahousehold inequities), lives in a rural area (with limited or no access to land and basic services), and has a disability (attracting social stigma). Although each of these factors is no doubt a hindrance in terms of isolation, it is through their interaction and accumulation within the life of an individual child that he or she is rendered susceptible to developmental disruption and psychological, social, or emotional distress.

Structural disadvantage also applies at the micro level. Children who are distinguished by social attributes such as gender, ethnicity, or religion and by personal attributes such as temperament, physique, or cognitive ability tend to be valued and treated very differently within families and communities. Gender is one of the most striking and enduring examples of difference within childhood. Girls are generally

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stronger biologically than boys, as evidenced by their higher survival rates after birth. Yet many societies have powerful gender preferences, and these preferences have differential effects on the life chances and well-being of boys and girls. In plough agriculture in Asia and Europe, for example, there is an apparent partiality toward boys (Robertson, 1991) because daughters have to be given dowries and are “lost” to parents as a support in old age. In African hoe agriculture, on the other hand, families have good productive as well as reproductive reasons to welcome girls and good political reasons (such as perpetuation of a lineage) to want boys. In most societies where there are major distinctions, baby and young girls are at far greater risk of exposure to adversity than boys. But as children grow older, less is known about the nature and influence of the risks faced by both genders. There is an assumption in the literature that the burdens, deprivations, and dangers of girlhood are more extreme, but this assumption remains to be proven. We simply do not know enough about how boys and girls of different ages in different social, political, and cultural contexts experience and interpret risk.

During times of trouble, distinctions based on gender, ethnicity, and physical ability grow, sometimes with very serious consequences for children who are the least valued. For example, perpetuity of the social group is very important in many contexts of enduring hardship where mutual interdependence is strong and the individual cannot survive alone. In such settings, durability of the family group is commonly a greater priority than the relative well-being of individual offspring. Children in certain categories may be considered surplus to requirements and abandoned (Engle, Castle, & Menon, 1996). Recent research among displaced families in the Western Upper Nile region of Sudan has shown that disabled children are more likely than their able-bodied peers and siblings to die as a result of being left behind when families are forced to flee their villages (Vraalsen, *in press*). Likewise, in other extreme situations, children may be considered a good that can be exchanged or traded for income or used to forge links with political or economic allies. This practice is not uncommon in parts of Burma, where desperate families may receive

money in exchange for “lending” girls as young as 12 to “employers” in Thailand. Such girls often end up working in the sex industry (Mann, 2000). Indeed, gender preference directly affects survival in some settings. In South Asia, gender discrimination is a major determinant of demographic distortion, with fewer than expected females in the population relative to males (Drèze & Sen, 1995). This pattern is linked to female infanticide, the abortion of female fetuses, and gender discrepancies in the allocation of food and health care.

Differences between groups of children often have explicitly political origins. Indeed, children’s rights advocates have for some time been gathering evidence pointing to the political causes of much childhood deprivation and suffering. They have shown that the State can imperil children just as much as protect and nurture them, sometimes under the guise of protection. They have uncovered instances not just of inaction by the State but, more seriously, of acts of commission. Often, the State actively victimizes certain categories of children, as in the case of racist policies that discriminate against specific religious, cultural, or ethnic groups in the provision of services, access to resources, and so on. Hence, historically, apartheid policies in South Africa produced major disparities among ethnic groups in terms of youth and child morbidity and mortality, literacy, employment, personal security, and civil and political rights.

Variations in patterns of resilience and coping at the group level are also a function of cultural beliefs about childhood and child development. As indicated, ethnographic evidence from several parts of the world and recent research in the tradition of cultural psychology suggest that childhood is a diverse, shifting category shaped by cultural and social context. Thus, although it may be true that all children have certain basic needs and vulnerabilities in a very general sense, differentiation between societies in definitions of childhood and understandings of and approaches to child development produce very real differences in terms of children’s experiences, attitudes, and behavior (Bronfenbrenner, 1986, 1996; Cole, 1992; Wilson, 1998; Woodhead, 1998, p. 17).⁴ Particular societies have their own ideas about the capacities and vulnerabilities of children, the ways in

which they learn and develop, and those things that are good and bad for them. These ideas affect approaches to child socialization, learning, discipline, and protection and, hence, to a significant degree, circumscribe children's adaptation, resilience, and coping (Dawes & Donald, 1994; Super & Harkness, 1986; Woodhead, 1998). In other words, the social arrangements, child development goals, and child-rearing practices of the communities in which children live play a fundamental part in determining the different capabilities and susceptibilities that children develop.

Selective neglect in the family, discrimination in the community, political oppression in national government, and pronounced inequity in international relations are all societal factors undermining children's well-being and development that policymakers have the power to do something about. The question is how to identify which groups and categories of children are the most susceptible and to find ways both of reducing risk among them and providing support to affected children. The problem is that research on risk and resilience in children seldom reveals group distinctions in a meaningful way that can be addressed by policy. On the other hand, policymakers are often reluctant to engage with issues that have political, social, or cultural roots, preferring to depoliticize adversity by defining it as a problem of family or individual pathology. The concern, then, is how research can more effectively capture these kinds of distinctions between groups and categories of children and establish their impact on children's well-being. Equally important is to identify the kinds of policies and practice that will prevent such inequities between groups of children.

BEYOND TRAUMA: THE SOCIAL EFFECTS OF ADVERSITY

We have suggested that there is a focus among some scholars on the psychological and emotional effects of highly stressful experiences. This concern with catastrophic events and situations is surely appropriate given their pernicious impact on individuals and societies throughout the world. Many label the most stressful experiences "traumatic" and link them with one specific

diagnostic category—namely, posttraumatic stress disorder (PTSD). Use of the term *trauma* is very conscious in this context, for it indicates an emotional wound or shock resulting from exposure to an event or situation that causes substantial, lasting damage to the psychological development of a person, often leading to neurosis. PTSD was first identified as a syndrome in American veterans of the Vietnam War and has subsequently been identified by the World Health Organization (WHO, 1992) as the most severe psychiatric disorder and primary stress resulting from a catastrophe.

Many find the concept of trauma useful in that it highlights how major disasters have potential to undermine children and adults psychologically (see also Solomon & Laufer's work on Israeli children in Chapter 14 of this volume). However, as we have suggested, there are numerous conceptual and methodological problems concerning the definition and measurement of life events and of psychiatric disorders (Garmezy & Rutter, 1983). For example, it is surprising to learn that of those children who suffer serious or prolonged psychological or emotional distress in conflict zones, a significant proportion have not experienced a major misfortune despite the catastrophic circumstances in which they live (Ressler, Tortorici, & Marcelino, 1992). Sometimes the most devastating situations are those involving insidious hardships and deprivations, such as constant humiliation, social isolation, or poverty related to loss of livelihood. For instance, in Dar es Salaam, Congolese refugee children between the ages of 7 and 13 years reported that discrimination and public humiliation by Tanzanian adults and children was so distressing for them that they would often prefer to remain at home than to endure the taunts of neighbors and others (Mann, 2003b). These ongoing stressors can impair the coping resources of children as well as the capacity of the community to support and protect those who care for them. Researchers looking for traumatic responses to situations identified in advance as highly stressful could miss such important subtleties.

As it happens, there has been much controversy surrounding disorders such as PTSD. A number of mental health experts do not accept PTSD as a valid diagnostic category in relation

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to children in particular. Some point out that it is misapplied in many situations of chronic adversity where children continue to be exposed to stress. There is nothing “posttraumatic” about their experiences. Some also argue that the symptoms associated with the syndrome do not only occur in response to major stressful life events (Richman, 1993). Others say that symptoms characteristic of the syndrome such as bed-wetting and nightmares do not constitute “sickness” but a normal physiological reaction to shock. Still others highlight that these kinds of medicalized accounts of human responses to misfortune detract from the political, economic, and social nature of much of the adversity in the world today (Bracken, Giller, & Summerfield, 1995). They are critical of medical approaches that emphasize individual psychopathology and individualized therapeutic care in clinical settings.

In fact, whatever one’s views on PTSD, it is evident that this kind of diagnosis overlooks many important aspects of human experience during times of great hardship. Take, for example, the cultural bereavement experienced by many of those who are forcibly displaced by armed conflict or civil strife (Eisenbruch, 1991). Research by Armstrong, Boyden, Galappatti, and Hart (2004) with Tamil children aged 9 to 16 in the east of Sri Lanka has revealed a broad array of responses to the adverse conditions in which they live. These boys and girls have experienced displacement, armed violence, and impoverishment, loss of access to education and health care, and many other war-related risks. One of the key criteria of well-being distinguished by these children was “moving well with people,” an expression used very positively with reference to a person who is hospitable, kind, polite, and generally relates well to others. The children are aware that not all their peers experience well-being and that there are boys and girls in their midst who in their view suffer impaired social and cognitive functioning. As they see it, impaired social functioning is expressed mainly in terms of solitary, antisocial behavior, symbolized by a desire to be left alone; unwillingness to play; lack of interest in, or interaction with, friends; and an inability to show affection. Cognitive functioning is judged in relation to enthusiasm for learning and sports, and attendance and performance at school.

These Tamil children explained their most frequent and distressing response to adversity as “thinking too much,” a condition that can in more severe cases cause constant and intense headaches or heart pain. Most commonly, they associated this condition with the loss, disappearance, or death of a loved one or with fear of abduction and forced recruitment into the military. Other fears and anxieties—about snakebites, the proximity of armed military personnel, elephant attacks, and drowning—were similarly pervasive but seemingly less intense and did not appear to result in “thinking too much” or a somatic effect. During adversity, anxieties and fears of this nature can play a very important part in children’s vulnerability as much as in their coping and resilience yet do not figure in PTSD diagnoses. Similarly, such a diagnosis says very little about children’s actual functioning on a daily basis. In the Tamil areas of Sri Lanka affected by conflict, social trust outside the immediate family has been largely destroyed because neighbors have developed opposing loyalties and inform on each other to ensure their own survival. Children have few social or institutional resources to turn to for support, and mothers stand out as one of the few sources of love and protection for the young. Tamil children in the East have developed a whole host of coping mechanisms to deal with this corrosive social environment and a range of strategies to avoid abduction and other risks. These include limiting friendships to a few close and trusted peers (often cousins), restricting social visits to nearby houses, avoiding family conflict whenever possible, not discussing family problems with neighbors, being careful not to attract attention in school, staying away from school and in homes during the day; and sleeping in the forest at night. Such strategies are crucial to personal functioning.

Insofar as children in middle childhood and adolescence tend to attach a great deal of significance to personal relationships, especially to friendships with peers; social approval and acceptance among peers and in the community at large are vital factors in their well-being. It is therefore not surprising to learn that for children of this age, the experience of adversity is very much mediated by its effects on their social world. In other words, children gauge the

impacts of adversity not just in terms of psychic pathology but through the constraints it puts on their social networks. Unfortunately, it transpires that children who confront adversity are often denigrated and excluded by others, as was evident in a study of child poverty in India, Belarus, Kenya, Sierra Leone, and Bolivia (Boyden et al., 2004). That study revealed that the way in which poverty undermines an individual's social interactions and relationships with others can be far more important to children than having to go without food or other commodities. Thus, in rural Bolivia, despite knowing full well that chronic shortages of water have a significant effect on livelihoods and on the survival and health of both humans and livestock, children highlighted above all the humiliation of being unable to wash and therefore being labeled smelly, dirty, and poor. These children acknowledged that frequently they are themselves the main instigators of abuses directed at others due to their poverty. In fact, one of the worst consequences of being thought of as "poor" is the associated shame, social exclusion, and susceptibility to teasing, bullying, and humiliation by peers.

CHILDHOOD ADVERSITY CONTEXTUALLY DEFINED

One of the strongest criticisms of universalized psychiatric diagnoses such as PTSD is that they seriously underestimate the differences between cultural groups in understandings of and responses to stressful events (Bracken et al., 1995). Undoubtedly, humans have a limited repertoire of responses to stressful life events, and feelings and symptoms will recur across social and cultural boundaries (Parker, 1996). Similarly, intelligence, temperament, good parenting, and family relationships early in life appear to be important contributors to resilience in all cultures and contexts. Nevertheless, children's worldview and mental health are very much influenced by local meanings given to misfortune. As we have suggested, these meanings in turn depend on other concepts—for example, ideas about causality in adversity, well-being, sickness, healing, personhood, identity, and the like (Bit, 1991; Bracken, 1998; Le

Vine, 1999; Parker, 1996; Shweder & Bourne, 1982; Summerfield, 1991, 1998). As critics of universalized diagnostic categories argue, even though certain symptoms of acute distress may occur across cultures and social groups, this does not suggest that their meaning is the same in all settings (Bracken et al., 1995; Parker, 1996). Thus, meaning is a profoundly important mediating factor in children's experiences of adversity, and yet it has been largely ignored in the literature. Indeed, it is our contention that how children respond to adversity cannot be understood without reference to the social, cultural, economic, and moral meanings given to such experiences in the contexts they inhabit.

The contextual nature of adversity is illustrated by research on child abuse and neglect across cultures conducted over 20 years ago by Jill Korbin (1981), an anthropologist. Korbin cites examples of practices such as punishments (severe beatings) to impress a child with the necessity of adherence to cultural rules and harsh initiation rites (genital operations, deprivation of food and sleep, and induced bleeding) that to many outsiders would most likely appear abusive. Indeed, some of these practices have been denounced by children's rights advocates as abhorrent. But Korbin goes on to make the sobering point that many practices in the minority world that are accepted as "normal," such as isolating infants and small children in rooms or beds of their own at night or allowing them to cry without immediately attending to their needs or desires are at odds with the child-rearing philosophies of most cultures, for whom such behaviors are likewise considered just as "abusive."⁵

Even the meaning of death varies significantly, depending on cultural and religious views about whether human existence is irrevocably constrained by the live body, which in turn hinges on ideas about the soul, reincarnation, ancestral spirits, and so on. Views about death and well-being in many parts of the world are built on the notion of congruence, not merely in the functioning of mind and body but also between the human, natural, and spirit worlds. Any or all of these dimensions may play a part in explanations of the cause of misfortune, definitions of suffering, and ways of dealing with distress. In such systems, illness and adversity

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are often caused by the intervention of powerful social, natural, and supernatural agents rather than individual pathology. Well-being is dependent on, and vulnerable to, the feelings, wishes, and actions of others, including spirits and dead ancestors (Lock & Scheper-Hughes, 1990). Hence, sickness is often portrayed as being caused by the witchcraft of neighbors, the forces of nature, or deities. On the other hand, spiritual and supernatural entities may also be perceived as providing protection for children and, indeed, are sometimes thought to be more effective in this regard than individual parental behavior or family circumstances (Engle et al., 1996). These kinds of beliefs sometimes account for approaches to child protection that families regard as appropriate, adaptive, and beneficial but that outsiders perceive as risky or neglectful behavior.

For example, among the Acholi in Gulu, northern Uganda, the life of an individual who has died is said to continue in the world of ancestral spirits. Many young people in the area have been abducted and made to fight by the Lord's Resistance Army (LRA). Symptoms of severe emotional and psychological distress in young former combatants are taken to indicate that they are *cen*, "mad," and have become possessed by the spirits of the people they have killed (Boyden, 2002; Jareg & Falk, 1999). Former child combatants are thought of as in some way "contaminated," and it is held that the "spirit might come out at any time," influencing the person who has been possessed to behave unpredictably or uncontrollably and possibly even to harm others. However, at the same time, because so many of these children were abducted and forcibly recruited, there is a strong will to forgive, reintegrate, and reconcile. That said, before young former abductees are accepted back into their families and communities, proof is required that they are remorseful about acts of violence they have committed and determined to mend their ways. Acceptance tends to be conditional on the performance of rites of cleansing and atonement in which the spirit leaves the body of the possessed person. It has been observed that in many cases these young people appear calmer and more controlled following reintegration.

To give another example, a study by Rousseau, Said, Gagné, and Bibeau (1998) of

unaccompanied Somali boys in exile in Canada produced quite unexpected findings. These boys were found to be far more resilient than anticipated, given the many severe hardships that they had experienced. Their resilience and coping was attributed to the fact that they had already become accustomed to long periods of separation from their families and communities prior to exile. This familiarity was due to the traditional pastoral nomadic practice of sending young boys away to tend herds, a practice that enables boys to learn self-sufficiency and autonomy and to acquire status in their communities as proto-adults. Hence, in this particular context, exile and separation from family were viewed not as forms of deprivation or loss but as having certain positive attributes. This evidence suggests that the degree to which stressful situations can be defined objectively as "traumatic" or "outside the realm of normal human experience" is limited.

Phinney (1996) argues that the degree of psychological mastery children have in difficult situations to a significant extent reflects the degree to which a culture endorses active management of adversity by encouraging children to develop skills in communication, problem solving, and self-management of behavior. Thus, some societies think of misfortune as a matter of chance or fate, passively accepting and succumbing to events. Others actively train children to become resilient and to cope with unpredictable and painful situations. In the latter case, children may be encouraged to engage in activities that pose at least moderate risk to health and safety, with the aim of developing physical strength, endurance, confidence, dexterity, and self-discipline. Inuit children in Canada, for example, are taught to deal with a dangerous and often unpredictable Arctic environment, continuously tested in all spheres of knowledge and competence relating to the world around them and expected to experiment with uncertainty and danger (Briggs, 1986). They learn that the world is made up of problems to be solved: The ability to discover these problems, observe them actively and accurately, and analyze the implications of exposure to hazardous situations is a highly valued quality in Inuit society. In some African societies, learning to be resilient is institutionalized in formal rites of passage. For a

male, initiation into adulthood may involve circumcision or a trial of strength, in which boys become men by passing exacting tests of performance in combat, survival, economic pursuits, and procreativity (Gilmore, 1990).

From this research and experience, it is apparent that vulnerability, resilience, and coping in children are not merely functions of health, sickness, or pathological behavioral reactions but also of beliefs and values (Gibbs, 1994; Masten et al., 1990). Dealing with distressing experiences involves making sense of those experiences; assimilating and processing fear, grief, or anger; and finding ways of adapting to, overcoming, or removing difficulties. Although these may be intensely personal processes, individuals engage with misfortune not as isolated beings but in socially mediated ways that are shared (Bracken, 1998; Kleinman & Kleinman, 1991; Reynolds-White, 1998). Crisis, suffering, grief, healing, and loss are all patterned by the social and cultural meanings they manifest. Hence,

the "developmental appropriateness" of children's experiences, the "harmfulness" or "benefits" of their environment cannot be separated from the cultural context in which they are developing, the values and goals that inform their lives and their prior experiences of learning skills and ways of thinking. (Woodhead, 1998, p. 13)

Children grow and flourish in a whole host of different environments and under a whole variety of circumstances, and what is adaptive in child development is very much a product of these specific settings (Dawes & Donald, 1994).

CHILDREN'S EXPERIENCES: INDIRECT AND COMPLEX EFFECTS ON WELL-BEING

There is a view, prevalent in much of the global discourse surrounding child development, child protection, and children's rights, that exposure to misfortune has a direct and automatic deleterious effect on children's development and well-being. We have noted that it is common for children so exposed to be regarded as traumatized. This outlook is particularly strong in the literature on war-affected children and is

applied especially to children in early childhood, which is thought to be the most critical period of development, when children are most susceptible to harm that has long-term consequences (Schaffer, 2000).

Such a perspective seems, on the surface at least, quite compelling, for as adults, we tend to hold the commonsense view of children (especially young children) as frail and dependent. However, studies of children affected by conflict and displacement in Uganda (De Berry, 2004) and Nepal (Hinton, 2000) have shown that children exposed to many and varied risks are not all inherently vulnerable. Similarly, research from the Balkans has highlighted how vulnerability in childhood does not necessarily preclude ability (Swaine, 2004). Many children are highly adaptable and able to adjust; some show greater personal resilience even than adults (Palmer, 1983). A few authors have suggested that a minority of children can even gain socially, emotionally, or psychologically from exposure to unfavorable conditions (Dawes, 1992; Ekblad, 1993; Garmezy, 1983; Zwi, Macrae, & Ugalde, 1992). For example, in their longitudinal research with children on the island of Kauai in Hawaii, Werner and Smith (1998) found that children in families under stress who are required to attend to family needs become more committed and responsible citizens when they grow up than those raised in more secure circumstances. And in Bhutanese refugee camps in Nepal, it was discovered that, through their conscious caregiving strategies, children were able to have a significant positive impact on the psychological and emotional worlds of adults (Hinton, 2000). Indeed, there is considerable anecdotal evidence that during adversity, children, both boys and girls, often bear the prime responsibilities within the family as caregivers of incapacitated adults or younger siblings, prime earners of family income, and so on.

These kinds of findings have led many researchers and practitioners to shift the focus away from pathology and to search for the forces that might protect children from risk and promote their resilience. It is now accepted by many that the psychosocial outcome of exposure to adversity varies from individual to individual and population to population and is mediated by an array of personal, family, and

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broader environmental factors or processes that interact with each other in a dynamic manner. These processes produce either a heightened probability of negative outcome in children's development and well-being or prevent, or reduce, risk. The complex interplay of risk and protective factors can be observed in many cases of child labor, for example. Because children's work is often regarded as securing the transition to adulthood and because earning a wage raises an individual's status within the household, many children gain a powerful sense of independence and self-esteem from work that to expert observers is evidently menial, exploitative, and even dangerous. Thus, despite the risks, children engaged in hazardous work are likely to be buffered psychologically and emotionally if their occupation is socially valued and their work recognized as contributing to family maintenance and integration (Woodhead, 1998). On the other hand, a child whose family does not approve of his or her work or whose job is denigrated by his or her community will likely find it much harder to maintain a sense of self-worth and is at far greater risk of being overwhelmed psychologically by the experience. Thus, the value placed on children's work and the opportunities it affords have a very direct effect on coping and resilience.

Hence, children's well-being is mediated and influenced by protective processes at different levels and is highly dynamic and changeable. These processes may operate in different ways by altering exposure to risk, for example, or by reducing negative chain reactions that contribute to the long-term effects of exposure and so on (Rutter, 1987). From the child labor example, we can see that protective processes can "provide resistance to risk and foster outcomes marked by patterns of adaptation and competence" (Garmezy, 1983, p. 49).

That said, protective processes are changeable according to situation and context and can in themselves, under certain conditions, become a source of risk. This point is made by Apfel and Simon (1996), who identify a number of individual attributes in children—including resourcefulness, curiosity, intellectual mastery, flexibility in emotional experience, access to autobiographical memory, a goal for which to live, need and ability to help others—as contributing to their

resilience. They stress how those attributes that may support well-being in some situations can, under different circumstances, have the opposite effect—they can increase vulnerability. Failure to achieve a desired goal during times of stress, for instance, can lead to loss of hope, self-reproach, and suicidal tendencies. Similarly, children who are highly motivated and driven to achieve may seem well equipped to master difficult situations. Yet these same children can feel inadequate and unsure of themselves when confronted with overwhelming circumstances over which they have no control or influence.

Thus, although many children do remain competent in the face of adversity, research and experience warn against presuming such children to be invulnerable. In fact, evidence suggests that the effects of stress are cumulative in that children who are exposed to several stressful events and circumstances are at particular risk of becoming overwhelmed emotionally and psychologically. Furthermore, children who appear resilient in the short term may not be so in the longer term, whereas children who seem more vulnerable initially sometimes grow in competence and resourcefulness (see, e.g., Rutter, 1990). Moreover, competent behavior and effective coping should not be seen as indicating high levels of self-esteem or happiness, for people who have successfully overcome adversity may still experience depression, difficulties with relationships, and so forth (Garmezy, 1993).

This evidence highlights the need to recognize that concepts such as resilience and coping should be applied with extreme caution even at the empirical level, let alone the theoretical; their use should not be taken to imply that children who appear to have adapted successfully to difficult situations suffer no ill effects. Nor should they be regarded as fixed states. The challenge in this regard is to identify ways in which resilience and coping in children can best be supported while also being mindful of the psychological and emotional costs to children and of the need to minimize these.

CHILDREN AS SOCIAL AGENTS

Most children throughout the world are heavily reliant on the nurture and support of adults or

elder siblings, without which they would fail to thrive, or perish. This fact emphasizes the virtue of making a distinction between children and adults, because such a distinction serves to protect the vulnerable and to ensure the survival and healthy development of all. Indeed, it is striking that most modern policies are based on the premise that adults are the ones best equipped to define what is good and bad for children and also the ones responsible for child protection measures. Certainly, adults have a moral obligation toward the young that includes protection against adversity. This obligation, in regard to the State at least, has now been enshrined in international law through the CRC.

Nevertheless, there is considerable evidence globally that adult society is failing children badly. Indeed, many children suffer as a consequence of actions by the very adults—parents, teachers, religious leaders, state officials—who have the greatest obligation toward them. In fact, society is structurally defined to confer on children minority status and in this way constrains their power and agency. However, conceptualizing children as helpless and dependent on adults in times of crisis is not necessarily the most effective way of supporting children's coping and resilience. This is not to deny that some children suffer long-term and highly debilitating psychological and emotional distress and that many need considerable support, specialist care, or both. It is merely to point out that children are not simply the products of adult beliefs, training, investment, and intervention but social agents in their own right. Even those children who are especially troubled can contribute to their own protection, if only in the smallest ways. For example, orphaned and separated Congolese children in Dar es Salaam reported forming alliances with kindhearted Tanzanian adults who agreed to allow the children to sleep in safety outside their homes in exchange for running occasional errands on behalf of the household head (Mann, 2003b).

Although labeling children "victims" affords an appropriate emphasis on their suffering and highlights the fact that responsibility for their misfortune lies with others, it tends to characterize children as passive and defenseless in the face of adversity. Viewing children as helpless means that their own efforts to cope are often not

seen as legitimate or, indeed, even recognized at all. This lack of acknowledgment of the validity of children's own strategies can undermine their ability to act on their situation. It is vital to acknowledge that if overcoming stressful life events involves beliefs, feelings, competencies, and actions, children's own perspectives on adversity and the strategies they employ for their own protection are critical to coping and resilience. As we have stated, children do not always understand, experience, or respond to misfortune in the same way adults do. For instance, during the conflict in the Balkans, many Kosovar Albanian parents married their daughters off early so as to protect them from rape, trafficking, and other violations (Swaine, 2004). These girls, however, were unhappy with this strategy because it often resulted in their separation from cherished friends and family members at a time when they were needed most. Moreover, in many cases it restricted them to a lifetime of loneliness, domestic drudgery, and abusive or unhappy marriages. This and countless other examples show that disregarding children's perspectives can result in misplaced interventions that do not address children's real problems or concerns and may even increase their suffering.

It is now apparent that supporting children in situations of adversity requires the perspective not just that children need special protection but that they have valid insights into their well-being, valid solutions to their problems, and a valid role in implementing those solutions. Such an approach acknowledges children not merely as beneficiaries of intervention by adults or as future societal assets but as competent social actors. For adults to better understand children's perspectives, we must temper adult expertise with some humility and allow children to explain and interpret their childhoods. This is not an easy task, for adults sometimes judge children's coping strategies—being streetwise, for example, or assuming the role of freedom fighter during civil strife—to be detrimental to their well-being. But this reality implies the need for new approaches to planning and policy development that involve more effective consultation and collaboration with children. It requires their inclusion in a broad range of civic processes, especially the identification of policy

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need and impact, and the governance of childhood institutions. It implies also the need for research methods and methodologies that are participatory and child centered and give proper scope for children's testimony. The CRC provides for such an approach, although it is seldom translated effectively into policy and practice, which have tended to employ a far more paternalistic outlook.

If children's participation in their own protection is to become a reality, appropriate fora and mechanisms must be developed. There is considerable scope for children to become more involved in the management and implementation of existing institutions and interventions run by adults. But there is also ample opportunity for greater engagement in collective action and mutual support with peers. To suggest that children have a valid role to play in their own protection is not to imply that they should take on the full complement of adult responsibilities or that they be treated as adults. Rather, it is to argue that children should have substantially more opportunities to participate in policy and action than they do currently. It highlights the need to work alongside and "with" rather than "for" children.

CONCLUSION

In this chapter, we have argued that the term *resilience* provides a useful metaphor for the empirical observation that some children, possibly the majority, are surprisingly able to adjust to or overcome situations of serious adversity. Many of these more competent boys and girls appear to remain resourceful in the long term and to adapt well in adulthood; some even find themselves caring for younger siblings and adults more vulnerable than themselves. This quality and the factors that contribute to it are surely worthy of extensive exploration and analysis. Moreover, the ability to isolate and ameliorate risk and enhance protective factors in the life of a developing child is key to effective intervention. If we are to better protect children, we urgently require more information about what renders them vulnerable or resilient, what circumstances are amenable to intervention and change, and how best to assist them.

For interventions to effectively address the actual needs and concerns of children, this information must be grounded in both sound theory and appropriate empirical evidence from a broad range of settings. The existing research into risk and resilience in children confronting adversity goes some way toward addressing these requirements by stressing, for example, the significance of personal traits of the individual child, family circumstances, and peer and institutional support. Nevertheless, we have noted that this literature also embodies certain shortcomings, not least the fact that it makes very little use of children's own understandings and perspectives across cultures and of their active contributions to their well-being, coping, and very survival.

We suggest that given the present state of the art, use of the term resilience cannot be taken to imply a fully-fledged theory about how children deal with adversity, for the concept does not stand up to rigorous scientific interrogation, especially when translated across cultural domains. This point matters a great deal because, according to the logic laid down by Vygotsky, culture is not a mere variable in human cognition but a major generative force: It is the lens through which we view the world, learn skills in survival and coping, and interpret and respond to our experiences. If core notions like those of personhood, death, well-being, and so on vary across cultures and if these and other similar notions really do shape the way in which humans address adversities, then scholars need to develop theoretical constructs that have far greater explanatory reach globally. This may mean abandoning some of the long-cherished ideas of the social sciences, such as the dichotomous conceptualization of the individual and the world he or she inhabits. Such expanded constructs should take account of the highly dynamic and mediated nature of human responses to misfortune and the complexity of meanings attached to this experience in different contexts. What at one point in history, in one setting, and for one child may be a hazard, at another time and in another setting and for a different child may be an important stimulus to learning and competence: The factors that mediate risk and resilience may have different effects in each child at different phases during that child's

life. These new constructs should also aid understanding of the effects on children of different kinds of risks, because it cannot be assumed that boys and girls deal with individual or intrafamilial adversities in the same way as they cope with major societal upheavals like war. This recognition implies a shift in emphasis away from the intrapsychic functioning of the individual, generic child and from consideration of that child as an isolated unit of analysis toward greater consideration of structural forces that mediate the well-being of whole groups or categories of children.

Thus, there is a great deal more research needed in this field, especially in majority-world contexts and with children whose lives do not conform to the image perpetuated by much of the existing literature. These children—workers, caregivers, household heads, sex workers, freedom fighters, and so on—have much to teach us in terms of broadening our understanding of well-being and coping in extremely difficult situations. Given the complexity of the issues under consideration and the diversity of children's lives in different circumstances, it is crucial that we do justice to these children's experiences and perspectives. Doing so means increasing our knowledge while avoiding simplistic policy recommendations aimed at reducing risk or enhancing protective factors. It is time to engage with the reality of children's lives in different settings and support their very different and diverse skills and capacities.

NOTES

1. For the purpose of this chapter, a child is defined in accordance with the UN Convention on the Rights of the Child as any individual below the age of 18.
2. Vygotsky articulated his ideas in the early 20th century, but North American and European researchers did not take up his ideas until much more recently.
3. We draw heavily on ideas shared with us by William Myers during personal communications for this and the following point.
4. Charles Super and Sara Harkness (1992) highlight the importance of cultural specificity through the concept of "developmental niche," which they use

to explain how children's needs and development are mediated and expressed in particular ways in particular cultural and social settings.

5. As it happens, some of the most widely accepted ideas about what is detrimental and what is beneficial to children turn out to be founded on a particular ideology or set of interests and therefore have little logic in terms of children's well-being. One has only to contrast internationally promoted attitudes and assumptions toward children's labor force work with those toward children's unpaid household work to comprehend how completely modern attitudes reflect the social and historical context from which they are derived. Why is drudgery that is unpaid household work acceptable and even good for children, whereas drudgery in the paid labor force is unacceptable and bad? Just as paid and unpaid labor force work share many characteristics, so labor force work and housework are often hard to differentiate in terms of children's effort, safety and risk factors, intellectual stimulation, and hours worked. Yet in most policy, domestic work is still considered appropriate for children, whereas labor force work is not. Even if a practice was identified as abusive to children, to exhort families or communities to behave differently would not necessarily foster children's well-being. This is because, as indicated, the effects of adversity on children are determined not merely by the objective nature of an act or situation so much as by children's subjective experience of that situation.

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