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RESEARCH NOTE

Resilience across Cultures

Michael Ungar

Correspondence to Michael Ungar, Dalhousie University, School of Social Work, Nova Scotia, Canada. E-mail: *michael.ungar@dal.ca*

Summary

Findings from a 14 site mixed methods study of over 1500 youth globally support four propositions that underlie a more culturally and contextually embedded understanding of resilience: 1) there are global, as well as culturally and contextually specific aspects to young people's lives that contribute to their resilience; 2) aspects of resilience exert differing amounts of influence on a child's life depending on the specific culture and context in which resilience is realized; 3) aspects of children's lives that contribute to resilience are related to one another in patterns that reflect a child's culture and context; 4) tensions between individuals and their cultures and contexts are resolved in ways that reflect highly specific relationships between aspects of resilience. The implications of this cultural and contextual understanding of resilience to interventions with at-risk populations are discussed.

Keywords: resilience, cross-cultural research, cross-cultural practice, culture, ecological theory

Resilience across cultures

For over five decades, the emerging literature dealing with the construct of resilience has examined positive development in children when faced with adversity. While this literature has contextualized risk and documented a number of relational protective processes that predict positive outcomes, by and large resilience researchers have focused on outcomes that are: 1) western-based with an emphasis on individual and relational factors typical of mainstream populations and their definitions of healthy functioning (staying in school, attachments to a parent or caregiver, forming secure attachments with one partner later in life, non-delinquent forms of adaptation, etc.); and 2) lacking

in sensitivity to community and cultural factors that contextualize how resilience is defined by different populations and manifested in everyday practices (Ungar, 2004, 2005; Boyden and Mann, 2005). As a result, there has been little cross-cultural validation of findings, nor rigorous inquiry (qualitatively or quantitatively) into culturally determined outcomes that might be associated with resilience in non-western cultures and contexts. We do not yet know what resilience means to non-western populations and marginalized groups such as Aboriginal people who live side-by-side with their 'mainstream' neighbours in western settings.

A mixed methods investigation of resilience with over 1500 youth in 14 communities on 5 continents, the International Resilience Project (IRP), has used an iterative and participatory model of mixed methods research to address these shortcomings in the study of resilience (Ungar, Lee, Callaghan and Boothroyd, 2005; Ungar and Liebenberg, 2005). Specifically, the IRP has examined global, as well as *culturally and contextually specific* aspects of resilience (both outcomes and processes) in children and youth paying special attention to the influence of culture and context on definitions of risk, the mediating factors associated with resilience, and localized definitions of positive outcomes. Interviews conducted by members of the IRP team have shown that even when faced with similar adversities, there is great variation across cultures in how youth cope (Ungar, 2006).

The mixed methods design of the IRP has allowed my colleagues and I to wade into this quagmire of competing discourses without having to accept all truth claims as equal. Findings suggest that resilience is a multidimensional construct, the definition of which is *negotiated* between individuals and their communities, with tendencies to display both homogeneity and heterogeneity across culturally diverse research settings. This conclusion is based on: 1) the development and validation of an innovative Child and Youth Resilience Measure (CYRM) across the 14 research sites; 2) analysis of findings from administration of the CYRM to 1451 children globally; 3) the collection of 89 individual interviews and life histories from children in 14 research sites; 4) observations of youth, five focus groups and 12 interviews with adults in different communities; and 5) field notes of the iterative process of the study's design.

In this paper, results from the IRP will be used to support four propositions that can help to inform future resilience research and interventions that seek to be culturally relevant. These propositions are: 1) There are both global, as well as culturally and contextually specific aspects to young people's lives that contribute to their resilience; 2) Aspects of resilience exert differing amounts of influence on a child's life depending on the specific culture and context in which resilience is realized; 3) Aspects of children's lives that contribute to resilience are related to one another in patterns that reflect a child's culture and context; and 4) Tensions between individuals and their cultures and contexts are resolved in ways that reflect specific relationships between aspects of resilience. Following a review of the resilience literature to date and an explanation of the IRP's methodology, these four propositions will be discussed, concluding with an examination of their implications to research and practice.

Resilience research

Resilience research involving children, youth and families has sought to explore the health-enhancing capacities, individual, family and community resources, and developmental pathways of vulnerable children and youth (Garmezy, 1976; Rutter, Maughan, Mortimore and Ouston, 1979; Werner and Smith, 1982; Cowen, 1994). As Kirby and Fraser (1997) explain, the term resilience has multiple uses. First, it may be a description of a constellation of characteristics children have when, despite being born and raised in disadvantaged circumstances, they grow up successfully. In this sense resilience refers to better than expected developmental outcomes. Second, resilience may refer to competence when under stress. Resilient children may show competence dealing with threats to their well-being. And third, resilience may be positive functioning indicating recovery from trauma. Evidently, whether one understands resilience as a developmental outcome, set of competencies, or coping strategies, there is much overlap between these conceptualizations. There is also much literature to support them (see, for example, Greene, 2002; Luthar, 2003). What these definitions share in common is that they all argue that resilience occurs in the presence of adversity. As Masten and Powell (2003) write: "Resilience refers to patterns of positive adaptation in the context of significant risk or adversity" (p.4). These conceptualizations of resilience also all share the notion that resilience is influenced by a child's environment, and that the interaction between individuals and their social ecologies will determine the degree of positive outcomes experienced. Furthermore, cultural variation is hypothesized to exert an influence on children's resilience (Arrington and Wilson, 2000; McCubbin, Fleming, Thompson, Neitman, Elver and Savas, 1998).

As robust as this literature has been, informing a focus on health instead of illness, there is a growing body of literature that is extending further the discourse on resilience, arguing that resilience is not a condition of individuals alone, but also exists as a trait of a child's social and political setting. Luthar (2003), Luthar, Cicchetti and Becker (2000), Fraser (1997), and others, have emphasized that resilience is not an individual trait, but related to the vulnerability and protective factors at play in a child's environment. While the focus of measurement has still remained the child and his or her developmental outcomes, there is among resilience researchers recognition that development is dependent on the social determinants of health surrounding a child. Seccombe (2002), for example, argues for an understanding of resilience as a quality of the environment as much as the individual: "The widely held view of resiliency as an individual disposition, family trait, or community phenomenon is insufficient . . . resiliency cannot be understood or improved in significant ways by merely focusing on these individual-level factors. Instead careful attention must be paid to the structural deficiencies in our society and to the social policies that families need in order to become stronger, more competent, and better functioning in adverse situations" (p.385). For Seccombe, and others like her, 'changing the odds' is preferable to resourcing individuals to 'beat the

odds.' This is the same opinion expressed by Gilligan (2004) who writes in his manual for child and youth care workers: "While resilience may previously have been seen as residing in the person as a fixed trait, it is now more usefully considered as a variable quality that derives from a process of repeated *interactions* between a person and favourable features of the surrounding context in a person's life. The degree of resilience displayed by a person in a certain context may be said to be related to the extent to which that context has elements that nurture this resilience" (p.94).

Such efforts move us forward to thinking about resilience as context dependent. Whatever is outside the child is going to have to support resilience if the child is to experience well-being. Resilient children need resilient families and communities. This raises two important issues. First, assuming that a child successfully develops under adverse circumstances (a precondition for us to speak of the child as resilient), different families and communities under stress may offer a child very different resources that sustain the child's well-being. It is possible to argue that the child who makes the most out of whatever is available to him or her should be considered resilient even if his or her behaviour does not look like resilience when viewed by members of communities which enjoy greater access to health-enhancing resources. In practice, this means that the young man in rural India who joins a paramilitary group to participate in the defence of his ethnic community's right to self-determination may achieve a sense of belonging, personal meaning, experience self-efficacy, gain life skills, a vocation and express his cultural and ethnic identification, all aspects of healthy functioning associated with resilience, through his unconventional, and illegal, adaptation. Significantly, however, from the perspective of the youth himself, and many others in his community, his paramilitary affiliation may be seen as a viable solution to a dangerous and disempowering existence. Arguably, this solution may be no different than that of the young man who joins a "legitimate" army to defend his community's interests and who thus finds himself on the other side of the same conflict. The issue here is one of resources rather than categorical judgements about what is and is not successful adaptation under stress. We must understand the context in which the resources to nurture resilience are found in order to avoid hegemony in how we characterize successful development and good coping strategies.

Second, since a family or community must be resilient, if a child is to be resilient it makes sense to look to those communities to define for themselves what they determine to be signs of healthy development. While potentially an argument for cultural relativism, the research reported in this paper shows that there are both universal and culturally specific health indicators across populations on five continents.

All this points to the need for an inquiry into what resilience means in many different cultures and contexts. There has been little investigation into the applicability of the construct of resilience to non-western *majority world* cultures (numerically speaking) where the resources available for survival may be very different to those accessible to western, or minority world, populations

(Ungar, 2005). Thus, a culturally embedded understanding of resilience might reasonably be expected to challenge what is accepted as good outcomes and normative behaviour. As Cowen (1994) noted, "Pathways (to wellness) are differentially important . . . in different situation and at different points in the life span" (p.158). While aspects of healthy functioning such as self-efficacy, hopefulness, attachment, participation, and ethnic identity might all be relevant to many populations globally, the relative importance of each is far from consistent in the literature when contextual, temporal and cultural variation is taken into account. As the evidence shows, many survival processes are idiosyncratic.

Exploring tensions between homogeneity and heterogeneity

As decades of work show, understanding resilience across cultures and contexts is complicated by tension between homogeneity and heterogeneity in how health-related phenomena are conceptualized. This tension is even more problematic when researchers seek to account for people's own perceptions of sameness and difference. The IRP used an iterative process of research (building from each community's perception of resilience) to discern patterns in children's pathways to resilience that were both shared by multiple populations across research sites as well as patterns that are heuristically relevant to one population or group of similar populations sharing a limited set of biopsychosocial characteristics (e.g. age, gender, degree of economic hopefulness, social cohesion, exposure to violence).

Despite this approach to the study's design, a preponderance of western social science concepts are still relied upon to describe phenomena. Resilience research is, after all, anchored in a Eurocentric epistemology. Concepts such as self-efficacy, secure attachments, social support, social justice, and economic development, though exports to non-western settings, are relevant to both minority and majority world cultures, even if the words used to describe these aspects of children's lives are not indigenous to the cultures in which the terms are used (Johnson-Powell and Yamamoto, 1997). Caution, however, is needed when studying any population's health, western or non-western. Homogeneity in populations studied by resilience research has more often been assumed than demonstrated.

The IRP's methodology

Breaking ground conceptually, this research was designed to be a fluid integration of qualitative and quantitative methods. Complete details of the procedures are published elsewhere (Ungar and Liebenberg, 2005). Research sites invited to the study were chosen based on the criteria of maximizing variability: each had to be different from the others in regards to the risk factors facing

children and characteristics of the children themselves who would be included in the study. Convenience sampling provided a global snapshot of cultural diversity. Partner sites were chosen through my many personal contacts internationally, with introductions facilitated by my colleagues to researchers and community organizations internationally interested in healthy youth development. In this way a network of co-investigators and communities was pieced together across national, linguistic and cultural borders. The final selection of sites included Sheshatshiu, an Aboriginal community in Northern Canada; Hong Kong, China; East Jerusalem and Gaza, Palestine; Tel Aviv, Israel; Medellin, Colombia; Moscow, Russia; Imphal, India; Tampa, Florida; Serekunda, the Gambia; Njoro, Tanzania; Delft, South Africa; Halifax, Canada; and Winnipeg, Canada (two sites, one with urban Aboriginal youth, the other with non-Aboriginal youth in residential care). Team members from these sites were brought together to design the methodology at a meeting held in Halifax in March 2003 during which consensus was reached on the research design.

Fieldwork in each site was directed by a site coordinator, site researcher and an advisory committee consisting of three or four local people. A minimum of 60 youth participants from each site were asked to complete the pilot version of a 73-item self-report instrument (the CYRM). The CYRM includes 58 questions common to all sites and 15 site-specific questions set by the advisory committees. Across all 14 sites, 1451 (694 males = 47.9%; 757 females = 52.1%) adolescents (mean age = 16 years, S.D.= 2.653) participated in the quantitative component of the study. Youth were administered the questionnaire in a community setting either as a group or individually as was culturally appropriate. All youth were selected based on a community advisory committee's determination that the youth belonged to a population of young people significantly at risk (as locally defined) but either doing well or not doing well. To reach this determination, the advisory committees were asked to identify three risk factors that affected many youth locally. Youth who were selected for the study had to have been exposed to all three risks and be coping in ways that community members judged to be adaptive or maladaptive. These risk factors affecting youth in different settings included, among others, exposure to community violence, institutionalization, mental health problems (depression, violence, drug abuse), social dislocation (immigration or forced migration), homelessness, poverty, exposure to political turmoil, and war. Results show that the CYRM is a reliable measure of concepts related to resilience in all sites, with items relating to one another as hypothesized in an ecological model. Specifically the subscales of individual (23 items), relational (7 items), community (15 items) and cultural (12 items) factors all showed good reliability (Cronbach alphas .84, .66, .79, .71 respectively). Data analysis also included exploratory factor analyses and the comparison of means between populations.

Qualitative data collection included 89 interviews with at least one male and one female in each of the 14 sites. Many sites completed more than this number of interviews (see Table 1). All youth selected for qualitative interviews resulted from a snowball sampling procedure which invited youth to participate

Table 1 Youth Participants

Site	Participants		Male Participants		Female Participants		Qualitative Participants	Mean age
	N	%	*N*	%	*N*	%		
Colombia	82	5.7	41	50	41	50.0	4	17
China	344	23.7	188	54.7	155	45.3	2	13
India	60	4.1	32	53.3	28	46.7	2	15
Israel	251	17.3	110	43.8	141	56.2	24	15
Northern Canada*	60	4.1	30	50.0	30	50.0	2	16
Palestine	122	8.4	81	66.4	41	33.6	3	16
Russia	82	5.7	43	61.7	39	38.3	4	18
South Africa	60	4.1	29	65.3	29	34.7	3	19
Southern Canada**	124	8.5	81	65.3	43	34.7	17	16
Southern USA	110	7.6	0	0.0	110	14.6	16	19
Tanzania	75	5.2	28	37.3	47	62.7	10	15
The Gambia	81	5.6	31	37.3	50	61.7	2	20
Total	1451	100	694	47.9	754	52.1	89	16

*Sheshatshiu.
**Halifax and Winnipeg sites were combined as the two Winnipeg sites did not collect enough data for individual site analysis.

in the study based on criteria set by the community advisory committees for a "youth coping well with adversity". Youth participants in both the quantitative and qualitative aspects of the research included boys and girls who were identified by their communities as being at the point of making the transition from childhood to adulthood. This contextually-relevant sampling procedure resulted in youth of different ages being included in the same data set. Researchers on the team argued that comparability would be enhanced by being more flexible in age selection (for example, team members were told that a child in a Northern Aboriginal community makes the transition to adult status much younger than a child in Moscow, etc.). The 89 participants in the qualitative phase of the research were asked to answer nine "catalyst" questions which were the basis for an interview guide used by all sites. Participants were interviewed once, usually lasting between 30 and 120 minutes.

A contextualized definition of resilience

Though our understanding of resilience has broadened to account for community and cultural factors, these are still most routinely evaluated from the perspective of western scientific discourse. There has yet to be presented a coherent definition of resilience that captures the dual focus of the individual and the individual's social ecology and how the two must both be accounted for when determining the criteria for judging outcomes and discerning processes associated with resilience. Given these problems in the literature, and based on

findings from the present study, a more culturally and contextually relevant definition of resilience is offered as follows:

Definition: In the context of exposure to significant adversity, whether psychological, environmental, or both, resilience is both the capacity of individuals to navigate their way to health-sustaining resources, including opportunities to experience feelings of well-being, and a condition of the individual's family, community and culture to provide these health resources and experiences in culturally meaningful ways.

Resilience is therefore both a process of the child's navigation towards, and the capacity of individuals to negotiate for, health resources on their own terms. Both concepts of navigation and negotiation figure prominently in this definition, distinguishing it from more static understandings of resilience as a clearly defined set of outcomes or culturally independent processes. Here, navigation refers both to a child's capacity to seek help (personal agency), as well as the availability of the help sought. Succinctly put, research by the IRP shows that, for example, the child seeking self-esteem or any other aspect of well-being requires access to experiences and relationships that build that self-esteem. One can only navigate towards what is available and easily accessed.

The second implicit concept underlying this definition is of negotiation (the provision of health resources in ways that are meaningful to individuals). Children and youth negotiate for health-sustaining resources to be provided in ways that they, and those in their culture, define as health-enhancing. Even an aspect of resilience such as education can be problematic when it is devalued within the discourse of success particular to a child's community (see Ogbu, 1991). In such cases the child may be able to navigate his or her way to school and access appropriate educational experiences tailored to his or her level of study. However, if that education is provided in ways that are culturally less meaningful to that student, with outcomes that are likely not realizable such as a good job or advancement to university (due to the child's poverty or experience of racial discrimination) then we might say that the child's resilience remains contingent upon his or her negotiation for education and a place in society that is more responsive to his or her context and cultural realities. As hardy as the individual child may be, it is the child's environment which lacks the resilience to negotiate with the child and provide what is needed. In this case, it is the child's environment that lacks resilience, not the child per se.

Building on this more ecologically focused definition resulting from the work of the IRP, it is possible to draw out four propositions useful to the contextualized study of resilience. These propositions were useful as part of a conceptual map to summarize the study's findings and organize them for sharing with the research team and community members. While I refer liberally to the results of the IRP in my discussion of each proposition, my purpose here is not to present the study's findings in great detail (these are under review elsewhere and available on the project website: www.resilienceproject.org), but instead to use the

IRP's results to explore these four propositions in order to shape future research on resilience and interventions.

Four propositions

Proposition One: Resilience has global as well as culturally and contextually specific aspects.

Quantitative results from the IRP show that as a population, the youth participants share both a common set of characteristics and processes associated with resilience and demonstrate unique patterns in their navigation and negotiation for health resources that are culturally or contextually relevant. The design team developed, in consultation with communities, a list of 32 domains of study that were relevant in all settings (see Table 2). To measure these 32 domains, 58 core questions were developed iteratively through negotiation with researchers and community partners. Remarkably, the team was therefore able to identify aspects of resilience that could be reliably measured in all 14 different contexts.

Heterogeneity, however, is more evident when juxtaposing young people's narratives drawn from the qualitative data. In the following examples, two young women from communities challenged by violence and social disintegration (Sheshatshiu and Delft) show *different* aspects of resilience associated with their survival.

Nola is 17 years old and lives in Sheshatshiu. She says she struggles to reconcile a personal life philosophy of hard work and perseverance with the cultural disintegration and resulting sense of hopelessness she sees in her community. She also, like teens in far less challenging environments, strives to exert a respectful amount of independence from her parents, whom she acknowledges are offering her more and more autonomy as she gets older. During her interview, Nola says she looks to her family for leadership, particularly as her community struggles with youth suicide, sexual abuse, gambling and other addictions. Nola says she routinely seeks the guidance of her family and community elders. She shares with her community a wish to make her community, and other Aboriginal communities like hers, stronger. She also spoke of a young woman slightly older than her who is her role model. This other young woman has achieved a university education, is married and holds a good job. Nola says that like this other woman, she too attributes her survival to her personal, relational, community and cultural resources. As she said, "I have decided that my life will only exist if I want it to. It's totally up to me if I want to pursue a career or stay on welfare all my life. I need to make changes in a positive way if I want to be healthy."

Neeja is a young girl living in the South African township of Delft near Cape Town. She negotiates potentially violent situations in her community daily while also confronting age-appropriate challenges as an adolescent. She says she is concerned about expectations by peers and adults at school, increasing

Table 2 32 Domains of Study

Culture
1) Affiliation with a religious organization
2) Youth and their family are tolerant of each others' different ideologies and beliefs (such as gender roles)
3) Cultural dislocation and a change (shift) in values are handled well
4) Self-betterment (not economic betterment, but betterment of the person and community)
5) Having a life philosophy
6) Cultural/spiritual identification
7) Being culturally grounded: knowing where you came from and being a part of a cultural tradition which is expressed through daily activities

Community
1) Opportunities for age-appropriate work
2) Exposure to violence is avoided in one's family, community, and with peers
3) Government plays a role in providing for the child's safety, recreation, housing, jobs when older
4) Meaningful rites of passage with an appropriate amount of risk
5) Community is tolerant of high-risk and problem behaviour
6) Safety and security needs are met
7) Perceived social equity
8) Access to school and education, information, learning resources

Relationships
1) Quality of parenting meets the child's needs: The family is emotionally expressive and parents monitor the child appropriately
2) Social competence (person knows how to act socially)
3) Having a positive mentor and role models
4) Meaningful relationships with others at school, home, perceived social support, peer group acceptance

Individual
1) Assertiveness
2) Problem-solving ability
3) Self-efficacy (a sense of control over one's world)
4) Being able to live with uncertainty
5) Self-awareness, insight
6) Perceived social support
7) A positive outlook, optimism
8) Empathy for others and the capacity to understand others
9) Having goals and aspirations
10) Showing a balance between independence and dependence on others
11) Appropriate use of or abstinence from substances like alcohol and drugs
12) A sense of humour
13) A sense of duty (to others or self, depending on the culture

individuation from her parents, unplanned pregnancies and drug use, all in addition to having to cope with gang violence that is rampant in her community. Though their communities and the challenges facing them are somewhat similar, Neeja copes in ways that are both similar and different from Nola. Where Nola emphasizes personal agency ("my life will only exist if I want it to"), Neeja speaks instead about her reliance on formal faith organizations and her religious beliefs as foundational to her capacity to cope: "I can say that they [religious organizations] play a large part in my life. Yes it does play a large role, because I mean, if you do not have religion, what is really your purpose on earth? The Lord gives so much to you. He gives you breath. He does so much for you and if you do not do anything for Him, what is your purpose really?

It really does play a large part in my life." Like Nola, Neeja also notes a close attachment to her parents, looking to them as role models: "My parents are my role models, because basically they do a lot for me. I can actually say that they are my role models, because they are there for me every day to love me. They have respect for me. They provide a roof over my head for me. They put food on the table. They actually do a lot for me. That's why they are my role models."

Nola's and Neeja's narratives demonstrate the dual tensions of heterogeneity and homogeneity in relation to their coping strategies and access to health resources. These examples, like findings from the quantitative parts of the research, provide support for proposition one, that there are both global and culturally or contextually specific aspects to resilience. In some instances, aspects of resilience that are common to all youth in the study are expressed in idiosyncratic ways based on the environment in which the young person lives (for example, varying amounts of independence and dependence on parents). In other cases, however, there are aspects of these young people's survival that are specific to their context and as such, must be appreciated as culturally embedded manifestations of core elements of their resilience and not simply contextual manifestations of generic phenomena. Understood this way, expressions of violence may in fact be manifestations of resilience despite the obvious problem many outsiders to these youth's lives might have with these behaviours.

Proposition Two: Aspects of resilience exert differing amounts of influence on a child's life depending on the specific culture and context in which resilience is realized.

How much influence a particular aspect of resilience exerts on a young person's overall well-being is difficult to determine as measurement of any one aspect of resilience may or may not relate to the measurement of the same aspect in a different culture and context. Equivalence may be assumed but unproven. Construct inequivalence results when a construct such as resilience is not comparably understood by participants in different cultures and contexts. Seeking construct equivalence is therefore hampered by the meaning of each construct to different individuals. In practice, this means that how children answer questions during interviews, or when completing the CYRM, reflects the differing amounts of relevance of each aspect of resilience to their lives.

Two problems arise from the challenge posed by inequivalence. First, the importance attached to an aspect of resilience in any particular culture will make it more or less likely that a specific aspect of resilience is pivotal to success for a child who is exposed to adversity. For example, in studies among African American families in Philadelphia living in public housing where there was high risk posed to children's safety, strict monitoring by parents was found to be associated with better developmental outcomes for children (Sameroff, Gutman and Peck, 2003). A more flexible pattern of parenting is more typically promoted for White populations or middle class populations regardless of cultural and racial background who experience less exposure to danger and stress (see Coloroso, 1995). In the IRP study, spirituality, life philosophy and attendance

at religious events were valued differently and meant different things to children in different contexts, making it difficult to say with certainty whether consistent attendance at a place of worship, having a well-articulated life philosophy or spiritual beliefs were equally important aspects to resilience for each population studied. For example, if one were to compare the mean scores on a five point Likert scale for youth in Sheshatshiu (1.7), Halifax (2.64) and youth in Palestine (4.44) on the CYRM question, 'Are religious or spiritual beliefs a source of strength for you?' one sees clearly that spirituality is of more importance to youth in Palestine than the other two settings. However, what is not clear is whether this higher rating demonstrates a stronger influence on resilience given the culture and context of Palestinian youth. *A high rating may only signal cultural relevance rather than influence.* Palestinian youth may simply be as a group more embedded in religious and spiritual expressions of culture. Examining factor loadings for this CYRM question across different populations provides a better indication of the aspect's influence on resilience across the populations. For example, for boys and girls in minority world cultures like Halifax, Winnipeg and Tampa, the question has a factor loading of .50, while for boys in majority world cultures who live in settings with low social cohesion (such as Sheshatshiu), the question carries greater relevance, loading at .59. For boys in contexts with high social cohesion, such as Palestine, the item loads at .71, demonstrating the important role of religion in these cohesive majority world settings.

While all 58 aspects of resilience (each question on the CYRM) under study played a role in understanding children's ways of coping and hoping, surviving and thriving (as discussed under Proposition One), aspects of resilience also demonstrate construct inequivalence, varying in the amount of their influence on culturally determined positive developmental and behavioural outcomes. Specifically, each of the 58 global aspects of resilience may either be active in nurturing and sustaining resilience, inactive in their contribution to resilience, or even threaten resilience when they conflict with other aspects of a child's life.

For example, a teenagedgirl who recently immigrated to Canada from a conservative community in India explained during her qualitative interview that she preferred to adhere strongly to her Moslem cultural traditions, respecting her father's wishes with regard to dress and behaviour. She explained her choice as a way of remaining strongly attached to her family and community through a common expression of values, a value system that also makes her feel proud of her ethnicity rather than a victim of the prejudice she experiences as a visible ethnic minority. This young woman's way of coping involves active engagement with aspects of resilience such as ethnic pride, self-esteem, attachment, parental monitoring and meaningful involvement in her community. Other aspects of resilience such as sense of belonging with peers and sexual expressiveness were less active, or inactive, contributors to her success. Still other hypothesized aspects of resilience may have actually threatened her capacity to survive well if she had engaged them more actively. Exerting independence as it is understood in her (new) western context may have threatened her relationships within her family given the importance of indigenous cultural

adherence to them and their community. Similarly, pursuing social equality and intergenerational tolerance might have resulted in the dissolution of other aspects of resilience she valued more and which she explained are foundational to her capacity to cope (e.g. family support and a sense of belonging).

Proposition Three: Aspects of children's lives that contribute to resilience are related to one another in patterns that reflect a child's culture and context.

Findings from this study demonstrate a number of ways that aspects of resilience relate to one another that vary across cultures and contexts. Rather than neatly sorting into individual, relational, community and cultural aspects of healthy functioning, aspects of resilience across different settings link *thematically*. For example, while self-efficacy was initially hypothesized to be an individual characteristic, response patterns on the CYRM show that children linked questions that appear logically to relate to aspects of self-efficacy at the individual level with self-efficacy in relationships and in community and cultural contexts (political efficacy, influence on parents, etc.). Youth in different research sites attribute different aspects of resilience to different factors when tests of validity are performed. It is worth noting that factor analysis of the entire sample did not produce a coherent factor structure. Instead all western youth, both boys and girls, grouped together. All non-western girls (an analysis based on gender and status as minority or majority world citizen) also showed consistent patterns to their responses to the 58 core CYRM questions. Finally, majority world boys sorted themselves into two groups, those in communities with high social cohesion such as Israel, Palestine, India, Tanzania, the Gambia and Russia, where there is a sense of common purpose, and those from communities with low social cohesion where a common purpose is not evident. These communities included Cape Town, Medellin and the northern Canadian aboriginal community of Sheshatshiu. The distinction between high and low social cohesion communities was based on qualitative analysis of local narratives and observations and consultations with community members during site visits. While not objective, the exploratory nature of the study and limits on resources to measure the degree of social cohesion in each community resulted in this distinction being based solely on qualitative data alone.

While these findings are interesting, the IRP will need to conduct further study to understand why each of these groups formed. We may speculate, of course, on aspects of culture such as family functioning, access to work or educational opportunities and personal values that would make boys and girls in the west more similar than their same-sex peers in non-western settings. Similarly, findings show more similarities among girls in non-western settings than boys. Again, it is possible to speculate that such findings reflect cultural differences and resulting variation in access to health resources emblematic of young women and young men's experiences in economically developing nations. Further research is, however, required, to examine these issues further.

While this third proposition explains the relationships between aspects of resilience and their variability across settings, within and between cultures, it

does not address how youth make the decisions they do in regard to which aspects to combine together. Proposition Four addresses this problem.

Proposition Four: How tensions between individuals and their cultures and contexts are resolved will affect the way aspects of resilience group together.

Based on the qualitative analysis of the interviews and focus groups, as well as process notes and observations over the three years of the study, seven *tensions* were identified that account for patterns in how aspects of resilience relate to one another qualitatively (see Table 3). Each participant's story details context-specific illustrations of these tensions. Though the tensions themselves are found in every culture involved in this study, all appear to exert differing amounts of influence in the narratives presented by individuals. *Youth who experience themselves as resilient and are seen by their communities as resilient are those that successfully navigate their way through these tensions, each in his or her own way, and according to the strengths and resources available to the youth personally, in his or her family, community and culture.* It is the fit between the solutions youth try and how well these solutions resolve the challenges posed by each tension, within the norms of each community, that contributes to a young person's experience of resilience.

Resolving the seven tensions is governed by four principles. First, children can only select from the health resources they have available (the principle of navigation). Second, they will choose health resources from those that are available and most likely to influence positively mental and physical health-related outcomes as determined by their culture and context (the principle of negotiation). Third, the way they relate one aspect of resilience to another will reflect convergence in how children behave across cultures (the principle of homogeneity). And fourth, relationships between aspects of

Table 3 Seven Tensions

Tension	Explanation
1. Access to material resources	• Availability of financial, educational, medical and employment assistance and/or opportunities, as well as access to food, clothing and shelter
2. Relationships	• Relationships with significant others, peers and adults within one's family and community
3. Identity	• Personal and collective sense of purpose, self-appraisal of strengths and weaknesses, aspirations, beliefs and values, spiritual and religious identification
4. Power and control	• Experiences of caring for one's self and others; the ability to effect change in one's social and physical environment in order to access health resources
5. Cultural adherence	• Adherence to one's local and/or global cultural practices, values and beliefs
6. Social justice	• Experiences related to finding a meaningful role in community and social equality
7. Cohesion	• Balancing one's personal interests with a sense of responsibility to the greater good; feeling a part of something larger than one's self socially and spiritually

resilience will express diversity within and between populations (the principle of heterogeneity).

The seven tensions themselves, however, do not provide a valid factor structure. When the 58 aspects of resilience, as reflected by questions on the CYRM, are sorted under the nine tensions and analysed, the reliability coefficients are unacceptable ranging from .25 to .72. Even when items are substituted in an attempt to create a better fit, alphas remain below acceptable levels. This unsatisfactory result was expected. Indicative of the complexity in how aspects of resilience affect outcomes, members of the research team could not reach consensus on the assignment of the 58 questions to specific tensions. For example, the question 'Can you express yourself without worrying about being criticized?' could reflect independence/dependence, levels of self-efficacy and/or experiences of social justice. Similarly, 'Do you participate in religious activities?' could relate to a strategy to have one's instrumental needs met, indicate a life philosophy, demonstrate the way a youth adheres to global culture (if the religious affiliation is a departure from community norms) or adheres to local culture (when the religious affiliation is similar to others in the youth's community).

Combining results from both the qualitative and quantitative parts of the study can, however, produce a thicker account of the experiences of the youth participants, demonstrating the interconnections between aspects of resilience and the tensions that govern their resolution. By way of illustration, Mani, a young woman in Sheshatshiu, referring to the suicide of her 13-year-old cousin, spoke about personal coping as both an individual strength as well as the capacity of her family to cope and the availability of formal and informal supports:

> "My coping skills were tested and it was hard . . . . I never knew that kind of devastation existed in my own family members. I didn't know how to react or respond. I just couldn't get myself to speak or think. I didn't know the difference between what was real and wasn't real. It was a scary time for us and the scars will live on. We did receive lots of support from community leaders, workers and members. It was kind of nice how my whole family were together like that . . . . Our family needs to stay together and focused now. I need them to balance their lives and mine."

Following procedures for the analysis of qualitative data, this piece of text was coded simultaneously under 'responsibility to others,' 'problem-solving,' 'suicide,' and 'family relations'. This nested coding demonstrates complexity in the relationships between aspects of resilience and how each contributes to the resolution of one or more of the seven tensions. Mani notes that this suicide is connected with the degradation of indigenous Innu culture (a social justice issue), which is a central component of her narrative. Her family and community's response, as well as her own interpretation of the significance of the death of her cousin, are all located within a cultural understanding of the tragedy. Cultural adherence, therefore, figures prominently in her narrative. Elsewhere in her interview Mani speaks of her life philosophy as a reflection of her personal power and control and the links between emotional and instrumental supports as she navigates her way to independence.

Implications

As McGoldrick (2003) explains: "Mental health professionals everywhere are being challenged to develop treatment models and services that are more responsive to a broad spectrum of ethnic, racial, and religious identities" (p.235). Interventions that seek to bolster aspects of resilience among culturally diverse populations of at-risk children and youth will succeed to the extent that they accomplish the following:

- Privilege local knowledge about aspects of resilience, comparing and contrasting these to the results of studies from other cultures and contexts. Evaluating outcomes will require participation from local stakeholders in the definition of meaningful and positive health indicators relevant to the population studied.
- Evaluate the influence of each aspect of resilience on health outcomes taking into account the specific context in which it is found. Interventions need to be sensitive to which aspect of resilience, in a specific context, will have the greatest impact on a particular population.
- Intervene in multiple forums of young people's lives (e.g. personal counselling, family-based interventions, school programs, community mobilization) at the same time in ways that acknowledge the ecological nature in how youth experience resilience.
- Intervene in ways that address the many different pathways through the nine tensions that children and youth navigate. Interventions that help children navigate to health resources and negotiate for what they need to resolve these tensions are those most likely to be helpful.

Results from the IRP challenge those who intervene to think about resilience as something far more complex than has been theorized by Western investigators. As Arrington and Wilson (2000) explain in their examination of risk and resilience across cultures, an appreciation for "culture and diversity can contribute to a more comprehensive understanding of the processes of risk and resilience in the lives of youth in our society" (p.228). This perspective, however, will benefit from more research that moves the discourse of resilience beyond conventional interpretations by those who have typically conducted research. In this regard, Smith's (1999, 2005) experience is particularly insightful. During public addresses in which she discusses the decolonization of research methodologies and the contextualization of health outcomes, Smith talks about her early work researching asthma with Maori people in New Zealand. When asking a survey participant if he took his medication after all three meals each day, he responded, "You mean we're supposed to eat three meals a day?" Smith calls this "tricky ground" which researchers must avoid if they seek to discover local truths rather than colonizing people's experiences, understanding 'others' in terms relevant only to western science.

It has been this same tricky ground on which the IRP has tread. Through the iterative process of the research design, implementation and analysis, resilience has been shown to be a culturally and contextually sensitive construct. By implication, projects that work well with youth in one context are not necessarily going to work well in another. Avoiding bias in how resilience is understood and interventions designed to promote it, researchers and interveners will need to be more participatory and culturally embedded to capture the nuances of culture and context. The better documented youth's own constructions of resilience, the more likely it will be that those intervening identify specific aspects of resilience most relevant to health outcomes as defined by a particular population.

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