



Resilience Primer:

What is “resilience” and how does it provide an alternative perspective on working with vulnerable children

A primer for professionals working with children in Tanzania

By Kate McAlpine (katemcalpine@roho-tz.com)

1. Introduction

“Resilience is the ability to recover from stresses and shocks and to maintain or enhance personal capabilities and assets.”

This paper gives an overview of resilience and its attributes with a view to suggesting lines of inquiry for practitioners working with children in Africa. It suggests changes that a resilience perspective would entail for development discourse and policy makers and raises questions about the applicability of the resilience perspective with African children.

2. Mkombozi's focus on resilience

Mkombozi engages in research as a tool for organisational reflection that builds an evidence base for the organisation to answer the question: “Do our interventions with children and communities build their resilience?”

Resilience is an important and useful construct for Mkombozi and the wider development community because it encourages a language of positive attributes towards people who are usually labelled as passive victims. Mkombozi is using the resilience lens to inform its programming for children and communities in Tanzania and also as a tool to measure the effectiveness of these programmes.

3. “Resilience” in brief

The concept of “resilience” derives from physics and describes a material's quality to regain its original shape after it has been bent, compressed or stretched. With regard to children, it can be defined as a child's ability to regain his / her shape after going through crises or adversities; in other words, the ability to cope and do well in life in spite of having faced a number of difficulties.

Children may experience multiple risks in multiple social contexts. In resilience research, we are trying to determine what helps children to cope, develop normally and even thrive in abnormal circumstances. The resilience framework considers not only deficits but also areas of strength. Applying a resilience perspective implies efforts to harness the notable strengths of vulnerable people.

A resilience framework is not a magic bullet for prevention or intervention. But it shifts the developmental discourse in more positive directions. It examines and names competence and health as well as dysfunction, assets as well as risk factors, protective factors as well as vulnerabilities. Rather than focussing on problems and gaps, it identifies strengths and looks at them as resources; shifting from a problem focussed orientation to a more energising stance of building on what works. Frederickson shows how positive emotions help individuals to open up their focus of attention; “to widen the lens” and “to broaden and build” access to personal competencies (B.L. Fredrickson, 2003; B L Fredrickson & Branigan, 2005). This is a paradigm shift that is overdue within the African context where the focus has been on what is wrong, why people are poor and vulnerable, but not what resources exist within individuals and communities to move in a more positive trajectory.

Resilience research focuses on assets, competence and protective factors, but it does not ignore the existence of risks, threats or vulnerability in children and young people. Indeed, it could be argued that protection and vulnerability are part of the same continuum, not qualitatively different. What resilience research does is to focus on children who are facing substantial threats to their well-being, with a goal of illuminating what shapes their adjustment (Luthar, 2003).

Resilience refers to a dynamic process encompassing positive adaptation within the context of significant adversity. According to Luthar, Cicchette & Becker (2000), implicit within this notion are two critical conditions: exposure to significant threat or severe adversity; and the achievement of positive adaptation despite major assaults on the developmental process. Additionally, research shows that three sets of factors are implicated in the development of resilience (Obrist, 2006; Obrist, et al., 2007; Obrist, Pfeiffer, & Henley, 2009). These factors are:

- attributes of the children themselves;
- aspects of their families; and
- characteristics of their wider social environments.

The benefits accrued to society from well functioning adults start as the foundations for resilience (processes and trajectories) are built in childhood and youth. If we can identify interventions and processes that build resilience we would hope to see a consequent reduction in social dysfunction in later years.

There is a tendency amongst researchers of poverty to focus on vulnerabilities. This seems to be because one of the key aspects of poverty is to reduce the person’s adaptive capacity. But identifying vulnerabilities in isolation does not necessarily lead to answers in terms of building protective factors. What resilience research investigates is whether increasing protective factors will have the same effect as reducing risks. Much current research on issues around poverty alleviation centres on reducing risks, rather understanding the protective factors or the resilience that abides within individuals or communities.

4. Distinguishing features of resilience

4.1 POSITIVE ADAPTATION IN THE FACE OF ADVERSITY

Luthar, Masten and Powell (2003) make a distinction between regular everyday well-being and resilience, identifying resilience as a response to a shock, shocks or ongoing adversities. Thus they argue that resilience does not manifest itself in the absence of adversity. The external events that precipitate the need for resilience are a critical factor. Resilience is then the achievement of positive adaptation despite major assaults on the developmental process (Luthar, et al., 2000). Positive adaptation is usually defined in terms of social competence that manifests in behaviour and indicates that the child is meeting developmental expectations.

Resilience encapsulates the view that adaptation can result in a child experiencing new life trajectories that defy normative expectations (i.e., significant positive changes can occur in ways not expected). It is important than when we talk about Resilience that this term must be used exclusively when referring to the maintenance of positive adjustment under challenging life conditions. And we should keep in mind that even if a child shows improved resilience, new vulnerabilities and/or strengths often emerge with changing life circumstances, so the process is not static but is ongoing (Luthar, et al., 2000).

4.2 RESILIENCE IS A “LAYERED” CONCEPT - FROM INDIVIDUAL, TO COMMUNAL, TO GLOBAL

Whilst most Western research has examined how individuals can adapt to adversity in a resilient manner, there is also increasing focus on how resilience requires that individuals and communities be supported to develop their capacity to find resources that bolster well-being (Resilience Research Centre, 2009). This links very much to the idea of social capital, whereby the norms and networks that enable people to work together on common challenges are the glue that binds together the human dimensions of the livelihood system. Social capital is pivotal to building social resilience. Social resilience is the ability of groups or communities to cope with external stresses and disturbances as a result of social, political and environmental change.

4.3 IS RESILIENCE A TRAIT OR A PATTERN ?

Resilience can be misinterpreted as representing a personal attribute of the individual. Such perspectives can pave the way for blaming the individual for not possessing the characteristics needed to function well, and can lead political leaders to justify limited protection to children from conditions of poverty, maltreatment and distress; (i.e., the idea that children should be responsible for forging their own pathway through risk and toward success). Resilience does not consist of attributes that are indelibly implanted in children (or not), but are rather processes that are (and can be) shaped by life circumstances (Luthar, et al., 2000).

When looking at resilience we are making two fundamental judgments: (1) is that a person is doing okay, and (2) is there is now or has there been significant risk or adversity to overcome. When a person is called resilient this judgment comes into play (Masten, 1997). Resilience is not an attribute that can be measured directly; rather, it is a process or phenomenon that is inferred from the dually co-existing conditions of high adversity and relatively positive adaptation in spite of this (Luthar, 2003). It is not a diagnosis, because resilience describes a general pattern, whereas a diagnosis requires a person to fit a specific pattern, thus it is more appropriate to say this person has a resilient pattern or this person shows the features of resilience.

5. Unpacking the attributes of resilience

Given the multi-dimensional nature of resilience and its contextual specificity it is challenging to identify universal indicators of whether a person is on a resilient trajectory (Luthar, 2003). How do we operationalise “successful adaptation” within particular at-risk samples? “Doing okay” is a psychosocial competence that is manifested both internally and in the person’s interactions with the external world and so competence must be defined across multiple spheres. But is “doing okay” also a cultural concept that is informed by socially constructed ideas of acceptable behaviour and achievement of developmental milestones?

Protective factors that support a child to cope in difficult circumstances and to re-establish normal life include those within the child, in the child’s environment and the interaction between these factors. Intellect, physical robustness and emotional stability may be seen as the raw material for resilience. Garnezy (1985) says that when looking at the protective factors that constitute resilient processes we look at those that are manifested internally within the child and those that are manifested in his / her relationships and interactions with the wider world. Werner and Smith (1992) identified three broad sets of variables that have been found to operate as protective factors in stress-resistant children. These are:

- individual protective factors (i.e. child characteristics, such as temperament, cognitive skills, and positive responsiveness);
- familial protective factors (i.e. families marked by warmth, cohesion, and positive responsiveness); and
- community protective factors (i.e. availability of external support systems).

FIGURE: GUNNESTAD’S (2003) MODEL OF RESILIENCE DEVELOPMENT



6. Questions about resilience in an African context

Q: IS CHRONIC POVERTY COMPARABLE TO THE SHOCK / TRAUMA THAT OTHER RESEARCH POPULATIONS EXPERIENCED ?

A: Adversity (a.k.a. risk) encompasses negative life circumstances that are known to be statistically associated with adjustment difficulties (Luthar & Cicchetti, 2000). The question for agencies researching resilience with populations in Africa is whether the life adversity that they face is comparable to that of the populations studied elsewhere. For example, whilst the victims of the Beslan school massacre (Henley, 2005) evidently experienced significant trauma, and the children living in the Palestinian territories (Loughry, et al., 2006) experienced both the trauma of a disaster and the chronic and extreme stress of daily violence, does the experience of poverty in itself constitute significant life adversity?

Q: WHAT WOULD CROSS CULTURAL VARIATIONS IN THE RESILIENCE PROCESS LOOK LIKE ?

A: The literature is markedly lacking in international perspectives and there needs to be greater consideration of cross-cultural variations in the resilience process. There is little data that helps to illuminate the types of risk modifiers that are highly robust across widely disparate cultural contexts. It remains unclear what is the best criteria for good adaptation or adjustment, particularly in different cultural contexts (Grotberg, 2001; R. Henley, Schweizer, de Gara, & Vetter, 2007; Luthar, 2003). How do contexts influence positive development? What processes that are beneficial to children in one context may be neutral, or even deleterious in another?

7. Significance of a resilience perspective for practitioners & policymakers

For practitioners, a resilience perspective would help us to understand how children and youth who are outside the mainstream can access and benefit from the social capital that exists within communities. There is also a need to investigate if positive attachments to older people and peers offer an equivalent protective support as parents for children who have de-linked from their families; given that so many children are orphans, living with distant relatives, on the streets or in care services.

For policy makers, the resilience framework implies a focus on positive outcomes (and their antecedents). We assess strengths in the child, family, relationships, school and community and evaluate change on positive as well as negative indicators. In terms of risk, we strive to reduce risk exposure and prevent adversity, and in terms of assets, we endeavour to boost the child's resources or enhance access to key assets in child's life. In terms of process, a resilience framework mobilises the power of human systems by enhancing key relationships and traditions in families, schools and communities. This implies a shift of emphasis to encompass primary prevention, rather than attempting to ameliorate serious maladjustment after it has already crystallised (Alford & Grados, 2005; Luthar, et al., 2000). There are fiscal implications to this early intervention. Firstly investing in prevention is a sensible precaution when children who face multiple adversities have a high probability of developing serious difficulties as they move along their developmental trajectories. It has been discovered that children facing two co-existing risk factors may face a fourfold increase in adjustment problems. Children facing four or more co-existing risk factors can have up to a tenfold increase in adjustment problems. However, children with multiple protective factors present can demonstrate greater resilience to developing behavioural problems, and can even be unaffected. Secondly, preventive programmes efforts do not have to be expensive, especially with the creative and careful use of existing resources. Carefully conceived preventive interventions can be vastly more cost-effective than attempts to reduce maladjustment after it has become entrenched (Luthar & Cicchetti, 2000).

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