

Chapter 3

Resilience and Culture: The Diversity of Protective Processes and Positive Adaptation

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How different are patterns of coping with adversity across cultures? Is adherence to our ‘heritage culture’ (i.e., the culture of our grandparents) always a source of strength or can it disadvantage us? Does culture influence the value we place on different patterns of coping, privileging some as socially acceptable and labeling others as maladaptive? Each of these questions is important if we are to understand the relationship between culture and resilience.

By introducing cultural variation to our understanding of resilience, heterogeneity can be observed in how children cope successfully with traumatic events. For example, following removal from an abusive home, or the death of a parent, differences in personality, cognition and behavior play a role in a child’s ability to cope during a period of foster care or adoption (Rutter, Quinton, & Hill, 1990). Differences in the child’s social ecology, though, also play a significant part in the child’s adaptation (Schofield, 2000). At a practical level, culture influences meaning systems, which in turn influence which resources are provided to vulnerable children. These include such things as the structure of alternative care that communities invest in (Is it home-based or in an institution? Is it with kin or non-kin?). Culture also shapes the meaning attributed to being a foster child or orphan, with different amounts of stigma and different life opportunities attached to state supported care (Harvey, 2007; Pecora, 2012). For an individual child, cultural factors change exposure to risk factors, negative life trajectories, and threats to self-worth (Lawrence, Carlson, & Egeland, 2006). Importantly though, a community’s values, beliefs and everyday practices will also provide diverse opportunities for a child to access resources like social capital, food, education, and opportunities for secure attachments with adults. It is this dynamic process of interaction between individuals, their environments and their culture that is the focus of this chapter.

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3.1 What Is Culture? What Is Context?

Culture is the everyday practices that bring order to our experience, and the values and beliefs that support them (Berry, Phinney, Sam, & Vedder, 2006; Rogoff, 2003). Context refers to the broader social and physical ecologies that shape a child's lived experience. Context, however, also includes culture and the many other aspects of our social ecology influenced by culture like the structure of our government and to whom we turn to for social support. For example, whether a child lives in a rural or urban setting, and whether a child is supported by a government that provides services for a physical or intellectual disability, are all contextual factors that may reflect the family's culture and the values that culture promotes (e.g., rugged individualism of the traditional farm family). Given the many ways culture influences social processes, culture is, therefore, best understood as a multidimensional construct.

Culture is also temporal. It matters a great deal the period in which one grows up and the socioeconomic conditions that prevail (1970s or 1990s Britain, pre- or post-911 United States, pre- or post-Apartheid South Africa) (Schoon, 2006). Historical periods are defined by the multiple social forces which in turn influence the expression of cultural practices. We know from the work of Urie Bronfenbrenner (1979) that culture (a macro-systemic factor) and context (an exo-systemic factor) are never distinct. Culture shapes the values that are reflected in how and to whom health-promoting resources like education and mental health services are provided. In many ways, our social ecologies (all aspects of the context and culture in which we live) reflect both our own culture and the diversity of the cultures with which our lives intersect.

By way of illustration, consider a collectivist society like Japan where the institutional care of orphans is the most common model of care. Children are encouraged to develop a sense of *ibasho*, or attachment to place, within the institution (Bamba & Haight, 2011). In contrast, in Canadian and American non-Aboriginal contexts institutional placement is viewed as a potential threat to a child's psychosocial development (Ross, Conger, & Armstrong, 2002). Likewise, there are "orphan competent communities" (Skovdal & Campbell, 2010) around the world that facilitate a child's successful transition to out-of-home placement. For example, in some African nations and in Aboriginal communities in North America cultural norms emphasize the role of the extended family and favor kinship adoption over out-of-community placement for their children, even when there are risks associated with this policy (Blackstock & Trocmé, 2005; Van Graan, Van der Walt, & Watson, 2007). In each case, a child will be given resources to mitigate disruptions in attachment in ways that are culturally prescribed.

A culturally embedded understanding of resilience focuses attention on the diversity of coping strategies and the heterogeneity of what are assumed to be normative behaviours. Alegria et al. (2004), working from within an emic-etic paradigm (Brislin, Lonner, & Thorndike, 1973), have observed in their national data gathered from Latina and Latino youth in the United States, "The *emic*

perspective starts with the concepts from within the culture and seeks to understand the meaning of that which is studied and its associations with other factors using that cultural framework. On the other hand, the *etic* perspective involves the evaluation of phenomena using more culturally neutral or ‘objective’ constructs” (p. 272). Both perspectives have helped to develop understanding of the cultural complexity of resilience.

3.2 Common and Unique Protective Factors

To demonstrate the tension between *etic* and *emic* perspectives, my colleagues and I conducted a mixed methods 11-country (Canada, United States, China, India, Israel, Palestine, Russia, Gambia, Tanzania, South Africa, Colombia) study of adolescents’ patterns of coping in challenging contexts (Ungar et al., 2007). Analysis of the qualitative data identified seven clusters of protective factors that participants said accounted for their successful coping in contexts where they experienced poverty, the death of their parents, economic migration, war, mental illness of a parent, or the stigma that accompanies a physical disability. All the adolescents referred to the study were seen by members of a local advisory committee as resilient: the youth were at-risk because of their exposure to psychological, physical and social barriers to development but were doing well in ways relevant to their community. The seven protective factors that were identified included:

1. Relationships: Though relationships with a primary caregiver were important, so too were other sources of social capital like prosocial peers, adult mentors, teachers, and extended family.
2. A powerful identity: Having a sense of one’s self as being competent and respected for one’s skills were common experiences among youth doing well. Youth emphasized the need to have access to opportunities that reinforced competencies. Recognition from others fostered self-reflection among the youth and reinforced self-esteem.
3. Personal control and efficacy: The youth’s ability to exercise some say over his or her world was important to experiences of empowerment. The better these experiences were facilitated by the adolescent’s environment (e.g., the youth was listened to and his or her recommendations to care providers taken seriously) the more the adolescent reported being able to cope under stress.
4. Social justice: Youth who experienced themselves as being treated fairly in their communities attributed those experiences to their capacity to do well.
5. Access to material resources: Youth who did well enjoyed access to adequate food, clothing, education, and future opportunities for employment. This access was facilitated through family or community relationships or through government policies and contact with formal service providers.

6. Sense of cohesion: Adolescents who reported a sense of belonging within a community of relationships, or at school, those that expressed their spirituality or a religious affiliation, and those that found life meaningful, coped better.
7. Cultural adherence: Identification with a set of group beliefs and norms was described as protective when experiencing marginalization or stress.

While not every young person identified all seven of these factors in their lives, across the entire sample all seven appeared to varying degrees in every country. How each was expressed, however, was very different in each context. For example, cultural adherence meant nationalism in the Russian sample while for Northern Aboriginal youth in Canada it connoted engagement with the cultural practices of elders. Furthermore, it has been shown that any of the seven factors can pose a barrier to a child's development when they manifest in ways that threaten long-term success. To illustrate, ethnographic studies have demonstrated that personal efficacy, material resources, and a sense of cohesion can be found among delinquent peers when a young person feels excluded from his or her community. In the short term, the choice of peer group may protect the child from feeling isolated or disempowered, though long term such coping strategies may have negative, life-long consequences (Heinonen, 2011; Totten, 2000).

The study's quantitative data had similar results, with different factor structures being reported for different populations of youth even though all items on the original 58-question self-report measure were shown to be relevant to young people's lives (Ungar & Liebenberg, 2011). For example, when we accounted for contextual factors, girls had more in common with their same-sex peers in other countries than with the male youth sitting across from them in their classrooms.

3.3 What Is Resilience?

To account for cultural differences, resilience needs a definition that is explicit as to the role culture plays in supporting or inhibiting a child's ability to cope. A cultural lens helps us decenter our understanding of resilience. It focuses less attention on what the child does and much more on how environments facilitate positive developmental processes and access to the kinds of protective factors described above. Understood as a social ecological concept, resilience is the ability of individuals (on their own and collectively) to navigate to the culturally relevant resources they need to do well when confronting adversity, as well as their capacity to negotiate for these resources to be provided in ways that are meaningful (Ungar, 2008, 2011). Resources can be individual (e.g., a personality trait, intelligence, or a personal talent), relational (e.g., attachment to a caregiver or mentor, positive peer interactions, extended family) or collective, in which case it is the immediate and broader community's responsibility to make resources available and accessible (e.g., a sense of belonging, experiences of cultural continuity through participation

in traditional celebrations, personal safety, opportunities to contribute to the welfare of others).

While the individual's capacity to navigate includes his or her motivation to succeed, personal talents and personality traits, the value placed on these capacities is always negotiated (Bottrell & Armstrong, 2012; Ungar, 2004). For example, which services for which children in what quantity are decisions controlled by those who hold political and social power. A poorly funded school and a lack of access to the psychological services needed to assess a learning disability can seriously impede a child's potential for success even when the child is motivated to learn and is of above average intelligence. A social ecological understanding of resilience suggests that when considering the individual x environment equation, the more challenging the child's barriers to growth and psychological development are, whether those barriers are individual or systemic, the more the environment's potential to provide health-enhancing resources matters (DuMont, Ehrhard-Dietzel, & Kirkland, 2012; Ungar, 2012). In other words, in more threatening contexts, it is the rare support that a child experiences that has a disproportionately large impact on the child's ability to survive and thrive. For example, the narratives of resilient adults suggests that an adult who mentors a child in a context where the child experiences abuse and neglect has the potential to dramatically change the child's life trajectory (see, for example, Simpson & Ungar, 2012; Theron & Engelbrecht, 2012).

3.4 Cultural Relativism

The field of resilience has been increasingly sensitive to the role culture plays both as a protective factor (e.g., in some cases, adhering to one's culture can prevent mental illness among new immigrants when acculturation results in an individual's loss of identity and exposure to racism – Grant et al., 2004) and as a system of values and beliefs. These aspects of culture shape priorities for families, communities, and governments when they invest in children's well-being (Barber, 2006). Universalist assumptions of what makes children resilient persist (e.g., they should go to school, have primary attachments to a caregiver, show evidence of personal efficacy, be less impulsive, etc.) but the field has acknowledged that different cultural groups endorse these benchmarks of resilience to differing degrees.

This shift in perspective began early with the work by Emmy Werner and Ruth Smith (1982, 2001) in Kuaii, an island of Hawaii, as they followed a cohort of children born into conditions of relative poverty. Socioeconomic status differences were important to understanding the children's patterns of coping. For example, in the context where a family member had a mental illness, or was severely disadvantaged economically, children showed a strong dependence on extended family and non-kin adults for support. These relationships reflected the need for a more permeable family structure than is typical of nuclear families.

Later work by Hamilton McCubbin and his colleagues with African Americans and Native Americans continued to name differences in patterns of coping (McCubbin, Thompson, Thompson, & Fromer, 1998; McCubbin, Thompson, Thompson, & Futrell, 1998) such as the emphasis by Native Americans on a relational worldview. Cultural practices in these communities promote connections between people and between people and nature, and focus less attention on individual strengths and coping strategies. These were all exciting efforts to introduce a cultural lens into studies of resilience. However, earlier efforts to assess resilience among different cultural groups facing different contextual challenges like poverty or violence made three assumptions that have undermined their external validity.

3.4.1 The Influence of the Dominant Culture

First, previous studies have tended to de-emphasize the homogeneity of contexts like schools and online communities like Facebook in which children from different cultural backgrounds participate. For example, American children in Hawaii, Oregon or New York are living in contexts that share a reasonably similar set of societal values and cultural practices. We can assume they think about their rights and responsibilities in ways that reflect western democratic values of participation and social contract. While studies of resilience have emerged to document competing cultural values of people living in western-style democracies (for example, Luthar, 2003; Reich, Zautra, & Hall, 2010), the assumption of these studies is that cultural differences in a single country like the United States are very important. What is overlooked when making that assumption is that, on balance, there is one dominant culture from which most research participants learn their values and everyday practices, transmitted to children through common cultural portals like school, the media, their interaction with peers, and recently, social media. How much does culture count when people share a country, especially when that country's values are clearly articulated (see Achenbach, 2008)? Research shows that there is a tendency for cultural groups to influence one another, creating what has been termed "cross-ethnic equivalence" (Krishnakumar, Buehler, & Barber, 2004). Living side-by-side, in sociopolitical contexts of shared spaces and activities, there is almost always a 'contagion effect' through socialization.

3.4.2 Within Group Resistance to Subgroup Norms

A second problem with assumptions that culture distinguishes who we are and the protective factors that are important to us is that even within one cultural group there are often individuals who resist conforming to group norms, including definitions of what is and is not good behavior. Black youth in America, for example, can hold very divergent views on the value of education depending on

their social class or history of exposure to racism (Dotterer, McHale, & Crouter, 2009). In other words, while we expect there to be cultural drift towards mutually held values, when we ask people about the coping strategies they prefer, resistance to cultural hegemony can occur both inside a population and between populations.

3.4.3 *Cultural Differences in Discursive Power*

The third problem with earlier efforts to consider cultural differences in children's resilience is that they seldom considered the relative differences in discursive power between individuals who come from different cultural groups. For example, we know that people from diverse cultures and contexts value education differently (Chavous, Rivas-Drake, Smalls, Griffin, & Cogburn, 2008). While economic success and security is preferred, in some sociohistorical contexts like a boom economy, or when racism and sexism close doors to future employment opportunities, remaining in school longer may not be associated with resilience if early school leaving can help a child successfully engage in well-paying jobs or early parenthood (during periods when both are seen as socially desirable alternatives to school) (Schoon, 2006). Likewise, school drop-out may be a strategy some ethnic minorities use to protect themselves from structural racism. Their perception of post-secondary education is that the investment is not worth the effort if there is no promise of a good job after graduation (Dei, Massuca, McIsaac, & Zine, 1997). In both cases, marginalised groups may experience atypical resilience that makes sense to them, though their coping strategies are seen as problematic by those who represent the dominant culture. In this discursive battle to decide which pathway is the "correct" one, we have tended to listen to the views of cultural elites who privilege a particular set of practices as being better than others. This is even more the case when we consider that in some contexts behaviours like early pregnancy (Langille, Flowerdew, & Andreou, 2004) and substance abuse (Santor, Messervey, & Kusumakar, 2000) are seen as rites of passage that mark a healthy transition to adulthood and function in ways that are protective when there are few other coping strategies available. While there may be debate over whether these patterns produce long-term benefits, we seldom see a discussion in the literature concerning why some behaviours are better than others. The implicit assumption seems to be that the dominant cultural values should be used as the benchmarks for successful child development for all children.

Addressing this problem was one of the purposes of the 11 country study described earlier (Ungar et al., 2007). Among the many different patterns of coping that we noticed was, for example, young mothers who accounted for their success in very different ways. While they tended to value financial security and a socially acceptable role, their coping strategies reflected distinct cultural values. In Northern Tanzania, a 16-year-old mother defined resilience in terms of her ability to secure a micro-credit loan and establish herself as a fruit and vegetable seller in the market. In a context of colonialisation where her ancestors had survived as traders and

entrepreneurs, and in a culture that placed less value on women's education, opening a small business made sense and would result in improved outcomes. In contrast, a 17-year-old mother in western Canada spoke at length about how her teachers at school had helped keep her engaged in education by providing material and emotional support for her and her child. In the Canadian context, resilience is understood as the result of engagement at school when early school leaving is most likely. So what, then, do we make of the young mother from Tanzania? Is her early school leaving and desire to start a business simply a maladaptive form of coping, a cultural anomaly, or a negotiation for local resources? When it comes to understanding resilience, we need to ask, "At what point is a behavior maladaptive and who decides?" (Butcher, Nezami, & Exner, 1998). As Stevan Hobfoll (2011) suggests, children in different circumstances demonstrate a conservation of resources that maximize well-being though their patterns of coping may not be obvious to cultural outsiders.

Who decides, then, what is a protective process? And why are some protective processes more valued than others? Let's assume for a moment that Tanzanian scholars had been the first to describe resilience as a phenomenon rather than scholars in countries like the United States and Britain. They may have noted that the ability to become meaningfully engaged as a market trader early in life was a gender-specific protective mechanism that provides a young woman with financial independence and respect from her community. They would likely have also highlighted the ability to speak more than one language as protective given that most Tanzanians speak a tribal language, their national language Swahili, and English. They might also have measured a child's sense of responsibility for others of her tribal group, the traditional value of *Ubuntu*, or *Utu* as it is called locally. If these Tanzanian scholars had then decided to do cross-cultural research and investigated the resilience of the young mother in Canada, their assessment of her resilience might have noted how poorly she was doing: she had remained dependent on others for her financial well-being; she was living isolated with her child rather than seeking the support of her extended family and community; she spoke only one language; and she pursued late-life education rather than employment.

In this fictional exercise it is easy to see that there are competing discourses that define meaningful outcomes across cultures, but that one has been given authority. By evaluating cultural differences in pathways to resilience, we need to not only identify hidden, or unnamed, processes, we also need to privilege them with the discursive power to be heard by those outside the culture. The more marginalized the cultural group, the less likely they are to have the power to influence others and convince them that their pathways to resilience make sense. Thus, how culture defines patterns of coping depends largely on the constitutive force of the meaning-making that occurs through culture and people's participation in it.

3.5 Different Cultures, Different Values

The co-construction of what is a meaningful expression of resilience, then, reflects the relative power of those involved to argue for the legitimacy of their culturally embedded patterns of coping. For example, Nguyen-Gillham, Giacaman, Naser and Boyce (2008) showed through a qualitative inquiry with 321 Grade 11 Palestinian youth that resilience can be equated with enduring the negative impact of prolonged social and political struggle:

The Palestinian concept of *sumud*—a determination to exist through being steadfast and rooted to the land—is at the heart of resilience. Within a Palestinian context, suffering and endurance have to be interpreted at both an individual and collective level. The construct of resilience goes beyond an individualistic interpretation: resilience is (re)constituted as a wider collective and social representation of what it means to endure. (p. 292)

Amid the dehumanization that the youth described, they reported that webs of supportive relationships, the need to make life as normal as possible, political participation, getting an education, and optimism despite hardship were important to maintaining well-being. While the aspects of resilience these youth identify are not extraordinary (as described earlier, they appear across many different cultures as part of the seven protective factors), the relative impact they have may be. The degree of exposure to adversity appears to shape the meaningfulness of different protective factors (Abramson, Park, Stehling-Ariza, & Redlener, 2010). The advantage to looking across cultures is that we can see causal mechanisms in action, becoming aware of what is occurring in different cultures facing different kinds and amounts of adversity.

Conclusion

The increasingly pluralistic migrant nature of many societies, not just in middle- and higher-income countries, but also lower-income countries as well, makes it imperative to account for the multiculturalism of competing ways we understand positive development under stress and protective processes. If we are to intervene to help children cope better with adversity we are going to need to have a better understanding of different patterns of coping across cultures. We are going to need to understand the protective qualities of adherence to our heritage culture and when that adherence disadvantages our adaptability. And we are going to need to understand how culture influences the value we place on different expressions of resilience. Navigations and negotiations for resources are not value neutral processes. Which protective processes are considered to be most relevant to which populations in which context at which point in time reflect a social ecological understanding of resilience that introduces much needed complexity into models of coping under adversity.

(continued)

Greater dialogue across cultures, as represented by a volume like this one, will help contribute to this broader discourse that identifies how children cope. To the extent that we succeed, we will avoid the all too present danger of privileging some pathways to resilience as socially acceptable, and labeling others as maladaptive when they are simply culturally distinct. Of course, not all patterns of resilience will be seen as socially acceptable. For those with few options, however, even an atypical coping strategy used in a challenging context may be preferable to options that may compromise mental health and well-being even worse.

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