Question: Using theory about resilience discuss why is it that some people exposed to many risks in life never the less cope and survive or even thrive, while others succumb? Discuss, with reference to family adversity, child abuse or environmental trauma or deprivation (e.g. war, disaster, famine, divorce, social deprivation etc.)
The children were up early as usual, water had to be collected, breakfast made and younger children dressed. Once the chores were complete, the older children headed off to school while the younger ones stayed at home, playing on the dirt road in front of the small mud-reed homes. Many of the women were busy with work, stringing shells for the local factory and the men were out fishing. Into this scene crashed a devastating wave that was to destroy life as it was once known. Homes, schools, boats, animals, loved ones, everything was washed away. Natural disaster, such as the tsunami that struck the coast of India in 2004, takes a devastating toll on children’s healthy development and well-being and is frequently associated with long-term stress and adversity (Pynoos et al, 1998).

The spirit of resilience that existed in the children I worked with after the tsunami has propelled me to explore why it is that some children exposed to a natural disaster, such as the tsunami in Tamil Nadu, India, demonstrate great personal growth and success, while others succumb to the stress. To do this I will draw from theorists who focus on resilience for children in extreme situations, in cross-cultural settings, for ethnic minorities and in longitudinal studies as well as theorists who focus on trauma and stress in disaster situations. The theory of resilience is challenging, multi-faceted and young, posing many challenges to its application in a yet unstudied setting. Some of these challenges will be presented and worked through in an effort to explore why many children who face a natural disaster are resilient.

What is resilience?
The theory of resilience emerged from the compelling observation that many children continue to develop well despite considerable risk (Masten et al, 1999). In order for an individual to be considered resilient he/she must survive or thrive in spite of major risk factors that have proven harmful for others (Rutter, 1999). Personal qualities, the nature of life experiences and the individuals’ understanding of and response to those experiences make resilience both an individual and social construct (Gilligan, 2000). In addition, resilience is a process that involves mechanisms that exist prior to, during and after the adverse experience (Rutter, 2000).

Originally resilience was deemed an individual trait or characteristic (Ungar, 2006). Theorists then began to study not only personal traits but also broader influences, attempting to determine the process through which resilience worked (Luthar et al, 2000). Where the theory had focused on maladaptive behaviour and the unusual individuals who showed progress, it shifted to explore the protective factors that characterized the majority who developed well (Luthar et al, 2000).

Currently, resilience research is focusing on the culture and context that affect healthy development, with the understanding that resilience cannot be separated from the context in which it occurs (Ungar,
Ungar redefines resilience as ‘both an individual’s capacity to navigate to health resources and a condition of the individual’s family, community and culture to provide these resources in culturally meaningful ways’ (IRP, 2006(a). Thus, sufficient emphasis is placed on the child’s capacity, the social/environmental resources available, as well as the cultural context of resilience (IRP, 2006(a). This latter definition will be useful for an exploration of resilience in the Indian context where the tsunami occurred, as it includes a new focus on individuals’ definitions and understanding of what resilience is, in vastly different cultural settings.

Resilience: A Matter of Context, Culture and Time

The International Resilience Project¹ (IRP) marks the first cross-cultural study that strives to account for the social and cultural context in which resilience takes place, including the study of a diverse range of at-risk youth who had experienced three or more culturally significant risks including: war, violence, poverty, cultural disintegration, dislocation, marginalization, structural inequalities, drug and alcohol abuse, family disintegration and parental mental illness (Ungar et al, 2005). The research was conducted with 1451 youth in fourteen communities in eleven countries on five continents, with emphasis placed on the diversity of experiences within and between groups of people, striving to examine resilience as it is understood by individuals themselves in order to grasp the variances that exist (Ungar et al, 2005).

Rather than narrowly classify factors as risky or protective, the IRP looks at how these factors interact through tensions that exist in their lives, which young people ‘negotiate and navigate’ in order to succeed despite challenges (IRP, 2006(a), 19). These seven tensions include: access to material resources, relationships, identity, power and control, cultural adherence, social justice, and cohesion (IRP, 2006(a), 15). These tensions were found to exist in each community studied, to varying degrees (IRP, 2006(a). Resilient youth were those who could manage these dynamic tensions and the process differed by the individual, context, time, and culture (IRP, 2006(a). Therefore, there was not one process of navigation that worked, making it difficult to classify positives and negatives.

The IRP explores four categories of factors that may contribute to a child’s resilience and together form an ecological framework through which to view resilience (IRP, 2006(a). These factors include individual traits, relationship factors, community contexts and cultural factors (IRP, 2006(a), 5).

Researchers found that some aspects of resilience, such as the benefit of education, are global, but

¹ The International Resilience Project (IRP) compiles data from research conducted with young people coping with adversity from five continents, looking at how these youth cope from their own perspectives (IRP 2006). Led by Micheal Ungar, the IRP team is ‘a diverse group of community and university based researchers, clinicians, policy makers, on the ground-workers and child advocates from over 25 communities around the globe’ (IRP, 2006, 2).
'culturally diverse groups of youth show unique patterns in how resilience is understood and manifested' (IRP, 2006(a), 14). Resilient youth will use the factors that exist in their ecology to create a pattern of resilience. Therefore, certain aspects of resilience will be more important to a child depending on the culture and context in which he or she finds him/herself (IRP, 2006(a).

As Indian youth in the IRP study, from Manipur in northern India, struggled towards successful management of adversity they relied most heavily on resources in the community, like their peers in the global study, to achieve resilience (IRP, 2006(b). Relationships were the second most important factors to Indian youth, followed by a tie between individual and cultural factors (IRP, 2006(b). Yet, Indian youth rated their relationships and culture as slightly more important aspects of resilience than their peers globally (IRP, 2006(b). Although this information is interesting to note caution must be made in drawing direct parallels between Manipur and Tamil Nadu because the two areas are vastly different and therefore the pattern of achieving resilience will be different.

The concept of tensions is helpful to avoid understanding factors from a western-view point. Rutter (1999) argues that it is difficult to label factors positive or negative, because of the importance of process and context. Social context plays a major role in human life, by shaping an individual's qualities of resilience (Gilligan, 2001). In addition, the individual influences outcome through interaction with his/her environment (Rutter, 2000). Yet, despite the call for context in studies of resilience it is difficult to find this manifested in research, and therefore poses a challenge to finding resilience factors and patterns that can be applied to tsunami victims. Nevertheless, it is useful to consider risk and protective factors, with caution, as this gives practitioner's the best indication of how to recognize and respond to children’s needs, post-disaster.

**Challenges to Children's Wellbeing**

Risk is a starting point in the study of resilience, because in order for resilience to exist an individual needs to have overcome a risk that could lead to psychopathology (mental/behavioural disorder) or impair development (Rutter, 2000). Theorists site risk factors at the individual, family, community and environmental level. Individual risks can include such factors as genetics, behaviour, and disability (Buchanan and Ritchie, 2004). Risks in the family include marital or family conflict, abuse or neglect, and prolonged separation that are stressful to the child within the home or care giving environment (Smith and Carlson, 1997). At the community and school level, risks can include bullying, racial tension and high drop-out rates, among others (Buchanan and Ritchie, 2004). At the environmental level, events such as war, poverty, displacement, or disaster seriously affect larger society and threaten families’ ability to cope (Boyden and Mann, 2000).
Factors and mechanisms used to measure resilience are rooted in western cultural understanding (Ungar et al, 2005). Swanson and Spencer (2003), among others, have looked at resilience in minority or ethnically diverse youth and point to the difficulty in applying the concepts to diverse groups of youth. According to Boyden and Mann’s (2000 from Ungar, 2004) research on youth in extreme situations in developing countries, childhood, vulnerability and well-being are all culturally constructed, diverse and shifting. The same factor will not be universally risky, making it difficult to determine risk without the context in which it occurs in (Boyden and Mann, 2000). Thus, risks factors need to be explored carefully as they are firmly rooted in the context in which they occur.

Wickrama and Kaspar (2007) conducted a mental health study of 325 adolescents and their mothers in Sri Lanka², four months after the tsunami. They found that exposure to the following risk factors increased the likelihood of adolescent depression and post-traumatic stress disorder: property destruction, prolonged displacement from family, loss of social networks, death of family members and peers and poor mental health of mothers (Wickrama and Kaspar, 2007). During post-tsunami psychosocial rehabilitation programming that I was involved in India, children reported an increase in the following risks after the tsunami: alcoholism, domestic abuse, caste violence and child labour, among others (Cook et al, 2006).

Multiple risk and protective factors are at work in resilience, in other words the more risk factors present the worse off a child will be, while the more protective factors present, the better off a child will be (Rutter, 1999). Accumulated risk factors are more likely to lead to vulnerability, than the experience of one risk (Rutter, 1999; Woodhead et al, 2003). In addition, the length of exposure is important, the longer the exposure the more likely the negative reaction (Rutter, 2000). Therefore, children exposed to fewer risks for a shorter period of time are more likely to be resilient. The severity of the risk, such as witnessing the death of a family member compared to witnessing the destruction of a neighbours home, may also impact the child’s ability to show resilience (Pynoos et al 1998).

The tsunami was an acute or one time risk that, due to the level of destruction, aggravated other chronic risk factors such as poverty and caste violence (Cook et al, 2006). Wickrama and Kaspar (2007) further distinguish between the primary risks of the tsunami, such as the number of deaths and the extent of property destruction and secondary affects such as displacement, separation, increased family conflict, loss of social networks, and poor mental health in mothers, among others. Secondary stressors after a natural disaster can increase the risk of mental disorder, render readjustment more

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² Sri Lanka is a close geographic neighbour of India and particularly the state of Tamil Nadu. Sri Lanka shares a similar culture and heritage with India, yet there are also many significant differences. Therefore it is interesting to consider the data, but caution must be applied in any direct comparisons.
difficult, disrupt the provision of outside support, and result in maladaptive coping mechanisms (Pynoos et al, 1998). This continual process of sometimes escalating risk worries researchers.

Negative chain reactions, a vicious cycle of vulnerability, occur when one negative experience makes it more likely for another to occur and thus more difficult for a child to prove resilient (Rutter, 2000). For children who experienced the tsunami, those who experienced loss and destruction and did not have a supportive family (as measured through increased domestic violence, parental alcoholism and mental health) were less likely to avoid depression and post-traumatic symptoms (Wickrama and Kaspar, 2007).

Rutter (1999) distinguishes between risk indicators, variables that predispose but do not cause the risk, and risk mechanisms which reflect the true risk. The tsunami had the greatest impact on the poor, as they were more likely to live near the ocean and have fewer economic resources to recover (Pomeroy et al, 2006). Although poverty can be considered a risk, it is more likely a risk indicator, and other factors, such as poor parenting may be the actual risk mechanism (Rutter, 2000). In Camfield and McGregor’s (2005) review of resilience in developing countries, they found that social resources amongst the poor were considerably strong.

Thus, despite the fact that risks can be inferred, there is no way to understand how these risks are perceived and affect children as there are yet no available studies on the social and cultural understanding of risk and resilience for tsunami victims in India. As previously noted, rather than classify factors as risky, the IRP looks at the tensions that exist for an individual. This is a helpful way to refer to situations, because of the difficulty in identifying risks in non-western environments. It can be inferred that the tsunami would have aggravated each level of tension, particularly access to material resources, which compounded poverty by washing away or rendering useless, virtually everything. Relationships would have been severely impacted because women and children numbered the highest amongst the dead and were the most severely traumatized, and children’s peer networks were severely impacted (Cook et al, 2006). For some communities along the coast of Tamil Nadu, the tsunami increased community cohesion bringing people together in their time of need (Cook et al, 2006). Yet, in other communities the tsunami increased caste violence, reducing community cohesion in the search for scarce resources (Cook et al, 2006). Social justice may have also been negatively impacted, if communities had negative experiences around caste issues after the tsunami.

Support for Children’s Well-being
Protective factors characterize the strategies children use to mitigate or cope with risk (Boyden and Mann, 2000). Protective factors include individual resources such as ‘age, temperament, sense of
humour, memory, reasoning, perceptual competencies, sense of purpose, belief in a bright future, and spirituality’ (Boyden and Mann, 2000, 6). Masten (2006, 3) believes that ‘normal cognitive development’, represented through IQ and attention skills, is the most important protective factor at the individual level, while Rutter (2000, 671) believes it is ‘high self-esteem, self-efficacy and planful competence’. Interpersonal relationships can also act as protective factors for children, such as the existence of a supportive and caring adult, strong attachment to family members, mentors, and peers (Boyden and Mann, 2000). External protective factors at the community level may include good educational opportunities and a supportive environment (Buchanan and Ritchie, 2004). At the environmental level, protective factors can include socioeconomic advantage, religious affiliation, and a strong education system (Masten, 2006).

These four levels of protective factors, at the individual, family, community and environmental level are also represented in Werner and Smith’s longitudinal study of children on Kauai. Consistent protective factors emerged in this ground-breaking study such as a temperament that garnered positive responses from others, the ability to plan ahead, supportive caregivers as well as opportunities in later life that gave children a second chance such as faith groups, military service, work or marriage partners (Werner, 1996). Werner (1996) argues that the sense of hope or belief that things will work out is pivotal to an individual’s resilience.

It is important to note that, as with risk factors, it is difficult to determine protective factors across culture, context and time. Positive outcomes, according to Ungar and colleagues (2005, 8) are imbedded in the culture and ‘culturally-biased instruments’ are unable to catch this. A protective factor for one child may not be the same for another or even for that same child at a different time, as factors are firmly rooted in the context in which they appear. Boyden and Mann (2000, 15) suggest that there are some protective factors that apply across cultures such as ‘intelligence, temperament, good parenting, and family relationships early in life’. Nevertheless, the protective quality exists through the process rather than the variable itself (Rutter, 2000).

According to the IRP study, resilient children were compared with non-resilient children to identify ‘patterns and resources’ that resilient youth used within their particular context (IRP, 2006(a). Young people who were characterized as resilient in the Child and Youth Resilience Measure\(^3\) relied more heavily on all aspects of their ecology than their non-resilient peers (IRP, 2006(a). The biggest discrepancy between children who were characterized as resilient and those who were not was the

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\(^3\) The Child and Youth Resilience Measure is combination of data collected through questionnaire and qualitative interview, including a wide spectrum of data from both the traditional western conceptualization of resilience, as well as cross-cultural understandings of the concept (IRP, 2006(a).
amount they accessed community factors, resilient children making more use of these factors (IRP, 2006(a).

For children who experience severe trauma, such as a natural disaster, resilience can not be expected until the trauma has ended and a ‘normative environment for development is restored’ (Masten, 2006, 1). In the case of a natural disaster, children who are resilient would have sufficient protective factors at the individual, family, and community level to help them recover. The factors present prior to the disaster will provide the platform from which the child manages the new stress and the amount to which these support factors have been impacted by the disaster will play an important role. How a child responds to the stress of a disaster will depend on the support available within that child’s social ecology (Pynoos et al, 1998).

It is interesting to consider what protective factors exist for tsunami victims, in an effort to understand the potential for resilience. Unfortunately, studies that focus on trauma in disaster pay little attention to the protective factors that help children develop positively despite the challenges. In Wickrama and Kaspar’s (2007) study of tsunami victims, they identified a strong relationship between mother and adolescent and good mental health of the mother as the two most important protective factors, the latter acting as a ‘buffer’, protecting children. In psychosocial programming in Tamil Nadu, active participation in the reconstruction process improved psychosocial wellbeing of children and community members involved in community development (Cook et al, 2006). Thus, one of the IRP tensions power and control was positively impacted through participation in reconstruction.

If an individual is successful in a particular area of his/her life, he/she is more likely to have the confidence to take on new challenges, eliciting a ‘positive chain reaction’ (Rutter, 1999, 131). Chain reactions are further affected by adaptive or maladaptive coping strategies, the more coping strategies an individual has the better his/her chance for success (Rutter, 1999). Turning points can have a positive impact on a child’s development, by breaking the cycle of negative events and providing new opportunities (Rutter, 1999). Similarly, some experiences are able to ‘neutralize’ or counter specific risks if they are closely linked to the risk (Rutter, 1999). Boyden and Mann (2000, 8) suggest that risk or crisis can also ‘lead to the development of protective processes that enhance resilience in children.’ Rutter (2000, 667) suggests that the same event can have a ‘sensitizing or steeling effect’ whereby the individual develops negative or positive attitudes about his/her ability to cope, leading to a decrease or increase in resistance to risk.

Children and communities in Tamil Nadu commonly sited culture, tradition and religion as the most important strengths in their lives (Cook et al, 2006). Children often related to me their belief that the
The tsunami was nature’s way of reminding people to care for the earth, an idea based on traditional wisdom. Children took comfort in this, and the control that it gave them, knowing that it was their job to improve the way they treated the earth. Thus, *cultural adherence*, one of the IRP tensions, gave children strength reinforcing their resilience. Cultural practice in India sees the individual as nested within the collective, the spiritual, natural and human world. Selfhood, one of the concepts of early resilience theory, does not necessarily exist in Hinduism, the major religion in Tamil Nadu (Boyden and Mann, 2000). Yet it can be argued that individuals have an *identity*, one of the seven tensions of the IRP study, even if this is defined by the collective. How children were able to negotiate their identity after the tsunami is a complex process that most likely included both protective factors such as a ‘collective sense of purpose’ as well as more difficult scenarios such as the discord in ‘community values’ as community members fought for control over scarce resources (IRP, 2006(a), 15; Cook et al, 2006).

**The Tsunami’s Affect on Children’s Resilience**

**Figure 1: The Tsunami’s Affect on Children’s Resilience**

- *Arrow entering circle*: The child is affected by the initial and secondary effects of the tsunami at each level of their ecology.
- *Arrow leaving circle*: The child affects, through his/her individual characteristics, the processes at each level.

The tsunami’s affect on children’s resilience can be explored more deeply through Figure 1, which draws from key resilience theorists such as Ungar and Rutter as well as Brofenbrenner. For children
who have experienced the tsunami in India, factors at the individual level such as gender, ability, temperament, problem-solving, and self-efficacy; factors at the family/relationship level, such as presence of caring adult, mentors, and peers; factors at the community level such as opportunities for education and employment, safety, and social equity; factors at the societal/cultural level, such as religion, culture, and tradition; and factors at the environmental/contextual level such as political, economic and social systems, affect children’s ability to cope (adapted from IRP, 2006). The furthest ring of the cycle also includes time because resilience is rooted in a specific time and does not necessarily persist (Rutter, 2000).

Ecological systems theory facilitates a deep exploration of the contextual layers influencing development as well as the interactions taking place between the layers (Brofenbrenner 1989 in Swanson et al, 2003). The factors that exist at each level, and their interaction, will contribute to or detract from a child’s resilience. By measuring the factors that existed prior to the tsunami and the affects of the tsunami on each level of a child’s ecology a clearer picture of a child’s resilience can be drawn. How children ‘negotiate and navigate’ their environment, making use of available factors, will determine children’s level of resilience (IRP, 2006(a), 19). The child will not only make use of protective factors in his/her ecology to overcome challenges, but will also affect each layer of his/her ecology, the affect gradually decreasing towards the outer layers of the cycle. By considering the child within his/her social ecology we are able to arrive at an understanding of resilience that is rooted in his/her culture, context and time as well as his/her own understanding of resilience.

Therefore, the reason some children who experienced the tsunami in Tamil Nadu will be resilient is because they had: positive experiences and supportive resources at each level of their ecology (particularly on the community level, according to IRP (2006) prior to the tsunami; had less severe initial experiences of the tsunami; had less severe secondary experiences of the tsunami combined with a stronger ability of family, community and society to mitigate the tsunami’s effects; and have individual characteristics and factors that are respected by the community and facilitate effective coping strategies. The reason that other children who experienced the same disaster will be less resilient is because they had: fewer positive experiences and fewer supportive resources within their social ecology, a more severe experience during the tsunami as well as more difficult secondary experiences (such as poor maternal mental health, according to Wickrama and Kaspar (2007)). These less resilient children would have fewer resources in their ecology to support them, as well as fewer individual characteristics that help them navigate through the tensions that exist in their lives. This explanation is intentionally left broad to account for the important differences in culture, context and time that affect the factors of children’s resilience in Tamil Nadu, India.
Critical Appraisal
Despite the challenges in understanding resilience in non-western settings, the focus on children’s individual strengths and abilities has meant drastic and extremely important changes in how practitioner’s work with children, solidifying its importance in child welfare (Barton, 2005). Resilience theory shifts the focus of research and practice to concentrate on the skills and abilities of children, viewing children as participants in their own lives capable of affecting their environments (Gilligan, 2001). This is particularly important in the context of natural disaster, where the tendency has been to perceive the majority of children as maladaptive and overcome by trauma, rather than as capable and resilient.

Resilience theory would benefit from incorporating children’s and communities own understanding of protection and risk, by incorporating different cultural perspectives explaining resilience on a global scale, as well as larger forces that impact whole populations (Boyden and Mann, 2000). During the post-tsunami psychosocial rehabilitation programming I was involved in children were asked to identify their key needs or challenges. As practitioner’s we were surprised to note that children ranked the problem of litter and mosquitoes in the village as a more serious problem than nightmares and intrusive thoughts (Cook and Currie, 2006). Thus, children and their communities need to be part of an active and ongoing process of defining resilience for their particular culture and context. If the concept of resilience was culturally specific, it may be more difficult for outside researchers to label factors as protective or risky, but patterns of resilience could be identified by local people within their own context, with the support of those outside researchers.

Little research has been conducted on childhood resilience in the face of natural disaster, which occurs primarily in the developing world. Instead studies have focused on the post-traumatic stress of natural disaster. Due to the short amount of time since the tsunami there has been no study of resilience after the tsunami. It will be crucial for studies to root the analysis of trauma and resilience within the local cultural context. Only then will we have a true picture of why some children who were exposed to the tsunami were able to cope and even thrive, while others were not.

Conclusion
Drawing from resilience theory research focused on cross-culture, disaster, ethnic minorities and developing countries, I propose that many children who are exposed to natural disaster, like the tsunami, will be resilient. If theorists are able to identify the patterns children use to develop their individual resilience then we, as community workers, will be much better able to develop services that help children navigate through the tensions in their lives and build on the resources that already exist at each level of their ecology.
Bibliography


