Studying Resilience Across Cultures

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ABSTRACT. This paper details the challenges researchers with the International Resilience Project encountered investigating resilience across cultures and contexts. The paper recounts the experiences of the global team who came together to develop a culturally embedded methodology to study resilience in fourteen communities on five continents. The team sought to better understand the phenomenon of resilience and in that process to examine critically the "nuts and bolts" of how to conduct cross-cultural social research. Specifically, the incongruity between Western research paradigms and indigenous forms of knowledge generation created three unique challenges: adapting research methods to different cultures, ensuring construct validity across sites, and resolving epistemological and methodological tensions. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address:*

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INTRODUCTION

Resilience research involving vulnerable children and youth examines the health-enhancing capacities, individual, family, and community resources and developmental pathways of those who manage not only to survive unhealthy environments, but also, against all odds, to thrive. Little attention, however, has been paid to the social and cultural context in which resilience emerges. A multiyear research program, the International Resilience Project (IRP), has formed a collaboration among a multidisciplinary team of researchers, service providers, and child advocates from 14 communities around the globe. This team, supported by leading methodologists and content experts concerned with the study of resilience, has been seeking to understand commonalities and differences in how the construct is understood across cultures and contexts. Concurrent with its research, the team has been careful to reflect on its own process and to document the "nuts and bolts" challenges of conducting a study that is culturally appropriate and egalitarian.

This paper outlines the challenges encountered establishing collaborations between *minority* (economically developed Western communities with European ancestry) and *majority* world communities and researchers (those from less economically developed countries, minority communities in Western nations, such as aboriginal populations, and nations with economies in transition, such as those in former East Block countries). This paper explores the complexity of bringing together a global research team to develop a common mixed methodology to study resilience and the issues that had to be resolved. Specifically, the IRP, a five-continent multisite study, was intended to address three methodological challenges: (1) how to adapt methods across cultures; (2) how to ensure construct validity in the study of resilience in different settings; and (3) how to resolve tensions regarding epistemology and research methods when studies of resilience are conducted across cultures and in multiple contexts. Though multinational collaborations are becoming more common and promoted by funding bodies, there has been little, if any, well-

considered commentary on the challenges these projects encounter. This paper will address this gap in theory and practice, examining how the IRP team resolved each of these three challenges while ensuring methodological rigor, cultural embeddedness, and contextual sensitivity.[1]

THE INTERNATIONAL RESILIENCE PROJECT

Each community that was invited to participate in the IRP brought with it the opportunity to explore diverse understandings of how children and youth in high-risk environments grow up healthy. The research sites include (1) Sheshatshiu in Labrador, a northern Canadian Aboriginal community struggling with cultural disintegration and high rates of suicide and substance abuse among young people; (2) Hong Kong, a context for studying children and youth in a country undergoing vast socio-political change; (3) both the Palestinian West Bank and Tel Aviv, Israel, communities with children and youth experiencing war; (4) Medellin, Colombia, a community of children and youth struggling for health in one of the most violent cities on earth; (5) Moscow, a city providing access to child and youth populations experiencing the turmoil of social and economic upheaval and related mental health challenges in a post-communist state; (6) Imphal, India, and the children where youth are living in poverty and sectarian violence; (7) Njoro, Tanzania and Capetown, South Africa, two communities struggling with the dual threat of HIV/AIDS and poverty; (8) Tampa, Florida, which provides access to a cohort of racially diverse children and youth with a range of mental and family-related health issues; (9) Halifax, on the east coast of Canada, with a sample of children and youth with mental and emotional challenges more typical of the resilience research done to date; (10) and Winnipeg, on the Canadian prairies, a community that brought to the study the diversity of youth in care in North America and a second sample of marginalized urban Aboriginal youth.

By inviting researchers from all 14 communities and experts interested in the topic to collaborate globally, the team embraced its diversity as a way to strengthen the construct validity of research outcomes. Of course, this has led to problems methodologically, as quantitative researchers on the team have rightly argued against such diverse sampling, while the qualitative researchers have pointed out that the variability built into the design will lead to "better" findings. Interestingly, all collaborators have found that the cross-cultural and methodological pluralism

among the team is one of the attractions to participate. Furthermore, the promise of comparisons across at-risk populations has intrigued many participants in the communities involved.

CULTURE AND RESEARCH

This research fits with a growing trend among health researchers globally who are seeking to deconstruct a Eurocentric bias in health discourses (see Swartz, 1998; Smith, 1999). This effort is more complicated than simply including multiple sites in minority world style research. Culture itself influences the discourse of science. Globally, there has been a lack of emphasis on indigenous ways of knowing (Smith, 1999). This despite a voluminous literature in the fields of transcultural psychology, cross-cultural social work, anthropology, critical psychology, medical anthropology, psychiatry, and medicine (see for example, Johnson-Powell & Yamamoto, 1997; Sue & Sue, 2003; Tseng & Streltzer, 1997) that endorses careful consideration of cultural contexts in research design. As noteworthy as these works are, few have tended to present more than theoretical arguments or brief exemplars from research that illustrate best research practices across cultures.

In contrast, when designing the IRP, elements of culture permeated all phases of the embedded research process (for related work, see Hughes & Seidman, 2002; Laverack & Brown, 2003; Sholz & Tietje, 2002). Cultural influences had to be accounted for at both individual (micro) and community (macro) levels. Discourses of science and, more specifically health phenomena (of which resilience is one), had to be deconstructed by the IRP team in order to break conceptual ground. For example, it was not enough to hypothesize psychological explanations for resilience, those most typically studied in North American and British contexts, such as Luthar's (2003) work. In a large number of the IRP's partner communities, the psychologizing of health, or focus on individuals as the nexus for health problems, is uncommon. Many communities place greater emphasis on the social and structural determinants of well-being. Thus, based on cultural differences, it was imperative that the IRP study a large number of factors, but with greater emphasis than is typically found in the study of resilience being placed on community and cultural factors (Ungar, 2005). Such divergence from standard approaches to resilience research proved necessary in order to develop a comprehensive research method-

ology that could work simultaneously in multiple sites and still provide data that could be aggregated both quantitatively and qualitatively.

RESILIENCE RESEARCH

Resilience is an ideal topic upon which to build an international collaboration and explore how to conduct research across cultures. In Western psychological discourse, resilience has conventionally been defined as either a state of well-being achieved by an at-risk individual (as in he/she *is* resilient) or as the characteristics and mechanisms by which that well-being is achieved (as in he/she *shows resilience to* a particular risk) (Masten, 2001; Rutter, 2001). More typically, we talk about resilience as both surviving and/or thriving despite exposure to risk. The resilience construct has come to represent both a set of behaviors and internalized capacities (Gilgun, 1999). Alternate understandings of resilience emphasize the way individuals and communities negotiate for health supporting resources, including the right to call themselves and their behaviors healthy. Ungar (2004) has argued that this more constructionist interpretation of resilience opens the door to interrogate cultural assumptions related to what is and is not a health outcome associated with survival for specific cultural groups.

Resilience research has grown exponentially in importance in response to two trends. First, researchers and health professionals have increasingly shown a desire to focus on the healthy behaviors of individuals who surprise their communities with positive outcomes. Such studies are increasingly common among populations at risk such as abused children, street youth, racial minorities, and poor urban youth (McCubbin et al., 1998; Ungar, 2004; Werner & Smith, 2002). The myth of unbreakable cycles of disadvantage and adversity, and expectations of in evitable negative outcomes occasioned by early retrospective clinical research has been corrected by normative, prospective, and longitudinal studies showing that resilience is likely to occur (Glantz & Sloboda, 1999; Rutter, 2001; Werner & Smith, 2001). Second, a focus on health, rather than pathology, seems to fit with an emerging trend in the health sciences that seeks to document people's own stories of survival. Thus, there has been a burgeoning interest in resilience and related strength-based approaches to populations under stress around the world (e.g., Klevens & Roca, 1999 [Colombia]; Markowitz, 2000 [Russia]; McCubbin et al., 1998 [Native American families]; Sharma & Sharma, 1999 [India]).

The current literature on resilience specifically makes reference more often to the need to consider cultural perspectives (Fraser, 1997; Greene, 2002; McCubbin et al., 1998; Walsh, 1998), though to date no international team has addressed the question: "Is resilience understood differently in minority and majority world contexts?" It is imperative this question is answered, as the dual trends of globalization (the export of minority world culture) and greater heterogeneity among minority world populations themselves, due to population growth trends and immigration, make it necessary to understand resilience from the perspective of multiple others. Researchers need to ask: "Are the factors that make youth resilient in Canada, the United States, and Britain the same ones displayed by 'resilient' youth in countries like Colombia, Hong Kong, Tanzania, India, and Russia?" "Can a similar conceptualization of the traits associated with resilience be identified in children affected by such geographically diverse aspects of trauma as war and forced resettlement in countries like Israel and Palestine and high rates of suicide and cultural genocide as found among the Innu people of Northern Canada?" Finally, "Is there a global common ground to be found in how resilience is understood across such cultures and contexts?"

Before cross-cultural understandings of health are possible, it is worth noting that even among minority world researchers, there is definitional ambiguity in such terms as risk factors, protective mechanisms, vulnerability, and resilience (Anthony & Cohler, 1987; Cairns & Cairns, 1994; Fraser, 1997; Glantz & Sloboda, 1999). Furthermore, in minority world contexts, where the bulk of resilience research has occurred, there remains little homogeneity in study outcomes with a wide range of psychological and ecological factors having been associated over the years with healthy functioning of high-risk children, youth, and families studied across relatively similar populations (Anthony, 1987; Combrinck-Graham, 1995; Gilgun, 1996; Glantz & Johnston, 1999; Hauser, 1999; McCubbin et al., 1998; Richman & Fraser, 2001). Thus, international comparisons and methodological innovations advanced by a team like the IRP may be reflexive for researchers even in minority world countries with populations that are themselves increasingly identified as heterogeneous. For example, Eastern Canadians who come from urban or rural communities may differ greatly; White middle-class children of European descent may or may not resemble middle-class second generation children who are visible minorities in their communities; Aboriginal Canadians may demonstrate strategies for resilience unheard of by members of more recently settled communities. Furthermore, as Dupree, Spencer and Bell (1997) explain, researchers have yet to sufficiently ex-

plore how to account for the way populations demonstrate their heterogeneity even when they share geography and history.

THE IRP'S THREE CHALLENGES

With these problems in mind, three challenges have been addressed by the IRP.

Challenge One: Adapting Methods Across Cultures

The first of these challenges is how to adapt methods across cultures. Although this topic is worthy of an entire text, a succinct review of a few of the quantitative and qualitative challenges the team faced provides examples of the barriers researchers encounter adapting methods.

Quantitative measures of resilience, for example, have shown themselves relevant to the study of resilience, though none has taken on the ambitious task of integrating the multiple perspectives of a global community (see Biscoe & Harris, 1994; Epstein & Sharma, 1998; Gilgun, 1999; Jew, Green, & Kroger, 1999). As the bulk of resilience research has taken place in English, the validity of instruments across cultures and contexts globally remains largely unknown (Cohen et al., 1998; Kaplan, 1999; O'Neal, 1999). The IRP has, instead, followed the lead of Gilgun (1996) and others, who note the need to develop research protocols and measures that account better for the implicit, though unintended, bias of researchers (cultural, contextual) and of the instruments they use (Blankenship, 1998; Hauser, 1999; Martineau, 1999). Therefore, rather than simply seeking consensus on the factors to be studied, team members have debated what the constructs under study *mean* in different contexts and included a period of contextualization in each community in order to discover how best to study resilience there. This was an iterative process in which multiple consultations were required. Budget restraints, however, meant the entire team could meet only twice face to face during the three-year project: once to design the study; a second time to discuss results and refine methods. The remainder of the communication occurred electronically or through individual site visits by lead members of the project.

Given this limitation, researchers with quantitative expertise were asked to focus on the process of understanding resilience through the development of an innovative self-report questionnaire for youth that

would have relevance to youth in each research site. A conceptually driven skeleton of a research tool was created in Halifax and distributed to all sites first. Each site then suggested topics and questions that would have relevance to them specifically. Through electronic and face-to-face negotiations, the IRP team agreed to explore 32 conceptual domains of resilience. Notably, many of these concepts did not originate in minority world contexts, but instead reflected culturally embedded majority world understandings of resilience. These 32 domains emphasize far less the individual psychological orientation typical of Western social scientists that defines health by "What *I* think and what *I* feel." The final list of the 32 domains the team agreed upon is contained in Table 1.

Next, lists of potential questions that explored each domain were generated through community consultations by partners in each site. Although questions were noteworthy for their relevance to each site alone, compiling questions that would work across all sites proved a difficult process. The final Child and Youth Resilience Measure (CYRM) that was developed, piloted, and validated went through many iterations during the course of the project. Noteworthy is the fact that when the final instrument was developed based on questions relating to each of the 32 domains, 25 of the 58 questions (43%) selected for inclusion in the study were individually focused. The remainder relate to family and relationships (7 questions), community (14 questions) and most significantly, cultural factors (12 questions).

Even with such an iterative process, adapting the CYRM to each context still presented problems. A number of concepts that were either inappropriate or irrelevant across all cultures still made it into the CYRM, in part, because of team members' willingness to compromise. For example, initially, the CYRM included questions suggested from North American site researchers that explored a youth's comfort with his or her sexual orientation. Questions were suggested like: "Are you aware of your own sexual orientation?" and "Do your parents restrain your wishes regarding sexual relations?" These questions only confused community members in a number of sites or made them feel uncomfortable having to share a question like this with both the elders overseeing the research and youth themselves. In several cases, it was argued, such discussions were completely outside the experience of the youth to be sampled. In the end, the questions that appear on the CYRM explore more general issues such as expressions of sexuality and attitudes of parents towards children's expression of their sexuality. Questions on the CYRM were modified to read: "Are you comfortable with how you express yourself sexually?" and "Do your parents respect how you express

TABLE 1. Attributes of Resilience

Category	Attribute
Culture	
	1. Affiliation with a religious organization
	2. Youth and their family are tolerant of each others' different beliefs
	3. Cultural change is handled well
	4. Self-betterment (betterment of the person and community)
	5. Having a life philosophy
	6. Cultural/spiritual identification
	7. Being part of a cultural tradition
Community	
	1. Opportunities for age-appropriate work
	2. Exposure to violence is avoided
	3. Government plays a role in providing for the child's psychosocial and physical needs
	4. Meaningful rites of passage with an appropriate amount of risk
	5. Community is tolerant of high-risk and problem behaviors
	6. Safety and security needs are met
	7. Perceived social equity
	8. Access to school and education
Relationships	
	1. Quality of parenting meets the child's needs
	2. Social competence
	3. Positive role models and/or mentor
	4. Meaningful relationships with others that bring acceptance
Individual	
	1. Assertiveness
	2. Problem-solving ability
	3. Self-efficacy
	4. Being able to live with uncertainty
	5. Self awareness
	6. Perceived social support
	7. Optimism
	8. Empathy
	9. Goals and aspirations
	10. Balance between independence and dependence on others
	11. Appropriate use of substances like alcohol and drugs
	12. A sense of humour
	13. A sense of duty to others, and/or self

yourself sexually?" Neither question carries a specifically heterosexist bias, nor does it introduce ideas of sexual orientation that may be unfamiliar to many youth in non-Western countries where discussion about sexual orientation is not common. The result has not necessarily satisfied all members of the IRP team. A compromise, however, has been to ask each site to include in their administration of the CYRM fifteen site-specific questions which are analyzed separately.

Qualitatively, methods also had to be adapted. Longitudinal narrative analysis, retrospective file reviews, interviews, focus groups, and the participatory use of audiovisual tools to document changes in growth and development have all been considered as ways to gather qualitative data in different cultures (Ungar & Liebenberg, in press; Denzin & Lincoln, 2003; Scholz & Tietje, 2002). IRP collaborators were adamant that culturally embedded techniques needed to be employed. The challenge, however, was how to generate qualitative data using different culturally appropriate techniques that could be pooled for analysis across sites.

Qualitative researchers associated with the IRP felt that a "toolbox" of techniques would be necessary (i.e., gathering everyday life histories, story-telling by youth, sharing circles, journaling, responding to short vignettes). Consideration was given to different levels of acceptable personal-disclosure and differences in pacing and formality in research relationships across cultures. High-context cultures, those that focus attention and resources on interpersonal relationships, such as the Innu, were in sharp contrast to lower-context cultures, like Russia, that are more task oriented and formal in their relationships between participants and researchers.

In order to ensure that similar data (detailed life histories that explored and defined the construct of resilience) were collected across all sites using different data collection techniques, the team agreed on a core set of nine "catalyst" questions that focused the research. These questions include:

1. What would I need to know to grow up well here?
2. How do you describe people who grow up well here despite the many problems they face?
3. What does it mean to you, to your family, and to your community, when bad things happen?
4. What kinds of things are most challenging for you growing up here?
5. What do you do when you face difficulties in your life?

6. What does being healthy mean to you and others in your family and community?
7. What do you do, and others you know do, to keep healthy, mentally, physically, emotionally and spiritually?
8. Can you share with me a story about another child who grew up well in this community despite facing many challenges?
9. Can you share a story about how you have managed to overcome challenges you face personally, in your family, or outside your home in your community?

In this way, methods, both quantitative and qualitative, were adapted for use by all 14 research sites. As the examples above illustrate, numerous decisions had to be made as time progressed to deal with problems as they arose.

Challenge Two: Ensuring Construct Validity

Even when methods were adapted, IRP team members struggled to ensure that what was being studied was the same across each site. Even the construct of resilience, a term relevant to all team members, showed itself to have a variety of definitions and understandings that reflected the cultural backgrounds of those helping to design the study. In several cases, researchers pointed out the *lack* of a specific word or concept to represent the notion of resilience in children in their culture. For example, there is no accurate Russian, Innu, Chinese, or Hindi word for resilience. In Russia, the team was told the concept of resilience is relatively new, and the Russian language has no word for "resilience," but instead uses the phrase, "способность к преодолению неблагоприятных жизненных обстоятельств" (the ability to cope with adversity). Among the Innu, community members who were consulted said resilience meant "hopefulness." In order to reach some consensus on what resilience is, the team found it useful to engage in contextualizing activities that involved team members sharing statistical and phenomenological data on children and youth in their communities to convey the challenges faced. From this contextualization, words began to have more meaning with the team eventually agreeing that resilience, a term most anchored in Western health discourse, means both "hoping and coping."

Even with some agreement on the overall construct, operationalizing resilience in ways that could be measured proved remarkably difficult. For example, in choosing outcomes, the team decided that coping well with threats of violence was a sign of resilience in all 14 communities.

But what does good coping when faced with violence look like? In Imphal, India, for example, violence has become the normative behavior for youth and adults when responding to the political and social difficulties they face. However, there is disagreement among caregivers in that community as to whether participation by young people in paramilitaries (an act of nationalism) is a sign of resilience or whether staying in school and not participating in armed resistance is a healthier path to personal and community growth and development.

Beyond definitional ambiguity and multiple perspectives on outcomes, IRP team members also struggled to agree on the age of participants who would be sampled. The issue of age is an exemplar in this research of the differences in how constructs like resilience are researched in multiple contexts. Minority world researchers on the team mistakenly assumed that agreement could easily be reached on the age of the study's participants. Deciding this proved emblematic of the kind of cross-cultural differences overlooked in children's research. Initially, it had been proposed that youth 14-17 years of age participate. However, while the team agreed that transitions from one developmental stage to another are important life events, and that youth who are at this transition point would be studied, *the timing of this transition and the events that mark it vary considerably across cultures* (Arnett, 2004). The group took the controversial step of sampling youth of *different* ages in different communities. Elders were consulted as to what age youth are when they begin to make the transition to an adult status in their community. This has meant, for example, that in Labrador, Canada, youth aged 11-13 participated, as this is the age at which young people make decisions regarding smoking, drugs, and sexual relationships, as well as become actively engaged with subsistence activities when living on the land (hunting, meat preparation, driving and maintaining snowmobiles, etc.). Similarly, youth between the ages of 12 and 13 in Hong Kong face important transitions related to their educational paths with choices being made that greatly influence future schooling and careers. However, in other sites, such as Russia and Israel, the transition to a more adult-like status can be delayed due to economic constraints related to becoming independent or anticipated military service. In both cases, the transition to adult status may not take place until the youth are 16, 17 or even 18 years old.

As these examples illustrate, finding consensus on what terms mean and how they are operationalized has required flexibility and challenges to standards of practice commonly found in research that is better at accounting for behavior in homogenous populations.

Challenge Three: Resolving Tensions

The third challenge facing IRP team members was to resolve a number of different epistemological and methodological tensions that arose related to Western research methods intersecting with indigenous and non-Western cultural ways of knowing.

The first and most pronounced of these tensions was how to account for both heterogeneity and homogeneity in the sample. The point of the research was of course to embrace variability in the design in order to see what, if any, commonalities exist across cultures, while also documenting how each understands and manifests resilience. However, two key issues arose during face-to-face discussions to identify core research topics. Researchers were concerned that there would be a loss of specificity if too many factors were grouped under one conceptual domain. On the other hand, there was also concern that many domains for study were too idiosyncratic, relating to specific cultural contexts and difficult to translate. For example, when trying to explain the idea of "self-betterment" (one of the culturally embedded constructs identified by colleagues in Hong Kong) to non-Chinese colleagues, phrases such as "self-reliance," "to regenerate oneself," "to improve oneself," "having a personal philosophy," "living in harmony," "not fighting it," and "not resisting it" were suggested as translations. None, according to the Chinese site researchers, adequately expressed what was meant in the context in which the concept was first generated. The team's solution has been to tolerate this lack of specificity, realizing that such difficulties with translation and back translation have been commonplace for those in non-Western contexts who have had to adapt minority world test instruments. The difference in this study, however, is that because the design allows for the import of concepts from majority world contexts on an equal footing with minority world concepts, the result is the unusual situation of the minority world researchers having to be highly adaptive. In this way, the IRP has sought to identify common elements to resilience across all sites (a search for homogeneity) while also, through the use of site-specific questions, qualitative methods, and document differences.

Epistemological and methodological tensions also have meant having to review a number of ethical decisions and finding unique ways to resolve each. These tensions can be grouped under the topics of confidentiality and safety, consent forms, ethical review processes, and the usefulness of the study to the communities involved.

Confidentiality and Safety

The issue that was most difficult for the group to resolve was the differences in mandated reporting of child abuse across settings. Although there was no simple resolution to this tension between minority and majority world communities, it was agreed that in every site, an advisory committee would be consulted to ensure that violence against children, when found, would be referred to authorities with the power to protect the child.

Equally challenging were issues related to confidentiality and anonymity. In small communities, it is not possible to offer anonymity nor is anonymity always valued in the same way in different cultures. Alternately, in some contexts, the threat of breaking confidentiality can have serious consequences. In Medellin, Colombia, for example, where youth participants may live in dangerous communities or homes, participation in a study, especially if audio and video recordings are made, requires far more trust than many youth or their elders are likely to extend to researchers. Participants face the very real threat that comes with their being identified as being in collaboration with people from outside their communities who may be gathering information on illegal or paramilitary activities. Such issues were resolved by relying on local people to assist with the research where possible and by negotiating access to communities through informal and formal gatekeepers, such as church clergy in Colombia, educators in India, and street leaders in Tanzania.

Consent forms. In minority world nations, written consent is routinely required for studies such as this. However, in sites such as Russia, Palestine, Colombia, and India, participants are suspicious about signing a consent form. It was strongly felt that there needed to be the option of requiring only verbal consent in most sites in order to ensure that the research process did not dissuade potential participants from engaging with the researchers. This took some time to negotiate with the ethics committee at the host North American institution, although a convincing argument was eventually made that to require signed consents would seriously compromise the safety of many participants.

Ethical review processes. In many research sites, rigorous review of the research locally by an ethics board was not possible. In several settings such structures do not exist. In Russia, for example, there are currently no institutional ethical review processes for social science research. In the face of such problems, the IRP research design was passed through an ethics review at the host Canadian institution with site-specific ethics reviews carried out under the guidance of researchers locally. Each site was asked to detail its procedures for receiving ethics

approval in their communities. There was great variability in how this was done, from simply consulting with colleagues and experts on children's health (India) to formal reviews at universities (Hong Kong).

Usefulness to communities. Many communities, especially those in majority world contexts, were suspicious of research that did not directly benefit their communities. Members of the research team were asked by community leaders for evidence of tangible results from the study. This was not an easy condition to satisfy, except to explain that each community would be provided a profile of the factors that appear to influence positive outcomes among youth at risk. Data could then be used to make the case for much-needed youth services or to highlight community strengths and accomplishments. Several other benefits were also emphasized, such as links to world "experts" on children's health; the possibility of leveraging participation in the IRP to secure other funds from national bodies (something that has been successfully accomplished in Hong Kong, Russia, Colombia, and Canada); travel and training opportunities for the site researchers; and finally, networking with other communities globally that face similar challenges. However, the insistence on a concrete return by some majority world communities has made the research team reconsider what is and is not meaningful research. Future research is to build in much more of a Participatory Action Research component (Minkler & Wallerstein, 2003) in order to provide all communities with the resources to use the results from the IRP in advocacy for youth locally. Although not always required by minority world communities as a precondition for their participation, the need for more participatory methods is a requirement for proper engagement with economically challenged communities with less history of involvement in research.

CONCLUSION

Members of the IRP have encountered many challenges to conducting health-related research across multiple contexts and cultures. Resolving the tensions discussed above has led to the breaking of new ground conceptually and methodologically. The lessons gleaned from this project are potentially of use to other researchers who are now pushing for cross-cultural studies that avoid a Eurocentric bias. In these efforts, researchers have had few guideposts. Seldom are the practical pitfalls and necessary compromises documented that are necessary to make such research successful.

As much as has been accomplished, the truth is that the IRP failed to ensure fidelity to all aspects of the research process and the participatory principles with which it began. Even with many concessions made to allow each site to individualize its methods, at times it remained impossible to adequately monitor progress or to ensure the smooth exchange of information. The minutia of the research process proved daunting. Simple tasks, such as trying to print out a document at an internet caf, in rural India or downtown Dar es Salaam, Tanzania, demonstrated the futility of trying to share .pdf files efficiently. The result was not only a problem ensuring fidelity, but also the marginalization in the team's communication of those who lacked quicker means of communication.

Such practical issues need to be addressed if the larger tensions related to adapting methods, ensuring construct validity, and addressing ethical, and other methodological and epistemological challenges are to be resolved. Although the IRP may break a number of conventions, researchers remain cognizant that colleagues from communities with either a less well-established social science research tradition, or cultural norms that conflict with minority world research practices, would have conducted this study of resilience in ways far different from those that were chosen collaboratively. The team has had to embrace controversy and continue as a group to seek solutions that fit with different contexts and cultures. The methodological implications of this work, therefore, extend beyond the study of resilience, potentially transforming health-related research with children and youth by addressing cultural sensitivity and methodological rigor, two tensions in multisite research that, as shown here, can be dealt with effectively.

NOTE

1. For more on the results from this study see Ungar and Liebenberg (in press) or the project website for forthcoming publications and reports: www.resilienceproject.org.

REFERENCES

Anthony, E.J. (1987). Risk, vulnerability, and resilience: An overview. In E.J. Anthony & B.J. Cohler (Eds.), *The invulnerable child* (pp. 3-48). New York: Guilford Press.

Anthony, E.J. & Cohler, B.J. (Ed.) (1987). *The invulnerable child.* New York: Guilford.

Arnett, J.J. (2004). *Adolescence and emerging adulthood: A cultural approach, 2nd ed.* New York, NY: Jossey-Bass.

Biscoe, B. & Harris, B. (1994). *Adolescent resiliency attitudes scale manual*. Oklahoma City, Oklahoma: Eagle Ridge Institute, Inc.

Blankenship, K.M. (1998). A race, class, and gender analysis of thriving. *Journal of Social Issues, 54*(2), 393-404.

Cairns, R.B. & Cairns, B.D. (1994). *Lifelines and risks: Pathways of youth in our time*. Cambridge, England: Cambridge University Press.

Cohen, L.H., Cimbolic, K. Armeli, S.R. & Hettler, T.R. (1998). Quantitative assessment of thriving. *Journal of Social Issues, 54*(2), 323-335.

Combrinck-Graham, L. (Ed.) (1995). *Children in families at risk*. New York: Guilford.

Denzin, N. & Lincoln, Y. (2003). Introduction: The discipline and practice of qualitative research. In N. Denzin & Y. Lincoln (Eds.), *The landscape of qualitative research: Theories and issues, 2nd ed.* (pp.1-46). Thousand Oaks, CA: Sage.

Dupree, D., Spencer, M.B. & Bell, S. (1997). African American children. In G. Johnson-Powell & J. Yamamoto (Eds.), *Transcultural child development: Psychological assessment and treatment* (pp. 237-268). New York: John Wiley & Sons.

Epstein, M.H. & Sharma, J.M. (1998). *Behavioral and Emotional Rating Scale (BERS)*. Austin, TX: PRO-ED.

Fraser, M. (Ed.) (1997). *Risk and resilience in childhood: An ecological perspective.* Washington, DC: NASW Press.

Gilgun, J.F. (1996). Human development and adversity in ecological perspective, Part 1: A conceptual framework. *Families in Society, 77*(7), 395-402.

Gilgun, J.F. (1999). Mapping resilience as process among adults with childhood adversities. In H.I. McCubbin, E.A. Thompson, A.I. Thompson & J.A. Futrell (Eds.), *The Dynamics of Resilient Families* (pp. 41-70). Thousand Oaks, CA: Sage.

Glantz, M.D. & Johnson, J.L. (1999). *Resilience and development: Positive life adaptations*. New York: Kluwer Academic/Plenum Publishers.

Glantz, M.D. & Sloboda, Z. (1999). Analysis and reconceptualization of resilience. In M.D. Glantz & J.L. Johnson (Eds.), *Resilience and development: Positive life adaptations* (pp. 109-128). New York: Kluwer Academic/Plenum.

Greene, R.R. (Ed.) (2002). *Resiliency: An integrated approach to practice, policy, and research.* Washington, DC: NASW Press.

Hauser, S.T. (1999). Understanding resilient outcomes: Adolescent lives across time and generations. *Journal of Research on Adolescence, 9*(1), 1-24.

Hughes, D.L. & Seidman, E. (2002). In pursuit of a culturally anchored methodology. In T.A. Revenson et al. (Eds.), *Ecological research to promote social change: Methodological advances from community psychology* (pp. 243-255). New York: Kluwer.

Jew, C.L., Green, K.E. & Kroger, J. (1999). Development and validation of a measure of resiliency. *Measurement and evaluation in counseling and development, 32* (2), 75-89.

Johnson-Powell, G. & Yamamoto, J. (Eds.) (1997). *Transcultural child development: Psychological assessment and treatment*. New York: John Wiley & Sons.

Kaplan, H.B. (1999). Toward an understanding of resilience: A critical review of definitions and models. In M.D. Glantz & J.L. Johnson (Eds.), *Resilience and development: Positive life adaptations* (pp. 17-84). New York: Kluwer/Plenum.

Klevens, J. & Roca, J. (1999). Nonviolent youth in a violent society: Resilience and vulnerability in the country of Colombia. *Violence and Victims, 14,* 311-322.

Laverack, G.R. & Brown, K.M. (2003). Qualitative research in a cross-cultural context: Fijian experiences. *Qualitative Health Research, 13*(3), 333-342.

Luthar, S. (Ed.) (2003). *Resilience and Vulnerability: Adaptation in the context of childhood adversities.* New York, NY: Cambridge University Press.

Markowitz, F. (2000). *Coming of age in post-soviet Russia*. Chicago, IL: University of Illinois Press.

Martineau, S. (1999). *Rewriting resilience: A critical discourse analysis of childhood resilience and the politics of teaching resilience to "kids at risk."* Unpublished Doctoral dissertation, University of British Columbia, Vancouver, BC.

Masten, A.S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist, 56*(3), 227-238.

McCubbin, H.I., Fleming, W.M., Thompson, A.I., Neitman, P., Elver, K.M. & Savas, S.A. (1998). Resiliency and coping in "at risk" African-American youth and their families. In H.I. McCubbin, E.A. Thompson, A.I. Thompson & J.A. Futrell (Eds.), *Resiliency in African-American families* (pp. 287-328). Thousand Oaks, CA: Sage.

Minkler, M. & Wallerstein, N. (2003). Introduction to community based participatory research. In M. Minkler & N. Wallerstein (Eds.), *Community-based participatory research for health* (pp. 3-26). San Francisco, CA: Jossey-Bass.

O'Neal, M.R. (1999). Measuring resilience. [On-line] Paper presented at the Annual Meeting of the Mid-South Educational Research Association, Point Clear, AL. Retrieved from EDRS, document #ED436574.

Richman, J.M. & Fraser, M.W. (Eds.) (2001). *The context of youth violence: Resilience, risk and protection.* Westport, CT: Praeger.

Rutter, M. (2001). Psychosocial adversity: risk, resilience and recovery. In J.M. Richman & M.W. Fraser (Eds.), *The context of youth violence: Resilience, risk and protection*. Westport, CT: Praeger.

Scholz, R.W. & Tietje, O. (2002). *Embedded case study methods: Integrating quantitative and qualitative knowledge*. Thousand Oaks, CA: Sage.

Sharma, N. & Sharma, B. (1999). Children in difficult circumstances: Familial correlates of advantage while at risk. In T.S. Saraswathi (ed.), *Culture, socialization and human development: Theory, research and applications in India* (pp. 398-418). Thousand Oaks, CA: Sage.

Smith, L.T. (1999). *Decolonizing methodologies: Research and indigenous peoples.* New York: Zed Books.

Sue, D.W. & Sue, D. (2003), *Counseling the culturally diverse: Theory and practice, 4th ed.* New York: John Wiley & Sons.

Swartz, L. (1998). *Culture and mental health: A southern African view.* Cape Town: Oxford University Press.

Tseng, W. & Streltzer, J. (Eds.) (1997). *Culture and psychopathology: A guide to clinical assessment.* New York: Brunner/Mazel.

Ungar, M. (2004). A constructionist discourse on resilience: Multiple contexts, multiple realities among at-risk children and youth. *Youth and Society, 35*(3), 341-365.

Ungar, M. (Ed.) (2005). *Handbook for working with children and youth: Pathways to Resilience across cultures and contexts.* Thousand Oaks, CA: Sage.

Ungar, M. & Liebenberg, L. (2005). *The International Resilience Project: A mixed methods approach to the study of resilience across cultures*. In M. Ungar (Ed.),

Handbook for working with children and youth: Pathways to Resilience across cultures and contexts (pp. 211-226). Thousand Oaks, CA: Sage.

Walsh, F. (Ed.). (1982). *Normal family processes.* New York: Guilford Press.

Werner, E.E. & Smith, R.S. (2001). *Journeys from childhood to midlife: Risk, resilience, and recovery*. Ithaca, NY: Cornell University Press.