The Australian Community Psychologist

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Editorial

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It is with great pleasure that members of the Lifespan Resilience Research Group at Edith Cowan University – Professor Lynne Cohen, Dr Catherine Ferguson, Dr Julie Ann Pooley, Dr Craig Harms, Dr Deirdre Drake, Dr Bronwyn Harman, and Dr Elizabeth Kaczmarek – present this Special Resilience Issue of *The Australian Community Psychologist*. A range of most interesting and diverse articles are presented here which demonstrates the importance of resilience across a range of domains and in different populations and contexts. The majority of the articles are based on recent research and the editorial team were most pleased to have received and been able to include contributions from different countries including Australia, Canada, the United States of America, and South Africa. A diversity of challenges faced by different individuals has been presented in the papers included in this Special Issue. Several important issues that affect communities throughout the world are also presented with articles demonstrating resilience in families, youth, nurses, illegal immigrants and individuals with addiction issues.

Our lead article by Cohen, Pooley, Ferguson, and Harms provides interesting information about Western Australian psychologists' understandings and definitions of resilience. This paper reveals a diversity of understanding and a range of definitions within the profession. However, it also reveals that considerable work still needs to be undertaken to promote the strength-based resilience approach to psychologists working in a range of contexts. This research has suggested that psychological training should include a strengths based approach to clients' issues as well as the current pathological approach.

One of the few articles not based on research follows as our second article. Abi-Hashem provides an interesting perspective 'On Cultural Resiliency' which presents the author's views on the integration of resilience with community and culture.

Articles three and four represent resilience in families. Cheeseman, Ferguson, and Cohen investigated the situation of single mothers within a resilience framework, finding that many aspects of the communities in which single mothers live affect resilient outcomes for these individuals. Griffiths and Pooley discuss the issue of resilience in families with same-sex parents.

The internationalism in resilience research is represented in Cameron, Theron, Ungar and Liebenberg who use a range of visual methodologies to give us an account of the challenges faced by youth in transitional or relocational situations. This paper reveals advantages of using such methods and processes to bring to life abstract constructs like resilience. The lessons learned by the authors will aid other researchers who wish to develop robust understandings of social phenomena. Continuing the theme of resilience in youth, Shean using an Australian population describes a model to explain how youth who had experienced risk navigated their way to resilience. Using a grounded theory methodology, Shean reports that resilient adolescents go through a process of response to risk, insight, letting go, and then recovery.

Koen, van Eeden, Wissing and du Plessis provide a qualitative analysis of resilience in professional nurses in South Africa. This research highlights the risk, protective factors, and vulnerability factors that affect nurses working in the public health system in South Africa and demonstrates differences between nurses who have positively adapted to the

challenges of their profession from those who have not. These differences are important for the profession which suffers from an acute shortage. This research may provide for the development of programs aimed at generating resilience in all nurses with a resultant increase in patient health care.

Chigeza and Roos' article on the resilience of illegal African migrants enables us to understand the challenge faced by this group of migrants. Using qualitative methodologies including the Mmogo-method^{TM}, a visual method for expression that uses a range of culturally appropriate materials, this article provides a detailed insight into the resilience of a 'hidden' population.

Lastly, Stevens, Jason and Ferrari have focused their research on the sense of community in the challenged context of substance abuse recovery communal housing. This paper intimates the importance of a sense of community as part of a resilience profile and how individual's perceptions of their community can affect their sense of wellbeing.

We hope that readers enjoy this diverse edition that reflects a range of resilience research from across the world, indicating the importance of resilience in a range of diverse contexts.

The Editors would like to thank Emanuela Sala and Myra Taylor, as well as the members of Lifespan Resilience Research Group, for their assistance in reviewing articles for this edition.

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Psychologists' Understandings of Resilience: Implications for the Discipline of Psychology and Psychology Practice

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Current adoptions of strength-based approaches, as suggested by the positive psychology movement, asks professionals to develop different perspectives on familiar constructs. Given that we have little understanding how psychologists define and work with psychological phenomena, this current study sought to determine how Western Australian registered psychologists understand resilience. The 213 participants were asked to provide definitions and information about their understanding of resilience via an open-ended questionnaire. Demographic questions included the level and year of qualification(s) and nature of psychological work undertaken. The definitions obtained from the participants were rated against definitions of resilience in the literature. The participants understandings of resilience were also assessed against the constructs believed to underpin resilience, as presented in the resilience literature. Although the concept of resilience is widely researched and much information is published in psychological journals, participants in this study did not fully articulate the concept and its relevance to strength-based approaches. As resilience provides an important basis for interventions that improve client outcomes, the results of this study have

Individuals are confronted with difficult challenges at some time during their lives. Psychologists across a variety of domains deal on a daily basis with clients who are facing adversity or some difficulty and historically a deficit approach has been adopted, focusing on what has gone wrong for clients (Adame, & Leitner, 2008; Tedeschi & Kilmer, 2005). Psychologists are trained to assist individuals to develop strategies which will assist them to manage these difficulties. Many psychologists work on an individual basis or through group interventions. Postgraduate psychology training programs traditionally do not include a focus on the strengths of the individual and more often focus on the deficits of the individual. However, a strength-based approach asks different questions and extends the information sought from the client with a resultant increase in options for interventions (Harniss, Epstein, Ryser & Pearson, 1999), and the potential to reduce future interactions with the mental health system (Tedeschi & Kilmer, 2005).

In recent times, the positive psychology movement has gained ground and encourages psychologists to operate from a different model with research reporting that human strengths can act as buffers against mental illness (Seligman & Csikszentmihalyi, 2000). Seligman and Csikszentmihalyi (2000) indicated that psychology had become "a science largely about healing" and that the "disease model does not move psychology closer to the prevention of . . . serious social problems" (p. 5) such as increases in violence.

Indeed, some individuals encounter very challenging situations which place them at risk for serious negative psychological, physical, and social consequences. However, not all individuals respond similarly to these types of challenging situations. Some go on to engage in antisocial and risky behaviours (e.g., crime, violence or substance abuse) while others go on to lead healthy and productive lives. What distinguishes this

latter group is the presence of a set of skills and attributes which are generally described as resilience.

This paper provides a short literature review on resilience which includes an overview of defining resilience by numerous theorists, and considers the facilitators and inhibitors of the use of resilience strategies in psychological practice. A research project investigating psychologists' understanding of resilience is presented. The paper concludes with implications for the discipline of psychology and psychology practice.

What is Resilience?

Early resilience research focused primarily on children who were at-risk for developing psychopathology (Anthony, 1974). Anthony noted that, despite numerous and significant risk factors, not all children who were considered "at-risk" developed mental health issues (Cicchetti & Rogosch, 2007; Curtis & Cicchetti, 2007; Flores, Cicchetti, & Rogosch, 2005; Luthar, Cicchetti & Becker, 2000; Martinez-Torteya, Bogat, von Eye, & Levendosky, 2009; Ungar, 2005a; Ungar, 2005b). Early researchers focused on the potentially negative effect of adversity, defining resilience in terms of outcome (i.e., people were resilient if they did not develop problems) (Garmezy, Masten, & Tellegen, 1984). Recently much research has been published examining the factors or skills that constitute resilience.

More recently, a strengths-based approach has been adopted where resilience is considered an ongoing process that promotes the positive adaptation or outcome despite significant adversity or trauma. The history of resilience research has developed to encompass a lifespan approach rather than focusing on the personal characteristics and personal qualities of resilient children. This approach was followed by regarding resilience as a dynamic process which is contingent on context. Additionally some research has focused on the psychological, biological and environmental-contextual processes from which resilience eventuates. Finally there is

the view that individual attributes, family aspects and the social environment (as well as culture) are significant in defining resilience. Therefore considering these aspects, resilience can be viewed as a multidimensional construct (Friborg, Hjemdal, Rosenvinge, & Martinussen, 2003; Ungar 2008).

Defining Resilience

There is controversy in the literature as to whether resilience is a characteristic/personal quality, a process, or an outcome (Ahern, Ark, & Byers, 2008). As a result, defining resilience has been a challenge and a variety of definitions have been proposed. One reason for this challenge may be that resilience is a phenomenon that has been investigated by a variety of different professionals, in particular teachers, social workers, and psychologists.

In defining resilience as a *personal quality*, Ahern et al. (2008) mention that resilience is an "adaptive stress resistant personal quality that permits one to thrive in spite of adversity" (p. 32). In relation to resilience as defined by *process* Curtis and Cicchetti (2007) point out that resilience is "a dynamic process that is influenced by both neural and psychological self-organisations, as well as the transaction between the ecological context and the developing organism" (p. 811). Resilience has also been defined as a "dynamic process among factors that may mediate between an individual, his or her environment, and an outcome" (Ahern et al., 2008, p. 32). In relation to *outcome*, resilience has also been described as "a class of phenomena characterised by good outcomes in spite of serious threats to adaptation or development" (Masten, 2001, p. 228). Additionally, Rutter (2007) mentions that the concept of resilience "implies relative resistance to environmental risk experiences, or the overcoming of stress or adversity" (p. 205).

Other authors emphasise that resilience is a phenomenon that is characterised by *both* outcomes and processes. For example,

Leipold and Greve (2009) characterise resilience as a phenomenon which is defined by "the success (positive developmental outcomes) of the (coping) process involved (given the circumstance)" (p. 41). Rather than being guided by a specific philosophical orientation, a range of qualitative studies (Hegney et al., 2007; Schilling, 2008; Ungar et al., 2007) have investigated the concept of resilience, by asking participants how they would define the concept of resilience.

One adult participant in Hegney et al.'s (2007) study on individual resilience in rural people in Queensland Australia mentioned: "I tend to think of resilience a bit like a rubber ball. If it's under pressure or something it can actually spring back to its size and shape and carry on without sustaining undue damage" (p. 6). Interestingly this image of resilience as a 'rubber ball' and 'bouncing back' is an expression that has been used in other research and literature (see Smith, Dalen, Wiggins, Tooley, Christopher, & Bernard, 2008 who developed a Brief Resilience Scale assessing the ability to 'bounce back').

A further conceptualisation of resilience is proposed by Ungar (2008). He outlines an ecologically focused definition:

> *In the context of exposure to significant adversity, whether psychological, environmental, or both, resilience is both the capacity of individuals to navigate their way to health-sustaining resources, including opportunities to experience feelings of well-being, and a condition of the individual family, community and culture to provide these health resources and experiences in culturally meaningful ways.* (p. 225)

In an attempt to encompass a broader understanding of resilience which acknowledges the context and the developing nature of resilience over the lifespan. Pooley and Cohen (2010) offer a new definition of resilience as 'the potential to exhibit resourcefulness by using available internal and external recourses in response to different contextual and developmental challenges" (p. 34).

Through the array of definitions, it is apparent that defining resilience has been a challenge. Nevertheless, despite the vast range of definitions, to determine if someone is displaying a resilient profile two elements must co-occur: *adversity* (i.e., high-risk situation or threat) and *successful adaptation/competence* (Luthar et al., 2000; Masten, 2001; Schilling, 2008). As maintained by Schilling (2008), adversity is evaluated according to negative life circumstances. Adaptation, on the other hand, is defined as successful performance on age-developmental tasks.

Effects for Research and Practice

The lack of a concise definition of resilience has resulted in numerous and varied inconsistencies between research studies and may be hindering an understanding and creating some confusion within the helping professions (Lightsey, 2006; Smith, 2006). For example, it is difficult to compare the results of a study that measured outcome versus one that measured process. Importantly, research in this area may even be *hindered by the lack of a clear definition* of resilience and what gives rise to it (Harvey, & Delfabbro, 2004). To date, most definitions have been developed according to an individual researcher's philosophical and professional orientation. This definitional bias can directly influence a study's methodology including the choice of participants, measures and variables of interest.

Resilience and related skills vary with context, time, age, gender, and cultural origin (Garmezy, 1985; Garmezy, & Rutter, 1985; Rutter, 1985; Werner & Smith, 1992); however the focus on children and adolescents by some researchers has meant that practitioners may not see the relevance for other populations (Lightsey, 2006). Resilience research has demonstrated the existence of several factors which characterize the concept. These factors may include courage, future mindedness,

optimism, interpersonal skill, faith, work ethic (Seligman & Csikszentmihalyi, 2000), equanimity, perseverance, and meaning in life (Wagnild & Young, 1990). Loss of meaning for the individual can be related to mental pain (Frankl, 1963, cited in Lightsey, 2006) and meaning in life has been inversely related to mental pain (Orbach, Mikulincer, Gilboa-Schechtman, & Sirota, 2003). Bonanno (2004) reiterates that resilience is more than just recovery from an adverse event and, although research focuses on the pathological symptoms and how they should be addressed. Practitioners therefore may not always understand that resilience can affect how an individual reacts to events such as bereavement or trauma. Additionally, Bonanno indicates that there are multiple and unexpected pathways to resilience and practitioners should consider the factors that negatively affect how individuals may react to adversity. This information could then be used in a positive manner to produce the potential protective factors.

Resilience as a Counselling and Psychological Medium

There has been considerable debate in the literature about the use of strength-based counseling and interventions with several theorists intimating the need for the helping professionals to adopt such a direction, moving away from a pathological approach (Kaczmarek, 2006; Smith, 2006; Tedeschi & Kilmer, 2005; Wartel, 2003). Wellness and prevention programs are becoming increasingly important in the community (Miller, 2001). Positive affect enhances health, produces fewer symptoms and less pain (Pressman & Cohen, 2005); increased life satisfaction and protection against negative emotion (Cohn, Fredrickson, Brown, Mikels & Conway, 2009). A bi-directional relationship between positive affect and success has been reported (Lyubomirsky, King, & Diener, 2005). Although much of the research involving resilience has been undertaken with children and youth, there is recognition that resilience across the lifespan is an important construct for general well-being and that even in old age, facing death,

resilience has a role (Neimeyer, 2005).

Other aspects of resilience such as family resilience also influence well being (Walsh, 2003). Resilience can also be improved through non-directive person-centred therapy (Friere, Koller, Piason, & da Silva, 2005). Other examples include the use of resilience as a moderator of chronic pain treatment as opposed to the use of prescription drugs (Karoly & Ruehlman, 2006); and resilience as applied in the understanding of trauma (Goodman & West-Olatunji, 2008).

Health professionals are encouraged to self care to ensure that they operate effectively. Operating from a strength-base has been promoted. Osborn (2004) discusses this strength-based approach in terms of stamina as opposed to the negative or pathological dimensions of stress and coping. Therefore there are two aspects which have emerged as significant for the use of strength-based approach; its importance and relevance when working with clients, and for self care in the health professionals themselves.

Facilitators and Inhibitors for the Application of Resilience in Psychological Practice

According to the diverse literature that is available, psychologists working in a variety of contexts with clients of different ages and backgrounds should be aware of and understand the construct of resilience. However, there are several issues that may impact on the practical application of this knowledge by psychologists. Issues such as organisational requirements, the climate within the organisation to adopt new methods or strategies may reduce opportunities for psychologists to apply new knowledge. The culture of organisations towards the adoption of new initiatives or innovation can affect the successful implementation of innovation (Klein & Sorra, 1996). This issue is discussed further by Simpson (2002) who presented a review of the situation into the acceptance of research in practice and suggested that organisational practices are often inhibitory.

There is also a divide between research and practice whereby empirical findings are not

always adopted by clinicians for many reasons (Cohen, Sargent, & Sechrest, 1986; Cook, Schnurr, & Foa, 2004; McLeod, 2003) such as the generalisability or applicability of the research (Stricker & Trierweiler, 1995), consistency with the clinician's expectations (Morrow-Bradley & Elliott, 1986) and cultural applicability (Castro, Barrera, & Martinez, 2004). Time constraints also affect the ability of practitioners to locate and implement research findings that also need 'translation' into intervention strategies (Morrow-Bradley & Elliott, 1986; Saul et al., 2008a). Although the scientist-practitioner model is promoted in psychology courses, in reality a variety of organisational and/or personal issues impact on its application (McLeod, 2003; Stricker & Trierweiler, 1995); and although researchers should include practitioners in research to facilitate the applicability of research to practice, this is not often achieved (Castro et al., 2004; McLeod, 2003) or may be addressed with considerable effort from both parties (Saul et al., 2008b).

For example, Saul et al. (2008a) reported on a long process of discussion to identify barriers and solutions to the acceptance of violence prevention programs. McLeod (2003) suggested that revisiting the practitioner-researcher relationship would benefit all and that it is difficult for practitioners to combine the roles. Bridging the gap requires the involvement of funders, researchers, practitioners and clients with evaluations being conducted to determine their efficacy (Wandersman, 2003). Funding policies and accountability are also potential inhibitors of the acceptance of new programs (Wandersman et al., 2008). Similar criticisms about the research practitioner gap exist in medical research (Clancy & Cronin, 2005; Eagle, Garson, Beller, & Sennett, 2003). Information on the practices of American psychotherapists reported that they produced on average of one published research study and three non research publications and read about five work related research articles per month and attended one and a half research

conferences per year (Morrow-Bradley & Elliott, 1986).

A project was developed to elucidate a comprehensive definition of resilience which could be used to develop further research and to raise awareness of the potential for the development of resilience as a tool for psychologist practitioners using a strengths-based approach to clients. The aim of this project was to investigate the understanding of resilience in registered psychologists with a view to developing an industry based definition. To avoid bias the current research adopted two strategies to investigate and develop a definition of resilience. First, a literature review was conducted to examine various understandings and definitions of resilience. This literature review was undertaken independently by a researcher not involved in the design of the questionnaire in the second part of the research. Second, a survey was conducted by forwarding a questionnaire to all registered psychologists in Western Australia. This study is the first known to report on the understanding of the concept of resilience by registered practicing psychologists.

Method

This study was designed to examine the understanding of the term resilience by a group of registered practicing psychologists. Rather than be guided by a specific philosophical orientation, a novel approach was adopted by surveying professionals who were expected to have some familiarity with the concept of resilience and its psychological components.

Participants

Participants were 213 psychologists registered in Western Australia with the Psychologists Board of Western Australia. The publicly available Psychologists Board of Western Australia register indicated 2387 registered psychologists with varying levels of training and expertise. This response rate of 9% was lower than expected, however there were 191 (8%) questionnaires returned through the postal system as "not known at the address". Differences, if any, between respondents and non respondents are not known; however, the respondents were

psychologists working in a range of positions, such as clinical, counselling, school/educational, organisational, forensic, clinical neuropsychology, sports and general psychology with the highest number (27%) indicating that they were clinical psychologists.

Materials

Each proposed participant was mailed the following:

Information letter: This letter outlined the aim and methodology of the study and provided information regarding confidentiality and the voluntary nature of the study.

Questionnaire: The questionnaire included demographic information including years of practice and primary group of clientele worked with (e.g., children or adults). This enabled an examination of the relationship between years of practice or type of clinical experiences and beliefs about the construct of resilience. In addition, the questionnaire asked participants to define resilience, to list at least two core components (major themes) of resilience, and at least five constructs (sub themes) that comprise those core components. In order not to bias responses, this measure consisted of open-ended questions and participants were asked to write their answers.

Procedure

Participants' addresses were obtained from the list of registered psychologists in Western Australia. Participants were mailed the information letter and questionnaire. To participate, psychologists returned the completed questionnaire using the stamped addressed envelope provided. The questionnaire was expected to take approximately 5 to 10 minutes to complete and no identifying information or code numbers were recorded. As the sample was large and there was no method to identify non responders, a follow up request was not sent.

Data Analysis

Several methods were used to assess the data collected. First, descriptive information about the year qualified and specialist title were extracted as defined by the Psychologists Board of Western Australia. Second, all responses were recorded in a matrix to enable the research team to assess the definitions provided and note those that appeared to demonstrate an understanding of resilience. The same matrix was used to record the components and constructs of resilience that were consistently endorsed by practitioners. A composite of definitions of resilience from the literature was used as a basis for measuring the definitions provided by the practitioners. Five major aspects of these definitions are shown in Table 1 and were used to score definitions from zero (no definition) to five, (a definition that included all aspects).

Whilst the above table suggests a hierarchical scoring, in reality, each item mentioned scored a point. Therefore a definition that only mentioned "bounce back" scored one. Similarly one that only indicated "use of resources" would score one. A definition that included both "bounce back" and "use of resources" would score two.

The definitions were read and scored independently by two researchers with an inter-rater reliability for the scoring of 91%. Further analyses using the demographic data were conducted using ANOVA to determine the scores across year qualified and specialist title role.

Results

Demographic data on the respondents is shown in Tables 2 and 3 and demonstrates a reasonable spread of years qualified with a good balance of pre 1990 and post 2005.

The demographic information provided a cross section of the work undertaken by psychologists. Although 73 respondents did not claim a specialist title, they did often indicate the nature of their work which supported the diversity of work in which psychologists are involved. Other information indicated that there was considerable diversity in the nature of the work undertaken and ages of clients with a range between working with children and adults across the lifespan. These data suggest that although the response rate was low, the respondents appear to represent a cross-section of psychologists in Western Australia.

Results from the questionnaire responses

Table 1
Aspects of Resilience Definitions used for Scoring

Score	What does the definition include?
0	No definition provided
1	Bounce back,
2	Bounce back, Adversity and adaptation/competence,
3	Bounce back, Adversity and adaptation/competence, Internal and external resources,
4	Bounce back, Adversity and adaptation/competence, Internal and external resources, Context/culture,
5	Bounce back, Adversity and adaptation/competence, Internal and external resources, Context/culture, Growth/learning

Table 2
Year Qualified

	Pre 1990	1990-94	1995-99	2000-04	2005+	Unknown
Year qualified	20%	10%	14%	17%	21%	18%

Table 3
Specialist Title/Work Role

	Clinical	Education	Counselling	Others	Not Specified
Number of Responses	58	33	24	25	73

are presented in two parts. Of the 213 questionnaires returned 44 were incomplete and 14 were identified as having serious misunderstandings, especially in relation to the component and construct questions. Data from the incomplete questionnaires was included in the data as return of the questionnaires implied participation by the respondent.

First the definitions of resilience will be presented, followed by the components and constructs that practitioners considered relevant for resilience. A qualitative approach to the analysis of the definitions allowed the analysis to be supported by direct quotes from respondents' definitions.

Definitions of Resilience

The most common definition of resilience was the narrow understanding of the ability to 'bounce back' or recover from a significant life event/ trauma with minimal long term consequences. However, several respondents

provided definitions that extended beyond this narrow view. Some considered resilience as:

> . . . a term of coping whereby a person accommodates the impact of a stressor by accepting the reality of the situation rather than resisting or avoiding, and stretches his or her resources beyond the previous norm.

> . . . the ability a person has to deal with positively with stress and/or trauma. It is the degree to which one can assimilate (negative) events in our lives and "bounce back" in the face of adversity.

> . . . an ability to survive, often in the face of multiple (or longstanding) stressors, or the ability to withstand difficult life circumstances. I think resilience can be seen when people adapt to extraordinary circumstances, perhaps by developing coping strategies (which need not be adaptive to later circumstances).

> Ability to accept life's challenges and work with them in a positive way. Resilience recognises a strength of mind and body, and can be built in any life stage.

> THRIVING – Resilience is the ability to 'bounce back' after a trauma, loss, major stress. It is the ability to feel the pain constructively, deal with it effectively, while growing from the challenge. Surpassing previous levels of functioning post the crisis/ trauma and thrive (not just survive).

> The ability to meet obstacles in life, learn from them, take action to cope with them, and derive a sense of meaning from them.

> The propensity of the individual or group of individuals (including a whole community) to maintain a stable mental set and competently manage both adversities and successes well. Self belief and values underpin the concept as so self management and appropriate skill sets.

Adversity and successful adaptation/ competence have been identified as two necessary aspects of resilience (Luthar et al., 2000; Masten, 2001; Schilling, 2008). The above definitions were chosen by the researchers as the most definitive amongst those provided by the psychologists. They account for accepting the challenge and stretching of resources that the individual normally accesses to allow them to survive and thrive. Some of the definitions include different life stages, the concepts of growth (thriving), learning, and a sense of meaning.

Components and Constructs of Resilience as Identified by the Psychologists

The mean number of components within the definitions provided was two. Using SPSS Version 18, two ANOVAs, one for specialisation and the other for year of qualification, revealed no specific differences in the scores applied to the definitions provided. The responses of the psychologists providing information on the construction of resilience suggested 14 major themes and 24 subthemes. The number of themes may appear large; however, the intention of this research was to encourage a breadth of factors that underpin resilience. These major and subthemes are shown in Tables 4 and 5. As the literature review indicated three aspects to resilience (personal resources, family connections, and social resources; Tedeschi & Kilmer, 2005), each of the themes was categorised into one of these three themes). In

the remainder of this paper, the terms major themes and subthemes will be used to describe these dimensions.

The questionnaire asked respondents to provide three components (themes) and constructs (sub themes) for each component. Some respondents had difficulty differentiating between components and constructs and answered the construct question in the component spaces. As indicated in Tables 4 and 5 most of the components and constructs indicated by the psychologists were included in the personal resources category, with few responses indicating social and none indicating family resources.

Two one-way ANOVAs with Scheffe Post Hoc analyses were conducted using SPSS Version 18 to investigate any differences between the specialised areas of psychology and year of qualification in the provision of numbers of major themes and sub themes. Prior to analyses major themes and subthemes were reviewed for relevance to resilience and any items that were not relevant were excluded from the analyses.

For specialisation there were no significant differences between the groups for the number of major themes. However, for subthemes the numbers provided by those who had not specified a specialisation were significantly different to the numbers provided by both counselling and clinical psychologists. Descriptive data is shown in Table 6. It should be noted that Levene's test for Homogeneity of

Table 4

Major themes from WA psychologists' responses to resilience

	MajorThemes	
1	Independence	Personal
2	Emotional control/regulation	Personal
3	Self-awareness	Personal
4	Support networks	Social Resources
5	Good Social skills	Personal
6	Cognitive maturity	Personal
7	Logical thinking	Personal
8	Realistic Locus of Control	Personal
9	Confidence	Personal
10	Inner resources	Personal
11	Self-reliance	Personal
12	Connected to other people i.e., family, friends or community	Social resources
13	Optimistic attitude	Personal
14	Ability to tolerate discomfort	Personal

Table 5
Sub-themes from WA Psychologists' Responses to Resilience

Sub-themes	
Physical health	Self-efficacy
Positive Self-esteem	Problem solving abilities
Intelligence	Goal setting
Planning skills	Perserverance
Social skills	Access to resources**
Future oriented outlook	Self help effectively
Lack of anxious thinking—not catastrophising situations	Spirituality
Emotion management	Seeing a larger perspective
Accurate self assessment	Sense of humour
Self analysis	Emotional intelligence
Flexibility	Reflective thinking
Sense of humour	Adaptive coping

 ** This was the only subtheme considered to be a Social Resource, all others were considered personal

Variances was not significant for major themes but was significant for subthemes.

When analysed by year of qualification the only significantly different group for both constructs and components were the group who did not specify the year in which they qualified. This group provided significantly fewer components and constructs than the other groups.

Discussion

Resilience is an important concept in well-being and positive psychology. A review of the literature provided evidence that the concept of resilience is well documented across the journals in diverse contexts. Therefore, it was expected that practicing psychologists would be well placed to provide information on resilience. This expectation was only partly met. When a scoring method was applied to the definitions provided by the practicing psychologists, a low mean score of two was evident suggesting that many responses revealed only a basic understanding of resilience.

Although other responses indicated some understanding of resilience, it was concerning that 44 questionnaires were returned incomplete (mostly in relation to the components [major themes] and constructs [subthemes]) and that analysis of a further 14 suggested that the respondents had not understood the questions. Many respondents provided a narrow definition of resilience as the ability to 'bounce back' whereas the literature and evidence-based research suggests greater complexity.

As there were no differences across specialisations or year of qualification this lack of knowledge appears to be a general issue across psychologists that may be impacted by the nature of psychological training, organisational expectations of those psychologists, and a lack of time to maintain

Table 6
Descriptive Data for Sub-themes provided by specialisation

	N	M	SD	Max Number constructs
Counselling	24	11.38	6.114	26
Clinical	58	10.76	5.472	21
Education	33	10.03	6.018	18
Others	25	9.40	5.530	23
Not specified	73	6.12	5.898	21
	213	8.97	6.458	26

and update new theoretical knowledge and application of that knowledge. The only published article located on the practices of American Psychotherapists was from 1986 (Morrow-Bradley & Elliott, 1986) and as over 20 years have passed and work has become busier, the low number of research articles produced and read is likely to have reduced further. It may be useful for research investigating the current practices of Australian psychologists to be undertaken as this can impact on the requirements of professional development which is an important part of maintaining professional knowledge and continuous improvement in work practices. This aspect is significant especially with the implementation of the National Accreditation Scheme and the appointment of the Psychologists Registration Board and the new requirements for professional development by psychologists to maintain registration.

In the identification of the major themes and subthemes of resilience the responding psychologists indicated mostly personal resources, which is understandable from a practice perspective as psychologists are for the most part trained to assess and work with the individual. This may however be a limitation of the training and work of the psychologist as the individual needs to be treated in the context of their environment. The impact of environment is explicit in many of the published articles and appears to be the underlying assumption of other professionals such as teachers, counselors, and social workers. The psychologists who responded to this research did not consider the environment/context as an important part of resilience. Of the 14 major themes proposed, 11 related to personal resources. An analyses of the subthemes revealed that 23 from the 24 cited again related to personal themes. This is in contrast to the literature on resilience that suggests that social networks are very important. The narrow definitions and the nature of the themes and subthemes provided suggests that psychologists are working with a limited perspective and it may be useful for professional development to be underpinned with theory in addition to providing practical competency based skills. The use of a skill without the underpinning knowledge of theory limits understanding, and therefore appropriate application. It may be useful for psychologists to interact with other professionals to gain knowledge of different perspectives and ways of working.

This research has highlighted several issues for the discipline and practice of psychology within the context of resilience. Some of the issues that have been demonstrated in this research may be relevant across other contexts. The importance of maintaining knowledge not only of practical interventions but the theory underpinning these practices may not be fully accounted for within the current

competency based professional development strategies and lack of underpinning theoretical knowledge can reduce the effectiveness of interventions.

Implications for the Discipline of Psychology and for Psychological Practice

1. Internationally, there is an increasing focus on the work in positive psychology and Western Australian psychologists need to ensure that they adopt or are at least aware of the strategies that support this type of practice.

2. Resilience is used by a variety of health professionals and is often based in a systems framework (Bronfenbrenner, 1979).

3. The scientist-practitioner model needs to be reinforced to encourage practitioners to apply research findings to their clinical practice and for practitioners to consider undertaking research as part of their daily practice.

4. Research psychologists should encourage the participation of practitioners in research projects. This will have the dual effect of reinforcing the scientist-practitioner model which is emphasised in the undergraduate curriculum, but less so in post graduate psychology courses. It would also assist in the development of client-appropriate interventions that are more easily adopted by practicing psychologists. Therefore such a strategy would reduce the scientist-practitioner gap that currently exists.

5. It would appear that a number of psychologists are not familiar with the concept of resilience and that professional development might encourage such psychologists to engage with strength-based interventions.

6. Resilience researchers should encourage the use of strength-based interventions by making their research relevant to particular groups of clients and addressing the need for practicing psychologists to access interventions that work with a diverse range of people across the lifespan.

7. Resilience researchers need to locate their research in contexts that facilitate understanding of the concepts and the use of resilience strategies in addressing clients' needs. This involves the recruitment of industry partners for resilience research.

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On Cultural Resiliency

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Much has been written on resilience. This article will try to revisit the subject and emphasise its psycho-emotional and socio-cultural roots. It will explore the major themes, dimensions, and conceptualisations of resiliency from a communal, psychological, spiritual, existential, and cultural perspective. It will discuss the interplay among social norms, tradition, and religion and their implications on surviving, coping, and thriving. Also, it will ponder how to remain resilient in this globalised and fast changing 21ˢᵗ century. This article will argue that, in addition to all the other factors and mediators affecting resiliency, it is virtually a function of culture, wisdom, and generational identity.

Resiliency is a fascinating topic. It beautifully focuses on the bright side of the human nature. It highlights the ability to cultivate hope, even during long phases of hopelessness, and to mobilise survival even in the midst of an acute stressful situation or after an extended period of despair. Although there has been a wealth of information written on the subject of resiliency, more is needed to fully appreciate its intricate nature. There is also a need to comprehend its multi-layered roots, types and functions, roles and dynamics, sources and potentials, and to explore its detailed effects, deep impacts, and broad influences. Moreover, it is equally important to understand how resiliency is similar to, or different from, other human capabilities, traits, gifts, attributes, and faculties.

Resiliency has been studied, analysed, and documented by many thinkers and observers, from various disciplines and in many contexts or psychosocial settings. However, the majority of these writings have mainly focused on the individual, familial, and environmental aspects of resilient people, who displayed rebounding ability for livelihood at several stages of their unfavourable journey. Less material is found on the cultural, communal, and national aspects of resiliency. Thus, this paper will attempt to throw an additional light on resiliency as a function of culture and to reflect on the socio-cultural mediators that shape this intriguing human

virtue, in a way that is wide, deep, and more comprehensive. Therefore, to begin let us reconsider the general and basic question: What is resiliency?

Is There an Adequate Definition of Resilience?

Resiliency is a broad concept and a profound theme. It is not easily defined or readily described. There is no one precise explanation or single identification of resiliency. Mainly, resiliency refers to the human potential or spirit to positively and successfully face adversity, tolerate ambiguity, cope with crises, handle pressure, and recover from disaster or tragedy. It could be defined in simple terms or in highly complex terms. A simple definition of resiliency can be presented as something like: *bouncing back, enduring toughness, coping nicely, hanging-in-there, surviving well, recovering adequately, exhibiting strength, weathering tribulation (without cracking), being resourceful, springing forward, and overcoming.* However, the following statements represent more comprehensive and global definitions of resiliency:

"Resilience refers to the capacity of an entity or system to maintain and renew itself particularly in the presence of stressors, that is, when…challenged or threatened. Resilience can be observed as a dynamic phenomena [sic] in a variety of systems" (Neill, 2006, para. 1). It is "the

potential to exhibit resourcefulness by using available internal and external recourses in response to different contextual and developmental challenges" (Pooley & Cohen, 2010, p. 30). The American Psychological Association (2011) defined resilience as:

> *...the process of adapting well in the face of adversity, trauma, tragedy, threats, or even significant sources of stress… Research has shown that resilience is ordinary, not extraordinary… In fact, the road to resilience is likely to involve considerable emotional distress… Relationships that create love and trust, provide role models, and offer encouragement and reassurance help bolster a person's resilience.* (pp. 2, 3)

Using the analogy from physics and the tangible world, resilience is "an occurrence of rebounding back… the physical property of a material that can return to its original shape or position after deformation that does not exceed its elastic limit" (Webdictionary, 2011, para. 1). In addition, "resilience generally means the ability to recover from some shock, insult, or disturbance. However, it is used quite differently in different fields" (WordIQ, 2010, para.1).

Borrowing from the systems-thinking and operation, "resilience is the capacity of a system to absorb disturbance and reorganize while undergoing change, so as to still retain essentially the same function, structure, identity and feedbacks" (Hopkins, n.d., p. 37). The three ingredients of any resilience system are "diversity, modularity, and lightness of feedbacks" (Hopkins, n.d. p. 38). According to the United Nations, 2007), resilience is:

> *The ability of a system, community or society exposed to hazards to resist, absorb, accommodate to and recover from the effects of a hazard in a timely and efficient manner,*

> *including through the preservation and restoration of its essential basic structures and functions… The resilience of a community in respect to potential hazard events is determined by the degree to which the community has the necessary resources and is capable of organizing itself both prior to and during times of need* (para. 43).

Can social sciences adequately account for the factors of resiliency and measure its countless qualities? Goldstein (2008) argued:

> *A clinical psychology of resilience seeks… to develop psychoeducational and therapeutic measures to teach resilience. Emerging evidence suggests that resilience processes are not only effective for those who possess them innately but can be successfully taught as well. The task of creating a… psychology of the biopsychosocial process of resilience begins with an understanding of the relevant variables and appreciating and acknowledging certain key phenomena.* (pp. 1-2)

Other more technical terms to described resiliency may include: Hardiness. Elasticity. Toughness. Flexibility. Resurgence. Invulnerability. Tenacity. Resourcefulness. Pliability. Robustness. Mastery.

Conceptual Considerations of Resiliency

Although resiliency has elements of motivation, inspiration, management, and enthusiasm, it is not identical to those qualities per se. Actually, resiliency is all those properties and ingredients combined and much more. A previous common perception was that only exceptional people cope well or lucky people survive well in the face of adversity and calamity, while the rest of population struggle and suffer substantially, and at times, live with chronic symptomatology. For example, those who have experienced trauma, at any level or in

any degree, were believed to develop later Post Traumatic Stress Disorder (PTSD), regardless of their background, surrounding, pre-existing condition, age, faith, personality type, innate or learned skills, sense of hope, cultural heritage, religious affiliation, or general worldview. Most probably, PTSD has been an overly-used diagnosis in the recent past. But now, conversely, that is not the case anymore, as it is more commonly agreed upon that not everyone who was exposed to acute stress or traumatic events will end up having a disorder based on the criteria found in the Diagnostic and Statistical Manual (DSM) or in any other psychiatric handbook or classification manual. Actually, the movement of *Post Traumatic Growth* (PTG) is rapidly gaining momentum along with the emphases of the new field of Positive Psychology.

According to Pooley and Cohen (2010), the vast majority of resilience research was mainly focused on at-risk children and adolescents. Many studies looked at the factors that were causing chronic illnesses and disorders in adults and children. Other studies focused on the vulnerabilities of poor and impoverished families or on the ill-effects of hardships, as possible indicators of research outcomes – "People were deemed resilient if they did not develop problems" (p. 31). Therefore, intervention strategies and prevention programs were developed accordingly to meet these needs and counter these realities (cf. Cowen, 1994; Garmezy, Masten, & Tellegen, 1984; Werner & Smith, 1982).

Today, it is well documented that not all of the children or adults who were considered at-risk at some point in their life history (e.g., during a devastating crisis), will develop major physical symptoms or mental-emotional problems (cf. Ungar, 2008). Resiliency is a common function of people, especially those who have the minimum requirements of connections, adaptations, associations, and regulations. It stems out of the normal rather than the abnormal traits of individuals, groups,

and communities.

Under the humorous title of "ordinary magic," Masten (2010) described resiliency as typically arising from ordinary human capabilities rather than the extraordinary, reflecting skills, relationships, abilities, and resources of all genres. Virtually, resilience means a capacity to resist a sharp decline in attitude and functioning even though the surrounding situation may be deteriorating, worsening, or temporarily intensifying:

> *In other words, resilience does not require anything rare or extraordinary, but instead requires that basic human adaptive systems are operating normally. Children and older human individuals have impressive capacity for resilience when basic protections are working… The greatest threats to human resilience are circumstances that destroy or damage these basic protections.* (Masten, 2010, p. 1).

Resiliency is in great demand today and in many areas of life – education, medicine, business, military, cross-cultural services, and etcetera. It has been included in the language repertoire of the team-building of big corporations and factories and, of course, in most of the helping professions, like coaching, leading, caregiving, teaching, counselling, and humanitarian or relief-work aiding. Many groups want to acquire resilience skills and techniques for optimum performance and production, as if it is becoming another desirable product or fashionable item in the market. However, the helping professions remain primarily concerned with the basics of the human needs and experiences, especially during unfavourable or vulnerable times and with healthy coping, survival, and functioning of people everywhere so they would remain connected with others in sociocultural rootedness, meaningful bonding, and spiritual validity.

Perhaps, with my cultural background,

clinical training, and personal reflections and observations, and drawing from my international travels, exposures, teaching, mentoring, and counselling, I have seen many people-groups in times of peace and of war, in high affluence or in utter poverty, enjoying tranquil stability or enduring severe turmoil. Therefore, I would categorise resiliency as *a rich concept and fluid energy* as well as *a socio-cultural and psycho-spiritual force* that are at work intra-psychically and inter-culturally, both locally and globally, never in a static mode but always in constant and dynamic motion (consciously and unconsciously), thrusting people forward with fervour and zeal, helping them draw high-quality *meaning* from any circumstance. Ironically, most of these people were not aware of such force working within and around them; neither would they have labelled themselves as *resilient*. Looking back, they usually become surprised that they have survived well and remained mostly unharmed or, at least, minimally damaged and bruised.

Resiliency is mobilising and utilising the best of the cultural heritage, generational wisdom, intrinsic insights, extrinsic resources, community connections, existential hope, available means and mastery skills, collective strengths and support, and internalised values and spiritualities to result in genuine *creativity in the midst of adversity*. Resiliency is best described as *cultural competency in action!* It is the combination and the accumulation of all sensible and advisable skills, transferred from one generation to the other and transported among groups across time and space, all translated into existential survival and transplanted into the deep minds, souls, and outlooks of the people, who rightly are called 'resilient' (cf. Daskon, 2010).

Resiliency is the ability to transform perplexity into purpose, inner heartache into outer helpfulness, intimidation into intuitiveness, depletion into deployment,

resigning into reframing, crippling into creativity, regression into reinvestment, hopelessness into hopefulness, retreating into regenerating, misery into mission, pain into passion, and tragedy into treasure. And that will lead us to ponder yet another key question, as we try to understand all aspects of resiliency, including its cultural properties, dimensions, and functions: What is culture? And how can we best define cultural norms, values, influences, and mediators?

Is There an Adequate Definition of Culture?

Culture is a broad and rich concept. No single definition was able to capture its essence, describe its dynamics, or articulate its depths. Cultures:

> *...are better felt than defined and better experienced than explained... Culture is a design of life. It can be understood as a way of feeling, acting, and believing. It is the knowledge of the community or the people group stored for future use (Hesselgrave, 1984). Culture shapes the life of the community and in return is shaped by the community itself. It is, at the same time, the cause and the outcome. Cultures have an abstract and a concrete element to them. They are, at once, tangible and symbolic, moral and temporal. They represent connectivity with the past and continuity into the future.* (Abi-Hashem, 1999, p. 296)

Cultures consist of tradition and change, stability and movement, content and process, heritage and hope. The heart of a culture involves language, religion, values, traditions, and customs (Huntington, 1996). Whatever profoundly affects the mental and emotional conditions of people – their heart, soul, behaviour, attitude, belief, memory, and worldview, directly or indirectly – is an element and function of culture.

At heart, resiliency is a function of our

cultural self, a concept that I have been giving serious consideration and gradually developing lately, which is different from our regular identity, self-perception and presentation, emotional composition, personal mindset and schema, intra-psychic self, social self, ethnicity, racial identity, or even nationality. *Cultural self* is a fluid entity that reveals who we are at the core and at large, and reflects our multi- or multiple-identities. Generally speaking, it is a broader sense of self that is pushed and pulled by so many gravities and, at the same time, creating its own gravity and thus running into other far-reaching orbits. In essence, it is, who are we becoming culturally in this globalised, industrialised, materialised, digitalised, secularised, politicised, and radicalised age (cf. Abi-Hashem, 2010, 2011).

Cohen (2009) argued that there are many forms, levels, dimensions, and variability of cultures. Cohen reported that there were about 164 definitions of culture, which can be organised into such categories: broad, focused, normative, psychological, structural, genetic, and metaphorical

definitions. Furthermore, "what makes defining culture even more complicated is that there are multiple constituents of culture, such as material culture… subjective culture… and social culture" (Cohen, 2009, p. 195). According to Fiske (2002), culture is a socially constructed constellation and it can be socially transmitted. It consists of ideas, symbols, values, norms, institutions, goals, practices, and competencies.

Virtually, in each main society or region of the world, even within one small country, there are several cultural layers, traditions, depths, systems, customs, mentalities, and subcultures. These are like a beautiful quilt woven together, an artistic mosaic, or an intriguing tapestry holding all the pieces in a great formation and gluing the past, present, and future moments together, creating a rich existential reality, which eventually can be accessed and enjoyed by the old and the new generations alike. Table 1 illustrates these cultural layers, dimensions, and dynamics of resiliency.

Resiliency and Cultural Competency

During the last decade or so, cultural

Table 1
Sample of the Types and Spheres of Cultural Resilience

Personal-Individual Resiliency	Mental-Emotional
	Behavioural-Environmental
Relational-Interpersonal Resiliency	Habitual-Familial
	Moral-Ethical
Social-Communal Resilience	Tribal-Traditional
	Religious-Spiritual
Organisational-Operational Resiliency	Technical-Industrial
	Financial-Managerial
National-Political Resiliency	Societal-Conventional
	Geopolitcal-Governmental
Global-International resiliency	Mono-cultural
	Multi-cultural
	Trans-cultural

competency has been highly encouraged and emphasised in all areas of professional services and interactions, both locally and globally (e.g., cultural awareness, cross-cultural skills, and multicultural sensitivity). In this paper, I suggest that we need to equally promote the cultural bases and resources of resiliency in order to counter the high tendencies of individualistic living and social disconnectivity (i.e., being removed from one's vital cultural context, sphere, and rich heritage). These tendencies are increasingly becoming characteristic of our urban, industrialised, and digital lifestyles (cf. Turkle, 2011; Weil, 2011). In other words, it is a call to re-invent and re-establish community as a cultural mediator and reserve and to revitalise and recontextualise resiliency as a cultural function and phenomenon.

Ungar et al. (2007) identified several aspects of resilience that are found across many different cultures, with each one as dependent on the other: Access to significant others, supportive relationships, and material resources in the immediate community; development of a desirable personal identity, collective sense of purpose and aspirations, and religious-spiritual beliefs; exercising control in context and the ability to introduce positive change; experience of social justice and human equality; adherence to cultural traditions, global values, and practices; having a sense of cohesiveness with others for the greater good and feeling a part of something larger than life.

Spiritual and Existential Aspects of Resiliency

Spirituality is a great force of stability, inner peace, strength, and equilibrium and a major resource of healthy psychosocial functioning for a hopeful living. Spirituality often provides grace under pressure. It is a journey people take towards seeking the supernatural and celebrating the sacred. The human spirit "is more than a set of fixed traits and characteristics; it is an animated impulse

– a vital, motivating force that is directed to realizing higher order goals, dreams, aspirations" (Pargament & Sweeney, 2011, p. 58). Through the years, experts, thinkers, and scholars have assigned sacred qualities to the *spirit*, including ultimacy, boundlessness, enlightenment, higher order, authenticity, interconnectedness, transcendence, to name a few!

Spirituality is a significant motivational energy that may lead to individual or corporate growth even in the midst of existential crises or moral and philosophical dilemmas. Healthy religious faith and practice, when properly nurtured and cultivated, including spiritual struggles, will virtually lead to better awareness, development, regulation, empowerment, and maturity (cf. Pargament & Sweeney, 2011; Tillich, 1959).

Regardless of the ongoing debate about the similarity versus the differences between *religion* and *spirituality* (even if used distinctly or interchangeably), both have proven to be an integral part of the human nature and society that have powerful impact on people's developmental journey and cultural heritage. Best perceived as *religious faith and spirituality*, it is deeply rooted in the human soul, mind, family, community, history, and legacy, across time and place.

Of course, each of these terms – religion and spirituality – can be used in a generic-global sense, in a socio-cultural sense, or in a doctrinal-theological sense. However, for the sake of our discussion, we are also concerned about them as psycho-spiritual agents and faculties as well as trans-cultural resources and properties that significantly provide meaning, harmony, determination, resourcefulness, hopefulness, and resiliency in many spheres and on many levels.

Religion could mean the attitudes, feelings, gestures, and experiences of individual people in their personal meditation or solitude and of groups and congregations in their worship, devotion, and service as they present themselves to the divine and

supernatural being. In other words, as James (1997) has put it, "so far as they apprehend themselves to stand in relation to whatever they may consider the divine" (p. 42).

According to Geertz (1973), religion is a cultural system. Many definitions of religion are to a greater degree indistinguishable from the definitions of culture and therefore are an important aspect of resilience. Tillich (1959) eloquently summarised this interwoven relationship by considering culture as the form of religion and religion as the substance of culture. He disconfirmed the dualism of culture and spiritual life. Tillich wrote, "Every religious act, not only in organized religion, but in the most intimate movement of the soul, is culturally formed" (p. 42).

Resiliency in the 21st Century

Our century is definitely characterised by many powerful trends and fast moving changes of globalism, materialism, and secularism, on one hand, and of fundamentalism, extremism, and radicalism, on the other hand. Different polarities and tensions are being felt everywhere. In many ways, our world is getting closer and smaller, yet in other ways, it is getting distant and farther apart (Abi-Hashem, 2010). All these currents and forces – social, technical, economical, political, psychological, spiritual, ideological, etcetera – are changing the meaning of our human identity, interaction, and existence and eventually changing the face of living and relating, caregiving and counselling, surviving and thriving.

Cultural assets, dynamics, and resources substantially account for the surviving ability of people and the livelihood of societies everywhere. Cultural capitals provide a psychosocial reservoir of wealth and wisdom stored within the generations as insights and practical skills and therefore naturally transmitted through many venues to enrich, enhance, and empower all human beings (cf. Daskon, 2010). Ungar (2008) concluded that

resiliency has global as well as cultural and contextual specific aspects to it. These assets, dynamics, and mediators could include, the oral traditions and stories repeatedly told, the rituals and meaningful customs, the verbal and non-verbal communication styles, the religious faith and existential hope of the community, the solidarity of people at large, the sense of dignity and honour of the clans (as modern tribes), the realistic national pride, the support of international networking, the shared experiences from the past – especially of surviving and striving, the role-models and conducts of the elderly and counsellors, the realistic views of life (that embrace hardships and struggles), the ability to tolerate pain, live with ambiguity, and endure unresolved states and conditions, and finally, fortitude and patience (with self, others, and life) as a prerequisite which normally precede true resiliency.

How will resiliency manifest itself in the near future? Where will resiliency be mostly rooted and how will it be mobilised? What are the new set-of-resources to be utilised and cultivated? And how will resiliency be mainly conceptualised in this 21st century? The answer for these questions is: We really do not know, yet! All of these phenomena remain to be seen. However, one fact will stay constant, regardless of the means, time, or place, is that the human nature has an innate goodness and desire to promote life and not death, health and not pathology, hope and not despair. Therefore, we will continue to hear accounts of survival, faith, creativity, and courage in spite of the devastations, obstacles, declines, and dark forces that are still at work in our world today. Whatever may happen to the meaning of cultures and the manifestation of subcultures, and however societies may unfold in the near or far future, resiliency will certainly remain a companion of humanity and an integral part of the journey of people everywhere.

Finally, with the fast moving of global

trends and the shifting of many basic foundations, like the meaning of our personal identity and the nature of our family, daily life, and social existence – that is, what does it means for us to be a community, a society, or a nation, it will be fascinating to closely watch how individuals and large groups alike shall mobilise, manifest, and master the needed and vital skills of resiliency in this very changing, rapidly unfolding, and fast moving 21st century.

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The Experience of Single Mothers: Community and Other External Influences Relating to Resilience

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Single motherhood has been identified as a challenging role, with disadvantages including financial hardship and poor mental health. Resilience is a multidimensional construct, where two conditions need to occur: some form of adversity and positive adaptation. Developing resilience may empower single mothers to face the challenges whilst leading psychologically healthy and productive lives. Participants in this qualitative research study were 10 Western Australian single mothers aged 35 to 45 years. A phenomenological methodology was used to understand their experiences with information collected through in-depth interviews. Qualitative data were analysed using a thematic approach. Protective and risk factors specifically relating to the community and other external factors were reported. Results suggested that participants developed external protective factors that fit their individuality, context, and environment whilst various external risk factors were endured. Although these single mothers faced a number of challenges, they demonstrated resourcefulness resulting in positive adaptation, and thus, resilience.

In Australia, between 2004 and 2006, on average 20% of families with children less than 15 years of age were headed by a single parent (Australian Bureau of Statistics [ABS], 2007). In 87% of those families the parent was a single mother (ABS, 2007). Since 1987, there has been a steady increase in single parent families, with figures reaching 23% in 2003, and dropping minimally to 22% by 2006 (ABS, 2007). A number of risk areas relate to single mothers including a higher incidence of mental health issues.

Single mothers experienced more stressful life-events, together with increased mental health issues, as compared to married women (Crosier, Butterworth, & Rodgers, 2007). For example, a study using cross-sectional data from a nationally representative longitudinal Australian household survey comprised of 354 single mothers and 1,689 partnered mothers, found nearly twice as many (28.7% versus 15.7%) single mothers experienced moderate to severe mental disability, as measured by a self-reported health and wellbeing measure,

as compared to married mothers (Crosier et al., 2007). Australian figures for labour force participation in 2006 showed similar figures for single mothers as compared to partnered mothers respectively (full time employment – 19% versus 24%; part time employment – 32% versus 39%) (ABS, 2007). In many instances however, ongoing financial strain of a lower income was experienced as compared to households of married couples (Loxton, Mooney, & Young, 2006). Being in the two lowest equivalised household disposable income quintiles was a factor strongly associated with significantly higher levels of mental disability – applying to 77% of single mothers versus 23% of partnered mothers (Crosier et al., 2007).

Other issues relating to single motherhood include role overload, with the accumulation of existing demands of pre-single motherhood, together with the often unfamiliar demands, such as being the sole provider, post-single motherhood (D'Ercole, 1988; Heath & Orthner, 1999). Due to role overload, allocation of time is central to a single mother's functioning. Hodgson,

Dienhart, and Daly (2001) found that time strategies and plans were developed to meet single mothers' chosen goals, with a high priority placed on time spent with their children. In light of this, single mothers' role as parent was seen with utmost importance, with parenthood bringing intrinsic satisfaction (Brodsky, 1999; Rudowicz, 2001). Another area that was found to be important for the positive mental health of single mothers was social support.

Single mothers reported less perceived social support, lower levels of social involvement and less contact with friends than married mothers (Cairney, Boyle, Offord, & Racine, 2003). Social stressors were identified as the most important factor associated between single mothers and depression (Cairney et al., 2003). However, the role of social support for single mothers has shown to be complex, where certain aspects of social support are associated with achieving more positive outcomes for single mothers (Mednick, 1987). For example, Lindblad-Goldberg, Dukes, and Lasley (1988) reported it was quality of the social support rather than quantity that was significant, with non-reciprocal relationships found to be more of a hindrance than support.

A study by D'Ercole (1988) investigated the relationship of stress, coping and social support in a group of 83 single mothers (mean age 34 years), in the United States of America (USA) with a 78% employment rate. Social support came from a few friends or co-workers that contributed to their well-being by providing the opportunity to socialise and be involved in a network of peers with discussions of similar experiences (D'Ercole, 1988). Findings included that, although support from the former husband was not related to significant strain for the single mothers, it was not a positive influence with some reporting instances where the ex-husband used the child to 'hurt' the single mother (D'Ercole, 1988). With these issues to contend with, adaptation into single motherhood may

have its difficulties.

Single motherhood may result from various circumstances including the end of a marriage, the death of a spouse or a child born out of wedlock. In relation to divorce, one factor in adaptation was time, with research demonstrating mixed results in adapting to divorce (Booth & Amato, 1991; McLanahan, 1983). Some people benefit from the experience, with others experiencing temporary psychological distress with a return to a similar level of functioning shortly thereafter (i.e., two years), yet some individuals experienced ongoing distress without recovery (Amato, 2000). Adaptation after major life events may not be an inevitable outcome (Lucas, 2005, 2007). With adaptation into single motherhood, stigmatisation may become a challenge that accompanies the title of single mother.

Stigmatisation is defined as the negative reaction towards an individual who does not hold or present certain attributes desirable by society (Rudowicz, 2001). Historically, single motherhood was considered deviant, and although an increase in single mothers has been seen in recent times, some studies suggest it is still associated with a level of stigmatisation (Mednick, 1987; Rudowicz, 2001). One study of 43 white single mothers in the USA reported feeling more stigmatisation over their poverty rather than because they were single mothers (Richards, 1989). However, another study investigating stigmatisation in single mothers used a sample of 356 Hong Kong Chinese single mothers ($M = 39.5$ years), a mean length of single motherhood being 6.7 years, with responses from a self-administered questionnaire (Rudowicz, 2001). On the questionnaire using a five-point Likert-type scale, the items referring to feelings of stigmatisation found 33% of single mothers reported high or very high, with only 2.3% reporting no agreement (Rudowicz, 2001). It must be considered however, the limitations that may apply in comparing a study of Hong

Kong Chinese single mothers and Australian single mothers, although both endorse less traditional gender roles (Rudowicz, 2001). Stigmatisation due to the role of single motherhood may not be the only change with many single mothers also adapting to different roles, such as employee.

The role of employment for single mothers was significant for a number of reasons, first and foremost to provide financial security where positive health consequences were gained from a predictable source of income (D'Ercole, 1988; Mednick, 1987). Employment was also associated with fulfilling emotional needs, developing positive self-image, providing recognition and a feeling of competence, together with co-workers who were peer support away from the demands of family (D'Ercole, 1988; Mednick, 1987). With single mothers reporting less contact with friends than married mothers, employment could also be an indirect opportunity for that function (Cairney et al., 2003). Some positive work factors associated with single mothers' coping ability included a reliable work environment, flexible work schedules, and enjoyment of the job (Barling & Barenbrug, 1984; Bowen, Orthner, & Zimmerman, 1993; Gottlieb, 1997). However, many single mothers reported the role of main economic provider in addition to the other roles, as a challenge (Hilton, Desrochers, & Devall, 2001). This could be for a number of reasons including the time spent at work contributing to employment-family strain associated with a lowered level of well-being (Kitson & Morgan, 1990). With a number of areas, including employment, associated with challenges single motherhood brings, resilience may provide a basis to determine how this population address these challenges.

Resilience is a construct that may empower and provide more control over life, resulting in hope and self-efficacy (Richardson, 2002). While adversity and challenges are common experiences during

one's life, some people go on to lead psychologically healthy and productive lives; this may be defined as resilience (Pooley & Cohen, 2010). For women who entered single motherhood due to separation or divorce, whether they chose to leave the relationship or were left, they encountered adversity in their role as a single mother, with positive adaptation the demonstration of a pattern of functional living.

Resilience emerged as a response to mental health problems (Hjemdal, 2007). Throughout the history of resilience research, a number of issues continue to be argued (Luthar, Cicchetti, & Becker, 2000). Debate continues in the quest for an agreed definition of resilience, with some definitions focusing on the identification of personal characteristics, with others concentrating on the aspects of readjustment and recovery (Atkinson, Martin, & Rankin, 2009; Hjemdal, 2007; Luthar et al., 2000). Nonetheless, general consensus is that resilience involves the interaction of two factors: first, the occurrence of a negative life event usually associated with potential maladjustment; and second, positive adaptation where behaviour results in a successful outcome (Luthar et al., 2000; Masten, 2001; Rutter, 2007). This aligns with Aldwin's (1994) assertion that resilience is associated with more than survival, rather survival together with a level of growth. For the purpose of this research, resilience will be defined as "the potential to exhibit resourcefulness by using available internal and external resources in response to different contextual and developmental challenges" (Pooley & Cohen, 2010, p. 34).

Aspects that impact upon resilience include gender, personality and intelligence. Hartman, Turner, Daigle, Exum and Callen (2009) assert that males and females appear to use a similar process of accumulating protective factors, however, a gender difference may arise as to the choice of protective factors employed in developing resilience. In relation to intelligence, findings

suggested that intelligence was not associated with resilience, however; for personality, resilience factors were related positively to a personality profile that was well adjusted (Friborg, Barlaug, Martinussen, Rosenvinge, & Hjemdal, 2005). Some argue that resilience is a personality trait (Campbell-Sills, Cohan, & Stein, 2006; Waugh, Fredrickson, & Taylor, 2008). However, Rutter (2007) disagreed, arguing that individuals only become resilient in adversity, with different contexts creating dissimilarity throughout the resilience process. To this end, the process of resilience can therefore be developed at any age (Gillespie, Chaboyer, & Wallis, 2007). Since resilience is asserted to be a construct that can be acquired at any age, questions have arisen as to whether resilience can be maintained over time and in different contexts.

Some researchers suggest that the study of resilience is a tenuous area due to resilience being unstable over time (Luthar, et al., 2000). Some at-risk children showed excellent adaptation at one point followed by substantial deterioration later in their lives (Coie et al., 1993; Luthar et al., 2000). However, although fluctuations during the lifespan occur in adaptation, evidence has suggested that positive adaptation profiles are maintained over time (Luthar et al., 2000). Further, resilience is considered a multidimensional construct, where there can be heterogeneity in competence across those and other various domains (Luthar et al., 2000). This has been shown by at-risk individuals who exhibit competence in some areas but reveal difficulties in other areas (Luthar et al., 2000). Unevenness in development in many individuals across different domains is a common finding illustrating the importance of using specific terms to describe the area in which resilience was identified, for example, social resilience (Cicchetti, 1993; Luthar et al., 2000). Thus, an individual may be rated as resilient in one area, but not another area (Luthar et al.,

2000). Another issue associated in exploring the phenomenon of resilience is the basis in which it has been investigated.

No specific theoretical framework underpins resilience knowledge as much of the earlier resilience research was based on empirical findings (Hjemdal, 2007; Luthar et al., 2000; Richardson, 2002). Three frameworks have guided most resilience research with the commonality between the frameworks being the multiple levels of influence on individual adjustment, and the interaction between the different levels of influence and domains of individual adjustment (Luthar et al., 2000). One of those frameworks has been the triarchic framework, organising protective and risk factors within three levels of influence – the individual level or psychological and dispositional attributes, the family level comprising family support and cohesion, and the community or external systems of support level, with consideration for the situation and context (Luthar et al., 2000; Werner & Smith, 1982).

Where protective factors assist resilience, risk factors impede resilience (Luthar et al., 2000). It is important to consider the relevant context within which they apply. Context can be explained in various ways including one's environment, developmental capacity, social maturity level, how development has assisted in the individual's perception of situations and whether the experience of adversity occurred alone or with a group of others (Blum, 1998). In relation to external factors for at-risk youth, community involvement and a friendship group were reported as key protective factors (Blum, 1998). Ungar (2005) identified that for community resources to be protective there was a need for them to cater individually to ensure specific needs were met.

A study involving a group of American urban single mothers residing in at-risk neighbourhoods found protective factors to be mainly of a personal influence, such as

personal characteristics and spirituality (Brodsky, 1999). Men as significant others were reported as both a protective and a risk factor providing both support and stress, with a number of risk factors including money, friends, family and neighbourhood (Brodsky, 1999). Social support and family appeared to be two areas that yield within-group differences, where a complexity exists dependent upon a number of factors including the environment (Ahern, Ark, & Byers, 2008; Blum, 1998; Brodsky, 1999; D'Ercole, 1988). For example, Brodsky (1999) identified social support to be a risk factor whereas, Cheung and Lui (1997) purported social support received by Chinese single mothers to be a protective factor assisting as a stress-buffer.

Current Research

This research is part of a larger research project that examined the phenomenon of resilience in the context of the challenging role of single motherhood, and was designed to potentially identify risk and protective factors that occur in a Western Australian single mother sample, aged 35 to 45 years. This paper aims to discuss only the external factors or influences that contribute to the resilience of single mothers. Much resilience research has considered at-risk children with less research investigating adult populations; therefore this research expands understanding of a different population group (Luthar et al., 2000; Rutter, 2007). The aim of this research was to explore, through qualitative methodology, the experiences of single mothers in order to understand the factors that contributed to their resilience. A 'single mother' refers to being a single, sole or lone individual, and mother, being a female parent (Turner, 1984).

The specific research questions were:
1. What are the experiences of single mothers relating to their resilience in their multiple roles?
2. What are the factors which contribute to the resilience of single mothers?

Conceptual Framework

Qualitative methods were chosen to investigate resilience as Ungar (2003) identified this methodology as being able to contribute considerably to understand this phenomenon, encompassing the sociocultural context in which resilience occurs. The design choice was a constructionist epistemology which explains that each individual's meaning was gained not through discovery, but via the construction of one's own reality, where each person potentially has a different reality (Crotty, 1998). The theoretical perspective, or the way in which the world was made sense of, was phenomenology which aims to understand peoples' experiences from their perspective by exploring meanings and interpretations given to their actions, thus, the inquiry of a phenomenon – resilience (Becker, 1992; Crotty, 1998). Phenomenological research shaped the choices of this research and was the research methodology employed, where the strategy was to uncover the lived experience applicable to the phenomenon of resilience in the context of a single mother population (Crotty, 1998; Moustakas, 1994). In depth interviewing was used to investigate the individuals' meanings. In addition, a triarchic framework underpinned the research which assisted in categorising the findings and discussion into three levels of influence – individual, family, and external, where both risk and protective factors affect resilience in single mothers (Luthar et al., 2000; Werner & Smith, 1982).

Trustworthiness of the Data

To establish researcher credibility, disclosure of relevant personal and professional information that could potentially affect the research process follows (Patton, 2002). The interviewer and first author is a single mother of a three-year-old daughter who has a chronic medical condition. This individual presents with a positive attitude towards single motherhood

and a pragmatic outlook towards everyday life hassles. Although the research was approached with a passion, it was also appreciated that a balanced approach was crucial. To strengthen researcher credibility, a second member of the research team is also a single mother of now adult children and therefore has experienced the context within which this research has been conducted.

Credibility, or the aspect of truth value and ensuring the findings are valid, was met by the interviewer spending 30-60 minutes with each participant, developing rapport together with the use of basic counseling skills (Guba & Lincoln, 1981). Whilst an interview schedule was used, questions were asked to confirm understanding. Towards, auditability, an audit trail assisted where attention was given to the process of recording and categorising the data which included tapes, transcripts, questionnaires, field notes, and the entire coding process, resulting in the development of trustworthiness (Guba & Lincoln, 1981). Confirmability, or the aspect of neutrality and the ability to report the data in a way that may be confirmed by other sources, was done by establishing the audit trail (Guba & Lincoln, 1981). Towards rigour, an Epoche process was used, viewing participant's experiences with openness, whilst putting aside pre-judgements, and further, "to stay away from everyday habits of knowing things, people, and events" (Moustakas, 1994, p. 85).

The goal of phenomenology research has not been to produce a set of data that another may replicate to enable generalisability, rather, to seek rich data that described and explained a phenomenon in context to the lived experience of the participants (Creswell, 1998; Schofield, 2002). With this in mind, applicability was more relevant, which questions whether an opportunity arises for the findings to 'fit' with other contexts (Guba & Lincoln, 1981). For evaluation of the 'fit' into another context, substantial detail relating to contextual information has been provided at the

beginning of the findings and interpretation to allow for assessment (Guba & Lincoln, 1981).

Methodology

Participants

Recruitment of a purposive sample was through personal contacts, word of mouth and snowballing with the use of a flyer. Ten female participants were identified as eligible through screening of the three following criteria. First, length of time as a single mother –10 years or less was acceptable, as research suggested adaptation rates were variable, and adaptation was not inevitable (Amato, 2000; Lucas, 2005). Second, the target age range was 30 to 48 years. Third, sole adult in the household, as research suggested role overload to be a significant strain predictor (D'Ercole, 1988). The sole adult in the household was where the single mother was the only adult living in the house with children under 16 years of age (Loxton et al., 2006).

The participants were 10 Western Australian residents aged between 35 and 45 years who had been single mothers for a period of between 20 months and 10 years ($M = 5$ years), with single motherhood being the result of divorce/separation. Demographic details of the participants, using pseudonyms, have been provided in Table 1. Those pseudonyms are used in the findings and interpretations. The single mothers were a heterogeneous group in respect to a variety of daytime activities with between one to three children aged two to fifteen, but all of them were the sole adult in the household. Subjective socioeconomic status (SES) was assessed based on the first author's knowledge, and various contextual aspects of what the participants reported during the interview. It varied at the time of interview ranging from one participant living in government housing who went to source food stamps before attending the interview, to other single mothers who were living in an owned duplex or flat in a middle class suburb. Four of the single mothers had not

Table 1
Demographic Factors

Name (pseudonym)	Time as single mother	Marital status	Daytime activity	Subjective SES	Age	Number of children	Education level
Fiona	2 years	Divorced	Part-time paid employment / part-time study	Mid	42	2	Year 11
Helen	10 years	Divorced	Contract paid employment	Mid	41	1	University degree
Jenny	4 years	Divorced	Part-time paid employment	High	44	2	Year 12
Joanne	8 years	Divorced	Full-time paid employment	Mid	45	1	University degree
Kate	8 years	Separated	Part-time study/volunteer work	Low	35	2	Completing university degree
Liz	8 ½ years	Divorced	Part-time paid employment / part-time study	Mid	45	2	Completing university degree
Sylvia	2 ½ years	Separated	Part-time paid employment	High	44	3	University degree
Theresa	2 ½ years	Separated	Full-time mum	High	40	3	Unfinished university degree
Tracey	3 years	Divorced	Full-time paid employment	Mid	35	1	University degree
Trish	20 months	Divorced	Part-time study	Mid	38	2	University degree

completed their financial settlement so it was unclear whether they would have to relocate, but most expected to relocate to a lower SES neighbourhood.

Procedure

A flyer had been placed in two approved venues; however, the researchers gathered all participants using personal networks together with the snowballing technique. In this regard, potential participants were sent a copy of the flyer via email, and at their discretion, they contacted the interviewer by telephone where eligibility to participate was determined. If participants satisfied the criteria as detailed above, arrangements were made to conduct the interview at a mutually agreed time and place.

The interview comprised of a questionnaire containing demographic questions and a semi-structured interview schedule consisting of open-questions provided participants with the opportunity to detail their personal experiences as a single mother. When necessary, the interviewer asked for clarification of some of the comments.

Analysis

Phenomenological data were analysed using thematic analysis. Analysis evolved using a cyclical approach, specifically using a method of analysis of data which was a modification of the Stevick-Colaizzi-Keen method, detailed in Creswell (1998) and Moustakas (1994). This method entailed initially writing a full description of the first author's experience of single motherhood and resilience to be able to consider biases in a more concrete way. All the transcripts were read multiple times, with the researchers noting any biases, together with other issues that came to mind (Creswell, 1998). The following process was then completed for each transcript. The step of horizonalisation commenced with significant statements identified that explained resilience in single mothers, commencing with detail of the basic

protective and risk factors, with each statement having equal worth (Creswell 1998). Meaning units were then identified by grouping the significant statements into the triarchic framework of the three influences – individual, family and external. Textual description was developed to describe 'what happened', followed by structural description or imaginative variation identifying possible meanings relating to resilience and describing how the phenomenon was experienced (Creswell, 1998). Finally, a summary statement reducing the textural and structural descriptions of the experience of all the participants was completed, which formed the 'essence' reported in the triarchic framework format (Creswell, 1998).

Findings and Interpretation

Context

There were wide differences among the participants for this research. As a group, these women appeared highly resourceful and understood how different systems could be accessed for assistance. Some mothers were required to relocate their family, whilst some were able to remain in the family home, with all but one expecting to move in the near future once financial settlement was completed. A number of mothers did not work before their separation, but now required paid employment to financially support their family.

In addition to experiencing some level of grieving for the end of a relationship, a number of single mothers disclosed additional significant life events that occurred concurrently. For example, post-natal depression that had been undiagnosed for six months; looking after a two-month-old baby not thriving or feeding, recently released from an intensive care neonatal hospital ward; a positive diagnosis of HIV with ongoing management necessary; and depression resulting from the death of a parent. A number of the single mothers noted they had lost more than their marriage, where some participants reported having to start

Table 2

Summary Findings: Protective and Risk factors for the External Influence

Factors	Themes
Protective	Employment[a]
	Community – services / facilities[a]
	Friends
	New boyfriend
	Neighbourhood
Risk	Employment[a]
	Community – services / facilities[a]
	Ex-husband
	Stigmatisation

[a]Themes identified as both a protective and a risk factor.

their life over as they had lost their friends, associates, and employment.

Data Overview

Data from the qualitative interviews were analysed. Themes emerged which were then categorised into the relevant influences and organised into the triarchic framework, and further categorised into protective and risk factors. Table 2 provides a summary of the protective and risk factors for the influence of external factors. The qualitative data suggests that these women are resilient, providing more protective factors than risk factors. This paper reports only the community and external aspects of resilience, with other measures within the wider research project indicating that this was the strongest area, as compared to personal and family influences.

External Influence
Theme: *Employment*
Factors: *Protective and risk*

Employment showed to be both a protective and risk factor. Seven participants were in paid employment – four in a part-time capacity, two in a full-time capacity, and one contract.

Two participants spoke positively and highly of their place of employment, stating that flexibility was important, aligning with Barling and Barenbrug (1984) asserting that flexible work conditions positively related to single mothers' coping. Three participants specifically expressed the importance of an interesting workplace, where Tracey found employment enjoyable, "I work in a specialty area and I enjoy it a lot more". Previous research identified enjoyment of the job as a factor towards single mothers' coping ability (Bowen et al., 1993).

A number of single mothers had to return to work, and/or have had to seek more work, for example, Jenny reported, "I was working two days a week … but I need to make more money". Others needed to, or are currently re-skilling, with Fiona explaining:

> *So I have been studying because I am determined that my economic situation will change … I come from a rather low education background, everything has been self taught so I really am starting from the bottom which is a big challenge.*

Similar to findings by Hilton et al. (2001), many participants noted difficulty in adding

the role of breadwinner for varying reasons such as having to return to study to be employable, children still too young to let themselves in the house on their own (as discussed in the next theme, Community – services/facilities), and doing enjoyable work that was for one participant, employed mainly on contract terms meaning income instability. A common theme among many of the women was a general realisation of having to add more to an already overloaded day.

Previous research showed that employment was associated with meeting a number of needs for this population, including financial and emotional, together with a positive self image, thus a protective factor (D'Ercole, 1988; Mednick, 1987).

Theme: Community – services / facilities
Factor: Protective and risk

Community was identified as a protective factor for most participants. Half of the participants reported support from a traditional community, with a diverse range of activities or groups including schools, toy library, playgroup, mother's group, free community activities and various sports activities. Kate mentioned her daughters' dancing studio as "probably the only group that I feel connected with". The girls were enrolled in the dance studio when she was receiving maintenance, however not long after, the maintenance stopped. Kate went to the dance school with the intention to cease the lessons; however the owner offered a substantially discounted fee structure, which in reality was that the fees are paid when the money was available:

> That's community to me. If it
> wasn't for that, my daughters
> would be missing out because
> there is no way I would afford it.
> Even as it is, I can't afford it, but
> my girls love it. I will go without so
> they can have that.

Two less traditional communities identified were an on-line sports science blog, and the arts community. Helen reported the support

by the arts community was, "not just like-minded, they actually understand what you are saying. Its like a mental kind of support, they get what we do".

Two services identified as protective by a number of participants were psychology services and the family doctor. For example, Jenny reported, "My doctor helped a lot, because she was a very good friend and she knows the kids", whilst Sylvia stated, "My resources to do that [achieve my goals], I am seeing the psychologist".

Services identified as a source of frustration included those that did not tailor their advice to the individual and their circumstances. For example, Tracey requested assistance for her son's sleep issues from an organisation that provides information and assistance in parenting:

> They were trying to help but it was
> like this is your problem, this is
> your solution … if they were
> actually able to listen to what I was
> saying and come up with a plan
> that actually fitted into my lifestyle
> as opposed to saying, well all your
> problems are related to the fact
> that he has not got enough sleep
> and you need to sort his sleep out
> [with advice he had to be in bed by
> 7pm] … if they had actually listened
> to me, I don't finish work each
> week night until 6 o'clock at
> night… I can't afford to do
> anything but shifts that I work.

This left Tracey feeling vulnerable, frustrated and disappointed. Another service with two areas of difficulty reported was child care facilities – no child care centre could be found to accommodate shift working hours, even daytime hours during the week, leaving single mothers to find other arrangements, such as Tracey, who said, "Mum cares for Jack while I work". Second, children grew too old to attend child care, but were not old enough to get into an unattended house safely after school finished, with Helen reporting, "my

daughter would be coming home and I would be freaking out and ringing her to make sure she got into the house safely". Ungar (2005) identified that community services needed to be in tune with what was required by a diversity of individuals, where in the above experiences, this was not the case. More generally, community systems, including the structural influences around the environment, have been previously reported as protective, specifically in an at-risk child population (Ungar, 2005).

Theme: Friends
Factor: Protective

All participants spoke in a positive manner in relation to friends, with diverse experiences of support reported, many finding friends the most supportive in all areas, other than financial. For example, Fiona noted that friends were supportive in every way, "from the basic casserole to pruning my roses". Theresa summarised her experience, "in fact a lot of friends have just been remarkably supportive, friends have been family".

However, a number of practical constraints were identified such as lack of time and energy. Fiona highlighted, "I do not have the energy to go put into perhaps the relationships as much as what I would have before" and also "not the time to pursue any interests to meet new people". Another participant found that due to the time constraints, it was a choice between spending time with friends or treasured alone time, with the latter being chosen most times. In relation to time demands, priority was given to time-alone rather than socialising, with the lack of time demanding a choice, similar to findings by Hodgson et al. (2001).

Previous research has reported friends under social support with findings mixed depending upon a number of variables including context (e.g., Brodsky, 1999; Blum, 1998).

Theme: New boyfriend
Factor: Protective

Half the participants reported that they were involved with a boyfriend, all reporting him to be an emotional support. There was a wide range in level of commitment, "I am in love with the things he can provide … I get to go to all these lovely restaurants", whereas Trish explained that her boyfriend was being viewed as a potential husband. Most participants noted that a lowered priority towards a boyfriend was inevitable due to their commitments and priority to their family. Helen summarised the boundaries of her relationship:

> *He's great with [my daughter], not trying to be her father or anything ...he plays games with her ... he's a good resource, and he does not live here, we can kick him out whenever.*

An overarching theme that arose in this study was the high priority placed on the children, which was similar in research findings by Hodgson et al. (2001). Other previous research suggested that a new boyfriend was a protective factor offering different levels of support, possibly emotional, financial, and parenting (Brodsky, 1999). However, women were often cautious after their previous experiences (Brodsky, 1999).

Theme: Neighbourhood
Factor: Protective

In this research, half the participants mentioned the neighbourhood as a resource or a protective factor, noting the importance of their neighbours. There was a diverse range of roles the neighbourhood played for the single mothers, including emergency babysitting and school pick up duties. Joanne identified her neighbourhood, namely six houses in her street, as both social support and 'man-power' for home repairs. She said "we meet for champagne every other Friday" and "I have like three husbands come up and kind of rescue, which is really nice". Theresa reported many of her neighbours supported

her, finding that, "like when we were married I did not have the same relationship with my neighbours, now the community around me have rallied around". Finally, Theresa made a statement where the sentiment was shared by many, "my neighbours, … but I would call them friends, they are great". In contrast to Brodsky (1999), the neighbourhood was viewed as a resource, or a protective factor. A possible reason for the difference was that, unlike the risky neighbourhood where Brodsky's research took place, all the women in this study were presently living in reasonable SES areas. More generally, the neighbourhood in previous research has been identified as both a protective and risk factor depending on various factors such as environment (Blum, 1998; Brodsky, 1999).

Theme: Ex-husband
Factor: Risk

Most participants in this research reported having some level of difficulty with their ex-husband. Communication with the ex-husband was reported to be difficult and stressful. Theresa reported:

> *our ability to communicate now is sending emails, I make them bullet point, because if I write something in a sentence, it is always misconstrued I can't believe how much time I waste scripting emails … it is very stressful to communicate.*

The process of settlement and arrangements for at least half of the participants was a difficult period, for example, "settlement and arrangements were probably the yuckiest time of my life".

The shared care arrangements involved a number of issues, with seven households having the arrangement of the children with the father every second weekend, and three households having no visitation by the father. Joint parenting was reported a difficulty, with issues such as different parenting styles. For example, Theresa reported,

> *I also think it is really difficult*

> *when the kids are able to play you against each other, like we're allowed to stay up till 8.30 at Papa's house, and I am not suggesting he is a 'Disney dad', but certainly he does…*

Similar to D'Ercole (1988) and Brodsky (1999), most participants identified the ex-husband as a source of stress, thus a risk factor. Previous research also categorised the father of the children as a risk factor to the single mother (D'Ercole, 1988; Richards, 1989). In some cases, the father was using the children to hurt the single mother (D'Ercole, 1988). Other research reported the lack of support received from the ex-partner, albeit economic or emotional support and attention towards the children (Brodsky, 1999; Richards, 1989).

Theme: Stigmatisation
Factor: Risk

A number of comments were made about how these single mothers felt they were perceived by others in a diverse range of situations. For example, Kate noted:

> *I am looked upon differently … they look at me as the stereotypical single mum, government housing … that stereotype is not accurate, by no means … but mentioning being a university student really does make a difference.*

In relation to a social setting, many reported a level of discomfort and feelings of being judged due to their single motherhood status. There were a number of ways this was managed, for example, Fiona reasoned, "I think you threaten people as a single mummy … you are just different, you are a different dynamic to bring to a dinner party … your focuses are different".

Helen had found her daughter's school environment particularly difficult in relation to being a single mother amongst married mothers, summarising her experience as, "they are all married and middle class … whereas I'm not married and under classed

[laughing]". These findings support the stigmatisation reported in Rudowicz's (2001) paper, suggesting a level of stigmatisation towards these single mothers existed in a diversity of situations. Further, stigmatization experienced by single mothers was associated with many measures of lowered psychological well-being, therefore considered a risk factor (Mednick, 1987; Rudowicz, 2001).

Discussion

The experiences of single mothers in their multiple roles are diverse. The phenomenon of resilience was experienced uniquely by each single mother, who was able to develop protective factors appropriate to their context, whilst minimising or at least acknowledging their relevant risk factors. More specifically, most of the women incorporated a number of external protective factors, namely employment, community, neighbourhood, friends and a new partner into their lives in varying capacities whilst experiencing negative or risk factors involved in employment issues, community, their ex-husbands and the stigma attached to being a single mother. Participants also viewed or valued their protective factors differently depending on their circumstances. Participants displayed differing patterns of protective and risk factors yet all showed some form of positive adaptation and therefore resilience (Luthar et al., 2000). Resilience was not a matter of taking away adversity but managing the challenges by taking advantage of, and increasing the number and value of, external protective factors (Friborg, Hjemdal, Rosenvinge, & Martinussen, 2003).

The multidimensionality of resilience, or its heterogeneity, was shown in this research where diverse external themes were identified. Those five themes for this group of single mothers were employment, community services/facilities, friends, new boyfriend and neighbourhood. Each individual showed differences in the various areas that showed as competencies and weaknesses. One aspect that appeared to mediate some of the risk factors was the age of the children, where many of the participants expressed that younger children required more direct care, and where different issues arise in areas such as employment and community services required.

This research contributed to resilience knowledge specifically in relation to the experiences of older single mothers in relation to protective and risk factors specifically of an external influence. In this research, most single mothers reported friends as a much needed source of support in a diverse range of areas, and in some cases friends had replaced the role of family. In contrast to previous research, religion or church network was not identified as a protective factor nor reported as a resource (e.g., Brodsky, 1999). Other findings that were similar included issues such as stigmatisation that was still attached to single motherhood (D'Ercole, 1988; Hodgson et al., 2001; Rudowicz, 2001). This research found a numbers of themes identified as both risk and protective, for example, employment and community services and facilities, with mixed findings also in previous research (Ahern et al., 2008; Blum, 1998; Brodsky, 1999; D'Ercole, 1988). A new partner was associated as a positive resource specifically giving emotional support. As much of the parenting was being done by these single mothers, in most cases, a lowered priority was given to the new boyfriend due to the high priority given to the children. Finally, the ex-husband was shown to be a risk factor, specifically relating to joint parenting, with issues relating to different parenting styles and difficulties in on-going communication, similar to D'Ercole (1988) and Brodsky (1999), who identified the father of the children a source of stress.

In practice, the results of this study suggest that to effectively intervene in assisting single mothers in their daily lives, a multi-faceted approach with a range of resources are necessary to effectively address the apparent diversity. As asserted by

Brodsky (1999), interventions must address the individual need to be effective, which also supports Ungar (2005) who identified that services need to be aligned with the needs of a diversity of individuals for an effective outcome. The within-group differences shown in these single mothers, together with the different ages of the children which affected certain requirements, emphasised the need for a range of resources offered.

Whilst our Western-culture values often emphasise individual resources, this study showed that many of these women reported employing a number of external sources as resources, particularly neighbourhood, highlighting the need to value community and for it to be kept in mind for policy development. One option identified was a single mothers group, which would enable learning from other single mothers, with the opportunity for social support and to brain-storm as a group to deal with issues that could potentially develop, amongst other things, self-confidence.

As asserted by various researchers including Rutter (2007), although qualitative methods are valuable, these findings are most powerful when linked with quantitative methods to confirm their mediating effects to enable support for proposed hypotheses. To this end, these findings could be used as a base to investigate the strength of the proposed factors and their mediating effects in the context of single motherhood.

One limitation of this study was the single mothers recruited were mainly middle to upper SES women provided with financial assistance by various parties. These women appeared highly resourceful and able to source and meet most needs that arose, which may be different to a younger single mother cohort. Nevertheless, a number of participants still reported many difficulties they continued to face illustrating the challenging role of single motherhood, and that resilience was a construct that could

assist these women during that role, not just the transitional time between married and single motherhood status.

This research demonstrated that each individual accumulated resources or protective factors reflecting their individuality and context, resulting in positive adaptation. An underpinning of much of this research was that these single mothers placed a high priority on their children, and that the age of the children affected some protective factors in varying ways. Although there were external source risk factors identified, many external protective factors were recognised including friends or social support, a new boyfriend and the neighbourhood. Two factors were identified as both protective and risk, which implies that presently these two factors, employment and community services/facilities, are used as protective factors however depending upon each individual's context or situation, issues relating to both may have difficulties attached.

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Acknowledgements

Author Biographies

Sharon Cheeseman is currently completing her Master of Psychology (Clinical) at Edith Cowan University, Western Australia. She is a single mother herself, and one interest of research is how resilience can assist single mothers to adapt to their changing situation. More generally, Sharon's interest area is to investigate how single mothers can better adapt and thus have a more satisfying existence, which in turn impacts not only on them, but on their children as well.

Dr Catherine Ferguson is a researcher with varied interests in resilience in different groups, in particular in relation to the wellbeing of small business owners. She has been involved in a range of projects with other members of the Lifespan Resilience Research Group since joining Edith Cowan University in April 2009.

Professor Lynne Cohen is a community psychologist and brings many years of experience in resilience research with children and university students. She has successfully developed transition programs which empower students and positively impacts on their experience and outcomes. She has led a number of interdisciplinary research teams and is committed to a collaborative model involving community organisations. She also has extensive experience in working with children with learning difficulties. Together with

colleagues, she was instrumental in establishing the Lifespan Resilience Research group at Edith Cowan University.

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Resilience in Families with Same-sex Parents

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Research suggests resilience can be viewed as a dynamic process facilitating positive functioning within the context of significant adversity. A nuclear family type that remains a controversial and stigmatized group is families with same-sex parents. Same-sex families face a great number of challenges, due to the presence of heterosexism in society and they are often heavily criticised within the broad public domain. The current study adopted a phenomenological methodology to identify the family resilience processes utilised by same-sex families. Five lesbian couples raising children in Perth, Western Australia were interviewed. A thematic analysis technique was then conducted. Seven family resiliency processes were identified – Creating Family Unity, Preparation, Support, Outness, Flexibility, Normalisation and Humour. Limitations of this study include the lack of child participants, meaning mothers were speaking on behalf of their children. Future studies could include using child interviews and gay fathers.

The image of the 'conventional family,' whereby children are raised in a single household by their married biological parents, is considered somewhat of a rarity today (Litovich & Langhout, 2004). Our contemporary understanding of what constitutes a nuclear family has been extended to accommodate single parents, mixed-race families, step families, families with adoptive children, grandchildren, and foster children to name a few (Golding, 2006). One nuclear family type that remains a controversial and stigmatised group is families with same-sex parents. Even within same-sex parent families there is a great variety in family configuration, including children from previous heterosexual relationships, adoptive children and children conceived during the homosexual relationship of their parents. Despite the differences in formation, these families are united in their unique experiences of discrimination and public scrutiny of their parenting skills. The criticisms of gay parents are well documented, and the topic of whether homosexual couples should be 'allowed' to raise children is often passionately discussed in the media, with proponents for each side of the argument adamantly defending their cause. The constant struggle to receive legal recognition of their unique families and counter the arguments of critics has demanded that lesbian and gay parents develop a unique resilience within their families which simultaneously battles chronic adversity and shields their children from hardship (Golding, 2006). The nature of this resilience has been, and continues to be an interesting topic for researchers, aiming to understand the factors and processes that facilitate positive development in spite of harsh conditions. The focus therefore for the current study is to build on the current understanding of how resilience is developed in families with same-sex parents.

Demographic Information and Figures in Australia

It is difficult to accurately determine the number of households in which there are same-sex parents as in many cases their relationship status is often not publicly or legally known (Negy & McMinny, 2006). The Australian Bureau of Statistics (ABS, 2009), however, recorded from a national census in 2006, that there were 27,000 same-sex couple families living in Australia. In 2006, data indicated that 3,200 children were living with same-sex-couples, 89% of which were headed by lesbian couples. Over half the children living with same-sex couples

were reported to be step children (57%), while 38% were reported to be the natural or adopted children of both parents (ABS, 2009). Therefore the majority of children living in such households were conceived from previous heterosexual relationships. However the introduction of gay right laws, particularly in Western Australia has seen an increase in cases where same-sex couples adopt and conceive children together. In 2002, the Artificial Conception Act (1985) was amended so that when a lesbian woman undergoes the artificial fertilisation process with her female partner, the de facto partner is conclusively presumed to be the parent of any child conceived. Furthermore the Western Australia's Registry of Births, Death and Marriages allow both gay parents to be listed on the child's birth certificate. As of July 2009, lesbian and gay couples living in de facto relationships were advised to inform Centrelink of their relationship under changes to the Social Security and Family Assistance Law. If deemed in a de facto relationship, both partners' income and assets are taken into account, and therefore entitlements may be reduced or cancelled. Despite these legislative advances, there is currently no legal registry for same-sex couples in Western Australia and couples remain unable to enter matrimony.

Literature and Attitudes Regarding Gay Parenting

Negative attitudes towards homosexuality and incidents of homophobia have been widespread, and long held. Societal attitudes and perceptions of gays and lesbians are generally not based on personal experience, but rather on culturally transmitted stereotypes of homosexuals being characteristically promiscuous and immoral (Patterson, 1992). There are many people opposed to the raising of children by homosexual parents, arguing that children living in such households are developmentally disadvantaged due to poor parenting skills (Milbank, 2003). Some of the

concerns that have been documented are, that children raised by homosexual parents will, in turn, be gay themselves (Rekers & Kilgus, 2002), that children will suffer gender and sexual identity confusion (Golding, 2006), that lesbian mothers are less psychologically capable to rear children than heterosexual mothers because they are less maternal (Editors of the *Harvard Law Review,* 1990), that homosexual non-biological parents are less involved in the upbringing of a child than heterosexual step parents (Lambert, 2005), that children are developmentally disadvantaged by the absence of both sex role models (Harris & Turner, 1986), and that children's social and emotional development will be negatively impacted (Cameron & Cameron, 1996).

An example of the fervour of this view came during the federal election period in 2010 from Wendy Francis, a Queensland Senate candidate who stated on a social networking website, which was later picked up by the popular media, that:

> *...children in homosexual relationships are subject to emotional abuse...legitimising gay marriage is like legalising child abuse...I believe that it's one thing to be homosexual, but I think it's another thing altogether to impose on children a situation where they'll be brought up without a mother or a father. (Gray, 2010, para. 4)*

Francis then went on to state that she was not homophobic. These sentiments seem to suggest the view that some people are not opposed to gay relationships themselves, rather they are against the raising of children in these relationships citing the "emotional abuse" they will suffer.

In contrast to these claims, there are no known detrimental effects of being raised by homosexual parents in any academic literature (Patterson, 2005). Children raised in such families display typical age-appropriate

emotional, cognitive and social development (Patterson, 2005) and furthermore, display higher levels of positive attributes such as a higher tolerance of diversity than children raised in heterosexual families (Negy & McKinny, 2006). No significant differences in gender identity, gender role behaviour, or sexual orientation have been found in research comparing children raised by heterosexual parents with children raised by homosexual parents (Golding, 2006). Emotional development in blended families has also been examined. In a study looking at homosexual step families, for example, the children participants attributed their emotional distress to the dissolution of their parents' relationship rather than issues related to the sexual orientation of the gay parent (Green, 1982). It has also been found that children raised from birth, by solely their lesbian mothers faced no negative consequences, despite the absence of a father (MacCallum & Golombok, 2004). Furthermore, Kirkpatrick (1987) argued that through everyday living, a child has the opportunity to come in to contact with opposite sex role models to their homosexual parents, and are not therefore lacking in role models. Research clearly supports the premise that lesbian and gay parents are capable of raising happy and well adjusted children, (Golding 2006; Lambert, 2005). Negy and McKinney suggested "in fact on some dimensions such as sensitivity to discrimination and sociocultural diversity, children reared in lesbian and gay families appear to have a better-developed social conscience than comparable children reared by heterosexual parents" (2006, p. 81).

Heterosexism: Issues and Implications

Despite no empirical support for the notion that raising children in gay families is detrimental to children, it is acknowledged these families face many different issues and challenges that may impact on the children. It is important to note that families with same-sex parents face the same or similar challenges as those families headed by heterosexual couples, including everyday stressors such as negotiating finances, transporting children to school and the division of household chores (Fredriksen-Goldsen & Erera, 2004). In addition, however, they also face struggles due to the presence of heterosexism in society.

Heterosexism is defined as the institutionalised practise of favouring heterosexuality, based on the assumption that heterosexuality is the only normal sexual orientation, thus making homosexuality abnormal (Chesir-Teran, 2003). The manifestation of heterosexism in the community leads to the attitude that homosexuality is wrong which in turn fuels much of the stigma, discrimination and homophobic incidents directed at gays and lesbians. Ryan and Berkowitz (2009) illustrated this by discussing the homophobic bureaucracies that determine and limit the rights of homosexual couples. Lesbian, gay, bisexual and transgender [LGBT] rights differ depending on countries, and often vary interstate within the same country. Legislation for equal marriage, adoption rights and access to fertility treatments, have all been contemporary issues, and predominantly the rights of gay people have been decided ultimately by heterosexual politicians (Fredriksen-Goldsen & Erera, 2004). These heterosexual favouring institutions therefore have a direct impact on gay families. Ryan and Berkwitz (2009) argue that bureaucracies are just one of the unique issues faced by lesbian and gay families, the other two being their limited physiologies for human reproduction and the constant response to questions about their obviously non-biological family. For example, lesbian mothers may often be asked who the 'real' mother is. Furthermore it is not currently known how negative comments in the media such as those made by Wendy Francis impact on these families. Finally, research suggests that one of the greatest issues faced by children raised by gay parents

is becoming the target of bullying by peers because of the sexual orientation of their parents (Robitaille & Saint-Jacques, 2009). It is clear then, that some element of family resilience must be established in order to obtain such positive developmental outcomes for their children despite these disadvantages and risks.

Resilience Literature Review

There is much discrepancy in the literature as to what constitutes resilience (Ahern, Ark, & Byers, 2008), and many of the opposing arguments will be raised in this paper. Currently there is no universally accepted definition of resilience. However in simple terms, research suggests that it is some representation of positive coping despite significant risk. Furthermore there is difference in meaning between the terms 'resilience' and 'resiliency.' Resiliency can be viewed as the ability or traits of an individual to manage life circumstances successfully, whereas resilience is the process by which one adapts and functions when presented with a crisis (Connolly, 2005). The nature of how this resilience is developed has been the topic of much debate. Early literature tended to emphasise the exceptional personal qualities or traits that formulate resiliency (Masten, 2001; Christiansen, Christiansen & Howard, 1997). For example, in a study based in an impoverished inner city neighbourhood in the United States, researchers reported on the remarkable capabilities and strength of individual at risk children (Richters & Martinez, 1993) suggesting that resiliency is a trait, or enduring stable personality characteristic. More recent research has suggested that rather than being a personal characteristic, resilience is a dynamic and ongoing process, and the result of numerous factors, such as supportive buffers, societal values and available resources (Masten, 2001). Furthermore some researchers have argued that resilience is both a characteristic and a process (Leipold & Greve, 2009).

Despite these arguments there is some consensus in contemporary literature that resilience can be viewed as a dynamic process facilitating positive functioning within the context of significant adversity (Luthar, Cicchetti, & Becker, 2000). This notion therefore encompasses two critical factors that must be present to presume resiliency. Firstly an individual must be exposed to a significant threat or severe adversity and secondly that individual must display positive coping despite these major threats to development (Luthar et al., 2000). However, even these simple assumptions raise a great many issues when attempting to conceptualise the process of resilience.

While traditional theories may have suggested that resilience is a special and rare individual quality, Masten (2001) suggests that in fact resilience is a 'normal' human process which any individual has the potential to demonstrate. Masten argues that "resilience appears to be a common phenomenon that results in most cases from the operation of basic human adaptational systems" (p. 227). The risks to human development are therefore those that compromise the systems that build adaptive processes, such as motivation for learning and connectivity with the environment, cognition and brain development, caregiver-child relationships and emotion regulation (Masten, 2001). This suggests that the environmental surroundings of an individual greatly shape their ability to be resilient. Luthar et al. (2000) agree that resilience is not an individual trait, but a reflection of the protective factors and weaknesses present in an individual's environment. A recent paper by Pooley and Cohen (2010) has identified the ecological nature of resilience, discussing the internal and external processes that influence the individual. Pooley and Cohen (2010) suggests a definition of resilience over the life span as the "potential to exhibit resourcefulness by using available and external resources in response to different

contextual and developmental challenges" (p. 30). This research clearly demonstrates the role of societal support systems in fostering resiliency, which is of great importance to this current study when considering the impact of heterosexism on families with same-sex parents, which in many ways are not supported by society.

Family Resilience

The literature examined thus far has solely discussed resilience in individuals. However families by their very nature are made of several individuals, making the resiliency of the family more complex. Family resilience should be viewed as a cohesive unit rather than the sum of the resilience of all the individuals who make up the family (Simon, Murphy, & Smith, 2005). Family resilience researchers concur that family resilience is a multidimensional construct composing of three parts (Simon et al., 2005). The first dimension is the length of the stressful situation experienced by the family. A 'challenge' is the label given to a short-term situation, whereas 'crisis' is used to describe a long-term adverse situation (Simon et al., 2005). How a family is able to negotiate the situation will depend on its duration. The second dimension of family resilience is the life stage of the family when it encounters the challenge or crisis, for example families with preschool age children face different issues to families with teenagers. The characteristics and solutions of the family members must therefore appropriately match the life stage of the family, to foster resilience. The third dimension of resilience is the external and internal sources of support that a family accesses during an adverse situation or crisis. Research suggests that families that utilise support from outside the immediate family such as extended family members, friends and support from the wider community display higher levels of resilience and this may be of particular importance to individuals from cultures that value collectivism (McCubbin, McCubbin, Thompson, & Thompson, 1995). These three dimensions can be used as a

theoretical framework to help assist in the formulation of research questions and topics when conducting qualitative research into resiliency within families of same-sex parents.

Walsh (1998) presented the systems theory of family resilience, which enables researchers to identify and target pivotal family processes that reduce stress in high-risk situations, foster coping and empowerment. Walsh (1998) put forward three key processes of family resilience. The first is the family belief system, which encompasses the attitudes and values of the family, and thus shapes how they respond to adverse situations. If a family holds a positive belief system which values interconnectedness and problem resolution to overcome the challenges and crises that arise, the family may be able to perceive this adverse situation as a 'normal' life challenge. By normalising the situation the family is therefore able to determine what resources are available to them and how they should respond accordingly (Simon et al., 2005). The second process is organisational patterns, which foster family resiliency through flexibility and connectivity. The third key process is communication (Walsh, 1998). Open communication within the family can foster mutual understanding and respect of individual family members and the opportunity to express emotions freely (Simon et al., 2005). Again this framework can be of particular use when investigating the experiences of families with same-sex parents, as some of the key processes may not be present, such as open communication because some parents may wish to keep their relationship a secret from their children, for fear of rejection and or losing custody (Fredriksen-Goldsen & Erera, 2004). Similarly, homophobic attitudes may have become a very 'normal' everyday life challenge for such families.

Lesbian and Gay Families as Candidates for Resilience Studies

Despite the knowledge that lesbian

and gay couples can be successful parents, they still face an assortment of issues. Ungar (2008) suggests that societal norms can foster resilience; however, clearly homosexuality is not currently considered a cultural norm, and heterosexism permeates that being gay is abnormal (Chesir-Teran, 2003). These families therefore have to develop resilience, despite not fitting with traditional societal attitudes of what should formulate a 'typical' family. Such families are therefore living in a chronic stressor condition (Connolly, 2005). While gay families in general may not be at risk of poor parenting, the family still has to negotiate the dangers heterosexism presents, such as being victims of discrimination and oppression (Litovich & Langhout, 2004). These families then may face both challenges and crises. For example they may experience a specific harmful incident (a challenge) such as a hurtful taunt in the playground towards their child as well as having to cope with heterosexism within their surroundings on an ongoing basis (a crisis), such as restrictive legislative policies. Therefore, the research objective of the current study is therefore to investigate the nature of family resiliency within a sample of same-sex households in Western Australia.

Methodology

The current study will adopt a phenomenological methodological approach in which the life experiences of participants and the meanings that they attach to these experiences is the focus of attention (Groenewald, 2004; Liamputtong & Ezzy, 2007; Wertz, 2005). The phenomenological approach is based on the idea that reality, as humans experience it, is pure phenomena and is therefore absolute data that can be studied (Groenewald, 2004). Through phenomenological studies, researchers are able to identify recurrent themes amongst participants along with individual variations (Groenewald, 2004). According to Mishler (2001), telling stories is one of the important ways that people construct and express

meaning, therefore participants should be encouraged to describe their experiences. This is based on the assumption every individual has their own personal story and are able to make sense of their experience through moulding the events into narrative form (Cohen, Pooley, Harms, & Ferguson, 2009).

Participants

Five lesbian couples raising children within the greater metropolitan area of Perth, Western Australia participated in this study (*n* = 10 total participants). Each couple was raising one child (identified as a person below the age of 18 years) in their home. The number of children in this study was therefore five. Two families also had four additional adult children (total number of adult offspring = 8). In both of these families, one of the adult children was also living in the family premises at the time of the current study. Below are brief vignettes describing the familial structure of the participants. All names have been changed to protect the identities of those involved.

Mary and Charlene. Mary (48) and Charlene (49) have been in a relationship for over eight years. Mary has two biological children from a previous heterosexual relationship and Charlene has three biological children from a previous heterosexual relationship. At the beginning of the relationship, two of the children were twelve, one was ten, one was nine and one was eight. All the children were familiar with one another and attended the same schools. Within a year Mary and Charlene were living together with all five children. Mary's children were co-parented by their father, and would split their time between homes. Charlene's children did not have as much contact with their father. At the time of the study, the youngest child Adam (16) is living at home, as is Alice (19). Sarah (18), Tom (20) and Amy (21) have all left home. Neither partner has full legal rights to each other's biological children, although parenting responsibilities have been shared equally. Both Mary and Charlene say that they have supportive families of origin, although they live

interstate or overseas.

Kim and Sally. Kim (41) and Sally (42) have been in a relationship for 19 years. They have a daughter Chloe, who at the time of the study was 2 years and 8 months. Chloe was conceived through in vitro fertilisation using a known sperm donor who is a friend of Kim and Sally. Sally is the birth mother of Chloe, after unsuccessful attempts for Kim to conceive. Both mothers are listed on Chloe's birth certificate, a legal right they actively campaigned for. Chloe is aware of the identity of her biological father; however he is not involved in parenting decisions and does not have a 'traditional' paternal role. Sally does not have contact with her family of origin, but she reports a very close and supportive relationship with Kim's family of origin.

Jemma and Mandy. Jemma (34) and Mandy (45) have been in a relationship for eight years. They have a daughter Kylie, who at the time of the study was two years old. Kylie was conceived using intracytoplasmic sperm injection (ICSI) using Mandy's brother's sperm and Jemma as the birth mother. Jemma has a "tense relationship" with her family of origin, who have difficulty recognising Mandy as Kylie's mother. It was therefore important to Jemma and Mandy that they were both biologically related to their child, and they subsequently approached Mandy's brother for sperm donation. Both mothers are listed on Kylie's birth certificate. Mandy's brother has signed away his legal rights, except in the event he perceives Kylie to be at risk of harm, and now fulfils the role of uncle to Kylie.

Karen and Fiona. Karen (33) and Fiona (46) have been in a relationship for five years. They have a daughter, Megan, who at the time of the study was 2 years and 6 months old. Fiona is the birth mother to Megan, who was conceived using an anonymous sperm donor, through the process of IVF. Both mothers are listed on Megan's birth certificate. Karen and Fiona are planning to have further children using the same donor with Karen as the birth mother. Both Karen and Fiona report having very supportive families of origin, although Fiona's family lives overseas.

Carla and Heidi. Carla (44) and Heidi (45) have been in a relationship for two years. Carla has five biological children. Four of Carla's children were conceived in previous heterosexual relationships (Tina, 27, Georgina, 24, Daniel, 20 and Jessica, 18). Mike (6 years, 10 months) was conceived during a previous lesbian relationship using donor insemination. Mike does not have any contact with Carla's former partner and currently lives with Carla and Heidi. Daniel also lives on the family premises. At the beginning of Carla and Heidi's relationship, Carla describes how she was primarily Mike's parent and Heidi was her partner, however over time Heidi has taken on the role of joint parent. Mike has Aspergers disorder, and prefers a regimented daily routine, which Heidi describes as being a hard learning process. Both Carla and Heidi feel they have supportive families of origin, and practical support from Carla's older children.

The mean age of participants was 43 years, and the mean relationship duration was 8.5 years, range 2 to 19 years. Of the five children living under the care of their lesbian parents at the time of the study, three were daughters and two were sons. All participants were of working socioeconomic status. Qualifications held by participants varied from high school education to postgraduate University studies. All participants were Caucasian.

Materials

A semi-structured interview schedule was used and was based in part on the questions adopted in previous studies by Golding (2006) and Litovich and Langhout (2004). The interview schedule consisted of open ended questions, as this allowed for a topic to be raised by the interviewer, but did not suggest how the participant should respond, thus giving the participant the opportunity to discuss the topic in their own words (Liamputtong & Ezzy, 2007).

Table 1
Themes Derived from Analysis

Theme	Sub-themes
Creating Family Unity	Names
	Routines and rituals
Preparation	Communication and philosophy
	Research and resources
	Anticipating negative incidents
Support	Families of origin
	Gay community and friends
	Organisations
Outness	Pride
	Adaptability to different settings
	Disclosure to children
Flexibility	Child-centred approach to parenting
	Gender roles
Normalisation	"The mundane"
	Comparisons to other families
Humour	As a coping mechanism

Procedure

All families were contacted by email or telephone by the researcher. They were provided with an information letter, detailing the purpose of the research and were asked if they were interested in taking part in the study. Once the first interviews were conducted, the snowballing method was adopted to obtain further participants whereby already selected participant recommend other persons they know who fit the research criteria (Groenewald, 2004). Families were interviewed in places convenient to them and conducive to a one hour interview.

Analysis

Once interviews had been completed, the audio recordings were transcribed verbatim by the researcher and a thematic analysis was undertaken adopting the procedure outlined by Glesne and Peshkin (1992). The first author read each transcript individually to note any biases. Significant statements within the transcript were underlined and categories were formed to describe the experiences reported by participants. Important statements were documented using different colour coding and then grouped into the categories identified in the previous step (Hecht & Ribeau, 1987). These similar categories were then assimilated to formulate themes (Glesne & Peshkin, 1992). Once each interview has been analysed using the procedure outlined the researcher returned to the original interview to check for any themes that may have been missed, thus ensuring maximum narrative for each transcript. During the end of the analysis process, member checking was used and participants were contacted to ensure all information was correct. Reflexivity was also an important component of the analysis of interviews, whereby the researcher has an "enriched ability to see and understand resilience in the families studied because the interviewer participates in the experience that she is investigating" (Golding, 2006, p. 52).

Results and Interpretations

Participants in the current study offered descriptions of a wide variety of experiences. These challenges included, but were not limited

to, struggles to gain legal recognition as joint parents, a gruelling conception process, teasing and bullying of children at school (in one case to the point of having to obtain a court ordered restraining order against another child), loss of long time family friends after the disclosure of sexuality, being disowned by families of origin, depression, refusal of entry to child into a particular school based on the parents relationship status, neighbourhood gossip and the difficulties of building a blended family. All participants also mentioned or referred to feelings of dislike or frustration at the inequality of recognition of relationship status within Australia. Despite these hurdles, all families have been able to maintain relationships and create households that foster positive development for their children.

After conducting a thematic analysis seven themes were identified which were made up of a variety of sub-themes that were consistent with the aforementioned resiliency literature. Table 1 presents the identified themes and sub-themes from this study.

Creating Family Unity

All of the participants interviewed in the current study highly valued creating a strong and united family unit. This is echoed in other research. The methods adopted by participants in this study to achieve this unity differed, although the end goal remained consistent. The first method within this theme of creating family unity, was the consideration of names. Several families opted to change their surnames so that all family members had the same last name, which is consistent with gay literature in forming visible identity, as co-parents may change surnames so that all parents and children have the same name, which reduces confusion when interacting with institutions (Reimann, 1997) and furthermore the language used may increase legitimacy in the eyes of loved ones and society (Steirs, 1999). Jemma explains her and Mandy's reasons for

changing their names, "We all have the same surname. It's inclusive. A family unit".

This appears to be consistent with Oswald's (2002) theme of 'naming.' Furthermore the two blended families in this study had the additional consideration of how the children may refer to their biological mother's partner. This is a typical issue in step families as network members must decide what to call co-mothers and co-fathers as well as chosen kin (Ainslie & Feltey, 1991). In both cases in the current study the children may say in general conversation "I have two mothers" but specifically address the non-biological parent by first name. In contrast, in the three families where the children were born into the relationship, all refer to both parents as "mum, mummy, or mama".

Additional sub themes that were raised were that of rituals and routines. Simon et al. (2005) describe how routines, or specific family events, can create unity amongst the family members. Some participants in this study described how they had such routines, such as "Friday Pizza and DVD nights", or particular family traditions, such as for Christmas and birthdays. Oswald (2002) suggests how ritualising bed time routines can allow for the non-primary caregiver to spend time with and create bonds with their child. This was true for one participant in this study, who spent comparatively less time with her daughter than her partner because she was the primary income earner and therefore ensured she spent a substantial amount of time with her daughter at bedtime. Notably, all participants stressed how important it was to them that they participate in activities as a family, and value "togetherness". For example Heidi described, "We always do something together on the weekends, whether it's going to the markets, going to the park, going to the arcade or going somewhere".

In the case of Mary and Charlene, creating this family unity proved difficult at

first when initially blending their families, as the children resisted calling themselves a family. This is very consistent with the research literature that forming blended families can be a very 'blurry' process (Simon et al., 2005). To deal with this, Mary and Charlene would instead refer to the 'household,' thus again highlighting the importance of appropriate language. Over time, however, Mary said, the children began to refer to each other as brothers and sisters regardless of biological relationship. Charlene recalls how getting joint pets helped in this process:

> *It wasn't your dog or my dog. It was our dogs...I said my god this is unbelievable, what it does for the blended family, having joint puppies... because there was two puppies there would often be two kids outside playing with the puppies, and that kind of brought them closer together. It was good.*

Creating family unity is therefore a theme present across all of the participants in this study, regardless of configuration. This is consistent with the existing research that creating a strong unit fosters family resiliency (Simon et al., 2005).

Preparation

Preparation was a key theme that emerged for all families in this study. This theme shared some of the components with Oswald's (2002) theme of intentionality; however additional processes were identified in this study. Preparation manifested itself differently for different families however in particular this was of notable importance to the three families that had conceived their children during their current relationship. This preparation was notable in the forms of open communication to ensure consistent values and parenting philosophy, conducting research and intentionally obtaining resources such as books that were relevant to their family structure and anticipating negative incidents and thus for, talking with their

children from an early age about their situation and the differences between families. Mandy explained:

> *We wanted to be as prepared as possible before having Kylie. We're not going to do it behind a tree and get pregnant, a lot of thought goes into this... financially and emotionally... Once you start having discussions with your partner you find out whether you are compatible enough to raise a child, and if you can't agree or make a compromise how are you going to deal with the outside world?...We have a very united front of dealing with things, but that certainly wasn't always easy.*

These in depth discussions between couples seem to be related to the concepts of mutuality, relational balance and interdependence raised by Connolly (2005) which argue that open communication and joint decision making are important components of building successful and lasting relationships. Furthermore Sally's introspective statement of "as lesbians you do buy into (the belief) that maybe you're not the right person to bring up kids" highlights the impact of heterosexism in the form of internalised homophobia, which through much "self-analysis" and discussions Sally and Kim were able to overcome.

In addition the subtheme of research and resources was identified. Kim stated, that they read "*a lot* of research, all the research in the world" before beginning to try for a baby. This again supports the theme of preparation, as does the resources obtained by families, with the majority of families reporting to have read at least one book on lesbian parenting or obtaining children's books about different types of families. For all three families that conceived their children during their current lesbian relationship, the children were below the age of 3 at the time

of the interviews. Despite the young ages of the children, they were all in some way or form, aware of their family construction, knowing they had two mothers. Many participants spoke about how they seized opportunities as they presented themselves to openly discuss their family, Fiona recalled:

> We've had conversations with her about that you've got two mummies, and other kids have a mummy and a daddy, and some kids have two daddies, some just have one, some have lots. So we've talked lots about that with her. She's only two and a half, in a few years she might grasp it a bit better...

Mandy explained how she plans to answer her daughters questions, (on the topic of her sperm donor) "She will ask and we will always answer her age-appropriately".
Of course this level of preparation from birth is not always applicable to blended families whereby the children are older when their parents disclose their sexuality, as was the case for Mary and Charlene:

> I don't think you can actually plan, because maybe as babies I think you could or small children but these kids were already established people, and they were going into teenage hood and they were both sexes. (Charlene)

The presence of this sub theme of anticipating negative incidents, may be seen as a response to the implications of heterosexism within society, as parents are consciously aware that their family type is in the minority and thus likely to experience some form of discrimination, and consequently they feel the need to prepare their children for this.

Aspects of this theme of preparation have been touched upon in the previous literature, for example in Oswald's (2002) category of 'choosing children' in which he points out that as homosexual sex is non-creative, lesbian and gay couples have to seek alternative methods to conceive. However the subthemes presented in the study, and the high levels of preparation described by many of the participants, expands on our understanding within the current literature.

Support

Sources of support varied a great deal amongst the participants in the current study. Participants' relationships with families of origin ranged from "My mum was so supportive, it was something I was quite surprised about. They were so excited. I think there was the same level of acceptance that we are a family, and that Mandy's our daughter" (Karen) to "As I came out as a lesbian my mother cut me off. She sent me the old 'you're no longer my daughter' letter" (Sally). Consequently, Sally's family of origin does not have any contact with Chloe. While research suggests that extended families are an important source of support and are an important topic within the resilience literature, there does not necessarily have to be negative consequences if families of origin are not supportive (Rostosky, Korfhage, Duhigg, Stern, Bennett, & Riggle, 2004). For example if an individual can maintain close pair bonds within their relationship, and find alternative support networks resilience can still be achieved. This seems to be the case for Sally as she describes feeling a very supportive relationship with both her partner Kim, and Kim's family of origin. Other families of origin of participants in this study were described as supportive, but many lived interstate or overseas and were thus limited in the practical support they could provide.

Research has suggested that involvement in gay communities has been related to increased emotional wellbeing, and can be an important source of support for gay individuals, couples and families (Lambert, 2005). In this study, involvement in the gay community ranged from very politically active, to supportive of the community but limited by time commitments. Dilworth-

Andersen, Burton, and Boulin-Johnson (1993) suggested that political activism is a form of resilience because it allows individuals to make sense out of what is happening in their personal lives by linking it to a larger societal context. All of the participants reported to having gay or lesbian friends, accessed gay social networking websites to meet other families, and participating in or attending gay events. Some participants reported less involvement on the "gay scene" since having children, but Jemma notes "The support is there if we need it. We have access to a fair share of lesbians doing the same things as us".

Karen and Fiona did however, recall some negative experiences of lesbian friends, not approving of their decision to start a family, and creating an antagonistic atmosphere at a social event because of their dislike of children. All families in this study therefore also share friendships with many heterosexual couples raising children, as they share common parenting experiences. This is consistent with the notions of 'choosing kin,' 'gay and straight integration' and 'building community' by Oswald (2002). Interestingly Carla, when remembering the experiences of her older children growing up, noted how many of the children who teased her daughters because of their mothers sexuality, have identified as gay men as adults and she argued that "their own sexuality was staring them in the faces".

The majority of the participants in the current study described supportive organisations and institutions, and overall positive experiences with doctors, clinics, and daycares. For example Fiona tells, "Day care are supportive of it as well, they continue the conversation (of diversity)...On father's day they do stuff for us as well which is cute, we have stuff made for granddads!".

However, there are some notable exceptions, including one doctor refusing to work with Karen and Fiona when they were trying to conceive, a school principal recommending to Jemma and Mandy that they look elsewhere for a place for Kylie because their values may not be consistent with the other parents at his school, disagreements with government employees, and a counsellor who was inexperienced working with gay couples. However it is worth noting, that most families described that as a whole, their experiences with organisations were positive. This was a different experience for Carla, when recalling the bullying of her older children, "Schools didn't seem to really care. Well back then they didn't. Maybe they do now".

This perhaps reflects the changes in attitudes within organisations over time. However all couples made reference to ongoing feelings of frustration or sadness that they are still unable to have formal legal recognition of their relationship, with many referring to the "inequality" they felt or "hypocrisy" that they are recognised as de facto couples for taxation purposes, but do not have the right to marry within Australia.

Outness

Being 'out' is a term frequently used within the gay and straight communities to describe a gay person that is forthcoming about their sexual orientation. A 'closeted' person is a person who has homosexual feelings and may engage in homosexual acts, but keeps this information secret. Obviously there are a lot of issues surrounding the disclosure of sexual orientation, such as being disowned, dismissal from career, and fears for personal safety to name a few. As such there has been a lot of research on the coming out process (Coleman, 1982) and furthermore, outness can be viewed as a spectrum, ranging from 'fully out' to 'fully closeted' with much variance in-between. This has implications for the current study, as three sub themes emerged within the main theme of outness, which were, pride, adaptability to different settings, and disclosure to children. All of the participants in the current study were out to their families, friends, and for four out of five couples to

their children's schools or daycare. Research has suggested that increased outness is positively related to increased emotional wellbeing (Lambert, 2005). For all the participants in this study, being out, thereby making their relationship status publicly known, was an important consideration.

For example, as lesbians creating a blended family from previous heterosexual relationships, Mary and Charlene placed a very high importance on the coming out process, describing how they deliberately informed parents of other children, teachers and the schools:

> *We had to take extra steps to make sure that we were doing the right thing because I knew that we would be in the spotlight otherwise... if anything ever went wrong, it would be "ahhh, it's because they're gay," and I never ever wanted that. So we always took steps right in the beginning, we would say to new parents coming along, immediately, "this is my partner." (Charlene)*

Kim described how unfamiliar people try to ascertain their family structure:

> *If we're out and about, people find it very difficult to try and put us together and work out what the relationship is...so we usually get asked, which is fine because we live by the motto that we have to be a good example to her and if we show any shame then she's going to pick up on that very quickly, so we are out to literally everybody, including the local greengrocer, and we will correct anybody who makes an assumption that is wrong, and we'll do it a positive way.*

Both of these statements reflect the sub theme of pride as they discuss the notion of not displaying shame, and holding their heads high. Jemma also valued outness but

had a different approach, "We don't go in and go 'hey we're lesbians' but we don't hide it either".

For Carla, the situation is different, and this raises the sub theme of adaptability to different settings, because she is out to all her family and friends but has a more conservative relationship with Mike's school. When questioned, Carla suggested these feelings may be related to her extremely negative experiences of raising her older children, who got bullied to the point of needing a restraining order against another child, and the lack of support she felt from the school. Carla explains:

> *I'm very cautious about being openly affectionate towards Heidi in front of anyone at the school, simply because I don't want people to give (Mike) a hard time, and I know people will. He's got enough issues without that as well. The teacher knows I'm a lesbian, I told her straight up, and she doesn't have an issue with it... but I am a little conservative, which I don't like, but I'm doing this for his sake not mine. I want his schooling life to be as easy as possible.*

The final sub theme identified within this study was that of disclosure to the children, particularly for the children conceived in heterosexual relationships. Carla recalls coming out to her youngest son at the time, "My son was four at the time, and he went and told it as news in pre-primary!". In contrast, Mary describes the experience of telling her 12-year-old daughter, "I told Amy first, and Amy was extremely angry with me, not so much because of the gay relationship but because I had cheated on her father, so she was very very angry".
This is very much consistent with the literature that suggests that early adolescence is a very difficult time for a parent to disclose their orientation to a child (Lambert, 2005). Furthermore the above statement also

supports the literature that children's primary concern is often the dissolution of their biological parents' marriage (Green, 1982). Notably, Mary qualified how over time Amy began to accept her relationship and is now incredibly supportive. Based on all these accounts, outness is clearly a prominent issue and consideration for gay families.

Flexibility

While it has been stated that creating family unity has been one of the themes identified in the present study, as this is achieved in part through rituals and routines, an element of flexibility is also required within the family itself. This is qualified in the types of statements made by several participants that the "kids/child come first" at times to the detriment of having time for just the couple. Caring for the child(ren), spending time with them and providing them with adequate attention was of high importance to the participants in this study, and flexibility amongst the parents was required to ensure these needs were met, for example, Charlene stated:

We have been very much joint parents in that role. We have taken on each other's children. If I've had to take time off from work to take one of the kids to the doctor then I would, be it any one of the five... and there have been times when Mary's had to leave (work) early because, whatever I've done has been more important than what she was doing, so she was that more able parent. Even at times I've been more involved than both the mother and the father, because I was the one that was available.

Gender roles has been an interesting topic in the gay literature. The lack of social scripts of how gay couples should live, or who should have what responsibility within the household, has generated both positive and negative implications for families. Some research suggests that the lack of social scripts can lead to uncertainty and role confusion within the family (Rohrbaug, 1988). In contrast other research argues that

this has the potential to be a positive for gay families as it fosters creativity and flexibility as household chores can be completed based on competence, or preferences rather than traditional roles (Fredriksen-Goldsen & Erera, 2004). This flexibility in the division of household responsibilities generated much amusement amongst participants as they teased each other about their strengths and weaknesses. On the whole however, participants reported feeling satisfied with the equal distribution of responsibilities.

Normalisation

As previously discussed Walsh (1998) proposes key three processes of family resiliency, the first being the family belief system. The first component of the family belief system is 'normalising' the situation. This was notable in two manifestations in the current study, in the 'mundane' and comparisons to other families. If a family values interconnectedness and potential for growth, the family is able to unite and view the situation as a 'normal' life challenge (Simon et al., 2005). This was raised by several of the participants, as they seemed to lessen the impact of negative experiences, as almost mundane, with remarks like "That's always going to happen", "Somebody is always going to say something", "Children get picked on for a variety of things" to name a few. Interrelated to this, is the subtheme of comparisons to other families. Hequembourg (2004) describes how participants in her study emphasised the mainstream stating that the most common strategy was for the respondents' emphasis on the normality of their families. This was particularly true for many of the participants in this study as they made comparisons to other families:

That was something we had to keep reminding ourselves of, if the kids would play up or something, we actually had to say "Is this because they're teenagers or is this because we're gay?" So we had to

constantly remind ourselves, and it was just a few weeks ago that we were talking about some of our friends and saying "you know, they're still together, mum and dad still together and what they've been through with their kids...is way worse". (Mary)

This theme of normalisation is therefore consistent with the existing literature in factors promoting family resiliency (Hequembourg, 2004; Simon et al., 2005).

Humour

Over the course of all interviews, or when asked what their values were, all participants referred to maintaining a sense of humour as a coping mechanism. Charlene explains:

We've tried to encourage the kids to see humour in it somehow. Like try and keep it light, keep it simple, be honest, and anticipate, they have all had their bit of teasing, as it's going to be, but Alice, she coped very well with using humour. Always did... Yeah we've had to use humour to deal with it, and it one of the defence mechanisms, especially for kids, and if they're upfront about it, and that's what we tried to teach them from the beginning, don't be ashamed, even if you are embarrassed, don't show that you're embarrassed because then you become a target. You have got to be able to throw it back at them and say "Yes, (my mum's a lesbian), so what? That's not my fault."

Karen said something similar; "Our sense of humour is important. There is not much that will knock us for six. We're usually pretty good at bouncing back". The quality of having a sense of humor about life situations and about oneself is consistent across all resilience studies of all ages (Earvolino-Ramirez, 2007). Sense of humor plays an important role in the ability to make light of adversity, to enhance coping mechanisms, and to moderate the intensity of emotional reactions (Richardson, 2002). Clearly then, for these families who experience a great variety of stressors, humour is an important component of maintaining family resiliency, and is something that can be enjoyed by the whole family.

Conclusion

The research objective of this study was to investigate the nature of family resilience within same-sex households. After conducting a thematic analysis of the interview transcripts, seven themes were identified, Creating Family Unity, Preparation, Support, Outness, Flexibility, Normalisation and Humour. All of the themes and subthemes that were identified in this study were consistent with the previous family resiliency literature. The current study however, suggests a greater emphasis on Preparation as a process that fosters resiliency in same-sex families.

Future studies should continue to move away from comparisons between homosexual and heterosexual families, however further comparisons between the different types of gay families is advised, as even within the small sample of participants used in this study, a great variety of experiences were relayed based upon family configuration. Furthermore future researchers may wish to obtain gay fathers for similar studies as they may provide differing experiences. Similarly, it is recommended that future researchers consider interviewing participants from differing racial and cultural backgrounds within Australia, as they too may report differing experiences.

A limitation of the current study is the lack of interviews with the children raised in these families. Readers should therefore be aware that parents were speaking on behalf of their children, and this obviously has its limitations, as couples are representing 'the family.' For example, parents (particularly with older children) may not have been aware of all their children's experiences, or their internal

attitudes and feelings regarding their family structure. Future studies are therefore required that interview the children of such families, so that they can tell their stories in their own words. Finally longitudinal studies in this area that document the dynamic and changing family resilience processes over time as the families respond to new challenges, would be greatly welcomed.

The current study was successful in identifying seven resilience processes common to all of the participants. When asked what were their responses to critics of their family type, many of the women simply replied, "come and meet us," and were confident in their parenting abilities. All of the resilience processes identified in the current study appear to be interrelated and conducive to creating a loving and nurturing environment for the children. These participants are therefore, by definition, resilient families providing the potential for the best developmental outcomes for their families in spite of critics, challenges and disadvantages.

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Adapting Visual Methodologies to Identify Youth Protective Processes in Negotiating Resilience across Cultures and Contexts

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This paper reports on methodological innovations in an ecological investigation of protective processes in the experiences of youths in transition in eight locations around the globe. Several visual methods were enlisted in working with thriving early adolescents in challenging transitional or relocational situations. Resilience is viewed here as processes that are contextually and culturally specific functional adaptations to environmental challenges. Such adaptations were determined by local Community Advisors (CAs) to signal that a youth was 'growing up well' (Ungar, 2008). The methodologies adapted to this study of youth involved videotaping one full day in the life of each participant (Gillen, Cameron, Tapanya, Pinto, Hancock, Young, & Accorti Gamannossi, 2006), a photo elicitation procedure (Liebenberg, 2009), and semistructured interviews with the youths to engage their reflective responses to our interpretations of their daily experiences. The international, interdisciplinary research team co-constructed their understanding of protective factors in the youths' days through viewing and reviewing the visual materials in concert with the participants' perceptions of them and in consultation with local CAs. The lessons learned from adapting these visual methods to gain appreciation of protective processes in youths' lives are offered.

The current research programme follows from an international ecological study of thriving in the early childhood years. Gillen, Cameron, Tapanya, Pinto, Hancock, Young, and Accorti Gamannossi (2006), reported details of a new methodology they had developed to investigate somewhat naturalistically the in-home experiences of toddlers in seven locations around the globe (Thailand, Canada, Italy, the UK, Turkey, Peru, and the US). The method involved filming an entire 'day in the life' (DITL) of each participant. The purpose of the investigation was to extend understanding of the roots of early-years' thriving in diverse contexts and to focus on an understudied population, namely, young girls. The investigations of this international, interdisciplinary team of researchers have revealed in-depth understanding of aspects of the toddlers' musicality, symbol system acquisitions, and eating experiences and highlighted interactions enhancing expression of their emotional security and ways in which the children used humour to negotiate the rich landscapes of their daily lives. Many of these studies are expanded and integrated in Gillen and Cameron (2010).

Visual methodologies are not new in social science research; in fact many innovative enquiries have employed various versions of them (e.g., Pink, 2007). However, Pauwels (2010) has suggested that there is a need for a conceptual framework for considering visual data, as there is not a broadly accepted systematic body of literature

to guide researchers in their diverse application. He helpfully listed some of the many issues that arise in collecting, reporting and analysing such data, including the traps of naïve realism in viewing visual representations as reality, concerns as to how to report such data in traditional scholarly outlets, and the need for a greater level of theoretical and methodological rigour in visual inquiry. Hancock, Gillen, and Pinto warn against "an exaggerated sense of confidence" (2010, p. 39) in the veracity of interpretations from viewing visual materials, while on the other hand, the opportunity for repeated viewing is very helpful to achieving deep analyses and rich interpretations of representations of participants' experiences. Visual data are multimodal; human interactions are multimodal; capturing natural exchanges, be they in video or on film enhances conceptual perspectives, especially when deployed systematically and respectfully in collaboration with research participants and the people and environments in which the engage.

This visual methodology of filming a child's day in the life seemed a generative avenue for investigating the ways in which resilient adolescents might negotiate their daily lives as well. It was thus that a new interdisciplinary team of international scholars and their community advisors (CAs) came together to examine the protective processes that might be in place for resilient youth in transition across cultures and contexts. This new 'Negotiating Resilience' project's aim was to explore and understand pathways to resilience from youths' own cultural and contextual perspectives. Observing youth in micro- to macro-contextual situations (Bronfenbrenner, 1979) enhances endeavours to identify the nature and texture of their 'growing up well'. Furthermore, recent developments in resilience research have urged deeper understandings of how specific cultures and contexts nuance the processes of resilience

(Boyden, 2003; Clauss-Ehlers & Wibrowski, 2007; Clauss-Ehlers, Yang & Chen, 2006).

This new aim with older children necessitated youth-friendly adaptations of the day in the life (DITL) methodology that would afford a depth of understanding of resilience processes through asking the following research questions: First, are protective factors and processes associated with resilience that contribute to the positive development of young people culture- and context-specific? Second, how might culture- and context-specific protective processes inform resilience-theory building? And what do protective processes identified by resilience researchers contribute to understanding challenges of young people in transition between cultures or contexts?

These guiding questions foregrounded the more recent calls to culturally and contextually sensitive resilience research (Boyden, 2003; Clauss-Ehlers et al., 2006; Clauss-Ehlers & Wibrowski, 2007), as noted above. Resiliency processes, that is, thriving in the face of significant adversity, have long been investigated. Early studies, moving from risk factors and vulnerability turned to emphasise individual (Anthony & Cohler, 1987) and then a triad of individual, familial, and community strengths (e.g., Garmezy, 1991; Masten, 2001; Rutter, 2002; Werner & Smith, 2001), importantly countervailing earlier investigators' tendencies to pathologise. More recently, investigators (Cameron 2009; Theron & Theron, 2010; Ungar, 2008) have voiced concerns that many resiliency investigations narrowly focus on minority youth, often failing to acknowledge cultural complexities and dynamics and thus centering more on individual characteristics than on socio-cultural factors in strength-based analyses (Boyden & de Berry, 2004). Explorations today seek an understanding of positive development of at-risk youths considered through the observation, examination, and analysis of a broader social-ecological

environment (Bronfenbrenner, 1979) in order to understand thriving from a strength-based perspective (e.g., Jelicic, Bobek, Phelps, Lerner & Lerner, 2007; Grotberg, 2003) within specific cultural contexts (Clauss-Ehlers et al., 2006; Clauss-Ehlers & Wibrowski, 2007).

Our research acknowledges and builds on these historical roots, but takes this newer approach in order to deepen understanding of youth who not only survive adversity, but who even thrive in the face of it (Cameron, Lau & Tapanya, 2009). This work is somewhat naturalistic, it is cultural and contextual, and it focuses specifically on the perspectives of the youth through the deployment of sensitive visual methodologies. The challenge with which each participant in this study was confronted, and that we sought to explore visually, was a significant transition, which placed each youth at risk for maladaptive outcomes. The youths were enrolled in schools, where their teachers, youth workers and CAs remarked on their efficacious survival strategies. Our task then was to spend some considerable time (approximately 20 hours) with each youth, using intensive visual methodologies to unearth constructive factors in their experience from which they derive their strengths. Our interpretations are grounded in the rich data gathered in active collaboration with the youths themselves for the purpose of uncovering factors and processes that reveal sources of their well being and indeed thriving. However, the purpose of this paper is not to document these emerging interpretations of youth resilience (in this regard see, for example, Cameron, in press; Cameron et al., 2009; Cameron, Fox, Anderson & Cameron, 2010; Liebenberg, Didkowsky, & Ungar, in press; Theron, Cameron, Didkowsky, Lau, Liebenberg, & Ungar, in press; Ungar, Theron & Didkowsky, 2011) but to comment critically on the methodology. We hope that our methodological reflections and subsequent

questions will encourage other resilience-focused researchers to utilise visual methodologies, and to use them more critically.

The present paper describes the adaptations and additions made to the early childhood DITL procedures to allow the capturing of the teenagers' personal perspectives and perceptions, and their projections of what they believed were keys to their own doing well within the challenges they faced. Following this detailed description of the methodologies, we reflect critically on the advantages, caveats and challenges of the adapted procedures for the study of resilience.

Methodology

In the present study the DITL methodology was transformed from an early years focus to an application suitable for the investigation of resilient adolescents who had experienced significant transitions, poverty, and possibly even refugee status, in diverse locations around the globe.

The original DITL study, in brief, relied on researcher-community networks to recruit thriving toddlers and on parents willing to invite researchers into their homes for a full day of filming. The DITL methodology encouraged the toddlers' parents to script the day: for example, although the focus was on the thriving toddler, parents chose on which day to invite researchers into their homes and what activities the child engaged in whilst the filming took place. The toddlers' parents participated in two interviews: one in advance of the filming on their family demographic circumstances and parenting practices; and later, they also helped researchers to interpret segments of the visual data (parents viewed one half hour of excerpts of the toddler's day that were selected by the researchers in collaboration): parents were invited to comment critically on the explicit and implicit meaning of the data for understanding of their own toddler's thriving (see Gillen & Cameron [2010]
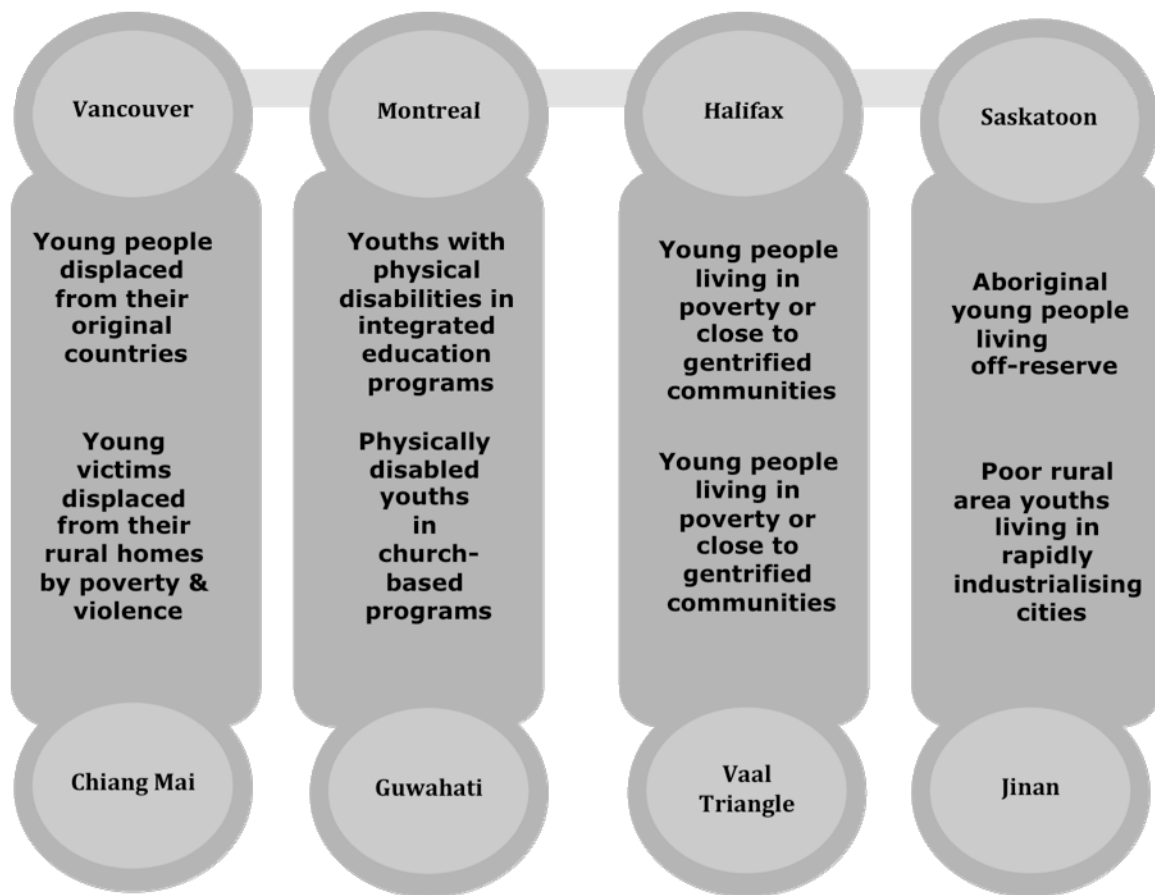
Vancouver	Montreal	Halifax	Saskatoon
Young people displaced from their original countries	Youths with physical disabilities in integrated education programs	Young people living in poverty or close to gentrified communities	Aboriginal young people living off-reserve
Young victims displaced from their rural homes by poverty & violence	Physically disabled youths in church-based programs	Young people living in poverty or close to gentrified communities	Poor rural area youths living in rapidly industrialising cities
Chiang Mai	Guwahati	Vaal Triangle	Jinan

Figure 1. Participant location pairings

Chapter 1 for a detailed account of the toddler DITL methodology as it was effected in seven locations around the globe and Chapter 2 and Hancock et al. [2010] for an extended critical review of that particular use of visual methodologies).

The above procedure was modified and extended to accommodate the habitus of adolescents. For instance, the teenagers (both males and females this time), rather than their parents, orchestrated how the day should be played out. A standardised interview adapted from the Child and Youth Resilience Measure (CYRM, Ungar et al., 2008) was conducted with the youths rather than the demographics and parenting practices interview with parents. A photo elicitation procedure (Liebenberg, 2009) in which participants were provided a disposable camera for a week to take photographs of

people, places and things of importance to them was added to the methodology. In essence, this adapted DITL offered a participatory qualitative methodology delineated in full below as eight phases of data generation with thriving teens in transition.

Teen Participants

Sixteen resilient adolescents were purposefully recruited from four Canadian sites and one site each in China, India, South Africa, and Thailand. Each Canadian site was matched with one of the international ones, where the young people faced similar displacement issues. There were four pairings: (a) young people displaced from their original countries matched with youths displaced from their homes because their parents sought work in another region or country (Vancouver, Canada and Chiang

Mai, Thailand); (b) youths with physical disabilities in integrated education programs matched with physically disabled youths in religion/faith-based programs (in Montreal, Canada and Meghalaya, India); (c) young people living in poverty close to gentrified communities (in Halifax, Canada and the Vaal Triangle, South Africa); and (d) Aboriginal young people living off reserve, paired with poor rural area youths living in rapidly industrialising cities (in Saskatoon, Canada and Jinan, China, respectively). Figure 1 depicts these pairings.

Community leaders in each location purposively chose participants who: 1) were actively experiencing a targeted challenge relating to transition, poverty and/or other adversity at the time of the study, 2) were seen by community advisors as "growing up well under adversity", 3) had caregivers who would consent along with the youths themselves, and 4) were between 13 and 15 years of age at time of videotaping.

Procedures

The teenager DITL methodology included eight distinct phases summarised in Table 1.

Phase one: An ethical introduction. To commence, it is important to identify the critical ethical considerations associated with deployment of these visual participatory methodologies: Before beginning the study we obtained institutional ethical approval in each research location. As noted above, a community advisor (CA) in each context recommended adolescents that appeared to be thriving in spite of a transition and/or other adversities. Upon the CA's suggestion (and subsequent to the advisor's having spoken to the youths and their families who invited our call), we contacted each recommended youth and requested a visit to their homes where we would discuss the full extent of the study with them and their families.

At each site, one researcher from Canada and a local research assistant visited the home at a mutually acceptable time and explained the study in great detail, describing our research goals, that is, 'to understand resilient youth in context'. We explained all the procedures, including the interviews, the photo elicitations, and day in the life filming. We explained that they would be free at any time during the study to withdraw from further participation. We described constraints on any commitment to maintain their anonymity, given the visual nature of the data gathered, explaining that we intended to report our findings at academic conferences and disseminate our analyses in academic print publications. We emphasised that our focus was on the teenager but that all who entered the view of the camera would be asked to provide informed bystander consent before being filmed. We emphasised that there would be an extensive commitment of time in participating and in reflecting on materials. We also explained that we hoped to share their composite videos with their matched teenagers abroad and would like them also to reflect on their paired international partners' video compilation. We then left it to the families to contact us if they were still interested in being involved in the study. No youths we visited refused participation. We believe that the advisory committees of community leaders must have accurately apprised the families in advance as to the extent of the expected commitments of time and effectively addressed other potential concerns that might have arisen for the teens or their families.

Phase two: Initial interview and trial filming. The second visit to the homes of the youths involved their participating in a semi-structured audio-taped interview adapted from the CRYM (Ungar, Clark, Kwong, Makhnach, & Cameron, 2005). Ten questions such as "What words would you use to describe people who grow up well here despite having problems or difficulties?", "What kinds of things are most challenging for you growing up here?", "What do you do

Table 1
Summary of Methodologies Adaptation

Research Phase	Researchers' task	Research activity
1. Initial recruitment: Youths (13–16 years, one female and one male in 8 locations [4 Canadian and 4 international sites]), identified by local CAs as doing well in transition, visited at home.	Family visit – researchers meet youths and their families, providing detail of research procedures and informed consents. Leave, enabling personal decisions; asking youth to contact them if they are still interested in participating.	None.
2. Preliminary research visit: Having obtained clear agreement to proceed, an hour or more is spent in family home primarily with youth.	Researchers obtain parental and youth informed consent, interview youth, practice filming, provide camera for photo elicitation task and set date for next visit to film.	Audio taped interview regarding demographic, contextual, and resilience information; acclimatising filming practice; photo elicitation instructions.
3. *Day in the Life* filming	Local researchers return to youth's home on a weekend day or holiday.	One researcher films day (up to 12 hours), other takes field notes, sketches surroundings. Researchers retrieve disposable camera.
4. Compilation selection	Two researchers from the international team at other location (s) view the *day* to create half-hour compilation of exemplary interchanges.	Local & distal colleagues select approximately six 5-minute segments independently, discuss and agree on a 30-minute compilation to elicit reflections.
5. Iterative data collection phase	Researchers show youth compilation, review photos, elicit reflections.	Two local researchers tape youth viewing and discussing the day's clips as well as photos.
6. Data from the first four stages of data collection shared with team	Researchers compile information from their data collection and share with team investigators.	Interview responses, field notes, maps, video footage distributed to international team.
7. Consultations between team members, themes selected	International team members collaborate on data analysis.	Sub groups of the international team work together on member-initiated themes.
8. All available data employed for analyses, and dissemination	Investigators collaborate in examining data, selecting passages for analysis, conducting analyses and publication of findings.	Protocol analyses conducted and shared between researchers. Local researchers ensure cultural integrity of themes grounded in the data.

when you face difficulties in your life?" and "What are your hopes for the future?" were asked to identify their understandings of risk, dislocation, and resilience. The interview was conducted by the local research assistant in the participant's mother tongue and translated into English at a later stage. Where participants could also speak English, the Canadian researcher helped probe responses. In Vancouver, Halifax, and Saskatoon, Canada the language of the interview was English. In Montreal, Canada the interviews were conducted in French.

At the close of the interview, the researchers provided the participant with a disposable camera and asked the participants to photograph (before the day's filming) objects, people, and situations that were important to them in their lives. Finally, the researchers conducted a trial video taping session to encourage youth familiarity and comfort with the procedures to be followed during their day of filming.

Phase three: *Day in the life filming*. At a mutually agreed upon day (usually a weekend or holiday day) when the participant was not in school (constraints on filming in such a setting were prohibitive) and at a mutually agreed upon time, the cameraperson (the Canadian researcher) and field-note taker (the local research assistant) arrived at the home of the youth to capture an entire day in their life. Up to 12 hours of the day, were filmed, essentially following the youth's personal agenda for the day. As noted earlier, any person entering the video field was asked to consent to being filmed or was asked to stay outside the view of the camera. During the filming the local research assistant recorded detailed observations and mapped the surroundings. When the participant called the filming to a halt at the end of the day, the researchers collected the disposable camera and had its film developed before the next iterative phase of the research.

Phase four: Creating a composite video. Following the day of filming, the Canadian researcher who had done the actual filming distributed copies of the full day of filming along with the field notes to at least two distal researchers in the project team (investigators in another of the research locations) and to the two local researchers. All these researchers independently viewed the day and nominated at least one half dozen passages that either exemplified the day and appeared to represent a key to the strengths exhibited by the participant, or that raised questions about the activities depicted. The viewers consulted in real time, sharing their nominations with explanations, and agreement was reached as to at least six clips from the day that were to be compiled into an approximately half-hour composite which participants were to view and reflect upon.

Phase five: *Participant reflection on the composite video and photographs*. The local researcher(s) returned to the youths to engage them in collaborative interpretation of the compilations. The youth were shown the video compilation and were asked after each clip (in an open ended way, such as, "what does this bring to mind?") to reflect and comment on it. They were asked if anything or any event during their day had been missed in the compilation that was especially important to them. The same reflective procedure was followed with the photographs that the youth had taken. Finally, participants viewed the compilations of their internationally matched partners and were invited to comment critically on what they believed to contribute to their matched partners' resilience.

Phase six: Intersite data sharing. All sixteen composite videos along with translated transcripts of the videos and complete sets of translated field notes were made available to the collaborating researchers across the global sites. The collaborating researchers were encouraged to engage with the data and to comment critically on what they perceived to be encouraging resilience across sites.

Simultaneously, collaborators were cautioned to be aware of how cultural competence (or incompetence) might colour their interpretations (Mertens, 2009).

Phase seven: Intersite researcher reflection. Researchers revisited the participant co-interpreted data and reflected further on youth perspectives of what encouraged their and other youths' resilience. Researchers shared their emerging insights with one another electronically and at a face-to-face symposia and team meetings in conferences in Berlin (International Congress of Psychology, 2008); Park City, Utah (Jean Piaget Society meetings, 2009), Philadelphia, Pennsylvania (Society for Research in Adolescence, 2010), Lusaka, Zambia (International Society for Studies in Behavioural Development, 2010) and in Halifax, Canada (Resilience Research Centre, 2007 and 2010). This iterative process encouraged on-going data interpretation and collaborations.

Phase eight: Dissemination. During this current and ongoing phase, researchers are disseminating emerging insights of the cultural and contextual underpinnings of resilience at conferences and in journals. Each dissemination initiative is viewed as an opportunity to invite reflection from wider audiences on the nascent theory building that this project is affording and on the usefulness of the novel visual participatory methodologies employed, as in this current paper.

Lessons Learned

On reflection, we have learnt numerous valuable lessons in the process of these methodological adaptations of the DITL for international research with resilient youth. We clustered these lessons thematically as researcher diversity, contextual challenges, methodological challenges and opportunities for deeper understandings of resilience.

Researcher diversity

Because this project included researchers from five countries and multiple disciplines (developmental and health psychology, education, sociology and social work) there was a multiplicity of mother tongues, cultures, and professional paradigms in operation. This diversity had both advantages and challenges, as discussed below.

Different first languages. All footage ultimately calls for carefully conducted transcriptions and interpretations of interchanges. Significant, though not insurmountable, challenges arise from the fact that the youths all used their mother tongues in their daily comportment. This was not a problem for the local investigators, but the distal researchers seldom had sufficient comfort with the languages of the other locations to conduct analyses in the original tongues. There were some topics like those involving movement and emotional expression that were relatively more transparent to distal researchers without detailed interpretation, but verbal interchanges, especially of a humorous or metaphorical nature required transcription, translation, and close, culturally-informed interpretation.

Cultural diversity. The issue of interpretation becomes even more challenging, perhaps, when cultural differences between researchers emerge such that observations of local mores are not simply puzzling but possibly even misleading. Behaviour in one location, be it an interchange between siblings or best friends could be interpreted very differently under different cultural lenses. This discrepancy meant that the local investigator always had primary responsibility to interpret the data with the backing of the youths themselves and the local youth-friendly advisors to ensure fidelity of meaning. It was necessary for the advisory team to be deeply involved and usually domiciled in the location of the youth. This encouraged cultural competence (Mertens, 2009) in the interpretation of the data. The best the distal

partners could do was look at the footage as well as they might, through the eyes of local researchers, their advisors and the participants themselves. Distal researchers had to question, but ultimately stand back from intervening on or refuting locally generated interpretations. Discussions with the distal partners of course enhanced the questions and interpretations, as their perspectives put local norms into a broader, and sometimes perhaps even more, informative context.

Divergent methodological expectations and disciplinary perspectives. The international team was comprised of collaborators educated and trained in diverse professional contexts that reflected diverse lenses for rich analyses. The range of disciplines represented on the team, from those who had primarily conducted quantitative child developmental studies though to social work researchers who focused on qualitative approaches to knowledge acquisition, meant that each brought their own epistemological perspectives to the analyses. To add to this diversity, there were methodological expectations brought to the table that varied in their attention both to detail and to the broader picture from micro- to macro-considerations. All this diversity yielded rich discussions and research outcomes, but also potentials for serious disagreements about priorities, and goals for the research.

Contextual challenges

Given that the eight locations ranged across minority to majority worlds, there were multiple challenges to address.

Local ethical requirements. In each of the eight locations, the local investigators sought and obtained institutional ethical approval for conducting this visual methods research initiative. This process differed somewhat between sites. For example, some local ethical review boards restricted use of the study's visual data for teaching purposes given they potentially exposed participants. Responsibility was seconded to local CAs to

recruit participants. The CAs made recommendations to the local investigators of participants who matched the criteria of the research. CAs explained to potential participants in great detail the extensive time commitments involved, the fact that the data set was visual so anonymity could easily be compromised, the fact that the visual data would be viewed in terms of their perceived strengths, and that there would be repeated communications with the researchers. A legal guardian was required to consent, but it was the consent of the youths themselves that was most critical. They were told that they could cease engagement in the research at any time, and could request the camera be stopped at any time. The former did not occur and the latter seldom did except at times when the participant went to a washroom or chose to take a nap. In repeated visits to participants, there was never a refusal to maintain engagement. Nevertheless, each location could have had its own particular sensitivity to the implications of engaging in such visual research. Further, these restrictions probably reduced the likelihood that our resilient participants were so vulnerable to personal or legal challenges as some other youths at risk might be, thus reducing potential generality of findings, but this created no problem for the team as the focus was on depth of analysis rather than breadth of variations on thriving.

Community expectations. The community youth leaders on the local advisory committees were clearly energetic advocates for youth. Several expressed the belief that these participants were thriving in spite of, rather than because of, many institutional supports they could have benefitted from. In consequence, it was their spoken agendas that the research be supported in the hope of broad dissemination of the strengths of the individuals and the weakness in the social supports the youths deserved. At the completion of the study each local researcher has been charged with

determining how the data might be disseminated to glean community resources for such enhancing at risk youth. Thus a contextual challenge is that there could be no 'one size fits all' dissemination plan.

Challenge of giving back to community. As indicated above, the research lends itself to information that could be instrumental in addressing the needs of youth at risk. But each community is different in its needs, its relationship to the research and its expectation for community mobilisation. Further, some researchers' indicated that youth community needs might not always be welcomed in a community at large, politics, financial resource deployment and policy agendas often trumping grassroots (and especially minority youth) needs. Furthermore, researchers are often not the most well trained to engage in advocacy work. The team has agreed to work with the advisory committees and youths themselves to determine a sensitive community-based manner of addressing this desideratum.

Technical capacities. Even though each location was provided with the same latest video capture equipment, the technology for exchanging data, viewing footage, and having access to speedy inter-net access for inter-location communications was variable between sites. Despite this, a very helpful localised network was established by the central investigators' research coordinator. Advances in technological standardisation were clearly made in the six years between the commencement of the early childhood and that of the adolescence research projects. Nevertheless, international standards for viewing video materials, access to high speed computing necessary for analysing visual data, and diverse economic living and working standards between majority and minority world environments created challenges to equitable, broad ranging, exchanges of insights about the full data set.
Methodological Challenges

Blurred boundaries. The DITL

methodology resulted in researchers engaging quite intimately with participants: for almost a full waking day, researchers shared the youths' life-worlds and witnessed first-hand the many challenges these young people coped well with. The researchers were privileged as well to view and hear the youths' perceptions of the photographs they took and engaged in several iterative interviews with them. Once seeing injustices being encountered, researchers were required to make decisions as to whether and how to intervene on behalf of the teenagers and their families while the study was in progress. Of course, illegal activities and abuse would have to have been reported, but areas of neglect, or lack of advocacy for whatever reason, or instances of social inequality caused researchers to agonise over boundaries. For example, in instances where youths lived in great poverty it was challenging for researchers not to act as interventionists, encouraging youth to apply for social grants, or not to return with food parcels. Thus, the methodology posed unexpected challenges for the researchers and raised questions about how ethical strict adherence to researcher boundaries is when conducting studies with vulnerable youth.

'Ecological' enough? Although the local investigators worked with their advisory committees to determine in some detail the social-ecological contexts of participants, and lived in the same broad communities as participants do, the specific contexts of the participants were not necessarily entirely familiar to the researchers. The research assistants in many cases were closer to the contexts of the youths but even then, there could have been an education, economic, or experiential gap between them raising the question as to whether the research methodology is 'ecological enough'. Participant observation was indeed only of one day's duration and though it was somewhat naturalistic, there were limits on the naturality of the participants' activities

during their day. It could not be entirely as it would have been, were there not a camera, and two researchers present. Further, the visual research techniques, while giving a deep understanding of the micro-systemic roots of resilience, provided little understanding of the meso- or macro-systemic mechanisms of resilience. However, as Bronfenbrenner (1979) asserted, some efforts at ecological validity are better than none at all. Longitudinal research with the same participants would add considerably to our understanding of the trajectories of the emergent themes in this early adolescent group of hardy individuals.

Too descriptive, too interpretive? Concerns that the methodology is not ecological enough might be balanced by questions as to the descriptive nature of the work and whether analyses are indeed 'too interpretive'. We tried to guard against such criticism with our reflective and iterative processes and inclusion of the youths themselves in the interpretations. The video data also allow for different points of view on the analyses and consensual determinations as to the fidelity of interpretations. Thus, although a possible limitation may be that the adapted DITL is descriptive, it certainly affords rich description that was co-generated by researchers, local research assistants and youth themselves. In this sense, the participatory approach to analysis helped to counter typical criticisms of visual work, including those of uncritical acceptance of visual data as reality (de Lange, Mitchell & Stuart, 2007).

Data saturation. It is indeed important to have enough data to ensure that observations that can yield reliable findings will emerge. Whilst the current study generated the limited number of 16 cases, we believe that the multi-phased and multiple method structure of the research process did allow for saturated data. Our first visit to the family home gave considerable scope for informal observation of the family and the

youth within it. (We were very careful not to assume in that meeting, though, that the family and teen were on board yet so the conversations were respectfully formal). Once the youth contacted us and invited us back to their home, an in-depth interview with the youth followed by an hour or so of pilot filming provided a good opportunity for us to get a sense of what a usual non-school day might be like. The youths were encouraged to show just what usual activities they engaged in and later they were asked to reflect on the compilation of footage passages. Triangulating between these verbal data and the photo elicitation procedure, which provided opportunities to show us people, places and events important to them that were not necessarily visible in the day's footage, afforded another opportunity for expansion of the terrain and confirmation of our emergent, data-grounded, perspectives. Finally, triangulating between the day's footage, the iterative reflections on them, the photos and their reflections, and the interviews provided a firm ground and many hours of contact with the youth upon which to create the pictures of the protective processes at work in their lives.

Time-consuming and costly procedures. Undoubtedly, the methodology was costly in resources, time, and professional and participant commitment in each of eight global locations. The cost of the research assistants' intensive training and financial compensation, arranging the repeated meetings with participants, the disbursements for transcriptions and translations, of transporting and supporting assistants to their partnered locations to ensure methodological reliability, and the expenditure of materials required to support the initiative in terms of computer, camera, and sound recording were not immaterial. Funding for subsequent collaborative data analysis fell and continues to fall to the responsibility of those whose professional employment supports writing research papers.

'Ownership' of the data. A critical factor to involvement in the research, perhaps, focuses on data 'ownership'. Ownership is the sense that no distal researcher should feel entitled to work with data (particularly data generated in a diverse cultural context) without the deep involvement of the local team members who are the experts on the contexts of the materials and the circumstances under which the data were collected, and who were engaged with the youths as they responded to the initial interpretations of the data. The entire project is of interest to all who is involved, but when themes are considered, the investigators at the local site must be given responsibility for the final interpretation of their data. As noted earlier, failure to do so would undermine the cultural competence (Mertens, 2009) of the project.

Desirability of longitudinal follow-through. As has been mentioned, the desirability of longitudinal data collection with these same youth was built into the design as participants were recruited to be young enough that a follow-up day could be conducted during a subsequent (three-year hence) grant funding cycle. The stability of the observations could then be assessed. Further, the processes of adaptation over adolescent development could be observed. Another opportunity inherent in such longitudinal follow-up would be to interview and publish the adolescents' perspectives on how they change over time, and how they view their early data gathering experiences. There would be challenges to this plan in that several of the youths are geographically mobile, their families are financially vulnerable, their domicile as refugee claimants is uncertain, impoverished families may not be able to sustain involvement and further, a thriving teen at age 13 might not be thriving at 16 years of age. These factors however, make such longitudinal aspirations all the more needed.

We have maintained contact with several of the participants and such nascent follow-up suggests that their involvement enriched their perspectives on their experiences and inclined them toward communitarian commitments. As noted above, though, continued follow-up will be challenging.

In summary, each of the lessons learned, as outlined above, have not deterred the team from asserting the value of working in this fashion to develop new avenues for exploring in depth the richly variegated paths strong youths select in negotiating resilience. In addition to the caveats and challenges presented above, working with resilient youth in a participatory, multi-modal visual manner presented distinct opportunities for deep insight into the process of resilience.

Opportunities for Deeper Understandings of Resilience

Although the adaptation of the *DITL* methodology presented numerous challenges as reviewed above, it also presented unique opportunities to scrutinise how resilience is encouraged in diverse cultural contexts around the globe. Intrinsic to these opportunities were youth voices, participatory data analysis, and visual evidence.

Youth voices. Too often studies of resilience report researcher understandings embedded in quantitative evidence (Richardson, 2002). In this current study youth perspectives were foregrounded. As noted previously, the teen participants directed the day's filming and chose what to capture with their disposable cameras. This meant that in addition to generic resilience-promoting resources (like supportive parents, access to recreation, safe neighbourhoods), themes of resilience-promoting processes emerged that have not previously been emphasised. Some of these included adult willingness to extend nurturance practices to others (Cameron et al., 2009), negotiate perilous social terrain

with humour (Cameron, Fox, Anderson & Cameron, 2010), enact protective cultural values of kinship and youth willingness to embrace cultural practices (Theron et al., in press), youth capacity for artistic expression (Cameron & Theron, in press), and youth participation in family chores (Ungar et al., 2011). In some cases, youth used the photo elicitation opportunity to raise a significant experience not evident during the filmed day (such as by photographing their favourite ('winning') soccer shoes or by photographing a photo of their first snowfall in their new residence as Pablo, the Mexican boy in Canada did) or by including reference to a deceased but psychologically significant father by photographing a photograph of him, as Dang, the Thai girl did. As such, the methodology encouraged opportunities for challenging adult and hegemonic understandings of the resources that nurture resilience.

Participatory data analysis. As described in preceding parts of this article, an outstanding feature of this study was its reliance of collaboration to make sense of the data. This included within site researcher-CA collaboration and CA-participant collaboration and across site researcher collaboration. This participatory process of involving CAs and participants in making meaning of the data not only heightened the rigor of the study, but also allowed more detailed understanding of cultural and contextual processes that might otherwise have gone unemphasised. For example, Molahlehi, the South African male participant and the CA, a Black South African who was active in this community drew researcher attention to the importance of neighbours and teachers as protective resources that shared basic necessities like food and clothing with him. The CA emphasised that this unselfish sharing was rooted in the African philosophy of *ubuntu* or collectivism (Mokwena, 2007).

Therefore, an added value of participatory data analysis is that long-standing conceptualisations of resilience are not reified and that when local people are invited to make meaning of the visual, conceptualisations of resilience reflect what is cultural and contextual.

Persuasive visual evidence. Because this study produced visual data, conference dissemination and community-focused disseminations were rooted in irrefutable, hard evidence. Words were often superfluous as the visual data spoke for themselves. For example, when a multinational audience was shown a video clip of Pond, our male participant in Chiang Mai, Thailand feeding slops to hungry dogs at a Buddhist temple, the theme of adherence to spiritual values was self-evident. Thus, even though there were questions about this work being descriptive, the descriptions were convincing because they were also visual.

Furthermore, the very nature of the visual means that it can be archived and re-visited. We wonder what youth 10 and 50 years hence would make of the days of our 16 resilient participants? We wonder what our youth would think of their days retrospectively as young adults, parents, and even later as grandparents, and what we might learn from such insights. What would service providers and psychologists from cultures not included in this study, or many years down the line, read in these data? What meaning would parents and community members make of these visual records of resilience, and what might they learn from them? The opportunities for further learning about the phenomenon of resilience are multiple.

Nonetheless, cautious enthusiasm can be practiced when engaging visual methods in social research. Interpretations must accommodate appreciation of the roles of the viewers (both authors and readers) in deriving meaning from images. Close

associations with participants, their interlocutors, and mentors can counterbalance naïve acceptance of superficial appearances. Representations are simply representations; they need to be interpreted. Systematic metrics for evaluating visual data are called for as well as more acceptances of their potential contributions to relatively more naturalistic explorations of multimodal human interaction systems. Maintaining concern for inadvertent inappropriate exposure of very private daily transactions will need self-monitoring as well as research institutional (especially ethical boards') recognition, appreciation, support and encouragement of such research.

The way forward

Our experience of the adapted DITL methodology has taught us the value of participatory visual methodologies in exploring the more unique socio-ecological underpinnings of resilience. Although we grappled with challenges embedded in a team of diverse researchers, multilingual participants, disparate cultural contexts and modern technologies, we also learnt what richness heterogeneity of sites, participants and researchers bring to the understanding of resilience. We experienced first-hand the advantages of visual explorations of resilience and of participatory analyses of subsequent data sets. Our initial plumbing of the rich data has shown us that it will keep us busy for years to come. Thus, our learning has sensitised us to the need for continued research that foregrounds youth and that generates rich, visual evidence of the complexities and idiosyncrasies of resilience across cultures and contexts.

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Michael Ungar, Ph.D. is both a Social Worker and Marriage and Family Therapist with experience working directly with youth and families in child welfare, mental health, educational and correctional settings. He now holds the Killam Chair in Social Work at Dalhousie University. He has conducted workshops internationally on resilience-related themes relevant to the treatment and study of at-risk youth and families and has published over 75 peer-reviewed articles and

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Linda Liebenberg, Ph.D., Co-Director of the Resilience Research Centre, and Adjunct Professor at the School of Social Work, Dalhousie University, is a methodologist with an interest in image-based methods and mixed-methods designs. Linda's research examines the use of these methods in understanding the lives of youth living in challenging contexts. Her work also includes the design of measurement instruments used with children and youth. She has published and presented internationally on resilience related themes relevant to the understanding of youth across cultures and contexts. Her publications include the co-edited volumes (with Michael Ungar) *Researching Resilience* and *Resilience in Action*.

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Resilience in Western Australian Adolescents: Processes That Occur After the Experience of Risk

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The aim of this research was to develop a model to explain how adolescents who have experienced risk navigate their way to resilience. The philosophical framework was social constructivist with qualitative methodology. Twenty-three adolescents (M=15.5 years of age) participated in semi-structured in-depth interviews to develop a model through grounded theory. Findings indicated that resilient adolescents went through a process of response to risk, insight, letting go, and then recovery. The process that led to recovery was self-worth, which was developed through relationships, purpose, existence, boundaries, and self-efficacy. In this paper, the category of 'response to risk' is discussed along with implications it has in resilience research.

Mum was, as far as I knew in bed, and then she sort of came staggering out sort of mumbling gibberish under her breath and falling over and such. I thought she was drunk...but then I realised there was something more serious and I had to call the ambulance and everything. And seeing it firsthand and being introduced to it firsthand... umm...in such a...blunt way sort of affected me (Keith)

Resilience is about adolescents such as Keith, who have experienced risks and yet have had successful outcomes. It is "the outcome from negotiations between individuals and their environments for the resources to define themselves as healthy amidst conditions collectively viewed as adverse" (Ungar, 2004, p. 342). Research in resilience is significant because of the issues adolescents face in today's society. According to one report, 17.8 % of 15 to 24 year old Australians have an affective or anxiety disorder, and mental disorders are the leading cause of burden of disease for both male and female adolescents (Australian Institute of Health and Welfare [AIHW], 2007). Furthermore, in a 2009 survey of Western Australian youth, drugs, suicide, family conflict, physical/sexual abuse, body image, and personal safety were rated as their greatest issues (Mission Australia, 2009). These statistics combined suggest that some Australian adolescents are experiencing significant issues that may have a negative impact on their well-being.

The focus of most resilience research has been on establishing lists of risk and protective processes related to resilience. That is, what risks are large enough to "derail normal development" (Masten, 2001, p. 228) and what protective processes aid positive adaptation and development (Masten, 2001). The generated lists have generally been conceptualised through an ecological model and discussed at the individual, family, and community level (e.g., Kelly & Emery, 2003).

Individual risk and protective processes that influence resilience include gender, intelligence, temperament, coping, self-esteem, and optimism (Barrera, Hageman, & Gonzales, 2004; Dumont & Provost, 1999; Mandleco & Peery, 2000; Olsson, Bond, Burns, Vella-Brodrick, & Sawyer, 2003; Pilowsky, Zybert, & Vlahov, 2004; Sanson & Smart, 2001). For example, high intelligence is usually associated with more resilient outcomes whereas low intelligence is associated with externalising and internalising disorders (Reis, Colbert, & Hébert, 2005; Tiet et al., 2001; Vaillant & Davis, 2000).

Some of the family level processes that are associated with risk are parental drug use, parent psychopathology, maltreatment, and parental divorce (Amato & Booth, 2001; Luthar, D'Avanzo, & Hites, 2003; Shonk & Cicchetti, 2001). For example, research indicates that children of parents with psychopathology are more at risk of experiencing their own psychopathology (Mowbray, Bybee, Oyserman, MacFarlane, & Bowersox, 2006; Rutter, 1966; Tebes, Kaufman, Adnopoz, & Racusin, 2001). Furthermore, children and adolescents from divorced families tend to rate lower in well-being, achievement and adjustment than children in intact families (Amato, 2001; Greeff & Van der Merwe, 2004; Kelly & Emery, 2003).

Protective processes within the family include families that offer predictability of internal and external stimuli, cohesion, strong communication, a secure attachment, support, and helpfulness (Grossman et al., 1992; Tinsley Li, Nussbaum, & Richards, 2007). In research by Owens and Shaw (2003), impoverished children who had a secure attachment with their mother as an infant were two and a half times more likely to have positive adjustment at age eight. In another study of children from high-risk low SES families, resilient children had less distressed mothers, less rejecting parenting styles, and parents who were able to mobilise support for the family (Myers & Taylor, 1998).

The third level of influences on resilience is the community. Protective processes within the community consist of opportunities to become involved, positive community expectations, and social support (Greeff & Van der Merwe, 2004; Kelly & Emery, 2003). Community organisations can also provide stability, structure, and opportunities to work through issues associated with risk (Ungar, 2001). Risks such as violence, discrimination, and low socioeconomic status (SES) have been identified at the community level. SES is the most widely researched risk at the community level, with evidence suggesting that adolescents in low SES communities can experience lower outcomes in intelligence, relationships, and positive adjustment (Kim-Cohen, Moffitt, Caspi, & Taylor, 2004; Orthner, Jones-Sanpei, & Williamson, 2004), and adolescents in high SES communities can experience increased drug use and self-harming (Levine, 2006; Luthar & Latendresse, 2005).

Research into specific risk and protective processes is productive and provides insight into processes that may reduce or enhance resilience; however, it does not explain the whole process of resilience. For example, if divorce was the risk and social support was the protective process, what was the adolescent's response after the divorce, why was social support used, how did the adolescent use the social support to cope with the risk of divorce, and in what way did the adolescent change through the process? These qualitative aspects to resilience are significant because they indicate how the adolescent may move through the resilience process.

One specific gap in the resilience process is the adolescent's response to the risk event. That is, what behaviours and emotions do adolescents experience after they have been through a serious risk? Bonanno (2004) suggests that to be resilient one needs to maintain a stable equilibrium with no symptoms of psychopathology. When adolescents experience symptoms, Bonanno describes this as recovery, not resilience. Other researchers allow a drop in functioning between risk and resilience (e.g., Van Vliet, 2008; Werner & Smith, 1982), and most researchers do not discuss the period between risk and resilience because the adolescents are assessed months or years after the risk experience (e.g., Greeff & Van der Merwe, 2004; Todis, Bullis, Waintrup, Schultz, & D'Ambrosio, 2001). In these cases, the snapshot of resilience and the

identified protective processes may exclude months or years of processes that have led to that place of positive functioning.

The only area of resilience research that provides some insight into the period after risk is coping research. Coping is any response to a stressful situation (Compas, 1987) and can be defined as "constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (Lazarus & Folkman, 1984, p. 141). Coping is affected by person variables (goals and goal importance, beliefs about self and the world, personal resources) and environment variables (demands, constraints, opportunities and culture) (Lazarus, 1999).

Lazarus and Folkman (1984) categorise coping as either emotion-focused coping (EFC) or problem-focused coping (PFC). The aim of EFC is to lessen, avoid, or minimise stress, and give selective attention; whereas the aim of PFC is to define the problem, generate solutions, choose solutions, and act (Lazarus & Folkman, 1984). In resilience research, EFC has been linked to lower functioning and less resilient outcomes, whereas PFC has been linked to higher functioning and outcomes that are more resilient. For example, in a cross-sectional study of 297 adolescents aged between 13 and 17 years by Dumont and Provost (1999), PFC was linked to higher self-esteem and lower depression. Similar findings emerged in a cross-sectional study by Pilowsky et al. (2004) of 117 children (aged 6-11 years) whose parents were injecting drug users. Resilience was defined as having no signs of psychopathology, or scoring on the bottom 25% of the Child Behavior Checklist (CBCL: Achenbach, 1991). Resilient children were more likely to use PFC strategies, and were less likely to use EFC strategies (e.g., distancing themselves from the problem, externalising and internalising the problem) than non-resilient children.

Another measure of coping utilised in resilience research developed by Frydenberg and Lewis is The Adolescent Coping Scale [ACS] (Frydenberg & Lewis, 1993). This scale categorises coping as productive, reference to others, and non-productive. Productive coping is trying to resolve the issue while maintaining physical health and good social connection through working hard to achieve, focusing on the positive, and seeking relaxing diversions. Reference to others is using others to help deal with the problem, and includes strategies such as seeking professional help or general support through social or spiritual channels. Non-productive coping indicates an inability to cope and a general avoidance of the issue and includes the strategies of worry, self-blame, wishful thinking, and ignoring the problem (Frydenberg & Lewis, 1996).

While productive coping styles on the ACS are generally more associated with resilience, the link is not always consistent. For example, in one study of 1,219 11 to18 year olds, Frydenberg and Lewis (2004) found that adolescents who were self-reported poor copers used both productive and non-productive forms of coping. Similarly, in a study of 643 adolescents (aged 11 to 18 years), self-reported successful copers also used both productive and non-productive strategies (Lewis & Frydenberg, 2002). These findings may indicate that the "productiveness" of different coping strategies may be dependent on other processes that are not measured by the scale, such as time since the risk experience, resources available to the adolescent, or the risk experience itself.

As most studies on coping are cross-sectional (e.g., Dumont & Provost, 1999; Lewis & Frydenberg, 2002; Pilowsky et al., 2004), it is not possible to know if certain forms of coping are more productive than others at different stages after risk. One longitudinal study into medical and academic stressors by Campbell (1996) with young

people aged 11 to 14 years, does provide some insight into how coping changes over time. Campbell measured perceived control, behaviour, and coping styles over three periods: anticipation of stressor, actual stressor, and recovery from stressor. She found that the adolescents used EFC coping throughout all periods in the medical situation and in the last period of the academic stressor, whereas PFC was utilised prior to and during the academic stressor. Perceived control and general behaviour, as measured by the CBCL (Achenbach, 1991), were not related to coping. Campbell surmised that coping for children and adolescents was dependent on the situation and changed over time.

The assertion by Campbell (1996) is supported by Lazarus (1999) who asserts that how people cope is dependent on the risk and the individual. Similarly, Compas (1987) suggests that in order to understand the coping response one must look at the resources available to the young person. The influence of resources, the individual, and the risk was evident in the studies by Dumont and Provost (1999) and Pilowsky et al. (2004). In the study by Dumont and Provost the resilient adolescents who used PFC had the resource of high self-esteem, and the children of drug addicted parents in the study by Pilowsky et al. had multiple risks and limited resources and used EFC (avoidant coping). This may have been a better temporary method of coping given the resources they had. Thus, it is likely that multiple processes, including the type of risk, available resources, and time after the risk experience will influence what is the most productive coping response for the young person to achieve positive outcomes.

One way of gaining a better understanding into the ways in which resilient adolescents respond to risk and use different coping strategies is to utilise qualitative rather than quantitative methodology. Quantitative research is useful

for verifying theory with a population group, testing relationships, and identifying patterns in data (Robson, 2002), however it is not able to provide a rich description of the phenomena or an in-depth understanding of the concepts of interest, within the context they occur (Liamputtong & Ezzy, 2005; Strauss & Corbin, 1998). In this case, qualitative research could provide insight into the adolescents' coping over time, and how coping may be associated with their resources and risk.

Resilient adolescents' response to risk could also be better understood by including the adolescents in the research. Currently, the majority of data in resilience research is obtained through parent and teacher report and there is an absence of child and adolescent perspectives (Boyden & Mann, 2005; Ungar, 2004, 2005). By including adolescents in the research, it is possible to identify changes in their response to risk over time, and to extract an explanation from the adolescents regarding why certain responses were chosen at specific times.

Based on these issues, the methodology of the current research was qualitative and utilised adolescents' perspectives. The aim of this research was to develop a model that represents how adolescents in the Western Australian context navigate their way to resilience. The research questions addressed in this paper are:
1.   What behaviours and strategies did these adolescents use to respond to the risk?
2.   What were the processes that occurred from the initial risk to the achievement of success?

Method

Research Design

The research design was a qualitative grounded theory study, with a social constructivist philosophical framework (Daly, 2007; Glesne & Peskin, 1992). Data was collected through in-depth semi-structured individual interviews.

Participants

There were 23 participants (8 males and 15 females) aged between 13 and 17 years (M = 15.5). This was a suitable age for participants as prior research indicates that young people begin to show a resilient or nonresilient trajectory at this age (Ruschena, Prior, Sanson, & Smart, 2005; Smart et al., 2003). Over half of the participants (N = 13) were of Australian background with the remainder representing a range of ethnic backgrounds (e.g., Scottish, Macedonian).

Materials

Materials for this research included an interview schedule and information letters and consent forms for school principals, adolescents, and parents/guardians. The interview schedule was based on key concepts from prior research in resilience and was modified after each interview to include new concepts introduced by participants.

Procedure

Participants were recruited through five ethnically and economically diverse senior high schools in the metropolitan area of Perth, Western Australia. The researcher defined resilience for the schools as those adolescents showing signs of positive adjustment despite experiencing risk. The schools then chose adolescents they believed were resilient and these adolescents received information and consent forms. These adolescents then needed to decide if they also perceived themselves as resilient by returning the consent form. The two-stage process of recruitment was utilised so that adolescents' beliefs about their own resilience were respected. Participants were interviewed as consent forms were returned. During the interview, each participant was read the open-ended questions; however, they were not restricted to talking about these questions as they only provided a framework for discussion.

Analysis

Interview transcripts were transcribed verbatim and analysed through open and axial coding (Glaser, 1992). Analysis commenced with the first piece of data, so that collected data could inform subsequent interviews. Modelling was utilised throughout all stages of the analysis to identify relationships between the categories and to develop theory (Strauss & Corbin, 1998). The models were generated by linking categories according to the associations indicated by the participants. Developed models were then compared to the original transcripts to test the cohesiveness of the model, and to ensure that the model was consistent with the original data. While the whole model is presented diagrammatically,
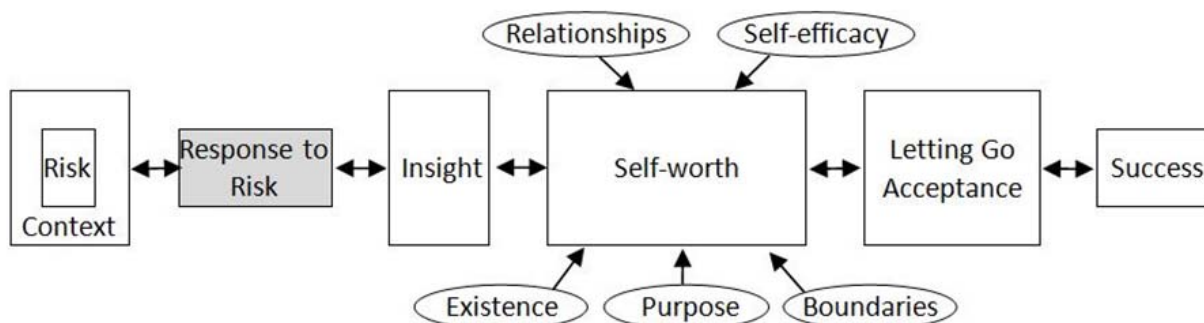

Figure 1: Response to Risk

only 'Response to Risk' and 'Letting Go/ Acceptance' will be discussed in this paper.
Coping

After the participants experienced risk they employed some form of coping. The most frequently-used dichotomy of coping in resilience research, and the one referred to throughout these results, is emotion-focused coping (EFC) and problem-focused coping (PFC) (Frydenberg & Lewis, 1996; Lazarus & Folkman, 1984). The analysis of the interviews indicated that the resilient participants utilised a combination of both EFC and PFC throughout all stages of risk and recovery. Specifically, immediately after the experience of risk the participants used predominantly EFC and then moved towards a more PFC approach. EFC remained a useful coping tool even when the participants felt they had successfully overcome the risk. The participants' use of EFC and PFC is discussed in the following section.

Emotion-focused coping. When individuals use EFC they are attending to the emotions associated with the risk rather than trying to solve the problem (Boerner & Wortman, 2001; Bonanno & Kaltman, 1999). The participants in the current study attended to their emotions by crying, getting angry, using creative outlets, seeking relaxing diversions, avoidance, distancing, and denial. EFC is generally not linked to resilient outcomes (e.g., Dumont & Provost, 1999; Frydenberg & Lewis, 1993; Olsson et al., 2003; Pilowsky et al., 2004) and it is evident in the participants' responses how it could be labelled as unproductive. For example, John said, "Well I used to cry a lot and it was so emotional my brother leaving me and everything and leaving me with dad…" and Amanda said:

> *I would be sitting in my room listening to like some [emotive] music, feeling sorry for myself, you know and like being really pissed off and just like angry at everyone. Like if you had talked*

to my family…I was always angry at everyone, I just snapped at everyone all the time. I was always tired and frustrated you know, so I would have just been snappy at everyone…just take the anger out on them, you know.

However, EFC was advantageous as it allowed the participants to 'let their emotions out' and release how they felt about the risk or risks they had experienced. Larissa explained the need to let it out, saying:

> *Ah well I can try to hide it but sometimes when it's just too strong I just can't bottle it anymore. I'm like a bottle…It's just like 'rah rah rah.' Yeah you can't help but…if it's been inside for so long and it's just, it just creeps out. To the point where you're just like no I can't do this anymore.*

The need to let go of their emotions is evident in many of the participants' comments. Belinda used blogging as a tool and said:

> *Like sometimes if I'm kind of sitting there and I'm angry or anything at anything…I write a live journal which I can write out big ranty posts. Sometimes I don't even post half of them. I just vent for half an hour, or not even half an hour just 15 minutes and then kind of like go 'I'm over it now'. I can get on with whatever I was doing.*

Coreen explained that she needed to cry to let go of things:

> *The way I deal with it usually, and I'm just trying to be as honest as I can here, that if something difficult comes up I cry. I'm not sure it's just the way I get some of*

*my emotions out. My mum's
always saying you know 'you've
got to chill out'. It's not that I'm
stressed, really stressed, it's just
the way I let my emotions out and
then once I've got that out of my
system I can think alright how do I
deal with this. And I change it and
if I can't what's the point of
crying.*

Despite EFC appearing unproductive for these participants (e.g., crying, anger, denial), it was beneficial as it helped them to lessen, avoid, or minimise their stress (Lazarus & Folkman, 1984). Furthermore, by engaging in EFC strategies the participants felt more prepared to use PFC strategies to generate and select solutions. This was evident with Coreen, when she said "Once I have it out of system I can think alright how do I deal with this?" and Belinda said, "I can get on with whatever I was doing."

EFC was also useful in that it allowed the participants to "rest" from dealing with their risk through the EFC strategies of avoidance, distancing, and denial. These periods of rest were evident in many of the participants' stories and were well illustrated by Jodie, who had a background of maltreatment and parent divorce. She said, "Yeah I think sort of just like not worrying about it so much and just trying to have a good time and stuff." When asked if this meant avoiding it, she replied, "No, not avoiding it…like you gotta talk about it sometimes, it just like yeah some days are worse than others. It's like um…sometimes you need to get a break, to get away. It helps quite a bit."

The use of avoidance, distancing, and denial are labelled as non-productive forms of coping in resilience research because the adolescent is not working through the risk (Frydenberg & Lewis, 2004). However, as Jodie indicated, it was not that she was not working through the risk, it was that she was

not able to work through the risk at all times. Resting from risk was not unique to Jodie; in fact, this was a recurring theme for all participants. They said they separated themselves from the problem, got quiet, ignored it, hid the problem, and distracted themselves by doing enjoyable things. For example, William liked to ride his dirt bike and Karen played the piano. She said, "I really enjoyed [playing the piano] and it just passed the time, it's just…I don't know, it's like you just forget about everything and you sit down and play."

These participants were seeking a temporary diversion from the risk and an opportunity to rest from feeling and thinking about it. If the participants had sought "relaxing diversions" as a way of resting from risk, this would have been deemed productive in the coping literature (Lewis & Frydenberg, 2002). In reality, avoidance, denial, and distancing are achieving the same goal as relaxing diversions in that they are temporarily removing the focus from the risk experience. Thus, these forms of coping appear quite productive for these participants, particularly when they are not the only coping strategies they are implementing.

Problem-focused coping. With these participants, PFC occurred after they had used EFC to process how they felt about what had happened. PFC involved working through the issues that they had experienced by thinking critically about what had happened, talking to friends, journaling, "reasoning out what happened," and taking action to deal with the problem. Candice and Cheryl explained how they reasoned through problems. If Cheryl had an argument she said she would, "Go cool down and then think about it and realise why I am having the argument with them." Candice said:

*I talk a lot but I do a lot of inside
thinking and like I go through if
I've like done something wrong and
I'm like, you go through and you*

*try and say 'oh no that's okay' but
then like you get two sides of the
story and you think…you just work
through in your mind what am I
going to do with this…so I have to
work that through and think okay
what is going to be the solution I
need to make the best decision here.*

Coping summary. Participants used
both EFC and PFC strategies throughout all
stages of risk and recovery. These findings
are similar to longitudinal research by
Campbell (1996), where adolescents used
both EFC and PFC, however the type of
coping they used was dependent on the time
after the risk and the risk experience. The use
of both EFC and PFC is also well explained
by Stroebe and Schut's (1999) Dual Process
Model of Coping. Stroebe and Schut assert
that successful coping involves oscillating
between loss-oriented processes (grief work,
denial, and avoidance of restoration activities,
letting go, and intrusion of grief) and
restoration-oriented processes (behaviours
that reorient the person after their loss and
include distraction from grief, developing
new roles and identities, and attending to life
changes). Both loss- and restoration-oriented
processes involve EFC and PFC strategies,
indicating that both strategies can be effective
at different times in the coping process.

Stroebe and Schut (1999) explain that
people oscillate between loss-oriented and
restoration-orientated processes because
coping is difficult work and people can only
manage a 'dosage' of grief. The oscillation
between the two processes and the concept of
a dosage of grief was evident for these
participants when they explained they were
dealing with the problems, however
sometimes they needed a break from them
and they could not always be thinking about
the risk. This rest provided space for them to
revisit the risk when they were physically and
emotionally ready or when new issues arose.
These findings highlight that coping is not a

linear process with a fixed end; rather it
involves the oscillation between both EFC
and PFC as the individual works through the
risk experience.

The findings from the current research
suggest there is a need for future research to
investigate how different coping strategies
are used together over time to attain positive
outcomes. It appears that coping is not
categorically functional or dysfunctional, but
dependent on the risk, resources, the
individual and time following the risk
(Campbell, 1996; Frydenberg & Lewis, 2004;
Lewis & Frydenberg, 2002; Pilowsky et al.,
2004). With the participants in the current
study, EFC and PFC were both useful
strategies in managing their risk experience,
regardless of the risk experience.

Relationships and Identity

Relationships and identity were two
areas where these resilient participants
experienced a drop in functioning
immediately after the risk. The duration of
this drop in functioning varied from a few
days to a few years and was dependent on the
source of the risk. For example, those
participants who experienced a risk in the
home environment were more likely to have
a longer recovery time and experience a
greater drop in functioning. For example,
Keith's mother had psychopathology and he
took several years to recover whereas Todd
had a stable home environment and his drop
in functioning only lasted several weeks.

Relationships. After experiencing risk,
the participants tended to choose friends with
similar problems (e.g., depression,
disenfranchised from parents) and goals to
their own. The similarities were a point of
connection and the basis for their friendships.
Emma said, "I'm friends with like most
people at school and stuff but you've kind of
got your closest friends…it just kind of
works that way like, the people that are kind
of similar to you in a way." Their association
with similar others was evident in many of
the participants' stories. Sasha explained a

relationship that had caused her many problems, saying, "Well a lot of the depression sort of stuff was there beforehand because…a lot of my relationship with Phil was based around the fact that we identified with each other…because of depression and that sort of thing."

In these post-risk friendships, the adolescents frequently emulated their friends' styles so they could fit in and feel accepted. The effort to be like their friends was problematic when they were associating with friends who were experiencing their own problems. This was evident for Tayla who changed her appearance and behaviour to fit in. She said:

> I wasn't Italian, I wasn't rich, so I didn't fit in. I met a girl there in, end of Year 8, she came to this school and she was like a Goth. And so I started like dying my hair black and dressing all Gothic and stuff…this is probably where my downhill bit started…she had a chemical imbalance in her brain or something, like she had depression.…. she was like really, really crazy and she used to cut herself and she used to take drugs and I guess when I started hanging out with her, because I thought she was my best friend, I started doing all the things that she was doing. I just thought you know, cos I had such a bad relationship with my parents I was like oh maybe if do what [she] does it will

> make me feel better as well. So I just kind of got into the habit of doing it.

Within these peer groups, the participants experienced issues with trust (e.g., friends turning against them), pressure to conform (e.g., clothes, music), competitiveness, and bickering. They felt these friends were insensitive to their needs and indicated they would not trust them. Amanda said, reflecting on her previous friendship group, "I didn't realise how deceitful people are, like I was friends with these girls and then they totally just like backstabbed me and screwed me over and I was like oh my gosh this is so high school."

Identity. Adolescence is a time when identity is explored and adolescents put boundaries around what is them (Erikson, 1968; Grotevant, 1992). Ungar (2005) suggests that at first adolescents are "stuck with" one identity, then become chameleons experimenting with multiple identities, and finally experience control and acceptance and say "this is who I am." In this stage immediately after risk, the participants were chameleons, and more likely to follow others to gain acceptance than pursue their own beliefs and style.

"Emo," an identity that comes from the shortened form of "emotion," was a popular choice by the participants during this period. Adolescents that subscribe to this trend wear black clothes, piercings, and listen to dark,
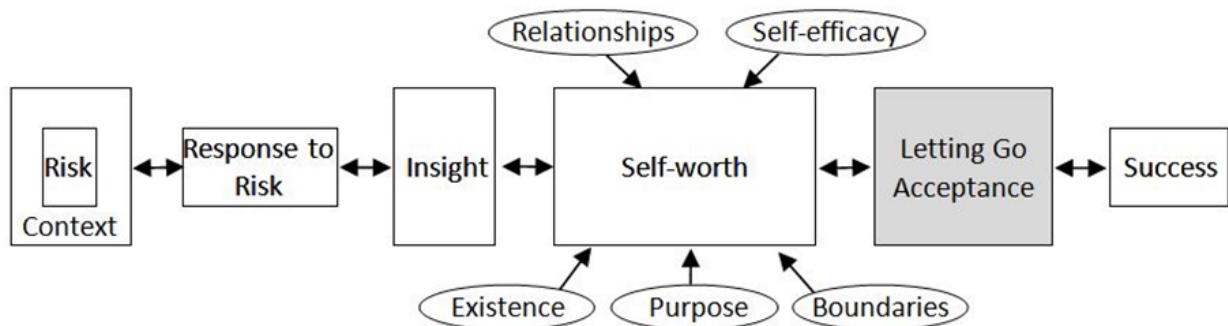

Figure 2: Letting go and acceptance

emotive music. Identities like Emo were chosen because they matched the emotions the participants were experiencing at the time, such as anger and sadness. By taking on this identity, it gave them an outlet to express how they were feeling. Michelle explained how her friend became Emo:

> *People change that ways and stuff when they deal with like trauma and stuff. Cos I know one of my friends has done that. Like she changed when her dad died, as you can imagine. But she went like full on Emo and no one recognised her and she just went, like she was so like full on depressed and stuff.*

There was an acknowledgement that these were not permanent identities, but something they needed to do to express their feelings and to discover who they were. However, these identities could be problematic and during this period of experimentation they frequently experienced conflict with their parents and schools. It is likely that the conflict arose through the participants' behaviours rather than the external changes they made (e.g., dressing Emo or having a nose ring). For example, some of the participants were using drugs, stealing, or associating with a negative peer group. Belinda explained how her parents were reacting to the changes she had made:

> *I did everything that my parents wanted, I wasn't hugely anything… and I started to get more confidence you know, started to be who I wanted to be more…for example, I dressed a little differently. Like I was a bit more you know open minded and that kind of thing and my parents thought that I was just being a freak and things like that…some stuff happened then they were like 'if you keep changing' that kind of thing then…we're gonna send you*

> *off to a boarding school and things like that.*

Letting Go and Acceptance

The participants did not stay in these friendships or maintain these identities. After they had processed the risk and had insight into their worth, their friendships and identity changed through a process of letting go and acceptance. The changes, as described by the participants are described in the following section.

Identity

A well developed identity has been considered a protective process in prior research (Adams, Abraham, & Markstrom, 1987; Ungar et al., 2007); however, the findings in the current research suggest that identity was not a protective process for these participants, but an outcome of overcoming the risk they had experienced. This inference is supported by the participants' comments that the risk had "added to them," "they would be a loser if they hadn't experienced the risk," they were "stronger," and the risk had developed their personal skills. When Michelle commented on the risk she said:

> *Yeah it definitely made me stronger, I was quite like a weaker person before, like personality wise, like I've always been like happy and…but I've always been really emotional but now I understand like how to handle like bullies in general like better. Yeah I can cope with that, like now I used to, I just got so cut up when they said that.*

Identity – Letting Go. It was only when the participants believed that they had worth that they were able to let go of the need to conform to others. That is, prior to working through the risk the participants had frequently emulated the identities of others (e.g., Emo), and much of their identity was based on their physical appearance (e.g.,

being thin, wearing piercings). Tayla described how she did not need the external things that she had used to create her identity after the risk. For example, she had removed her facial piercings and said:

> Yeah I took them out, bit of an image change, I mean I was Emo…and I used to wear like black! But I don't know, I don't feel I need to dress in a certain way to impress people anymore I just dress the way I want to dress…

Amanda also explained how she let go of trying to fit in, she said, "It doesn't matter what like 'trend' or whatever you're in, you always have to live up to an expectation. I was so annoyed at that so I was like 'screw this' I am going to have my own style."

Identity – Acceptance. As well as letting go of aspects of identity that no longer fitted, the participants also began to accept themselves as they were. Specifically, they accepted the way they looked and their uniqueness. As the participants had internal contingencies of worth, acceptance of self no longer depended on receiving approval from others. Amanda said, "Sometimes I annoy people because I'm really loud. And I know that about myself but I don't care I just keep going. It's just who I am I can't help it." Larissa explained what she told her boyfriend about acceptance, "He's like looking at me and going 'I don't like this you have to change!' kind of thing. And I'm just like you have to accept someone for who they are kind of thing." Their understanding of the significance of being unique was well summarised by Karen when she said:

> It's like you do what you do, it's like if you're good at something then you're good at something. There's no need to be better than everyone because there's pretty much always going to be someone who's better than you. But then

> why do you have to be the best person? And how do you mark something, say they're in music or whatever, I don't think there could ever be anyone who is the 'best' person because you do everything differently, everyone does things differently and stuff. So what you do might be different but it doesn't mean it's better or worse than someone else.

It is important to note that acceptance did not always mean that they accepted something as 'right' or 'good' but that it was part of who they were or part of what had happened. For example, Coreen struggled with eating and had come to accept it. She said she:

> [I wanted] to be thin and to feel… I'm not sure, to look like that generic kind of stereotype, what you're supposed to look like. I know I had a problem with eating for a while, I just didn't want to eat…I guess I've matured and I feel…not better about myself but I know the reality is we're just human.

Identity – Making Choices. Once the participants had let go of who they were not, and accepted themselves, they began to make choices about what they would incorporate into their identity. Ungar (2000) stated that adolescents do not simply conform to peer groups but utilise them to enhance their own identity, and are selective in what they will take from their peer group to incorporate into their identity. Research suggests the three main influences on adolescent identity are the media, friends, and family (Grotevant, 1992). With these participants, the main influences on identity at this stage were examples of what they liked and disliked about others, and values from their childhood, adolescence and religious organisations.

The participants discussed the way they used behaviour they disliked as a way of making decisions about their identity. Emma reflected on how some people had influenced her, saying, "In a way because I've seen what can go wrong so it's kind of like ohhh…" Tayla recounted how some of her friends had ruined their lives, and this influenced her decision-making, "I've seen some of the nicest people into drugs and they are completely ruined…I don't want to end up like that." Clinton also explained the influence one friend had on his decisions:

> *He's just crashed his car into a tree at about 90 ks or whatever, being an absolute idiot I asked him what happened to the car and he said it's bent up and need to get rid of it but it's alright I bought a new car yesterday. I thought I'm really happy I'm not friends with him anymore because I'm just seeing myself, because I've got a car, I can just see myself doing the things that he does to it and being an absolute hoon.*

In addition to using negative behaviour to make decisions about their identity, the participants utilised values from religious organisations and their parents. The influence of religious organisations is consistent with prior literature that indicates involvement is related to a better formed identity (Cook, 2000). When asked how her religious beliefs helped her Larissa said:

> *They just inspire and like kind of guide you along the right track kind of thing. It's like this is right, this is wrong, this is right, this is wrong. You just look on the bright side, because I'm also a Catholic so I have a pretty good value system and stuff. You're just forced with a question, it's just like okay, reflect back on beliefs and values and stuff.*

The participants also discussed how their upbringing had affected their current identity. When asked how she decided on her values, Belinda said, "Some things come from home, some things from school." Coreen said, "I'd like to think I've been brought up with those morals, that my parents have taught me that." In addition, Emma explained how she was influenced by her grandma's work with people with disabilities, "So I've been brought up with that since I was little and…it's been in front of me I don't see it as…I don't see people differently when they are like that." She also commented that she was like her mum, saying, "That's how my mum is, my mum's like well if you don't want to do it, don't do it…she's like don't let people kind of walk all over you, make your own decisions. That's why I'm like it."

These findings indicate it is important to provide adolescents with positive and negative examples of identity, and sets of values so that when they are ready to make decisions about their identity they have a range of information to draw on.

Relationships

Friendships were based on similarities between the participants and their friends. Mitchell, an academic boy said, "Like you pick your friends…you and your friends you have the same I suppose 'goals' in life, you all want to do well. And you pick your friends if they treat well…and you'll kind of have the same morals." Prior to overcoming risk, this meant that some participants chose friends with similar issues to them; however, as the participants developed worth and changed, so did their friendships as they no longer shared similarities with these friends. Coreen commented on how her friendship group had changed saying, "But I kind of just gave up on them, probably at the end of last year. At the start of this year I just thought oh, grow up." Clinton reflected on friendships when he considered how he had changed, "My attitude towards a lot of people

has hugely changed. My choice of friends is better." Janine also explained her changed friendship group:

> I used to hang out with a different group, not a bad group but it was good, it wasn't the right mood. It was kind of bland…it's a polite way of saying not fun! So I went to another group back with some old friends that I had and it's more colourful. And it's fun and they're all bubbly and they're all really different. So I like hanging out with them. I changed that and I guess it made me happier in a way because they were happier.

These participants recognised that some friendships "dragged them down" were destructive and were not compatible with their new healthier choices. Keith said, "If you were really unhappy and you spent time in the cemetery then you probably wouldn't get any happier. Same thing applies." Negative friendships had required them to conform and made them feel judged, whereas with their new friendships they felt accepted, encouraged, understood, happy, and good about themselves. They also realised that some relationships were an aspect of their past and it was important to let go of these friendships to move on with their life. Candice explained it when she said, "Sometimes people like kind of when they change like mature or something they kind of move on from that, they go more mature that's why I kind of change to different groups."

New friendships provided the participants with a forum to talk through issues, opportunities to "vent" their problems, and people that looked after them, stuck with them through hard times, "cheered them on," and helped to push them on academically. They also provided an escape from problems so they could just have fun and forget about some of the risks that had occurred. In addition, the experience of risk provided the participants with clarity on who they wanted

as a friend, and what was important to them. The participants were more deliberate in their choice of friends by selecting a smaller group and friends that made them happy. Tayla said:

> My friends. I love my friends to death. I don't have heaps and heaps and heaps of friends anymore, you know, like I used to just be friends with everyone. But the friends that I have now, are good friends, and they're people that I want to keep with me for life.

Conclusions and Implications

The current research provides insight into processes that occur after the resilient participants experienced risk. Specifically, the way in which the participants' coping styles, identity, and relationships changed over time were revealed through the in-depth interviewing. These changes and the implications they hold are discussed below.

A significant finding regarding coping was that the participants used predominantly EFC after the risk and then used both PFC and EFC. This finding is contrary to prior research which suggests the use of EFC is nonresilient (e.g., Dumont & Provost, 1999; Frydenberg & Lewis, 1993; Olsson et al., 2003; Pilowsky et al., 2004). The finding that PFC is the most resilient form of coping may be due to the timing of previous research as the participants in the current research used EFC and PFC at different times. If they were assessed at the end of the process when PFC is used predominantly it would appear that this is the most productive form of coping. This would suggest that PFC is the key coping strategy related to resilience when in fact the participants used EFC before they were able to use PFC. To identify actual coping over time it is imperative that multiple quantitative measures are taken over time rather than one snapshot of their coping at one stage in time. In addition, it would be beneficial to use qualitative measures so that

adolescents can explain how and why their coping changes over time.

Another significant finding from the current study was that the resilient participants had a drop in functioning after they experienced risk. This drop occurred in their relationships and identity, and for some participants the phase lasted for a few days whereas for others it lasted a few years. As stated previously, any drop in functioning is generally not viewed as resilience (e.g., Bonanno, 2004), therefore, according to some theorists these participants were not actually resilient. However, this position is problematic, as why is there an expectation that adolescents should display no signs of adversity when they have experienced serious risks? Keith's mother had tried to commit suicide and Jodie's father had beaten her. Would we want adolescents to have no reaction to these events?

If a short-term negative reaction is allowed, how long can it be? A day, a week, a month? Despite their drop in functioning, all participants were successful at the point when they were interviewed. Perhaps the time it takes to overcome risk is less important than the fact the participants were on the journey to be resilient. The finding that different participants took different amounts of time to complete that journey may only indicate that adolescents negotiate the journey at different rates. Furthermore, the length of this journey may be dictated by resources that are available to the adolescent. The participants in this study who struggled longer with their risk had fewer resources. Specifically, those participants with poor family support took longer to assimilate the risk than other participants. This suggests that given the appropriate resources, more adolescents may be likely to be classed as resilient. However, the emphasis is on *appropriate* resources, and this can only be established by asking the adolescent what they need.

The finding that some participants took longer to process risk is encouraging as it

indicates that adolescents in society who appear to be functioning poorly may still be resilient at a later stage in the process. This suggests it is necessary to provide adolescents with opportunities to process their risk so that they can move on and be resilient. It also suggests that resources need to be available to enable this transition, and that practitioners could be optimistic about the possibility of resilience, given the right opportunities.

Significantly, for some participants who experienced a serious drop in functioning (e.g., self-harming, psychopathology), the negative behaviours they engaged in frequently became more of a risk than their initial risk. If this phase was better understood this trajectory may be able to be subverted or managed, and adolescents would not have the problems associated with these choices. Alternatively, it is possible that this phase is an integral step towards achieving resilience for some. That is, through making poor choices they come to the realisation they want a better life and this leads them to make changes in their life. However, further research is required to understand the phase after risk and how it influences adolescents' short and long-term outcomes.

While all participants experienced changes in their relationships and identity, and responded to risk through predominantly EFC and then EFC and PFC, each participant had a qualitatively different experience. For example, while some cried, others got angry, and when some blogged, others played the piano. The differences in these experiences are noteworthy because they indicate that adolescents cannot be treated as an homogenous group, all responding to risk in the same way. Given this, it is necessary to make space for each adolescent to process their risk in a way that is meaningful to them, rather than in ways that are meaningful to the researcher, their caregiver, or their teachers. The ability to process risk successfully is

critical, as it of greater importance that adolescents have a drop in functioning when a risk occurs, rather than presenting as functional and having never worked through the issues they experienced.

In conclusion, the way adolescents respond to risk is a complex process within the process of resilience that involves both EFC and PFC. This finding is significant as it may provide practitioners with a different perspective of adolescents who are displaying EFC. For example, an adolescent engaging in Emo culture could be identified as working through the risk through EFC, rather than one who is nonresilient. While some researchers may still identify this as nonresilient, the participants in this research who engaged in EFC prior to PFC did overcome their risk, therefore there is the potential for other adolescents with similar risks to do the same. In future research, it is critical to build on this understanding of how adolescents respond to risk, so that an accurate and timely response is provided, which in turn may increase the likelihood of resilient adolescents.

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Author Biography

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Resilience through the Eyes of Professional Nurses in South Africa

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Nurses enter the profession because they have a deeply rooted desire to care for people and it is important that they stay optimistic and keep their caring concern for patients to ensure high quality nursing care. We can learn about enabling or protective factors from resilient professional nurses who experience satisfaction in caring for their patients. We can also learn from less resilient nurses about risk factors in order to better equip nurses who suffer and run the risk of becoming physically or mentally ill and even leave the profession. The experiences of these nurses can lead to a better understanding of resilience in the profession and the information can be used to facilitate growth in professional nurses and can be of benefit to the health care service. This qualitative phase of a research project on resilience in professional nurses focused on the experiential narratives of 35 identified resilient and 10 less resilient professional nurses. Nurses were asked to share their experiences about what enabled or hindered them in their professional resilience. It took place in public and private hospitals, as well as primary health care clinics in South Africa. Findings indicated that the resilient nurses were actively involved in building and maintaining their resilience promoting ecologies, whereas less resilient nurses mostly externalised their loss of resilience and manifested professional helplessness and meaninglessness.

The nursing profession is based on a philosophy of care and professional nurses are responsible for delivering this care to the sick, weak, traumatised, wounded and dying patients in their care, and to be an instrument of service to patients within the health care system (Kozier, Erb, Berman, & Burbe, 2000). It can be said that nursing claims caring as the hallmark of the nursing profession, and thus all issues relating to caring are important to maintain the quality of care in the nursing profession (Muller, 2002). Nurses must be able to find a sense of purpose in caring for others, to stay optimistic, and to keep a compassionate caring concern for their patients in order to be successful caregivers (Talento, 1990; Watson, 2003).

When focusing on the well-being of South African professional nurses, the nature of the South African health care system and

the effect it has on them should be taken into consideration. In the last 5 to 10 years there has been a shift from a fragmented, mainly curative, hospital-based service to an integrated, primary health care, community-based service (African National Congress, 1994; Geyer, Naude, & Sithole, 2002). The health care system consists of both a public and private sector, the private sector being profitable and catering for clients who have medical insurance, and the public sector, publicly funded and free to unemployed citizens or available for a small fee to those who are able to pay (Geyer et al., 2002; Van Rensburg & Pelser, 2004).

The resultant increase in health care utilisation is placing a great burden on professional nurses. They had to bear the majority of consequences resulting from the changes without the necessary preparation and support (Armstrong, Daellenbach, & Dixon,

2008; Van Rensburg & Pelser, 2004). The vast financial disparities between the public and private health care sectors have devastating effects on all health professionals, but perhaps even more so on professional nurses who have to provide most of the care (Day & Gray, 2005). It is noteworthy that 58.9% of nurses work in the public sector and are serving 82% of the population and that 41.1% of nurses in the private sector are serving 18% of the population (Van Rensburg, 2004). The ethics and ethos of nursing with the core value of caring have come in direct conflict with a profit-focused health care society, thereby adding further stress to the already challenged nursing profession (Hofmeyer, 2003).

There is an overall shortage of nursing professionals around the world and in South Africa the shortages are acutely felt with a nurse shortage of 32 000 (Oulton, 2006). According to the South African Nursing Council a total of 47 390 000 patients were served by 101 295 registered nurses in 2006, that is a ratio of 468 patients for one registered nurse (South African Nursing Council, 2006). According to Buchan (2006), the nursing professionals who remain in the profession suffer from a high workload and low morale that has lead to a compromise in the quality of care provided, as hundreds of patients are often served by one practitioner and even providing the most basic care is sometimes impossible. In these circumstances the professional nurses try only to survive as they work under high stress levels and unbearable work loads, affecting their physical health and emotional well-being (Levert, Lucas, & Ortlepp, 2000; Pienaar & Bester, 2011).

Looking at the measures the government has thus far implemented to recruit and retain professional nurses their focus is solely monetary incentives, but this alone will not fulfil the needs that have been voiced. More positive approaches have been suggested to retain and empower nurses such as strengthening work autonomy and providing a safe work environment (Adams & Kennedy, 2006; Connell, Zurn, Stilwell, Awases, & Raichet, 2007). Recent work in the caring professions is leaning towards an illness prevention and health promotion orientation, the focus being on the facilitation and enhancement of skills and competencies, with an emphasis on hope and optimism, rather than relying on survival and reactive strategies (Collins & Long, 2003; Fralic, 2008). Research on human resilience has been done to understand how certain individuals, even when faced with challenges and risk factors or stressors, are able to bounce back and develop into confident, competent, caring individuals.

Resilience has become an appealing concept because of its roots in a model of positive psychology from which resilience researchers seek to explore those factors that enable individuals to successfully overcome adversity (Huber & Mathy, 2002; Kaplan, 1999). More recent conceptualisations of resilience describe it as a dynamic intra- and interpersonal process, influenced by internal factors and environmental factors and leading to positive outcomes when dealing with adversity (Carver, 1999; Kumpfer, 1999; Richardson, 2002; Tugade & Fredrickson, 2004). When understood in this way resilience is a multi-dimensional construct generally made up of four interactive components, namely: (a) risk factors, (b) protective factors, (c) vulnerability factors, and (d) positive adaptation (Luthar & Zelazo, 2003). Applying these factors to the workplace of the professional nurse, the following components can be identified: Risk factors or stressors in the nursing work environment, such as the high work load, the shortage of staff, poor support and role conflict (Ehlers, 2006); Protective factors, identified in literature as having protective influences. This also implies stress-resistance acquired through external factors and internal

resiliency factors including cognitive, emotional, spiritual, behavioural and physical factors. Certain personality traits that seem to enhance resilience are hope, optimism, sense of coherence, mental health, and coping self-efficacy (Kumpfer, 1999; Richardson, 2002); Vulnerability factors are the opposite of the protective factors, and described by Luthar (1991) as attributes that make individuals more susceptible to deterioration in functioning due to high levels of stress. In the nursing context these would refer to the fatigue, burnout, depression and de-motivation that lead to many nurses leaving the profession (Pienaar & Bester, 2011), and Positive adaptation that can be defined as an outcome that is much better than would be expected given the presence of the risk factors. In the nursing context this would refer to the strengths and abilities of resilient professional nurses who cope with the demands and even thrive in the face of the adverse nursing workplace (Luthar & Zelazo, 2003; Richardson, 2002).

Resilience in this research is conceptualised as the intra- and interpersonal strengths and abilities, available as resources to the professional nurse. These resources fulfil both protective and enabling functions that promote stress resistance to risk as well as resilience for positive adaptation and benign outcomes in adverse working circumstances.

However, there is still a paucity of information about the concept resilience as it pertains to nurses in practice. Relevant information and a better understanding of resilience in professional nurses, their coping skills and resilient adaptations, as well as the risk factors that can be identified from the less resilient nurses can be of benefit to the health care service and provide hospital managers with useful recommendations for in-service training that can facilitate growth in professional nurses. The socially relevant contribution of this study could thus be to improve the overall functioning of professional nurses, thereby improving the quality of nursing care and improving the health care service. This research aimed to identify strengths and other protective factors from experiential narratives of resilient professional nurses as well as hindering aspects or risk factors to resilience expressed by less resilient nurses, by employing a qualitative research method.

Method

A multi-method approach was used of which the first phase was quantitative and focused on the prevalence of resilience in professional nurses using validated questionnaires (Koen, Van Eeden, & Wissing, 2010). The second phase was qualitative, investigating the experiences of resilient and less resilient professional nurses who agreed to participate, by requesting them to write about their experiences of either the enabling or hindering aspects in the profession. This article describes the second phase of the research. Throughout this phase general ethical principles (Brink, 2002; Strydom, 2002; World Medical Association, 2002) as well as guidelines to promote trustworthiness (Krefting, 1991) were followed.

Ethical Aspects

Ethical permission was obtained from the Ethics Committee of the North-West University (reference no. NWU-00002-07-A2). The researcher ensured that she was equipped to conduct the research and experienced co-researchers guided the research process. The researcher viewed the participants as autonomous and provided adequate information regarding the objectives and anticipated benefits, they participated voluntary and could withdraw any time without reprisal.

Trustworthiness

Guba's model of trustworthiness was followed (Krefting, 1991). The following strategies were employed: Prolonged engagement in which adequate time was spent with the participants, allowing for the

establishment of rapport and participants could thus feel comfortable and safe enough to share opinions even on sensitive issues. The strategy of reflexivity enabled the researcher to maintain a critical, questioning thought process throughout data gathering. A dense description of the research process and characteristics of participants is provided, ensuring that the research is auditable. The involvement of a co-coder in the data analysis and consensus discussions enhanced the consistency of results and added to trustworthiness of the study.

Research Design

An explorative and descriptive qualitative design was followed, as information about resilience in professional nurses was investigated. The participants were professional nurses, all registered at the South African Nursing Council to practice nursing, working in health care facilities and identified from the first phase of the research as being resilient or manifesting low resilience.

Population and Sampling

Resilient professional nurses ($N = 133$) were identified by means of validated questionnaires that they completed during the first phase of the research. The researcher telephonically contacted the participants who scored high in resilience and that provided a contact telephone number, requesting them to write about their experiences and to describe how they manage to stay resilient and compassionate in the nursing profession. In this way 39 nurses initially agreed to participate and the 35 who eventually wrote their stories were: 2 Males and 33 Females of whom 27 were of Black South Africans, 7 White South Africans and 1 of Coloured origin. The same process was followed with 14 identified less resilient nurses who were contacted and requested to write on factors that hinder them in maintaining resilience in the profession and 10 completed the narrative. All 10 were Females, 8 of African and 2 of White origin. Participants had to

meet the following criteria: Were identified as resilient or less resilient professional nurses from the first research phase, were willing to participate, and able to communicate in Afrikaans or English. The context within which the research took place was public and private hospitals as well as primary health care clinics in four semi-urban areas. Included were a psychiatric and a general hospital from the public sector and four private hospitals, three of them under management of the mining industry, as the area is mainly a mining community. The three primary health care clinics are affiliated with one of the private hospitals under mining management, catering for primary health care needs of the mining industry.

Data Gathering

After obtaining permission from the Ethics Committee of this University, relevant authorities were contacted and permission obtained to involve the professional nurses in this research project. Voluntary, informed consent was obtained from all the participants. Detailed data were gathered from the narratives of these professional nurses through writing about their experiences. One of the benefits of writing exercises is that the participants give the researcher their accounts in an exact form, the words are their words and reflect their reality (Gilbert, 1993). The resilient nurses were asked to write on how they manage to stay resilient and keep the caring concern in the nursing profession, while the less resilient nurses were requested to write on what they found hindering or troublesome in the nursing profession to maintain resilience.

Throughout this process confidentiality and privacy were ensured and all the ethical principles required for this research were upheld.

Data Analysis

Data saturation was clear after the initial thorough reading of 20 of the narratives by the researcher and a co-coder, but as 35 were received and because they were in the words of the participants, they were all analysed, as well

as the 10 describing the hindering aspects. After multiple readings, analysing of the text content and identifying of themes or units of analysis that emerged, was done (thematic content analysis with open coding (Babbie, Mouton, Vorster & Prozesky, 2004). Thereafter the tentative naming of conceptual categories according to our understanding of protective factors and risk factors in resilience theory was done, for resilient and less resilient nurses respectively (Niewenhuis, 2007). This process of analysis was thus both deductive and inductive (Delport, 2005). An independent co-coder assisted in data-analysis and a consensus meeting between the researcher and the co-coder was held to verify the themes for the final narrative with the help of Tesch's steps of analysing textual data (Creswell, 1994). The co-coder followed the same procedure with a framework for data-analysis provided by the researcher, which entailed assisting guidelines for coding.

Literature Review

A thorough literature review was conducted in order to base findings in literature, as well as to identify similarities, differences, and also identify what is unique in these findings as indicated by Burns and Grove (2005).

Findings and Discussion

After consensus was reached between the first author/researcher and the independent co-coder the following final version was written and discussed under themes and sub-themes as identified. The experiences of the participants are presented using their own words from the narratives. The authors support the later trend in qualitative research to report the richness of the data and in this case to give these nurses a voice, by sharing their experience and to rather report too much of the data than too little (Chenail, 1995). The goal is to make the data as public and the process as replicable as possible (Anfara, Brown, & Mangione, 2002; Constas, 1992). The results from narratives

on: "How I manage to stay resilient and keep the caring concern in the nursing profession", will be presented first.

Theme 1: Strong Beliefs and Solid Foundation

Under this theme, four sub-themes emerged:

Sub-theme 1: Spiritual strength. Most of the participants referred to a strong belief system or spiritual philosophy that they are depending on for strength and direction (22 referred to this theme). They say:

> *God is on my side, therefore I can do anything; I start every day in the name of Jesus, and live as if it is my last day; I believe God put me in the profession, to serve others; Nursing is a calling and I will keep going with the help of God; I tap into and harness my spiritual dimension.*

Literature that refers to the importance of a strong belief system, although not in reference to nurses, includes Garbarino, Kostelny, and Dubrow (1993) and Wicks (2005), who discuss the importance of inner-strength and spiritual wisdom to overcome stress and improve well-being, and Milne (2007) who stresses the importance of developing a personal moral compass or shatterproof set of beliefs to increase resilience. Seligman (2002) identifies spirituality and transcendence as an important virtue in authentic happiness, while Polk (1997), Deveson (2003) and Prevatt (2003) also address philosophical issues, including personal beliefs and principles and a moral-religious orientation. Faith as a protective factor has also been indicated by other authors (Killian, 2004; Myers, 2000; Schlessinger, 2006; Williams, 2002).

Sub-theme 2: Personal resources. Most of the participants wrote about their upbringing by strict, loving parents that provided them with discipline, or values for life, the support and correction by friends that help them in managing their life, or providing direction in life (23 narratives had this

theme). They say:

> My family support me, specially my children and I try to spend time with them, I want to make them proud, it gives me direction in life; Support from friends and family keep me going; My upbringing, my parents taught me and disciplined me, they taught me values and are my role models; Advice and corrections from family and friends help me to stay on the right track; I was taught to stick to things and do my best.

Literature that refers to friends or parents as important in resilience include: Milne (2007) refers to victims of Hurricane Katrina who attributed their survival to faith, and referring to the supportive prayers of friends and family, while Wolin and Wolin (1993), Grove (2002) and Reed-Victor (2003) discuss the importance of trusting relationships with parents or significant others as a protective factor in resilience. Literature refers to the importance of a good relationship with parents or other people and the importance of a thorough upbringing to instil values and discipline which will add to building character, a sense of responsibility, good habits and the ability to cope with difficulties (Ganiere, Howell, & Osguthorpe, 2007; Grotberg, 1997).

Sub-theme 3: Sustained by values. What became clear from reading the stories, was the fact that many of the participating nurses are value-driven (17 narratives carried this theme). They say:

> I am committed to make a success and live with integrity and dignity giving my best for my patients; I am proud of my achievements and don't focus on money and material things; I stick with my principles, that makes me feel good about myself; I want to be of value and make a difference, being loyal to my

> patients; I must be committed and loyal to management and my co-workers; I want to do my work with justice, and be fair towards my patients, giving them my best and value them.

The importance of values are mentioned in literature by Pawelski (2008) who refers to the importance of acting just and being fair, and according to Seligman (2002), justice is a virtue on which character strengths such as loyalty, duty and fairness is based. A study among nurses about burnout, found that nurses who were coping better referred to their commitment, feeling that nursing was a calling and that they had to be loyal, it seemed as if they found meaning in the belief that there was a larger purpose behind their work (Cilliers, 2002).

Sub-theme 4: Professional assets. Many of the participants wrote about the importance of good training and ongoing training that have equipped them with knowledge and skills to cope with the many demands and stressors in the profession. The importance of good role-models also stood out (19 narratives carried this theme). They say:

> My good training has equipped me and consultation with co-workers is a good source of support; I thirst for knowledge and I want to become the best, setting goals and challenges for myself; Good training, specially Psychiatry has taught me a lot and equipped me with skills; The role models and good nurses, have taught me a lot, a good tutor has inspired me; I learn from my experiences and don't make the same mistakes, reflecting a lot and trying to stay abreast by continuous development; I feel I have to be a role model for juniors, I try to teach and empower them.

Literature mentions the importance of training, ongoing training and role-models

(Waterman, Waterman, & Collard 1994). Gaba (2003) and Kakabadse (1999) discuss the importance of further training and formal educational processes to strengthen characteristics of resilient individuals. A study among nurses found that the nurses who were coping best, reported that they made a deliberate effort to learn more about nursing and to improve themselves (Cilliers, 2002). Authors that expressed the importance of role-models as a protective factor in resilience are amongst others Block (2007), Charney (2005), Killian (2004) and Milne (2007). What couldn't be found in literature and seems to be a unique finding here is the fact that professional nurses feel responsible to equip the junior personnel, be role models and empower the nurses who are still learning.

Theme 2: Supportive Professional Context

The support of friends and co-workers seem to help most of them as they can debrief and ventilate. Many mentioned the importance of positive friends (26 referred to this theme). They say:

> *I respect the rest of the team and learn from them we support each other; I listen to advice of co-workers they are like my family; I get help from others and share time with positive people who makes me feel better; I have support systems among nurses and also at home and at church; Positive relationships with colleagues help me a lot and motivate me to keep going; I debrief after death of a patient, by talking to colleagues, friends or family.*

According to Milne (2007) a supportive social network must be established and nurtured for sustained resilience and according to Loesel (1992) resilience is reinforced by emotional support outside the family. Morano (1993) refers to the importance of using a social support system as part of interpersonal coping strategies and connecting with other people can enhance hope and positive adjustment (Niederholfer & Pennebaker, 2005; Snyder, Rand, & Sigman, 2005; Williams, 2002).

Theme 3: Health and Wellness Strategies

Many of the participants mentioned the importance of a balanced, healthy lifestyle that helps them to stay healthy and give their best (this theme was found in 16 narratives). They say:

> *I take care of myself and do nice things; I rest and get enough sleep; I eat healthy and stay fit; I make time for fun; I have hobbies and live a balanced lifestyle; I spend time doing gardening; I go for regular check ups and I treat myself to something special regularly; I have to rest enough and do things like going to the gym, to stay healthy.*

The importance of a healthy life style is mentioned in literature: Milne (2007) mentions the importance of keeping fit as part of resilience, saying that exercise for physical well-being will also enhance brain health. A study among nurses found that those with a healthy lifestyle could cope better with burnout (Cilliers, 2002).

Theme 4: Cognitive Strength and Well-being

Most of them wrote about the fact that they have a positive mindset or attitude towards life, making the best of every day. They see problems as challenges, which by overcoming, strengthen them (27 narratives contained this theme). They say:

> *I appreciate life and people and see things as challenges trying to make a difference; I don't see myself as a victim and focus on the positive things in life and can cope with the demands; I have a positive attitude, thankful for every day; I feel privileged for all the blessings in my life and am thankful; Dealing with difficult situations have made me stronger; I mourn failures and*

rejoice in successes; Life is a journey and I believe I can make a difference; I focus on the good things, I make a choice every day to be joyful and hopeful, never giving up.

Literature mentions the importance of a positive outlook or mindset: A study among nurses about burnout found that the coping nurses find meaning in small things (Cilliers, 2002), and humour as being a part of resilience is mentioned by Holmes and Marra (2002). The theme of the importance of a positive mindset is also found in the work of Seligman (2002), and Risher and Stopper (1999) about being positive and optimistic and other authors referring to the importance of staying positive by cultivating a positive frame of mind (Block & Kremen, 1996; Bonanno, 2004; Tugade & Fredrickson, 2004; Tusaie & Dyer, 2004; Wolkow & Ferguson, 2001). There seems to be a growing awareness that positive perceptions and attitudes are necessary for effective functioning in the face of adversity (Boss, 1992; Lazarus, & Folkman, 1984; Potgieter & Heyns, 2006). Seligman shows the difference between optimism and pessimism as a state where the former lead to better health, better performance at work, and ability to age well (Seligman, 1990).

Theme 5: Proud of the Nursing Profession as a Secure Base

The nursing profession has provided many of them with opportunities and some of them feel it is a satisfying and interesting job (23 referred to this theme). They say:

I care for my patients and they need me therefore I will keep going; Being there for my patients, they are like my family; Patients appreciation is my reward and encouragement; There are many opportunities in Nursing; I think about my patients who need me when I want to quit; It is fulfilling to care for patients; I have a

passion for nursing and care for my patients; I seize the opportunities in the profession; It is rewarding when patients get better.

Literature refers to the importance of resilient people to stick to their jobs and manage the demands in their workplace: It has been suggested that resilient careerists will exhibit a greater tendency to persevere in their occupations, with weaker intentions to withdraw (London, 1993). Charney (2005) refers to altruism as a therapeutic tool and asserts that stress is often made easier by helping others (Milne, 2007). Schaufeli, Salanova, Gonzalez-Roma, and Bakker (2002) refer to the positive side of nursing, namely engagement. Engaged nurses see themselves as competent in dealing with the demands of their job, and have a sense of effective connection with their work activities. Although there is mention of the rewarding factor of the profession in literature, this was not found to be a prominent theme. The uniqueness of this study is that it reveals aspects of resilience in professional nurses and a strong factor seems to be the fact that many of them feel the profession is a calling and that the patients need them. They also learn a lot from patients who have to endure pain and suffering, thereby becoming stronger in themselves and their resolve to manage the stressors or obstacles in the profession.

The major themes that emerged from resilient participants' narratives of their experiences in the nursing profession capture the essence of resilience as a resource-based ability. The participants found their personal resources (values, cognitive strengths and well-being, health and wellness strategies), their social resources (interpersonal relationships, supportive professional ties and patients), their contextual resources (professional assets of training and competencies and the ethos of the nursing profession) and their spiritual resources (beliefs and spiritual philosophy), as

resilience promoting or enabling. These findings align well with understanding of resilience from an ecological perspective in which the focus is shifted from viewing intrapersonal characteristics as determinants of resilience, to emphasising the network of interactions and relationships of which the person is part, as the main sources of resilience (Theron & Theron, 2010; Ungar, 2005). The ecological approach supports the argument that intrapersonal competencies develop in and are shaped by the larger interpersonal context within which persons find themselves and that resilience is the outcome thereof (Smith & Dower, 2008). The writings of nurses reveal how they are choosing to interact with their environment, although realising the complexity and potential for adaptability and flexibility in themselves (Siebert, 2002). Resilience through their eyes seems not only what they are faced with, but what they do, or can do about the reality that they encounter. It is not a static state, but can be enhanced and developed in some manner, to become an active and enabling process that contributes to well-being. Finally, Viktor Frankl's conclusion about the inner processes that enabled people to overcome unthinkable conditions was that, the last of the human freedoms - to choose one's attitude in any given set of circumstances, to choose one's own way" (Frankl, 1963, p. 104), was also reflected in these narratives. The resilient nurses' writings attest to their chosen ownership of their attitude toward and behaviour in the nursing profession and how this empowered them to stay and serve and to live what they believed was the essence of their profession.

The experiential narratives on: "What is hindering you or do you find troublesome in the nursing profession to maintain resilience", revealed four themes and emphasised the difficult context in which nurses have to work, confirming just how resilient nurses have to be to stay

compassionate and thrive. They are discussed in the following narrative with direct quotes.

Theme 1: Unappreciative Workplace and Poor Remuneration

Low remuneration and deteriorating conditions are prominent themes, with the burden of not enough trained people to do the work, long working hours and facing too many responsibilities, indicated as the difficulties experienced. The caring is largely gone, with only a few who seem to care for patients. The training is not as good as it has been. Many nurses are going overseas or are leaving nursing (10 narratives had this theme). They say:

> *I have to work long shifts i.e. 07:00 -19:00 and the money is not enough; Under payment and poor remuneration have always been a problem; Lack of resources, human resources, financial and equipment, the environment is not conducive to work in; There is a lack of passion and commitment. Many of us are burnt out; The shortage of nurses, like one nurse care for up to 15 patients, and the quality of care is compromised; The turnover is very high, newly appointed nurses leave quickly.*

Theme 2: No Investment in their Potential

Nurses feel that there are not enough opportunities for in-service training, attendance of workshops, seminars or staff development; the management don't care about the nurses, it has become money-driven, poor instructions by management, protocols and policies don't exist, autocratic leaders, favouritism and the lack of respect towards nurses are causing problems (eight narratives carried this theme). They say:

> *No in-service training is available; we don't get the opportunity to attend workshops; The attitude of managers towards subordinates are bad; We have to many autocratic leaders, and a lot of favouritism; It*

*has become money-driven. There is
a lack of respect for the nurses;
Employers don't motivate and
support nurses in their professional
development, they are afraid we
will be promoted.*

Theme 3: Insecure Environment

The nurses have to deal with incurable communicable diseases like HIV/AIDS, some nurses are also infected and they are scared to get sick. There is no counselling or support systems in place for nurses to deal with trauma and their negative experiences. There is a lot of misbehaviour from nurses like absenteeism and alcoholism. There is a culture of doing wrong things thus impacting negatively the lives of patients and other nurses. Staff members are not working as a team, leading to conflict among staff, with patient care lacking (seven narratives had this theme). They say:

> The fact that I can get AIDS is
> always in the back of my mind;
> Many of the nurses are already
> infected with the HI-virus; We
> don't have counsellors at the
> hospital for the nurses; Many of the
> nurses just stay away from work or
> take a lot of sick leave; Some of us
> are drinking to cope; The standards
> have dropped, nurses are lazy, they
> strike and don't have integrity.

Theme 4: Acknowledgement Deficit

There is much of violence in the work place and some of the nurses don't feel safe or respected by patients and/or the rest of the multi-disciplinary team. Some of the nurses have to do tasks that are not part of their scope of practice or that they feel are non-nursing tasks. The nurses are not always informed of new policies (seven narratives carried this theme). They say:
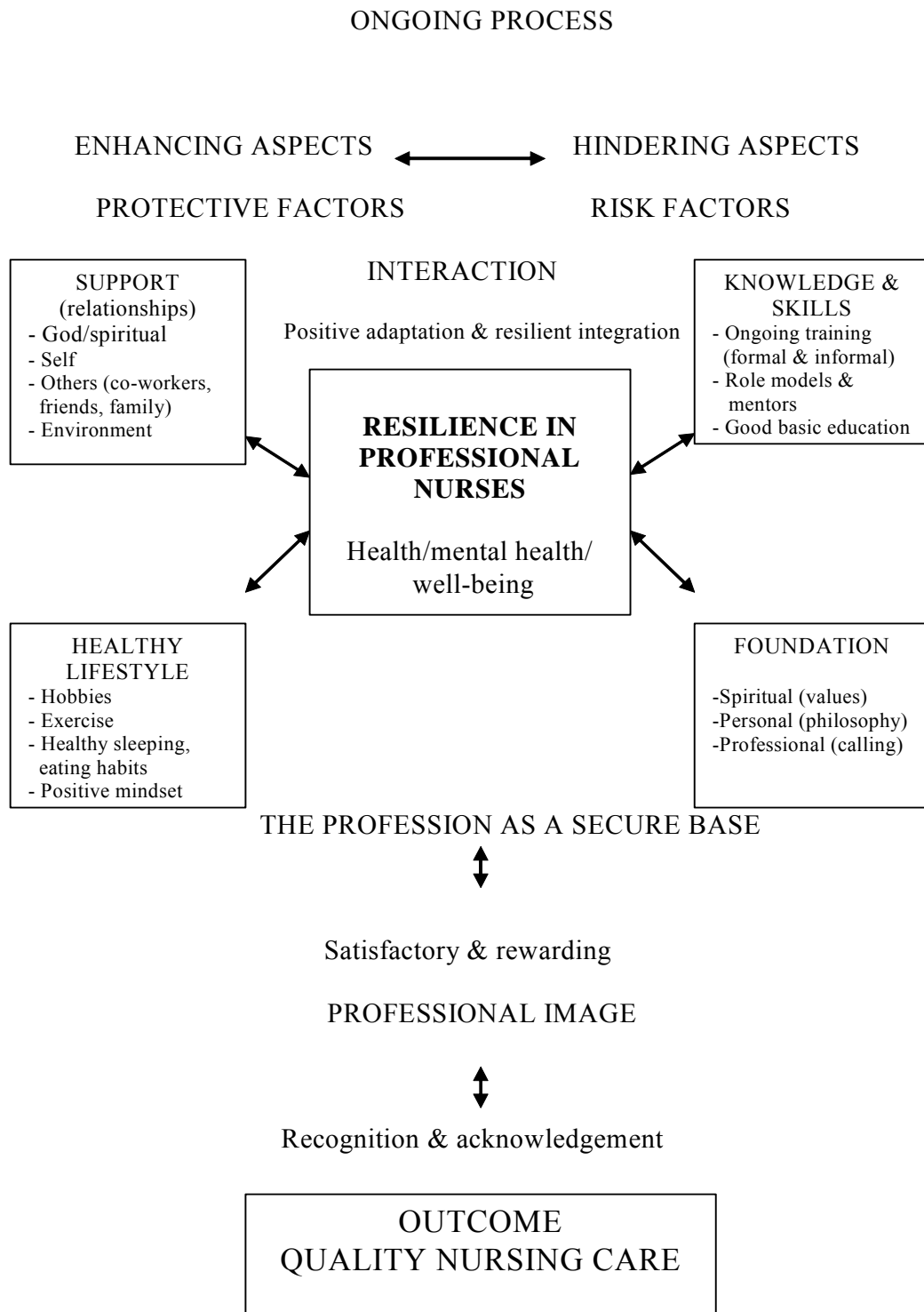
> *When we have to do things that we
> know are not part of our scope of
> practice; We hesitate when we
> have to do things that we haven't
> been trained for; The patients*

*don't respect us, and some will
shout and get violent; It is not safe
at work; The doctors are never
here and don't respect us. Non-
nursing duties are a problem to
me; Management don't tell us and
only implement new things; The
other professions don't appreciate
the nurses, they see us as the
slaves; The lack of autonomy.*

These hindrances are also alluded to in literature. Cavanagh and Snape (1997) divide stressors in the nursing profession into three categories, namely: personal, interpersonal and work environment or organisational stressors. Personal stressors refer to the inability to manage: home, work and sometimes study responsibilities, or inadequate preparation for the nursing demands. Interpersonal stressors reflect on bad relationships among nurses and doctors, supervisors, co-workers or other personnel (Basson & Van der Merwe, 1994). Work environment stressors include modern technology, a high work load and long working hours, demanding responsibilities, a lack of autonomy, role conflict, and under-staffing. The negative impact of such stressors or burnout on the quality of care in nursing should not be underestimated (Pienaar & Bester, 2011; Schaufeli & Enzmann, 1998), as indicated by the increase in stress-related absenteeism. Literature also reports an increase in the number of individuals who receive disability grants due to mental (possibly stress related) problems (Schaufeli & Enzmann, 1998). Tusaie and Dyer (2004) furthermore mention the fact that nurses bear witness to tragedy, suffering and human distress as part of their daily working lives, with many stressors and workplace adversity, and need support in the workplace.

What seems to be a unique finding is the perceived lack of opportunities as far as training, seminars, in-service training and workshops are concerned, and literature does

ONGOING PROCESS

ENHANCING ASPECTS ⟷ HINDERING ASPECTS

PROTECTIVE FACTORS   RISK FACTORS

INTERACTION

Positive adaptation & resilient integration

| SUPPORT (relationships)
- God/spiritual
- Self
- Others (co-workers, friends, family)
- Environment | **RESILIENCE IN PROFESSIONAL NURSES**

Health/mental health/ well-being | KNOWLEDGE & SKILLS
- Ongoing training (formal & informal)
- Role models & mentors
- Good basic education |

| HEALTHY LIFESTYLE
- Hobbies
- Exercise
- Healthy sleeping, eating habits
- Positive mindset | | FOUNDATION

-Spiritual (values)
-Personal (philosophy)
-Professional (calling) |

THE PROFESSION AS A SECURE BASE

↕

Satisfactory & rewarding

PROFESSIONAL IMAGE

↕

Recognition & acknowledgement

OUTCOME
QUALITY NURSING CARE

Figure 1: Framework for facilitating and enhancing resilience and psycho-social well-being in professional nurses

not mention the lack of opportunities for further development.

From their experiential accounts it seems as if the less resilient nurses manifest helplessness and hopelessness, feel threatened by the workplace ecology, are unable to cope with the challenges and experience these as adversities and risks. They seem to have lost their engagement with the caring nature of the nursing profession and to externalise their feelings by attributing the cause of their disillusioned behaviour onto management, service providers, patients and colleagues. From the narratives it is clear that nurses have to deal with severe risk factors in their work environment (hindering aspects). Some nurses are able to manage the adverse working conditions and cope or even thrive, while others seem to become angry and dissatisfied, de-motivated and lose their caring commitment to the profession.

In Figure 1, the enhancing or protective factors that serve enabling functions and buffer the impact of risk or hindering factors in the nursing profession, are illustrated. It seems that if these processes lead to positive adaptation and resilient integration (Kumpfer, 1999; Richardson, 2002) in the challenging and risk laden health care context where nurses work, the outcome may be quality nursing care.

Conclusions

This study aimed to identify specific and unique resilience enabling aspects and protective factors from previously identified resilient nurses and risk factors or hindrances from identified less resilient nurses, by employing a qualitative research method in order to obtain an in-depth understanding of resilience in professional nurses. This aim was achieved and rich data about resilience was obtained from both groups of nurses.

Our findings indicated that there are professional nurses who show strengths that enable them to act resiliently in difficult workplace circumstances. These strengths are the outcomes of resilience promoting resources in their personal and professional environments (ecologies). This strength-based understanding of resilience is in line with positive psychology, which emphasise the unearthing of strengths or assets to promote psycho-social well-being, rather than the difficulties and weaknesses that negate well-being in general (Coutu, 2002; Seligman, Rashid, & Parks, 2006).

The opposite was however found in the narratives of less resilient nurses, characterised by demotivation and disillusionment that have detrimental effects on their commitment to care and compassion. The outstanding realisation however, is that resilience is crucial in the nursing profession and therein lies the contribution of this qualitative investigation. An in-depth understanding of resilience promoting factors could provide guidelines for interventions or programs aimed at generating resilience in all nurses. Their psycho-social well-being could be enhanced and the overall health care system improved.

Research Limitations

It must be remembered that in qualitative research, the design that was followed to explore the experiences of the nurses, it cannot be assumed that the findings can be generalised to other settings or participants. Further research is recommended to add to the knowledge gained. Although the participants were proficient enough in English to write their narratives, it is recommended that further research allow for the narratives to be written in the home language of the person. This is particularly important for participants from African descent.

Recommendations for Future Research

It is recommended that focus group interviews are done with professional nurses to further explore their resilience. It is also recommended that the unique strengths evident in the professional nurses enabling them to be resilient, be used to develop

guidelines for in-service training and other programs to enhance resilience and psycho-social well-being in all nurses. It is further recommended that strengths specific to the various cultures from which the nursing population is made up of, be further explored. Although the authors recognise the significance and inter-relatedness of culture in resilience and were respectful and mindful of culture differences, it was not explored. The nursing profession as having a culture of its own was clearly recognised in the similarities found in the narratives of the participants from the different South African cultural groups taking part in this multi-cultural study.

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The Resilience of Illegal African Migrants in South Africa: A Relational Perspective

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This study explored resilience of illegal African migrants subjected to significant risks in their home country as well as in South Africa. This formed part of a larger international research project. Forty-four male and female migrants from Malawi, Mozambique and Zimbabwe between the ages of 18 and 50 years were recruited through purposive sampling. Data, obtained through individual interviews, the Mmogo-method^TM and focus group discussions, were thematically and visually analysed. The range of protective resources in the self (self-regulation, hope, optimism and autonomy) was expressed primarily in relation to other people. Relational context-bound interactions emerged in the definition of relationships, emotional closeness, transparency as well as the unconditional confirmation of migrants. Recommendations are made for social interventions and policy adjustments.

Historically, South Africa is a country that has attracted both semi-skilled and highly skilled migrants from other African countries. South Africa is regarded by many African migrants as 'the land of milk and honey' (Maduna, 1995). From the early 1970s, most Africans who migrated to South Africa sought employment in the mining and agricultural sectors (Whitehead & Hashim, 2005). The number of African migrants to South Africa continues to rise owing to the better economic opportunities compared to other African countries (McDonald 2000; Posel, 2003).

Migrants to South Africa can be divided into those who were forced to migrate to South Africa because of the civil unrest, political instability and economic hardships in their own countries, and those who decided voluntarily to come to South Africa to pursue their careers, education or to expand their personal boundaries (Cross, Gelderblom, Roux & Mafukidze, 2006; McDonald, 2000). For those in the first group, migrating to South Africa became a strategy to alleviate the significant risks associated with violence and poverty.

A further distinction between migrants to South Africa is their legality or illegality. Legal migrants have valid permits to stay in South Africa whereas illegal migrants enter South Africa at places other than official ports of entry (McDonald, 2000) and they do not have legal travel documents or remain in the country after their permits have expired (Cross et al., 2006). Somers (2008) describes illegal migrants as people who have "no real right to have rights" (p. 22) and they are thus regarded as a vulnerable group. Most studies on illegal migrants consequently focus on the general challenges they face (Klaaren & Ramji, 2001). The present study is distinct because it focuses on the resilience of illegal migrants post migration, despite the adversities and challenges they face in South Africa. Resilience in this study refers to both a process and an outcome (Theron & Theron, 2010). In terms of an outcome it seems as if illegal migrants 'bounce back' despite the risks and adversity they face both in the contexts that initially pushed them to migrate; as well as the new context to which they have migrated (Mawadza, 2008; Theron & Theron, 2010; Vulcetic, 2004). However, the

transactional processes involved in the resilience of illegal migrants is not clear and so forms the focus of this study.

Risks and Adversity Faced By Illegal Migrants

Migration is a phenomenon associated with many risks (Bloch 2010; Greeff & Holtzkamp, 2007; Mawadza, 2008), and this is even more true for illegal migration. Apart from the initial risks that force people to leave their home countries, many illegal migrants are subjected to abuse, theft and violence by legal authorities in South Africa (Crush & Williams, 2003; Palmary, 2002). They constantly fear deportation (Klaaren & Ramji, 2001; Madsen, 2004), and are often victims of exploitation by their employers (Bloch, 2010). Most of the illegal migrants working in the domestic and construction sectors are paid very low wages (Mawadza, 2008), leaving many with no choice but to become de-skilled by accepting menial jobs (Garcia & Duplat, 2007). Recently severe xenophobic attacks against migrants (and specifically illegal migrants) occurred in South Africa, which threatened them on various levels (Neocosmos, 2008).

However, despite the compound risks that illegal migrants are exposed to, many seem to cope and adapt in positive ways. Understanding positive adaptation is a focus located in the sphere of positive community psychology. Positive community psychology is based on socioecological theory which suggests that all people are open systems thst continuously interact with others and the contexts in which they function (Bronfenbrenner, 1979). It also accords with the literature that regards resilience as context-bound transactions (Theron & Theron, 2010). Context in this study refers to political, economic, geographic, cultural, social and relational environments.

In terms of positive community psychology, illegal migrants, as a relational community, are a group of people who share commonalities in being pushed from their home countries due to the political and economic context. They leave familiar geographical and cultural contexts; have shared goals of ensuring the survival of their families (social context); and are exposed to additional risks and adversity in their receiving communities (social and cultural contexts) in South Africa (geographical context). For the purpose of this study, the relational context is considered to consist of reciprocal interactions between migrants and other people (fellow-migrants, citizens or legal authorities) that are either nurturing or restraining (Kitching, 2010). Nurturing relationships are described as enabling relationships, while restraining interactions limit effective relationships.

Study Goal

This study is part of a larger international research project conducted in 2009 on African migrants who migrated to South Africa, France and the United Kingdom. The initial research project focused on the experiences of African migrants by examining how familial intergenerational relationships were shaped by migration. From the data analysis of the larger study it became clear that the migrants dealt adaptively with the risks and challenges associated with migration, including xenophobic attacks. However, the transactional processes associated with their resilient behaviour remains unclear. The following broad question therefore guided this study: What are the transactional, context-bound processes that enable illegal migrants in South Africa, faced with compounded risks and adversities, to adapt in resilient ways? It is hoped that the findings of this study will both contribute to an understanding of the adaptive processes as they are informed by relational context-bound interactions, and contribute to the theory on resilience.

Research Design and Method

A qualitative design was used in the original research project. Qualitative designs provide opportunities for exploring

participants' contextually embedded experiences (Klunklin & Greenwood, 2006). The experiences of migrants from various African countries were accessed in a natural setting so that greater insight could be gained into their experiences (Leedy & Ormrod, 2005). A phenomenological research design was used to explore the lived experiences of the illegal migrants about migration. The phenomenological approach was considered suitable for the present study as it enabled the researchers to describe commonalities in the participants' experience of the migration phenomenon (Creswell, 2007).

Research context and participants

The initial research was conducted after the serious xenophobic attacks in South Africa in 2008. In February 2009, a secondary analysis was conducted, and this produced a further topic for investigation (Burns & Grove, 2005), namely, the strengths that enable the positive adaptation of illegal migrants in South Africa despite the adversity and risks. African migrants from various southern African countries and currently residing illegally in South Africa were purposively recruited. A sample of 44 participants between the ages of 18 and 50 years were selected. The participants included men and women from countries such as Malawi, Mozambique and Zimbabwe.

Procedure

Ethical approval for the study was obtained from the university's Ethics Committee. For the data gathering events, rapport was established by entering the community of migrants with a person familiar to the migrants. Researchers who knew some of the migrants told them about the research project and asked them if they would be willing to establish contact with other illegal migrants. They agreed, and separate meetings were arranged to explain the aim of the research and to request the migrants' participation. A discussion was also held prior to data collection to assure the

migrants that this study was for research purposes only. They were informed that their participation was voluntary and they could withdraw from the study at any stage. They were also assured that any information provided by them would be treated confidentially.

The original data were collected from 24 Malawian migrants using the Mmogo-method^{TM} (described below) followed by focus group discussions. These migrants were living in different communities of Gauteng Province in South Africa at the time of the study. They meet once a month in a park in the capital of Gauteng and close to public transport.

In-depth interviews were conducted in Rustenburg in the North West Province. Twenty participants from Mozambique and Zimbabwe participated. Each interview lasted between 30 and 45 minutes using open-ended questions. The questions included: Please tell us about your experiences of being migrants in South Africa. Why did you decide to migrate to South Africa? What were the challenges that you had to deal with en route to South Africa as well as being here in South Africa? How do you deal with these challenges?

English was used as medium of communication as all participants were able to express themselves comfortably in this language. All data were captured using audiotapes and visual presentations were photographed. Data were gathered through applying the Mmogo-method^{TM}, focus group discussions and in-depth personal interviews.

The Mmogo-method^{TM}. This is a visual projective technique used to obtain insight into the lived experiences of participants. The Mmogo-method^{TM} is based on symbolic interaction and depicts participants' relationships in different contexts through visual constructions (Blumer, 1969; Roos, 2008; Roos, 2011a). The Mmogo-method^{TM} was applied since it enabled the researchers to gain an understanding of the implicit and

often unconscious meanings of the migrants' transactional processes inherit in their resilience. Furthermore, the Mmogo-method[TM] is regarded as a collaborative and participatory research method which is appropriate to research vulnerable communities.

Procedure. Twenty-four migrants from Malawi participated in the Mmogo-method[TM]. The participants were divided into two groups of twelve each to optimise interactions. Participants were then presented with malleable clay, dried grass stalks, colourful beads and round material cloths. They were asked to construct visual images of their experiences using the materials and the following open-ended request: "Please make a visual representation of your experiences as migrants here in South Africa".

After completing their visual representations, each participant was asked to explain the relevance of their images to the research questions, after which the whole group was asked to verify, add or contribute to the discussion using their own experiences. The group spontaneously engaged in focus group discussions where all the visual representations were discussed and shared. The Mmogo-method[TM] procedure and the focus group discussions lasted for approximately three hours.

Focus group discussions. Focus group discussions were used to obtain more information following the Mmogo-method[TM] process. Creswell (2007) describes focus group as a method which provides valuable information on how people respond in a situation where they are exposed to views and experiences of others. The focus group discussions motivated the participants to provide additional information as they shared the same experience of being illegal migrants in South Africa.

In-depth interviews. In-depth interviews were used in addition to the Mmogo-method[TM] and focus group discussions to ensure the integrity of the findings. Twenty migrants from Zimbabwe and Mozambique were interviewed. In-depth interviews are often helpful in accessing individuals' perceptions, opinions, facts and forecasts, and their reaction to initial findings and potential solutions (Seidman, 1998).

Data Analysis

Secondary data analysis of the data of the larger international research project was conducted in order to discover dimensions that had not been explored in the primary study (Burns & Grove, 2005; Heaton,1998). Existing data are used to pursue a research topic not covered in the original research, by re-interpretations of the data and the generation of new questions (Corti & Bishop, 2005). Ackerstrom, Jacobsson and Wasterfors (2004) maintain that new analytical tools can highlight parts of the data that were ignored in the original analysis.

The current researchers had to familiarise themselves with the existing data before conducting the analysis. Thematic content and visual analysis were used in the present study.

Analysis of textual data. The in-depth interviews and focus group discussions were audio-recorded, transcribed and analysed using thematic content analysis. Thematic content analysis is a coherent way of organising the research data in relation to the specific research question (Tuckett, 2005). In this study several important topics were identified in relation to the narrated experiences of illegal migrants in South Africa. The topics identified were organised into main and sub-themes. These themes were defined, illustrated and integrated with quotes and presentations.

Visual data analysis. The visual data obtained by the visual representations of the Mmogo-method[TM] were analysed according to the recommendations of Roos (2008):
Step 1: Ask participants about each object that was made to determine the literal meaning of each object.

Step 2: Determine the relationships between the different objects in the visual presentations.

Step 3: Apply the visual presentations to the specific research question that was asked to provide insight into the phenomenon on migration experiences being studied.

Step 4: Explore the cultural meanings that are manifested in the symbolic use of objects.

Trustworthiness

Crystallisation was used to ensure that multiple perspectives of the resilience of illegal migrants were obtained (Tobin & Begley, 2004). In this study three data collection methods were used, namely focus group discussions, in-depth interviews and the Mmogo-method^{TM}. Using a variety of methods of collection and analysis facilitated richer and more valid interpretations (Tuckett, 2005). Dependability was demonstrated through an audit trail and reflexivity. The secondary data analysis was documented

thoroughly and a personal journal was kept in which reflections about the data analysis process were recorded. Thick descriptions of the data was reflected through the inclusion of visual images of the lived experiences of the illegal migrants.

The following sections provide a context for firstly, the vulnerability of illegal migrants' relational position in the context of migration; and secondly, the dynamic relational context-bound transactions.

Vulnerability in Relation to Authoritative People

It transpired that police and migrants officials, who have the legal authority to control migrants, may misuse their power to the disadvantage of the illegal migrants. The participants reported that legal authorities receive bribes; they exploit and abuse illegal migrants; and they endorse fear to the extent that illegal migrants sometimes prefer not to report crimes against them.

Bribery. Some illegal migrants bribed police officers as a means of entering South

Table 1
Themes and subthemes of the positive adaptation of illegal immigrants

Main themes	Subthemes
Vulnerability in relation to authoritative people	Bribery Exploitation
Protective resources in the self in relation to others	Regulation of self to benefit of family Hope and optimism for better future for family Autonomy to support family

Relational context-bound interactions	Relational context embedded in cultural context
	    Definition of relationships
	    Emotional closeness
	    Transparency in relationships
	Relational context embedded in existential context
	    Confirmation of illegal migrants

Africa. According to one of the participants, "I came here to South Africa by bus, but I had to give police money for me to be here. I was paying throughout my journey. It was expensive for me but that was the only way I could reach to South Africa".

On arriving in South Africa, bribery continued as a means of remaining in the country. Most of the illegal migrants tried to be 'invisible' to avoid detection and deportation. If they were caught, some bribed officers to secure their stay in South Africa:

> *I need a job. Something to secure me from the police, not to be taken home. I need papers, for me to live here in South Africa. Some of the Home Affairs officers who are corrupt ask us to pay huge amounts of money we cannot afford. They take advantage because they know we do not have papers.*

Authors such as Crush and Williams (2003), Madsen (2004), and Palmary (2002) confirm that police bribery has become a crucial tactic for illegal migrants to ensure their stay in South Africa.

The vulnerability of the illegal migrants was also evident in their hesitance to report instances where they were victims of crimes. One of the participants narrated his traumatic experience: "One day I was walking alone during the night. The robbers attacked me. They took my cell phone and a watch. I could not go to the police because I know I do not have protection, since I do not have papers".

Exploitation. The findings revealed that the illegal migrants may also be exploited by employers. Many of them performed hard labour tasks for very low wages or no wages at all: "Some of the people here in South Africa, they take advantage of our situation. They give us little money because we are foreigners. Because we do not have papers, ID, so they just give us any amount they feel like giving". Another participant reported, "I worked as a gardener for a week but the person refused to pay me for the job I had

done. I went to report the case to the police and they told me that I will only get my money when I go back to my country since I was illegal". Illegal migrants have limited legal rights to ensure their protection. Many illegal migrants are victims of exploitation and also become de-skilled by accepting very low paying jobs (Bloch, 2010; Garcia & Duplat, 2007; Mawadza, 2008).

Although the illegal migrants in the study faced many challenges, they seemed to cope with the challenges in an adaptive manner. Their strategies are discussed below.

Protective Resources in the Self in Relation to Others

Protective resources that migrants use to cope with the risks and challenges of residing illegally in South Africa included self-regulation, hope and optimism, and autonomy. Significantly, all these personal traits are described in terms of their relationships with other people.

Regulation of self to benefit of family. Self-regulation was displayed in the ability of the illegal migrants to control themselves and not to retaliate to insults from South African citizens. For instance, although some local people called them names such as *makwerekwere,* which means foreigners, or said negative things about them, they did not retaliate. They remained focused on their goal of finding work so that they could provide for their families. These strategies are illustrated in the following extracts: "If they call us bad names we just ignore them because we know what we came here for. We did not come here to fight, so we just ignore them". The migrants thus regulated their behaviour by ignoring the temptation to engage in fights and instead focus on their goals: "Myself personally, I just ignore them if they want to fight me. I am here to look for money, so if I fight with people it would mean that I would be derailed from my mission to find money". The hardships of life in their countries of origin helped the migrants resist all forms of provocation: "Basically what pushed us from

home is economic crises back home. We are here to look for employment and look after our families. We did not come here to fight".

Self-regulation is an important asset that helps illegal migrants to adapt positively to provocative situations. They apply self-regulatory skills by focussing on their future and long-term goals. Self-regulation helps illegal migrants avoid distractions that could divert them from the task at hand, which is to earn money for their families (Ommundsen, Haugen & Lund, 2005). Any deviation from this task would mean that not only they, but also their families back home, would bear the consequences. The illegal migrants in the study believed that if they did not control their anger, they would lose sight of their purpose in migrating to South Africa. Self-regulation enabled the participants to control their anger, and so promoted their ability to cope. This finding is supported in the literature (Narayanan, 2008; Ommundsen et al., 2005).

Hope and optimism for better future for family. Hope in this sense refers to the migrants' strong belief in the future. Most of the participants believed they would acquire wealth and prosperity – not only for themselves, but also for their families in their

countries of origin – and that they would return home with the fruits of their efforts in South Africa. They described wealth as owning cars and cattle and having money. In respect of the visual representation below (Figure 1), the particular participant explained that he was enduring the hardships because he believed in a better future. "This is a car. I want to buy a car. Back home I cannot afford to buy a car because they are expensive and I am poor. But here if I get a good job I will be able to buy a car. The car will help me in terms of transport to and from my home country".

Being hopeful for the migrants meant looking forward to a better future. The migrants in the study were motivated to remain optimistic about their future in South Africa. Thinking about buying cows (Figure 2) indicates that they were also planning for the future. It also suggests that they did not want to remain permanently in South Africa but that they wanted to return to their countries of origin one day: "This is I and a cow. I came to South Africa to work and get money. If I have enough money I want to buy cows. In Malawi, cows help us in many ways. We use them for ploughing and to get milk. With cows I know my family back home will have food".

Figure 1: A visual representation of a car symbolising wealth

Figure 2: A visual representation of a herdsman

Many of the illegal migrants did not have their families with them in South Africa. Some were very optimistic about bringing their families to South Africa if they could obtain legal documents. Most of them said that they missed their children and wives: "It is not easy to be without your family. I really hope I will get a job which gives me more money so that I can apply for the legal documents and bring my family here in South Africa".

Hope and optimism about achieving future goals helps illegal migrants maintain their strength and focus on what makes life worth living (Sheldon & King, 2001). Seligman and Csikszentmihalyi (2000) suggest that hope and the ability to be positive about the future helps people adapt positively to challenging circumstances. In this study hope was clearly revealed in the visual representations on the wealth the participants still hope to acquire despite being illegal migrants.

Autonomy to support family. In this study, autonomy meant being independent and self-reliant. Most of the migrants said that they wanted to earn their own income and did not want to rely on donations from social welfare and the church. They said that they had to be self-reliant as they had an obligation to look after their families in their countries of origin: "I personally am not interested in getting free food; it makes me feel like a destitute. They say it is better to give a man a 'hook than a fish'. So I prefer to work than to beg". Another participant remarked: "Yah, in terms of being given food I am not interested because I am not here for food. I am here to look for money and support my family. So if someone gives me food it is obvious my family gains nothing". Despite their status as illegal migrants, they wanted to maintain their self-esteem and pride.

Autonomy is regarded as a dimension of well-being and increases self-esteem (Nelson & Prilleltensky, 2005). In the present study, the participants' striving for autonomy was expressed as a drive to be independent and to maintain their dignity and pride despite their illegal status. Cicchetti, Rogosch, Lynch and Holt (1993) confirmed that autonomy improves self-esteem and helps people adapt positively to challenging situations.

Relational Context-Bound Interactions

The relational context in which the migrants from the same ethnicity functioned facilitated their resilience. The themes that emerged include the relational context embedded in the cultural context (definition of relationships; emotional closeness; and transparency in relationships), as well as in the existential context (confirmation of illegal migrants).

Relational context embedded in cultural context. The relational context in which the illegal migrants function is embedded within a shared cultural context. This means that migrants are from the same country, race and culture and share similar values and beliefs. The cultural values that underpin people's relational context contribute to feelings of belonging, mutual concern and shared values with members of a particular group, which in turn contribute to their ability to deal with the challenges they face (Perkins & Long, 2002; Saegert & Winkel, 2004).

Definition of relationships. The relationship between the illegal migrants is one of equality. Illegal migrants care for each other and accept each other; and the relationship is regarded as nurturing (Kitching, 2010; Vorster, 2011). The availability of such relationships helps people to deal with risk. In this regard, a participant from Malawi reported: "We meet together once a week as Malawians. Everybody cares for everyone here".

The emotional closeness between the migrants allows for the sharing of resources and the expression of care. For example, a Mozambique participant said: "We as Mozambicans, we understand each other

better than other people will understand us. We are now closer because of the shared bond of Mozambique that other people do not have".

Emotional closeness. This refers to the reciprocity in the distance between the migrants, which is specifically related to ethnicity (Vorster, 2011). The illegal migrants' emotional closeness was noted in the sharing of resources. A participant illustrated this by saying: "If someone comes from Malawi without accommodation we help him. We cannot let our brother sleeping outside. The fact that we come from the same country we just trust each other. Sometimes three to four people can share a room. We also share ideas on how best to support our families back home". Another participant from Mozambique confirmed: "We also assist each other financially… by borrowing each other money".

In support of this finding, Altinyelken (2009) stated that the availability of tangible help and receiving support from significant others contribute to positive adaptation. This emotional closeness is founded on a familiarity and a sameness that fulfils an important function in people's positive adaptation. Kivett (1990) and Greef and Holtzkamp (2007) describe communality, communication and strong social ties as important communal strengths that support people to deal with adversities.

Transparency in relationships. Illegal migrants become more transparent to each other, which is noted in the unconditional trust they have for each other. A Malawian participant reported: "We have a burial society we contribute to every month; in the event of death we use the money to transport the body to be buried at home". Also, many of the migrants in the study could not regularly visit their countries of origin as they risked deportation if they were caught without legal documents while trying to cross the South African border. They assisted each other in sending remittances in the form of

money and groceries to their families. One of the participants said: "Next week there is a guy going home. I am going to give him R2 000 [$250] and groceries to give my family. I know they are going to receive the goods. We trust each other here". The safety and trust that the illegal migrants experienced in relation to their compatriots helps them provide for their families in their countries of origin. Through their interdependency, illegal migrants have developed strong emotional bonds that encourage them to adapt to the unfavourable conditions they have to deal with in South Africa.

Relational context embedded in existential context. Illegal migrants shared an existential context through the collective practice of spirituality. They regarded this existential context as important for effective relationships. A participant expressed this sentiment as follows: "We go to church to pray every Sunday. It is very important for us to go and pray to God. Back home we go to church so there is no reason for us not to continue praying. We pray so that God may continue to guide us". Worshipping together gave the migrants a feeling of comfort and contributed to the strong emotional bond between them.

Spirituality is regarded as an important facilitator of positive adaptation. Hall (2004) suggests that spirituality enhances the general wellbeing of illegal migrants by engaging in spiritual activities and spiritual friendship. Roos (2011b) reports that older African people cope with challenges by practising spiritual activities collectively. This is in line with Mbiti (1969) who notes that African people apply religion in all their life domains. It is evident in this study that spirituality and communal worship helps illegal African migrants to deal with risks in a resilient manner.

Confirmation of illegal migrants. This refers to the message that migrants receive from each other that they are accepted for who they are, irrespective of their religious

affiliation. In their collective spiritual meetings the migrants focus on the similarities between them rather than on denominational differences. Migrants encouraged each other to have fellowship meetings once a week, and, although participants were often from different denominations, they came together on Sundays to worship together: "We are from different religion[s] such as, Roman Catholic, Presbyterian, Anglican and Methodist. We all meet here. As a community we just meet together in one area to pray. We are all Christians".

Discussion

Despite the asymmetrical power relationships between illegal migrants and authorities, employers and local citizens, as well as abusive control mechanisms used by the legal officials to endorse the submissive position of illegal migrants, the migrants adapted positively. The transactional processes involved in the migrants' resilience included both protective resources within the self as well as relational context-bound interactions. However, both intrapersonal and relational resources are relationally oriented. The protective resources of resilient illegal migrants, which include regulation of the self, hope, optimism and autonomy, are described in relation to significant others. From this perspective the protective resources in the self are possible because they are part of relationships. This relational world-view is illustrated by the relational interactions which emerged on two contextual levels, namely the cultural and the existential. In terms of the cultural context, which is underpinned by shared values and beliefs, it seems as if illegal migrants define their relationship with fellow migrants as one of equality; they confirmed each other; provided care for each other; expressed empathy and emotional closeness; and felt safe enough to become transparent (Vorster, 2011). These are all aspects that nurture relationships and which are crucial for illegal migrants who

constantly have to deal with uncertainty and limited resources. In these nurturing relationships illegal migrants are included in the sheltering power (Hernández, 2002; Kitching, 2010) of a relational community which is similar to the community at home.

Limitations and Recommendations

Due to the xenophobic attacks, it was not easy to gain access to illegal migrants because of their suspicions about the nature of the research and their fear of deportation. The research was consequently limited to a few participants who were willing to take part in the study.

It is recommended that policy makers review immigration policies in respect of illegal migrants who can add value to the South African economy. Finding intervention strategies for legalising especially skilled illegal migrants rather than deporting them is essential. Policies are also needed to protect the human rights of illegal migrants – such policies would reduce the exploitation of such migrants by employers and South African citizens. Controlling the corruption of some police and Home Affairs officials would also help reduce the number of illegal migrants. A conducive environment for skilled illegal migrants would help them maximise their potential, thereby benefiting the South African economy. The findings indicate strategies that illegal migrants apply to cope with the risks and adversity they face on both a sociopolitical and interpersonal level.

Conclusion

Illegal migration in South Africa is likely to continue or even increase. Understanding how these migrants adapt positively to the risks and challenges they face is therefore crucial to the health and wellbeing of the population. Nurturing relationships provide a buffer to violent sociopolitical and uncertain cultural contexts. In contexts of significant risk, the relational context, embedded in cultural and existential contexts, provide opportunities to belong, to

share, to extend, and to be human because people are able to relate. In a threatening external context, the relational context promotes resilience.

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Vera Roos is a Professor of Psychology at the North-West University's Potchefstroom Campus. From 1992 until 2003, at the University of Pretoria she managed community psychology projects to facilitate change in disadvantaged communities. To date she has published 42 peer reviewed papers in national and international journals and contributed to 18 chapters in textbooks. She also presented various papers and posters at national and international conferences on topics related to community psychology, relational wellbeing and the contributions of older persons in challenging contexts. Vera's theoretical approach, namely that the broader social environment informs the dynamic processes in complex systems, provided the background for the development of the Mmogo-method™. This method assists social researchers to access the dynamic interactions between people in relation to their communities within a particular context in a culturally sensitive manner. Vera is committed to promote the relational and collective wellbeing of people and communities in relation to the contextual realities by eliciting strengths and competencies.

Shingairai Chigeza is a registered research psychologist with the Health Professional Council of South Africa. After completing her MA in Research Psychology in 2008, she proceeded to do her internship in research at the School of Psycho-Social Behavioural sciences at North-West University. It was during this time that she got involved in interdisciplinary research projects with topics related to community psychology. She is currently registered for her PhD studies and the focus of her research is the positive adaption of illegal migrants, migrants' experiences of acculturation as well as xenophobia in South Africa. Shinga is committed to promote the wellbeing of African migrants by proposing intervention strategies that may improve the lives of migrants in South Africa. To date she has published one article in

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Measurement Performance of the Sense of Community Index in Substance Abuse Recovery Communal Housing

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A critical concept in the community psychology has been the sense of community. One of the better known instruments developed and evaluated to measure this construct is the Sense of Community Index (SCI: Perkins, Florin, Rich, Wandersman, & Chavis, 1990). The present research examined the unidimensional SCI's measurement properties with an adult population (n = 662; M age = 38.4) recovering from substance abuse and residing in Oxford House recovery residences. Overall, the SCI exhibited sufficient reliability as a unidimensional instrument, but lacked reliability as a theoretical four factor model. It did, however, demonstrate an invariant 3 factor latent structure relating to rationale for connection (7 items), social bonds (3 items), and personal importance (2 items). Race was found to be associated with personal importance. In addition, personal importance was predictive of the likelihood of remaining a resident in Oxford House. The implications of these findings for the field of resilience are discussed.

The nature of an individual's connectedness with broader social contexts has interested researchers within community psychology since Sarason (1974) noted a pattern of loneliness and alienation characterised as a waning psychological sense of community. This sense of connectedness is also related to the field of resilience, which needs to take into account the influence of the environment from which individuals interact (Zautra, Hall, & Murray, 2010). These relationships between individuals and their communities of interest encompass a myriad of possible institutions, organisational interests, and groups (Sarason, 1974); however, within this complexity some sense of an individual's position within a community develops. From a theoretical perspective, sense of community was described as a multidimensional construct. For instance, McMillan and Chavis (1986) defined four dimensions underpinning the overall construct, including: 1) membership, 2) influence, 3) integration and fulfilment of

needs, and 4) shared emotional connection. Membership encompasses characteristics of a common symbol system, personal investment, belonging, security, and boundaries. Influence includes components of power, resources, conformity, and cohesiveness. Fulfilment of needs addresses the benefits or rewards of being a member. Included in this category are shared values and interdependent motivations. Shared emotional connection encompasses components such as interaction, contact, shared events, and investment (McMillan & Chavis).

Important from a measurement perspective, these four major categories were not claimed to be independent. For instance, shared emotional connection and membership both have conditions of investment and belonging. In addition, many of the forces at work within these four categories may be non-constant, bidirectional (e.g., influence of the individual on the group, influence of the group on the individual), and context sensitive (Chipuer & Pretty, 1999; McMillan & Chavis,

1986). This interrelated complexity increases the challenges for measuring and using theoretical factors as individual predictors.

The present study explored the measurement properties of a widely used sense of community instrument, the 12-item Sense of Community Index (SCI: Perkins, Florin, Rich, Wandersman, & Chavis, 1990). The SCI was formulated based on a larger, more complex instrument (Chavis, Hogge, McMillan, & Wandersman, 1986). There are 12 questions on the *SCI*, with 4 subscales of 3 items each. This scale was utilised in a number of empirical studies over the last two decades (see Obst & White, 2004). For example, a study of participation in block associations used aggregated SCI data as a component of overall social climate (Perkins et al., 1990). The *SCI* also was utilised in investigations of social identity (Obst & White, 2005), the housing accommodations of the elderly (Zaff & Develin, 1998), and loneliness of adolescents (Pretty, Andrews, & Collett, 1994).

Exploring the Psychometric Properties of the SCI

Beginning in the late 1990s, researchers examined the SCI's measurement properties. For example, Chipuer and Pretty (1999) utilised exploratory factor analysis to investigate the theoretical four factor structure and assess the reliabilities of the individual subscales. The reliability of the total scale across three samples displayed sub-optimal scores (Cronbach's alphas ranging from 0.64 to 0.69) and the overall findings did not support either a four factor structure or the use of individual subscales.

This work led to several other efforts to assess and improve the quality of measurement for sense of community utilising the SCI as a measurement base (Long & Perkins, 2003; Obst & White, 2004; Peterson, Speer, & Hughey, 2006; Proescholdbell, Roosa, & Nemeroff, 2006). Overall, none of these studies found the sample data to be consistent with either a one factor model or the theoretical four factor model. In the Long and Perkins (2003)

reformulation, three factors consisting of social connections, mutual concerns, and community values were retained using eight items. The questions related to place were deleted from this scale. When tested on a second longitudinally collected sample, the three factor model significantly outperformed the one factor model. The latent measurement model, however, did not translate into acceptable reliabilities at the subscale level (Cronbach's alphas ranging from 0.50 to 0.64). This indicates that using latent variable modelling may be an acceptable use for the derived index, but the significant potential for measurement error in using the scales as observed values would be problematic. In addition to SCI modifications, the authors also recommended the use of a 5-point Likert-type scale be used as the response format (Long & Perkins, 2003).

One investigation suggested retaining the four factor theoretical structure of the original SCI (Obst & White, 2004). Their confirmatory factor analysis utilised a sample of undergraduates who assessed sense of community across three contexts – neighbourhood, student, and interest group communities – in a repeated-measures design. The authors significantly improved the model fit by adjusting where items loaded on theoretical constructs. For example, "very few of my neighbors know me" moved from Membership to Emotional Connection. In addition, two items were dropped from the measurement model that could not be restated to logically apply to all three contexts. The resulting model had good fit characteristics and subscale reliabilities ranging from 0.70 to 0.80 (alpha). This analysis supported a multi-dimensional framework for sense of community while retaining the theoretical framework of the original SCI (Chavis & McMillan, 1986), but the modelling was done ex-post facto.

Contrary to reformulating the factors to fit with the empirical data, Peterson, Speer, and McMillan (2008) chose to retain the four factor theory (Chavis & McMillan, 1986) and created an instrument capable of reliably measuring

them. This effort built on prior recommendations to implement Likert-type response scoring and the exclusion of negatively worded items. The result was the Brief Sense of Community Scale (BSCS) which consisted of a total of eight items that support the four factors (needs fulfilment, group membership, influence, and emotional connection). With their sample, reliabilities for these factors were good to excellent. Validity was tested against measures of community participation, empowerment, mental health, and depression. The potential weaknesses of this brief scale largely result from the minimal item count per factor. For instance, the high inter-item correlation necessary for reliability with only two items per factor (e.g., $r = 0.67$ to achieve an alpha $= 0.80$) exceeds some recommended thresholds (Briggs & Cheeks, 1986). This high correlation may narrow the construct and simply create linguistic equivalence. For example, membership is measured by asking "I feel like a member of this neighborhood" and "I belong in this neighborhood". Simulation studies of latent models have also shown that two item per factor scales are suboptimal, requiring larger sample sizes and still underperforming scales with a greater number of indicators per factor (Marsh, Hau, Balla, & Grayson, 1998).

Overall, this work greatly increased the understanding of the measurement issues related to the SCI and resulted in further development of sense of community instruments. This work also demonstrated a need for greater consideration of measurement invariance in sense of community instrument design. Measurement invariance as a concept simply holds that individuals with equivalent latent scores have equivalent expected observed scores on a psychometric instrument. For the psychometric instrument, four levels of invariance are usually relevant (Cheung & Rensvold, 2002; French & Finch, 2008). These levels consist of: 1) configural invariance (or the scale has the same number of factors and the same items load to the same factors across

groups); 2) metric or weak invariance where the loadings are equivalent across groups (a stricter requirement would be loadings are also equivalent across items and groups); 3) the residual variances are equivalent across groups; and 4) the intercepts are equivalent across groups. Satisfying these constraints result in an equivalent latent score having an expected equivalent observed score across groups.

If a psychometric instrument has metric invariance, comparisons can be more confidently made across samples or groups. Without metric invariance, score differences may be the result of the instrument rather than a true group or sample differences. In previous factor analysis studies of the SCI, the factor structure was not stable across studies. An instrument that cannot maintain even simple configural invariance has little validity on either a theoretical basis or in generalisation as a multidimensional instrument. Also, the lack of reliability inherent in instruments with weak measurement properties minimises statistical power, limits between experiment comparisons, and generally, leads to violations of assumptions required for inferential conclusions (Vandenberg & Lance, 2000). Therefore, designing and developing instruments with invariance is crucial for reliable research.

Testing for measurement invariance has generally been accomplished by confirmatory factor analysis (CFA) (French & Finch, 2008; Meade, Johnson, & Braddy, 2008). Despite the general use of CFA, studies of fit indices and evaluation methods have suggested the need for modified methods to take into account model complexity, sample sizes, and estimation methods for non-continuous, non-multivariate normal data such as that used in the present study (French & Finch, 2008; Lubke & Muthén, 2004).

The present study investigated the measurement properties of the SCI including group tests by sex and race (African American/White). Previous studies of the SCI did not examine sex or race as possible measurement biases nor utilised estimation

methods developed for dichotomous or ordinal data. Our purpose, therefore, was to identify strengths and weaknesses of the measure, to explore the empirical factor structure of the data, and to test whether the measure was predictive of a future behaviour (individuals leaving their residency from recovery homes called Oxford House).

Method

Participants and Setting

At present, more than 1,400 Oxford Houses are in operation across the United States. Each Oxford House is a communal residence that is a rented, single-family house for same-sex adults (averaging eight residents) recovering from substance abuse (Jason, Olson, Ferrari, & Lo Sasso, 2006). The houses are resident-funded, democratically governed, without restrictions on length of stay, and operate with minimal rules other than economic sufficiency and a zero tolerance for substance usage (Ferrari, Jason, Davis, Olson & Alvarez, 2004). It was reported that the operations and practices of USA and Australian Oxford Houses are similar (see Ferrari, Jason, Blake, Davis, & Olson, 2006, for details), perhaps extending the present study to Australians recovering from substance abuse. Oxford Houses provide safe, affordable, substance-free housing where residents may offer mutual support in remaining abstinent. Research suggests that being a resident at an Oxford House for six months or more has a positive influence on both abstinence self-efficacy and the likelihood of maintaining abstinence (Jason, Davis, Ferrari, & Anderson, 2007). In a randomised study comparing people entering usual aftercare or an Oxford House residence (Jason, Olson, et al., 2006), individuals who stayed in an Oxford House for at least six months demonstrated, on average, better outcomes related to relapse, employment, criminal charges and self-regulation than non-residents. (Interested readers on the Oxford House model of recovery may refer to Jason and Ferrari, 2010a, 2010b, and Ferrari Jason,

Olson, Davis, and Alvarez, 2002).

Participants were adults residing in Oxford Houses who were involved in a 12 month longitudinal study. A complete sample description was previously published (see Jason, Davis, et al., 2007). For the present study, the number of participants totalled 662 (female 32.7%, African American 36.2%) and the sample was randomised into 50% samples for exploratory and confirmatory analysis (length of stay at study initiation, $M = 10.9$ months, $SD = 15.0$ months, *range* = 1 day to 10.17 years).

Of 897 initial participants, 32.7% were female ($n = 293$) and 67.3% were male ($n = 604$), with an average age of 38.4 years ($SD = 9.2$, *range* = 18.25 years to 69 years old). Most participants ($n = 524$, 58.4%) were White followed by African American representation ($n = 305$, 34.0%). Nearly half of the respondents were never married ($n = 437$, 49.0% of those reporting), followed by divorced/widowed ($n = 283$, 31.8%), separated ($n = 128$, 14.4 %), and married ($n = 43$, 4.8%). Most participants also were employed full time (69.4%) with another 14.2% working part-time. 4.3% were retired or disabled and 12.0% were unemployed. A large majority (75.8%) had 12 or more years of education and 27.9% had 14 or more years. The average length of alcohol sobriety was 2.6 years ($SD = 2.9$ years) and the average time abstinent with drugs was 2.8 years ($SD = 3.1$ years).

Procedure

Participants were surveyed a total of 4 times in sequential waves each separated by 4 months or a total of 12 months between Waves 1 and 4. For this study, the samples were restricted to individuals who was either an African American or White and who fully completed the survey instrument on sense of community. For this analysis, the sample sizes by sex and race reflected this reduced sample set. The larger sample sizes were used except when race was used as either a grouping variable or as a covariate. In the present study, the SCI was administered during Wave 2 and

Wave 4. The sample was further split into two randomised samples for exploratory and confirmatory purposes.

Psychometric Measure

The SCI (Perkins et al., 1990) derived from McMillan and Chavis (1986) consists of four theoretical subscales (membership, influence, fulfilment of needs and shared emotional connection). The scale includes 12 questions with either true/false (its original form) or Likert-type scoring. The current sample used true/false notation. Example items included "I can recognize most of the people in my neighbourhood" (membership), "My neighbors and I want the same things from this neighbourhood" (needs fulfilment), "I have almost no influence of what this neighborhood is like" (influence; reverse scored), and "I expect to live in this neighborhood a long time" (shared emotional connection). The unidimensional reliability was good ($\alpha = 0.77$).

Results

The initial testing examined whether the SCI empirically supported the theoretical four factor model that guided the self-report scale's design. At both the observed level (using Cronbach's alpha, see Table 1; and in a latent form, see Table 2) the SCI failed to meet the standards of adequate reliability or fit for use as a theoretically based 4 factor instrument.

Exploratory factor analysis resulted in a three factor model that exhibited excellent fit statistics (see Table 3 configural invariance) that corresponded to factors relating to rationale for connection, social bonds, and personal importance (see Table 4). Items were retained if they were at .32 or above, and all were retained based on this criteria. However, item 5 was deleted for equivalent cross loadings and item 8 was deleted due to a modification index measure.

Subsequent comparison model testing of the three factor model to both unidimensional and four factor configurations suggested that in latent form, the three factor model was superior and exhibited metric invariance (see Table 3).

Group tests examined the possible effects of sex and race on the measurement model. No significance differences were found with sex. For race (African American/White) a small ($d = .165$) significant effect was found on personal importance between African Americans and Whites (see Table 5). On average African Americans' scores on personal importance were higher than those of White participants indicating a greater commitment to their presence in the neighbourhood.

Finally, the three factor measurement model from Wave 2 was used to predict whether a resident would leave Oxford House in Waves 3 or 4. The personal importance factor which includes an item on intent to stay was significantly predictive of whether the resident left or not. However, the other two factors, rationale for connection and social bond were not significant (see Table 6).

Discussion

This research examined the measurement properties of the SCI among participants who were adults in substance abuse recovery and initially residing in Oxford Houses. Both in exploratory and confirmatory analysis, the findings didn't support the theoretical four factor structure (membership, influence, needs fulfilment, emotional connection) originally proposed by Chavis and McMillan (1986). These results were consistent with prior research that has suggested that the SCI as originally developed does not reliably measure these four theoretical subscales (Long & Perkins, 2003). The results of Long and Perkins did suggest the SCI has a multi-factor structure and in latent form performed well as a measurement model in a three factor form, although two of the factors consisted of two items, making the instrument problematic as a multi-factor measure using observed scores.

As a unidimensional instrument, the SCI exhibited good but not excellent reliability. The best reliability for the SCI was achieved as a unidimensional scale. In confirmatory analysis as a measurement model, this single factor

Table 1
Sense of Community Index Cronbach's Alpha (α)

Sample	n	Membership	Influence	Needs	Connection
1	316	.55	.40	.49	.41
2	323	.60	.44	.49	.43

Table 2
Sense of Community Index Theoretical Model Goodness-of-fit Statistics

Model	CFI	TLI	RMSEA	WRMR	Comments
Theoretical 4 Factor	.861	.869	.086	1.226	Based upon original formulation

Note. CFI – Comparative Fit Index, TLI – Tucker Lewis Index, RMSEA – Root Mean Square Error of Approximation, WRMR – Weighted Root Mean Residual.

Table 3
Sense of Community Index Confirmatory Factor Analysis – Measurement Model Comparisons

Model	CFI	TLI	RMSEA	WRMR	Comments
Theoretical 4 Factor	.861	.869	.086	1.226	Based upon original formulation
Unidimensional	.802	.815	.101	1.465	
Three Factor—Configural Invariance	.962	.962	.046	.826	Factor loadings are free to vary
Three Factor—Metric Invariance	.965	.968	.042	.944	Factor loadings are equivalent

Table 4

Sense of Community Index Exploratory Factor Analysis – Rotated Factor Loadings

Item	Factor 1 – Rationale for Connection	Factor 2 – Social Bond	Factor 3 – Personal Importance
Q3-want same things	.737		
Q1-good place	.706		
Q2-same values	.706		
Q9-problem solved	.656		
Q11-get along	.632		
Q5-feel at home	.436		.438
Q7-others think	.402		
Q6-neighbors know me		.875	
Q4-recognize people		.603	
Q8-personal influence		.491	
Q10-important			.811
Q12-expect to stay			.739

Table 5

Sense of Community Index Confirmatory Factor Analysis-Sex and Race group Tests

Model	CFI	TLI	RMSEA	WRMR	Comments
Three Factor – Sex as a Group	.945	.951	.057	1.242	Factor means are not significantly different between groups
Three Factor – Race as a Group	.971	.972	.042	1.153	Factor mean for F3 (items 10 & 12) is significantly different— $t_{(320)} = 2.949, p < .01$

Table 6
Whether Resident Left Oxford House in Future Waves Regressed on Sense of Community (SEM)

Model	CFI	TLI	RMSEA	WRMR	Comments
SEM—Left Oxford House in Waves 3 or 4 as dependent variable	.922	.917	.058	1.176	n = 385, still in Oxford House at Wave 2 – combined samples
					F3(Items 10 & 12) significant, b = -.441, t(382) = -2.192, p < .05

model did not achieve acceptable goodness-of-fit characteristics. This finding illustrated the tension between using number of items to average out unique item variance in an observed model and the levels of shared variance in a latent model. Thus, in analysis where observed reliability has priority, this analysis resulted in the suggestion that the SCI be utilised as a single factor scale. As a measurement model, however, the single factor model was not empirically supported due to significant correlational differences between subsets of items. These divergent results indicated that appropriate improvement strategies would possibly include an increase in the number of items to improve subscale reliability and to achieve theoretical dimensionality and item analysis to enhance average intra subscale correlations.

The true/false nature of the item responses did not present a barrier to achieving acceptable measurement model characteristics. The use of tetrachoric correlations instead of Pearson coefficients produced materially greater average correlations for use in a latent measurement model (e.g., Pearson *mean r =* .20, *SD* = .10, tetrachoric *mean r* = .36, *SD* = .17). This estimation methodology was important to achieving the robust factor configurations and loadings that produced

acceptable goodness-of-fit characteristics ultimately derived in the three factor model. Prior researchers have recommended the use of a multi-point Likert type scale to increase the observed reliability of the instrument through attaining a more continuous and hopefully, more normal distribution (Long & Perkins, 2003). The findings with this sample suggested that estimation methodology might sufficiently compensate for this scoring characteristic, but perhaps, more importantly, the presence of a positive/negative valence to the scoring might be valuable.

The exploratory and confirmatory analyses performed on these samples of data indicated a three factor model as the most accurate and parsimonious representation of the samples' correlation matrices. Within this analysis, item 5, "I feel at home on this [block]" was dropped as it loaded weakly but equivalently on two items and therefore suggested, either allowing cross loadings in the measurement model. This item was also dropped in the Long and Perkins (2003) analysis. This item would probably benefit from some clarifying language specific to its theoretical basis (membership). Item 8, "I have no influence over what this [block] is like", loaded weakly to a factor strongly associated with interpersonal recognition or social bond.

This statement was also the basis for a unitary item fourth factor. While its unitary stature made it unusable in a latent model, influence has significance to the theoretical structure of sense of community. These analyses reflected an insufficient shared variance to demonstrate influence as a measurement dimension. Augmenting this theoretical dimension would be a possible future improvement strategy.

Several important results were the lack of observed or statistical effects with respect to items with negative phrasing. Previous research on this scale (Peterson et al., 2006) and the Perceived Sense of Community Scale (PSCS; Bishop, Chertok, & Jason, 1997) has suggested that negatively phrased items might have created correlation differences that affect both the configuration and loadings of the instrument. In the case of the SCI, three negatively phrased items were retained (item 8 was dropped and its loading might have been affected by negative phrasing). These items did not cluster and more importantly, errors were not significantly correlated, thus indicating a lack of a significant negative phrasing effect. No consideration, therefore, was required for phrasing in the measurement model.

The 3 factor model that performed relatively well across samples at both the configural and metric invariant levels consisted of factors roughly related to rationale for connection, social bonds, and personal importance. Across samples, at the configural level, only low loading items tended to show any switching behaviour (e.g., item 7). These phenomena suggested a need for achieving high shared variance characteristics in latent measurement models, or being somewhat flexible about allowing cross loadings or residuals allowed to covary. In this analysis, neither technique was utilised. The SCI three factor measurement models were robust and sufficiently accurate to ignore these lower level effects. Future development would probably benefit from some refinement of low loading items to increase their shared variance contribution and minimise any switching

likelihood.

Having a stable measurement model allowed a test for group differences between females/males and African Americans/Whites. The SCI did not demonstrate any significant bias based on sex classification. The group model produced a poorer fit and group factor mean differences were not significant. This finding indicated that for this sample, the sex of the participant did not influence the correlational structure of the scale items. In testing group differences between African Americans and Whites, there were no significant differences for the rationale for connection and social bonds factors. For the factor personal importance, a significant difference between African Americans and Whites was obtained where African Americans on average scored more positively (greater proportion of true answers). Post hoc analysis indicated this difference was due to the item: "It is very important for me to live on this particular block" (item 10). This difference persisted across samples and signified a differential perspective on this factor. This finding indicated a potential avenue for continued research of a more specific nature as the overall measurement model was not improved by utilising race as a group distinction.

A significant finding emerged when using the stable measurement model to investigate whether the SCI was predictive of whether a participant would leave or stay as a resident of Oxford House. Those individuals who scored low on factor 3, Personal Importance, were more likely to leave Oxford House. This finding was somewhat consistent with Glynn's (1981) analysis that correlated a sense of community measure with the expectation of continued residence. For this sample, the likelihood of staying was positively related to Personal Importance. Both Obst and White (2004) and Long and Perkins (2003) dropped the item: "I expect to live on this block for a long time," from their confirmatory models This result and Glynn's (1981) suggested expectations of

personal commitment (e.g., residency) might be an important construct to capture in measuring sense of community.

Clearly, the more conspicuous weaknesses of the SCI in this research included the lack of theoretical fit and the lack of reliability in an observed form. These limitations had been noted in previous research (Long & Perkins, 2003; Obst & White, 2004). Perhaps surprisingly, however, these analyses on these sample data did not reveal a bias on negative phrasing or a lack of latent power due to the true/false scoring methodology. Overall, while the observed reliabilities for subscales were weak, they were largely the result of few items per subscale and the weak correlations reflective of Pearson versus tetrachoric correlation methodology.

The strengths of the instrument as a latent measurement model to continue to improve upon included the relative stability of items with respect to configuration and the goodness-of-fit characteristics of the metric invariant (equal factor loadings) version. This model was generally organised as a three factor model consisting of the dimensions rationale for connection, social bonds, and personal importance. An important consideration for future research should include how individuals actually perceive sense of community; whether it fits a functional form (membership, needs fulfilment, etc.) or whether individuals perceive it ecologically as an entity, social network, and self.

This research has several limitations. First, the split sample strategy incorporated a convenience sample of adult individual currently residing in an Oxford House at study initiation so the randomisation process did not result in random samples. Second, there was no manipulation to stress the measurement model for a more realistic test of measurement consistency and finally, the analysis utilised tetrachoric correlations for the true/false scores which assumed underlying bivariate normality.

Improvements for this scale would include augmentation of item counts, construct validity, and intra-subscale correlations. Increased item counts would improve observed reliability and a matching of theoretical and empirical configuration. A refinement of items and the addition of new items would increase the construct validity with sense of community theory. Increasing the shared variance within factors would increase both observed reliability as well as goodness-of-fit characteristics for a latent measurement model. The inclusion of Likert-type scoring would probably improve observed correlations, but the performance of the tetrachoric estimation method might indicate an even number of scoring response levels (e.g., 4 or 6). Overall, these analyses and findings have revealed opportunities for improving a relatively robust latent measure.

As this article in appearing within a special issue on resilience, there are important implications of the study of Sense of Community and the topic of this special issue. It is very possible that some environments might provide individuals a greater capacity to fulfil their potential in spite of stressors. Although some interventions do focus on building resilience by the development of adaptive copying skills, it is also likely that some environments with their facilitating sense of community might help residents see problems as opportunities for growth. These issues of resiliency were not explicitly evaluated in this study, but future research is needed in better understanding how social environments promote well being and resilience (Zautra et al., 2010).

In addition to an improved sense of community instrument, future research suggested by the results include: 1) continued theory development on sense of community, especially its predictive capabilities, 2) sense of community as an entity measure or multilevel construct (e.g., even though personal importance was significantly predictive of a future residence change, why weren't social bonds or rationale for connection?), 3) for this sample of Oxford House residents, African Americans scored the importance of living in

their current location more highly and it may reflect an interesting finding for future Oxford House research, and 4) continued experimentation with methodology to improve statistical tests, measures, and ultimately, research meaning. Overall, this investigation provided the basis for a number of potential future research opportunities that would benefit the continued research on sense of community.

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Paper Size, Margins, Alignment
A4 page, ALL margins 2.5cm.
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12pt, italics, left aligned.
Place one blank line before and after the abstract.
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