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Michael Ungar
Dalhousie University

Roger A. Boothroyd
University of South Florida, boothroy@usf.edu

Luis F. Duque
Universidad de Antioquia

John LeBlanc
Dalhousie University

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Methodological and Contextual Challenges to Researching Childhood Resilience: An International Collaboration

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Introduction

An increasing fascination with resilience among researchers and service providers concerned with enhancing the capacities of at-risk children, youth and families has lead many in the field of children’s mental health to shift their focus from pathology to strengths. Despite this interest in resilience related phenomena, the validity of the resilience construct remains a point of debate. Two frequently noted shortcomings in studies of resilience formed the basis for this research endeavor: the arbitrariness in the selection of outcome variables, and the challenge of accounting for the social and cultural context in which resilience occurs. To examine these issues, an interdisciplinary team of international researchers with expertise in both qualitative and quantitative methods and service providers was established in 2001. A three-year project is now underway in Canada, the United States, Colombia, Hong Kong, India, Palestine, Israel and Russia to develop and pilot a methodology to study resilience that is contextually relevant and systematic in its selection of outcome criteria.

The challenge posed to the research team is to develop a mixed method design that can draw together findings from communities struggling with social disintegration, war, crime and violence, economic and political upheaval, poverty, and racism, while also studying youth struggling with mental health and addictions problems and the challenges of living in care or on the streets. Each research site, though chosen predominantly for one constellation of environmental, familial, or personal risk factors, provides access to a culturally diverse sample of children, youth, and their service providers. By bringing together leaders in the field of resilience research from different disciplines (e.g., education, social work, psychology, neuropsychiatry, medical anthropology, epidemiology, etc.), and cultural backgrounds with methodologically diverse approaches (quantitative researchers with experience in longitudinal, epidemiological, and case study designs; qualitative researchers with experience with grounded theory, ethnographic and phenomenological methods) our intent is to develop an approach to health research that promotes contextual relevance. Because the research team also includes community practitioners and advisors, it is anticipated that the resulting methodology and the studies that follow will be useful to the communities collaborating in the design work.

Resilience: Definitions and Debates

Despite a growing body of research on risk and resilience, definitional ambiguity of the terms risk factors, protective mechanisms, vulnerability, and resilience has resulted in a large and inconsistent set of variables being used to study the trajectories through the lives of children and youth growing up under adversity or following exposure to trauma (Anthony & Cohler, 1987; Cairns & Cairns, 1994; Fraser, 1997; Glantz & Slobada, 1999; Ungar, in press). Masten (2001) defines resilience as a “class of phenomena characterized by good outcomes in spite of serious threats to adaptation or development” (p.228). Resilience may refer to either the state of well-being achieved by an at-risk individual (as in he or she is resilient) or to the characteristics and mechanisms by which that well-being is achieved (as in he or she shows resilience to a particular risk). As Gilgun (1999) has observed, the resilience construct has come to mean both a set of behaviors and internalized capacities.

Despite a growing interest in resilience, researchers employing quantitative methods have been self-critical of the arbitrariness apparent in their selection of outcome measures and the lack of contextual specificity in the design of studies that, combined, has made generalization of findings across socio-cultural contexts difficult (Masten, 2001; McCubbin et al., 1998; Silbereisen & von Eye, 1999). As Richman and Fraser
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(2001) note, “resilience requires exposure to significant risk, overcoming risk or adversity, and success that is beyond predicted expectations. Of course, problems arise when researchers and practitioners attempt to agree on what constitutes significant risk and successful outcomes that are beyond predicted expectations” (p.6). The issue of the arbitrariness of the resilience construct in particular has been dealt with by quantitative researchers through the refinement of measures, expanded data collection to include more contextually relevant variables, the use of more powerful tools of analysis, and, in a few instances, complementary qualitative methods including grounded theory, ethnographies and phenomenological approaches to research (Boehnke, 1999; Graham, 2001; Graham & Rockwood, 1998; Hauser, 1999; Kaplan, 1999; Luthar & Zigler, 1991; Magnus, Cowen, Wyman, Fagen, & Work., 1999; Nesselroade & McCollam, 2000; Rutter, 2001; Thoits, 1995; Yellin, Quinn & Hoffman, 1998). However, as Masten (2001) observes, there is only a tentative consensus among researchers as to a shared set of common factors that predispose children to specific outcomes across different contexts as a result of the “arbitrary naming” of the variables involved.

A Study across Culture and Place

Arguing against the use of standardized instruments in cross cultural research, Desmond Painter (2001) notes that the methodological imperative in psychology to conceive of social phenomena as objects of study, and a lack of appreciation for how social representations differ across cultures, leaves open to scrutiny the validity of any investigation of another culture that does not start from a method which is itself indigenous to those studied.

Through electronic discussions, the 35 members of this international team developed a tentative methodology that was refined during face-to-face meetings held in March, 2003 in Halifax, Canada. A tentative methodology has been designed that allows for both a common approach to the research across each site and site-specific modes of inquiry to further contextualize the study. This tentative methodology includes four strategies for ensuring contextual relevance. First, two separate but linked subgroups have been addressing qualitative and quantitative challenges including sample selection, study design, data collection and analysis. At the March meeting members finalized details of a pilot study to be conducted across all sites in year two of the project.

Specifically, researchers with expertise in qualitative methods have argued that each community will have to decide for itself the proper way to investigate resilience. Researchers are being advised to upon entry into each community that they ask their colleagues and key informants the following questions:

• Who should we talk with in order to understand resilience here?
• What should we ask them?
• How do we get people to participate/engage with the research?
• Where should we interview people (e.g., on the street, in schools, inside institutions, etc.)?
• When should meetings take place (or should we just conduct observations)?

Such an approach would mean diversity in sample selection and an emergent design in each setting.

Second, quantitative researchers have compiled a list of domains relevant to the construct of resilience that are based on established instruments. These researchers are inviting comment from other team members; their goal is to develop a set of generic questions for translation based on agreement across settings of relevant domains. However, the team has been less than satisfied with this approach and is looking at ways for the qualitative data to better inform testing in each site and the development of questions particular to each setting. In the engaging dialogue that has resulted between communities and paradigmatically diverse researchers, the design for a pilot study is being developed that employs a unique constellation of methods.

Second, this research collaboration has progressed through the principal investigator’s visits to a number of the sites to stimulate interest in the project and to better understand context-specific aspects of resilience through discussions with key informants.
Third, representatives from each site have been asked to share electronically and in person with local investigators a summary of the challenges facing children in the target communities and the unique aspects that distinguish their understanding of resilience. For example, in Hong Kong the concept of obedience was raised as an important aspect of resilience, while among the Innu of Northern Canada, familiarity with living on the land was deemed a cornerstone of healthy development among children.

Finally, in consultation with a professional facilitator, the interactive process of face-to-face meetings brought about both a sharing of information and consensual decision-making. A complete record of the March meeting discussions is available from the first author.

**Conclusion**

To the best knowledge of the authors, this endeavor represents the first attempt to design and pilot research that addresses the challenges of comparing resilience related data from a mixed methods study across diverse domestic and international cultural and environmental contexts. Indeed, there is little precedent for this interdisciplinary, mixed method approach to studying resilience. This fact is well documented in the recent National Institute of Mental Health's (NIMH) *Blueprint for Change: Research on Child and Adolescent Mental Health* (2001) that cites “discipline insularity” as a major threat to our “prospects for gaining a deeper understanding of the complexities of child and adolescent mental illnesses” (p.5). Managed through the combined expertise of Dalhousie University’s Maritime School of Social Work, the University of South Florida’s Louis de la Parte Florida Mental Health Institute in Tampa, Florida, and The Centre for Research on Culture and Human Development at St. Francis Xavier University, this pilot work is committed to resolving the apparent contradictions between the demands for contextual specificity, construct validity across settings, and the generalizability or transferability of findings in the study of resilience. Each of the communities involved in this work have come on board with the express purpose of gaining access to the tools to study resilience in their specific contexts in order to understand the pathways to health that high-risk children and their families travel.

**References**


CONTRIBUTING AUTHORS

Michael Ungar, Ph.D.
Associate Professor; Maritime School of Social Work, Dalhousie University, 6414 Coburg Road, Halifax, Nova Scotia, Canada B3H 2A7; 902-494-3445, fax: 902-494-6709; e-mail: Michael.Ungar@dal.ca

Roger Boothroyd, Ph.D.
Associate Professor; Department of Mental Health Law and Policy, University of South Florida, 13301 Bruce Downs Blvd., Tampa, Florida 33612-3899; 813-974-1915, fax: 813-974-9327; e-mail: boothroyd@fmhs.usf.edu

Luis F. Duque, Ph.D.
Facultad Nacional de Salud Pública, Universidad de Antioquia, Calle 62 # 52-19, Ofic 211, Medellin. Colombia; 574-510-6830 ext. 22, fax 574-510 6831; e-mail: lfduje@guajiros.udea.edu.co

John LeBlanc, Ph.D.
Assistant Professor; Community Health and Epidemiology, Dalhousie University, 5849 University Avenue, Halifax, Nova Scotia, Canada B3H 4H7; 902-428-8930; e-mail: John.leblanc@dal.ca

Please address correspondence to the first author.

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