CHAPTER 2

RESILIENCE IN CHILDREN

Indian philosophy as espoused in the Bhagwad Gita propounds that order and disorder are incomplete without each other. It is only from order that one can define and understand disorder. Knowing the order, one can know how to change disorder. This, reasoning is reflected in Garmezy’s (1994) observation that to understand maladaptive behaviours we must be conversant with adaptive behaviours. Psychology being a study of human behaviour deals with similar issues of order and disorder. Stress and distress are the most common areas of research in psychology. However, a growing body of knowledge as discussed in the previous chapter indicates that along with distress reactions, such as post traumatic stress disorder (PTSD), there is a possibility of positive outcomes following a stressful experience in the form of post traumatic growth, adversarial growth and thriving (Morland, Butler and Leskin, 2008). In the context of Kashmir for example, political violence is continuous with normal social experience and children growing up there have learned to thrive despite risks, thus resilience is as inherent in their experience of stress as is distress. Therefore, this chapter explores definitions, reviews methodological issues, presents major findings on resilience in children living with armed conflict and discusses ways of integrating resilience research and intervention. In this way the chapter introduces the conceptualization of the main themes of this study. The previous chapter introduced the broad filed of children and armed conflict, while this chapter clarifies our methodological positions with reference to the way we have approached the study of adolescents living with political violence in Kashmir.

2.1 Historical overview of study of resilience in children

Resilience was introduced into scientific literature in the latter half of the 20th century gaining considerable importance from a theoretical as well as an applied perspective (Luthar, 2005). However, the concept of resilience has existed in children’s
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stories and folklore in the form of a protagonist who beats all odds despite suffering (Deb and Arora, 2008). Within psychology, the concept of resilience and its study owes a lot to Norman Garmezy who pioneered resilience research with children of schizophrenic mothers during the 1960’s and the 1970’s. The observation that vulnerable children of schizophrenic mothers were competent and showed little or no signs of psychopathology led to a research interest in stress resistance in children (Garmezy, Masten and Tellegen, 1984) eventuating into an enterprise called – Project Competence by Garmezy and colleagues in 1970s. According to Garmezy “focusing on presumably vulnerable but not-yet disordered persons it opens new doors to the study of normal development under disadvantaging conditions and raises anew the search for protective factors, an area of research only now coming to recognition as the necessary base for truly preventive interventions” (Garmezy and Masten, 1986, p. 506).

The focus on competence was unusual in the 1970’s because medical models focusing on illness dominated research at that time. The early research programs under Project Competence were directed toward understanding the linkages between competence, adversity, internal functioning and host of individual and family attributes in a normative school cohort of 205 children. These children studying in 3rd to 6th grades of public schools in Minneapolis represented a diverse socioeconomic status and comprised of 27% racial minorities. What began as a cross-sectional study included several follow-ups after 7, 10 and 20 years. Though the core longitudinal study was restricted to a normative sample later manifestation of competence and incompetence in children considered to be at risk for psychopathology on the basis of maternal diagnosis of mental illness (schizophrenia, affective disorder, personality disorder) or manifest disturbance in the child (externalizing, internalizing or hyperactive behaviours) were undertaken.

The study of risk sample included three cohorts of children exposed to identifiably different types of stressors like stressful life events, congenital heart disease and physical handicap. Project Competence achieved to shift the attention of psychology from risk to competence and created a database of protective factors fostering resilience in at risk samples and also conceptualized major constructs, methods and data analytic strategies that served as models for subsequent research seeking to understand resilience (Luthar, 2005). The trend of focusing on competence despite risk instead of solely
studying the ill-effects of risk also gave rise to the field of developmental psychopathology, the study of mental health in the full context of human development (Masten and Powell, 2003).

Another landmark study of vulnerability and resilience was Werner and Smith’s (1982) longitudinal study of 698 infants on the island of Kauai in the Hawaii. The study began in 1954 with a cohort of all known pregnancies on the island with several follow ups. In their follow up of the cohort to age 18 the authors pointed out that one of every five children in the cohort developed serious behaviour or learning problems during the first two decades of their lives. The nature of adversities they faced ranged from premature birth, chronic poverty, parental mental illness and persistently disorganized family environment. However, the significant finding of their longitudinal study was that others, also vulnerable through exposure to these adversities remained “invincible” and developed into competent young adults. The results also supported a transactional model of human development that takes into account the bi-directionality of child-caregiver effects.

Their study showed that constitutional factors within the child (temperament, health) had greatest effect in infancy and early childhood, ecological factors (household structure and composition) gained in importance in childhood and interpersonal factors (self-esteem) in adolescence. The risk factors, stressful life events, and protective factors within the child and the care-giving environment changed not only with stages of life cycle but also with the gender of the child and the cultural context in which she/he grew up. Stress resistance depended upon the ability of the child to elicit predominantly positive responses from their environments even under conditions of chronic poverty or in a home with a psychotic parent and vulnerability was related to negative responses elicited from the environment even in the absence of stress or constraints.

Another seminal work on resilience was undertaken by Rutter (1979) who followed 129 children of people diagnosed as mentally ill, over a 10 year period on the Isle of Wight and in inner-city London. He found that despite adversities associated with parental mental illness these children did not exhibit maladaptive behaviour or become mentally ill themselves (these were the dominant conclusions during those days because of the dominance of illness ideology). His work was motivated by a desire to explain why
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children did not succumb to risk and to identify what protected them from the adversities. He conceptualized resilience as the manifestation of individual variations in response to a risk factor (Rutter, 1987) and suggested that resilience developed out of a belief in one’s own self efficacy, the ability to deal with change and a repertoire of social problem-solving skills (Rutter, 1985).

These studies motivated a scientific inquiry into an area that went against the dominant medical model with its attention to illness. As interest in the field of resilience increased, the concept of resilience underwent a number of revisions and what began as individual research studies took shape of a well formed research approach – the resilience research approach. As the approach attracted greater attention from the research fraternity the conceptualizations developed and various definitional issues appeared that have been discussed next.

2.2 Defining the main concepts risk, resilience and protective/vulnerability factors

The study of resilience is a search for knowledge about the processes that could account for positive adaptation and development within the context of adversity and disadvantage (Ungar, 2008). Resilience research aims to infer the presence of resilience on the evidence of two subsumed constructs – presence of significant adversity or risk and relatively positive adaptation. Apart from risk and positive adaptation, resilience research also identifies factors that protect or make children vulnerable in such risk contexts (Luthar, 2005).

2.21 Risk

The term risk denotes a population concept representing elements in persons or environments that increases the susceptibility to psychopathology, identified by epidemiological data (Garmezy and Masten, 1986). It is also defined as a psychosocial adversity or event that would be considered a stressor to most people and that may hinder normal functioning (Masten, 1994). Defining risks is a very important step in resilience research because resilience is defined in relation to risk (McAdam-Crisp, 2006). Risks can be defined in terms of various categories. The first category of risk definitions
includes *global measures* like socio-economic status (SES), parental mental illness or neighbourhood disorganization (Gore and Eckenrode, 1994; Arrington and Wilson, 2000; Luthar, 2005). This structural level of analysis has several problems because of its lack of differentiation between risks that co-exist within a broad context as reviewed by Gore and Eckenrode (1994). It provides very little information of specific stressors that exist in such high risk environments and it is highly improbable that high risk environment would be free of other co-existing stressors (example, poverty co-exists with lack of employment, family disorganization, low education, etc.). It also does not take into account risk chains (McAdam-Crisp, 2006) that exist when the child’s psychological and physical development creates vulnerabilities that in a given setting may result in risks. This level of analysis is so broad that is also fails to address the individual differences that may exist in exposure to stressors, it erroneously assumes that the condition is equally risk inducing for everyone living in it. Another problem is that it ends up “blaming the victim” (Gore and Eckenrode, 1994, p. 22), in that it attributes the effects of low socioeconomic conditions to family structure or parental mental health, thus blaming mothers and families who may be victims of the social condition as well. Therefore, global measures of risk may end up identifying resilience and protective factors that may not apply under a more fine grained analysis.

The next conceptualization is that of *composite measures*, which include multiple risk indices such as socio-demographic variables of the family, histories of parental mental illness and other negative life events. This introduced the concept of accumulation of risks by Rutter (1987) based on the assumption that risks coexist and effects tend to be synergistic and thus outcomes are poorer when risks accumulate than when they occur in isolation or in moderation. However, even this conceptualization requires careful analysis as presence of several life events may not be perceived as stressful by the individual adolescent or by a specific social group and experiences across groups may differ (Arrington and Wilson, 2000; Barenbaum et al., 2004). For example in a high violence area with social disruption, structural constraints deplete, which may be experienced as liberating for girls dominated by a previously patriarchal system but may be stressful for boys because it creates a vacuum of male role models.
The next set of risks reviewed by Gore and Eckenrode (1994) are those focusing on a **critical singular event** such as transition to puberty, parental divorce, witnessing a bomb explosion, etc. This approach succeeds in specifying the stressor thus removing ambiguities about “what is one coping with” and it also includes sufficient detail on processes leading to disorder or resilience. This conceptualization however overlooks the context in which the stress occurs. For example, in the context of chronic family disruption, a single critical event like a divorce may actually be viewed as a relief than a risk.

Whether risk is considered to be a global category or a single critical event or whether a cumulative approach is taken depends on the research questions (Luthar, 2005). When the aim is to identify factors that might modify the impact of particular environmental conditions known to have adverse impact to derive appropriate interventions, a single or global category is favoured. However, when the idea is to explain variance in adjustment as a result of difference in levels of exposure and as a function of composite risk factor, the accumulation of risk model is supported. What we realize is that one of the major qualifying variables in resilience research has been conceptualized in different ways and thus results from resilience research like other social science results must be generalized with caution. The solution to integrate various definitions of risks lies in **contextualizing** risk. Understanding that risk phenomenon is more than just an epidemiological statistic and a complex construct, gives importance to context in defining risk (Gore and Eckenrode, 1994). Looking at risk contextually involves a multivariate model in which context becomes defined as an interplay of two or more variables. Context in such cases can be a situational variable that changes the psychological significance and social demands of specific life events (example, family functioning is seen to shape alternative responses of children to parental divorce). Some studies consider one critical incident or a global factor as risk and treat other related constructs as contextual moderators (for example, poverty is the risk within the context of adolescent development stage). Or psychological variables that alter the meaning of environmental events may be used as the contextual factors (for example, role of self identity in determining the magnitude of threat associated with acute life events) or some global background variable like socioeconomic status, race or ethnicity are studied as
contexts that alter the relationship between stressors and measures of functioning. The main aim of taking a contextual perspective is to understand risk by taking into account the personal circumstances in which they occur.

However, defined, the definition of risk has to be closely linked to the research questions in order to obtain meaningful results that can shape interventions. Making definitions of risk culturally relevant and being aware of the limitations of the definitions are ways to increase rigor. Thus a study in Kashmir, would require risks defined in terms of what is relevant to Kashmir and not to some other cultural context though the broader issue of armed conflict may be a common risk factor across cultures. For example, children in Kashmir are rarely involved in hostilities directly in which they might have to train in camps, carry arms, patrol or kill someone (Childhood War Trauma Questionnaire, Macksoud and Aber, 1996), thus these incidents though may define risk for children in Lebanon would make no sense to children in Kashmir.

2.22 Resilience

Like risk, resilience too has been conceptualized in different ways. Resilience refers to a dynamic process encompassing positive adaptation within the context of significant adversity (Luthar, Cicchetti and Becker, 2000). There are various other ways in which others have defined resilience though most seem to converge that two critical notions to the concept of resilience are – one, exposure to significant threat or severe adversity and two, achievement of positive adaptation (Garmezy, 1993; Luthar 2005). Questions of what constitutes a significant threat is covered under the conceptualization of risk, while what is understood by positive adaptation is usually defined in terms of behaviourally manifested social competence or success at meeting stage salient developmental tasks (Maten and Coastworth, 1995; Luthar, et al., 2000; Luthar, 2005). For example, among older children, school-based functioning such as good academic performance and positive relationship with classmates and teachers could serve as signs of competence (Masten and Coatsworth, 1998). With greater research interest in the phenomenon of resilience, the concept has been defined and understood from several perspectives leading to several conceptualizations. However before understanding the various ways in which resilience has been defined we will first look at how it evolved as a construct.
Evolution of the concept

Disadvantaged children reporting positive outcomes were the findings that spurned resilience research in the first place (Garmezy, 1993). Thus, began a search for protective factors that presumably lower the risk of the ubiquitous disadvantage. Initially this search was restricted to the individual, and thus studies aimed to identify protective factors within the child. However, researchers were soon to point out that resilience depends not only on the child but also on the interaction between the child and the environment. Thus, three sets of factors were deemed to be important: one, attributes of the children, two, aspects of their families and three, characteristics of their wider social environments (Werner and Smith, 1982; Garmezy, 1993; Luthar et al., 2000). This represents the first shift in focus of resilience research – from individual (internal) to interaction between individual and environment (external).

The second change was in the conception of resilience as potentially fluctuating over time rather than fixed forever (Luthar, 2005). This was based on findings that positive adaptation despite adversity is never permanent but rather there is a developmental progression with new vulnerabilities and strengths emerging with changing circumstances (Garmezy and Masten, 1986; Werner and Smith, 1982). This was based on studies that found that “resilient” children showed signs of distress over time and that resilience in one domain did not include resilience in all other domains. Thus, children who are resilient are not “invulnerable” to all kinds of risks or negative effects. This motivated the use of domain specific terms to describe resilience and also to use the term “resilient” child cautiously as it reflects a global resilience. Luthar et al. (2000) have suggested that resilient outcomes must be described by using domain specific terms such as “educational resilience”, “emotional resilience” and “behavioural resilience” (p. 548) to make them more precise.

Within the purview of above changes, the focus of resilience research also shifted from identifying factors to understanding underlying protective processes (Fretias and Downey, 1998; Masten and Coatsworth, 1998; Luthar et al., 2000; Luthar, 2005). Particular factors rarely served exclusively risk or protective functions, rather the protectiveness of a factor depended on the presence of a number of other mediators. This point has been explained further in later sections.
Defining resilience

The different standpoints from which resilience has been defined are presented below to develop a comprehensive understanding of this truly dynamic construct.

1. One way of defining resilience is from the perspective of the risk being studied. It is important that definition of resilience is cogent with the nature of risk being studied in terms of domains expected to be affected by the risk. For example, if the risk being studied is of political violence it would make more sense to consider the ability to deal with violence in the society as the major delineating factor rather than consider everyday adaptation markers (Masten and Powell, 2003). Since risk can be conceptualized as a single global risk factor or a critical incident or an accumulation of risks thus even definition of resilience corresponding to such risks can be diverse (Luthar et al., 2000). Some have considered competence in multiple domains as evidence of resilience while others have settled for excellence in one salient domain with average performance in other areas. Competence is best defined across multiple spheres for overly narrow definitions can convey a misleading picture of success in the face of adversity (Luthar, 2005). In cases where the multiple outcomes do not represent conceptually congruent domains, it is best to examine them separately but in cases where no single area may be more likely than others to be affected by the risk in question, composite constructs may be used.

2. Another criterion of defining what can be accepted as evidence of resilience is the level of competence; though the question is should it be excellent or average. Criticizing Sameroff who indicated that children exposed to all 10 negative factors had poor adaptational histories, hence resilience was absent, Garmezy (1994) stressed that considering absence of extreme scores as absence of resilience is not appropriate. The nature of risk again becomes important in determining the level of competence required to meet the criteria of resilience. For example, in a politically violent area where schools are often disrupted, expecting a high level of competence in school based activities would filter out resilience.
3. Moving on to more contextual perspectives, definition of resilience can also be relational (Arrington and Wilson, 2000; Bartelt, 1994). It can be understood in relation to the individual’s understanding of the risks, the kind of resources available to her and the expectations of the individual and the community. Such definitions would include how resilience is understood and defined by the individual and the community; in this sense, it would consider subjective accounts. Such definitions stress the dynamic aspect of resilience and differentiate it from outcomes. Competence is an outcome but resilience is a process that leads to that outcome, often the process is confused with the outcome. In fact, resilience fosters competence. Thus, definitions of resilience that are restricted to competence do not appreciate the importance of interaction between the person and her environment (Arrington and Wilson, 2000). Such interactions form the dual ecologies that provide a context in which individuals can realize resilience (Ungar, 2008). For example, as pointed out by McAdam-Crisp (2006) in some contexts even maladaptive behaviour can be defined as resilience. She quoted the example of children who killed during the Rwandan genocide, who killed in order to increase their possibility of survival, but decreased the survival of the society as a whole. Freitas and Downey (1998) have presented a theoretical model to understand resilience by identifying the context and relational structure of psychological mediators like competencies, expectancies, values and goals and by understanding the relation between these mediators and relevant features of the environment. Ungar (2008) posits an ecological definition of resilience that implicates the child and environment in the process. He defines it as

First, resilience is the capacity of individuals to navigate their way to resources that sustain well-being. Second, resilience is the capacity of individuals’ physical and social ecologies to provide these resources; and third, resilience is the capacity of individuals and their family and communities to negotiate culturally meaningful ways for resources to be shared (p 22-23).

Therefore contextual and culturally salient definitions appreciate the dynamic nature of resilience instead of operationalizing it as a static entity. Resilience has been operationlized in diverse ways. The lack of uniformity though methodologically confusing, is an evidence of the applicability of the concept across various research
domains and it also serves to expand the understanding of the concept. Diversity exists because the nature of risk being studied are varied and like explained above definition of resilience largely depends on the risks. There are ways of evaluating the construct validity in such cases where the construct under study has varied conceptualization. An evidence of construct validity is when different studies with diverse methods yield largely consonant findings on that particular aspect (Luthar et al., 2000). Reviews of literature on resilience have converged in finding synchronous evidence across multiple studies using varying measurement strategies. Themes that commonly define resilience (protective factors) across studies include close relations with supportive adults, effective schools, and connections with competent, pro-social adults in the wider community.

Luthar et al. (2000) suggest that in absence of any universally employed operationalization of resilience “researchers must clearly explicate the approaches they select to define both adversity and competence and provide cogent justifications for choices made on both conceptual and empirical grounds” (p. 545). A lot of what is defined as risk and resilience is contextual. This should be viewed as strength of resilience research because it helps to generate knowledge specific to groups taking into consideration their unique characteristics. Such definitions would include the culture and context as important concepts in defining resilience. Apart from being defined in different ways, resilience as a concept has also evolved over times as described next.

**Differentiating the concept**

**Resilience and competence**

There is a confusion regarding the interchangeable usage of the terms resilience and competence though they are conceptually different constructs. Both can be subsumed under the construct of adaptation (Masten, 2001 as cited in Luthar, 2005). While studying what made children resistant to risk factors Project Competence defined stress resistance as “the manifestations of competence in children despite exposure to stressful events” (Garmezy, Masten and Tellegen, 1984, p. 98) thus making competence the behavioural indicator of resilience. The main differences between resilience and competence as noted by Luthar (2005) are:

- Resilience presupposes risk, competence does not
• Resilience encompasses both positive as well as negative adjustment indices that is it includes absence of disorder as well as presence of health, while competence just includes presence of health.

• Resilient outcomes are defined in terms of both emotional and behavioural indices, whereas competence is usually more manifest behaviours.

• Therefore resilience is a super-ordinate that subsumes aspects of competence (along with high levels of risk).

Resilience, resiliency and resilient

Confusions about the interchangeable use of the terms resilience and resiliency arise because of the influential literature surrounding the term ego-resiliency developed by Jeanne and Jack Block in 1980 (Luthar et al., 2000). Ego resiliency refers to a set of traits reflecting general resourcefulness and sturdiness or character and flexibility of functioning in response to varying environmental circumstances. This does not presuppose the presence of risk or adversity though some kind may have been experienced it is not a necessary qualifier for ego resiliency as it is for resilience. Ego resiliency is a personality characteristic while resilience is a dynamic developmental process.

Masten (1994) cautioned against the use of the term resiliency as it carries the connotation of a personality trait and any representation of resilience as a personality trait can make it a tool to distinguish between “resilient” and “non-resilient” individuals. Such a conception is baseless given the dynamic nature of resilience and does not highlight the processes that underlie the development of resilience. Using the term “resilient children” even by those who conceptualize resilience as a dynamic process must not be confused as a personality trait akin to intelligence. Rather one must understand that it is used to refer to two coexisting conditions of resilience – the presence of threat to a given child’s well-being and evidence of positive adaptation in this child, despite adversity encountered (Luther et al., 2000, p. 546)

Resilience: A domain specific dynamic process

What emerges is that resilience is a domain specific dynamic process fostering competence despite adversity. Thus, evidence of resilience in one domain should not obscure the possibility of significant problems in other spheres and evidence of
vulnerability in one domain should not be considered in absolute and global terms either. Resilience is also a process and not just a list of traits, which when present would predict competence despite adversities. It is dynamic because it doesn’t depend on particular characteristics of the child, parents, and society; instead it is channelled through environmental and psychological mediators (Freitas, and Downey, 1998; Garbarino and Kostelny, 1993; Punamaki et al., 2004). Such mediators or moderators are termed as protective and vulnerability mechanisms, and the bulk of resilience research is aimed towards identification of these processes.

2.23 Protective and vulnerability processes

The question asked in resilience research is “what makes a difference” in a child’s experience of stress that makes the child function well even under adversities. This motivated a line of inquiry into identifying factors and then processes deemed to be either protective or vulnerability inducing. Vulnerability is differentiated from risk because risk is a population concept operative in persons or environments that increases the probability for subsequent development of disorder. On the other hand, vulnerability is more specific, it refers to the “susceptibility or predisposition of an individual to negative outcomes” (Garmezy and Masten, 1986, p. 509). It increases the probability of a specific negative or undesirable outcome in the presence of risk. Vulnerability shows the presence of markers, a measurable factor that constitutes a necessary condition for the elicitation of disorder.

Protective factors are associated with adaptation and competence under conditions in which maladaptation and incompetence are anticipated and foreseen but remain unrealized (Garmezy and Masten, 1986, p. 510). Early findings suggested that potential protective factors were, (1) dispositional attributes of the child, including activity level, reflectiveness, cognitive skills, and a positive responsiveness to others; (2) family cohesion and warmth and the presence of some caring adult such as a grandparent who takes responsibility in the absence of responsive parents or presence of strong marital discord; (3) presence of some source of external support as seen in the presence of a strong maternal substitute, like a teacher, neighbour, parents of peers or even an institutional structure that provides care (Garmezy, 1993, p. 132). Comparing competence
in absence of adversity and in presence of it shows that the protective qualities are not unique rather they are features of fundamental systems that generally foster competence in children with ordinary lives as well (Masten and Coatsworth, 1998).

In their study of stress and competence in children Garmezy and colleagues used three generic models to describe the relationships between stress and competence by studying the impact of stress and personal attributes on quality of adaptation. The three models discussed here are not mutually exclusive though each gives a way to define protective factors and processes. The **compensatory model** sees the stress factors and personal attributes combined collectively to predict competence. Thus, it postulates that when attributes are held constant competence could covary negatively with stress level; when stress is held constant competence will covary positively with strength of adaptive attributes. Therefore, the impact of severe stress can be counteracted or compensated for by personal qualities of strength. The second model is called the **challenge model**. In this stress is treated as a potential enhancer of competence, provided the degree of stress is not excessive. The third model is called the **immunity versus vulnerability model or the protective factor model**. It assumes that there is a conditional relationship between stress and personal attributes with respect to adaptation. The relationship is such that personal attributes modulate (dampen or amplify) the impact of stress as a variable. It suggests that certain personal attributes act as protective factors, which provide immunity against stress and the reverse is true for attributes of personal vulnerability. These models may be combined though each serves as a guide to analyze the relations between the major situational and personal variables. The authors also suggest that the challenge and immunity models can be considered as two different types of “coping” models as they talk about interrelationships between personal attributes and stressful circumstances with respect to adaptation to the stress (Garmezy et al., 1984).

There is confusion around the term “protective factor” as it is used interchangeably with main effects models and those involving interactive effect models. A more differentiated label for each process could be a way to solve the problem of interlinked processes being subsumed under the rubric “protective factor”. Luthar et al. (2000) have described four such labels –
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**Protective** for attributes with direct ameliorative effects operating at both high and low risk conditions;

**Protective stabilizing** for attribute which confers stability in competence despite increasing risk;

**Protective enhancing** for attribute which allows children to engage with stress such that their competence is augmented with increasing risk (challenge model suggested in Garmezy et al. 1984); and

**Protective but reactive** when the attribute generally confers advantages but less so when stress levels are high than low.

Main effects can be distinguished from the more complex interactive processes through the use of more elaborated labels for the latter, which simultaneously indicate both the existence and directionality of interactive processes in resilience. The main concern for current resilience research is to identify processes that link risk modifiers with competence (Freitas and Downey, 1998; Masten, 2001; Luthar et al. 2000; Luthar, 2005) rather than just identify factors. As noted by Freitas and Downey (1998) it is important to understand the psychological mediators, such as expectations, competencies, values and goals and the relation between these mediators and relevant features of the environment in order to understand why some children show resilience in the face of adversity whereas other show vulnerability. There is also an increasing attention to culture in understanding the relevance of protective and risk factors because the dynamic interplay of risk and protective processes may have differential impact depending on the cultural norms, practices, values and beliefs (Cicchetti and Rogosch, 2002). Taking a process view of resilience research is the only way to account for why results vary across domains, development levels and context. Researchers recognize the value of understanding the interaction processes influencing individual’s behaviour as they cope with environmental stressors.

### 2.3 Methodology of resilience research

The crux of resilience research is to identify protective and vulnerability factors that modify the negative effects of adverse life circumstances and having accomplished this, to identify mechanisms or processes that might underlie associations found (Luthar...
et al., 2000, Luthar, 2005). Methodology is a dynamic process and studies of resilience have shown a similar progress in the way it has sought answers to how does competence develop in the presence of adversity.

2.31 Variable based approaches

Variable based approaches use multivariate regressions to identify protective/vulnerability factors. In their illustrative study Garmezy et al. (1984) defined risk on the continuous scale of cumulative life events score and competence in terms of one dimension of good school grades and two dimensions of classroom behaviour as rated by classmates. Protective factors under study were the child’s female gender, high intelligence and high SES. Analysis involved direct links with competence outcome revealed by main effects and children at high stress were compared with those at low stress level to identify interaction between protective factors and stress. Results showed that all the protective factors had significant main effects while IQ x Stress interaction was also significant. The interaction effect showed that high IQ children maintain competence levels despite change in stress levels, whereas low IQ children did poorly under high stress than low stress. This study established that main effects findings relating variables to competence outcome depicted a compensatory mechanism while interaction effects established protective mechanism (Luthar, 1991).

However, the clear distinction between compensatory and protective factors was not adhered to by other studies. Werner and Smith’s (1982) study considered those factors that distinguished between high risk children who did well from those who did poorly as evidence of protective factor without considering the effects on low risk group. However, not considering a low risk group raises methodological questions (Gore and Eckenrode, 1994) because:

1. It does not tell us whether the proposed protective factors operate differentially under conditions of high and low risk and
2. It assumes that high risk groups with high competence and high risk group with low competence have an equivalent level of exposure to stressors.

Thus, including a low risk group is important in resilience research. However, considering separate risk levels and reporting interaction effect between risk and variables does not illuminate the process by which these variables interact. The variable
centred approach fails to provide comprehensive understanding of the person under study. A variable centred approach has been compared to a “horse race” by Gore and Eckenrode (1994, p. 39) who say that such multivariate analysis models often end up competing several stress or protective factors in order to see which one will have the strongest relationship with the outcome variable. These analytical models miss appreciating the mediational roles played by several factors that may link not just the stress to the outcome but also link a group of protective factors to the outcome. Once enough scientific evidence is accumulated to reliably link certain constructs with positive outcomes (for example, self-esteem and social support) among particular at risk groups, then mediational hypothesis (Baron and Kenny, 1986) studying shared variance can be used to find evidence for the process underlying the protective function of factors (Luthar et al. 2000).

2.32 Person based approaches

The person based approaches focus on the personal competence and context of the children being studied. These analysis vary the comparison groups and compare children experiencing high risk showing high competence with others varying in these two dimensions (Luthar, 2005) that is high risk low competence and low risk high competence and low risk low competence. The comparison with low risk high competence groups are useful in determining whether the “high” competence of manifestly resilient children are actually commensurate with the levels shown by youth with relatively benign life circumstances. As predicted by Masten and Coatsworth (1998) mechanisms conferring protection are not specific to children with ordinary lives or children facing adversities.

The methodological issue lies in determining the cut-offs that would demarcate the four comparison groups. Luthar’s (1991) study defined risk as accumulation of negative life events and social competence was based on peer and teacher ratings and school grades, considered 1 SD above and below respective group mean as the cut-off point. Thus, those with 1 SD above group mean score on negative life events were placed in high risk group and those with 1 SD below group mean were in low risk group. To be classified as being high or low in competence, subjects had to have scores on the upper or lower extreme in one or more competence composites. Those at upper extreme in one
competence area but at lower extreme in another were not used in the analyses. Another method is of calculating composite scores for competence and then distributing children to different groups. This takes into account the possibility of multifinal outcomes (Cicchetti and Rogosch, 1996) that shows that doing well or not doing well on one domain does not preclude functioning in other domains. Person based analysis makes cross domain comparison possible through cluster analysis (Luthar, 2005) that is not restricted by impossibly complex interaction effects between combinations of domains.

Luthar concludes a comprehensive review of resilience research over the years by stressing the importance of designing research that would ensure attention to context in selecting risk-modifiers for empirical study (p. 42). Some processes are known to be beneficial across contexts and others are harmful such as closeness and discipline in families, however, many interpretations change with the setting. Thus, more within-group studies are recommended. Another recommendation is to focus on risk modifiers with high “promotive potential”. Such modifiers would be, conceptually highly salient in the context of that particular high risk setting; relatively malleable or responsive to environmental interventions; proximal to the individual rather than distal; enduring for long periods in the individual’s life, and generative of other assets catalyzing or strengths and mitigating vulnerabilities. A parallel concern would be to reduce influences with high vulnerability potential. These considerations while designing resilience research can make the field more applied and robust.

2.33 Interpreting the findings

The findings of resilience research consist of factors and processes that protect or make a child vulnerable in the presence of adversities. However, the findings need to be interpreted with certain considerations towards the methodology of resilience research. A review of literature of resilience studies throws up the following points to be considered while interpreting the findings:

1. Correlation is not causation

High self-esteem is often associated with resilience as well as competence. However, it could be erroneous to consider high self-esteem as a cause of competence as it could also be a result of competence (Masten and Coatsworth,
Thus, while interpreting resilience research findings one must bear in mind that until established variables do not confer causation.

2. Context is important to understand process

Protective factors are not omnipotent; they may not be adaptive in all situations. Intelligence has been identified as a protective factor but it is not simply related to better outcomes in all contexts (Garmezy, 1994; Gore and Eckenrode, 1994; Fretias and Downey, 1998; Masten and Coatsworth, 1998; Luthar et al., 2000; Luthar, 2005). Luthar (1991) found that though intelligence was related to competence at low levels of stress, when stress was high, intelligent children appeared to demonstrate competence levels more similar to those of less intelligent children. The protective function of intelligence in the context in younger children may not hold true for economically disadvantaged adolescent facing several stressors as their talent might be used in arenas other than academic achievements, sometimes in disruptive behavior as well. Findings of resilience research must also be interpreted with respect to the developmental level of the sample. Vulnerabilities and protective systems are different at different ages and thus one set can not be generalized to all across developmental levels (Masten and Coatsworth, 1998; Arrington and Wilson, 2000).

3. Protection does not mean invulnerability

Yet again caution is sounded against accepting protective factors as indicators of invulnerability. In fact, the authors put forth the question of “whether children pay a price for achieving competence under adversity in terms of psychological distress” (Masten and Coatsworth, 1998:p 213). For example, Luthar (1991) found that resilient youth were significantly more depressed and anxious than competent youngsters from low stress backgrounds. This suggests that maladjustment of some sort may be inevitable and presence of resilience must not be confused with absence of emotional harm.

4. Interpreting main effect findings

A significant main effect association could mean that low levels of that particular variable imply unusually poor adjustment and that high levels imply excellence in functioning, or both (Luthar, 2005). Many variables studied in resilience research
are such that they have a potential for effects at both extremes, in that sense they are bipolar (Masten, 2001). The issue is how to determine at what level the variable qualifies as protective or as vulnerability factor or is it possible to use the terms interchangeably without any criterion. For example, a significant main effect of sociability in high risk youth could imply that high levels leads to exceptional competence (protection) or that low levels led to unusual maladjustment (vulnerability). Instead of using protective and vulnerability labels interchangeably, Luthar (2005) suggests comparing the degree to which mean competence scores of high and low sociability groups each deviate from the sample mean. If the competence score of low sociability group (for example demarcating the group by taking those within the 25-percentile) is much poorer than the average mean then the variable connotes vulnerability and if it is the opposite (high sociability group score on competence is much higher than the group mean) it connotes protection. When both points deviate equally from the mean, the terms protective and vulnerability can be used interchangeably.

5. Interpreting interaction effects

Luthar (2005) feels that interaction effects are sometimes inappropriately emphasized as more important for inferring protection than direct, main effects. Such a rule came to being because of main effects were considered to reveal the presence of compensatory variables and interaction effects connoted protective or vulnerability factors (Garmezy et al. 1984). However, resilience research has come a long way since the initial studies under Project Competence and hence many complexities have emerged as discussed till now. More variables are being included in the studies and more complexities are being examined and these must be viewed within the cautionary note of what some have called an inappropriately high emphasis on statistical interactions (Rutter, 1983). Overemphasis on interaction effects within the multivariate model can lead to spurious findings because a number of alternative combinations and permutations can be used to look at the data (p. 315) to find interaction effects. Moreover, resilience researchers may conclude that no pertinent protective factors were identified if interaction terms were non significant but main effects were significant. Such a
conclusion would be a mistake as interaction effects are critical yet not exclusive for identification of positive indicators. In studies with typically large number of variables lack of priori hypothesis predicting particular patterns of links between risk modifiers and outcomes could lead to Type III errors with the potential of failing to detect main effect links that do actually exist. Luthar (2005) suggests that research questions must be framed to prioritize intervention themes, which would involve within-group analyses. The author sums up the discussion with “conceptual appeal of interaction effects must not obscure the statistical power, possibly reducing the likelihood of detecting main effects that do exist in reality”.

6. Focusing on mediational mechanisms to understand process of resilience
The focus of resilience research has broadened beyond identification of protective and vulnerability factors to encompass an explanation of the underlying processes that actually give rise to such varied and sometimes contrasting findings. Therefore, interpretation of risk modifiers would remain incomplete if interlinkages between the context, risk, risk modifiers and competence were not explored. Adopting such a stance improves the understanding of resilience as a dynamic concept. A process understanding would confer attention on: (1) context, (2) psychological mediating units and (3) how the psychological mediators are organized in relation to one another and to relevant features of the context (Freitas and Downey, 1998). A process orientation can modify previously held notions about the fixed quality of protective factors. For example, family SES is generally viewed as low risk but an accumulating body of literature indicates that among adults, high preoccupation with wealth and status may often compromise well being (Kasser, 2002). Similarly children of wealthy and well educated can show elevated maladjustment in some domains like substance use and internalizing symptoms which are possibly due to high achievement pressures and isolation from parents (Luthar, 2003).
2.4 Resilience in children living with armed conflict

Broad development theories can be applied to resilience research by expanding them to consider features that are prominent within the particular adversity circumstance under study (Luthar, 2005). Three major frameworks guiding extant research on resilience are – the triarchic framework, the ecological framework and the structural-organizational framework (Luthar et al., 2000). Identified by Garmezy (1994) and Werner and Smith (1982) the triarchic framework views salient protective and vulnerability processes affecting at risk children at three broad levels – community, family and individual. In the ecological model, contexts such as culture, neighbourhood, family are conceptualized as consisting a number of nested levels, varying in proximity to the child, that transact with each other shaping development and adaptation. Finally, studies following the structural-organizational framework believe that active individual choice and self-organization exert critical influences on development although, historical factors and current influences are both viewed as important to the process of development. Whichever theory guides the research the aim of resilience research has been to explain positive development despite counteracting risks.

Richardson (2002) proposed that the history of research on resilience could be classified in three ways: 1. identifying the unique characteristics of persons who cope well in the face of adversity; 2. identifying the processes by which resiliency is attained through developmental and life experiences, and 3. identifying the cognitive mechanisms that govern resilient adaptation. A number of studies have been conducted on children living with armed conflict though those focusing on resilience are rare. Some of these studies did not follow an obvious resilience research format but results that either identified factors, processes and mechanisms that moderated or mediated the outcome in contexts of armed conflict have been discussed to develop an understanding of what is already known and to identify gaps in research on resilience in children living with armed conflict. This section discusses the main mediators and moderators of the risk of armed conflict on children’s outcome, identified through the review of literature.
2.41 Age and gender

Being younger and a boy is a risk factor for children living with armed conflict (Lorion and Saltzman, 1993; Jenkins and Bell, 1993; Garbarino and Kostelny, 1996; Garbarino and Vorrasi, 1999) as studies report that younger children and boys show more distress symptoms and have a higher probability of being exposed to violence in such contexts. However, age and gender results have to be interpreted contextually as there are variations in results as Udwin (1993) notes that some studies show girls reporting more PTSD symptoms than boys and younger sample being less prone to developing PTSD than older sample. Studies of coping in children and adolescents suggest that problem focused and emotion focused coping skills emerge at different points in development (Compas and Epping, 1993). Problem focused skills are acquired earlier as they can be learnt through modelling by which children learn to tackle their problems in the way the adults around them do. However emotion focused coping appear to develop in later childhood as younger children have less access to their internal emotional states and coping efforts of others to regulate emotions are less observable and thus difficult to learn through modelling. Thus coping efforts change as a function not only of situational and temporal factors related to the stressor but also as a function of the developmental level of the child.

In their study of Palestinian children, Garbarino and Kostelny (1996) found that boys manifest significantly more total problems and with an accumulation of risk factors, younger children displayed significantly more total problems than girls and older children respectively. In yet another study of Palestinian children, retrospective reports of similar rates of exposure to political violence had a stronger effect on girls’ internalizing and boys’ externalizing symptoms (Haj-Yahia, 2008). A study of Rwandan orphans found a higher level of posttraumatic stress in the older group and girls were more likely than boys to meet PTSD diagnosis than boys (Schaal and Elbert, 2006). Another study of children in Mostar, Bosnia, showed that girls reported more internal emotional distress than boys (Smith et al., 2002). The reason for such discrepancy could lie in the differences in contextual and individual variables associated with such studies that give rise to variations in results. One explanation proposed by Hadi, Llabre and Spitzer (2006) is that gender difference could be a function of specific experiences of children. Their
combined sample of 9 to 12 years old boys and girls showed gender differences with boys reporting higher PTSD levels than girls. However, when the grouping variable was made specific by separating the sample based on what happened to the fathers (arrested, missing or killed) the gender difference was not evident. Similarly, difference in age may also be because of the way different age groups make sense of the experience (Hoffman and Bizman, 1996). Age and gender are found to correlate in producing a certain effect in some studies. Muldoon and Trew (2000) report that among Northern Irish children with an increase in age boys consolidate their competencies in many areas, whereas girls become less confident of their proficiency in many areas. Such gender differences were not present in the younger sample.

2.42 Socioeconomic status

Socioeconomic status in context of armed conflict can have various implications as it could be associated with better resources to deal with the economic disadvantages ushered in during times of conflict and at the same time, it could mean greater changes in lifestyle because of violence. Illustrating the mediating effect of socioeconomic status on outcome Macksoud and Aber (1996) found that in Lebanon, children of higher SES were more likely to be exposed to direct shelling, to be direct victims of violent acts, to be separated from their families, to have their family relocated though children from lower SES were more prone to maladaptation. Garbarino and Vorrasi (1999) have pointed out that such results imply the lack of protective mechanisms in lower SES children and the presence of strong protective factors (like maternal education and child rearing practices) that encourage children from higher SES to cope better with the heightened number of immediate stressors they are exposed to during war.

Studies involving neighbourhood characteristics also indicate a relation between lower SES and increase in number of other vulnerability factors such as drug abuse (Lorion and Saltzman, 1993) and violence within the family (Richters and Martinez, 1993). Displacement due to conflict alters the socioeconomic conditions and usually puts children at risk of disadvantages associated with low SES, especially when this occurs along with exposure to violence as noted in Bosnian adolescents (Jones and Kafetsios, 2005). In their study of Kurdish children, Punamaki et al. (2004) found that economic hardships in the form of starvation and unemployment communicated a deep insecurity.
among the children and affected their ability to cope by using active social affiliation. Moreover, economic hardships were more damaging than military violence.

In Kashmir, impact of violence is accentuated when it disrupts the livelihood of the family thus increasing exploitative child labour in various sectors like carpet weaving, domestic service, automobile workshops, etc. (Sharma, 1998; Dabla, 2001). The effects of SES and age were found in the study of Northern Irish children by Muldoon and Trew (2000), where at age 11, lower SES children reported significantly less positive perceptions of their scholastic competence, and at age 10 and 11 lower SES children reported lower global self-esteem than their middle class counterparts. Lower SES children also rated their behavioural conduct less positively than their middle class counterparts. The authors conclude that, children at risk of behavioural and psychological maladaptation are over-represented in lower SES groups. Socioeconomic status is a significant variable though it is not well documented. Its significance lies in its potential to expose certain groups and classes within a society to heightened distress during armed conflict. In a study of Palestinian children Haj-Yahia (2008) found that lower levels of fathers’ education had more negative effects on internalizing and externalizing symptoms; adolescents living in rural areas and refugee camps and in poor housing conditions had higher levels of internalizing and externalizing symptoms, and lower levels of family income had more negative effect on adolescents’ externalizing symptoms.

2.43 Attributes of the Child

A child’s pre-exposure competence is an important determinant of the way she/he will deal with the stressors later (Garbarino and Vorrasi, 1999), however, a lack of longitudinal studies and the absence of prospective studies with children living with armed conflict makes it difficult to talk about such factors. Attributes of the child refer to cognitive, behavioural and affective characteristics of children which augur better outcomes despite risks. Generally, temperament characteristics associated with good mental health outcomes are activity level, reflectiveness, cognitive skills, positive responsiveness to others, sociability, average intelligence, goal orientation, competence in communication skills and an internal locus of control (Garmezy, 1993; Garbarino et al., 1991; Kline and Mone, 2003). Temperament characteristics associated with
maladaptation are hyper-aggressiveness that induces peer rejection, other behaviours include a propensity to get into trouble at school and home, irresponsible about doing chores, not very conscientious, getting into fights and disagreements, physically aggressive, selfish, cynical, egotistical and low level of delay of gratification (Garbarino et al., 1991). Yet another set of protective factors associated with a child’s personality are resourcefulness, curiosity and ability to conceptualize, altruism and helping others, commitment to survival and goals in life, command of affect and ability to remember positive images, active rather than reactive coping, cognitive competence, self efficacy experiences, self confidence and self esteem (see Garbarino and Vorrasi, 1999).

Meaning making is emerging as an important cognitive process mediating the impact of violence on adolescents. Understanding the conflict may affect the impact of conflict on children. Hoffman and Bizman (1996) assessed the causes ascribed by Israeli children and youth for the Arab-Israeli conflict and the relation of these attributions to their expectations and emotions. Their results suggest the utility of Bizman and Hoffman’s attributional model as a heuristic for understanding children’s perceptions and response to conflict with an emphasis on developmental differences between children and adolescents. Their findings showed that as compared to elementary school children adolescents, displayed a greater emphasis on the mutual agency of Israeli and Arab partners in the conflict and attributed the conflict to more stable and less controllable factors. More specifically, school children who saw the causes of the conflict to be more stable felt more negative emotion, particularly pity, shame and guilt. While adolescents who saw causes to be controllable reported more intense shame and, at all levels of perceived stability, ascription of mutual agency increased their guilt. So here we see an interaction between development level and subsequent cognitive mechanisms that determine the outcome. A study of dreams of Palestinian children showed that dream content and structure were vital for morning mood and mental health and that they performed protective mental health functions (Punamaki, 1998), emphasising the importance of cognitive processes. Similarly, mental flexibility (Qouta et al, 2001) moderated the negative impact of traumatic events on psychological wellbeing only when hostilities had calmed down, but not in the midst of violence.
While comparing youths from Bosnia and Palestine, Barber (2008b) points out that the ability to understand the conflict, interpret it and make sense of it was a significant parameter that distinguished the degree to which youth felt injured by the violence. Barber’s work is a good example of how the multi-faceted meanings ascribed to the conflict by the Palestinian youth empowered them as individuals and social actors. These factors have to be considered within their context as sometimes traditionally ‘good’ coping techniques fail to protect children in certain conditions. For example, Punamaki and Suleiman (1990) found that activity and courageousness failed to protect children from political hardships. Another personal variable that protected Palestinian children in lower levels of psychosocial problems was ideological commitment (Punamaki, 1996). Religious involvement on part of Palestinian adolescent in the form of religiosity, behaviour and salience of religion has been found to mediate the effect of conflict involvement on antisocial behaviour and depression (Barber, 2001). Future orientation can also mediate the association between experience and political violence and post-conflict criminality (Seginer, 2008).

One relatively less studied area is the co-morbidity of disability and exposure to political violence. In Kashmir, the number of children disabled by mines and grenades is steadily increasing (Sreedharan, 2001) and the needs of such children are largely unattended to. Apart from those who have been disabled due to the violence, there is another group of congenitally disabled children (like Down’s Syndrome, Cerebral palsy) that is largely ignored in any study of children living with political violence.

2.44 Family

Compas and Epping (1993) provide following possible links between family characteristics and coping among children:

- Serve as resources by providing social support and information
- Serve as models for coping strategies that may be learned by a child.
- Generate rules and regulatory processes that influence the coping strategy used by individual family members.
- Operate as a system wherein coping efforts of one may affect and be affected by those of others addressing a common problem.
Act as impediments to the coping process by interrupting or constraining the coping efforts of a child or by turning to the child for help in coping for themselves in ways that exceed the child’s developmental capacity.

Characteristics of children’s families and family relationships have been major mediators of short - long term adaptation to violence since long (Freud and Burlingham, 1943; Kinzie, et al., 1986). War and other forms of violence have a profound impact on the family especially when it results in a loss of father or both parents. Family support, sustaining strong attachment, having access to basic needs of shelter, food and medical care and stress absorption capacity of parents are indicators of resilience in children (Al-Eissa, 1995). Stable emotional relationships with at least one parent or other reference person and parental model of behaviour that encourages constructive coping with problems (Garbarino and Vorrasi, 1999) are other protective factors within the family. Children can cope with difficult environments and maintain resilience as long as parents can deal with their stressors as for a child the family provides semblance of normality in day – to – day living even in the midst of national crisis (Garbarino et al., 1991). Three elements of parent-child relationship that seems to play an important role are parent-child attachment, parental self-esteem and identity, and stability of routine care-giving arrangement (Bronfenbrenner, 1986).

Indicators of vulnerability found within the family are: severe marital discord, family breakdown, presence of violence within the family, being separated from the family, overcrowding or large family size, parental criminality, maternal mental health associated with poor mothering, foster home placement of children, poor care of the child, occupational status of the head of the family, educational level of parents, reduced family support and stressful life events in the family (Jenkins and Bell, 1993; Osofsky et al., 1993; Martinez and Richters, 1993; Lorion and Saltzman, 1993; Macksoud and Aber, 1996; Miller, 1996; Jones and Kafetsios, 2005).

In a study of Kurdish children, family related hardships such as separations, neglect and marital conflict were found to compromise children’s ability to cope by actively restructuring their experiences and these were more salient than military violence (Punamaki et al., 2004). The nature of violence exposure experienced by parents can also have an impact on children and families. Hadi et al., (2006) found that long term effects
of war related trauma in children may be influenced by the war experienced by their fathers. In their study, the highest levels of depression for children and their mothers were observed in those whose fathers-husbands were killed or missing relative to controls. The loss of parents was one of the most severe events for Rwandan respondents (Schaal and Elbert, 2006).

There is a need to explore how different types of problems that parents face affect their responses to their offspring’s exposure to political violence. There is a need to examine the extent to which the parents themselves have been exposed to political violence, the mental health consequences of such exposure, the extent to which the consequences are transmitted to their offspring, and the extent to which the parents’ exposure and the mental health consequences of that exposure affect their responses to the needs and mental health situation of their offspring (Haj-Yahia, 2008). Maternal mental health and its impact on children has been established as a potential risk factor for child development and the prevalence of mental distress during armed conflict among women shoots up thereby risking the child’s development. Women are sufferers because they lose their husbands, which makes them vulnerable to economic and social hardships associated with widowhood over and above the difficulties of living with violence. For example, most women samples surveyed by Hussainsiddiqui (2004) in Srinagar suffering from PTSD and depression were widows. Often such mothers who cannot take care of their children try to place them in orphanages that expose the child to a number of other stressors.

However, even the impact of family is mediated by other factors that make broad generalizations subject to scrutiny. For example, Punamaki, Qouta and El Sarraj (1997) found that family relationship and child’s own behaviour are not sufficient factors in protecting children in conditions of war and political violence. They studied the roles of perceived parenting and children’s own resources and activity in dealing with traumatic events. The results show that experiencing traumatic events more, meant poorer perception of parenting and high neuroticism and low self-esteem. Their results found the presence of multiple mediating factors applicable to the beneficial role of good parenting in traumatic conditions. Traumatic events were found to decrease children’s intellectual, creative and cognitive resources and the lack of these resources increased their
adjustment problems if good perceived parenting was not taken into account. Increase in political activity among children increased psychological adjustment problems only when good perceived parenting and traumatic events interaction effects were excluded. Their results emphasize that if mothers and fathers showed love, caring and wise guidance and restrained from punitive rearing practices, children showed better psychological adjustment in spite of exposure to military trauma (Punamaki et al., 1997; Punamaki et al, 2001).

2.45 Community

Apart from the child and the family, the larger community context and certain features in the community modify potential risks in armed conflict situations. The school emerges as an important factor in the community that has implications on the child’s mental health outcomes. Peers, school environment, institutional structure that rewards the child’s competencies and determination and provides a belief system by which to live and make sense of the socio-political happenings are such variables in the community (Werner and Smith, 1989; Garmezy, 1993; Miller, 1996; Yule, 2000) that mediate the impact of stressors on children. Teachers in Northern Ireland observed that if they tried to engage their students in dialogue they could promote higher order moral reasoning, but they were silenced by extremists (Garbarino et al., 1991). Thus, even the larger political sphere has an impact on the kind of messages a child learns and the family, school and neighbourhood become agents of transmission of such popular sentiments and ideologies making them an important variable in such studies. The collective experience of a community and the kind of meanings associated with loss and suffering in certain sub-cultures mediate the experience for the child (Miller, 1996; Evans, 1996; Boyden, 2003).

The way in which the community treats victims may also have an impact on their psychosocial functioning. In a study comparing distress of Kuwaiti children and their mothers with respect to what happened to their fathers-husbands during the Iraqi occupation showed that in 1993 children and mothers whose fathers-husbands were killed or missing, had highest levels of depression relative to controls (Hadi et al., 2006). However, by 2003, this group resembled the control participants with respect to their scores in depression. The authors felt that this could be because of the treatment this group received from the Kuwaiti government since these men were considered martyrs.
who died for their country and the families received considerable financial support, including monthly salary, scholarships, free travel to Mecca, and meetings with Kuwaiti royalty. The recognition by the government may have placed the experience of the fathers’ death in a context where the event had meaning beyond the loss for the family.

Many age and gender related differences have been explained by the nature of the particular society. Patriarchal society has been associated with gender related differences in Palestine (Garbarino and Kostelny, 1996; Haj-Yahia, 2008). Patriarchal societies like the Palestinian society expect men to be active and women to be passive, which could be a reason why boys in Haj-Yahia’s (2008) study reported more externalizing symptoms and girls reported more internalizing symptoms. Similarly, Garbarino and Kostelny’s (1996) boys were more affected than girls and older children because as factors like structure, rules and parental supervision decreased as a result of social disruption, girls experienced a liberating influence. The boys on the other hand suffered from a lack of adult male role models as increasingly more men had been killed, jailed or gone into hiding.

A study of Bosnian adolescents from two different communities by Jones and Kafetsios (2005) found that the relationship between exposure, displacement and well-being varied significantly depending on the community they lived in. Specific meanings given to different types of events moderated the effect of those events. Moreover, community characteristics like living in a neglected, isolated and depressed community could have as significant effect on the well-being similar to the effect of exposure to war-related events. Miller’s (1996) study of the effects of state terrorism on Guatemalan refugee children show that a sense of continuity and cohesion within the community, preserved despite the dislocation provided traditional patterns of social support that indirectly protected the children.

Studies from Northern Ireland suggest that ethnic minority group members report greater experiences of political violence than those from majority group (Muldoon and Trew, 2000; Muldoon, 2004). In the case of children from Northern Ireland, religion was observed to exert a main and powerful effect, on children’s perception of their social acceptance. Minority group children (Catholics) perceived themselves as less socially accepted than majority group children (Protestants). In addition, minority group children
Chapter 2: Resilience in children

The four factors that emerged as significant predictors of resilience in children living with armed conflict had one common aspect, that of being interrelated with other features of the child, family or community. The review of literature also showed that religion and political ideologies are less often examined (Seginer, 2008). Since religion and political ideologies were the focus of our study, the next section reports findings from studies which tried to understand the role of these two meaning systems in the context of children living with armed conflict, and their results.

2.46 Meaning systems – religion and political ideology

"Meaning is a tool for adaptation, for controlling the world, for self-regulation, and for belongingness. Indeed it is the best all purpose tool on the planet" (Baumeister, 1991, p. 357-358). The idea that people actively make sense of their experiences and that this meaning making activity propels them to act in ways to either improve their situation or maintain it is not new in the field of psychology. Park and Folkman’s (1997) meaning making coping model conceptualizes this idea and provides a model to understand how people deal with stressful situations by working on their meaning systems and reduce discrepancies between their set meaning systems and newer perceptions. Similarly ideology has been implicated as an important mediator in the context of political violence (Garbarino et al., 1991; Punamaki, 1996; Slone et al, 1999; Barenbaum et al, 2004; McAdam-Crisp, 2006; Seginer, 2008). As noted by Barenbaum et al. (2004) children of all ages try to understand the confusing events and experiences of war and their perceptions reflect the attitudes of those closest to them. Ideology refers to this world view that makes sense of phenomenological experiences (Garbarino et al., 1991). Both religious and political interpretations constitute specific categories of ideology, which, when held with firm with conviction, may play an important role in shaping responses to stressful experiences (Punamaki, 1996). However ideology is a paradoxical concept and whether it protects the child and perpetuates the conflict is a question (Punamaki, 1996; McAdam-Crisp, 2006). Erickson (1968) presented three main functions of ideology for adolescents. First, refers to the individual-society reciprocity, where ideology is a medium through which society passes on its values to the next generation and becomes
strengthened by the youth’s commitment to the social cause. Second, ideology maintains an adolescent’s identity, a connection that becomes most relevant in societies living with political violence. And third, ideology provides the youth with a future orientation, it shapes the adolescent’s beliefs and expectations of the future.

The present thesis argues that meaning systems and ideologies are one of the main risk modifiers that hold the key to resilience in populations thriving despite risks. This line of thinking is based on empirical findings which show that adolescents exposed to prolonged and harsh conditions that resulted into psychological problems were more involved in meaning seeking (Jones, 2002). Meaning systems are basically descriptive beliefs as well as motivational or prescriptive beliefs that affect a person’s beliefs about self and the world (Silberman, 2005). Thus, meaning systems refer to cognitive frameworks within which people make sense of the world around themselves and also about their own self. Barber’s (2008b) study is one of the few empirical researches to have identified various meaning systems such as history, politics and religion as playing a role in the way Palestinian youth made sense of the conflict in their area. Punamaki et al. (2004) report the benefits of having a cognitive repertoire as against emotional or behavioural repertoires while dealing with traumatic events experienced by Kurdish children. Their results showed that a beneficial cognitive coping repertoire included flexible shifts of thoughts, innovative ways of looking at the traumatic situation, focusing attention to something less painful, and attempts to transform the meaning of trauma and to consider it from different angles.

Religion as a meaning system as a coping resource

The meaning system approach to understand religion describes it as an individual or collective meaning system that is similar to other systems in structure, malleability and functioning yet is unique in centering on what is perceived to be the sacred and in the comprehensive and special way in which it can serve to fulfill the quest for meaning (Silberman, 2005). Religion as a meaning system is important in interpreting and responding to some of the most challenging experiences in life such a death and suffering (Park, 2005a). The religious understanding of suffering is called theodicy and it deals with the question of how can suffering and God coexist. Different religions have different
understanding of suffering and therefore have different accounts of what it is to be human (Bowker, 1998). Studies have shown that religiousness, religious attributions and religious coping is a strong predictor of growth despite stressors or trauma (Park, 2005a).

Religion is supposed to have indirect effect on health by enhancing social support and health practices that are directly related to better health (Pargament, Magyar-Russell and Murray-Swank, 2005). Evidences supporting the role of religion in the context of Kashmir were obtained in the narratives of children constructing their experiences following an exposure to a grenade explosion as well (Dasgupta, 2006). For example, most of the children attributed their experience of the blast to destiny and God’s will and explained the situation as God’s test of their beliefs or God’s punishment for not praying enough. Some even dealt with the question of theodicy that is how the all-powerful God could be related to something that brings suffering to innocent people. Reconciling such questions formed an important part of the children’s coping process and the presence of both positive and negative reconciliations were present in their narratives. One child reconciled the discrepancy by praying more and gaining a sense of strength every time she prayed, she had interpreted the experience as God’s test of her beliefs. However, another child who interpreted the experience as God’s punishment for not praying regularly, began praying more but also developed a sense of anxiety on religiously significant days (every Friday of the week), expecting some kind of divine retribution perhaps. Role of religion played in the daily life of children in Kashmir was also discerned as it formed an integral part of their belief system. A presence of moral tension was also observed as children believed in the way of life as espoused by Islam but could not live up to all the precepts. For example, children mentioned that according to Islam, they were not supposed to lie, but in reality there were situations where they had to lie which was a cause of dissatisfaction with their own self. Therefore, there is enough evidence to begin with a deeper understanding of the links between religion, meaning making and adjustment in Kashmir, especially because it is such a neglected area of study despite such obvious correlations.

Park’s (2005b) study of college students coping with death of a significant other found that religion was associated with more meaning making coping in the early stages of their bereavement process though for those whose bereavement had occurred a year
earlier, these effects disappeared or even reversed, suggesting a positive association between religion and longer term adjustment. Surprisingly the hypothesis that having a religious framework for understanding and perhaps the presence of religious social support helps individuals make more meaning from their situation and identifying positive aspects of the stressful encounter remains to be tested (Park 2004, Pargament et al., 2005). This line of inquiry becomes especially significant in an Islamic society like Kashmir because Islam as Barber (2008b) observes covers all realms of living be it social, cultural, political. Though he feels that the omnipresence of Islam in all these spheres does not necessitate a separate understanding it as a meaning system, but we believe that understanding religious meaning systems in Islamic societies, where it has such an overarching effect, may be the best way to tap social embeddedness of suffering. Religious sources of meaning have distinctive benefits while coping with stress and at the same time they have unique costs that cannot be accounted for by other variables (Pargament et al., 2005).

**Political ideology**

The other intervening factor that will be considered in the study is political ideology formed by interpretation of the political context. Political ideology is an interesting factor because ideologies per se have a duality that is there are pro-social as well as “at risk” ideologies (Errante, 1997). Children are active interpreters of their experiences and apart from pre-dispositional temperamental factors their meaning making process mediates the impact of risks on their behaviour. Punamaki’s (1996) study of ideological commitment among Palestinian children showed that with an increase in political hardships a strong ideological commitment was related to low level of psychosocial problems. However, a strong ideology included glorification of war, which served to justify violence in the name of nationalistic demands and as a sign of patriotic involvement. A defiant attitude towards the enemy failed to moderate between political hardships and psychosocial symptoms. The results implied that children who glorified war expressed unfailing support for their national cause, and were ready to join the fight suffered less from psychological symptoms and enjoyed more social support and had less family problems than did children with weak ideological commitment.
I ideological commitment is however, a paradoxical factor because though it serves as a buffer to daily stress it involves some amount of distortion of reality and moral dilemmas embedded in questions of war, peace and the enemy. This is a paradoxical factor as on one had it is a psychological resource but on the other hand the more it serves to truncate moral development the more it acts as impediment to political settlement and thus prolong situations of conflict (Kostelny and Garbarino, 1994, Punamaki, 1996, Quota et al., 1995). In the case of Rwanda the extreme historical animosity between two ethnic groups, the Hutu and Tutsi, resulted in the genocide of 1994, and later the new ideology following the genocide has attempted to view all citizens as Rwandans and not as Hutu or Tutsi (McAdam-Crisp, 1999). Therefore, the challenge lies in helping children make sense of their experience by increasing morale and resilience without spawning fanaticism and more violence and “the dilemma is how to challenge the ideology without destroying the fabric of a child’s existence” (p. 470).

Barber’s (2008b) comparison of Bosnian and Palestinian adolescents shows that ability to understand the conflict was a significant factor that distinguished the degree to which youth felt injured by the violence. He identified a number of meaning systems within which the adolescents made sense of their experiences and one of it was “politics as a meaning system”. The political ideologies of children in Kashmir have also been documented in the qualitative study and it led to the formulation of two types of political ideologies namely territorial and political (Dasgupta, 2007). These ideologies differed in terms of how children interpreted the cause of conflict, the political choices available to them, presence of legitimization of violence, attitude towards the army and the militants and their ideas of the future of the conflict. However, the relation between these ideologies and adjustment requires further analysis.

Though ideology is an intuitively important factor, studies have yielded largely inconclusive results mainly because political ideology has been defined in different ways by different researchers. Slone et al. (1999) found no relation between ideology (which included both religious and political features) and psychological distress. Thus, literature shows that religion and political ideology may have an important role to play in explaining resilience among children living with political violence though they have not
been well studied so far. Moreover considering meaning systems as intervening variables in a study of resilience can help in identifying the underlying processes that Luthar et al. (2000) have stressed upon.

2.47 Example of a school-based intervention to foster resilience

Slone and Shoshani (2008) report an example of how resilience research can inform intervention in a politically violent context. These authors report findings of a seven year research project that yielded a profile of naturally occurring resilience factors promoting Israeli children’s coping in conflict conditions. These resilience factors were mobilization of social support, self-efficacy and problem solving, and attribution of meaning. They used a Life events paradigm to assess exposure to political violence and resilience factors were conceptualized as variables successfully moderating the exposure to negative emotional outcome link. The primary intervention technique was based on creating climates that encouraged the development and nurturance of broad expressions of these characteristics and skills across various contexts. It was a school based primary intervention program where teachers were trained in workshops to promote resilience factors. 181 school children aged 12 to 15 (Mean age = 13.3 years) from grades 7 and 8 from Middle schools in the centre and south of Israel were selected. Within each school, classes were randomly assigned to the primary or control intervention and they were matched for demographic factors of SES, parental educational level, religion and religious adherence and residential location. Results validated modification only of the mobilization of support factor, but nonetheless confirmed the primary program’s efficacy in moderating psychological distress particularly among children with low actual political violence exposure.

The implication of the results is that conflict produces a protracted, chronic climate of political violence that impacts children’s development and mental health and primary interventions must become the norm instead of post hoc support being the only way of dealing with chronic violence. Primary interventions can be cost effective, widespread and controlled as compared to secondary interventions. Such findings reinforce the educational system’s role in promoting resilience among children in conflict environments. The educational system provides greater access and plays a dominant role
in children’s lives, and, can be conceptualized beyond the teaching content to include a holistic development of the child in such stressful situations. Such studies that are informed by research can develop better insight into the concept of resilience and benefit children living dangerously world over.

Conclusion

Many complexities have emerged in the field of resilience research over the last century requiring a closer look at definitions and methodologies before embarking on a study of resilience. Since it is such a dynamic concept there are many ways of conducting resilience research, but the review has helped to identify some of the best practices. The definitional issues discussed before point towards greater contextualization of key concepts like risk and resilience by including cultural meanings of the particular community under study. The literature also repeatedly cautions against over simplistic conclusions about resilience, especially against considering resilience as an individual trait that is universal. Instead, the various strains of definitions conceptualize resilience as a dynamic process that is related to domain specific functioning that does not preclude vulnerability in other domains. Thus, resilience cannot be equated to invulnerability. The contentious methodological issues surrounding main and interaction effects to identify protective and risk or vulnerability factors have given rise to greater specifications of terms to describe the nature of impact the variable has on competence. This requires more fine-grained analysis that would involve not just multivariate analysis but also within subject designs comparing groups differing in levels of risk and competence, a more person based approach against a purely variable based approach. Theories that apply to development research can be applied to resilience research as well and the field itself has theorized resilience from the perspective of community, family and child, transactions between the child and ecological contexts and as a process that is structured and organized through active individual choice. Future research in resilience would require greater emphasis on understanding processes underlying the way variables unfold. A lot remains to be achieved in terms of interventions informed by resilience research though initial efforts have been made. Interventions based on resilience research place greater importance to the cultural context of the child, child’s own concerns and recognizes the
different paths to common outcomes and different outcomes resulting from a common starting point. It is an exciting field of research that holds the key to understand functioning of children living with various kinds of adversities. Kashmir, with its history of protracted political violence since 1989 has generations of children who have experienced resilience and vulnerabilities as a result of the vicissitudes of violence in their society. With the foundation of the first two chapters introducing and discussing the broad field of study – children living with armed conflict and resilience research, our next chapter conceptualizes the context of study that is Kashmir and the impact of violence on children in Kashmir.