Leveraging cultural pathways to resilience in high risk, high need schools in resource constrained settings

Dialogue and Ideas Lab Series on Resilience Research.
Building resilience communities: science dialogue for resilience in challenged contexts

3 November 2016, Pretoria

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Socio-cultural pathways: what matters??

- postcolonial, global South context:
  - structural disparity – undesirable: most unequal country in the world
  - resources: constrained, unequally distributed
  - chronic and cumulative adversity
  - desirable - high diversity (cultural diversity, multilingualism)

- understand how existing cultural pathways are used to promote resilience in given contextual characteristics

- study interventions that use existing resources to
  - engage civic agency
  - together with targeted financial investment
  - to address adversity

Evidence from:

<u>Imbeleko</u> (Ebersöhn, Sefotho, Mampane, Loots, Sherman, Omidire, & Nxumalo-Tsebe, 2014):
- care and support practices in seven Southern African communities with high need and dominant-indigenous
- Lesotho (rural), Namibia (urban), Swaziland (rural), and the following provinces in South Africa Eastern Cape (urban), Gauteng (urban), Limpopo (peri-urban), North West (peri-urban)
- n=430; elders=240; youth=190; men=150 and women=280)

<u>Indigenous Pathways to Resilience</u> study (Ebersöhn, 2014b; De Gouveia, 2015; Malan-van Rooyen, 2015):
- cultural pathways to resilience
- remote settings in two Southern African provinces with high need and dominant-indigenous
- n=225: youth=132, elders=93; women=134, men=91

<u>Flourishing Learning Youth</u> (Ebersöhn, 2014a; Ferreira & Ebersöhn, 2012):
- resilience and high risk schools
- a long-term study (2003-2016) with teachers in schools given high risk, high need and resource constraint
- schools: n=20, primary=16, high=4; rural=6, peri-urban=14) in three South African provinces (Mpumalanga, Eastern Cape and Gauteng)

Methodology

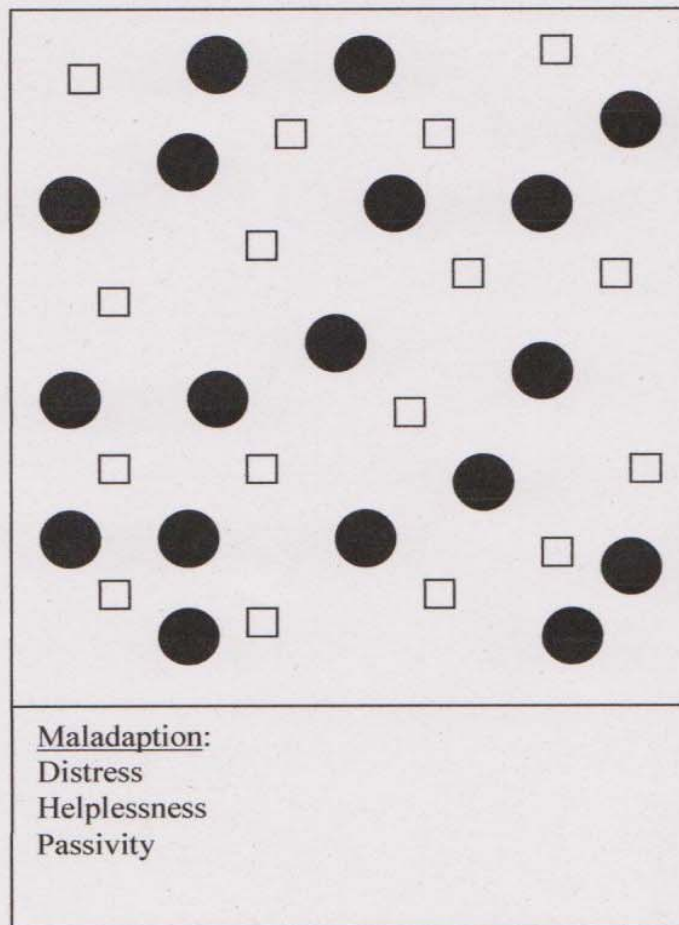|	
Design	• community based ethnography • community based intervention • participatory methodologies • process data of multiple comparable cases over time (2003-2016) • building theory from case study data • secondary data analysis • instrument development (Indigenous Pathways to Resilience Scale)
Data sources	• observation data of context over time: visual data, documents • interview data: verbatim transcriptions of interviews (participatory, and face-to-face) • psychometric data: resilience scales • narrative elicitation: drawing, clay-work, bodymapping, story-telling (expressive & projective techniques)
Analysis	• multiple coders for qualitative thematic analysis • in-case and cross case • statistical: descriptive, exploratory & confirmatory factor analysis

Limitations

- affluent & urban samples for data on socio-cultural pathways?
- intervention studies: comparison samples for control? (RCTs)
- comparative quantitative data?
- large scale national survey?
- fidelity of interventions: large scale up-scaling of intervention findings – dissemination research?
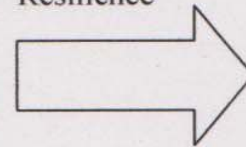
Resilience lens

(significant) risk	adaptation processes	resource use	positive adaptation outcomes

- chronic adversity: chain of resilience – multiple mini-cycles of uninterrupted adaptation (mirrors onslaught of risk)
- variability in outcomes:
  - mostly positive outcomes
  - extraordinary outcomes
  - maladaptive outcomes
- better than expected outcomes given circumstances, 'positive deviance'

- Masten, 1994; Rutter, 2012; Ungar, 2012; Garmezy, 1984; Skinner & Zimmer-Gembeck, 2007
- process oriented, interaction person-context
- protective resources include: <u>traits</u> (personality traits/learnt skills; i.e. relationship skills, grit / hardy) & <u>social capital</u> & <u>cultural capital</u>
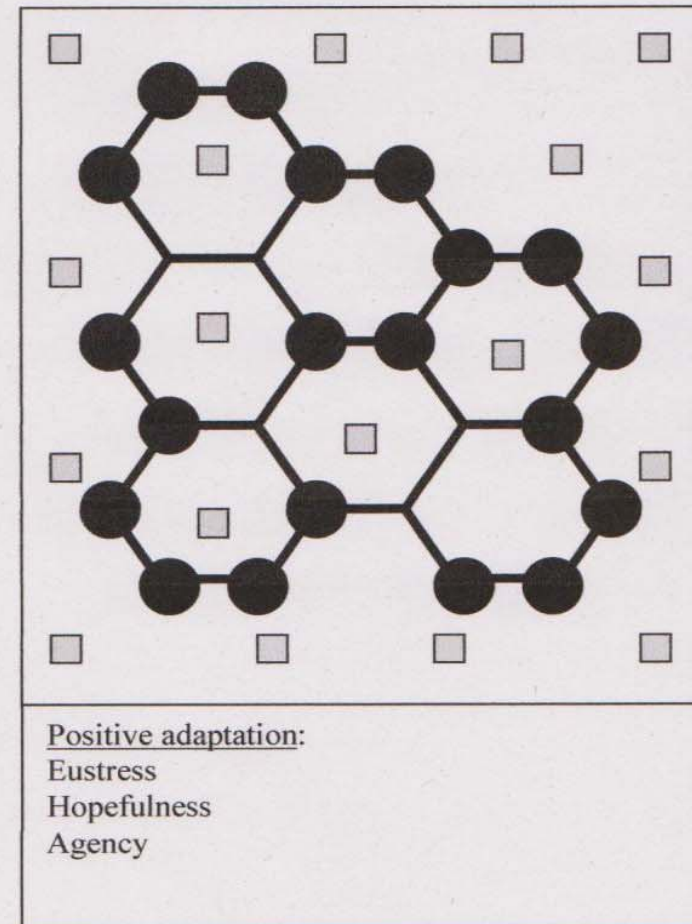
Socio-cultural pathway: flocking as part of relationship-resourced resilience

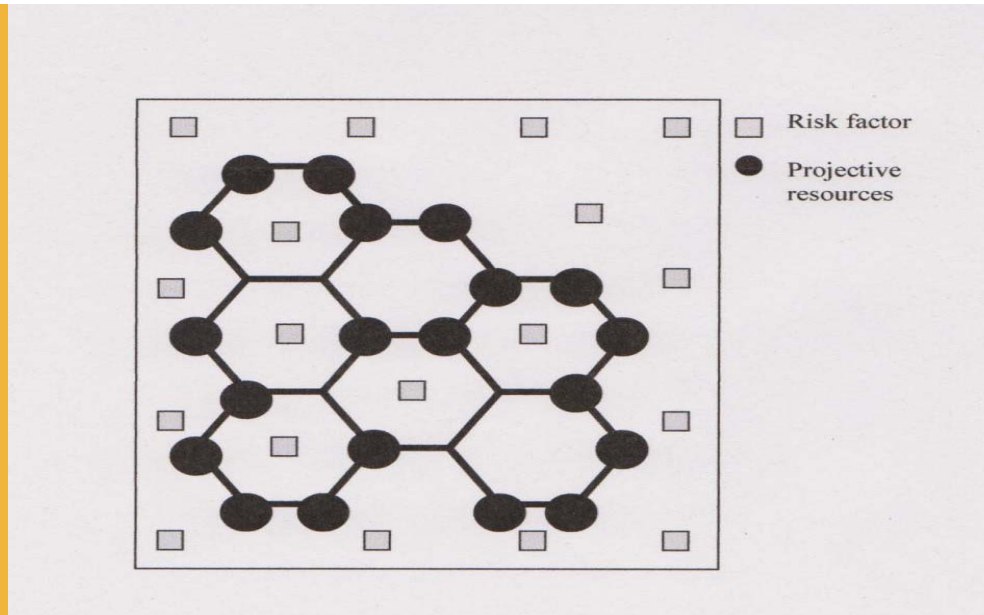
Relationship-Resourced Resilience

Reconfiguring the ecology

Maladaption:
Distress
Helplessness
Passivity

Positive adaptation:
Eustress
Hopefulness
Agency

Relational adaptive response:

Flocking rather than fight or flight

Relationship Resourced Resilience

Risk factor (□)
Projective resources (●)

Same context of adversity – but different scenario due to response (relationship-resourced resilience)

Swimming pool net buffering against ongoing challenges

Flocking (rather than fight or flight) by providing social support

Relationships *link individuals*:

- to each other (formerly isolated),
- to each others' resources (formerly isolated), and
- to friends', acquaintances' resources (formerly isolated).
- specifically: **available** resources (human capital, institutions, services)

Adversity response: use relationships to connect resources
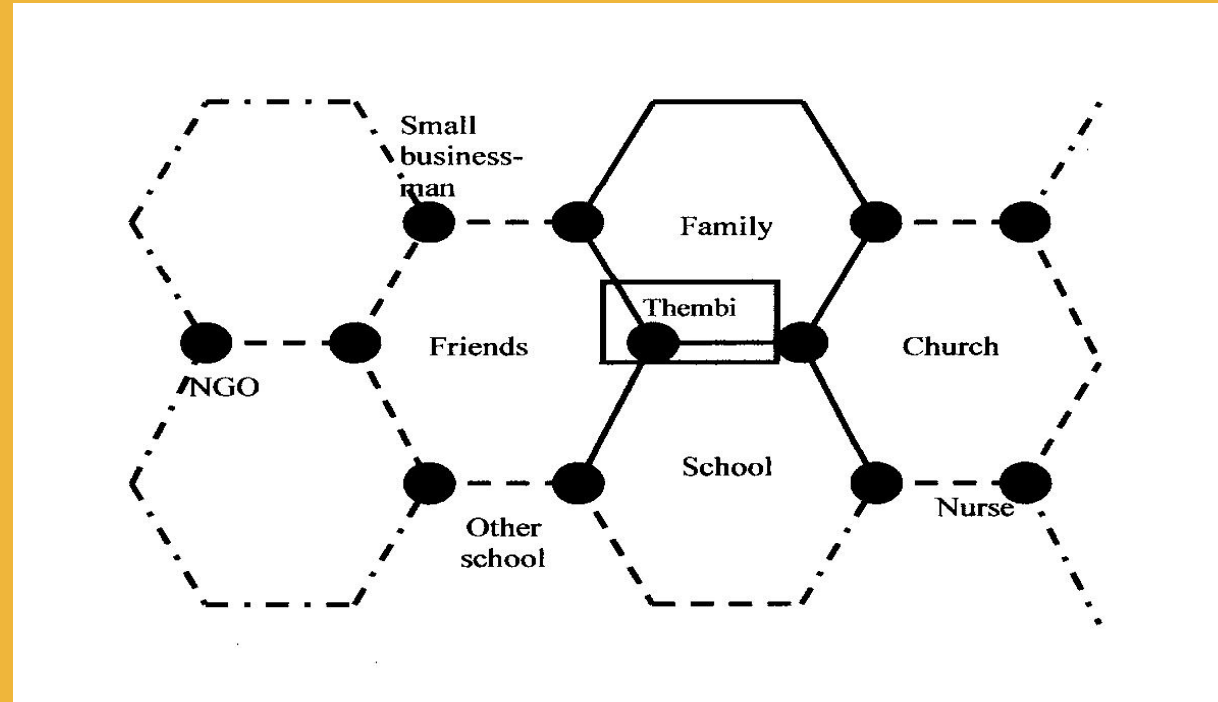
- premised on belief: support is collective, collaborative and pragmatic
- community structures (i.e. 'stokvel'): identify, refer, monitor & evaluate risk/need/vulnerability (often family-based)
- social technologies: reciprocal donations; shared savings in societies; partnerships and borrowing/lending
- emotional & spiritual support
- practical support (health (clinics, nurses, testing & treatment); welfare (assistance to apply for grants); nutrition (vegetable gardens)

WHAT MATTERS FOR SOCIO-CULTURAL PATHWASY TO RESILIENCE IN SOUTHERN AFRICA?

1. Social connectedness matters
2. Social support matters
3. Socio-emotional competence matters
4. Relationships matter

1. Social connectedness matters

- likened to (Smith & Mackie, 2000; Deci & Ryan, 2000; Baumeister & Leary, 1995):
  - sense of belonging and social inclusion
  - underlie social behaviour & social learning
  - basic human driver for lasting and positive attachments with other human beings
- social & cultural dimensions:
  - capital and values, networks and trust in the networks which have been learned over time and from generation to generation.
  - "cultural template" for generations to come (Putnam, 2000)
  - rooted in attitudes, language, values and norms, acquisition of knowledge (Kilpatrik *et al.*, 1998)
- African cosmology: intimacy - being present, being there even when you have no financial or material resources to contribute
- Nguni: '*ubuntu*' (I am because we are; human kindness; virtues of compassion & humanity) & '*imbeleko*' (carry you safely on my back to where care is available)
- Yoruba: '*eniyan l'aso* ' literally meaning that the people (family, relatives, friends, community) around you function as the clothes on your back: the clothes protect you, cover your nakedness (your secret is our secret), shield you from the weather, and beautify you.

2. Social support matters

instrumental social support (Taylor, 2011):
- explicit social support: draw actively on existing social networks
- implicit social support: benefit from emotional comfort & others in their lives to support them

health benefits of social support and social contact:
- well documented in literature (Taylor, *et al.*, 2005)
- linked to less adverse caregiving experiences and better adjustment to traumatic events (Pakenham *et al.*, 2006; Pakenham, *et al.*, 2007)
- acts as a buffer with regard to negative consequences as a result of life stress (social resources available to individuals)
- influences the emotions, cognitions and behaviours of individuals and as a result influences the mental and physical health of individuals (Cohen, Goolieb & Underwood, 2000)

3. Socio-emotional competence matters

- the best learning and development emerges in the context of supportive relationships that makes learning and development challenging, engaging, and meaningful.
- critical to being a good student, citizen, and worker.
- prevention / reduction many risky behaviours (e.g., drug use, violence, bullying, and dropping out)

- climate: supportive & relationship-oriented

- development of relationship skills (SEC: socio-emotional competence) through socio-emotional learning (SEL) (Santrock, 2009):
  - 'understand & manage emotions; set and achieve positive goals; feel and show empathy for others; establish and maintain positive relationships; and make responsible decisions'.

4. Relationships matter

- health outcomes (epidemiological) are more aligned with well-being correlates, and less aligned with economic riches (Wilkinson & Pickett, 2010)
- well-being (objective and subjective) correlates:
  - being connected to meaningful others & belonging to a group
  - experiencing a happy, functional childhood (including support to access services - health, education, welfare, attachment)
- Harvard - Grant & Glueck longitudinal Studies:
  - what matters most in life are relationships: powerful correlation between the warmth of your relationships and health and happiness over the life-span
  - early relationships (close and physical relationship with a caregiver(s) (attachment)
- disconnected:
  - detrimental psychological effects in addition to loneliness (Lee, Keough & Sexton, 2002)
  - stigmatised and criticised (Rotenberg, 1998)

people <u>can not develop, learn, be healthy and experience</u> <u>wellbeing</u> properly if:

- they are hungry, ill and worried about their families
- they feel unsafe, lack a sense of belonging.
- they are disconnected with their language, worldview & culture
- they feel bad, ashamed about who and where they are
- they are bullied/ostracised (feel isolated).