

**Championing the resilience of sub-Saharan adolescents: Pointers for psychologists****Abstract**

In this article, I argue that an ecological systems approach to resilience – specifically, one that is sensitive to how contextual determinants shape successful adaptation differentially – offers a meaningful way to enable sub-Saharan adolescents to adapt well to the apparently intractable risks to their health and wellbeing. Accordingly, I draw on studies of child and adolescent resilience from sub-Saharan Africa and the global North to show that the resilience field has largely moved beyond individual-focused theories of resilience that have the (long term) potential to jeopardise adolescent health and wellbeing and advance neoliberal agendas. I emphasize that the recent attention to differentially impactful resilience-enablers casts suspicion on incautious application of universally recurring resilience-enablers. Allied to this, I problematize the delay in the identification of resources that impact the resilience of sub-Saharan adolescents differentially. Finally, I distil implications for resilience-directed praxis and research that have the potential to advance the championship of adolescent resilience in sub-Saharan Africa.

**Keywords:** adolescent resilience; contextualised insights; ecological systems approach to resilience; Differential Impact Theory; resilience champion; sub-Saharan Africa

Adolescent health and wellbeing are pressing global imperatives (Patton et al., 2016). These imperatives are especially urgent in sub-Saharan Africa (SSA). In SSA, adolescents (defined as 10 -24 year olds) account for more than a third of the total current population and are likely to dominate population statistics for the foreseeable future (Allison, 2017; Hervish & Clifton, 2012). Manifold risks jeopardise the health and wellbeing of this growing group of adolescents. For example, many sub-Saharan adolescents live under conditions of poverty, receive poor education, experience multiple forms of violence, and/or are infected or affected by communicable disease (Omigbodun, Kusi-Mensah, Bella-Awusah, & Ani, 2017; Ssewanyana, Mwangala, van Baar, Newton, & Abubakar, 2018; Unicef, 2011). Adolescents exposed to such risks are also more likely to live in physically degraded and degrading environments (Unicef, 2015). The fact that the aforementioned risks interact, compounds their negative effects. Compound risks are particularly noxious and so concerns about their potential impact on sub-Saharan adolescent wellness have fuelled related disquiet about the future of the African continent and the global community (O'Malley, Wardlaw, You, Hug, & Anthony, 2014).

One way to promote adolescent health and wellbeing is to advocate for changes that will decrease/halt risks to this population (Hart et al., 2016). Whilst this is important, such change is typically slow. For psychologists who work with sub-Saharan adolescents, this calls for a concurrent commitment to prevent/limit risks and champion adolescent resilience in the face of prevailing risks. This article focuses on the latter.

As explained by Masten (2014, p. 10), resilience is “the capacity of a dynamic system to adapt successfully to disturbances that threaten system function, viability, or development”. Of relevance to the current article is that researchers and practitioners

have spent almost five decades trying to understand, and promote, the capacity of humans (principally children and adolescents) to adapt successfully to adversity. Interest in this capacity continues to grow (Masten, 2018), also in SSA. For example, a review of South African (SA) child and adolescent resilience studies published between 1990 and 2008 comprised 23 studies (Theron & Theron, 2010). A subsequent review of the SA child and adolescent resilience studies published between 2009 and 2017 comprised 61 studies (Van Breda & Theron, 2018). Likewise, there is continuing attention to the resilience of sub-Saharan children and adolescents living north of SA (e.g., Betancourt et al., 2011; Chukwuorji & Ajaero, 2014; Eggum, Sallquist, & Eisenberg, 2011; Evans, 2005; Gunnestad & Thwala, 2011; Kabiru, Beguy, Ndugwa, Zulu, & Jessor, 2012; Lee, 2012; Namy et al., 2017).

Even though resilience is a popular research focus in SSA, those who work with sub-Saharan adolescents have expressed concern that the translational potential of resilience research (i.e., its potential to transform how practitioners enable/sustain resilience) is under-utilised (e.g., Evans, 2005; Skovdal, 2012; Theron, 2012, 2016, 2017; Van Breda, 2018). This might relate to resilience being a complex phenomenon that is sensitive to developmental, contextual, and sociocultural influences (Panter-Brick, 2015; Ungar, 2011). It might also relate to continued mis-emphases on the individual determinants of resilience (Masten, 2014, 2016), also by adults who work with African adolescents (Theron, 2017). Accordingly, this article comments critically on what psychologists need to know, and do, in order to optimally champion the resilience of sub-Saharan adolescents.

To achieve the aforementioned purpose, I divide this article into three parts. The first is concerned with an ecological systems approach to adolescent resilience and

underscores that global and local empirical evidence is disparaging of individual-focused theories of resilience. The second reports the resilience-enablers (i.e., the “protective resources or processes that enable better-than-expected outcomes”, Van Breda & Theron, 2018, p. 239) that are repeatedly associated with adolescent resilience, but focuses on the resilience field’s recent attention to differentially impactful resilience-enablers. Understanding that not all resilience-enablers are equally useful to all adolescents problematizes incautious application of the insights that have emerged from resilience studies. The final section distils potential leverage points that psychologists (and other professionals) could use to advance the championship of adolescent resilience in SSA.

#### **AN ECOLOGICAL SYSTEMS APPROACH TO ADOLESCENT RESILIENCE**

Global and sub-Saharan studies of adolescent capacity to adapt successfully to perturbations increasingly favour an ecological systems approach (Rutter, 2012; Van Breda & Theron, 2018). From an ecological systems perspective, adolescent resilience is a process that adolescents *and* their ecologies co-facilitate. The resilience process draws on adolescent *and* ecological resources (e.g., personal agency, household support to access basic resources, or school-based provision of quality mental health services) (Masten, 2016, 2018; Ungar, 2011, 2018). To illustrate: research with 2387 school-attending adolescents from marginalised communities in Canada, New Zealand and South Africa showed that respectful school staff were integral to adolescent appropriation of personal and relational resources (Liebenberg et al., 2016). Similarly, a study of what protected 1688 Australian adolescents against sexual risk-taking reported both personal resources (e.g., goals and aspirations) and environmental resources (e.g., pro-social peers and participatory community resources such as a club or sports team)

(Hodder et al., 2018). Examples such as these underscore more recent contentions that resilience cannot be simplistically explained as a personality trait, and the reasons for adolescents not adjusting successfully to adversity should not single out adolescent actions or qualities (e.g., Masten, 2014, 2018; Panter-Brick, 2015; Ungar 2018).

Taking the ecological systems perspective a step further, Ungar (2012, p. 15) has argued that resilience is “as, or more, dependent on the capacity of the individual’s physical and social ecology to potentiate positive development under stress than the capacity of individuals to exercise personal agency during their recovery from risk exposure”. Greater attention to the responsibility that ecologies have for adolescent resilience fits with concerns that successful adaptation could actually be costly to adolescent health and wellbeing, particularly when a social ecology is characterised by chronic stressors (e.g., conditions of poverty and/or racism) (Masten, 2014). In instances where social ecologies fail to facilitate optimal adolescent development, it is plausible that adolescent capacity to adapt successfully draws too heavily on personal resources and that this potentiates harm. For example, Brody et al. (2013) reported that although African American adolescent participants with first-hand experiences of economic stress and racism were psychosocially well adjusted, their physical health was impaired. Similarly, physical and emotional costs have been reported for African American women who embraced the Strong Black Woman stereotype (Abrams et al., 2014; Watson & Hunter, 2016; Watson-Singleton, 2017).

### **Social ecologies of resilience in SSA**

An ecological systems approach to resilience fits well with the traditional African valuing of interdependence and reciprocity. Conventionally, African children were

socialized to value their connectedness to a social ecology (Nsamenang, 2006). Although this practice has faced challenges, many Africans continue to valorise connectedness and the benefits that reciprocal connectedness brings (Motsamai, 2017; Ramphele, 2012). As connected beings, African adolescents “[are] a support system and have a support system” (Hunter, 2001, p. 178). This connectedness includes formal connections (via lineage or marriage) to what Mkhize (2006, p. 187) calls a “family community” (i.e., relatives in the immediate and extended family). However, connections can also transcend formal ties. For instance, some African adolescents report family-like connections to caring peers and caring adults who facilitate access to basic resources and who provide experiences of belonging and mattering (Theron, 2016). Often, these ‘fictive kin’ (Mouzon, 2014, p. 32) fulfil the role of social parents (i.e., they take co-responsibility for the optimal development of young people, even though these youngsters are not their progeny) (Forehand & Kotchick, 2016; Van den Berg & Makusha, 2018).

Given the cultural valuing of interdependence, it is not surprising that a collective of adults and peers (to whom adolescents are formally or informally connected) is a commonly occurring social ecology in studies of sub-Saharan adolescent resilience. Within this collective social ecology, connections are invariably reciprocal. For example, Betancourt et al.’s (2011) study with Rwandan adolescents (aged 10-17) and adults affected by HIV/AIDS reported resilience-enabling connections to caregivers and community members. Both provided safe conversational spaces, advice and comfort, love, and access to resources. Adolescents contributed to this network by being industrious and generous. Similarly, Camfield’s (2012) study with four Ethiopian adolescents (aged 14-15), who were living under conditions of poverty, reported that

their connections to a collective of supportive others enabled resilience. Cousins, aunts/uncles (including a great aunt), and neighbours supplemented the resources provided by the immediate family. In turn, the adolescents looked after their siblings and cousins and shared their resources. Hage and Pillay's (2017) study with seven African boys living in child-headed households in Soweto reported a similar mix of extended family and community support. These boys contributed to the running of their households (e.g., they washed the dishes and clothes) and aspired to be charitable to their community. The same was true of Phasha's (2010) work with African adolescents who had experienced sexual violence. These adolescents identified immediate family as supportive of their resilience, as well as extended family, friends, teachers, and/or neighbours. Simultaneously the adolescents displayed a strong sense of responsibility to family and community and were committed to educational goals as a way of honouring this responsibility.

### **DIFFERENTIALLY IMPACTFUL RESILIENCE-ENABLERS**

Masten (2014, p. 148) produced a "short list" of resilience-enabling factors and/or processes. The list, which enumerates universal protective factors/processes (i.e., those that recur across the many studies of child and adolescent resilience in the global North and South), reinforces an ecological systems approach to resilience in that it comprises individual, relational, and contextual factors/processes (Wright & Masten, 2015). The list includes caregiving, connectedness, intelligence and problem-solving skills, self-regulation, agency, mastery, hope and constructive meaning making, effective schools and effective communities. The shortlisted factors/processes are common to sub-Saharan child and youth resilience studies (e.g., Betancourt et al., 2011; Chukwuorji & Ajaero, 2014; Eggum et al., 2011; Evans, 2005; Gunnestad & Thwala, 2011; Kabiru et

al., 2012; Lee, 2012; Namy et al., 2017; Theron & Theron, 2010; Van Breda & Theron, 2018).

Recurring findings that result from resilience research have the potential to transform how practitioners prevent and/or address risks to adolescent health and wellbeing and how they promote adolescent wellness and competence (Wessells, 2018). However, this translational potential requires understanding that even if the same resilience-enablers are routinely associated with adolescent resilience, which enablers are prioritised by adolescents themselves, what form the enablers take, and their usefulness across contexts and/or over time, could vary (Masten, 2014, 2018; Rutter, 2013). Put differently, optimal championship of adolescent resilience should be grounded in a rich understanding of “the ways in which specific groups ... differentially adapt, and ... which factors were protective for which individuals in these contexts” (Wright, Masten, & Narayan, 2013, pp. 23-24).

Scrutiny of published resilience studies illustrates that commonly recurring resilience-enablers may not be equally useful to all adolescents everywhere. For instance, Hunter (2001) compared the resilience of a small sample of American and Ghanaian adolescents. The American sample included ‘participants of color’ and ‘Caucasian[s]’ (p. 174). Hunter reported that the resilience-enablers that adolescents reported were influenced by adolescents’ access to support systems. The adolescents (mostly American) who reported mistrust of those around them emphasized personal resources, such as self-regulation and agency. The adolescents (mostly Ghanaian) who reported strong connections to others emphasized interrelatedness and connections to their faith.



Studies of adolescent resilience over time have reported similarly divergent results. For example, Collishaw and colleagues (2016) followed a group of Welsh adolescents whose parents had recurrent depression. Amongst others, over time adolescents' capacity to adapt successfully was related to social support (e.g., from peers and friends). In contrast, Eisman, Stoddard, Heinze, Caldwell, and Zimmerman (2015) did not find evidence that peer support was associated with the longitudinal resilience of urban American adolescents (83% Black, 17% White) with experiences of violence.

Further, short-listed resilience-enablers are not necessarily equally useful to adolescents with a shared ethnicity. For instance, Hopkins and colleagues (2014) compared the resources that protected a group of Australian Aboriginal adolescents who had higher risk exposure with those that protected a group of Australian Aboriginal adolescents who had lower risk exposure. Although universal resources were common to the resilience of both groups, only the higher risk group was protected by prosocial friendships. In addition, the adolescents at higher risk were protected by residence in a low socio-economic area. Although the latter appeared counter-intuitive, the researchers concluded that residence in a low socio-economic area afforded the adolescents a sense of belonging and access to supportive networks (neither of which occurred in higher-income neighbourhoods).

Examples such as the ones just cited lend credence to Ungar's (2017, 2018) Differential Impact Theory (DIT). DIT posits that specific protective resources will have greater, or lesser, protective value for specific adolescents under specific conditions of stress. For instance, Ungar (2018) theorised that at higher levels of risk (e.g. living in a single parent household and being challenged by climate change

effects), differentially impactful resources are less likely to be psychological resources (such as tenacity or mindfulness) and more likely to be a social resource (such as access to a caring adult or an effective service). Accordingly, Theron and Ungar (2018) have argued that optimal facilitation of resilience is likely to evade practitioners and service-providers until such time as differentially impactful resilience-enablers are identified and cautiously applied.

### **Differential championship of sub-Saharan adolescent resilience**

Studies of sub-Saharan child and adolescent resilience have not yet explicitly investigated differentially impactful resilience-enablers. For example, even though multiple studies have confirmed that caregivers play a significant role in sub-Saharan adolescent resilience (e.g., Bhana et al., 2015; Camfield, 2012; Romero, Hall, Cluver, & Meinck, 2018), they have not clarified whether/how caregivers will have greater, or lesser, protective value for specific groups of sub-Saharan adolescents and under which conditions of stress. Similarly, there is ample evidence that education and educational aspirations play a significant role in sub-Saharan adolescent resilience (e.g., Betancourt et al., 2011; Chukwuorji & Ajaero, 2014; Eggum et al., 2011; Kabiru et al., 2012; Lee, 2012; Namy et al., 2017; Theron & Theron, 2010; Theron & Van Rensburg, 2018; Van Breda & Theron, 2018). Again, despite the salience of education, it is unclear whether/how education will have greater, or lesser, protective value for specific groups of sub-Saharan adolescents and under which conditions of stress. Related to this, Theron and Van Rensburg (2018) cautioned that the prominence of education in their study of adolescent resilience over time might have been linked to the fact that they only included school-going participants.

Although there is no explicit examination of differentially impactful resilience-enablers in the sub-Saharan studies of child and adolescent resilience, this literature does hint that certain figures – i.e., caring women; peers who are similarly challenged – are key resilience-enablers. In both instances, it would appear that contextual determinants have contributed to the prominence of these figures. Attention to how contextual specifics shape resilience processes is important in order to avoid repetition of the colonial and Apartheid offence of homogenizing Africans (Ratele, Cornell, Dlamini, Helman, Malherbe, & Titi, 2018), and by association, their resilience.

***Caring woman kin.*** Sub-Saharan adolescents specifically and repeatedly associate their resilience with women/girls with whom they have formal or informal positive connections (e.g., Block, 2016; Denov & MacLure, 2006; Evans, 2005; Malindi, 2014; Theron, 2016, 2017; Zraly & Nyirazinyoye, 2010; Zulu, 2018). Mothers, grandmothers, sisters, aunts, woman teachers, woman social workers, and girlfriends have been credited with supporting adolescents to access material resources, make adaptive meaning and self-regulate, invest in education, problem-solve, and experience comfort and a sense of belonging. In comparison, the studies of sub-Saharan child and adolescent resilience seldom make specific reference to men (kin or otherwise) who champion resilience. When they do, men are typically associated with financial provision or the teaching of skills (e.g., Block, 2016; Theron, 2016).

Contextual details provide clues to this prominence of woman champions of resilience. For example, the number of woman-headed households in SSA is high and rising (Beegle, Christiaensen, Dabalen, & Gaddis, 2016). SA is a case in point: nuclear and extended family households are the most common SA household forms; women head 28.6% of nuclear households and 49.9% of extended family households (Ratele &

Nduna, 2018). The typical reasons provided for the physical absence of fathers from woman-headed households include death; employment-related migration; unknown, undisclosed, contested, or denied fatherhood; conjugal instability/obstacles, and/or obstructed access (Amoateng, Heaton, & Mcalmon, 2017; Block, 2016; Padi, Nduna, Khunou, & Kholopane, 2014).

Gender stereotypes offer another plausible explanation for the prominence of woman champions of resilience (Jordan, 2013). Conventionally girls are raised to connect to others (e.g., be warm or show empathy) and prioritize others' needs (Brody et al., 2014; Godsil et al., 2016). Allied to this, African and African American communities typically endorse the Strong Black Woman stereotype that perpetuates a preference for girls and women to care for and support their families and communities, despite the potential costs of this stereotype to the wellness of girls and women (Abrams et al., 2014; Watson & Hunter, 2016; Watson-Singleton, 2017).

***Peers who are similarly challenged.*** Sub-Saharan adolescents who are orphaned, heading households, caring for ill adults, or street-connected accentuate the support of peers in their accounts of resilience. In the aforementioned contexts, adolescents typically have less access to supportive adults. Typically, their decreased access to supportive adults relates to rising levels of family vulnerability and reductions in capitals, and/or experiences of adult kin/community members exploiting adolescent vulnerability (e.g., Block, 2016; Evans, 2005; Lee, 2012; Mpofu et al., 2015; Skovdal, 2012; Van Dijk & Van Driel, 2012). Peers who know similar challenges compensate for the aforementioned. For instance, Skovdal and Ogutu (2012) worked with 48 Kenyan adolescents (aged 12 – 17) that were orphaned and caring for ill/bed-ridden persons (mostly parent-figures). These adolescents emphasized the value of reciprocal peer

bonds. Their peers facilitated a network of support that provided help with schoolwork, domestic chores, and caregiving responsibilities; fun (and temporary respite from hardship); mentorship; access to resources; and emotional comfort. Interestingly, one of the participants commented that their peer support network was modelled on women in their community working in teams and adolescents' observation of how collectivity advanced the women's productivity and successes.

## **CONCLUSION**

The preceding sections of this article underscore that resilience is co-facilitated by adolescents and social ecologies. Simultaneously, the personal and systemic resources that advance adolescent resilience are likely to differ depending on the adolescents in question, their lived experiences, and/or the contextual detail of their lives. Thus, simplistic resilience research and/or incautious application of the results of resilience studies will probably not advance adolescent health or wellbeing in any significant way (Panter-Brick, 2015). As suggested below, however, praxis and research that are sensitive to sub-Saharan contextual dynamics and to the DIT have the potential to achieve the opposite.

### **Advancing resilience-directed praxis in SSA**

Advancing adolescent resilience in SSA calls for practitioner recognition that resilience is a communal affair. A resilience-enabling collective, which is broadly inclusive of adults and peers to whom adolescents are formally or informally connected, is salient. Importantly, adolescent contributions to this collective are also relevant. Within the context of SSA, the prominence of such a reciprocal collective is compelling to resilience-directed praxis.

Translating this salience prompts psychologists to routinely assess for the presence, and value, of protective connections in the lives of their adolescent clients. Simultaneously, practitioners need to remember that contextual specifics (e.g., living on the street or in woman-headed household) apparently shape which members of the collective are accentuated in sub-Saharan adolescent accounts of resilience. In other words, the broad understanding that a reciprocal collective is common to how many sub-Saharan adolescents explain their successful adaptation to diverse difficulties provides insufficient detail about which connections matter most for specific groups of sub-Saharan adolescents. For this reason, it is important that practitioners and adolescents co-identify differentially impactful figures, as relevant to their context at a given point in time, and over time. This information ought to guide how psychologists sustain, and/or cultivate, collectives that are supportive of adolescents.

As part of cultivating/sustaining supportive collectives, psychologists can promote recognition that sub-Saharan social ecologies' contribution to adolescent resilience is equally important to – or, following Ungar (2012), potentially more important than – what adolescents contribute. In doing so, psychologists would limit individual-focused theories of resilience and subsequent costs to personal health (Masten, 2014) and/or neo-liberal agendas (Garrett, 2016). Ideally, psycho-education about the co-facilitated nature of resilience should not be limited to the resilience champions that currently dominate the published sub-Saharan resilience studies (e.g., woman kin). Psycho-education initiatives that are broadly inclusive of any member of the social ecology acknowledge that contextual and/or other factors might have shaped which members of the collective are less significant to adolescent resilience at a given

point in time. Because such factors are not necessarily immutable, inclusive psycho-education expands the range of potential resilience champions.

Translating the salience of a reciprocal collective also means that psychologists need to enable/sustain the capacity of sub-Saharan adolescents to reciprocate support. To this end, practitioners ought to question how well popular intervention foci (e.g., mindfulness or self-management; see Dray et al., 2017) are likely to promote the capacity of sub-Saharan adolescents to be responsive, contributing members of a collective. Interventions that build compassion, civic engagement, or altruism should be valued too (Luthar & Eisenberg, 2017).

### **Advancing resilience-directed research in SSA**

Resilience research is concerned with understanding how people adapt successfully in order to help those who are struggling to adapt (Masten, 2014). How well psychologists support sub-Saharan adolescents to adapt successfully to adversity will be influenced by how well future research identifies and explains the complexities of resilience. For this reason, there is little need for sub-Saharan resilience research that continues to confirm universally occurring resilience-enablers. Instead, there is a pressing need for research that will support identification of the short-listed resilience-enablers that matter more, or less, for specific groups of sub-Saharan adolescents under specific conditions. For instance, given the continued marginalisation of sub-Saharan adolescent girls and the rising incidence of stressors relating to climate change, a particularly pressing agenda is identifying those resources that best protect sub-Saharan adolescent girls in the face and/or aftermath of extreme weather events, disruptive climatic events, or natural disasters. Additionally, it is important to better understand whether/how traditional

African values and practices (which remain important in many sub-Saharan communities; Motsamai, 2017; Ramphele, 2012) shape the resources that impact the resilience of sub-Saharan adolescents differentially. Such accounts have the potential to further advance decolonised insights into adolescent resilience (Theron, Theron, & Malindi, 2013; Van Breda, 2018).

Finally, even though resilience varies over time (Masten, 2014), sub-Saharan child and adolescent resilience studies have mostly neglected longitudinal research designs. Only four studies, all of which are SA, report on adolescent resilience over time (i.e., Bachman DeSilva et al., 2012; Collishaw, Gardner, Lawrence Aber, & Cluver, 2016; Theron & Van Rensburg, 2018; Van Breda & Dickens, 2017). Moreover, only one of these studies (i.e., Theron & Van Rensburg, 2018) reports qualitative insights. In addition to qualitative work scaffolding emic (or decolonised) understandings of resilience, (Liebenberg & Theron, 2015), participatory qualitative methods potentiate resilience-enabling collectives (Kessi & Boonzaier, 2017). In the absence of longitudinal studies, resilience-directed praxis will be predicated on incomplete evidence. Worse, it is probable that this absence will mean that psychologists remain blind to what it costs sub-Saharan adolescents to adjust successfully and how these costs could be moderated in the future.



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