The resilience-enabling value of African folktales: The read-me-to-resilience intervention

Linda Theron*
University of Pretoria, South Africa

Kate Cockcroft
University of the Witwatersrand, South Africa

Lesley Wood
108200North-West University, Potchefstroom, South Africa

*Corresponding Author: Linda Theron, Faculty of Education, University of Pretoria, Groenkloof Campus, PRETORIA, 0002, South Africa. Email: Linda.theron@up.ac.za

Abstract

Resilience, or the process of adjusting well to adversity, draws on personal and social ecological resources (i.e., caregiving and community supports). Previous research—conducted mostly in the Global North—has shown that bibliotherapy offers a way to support children in identifying and utilizing resilience-enabling resources. In so doing, bibliotherapy has the potential to facilitate resilience. In this article, we confirm the resilience-supporting value of bibliotherapy for African orphans and vulnerable children (OVC). To do so, we report the quantitative and qualitative pre- and post-test results of the Read-me-to-Resilience Study ($N = 345$). This quasi-experimental study showed that African children who listened to indigenous resilience-themed stories had a significantly increased awareness of personal and community-based protective resources post-intervention, than those who did not. Interestingly, there was no significant increase in their perceptions of caregiving resources. The findings suggest that school psychologists and teachers should include resilience-enabling stories in their support of children who are orphaned. However, further research is needed on how best to use stories in ways that will enable children to identify caregiving resources.

Although exact figures are elusive, the United Nations Children's Fund (UNICEF, n.d.) estimates that there are 3.7 million orphaned children in South Africa and that the magnitude of this number is linked to the AIDS epidemic. Whereas the majority of South African orphans live in an adult-headed household, in general these children are less likely to be living with a biological parent or engaged in school. Additionally, they are more likely to be black Africans who struggle with material deprivation, food insecurity, and marginalisation (Ward, Makusha, & Bray, 2015). Similarly, those children who care for chronically ill and/or dying parents, are also vulnerable and face similar challenges (Heath, Donald, Theron, & Lyon, 2014). Both groups of children—orphans and those living with ill and dying parents, referred to as *orphans and vulnerable children* (OVC)—experience a range of negative emotions that potentially obstruct their wellbeing (Betancourt, Meyers-Ohki, Charrow, & Hansen, 2013).

In particular, South African OVC are at risk for negative developmental and mental health outcomes. As in many low and middle-income countries, this risk is heightened by the harsh reality of limited (if any) access to mental health professionals—including School Psychologists (SPs), who are available to assist children in avoiding negative outcomes (Patel et al., 2013). One viable option to address this need, *task-sharing* (Padmanathan & De Silva, 2013, p. 82), involves supporting lay persons to provide basic and less demanding forms of mental health service. Task-sharing has been suggested as a practicable option for addressing mental health care needs where services are currently limited or unavailable.

One such example of task-sharing is bibliotherapy—the therapeutic use of carefully chosen stories intended to support children as they adjust to risks that threaten their optimal development. Bibliotherapy is not reliant on implementation by mental health professionals

and has been successfully used by teachers, caregiving figures, and even children themselves (Heath & Cole, 2012). Accordingly, the Read-me-to-Resilience (Rm2R; Wood, Theron & Mayaba, 2012) intervention was premised on the assumption that teachers and others who are not formally trained as mental health practitioners could use a bibliotherapy-based intervention to support the resilience of South African OVC.

The purpose of this article is to provide empirical evidence relating to the above assumption by reporting quantitative and qualitative results that document how the bibliotherapy-based Rm2R intervention supports the resilience of OVC. In doing so, this article builds on an earlier pilot study investigating Rm2R (see Wood et al., 2012). As in the preceding publication, the current study investigates the outcomes in using resilience-themed folktales to support OVC who face chronic challenges. This study also evaluates Rm2R's effect in terms of leveraging social ecological supports to strengthen children's resilience. The outcomes of this study will have direct implications for those who work with South Africa's OVC, and more generally for SPs who work in school settings with limited access to children's mental health services.

Social Ecological Pathways to Resilience

For the purposes of the Rm2R study we adopted an ecological systems approach to resilience. This approach explains resilience as a dynamic, interactive process that supports positive outcomes in the face of acute and/or chronic stressors (Masten, 2001, 2014). To this end, children and social ecological representatives (e.g., parents and family members, peers, SPs and other helping professionals, policy makers) need to interact in such a way that facilitates positive outcomes (Ungar, 2011).

Additionally, children draw on intrapersonal resources (e.g., a sense of humour, optimism, and tenacity) as well as accessible social ecological resources (e.g., education opportunities and mentor-figures) that are useful within their specific context and point in

time (Wright & Masten, 2015). In addition, children co-facilitate resilience processes when they exercise agency and negotiate for resources that are necessary, but absent or inaccessible (Munford & Sanders, 2015). Despite the fact that children contribute to resilience processes in these important ways, there is a growing tendency to emphasize that social ecologies have the greater responsibility toward supporting resilience, particularly when children experience increased levels of risk (Ungar et al., 2015). In some ways this perceived shift in responsibility is in response to earlier theories of resilience that primarily associated positive outcomes with qualities in individual children (Masten, 2014). Thus, there are calls to *decenter* (Ungar, 2011, p. 5) individual children in theories of and interventions toward resilience and, instead, to emphasize the quality of facilitative caregiving and contextual resources.

   To facilitate enabling caregiving and contextual resources, adult members of a social ecology need to be purposeful champions of resilience. This includes making meaningful (i.e., relevant) caregiving and contextual resources available and accessible, as well as advocating for social change that should result in young people being less at risk for negative outcomes (Hart et al., 2016). In the interests of promoting resilience, and as influential social ecological representatives, SPs have a specific duty to pre-empt and/or limit situations and events that place children at risk for negative outcomes, as well as a duty to make relevant resources available to children (Theron, 2016a).

   Relevant resources are resources that are developmentally appropriate as well as aligned with the contextual realities and cultural norms of children's social ecologies at a specific point in time (Panter-Brick, 2015). For example, Chinese children are socialised to prioritise parental support above all other forms of support (see Tian & Wang, 2015), whereas Sesotho-speaking African children are encouraged to recognise the support implicit in an interdependent way-of-being (Theron, 2016b). This interdependent way-of-being

promotes a flexible understanding of kinship that encourages strong social bonds with blood

relatives as well as neighbours, peers, and other community members. Additionally, an

interdependent way-of-being also promotes an appreciation for personal strengths and how

these can be used to nurture meaningful interpersonal connectedness (Theron & Theron,

2013). Essentially, children are more likely to utilise the supports that they have been

socialised to draw on—therefore, optimally, interventions need to maximise socially relevant

supports (Ungar, 2015).

Accordingly, the Rm2R intervention purposefully included African stories

rather than bibiotherapeutic materials developed in non-African contexts. As detailed in

Wood et al. (2012), the 22 tales that made up the Rm2R intervention, sensitized children

to quintessentially African pathways of resilience (i.e., they drew attention to enablers in the

self and the collective of family, peer-group, community, and culture). To test the

plausibility of the potential of these stories to support social ecological pathways of

resilience among black African OVC, we conducted the following study.

Methods

Design

To compile stories for the Rm2R intervention, we collected approximately 100

traditional stories. We asked African elders across South Africa to tell us stories

that they remembered hearing when they were children and that encouraged them to *keep*

going when life was challenging. Our decision to ask African elders to recount stories was

prompted by South Africa's sad history of privileging English- and Afrikaans-medium texts

that promote colonial practices and values, whilst simultaneously neglecting to publish

traditionally African stories in indigenous African languages (Edwards & Ngwaru, 2013). As

detailed in Wood et al. (2012) the recounted stories were all about African children or African

animals who overcame various difficulties. In many instances, the protagonists drew

on African spiritual practices or traditional African values (e.g., interdependence) to surmount the challenges facing them. In this sense, the stories were akin to folktales.

Thereafter, a multicultural team of five professionals (a counselling psychologist, three clinical psychologists, and an education specialist) rigorously reviewed these transcribed and translated stories for their resilience-promoting potential. At the time of the study, each member of the multicultural team had at least 10 years of professional experience and were, or had previously been, university professors. Additionally, each of the five professionals were familiar with the concept of resilience. The team members' review resulted in selecting 22 stories that make up the Rm2R intervention.

To evaluate the resilience-enabling usefulness of these 22 stories, we implemented a quasi-experimental design, involving concurrent mixed methods (Creswell, 2014). As described in this manuscript our research study entailed collecting quantitative and qualitative data one week prior to and following the 22-week Rm2R intervention (i.e., pre- and post-intervention measurements were approximately 6 months apart). Explained in greater detail in the following section, we included three groups of OVC: one experimental and two control groups. The children were not strictly grouped according to either age or sex, but members in each group shared the same mother-tongue.

Fieldworkers (i.e., post-graduate education students) read one folktale per week to groups of 10 to 30 OVC (aged 9–14 years old) who were assigned to the Experimental Group. Fieldworkers read the stories in the mother-tongues of the participants (i.e., isiXhosa, Sesotho, and isiZulu). In most instances, they read to children immediately after school in classrooms or other available public spaces. Unlike in other more creative iterations of bibliotherapy (e.g., Mayaba & Wood, 2015; Montgomery & Maunders, 2015), in this quasi-experimental study, the fieldworkers did not engage children in any form of follow-up

activity that would potentially prompt reflection on or internalization of resilience-enabling story content.

For Control Group 1 the same fieldworkers read stories (also in mother-tongue) to groups of 10 to 30 OVC (aged 10–14 years old), however the stories for this group included factual content (e.g., interesting facts about weather phenomena or animals). The children assigned to Control Group 2 received no form of intervention during the course of the study.

The study was ethically cleared by the institutional review board of South Africa's North-West University. Standard ethical procedures were observed, such as offering informed caregiver consent, child assent, and voluntary participation. In addition, at the close of the study, fieldworkers provided gatekeepers at participating schools/institutions with a bound copy of the folktales so that children in the control groups could also hear or independently read the stories.

Participants

This study included 345 participants who, following informed assent processes and parent/caregiver consent, completed both the pre-and post-tests. Participants included 195 girls, 149 boys, and 1 gender undisclosed. The mean age of participants was 11.50 years, (SD = 1.57). Children were purposefully recruited by gatekeepers (at participating schools, children's homes, and shelters) who collaborated with the research team. The criteria for recruitment were age (9–14 years old) and indicators of vulnerability that included being orphaned and/or caring for an ill parent or parents. Care was taken during the recruitment phase not to stigmatize eligible children. For example, there was no public mention of the recruitment criteria.

At the time of the study, participants lived in South Africa, in either the Eastern Cape Province or Gauteng Province. Within each province, participants were randomly assigned to one of three groups: the Experimental Group (n = 110) that heard resilience stories; a

Control Group that heard factual stories (Control 1, *n* = 111); or to a second Control Group that heard no stories (Control 2, *n* = 124).

Instruments and Procedures

      Quantitative measure. To measure children's experiences of resilience-supporting resources, we utilized the 28-item *Child and Youth Resilience Measure* (CYRM-28; Ungar & Liebenberg, 2011). This Likert-type scale is clustered into three sub-scales that reflect a social ecological conceptualisation of resilience. Accordingly, the sub-scales assess: (a) individual resources, including personal skills (e.g., ability to problem-solve, awareness of personal strengths), peer support, and social skills; (b) caregiver relationships, including physical and psychological caregiving; and (c) contextual resources (i.e., connection to culture, religious and spiritual beliefs, and education) (see Liebenberg, Ungar, & Van de Vijver, 2012). We administered the CYRM-28 both prior to and after the intervention, yielding a set of pre- and post-test data. The independent variable was the type of intervention received (Experimental, resilience stories; Control 1, factual stories; and Control 2, no stories). The dependent variables were the three sub-scales of the CYRM-28. In our study, the CYRM had a reliability index of $\alpha = 0.845$ (Cronbach's alpha), suggesting high internal consistency of the test items.

      Qualitative. To obtain a more detailed understanding of the resilience-supporting resources that were present in children's lives, we utilized the Draw-and-Talk/-Write methodology (Mitchell, Theron, Stuart, Smith, & Campbell, 2011). This methodology invites children to make a free-hand drawing that is relevant to a research focus and then to explain, either orally or in writing, what the drawing means. Children's explanations of their drawings help to limit researchers' subjective bias during data analysis (Guillemin & Drew, 2010).

We used the following prompt to guide the content of participant-produced drawings: 'Think about your life now. Draw a picture that will show what your life is like. Remember that how well you draw is not important.' The prompt was purposefully broad in order not to bias children toward reporting either risk or resilience-enabling resources. We asked children to explain what their drawings were conveying. The majority wrote brief explanations of their drawings. In instances where participants provided a verbal explanation, fieldworkers wrote the explanation.

The above prompted drawings and explanations that potentiated insight into children's first-hand experience of risks and resources. For the purposes of this article, our focus is on the resources that children reported and how these were similar/different following participation in the study. To this end, the first author and a research psychologist coded the visual and narrative data independently and deductively, using the question: 'What resilience-enabling resources do OVC report?' As detailed in Table 1, the deductive codes were based on the resilience-enabling resources measured by the CYRM-28 (i.e., personal skills, social skill, peer support, physical caregiving, psychological caregiving, spiritual resources, educational resources, and cultural resources; Liebenberg et al., 2012). In addition, to heighten sensitivity to how the aforementioned resources are likely to manifest in a South African context, the coders drew on syntheses of South African resilience studies (Theron, 2012; Theron & Theron, 2010) and a recent South African study that included a diverse sample of black South African children, including OVC living in care facilities (van Breda, 2017).

This study's two coders conducted a separate analysis of the data generated pre- and post-intervention, and then compared these to determine post-intervention patterns of sustained, diminished, and/or additional resources across the participating groups. When they

Table 1

Coding Examples

Code category	Definition	Examples
Personal skills	Any personal strength	Sense of humour Problem-solving ability
Social skill	Capacity to interact constructively with other people	Networking skill Respect for elders
Peer support	Any experience of support from contemporaries	Friends offer encouragement Friends share food
Physical caregiving	Caregiving that addresses basic physical needs	Mothers provide food Older brother finances school attendance
Psychological caregiving	Caregiving that addresses socioｅmotional needs	Grandmothers motivate future aspirations Social worker comforts and advises
Spiritual resources	Organized religious activity and/or spiritual beliefs	Ancestral protection Scripture reading offers solace
Educational resources	Any resource linked to school or learning	Well-resourced schools A meaningful curriculum
Cultural resources	Any resource linked to a group's shared ways ｅ of-being and doing	*Ubuntu* values Altruistic aspirations

compared their coding in a consensus meeting, it was apparent that the coding was virtually identical. Nevertheless, to heighten trustworthiness of reported coding results, the first author asked a post-graduate research assistant to independently compare the pre-and post-intervention codes and compile a summary of post-intervention changes in the data. This summary provided an additional check on the trustworthiness of the coding process.

Results

Quantitative

Pretest. The pre-test Multivariate Analyses of Variance (MANOVAs) performed on the CRYM variables showed that, before the intervention, there were statistically significant differences between the three groups for the individual [$F(2, 344) = 8.34$, $p = .0001$, $\eta^2 = .049$], caregiver [$F(2, 344) = 8.37$, $p = .0001$, $\eta^2 = .051$], and community [$F(2, 344) = 8.42$, $p = .0001$, $\eta^2 = .049$] variables (See Table 2). Post hoc tests revealed that these differences were between the Experimental and Control 2 Groups ($p=.001$; $p=.01$; $p=.006$) and between the Control 1 and Control 2 Groups ($p=.002$; $p=.0001$; $p=.0001$) for the individual, caregiver, and community scales respectively.

Effects of the intervention. In order to control for the regression towards the mean of the data, and to eliminate the effects of the pre-test score differences on the post-test score (Bonate, 2000), we carried out pre-test–post-test Multivariate Analyses of Covariance (MANCOVAs), using the pre-test scores as covariates, with a Bonferroni correction for multiple comparisons. These analyses revealed significant group differences on the individual [$F(2, 344) = 6.53$, $p = 0.001$], caregiver [$F(2, 344) = 5.01$, $p = 0.007$] and community [$F(2, 344) = 4.25$, $p = 0.01$] scales, although effect sizes were small ($\eta^2 = .024$–$.038$). Post hoc analyses showed that, on the individual scale, there were significant differences between the Experimental Group and Control Groups 1 and 2 ($p=.01$), with the Experimental Group

Table 2

Descriptive Statistics by Group, MANOVAs and MANCOVAs Between Groups at Pre- and Post-Test

	Experimental (n=110)		Control 1 (n=111)		Control 2 (n=124)		F	p	η2
	M	SD	M	SD	M	SD			
Age (yrs)	11.15	1.43	11.81	1.73	11.55	1.50	2.61	.07	.011
Pre-test									
Individual	38.10	7.13	38.05	6.79	34.71	7.99	8.34	.0001	.049
Caregiver	40.90	6.38	41.78	4.75	38.48	7.36	8.73	.0001	.051
Community	44.79	5.99	45.44	5.22	42.13	8.06	8.42	.0001	.049
Post-test									
Individual	39.28	6.45	37.25	8.19	37.71	7.08	6.53	.001	.038
Caregiver	41.42	5.65	40.20	7.31	39.92	6.57	5.01	.007	.029
Community	45.04	6.14	43.57	7.07	43.09	7.38	4.25	.01	.024

showing the greatest improvement. There were no significant differences between the two Control Groups. On the caregiver scale, there was a significant difference between the Experimental Group and Control Group 2 (p=.05), in favour of the Experimental Group; however when the Bonferroni adjustment for multiple comparisons was applied, this difference was no longer considered significant. No significant differences were evident between the Experimental and Control Group 1 on the caregiver scale. Significant differences were found between the Experimental and both Control Groups (p=.01) on the community scale, again in favour of the Experimental Group. There were no significant differences between the Control Groups on this scale.

Qualitative

Pretest. Across all three groups, vulnerability (expressed as lack of access to basic material resources, experiences of abuse and marginalisation, and bereavement) was evident. For instance, the following type of comments were common: "Sometimes when I get home and I am very hungry, sometimes there is no food, but my mother try her best for me to eat" and "My parents have passed away when I was young, that is why I am crying. My mother did not say bye-bye to me."

Still, across all three groups, children spontaneously reported personal, caregiver, and contextual resources that helped to mitigate the aforementioned risks. Female caregivers (mothers, grandmothers, and aunts) dominated children's descriptions of the more positive aspects of their lives. Comments such as, "I now stay with my granny. She buys me clothes" or "Our mother provides for our needs" were recurrent. Reference to peer support was frequent too: "We play skipping rope with my friends at home so that we do not feel lonely" or "If my friend is hungry I give them food. And he to me also."

Reference to personal and community-based resources was less prevalent. Personal resources included agency and the capacity to elicit peer support. Community-based

resources were limited to comments about school, with children occasionally referring to school being a supportive context that included access to a daily meal, opportunity to interact with friends, and helpful teachers. For example, "At school we write about our lives and our teachers support us."

Effects of the intervention. Post-intervention, gains in reported resources were limited to personal and educational resources and most noticeable in the Experimental Group. The post-intervention data generated by 36% of the Experimental Group included comments on personal agencies; 28% of these children had made no reference to personal resources in their pre-intervention description of their lives. Agency included the capacity to (a) *solve problems in constructive and interdependent ways* (e.g., "When there is no food at home I eat at a friend's place. They know our home situation. They know that there no money at home to buy food and pay debts"); (b) *affirm personal strengths* (e.g., "I'm a comfortable person, proud of who I am"); (c) *demonstrate responsibility* (e.g., "I like to help my teacher by cleaning her table and closing her cupboard"); and (d) *engage in developmentally appropriate peer activity* (e.g., "I'm part of the choir"). Less than half as many children from Control Group 1 (17%) and Control Group 2 (13%) reported similar personal resources, post-intervention.

Similarly, compared with children from Control Group 1 (6%) and Control Group 2 (4%), 14% of children from the Experimental Group commented on education resources, post-intervention. In this reporting, the emphasis was on how education has the potential to leverage upward trajectories (e.g., "It is important that every child can have an education and let me tell you education can build your future"). Children hoped that in enacting educational aspirations, they would also be able to improve their families' futures (e.g., "I would like to be a lawyer … and take care of my parents"). As with the gains in reported personal

resources, most children who valued education post-intervention had not included similar statements in the pre-intervention description of their lives.

Across all three groups, there was a decline in children's reference to supportive connections to adult caregivers. Given that the post-test was conducted almost six months after the pre-test, and given the high incidence of bereavement and fluid living arrangements in HIV and AIDS-impacted contexts (Mpofu, Ruhode, Mhaka᷍Mutepfa, January, & Mapfumo, 2015), this finding is not entirely unexpected.

Discussion

The quantitative and qualitative results confirm that there is resilience-enabling value in reading carefully chosen stories to African OVC. Statistically significant improvements were evident for the group that listened to the indigenous resilience-themed stories. These improvements occurred in their perceptions of both personal and community-based resilience resources. Although the effect sizes for these differences were small, Glass, McGaw, and Smith (1981) point out that the effectiveness of a particular intervention must be interpreted in relation to other interventions that seek to address the same challenge and produce the same effect. They also emphasize that the practical importance of an effect must also be considered in regard to the intervention's relative costs and benefits. Consequently, if an inexpensive and easily implemented intervention—such as an adult reading resilience᷍ themed stories to groups of children—exerts even a small positive change, the improvement is welcomed. Additionally, when the intervention is implemented in a low resource educational context, the factors of cost and ease of implementation are particularly important factors to consider. In particular, small improvements are appreciated when the intervention results in improvement for all participants and when the effects of the intervention are cumulative over time.

In this study, the qualitative results repeat the pattern of improvement relating to personal and community‐based resilience resources. As compared to the Control Groups, based on post-intervention data, when describing their everyday lives, children in the Experimental Group, were at least twice as likely to include references to personal agency and education resources or education‐related aspirations. When this study's quantitative and qualitative data are considered, the results suggest that reading carefully chosen stories has a positive effect, albeit modest, on the resilience of South African OVC. These results fit with the general conclusion of Montgomery and Maunders (2015): Their systematic review of eight, creative bibliotherapeutic interventions (conducted in the Global North) supported the efficacy of bibliotherapy.

When considering this study's findings, it is important to comment on the fact that no statistical effect of the intervention was evident on the caregiver scale of the CYRM-28. Similarly, the qualitative findings suggested Rm2R had a more pronounced effect on children's tendency to report personal resources, a lesser effect on children's reporting of contextual resources (particularly awareness of education resources), and no apparent positive effect on children's reporting of caregiving resources. The emphasis on personal resources is reminiscent of earlier emphases on children's personal qualities when accounting for resilience—although children's personal qualities remain important to the process of resilience, they should not be prioritized above caregiving and contextual resources (Masten, 2014; Ungar, 2011). The children's emphasis on their own strengths implies that Rm2R was more influential in building their awareness of personal resources and less to build their awareness of social ecological resources. It is possible that because children were the sole beneficiaries of Rm2R, their personal resources were inadvertently emphasized. We wonder what the effect on children's perceptions of resilience-enabling resources might have been if caregivers and other adults from children's social ecologies had co-listened to the stories.

Might this variation have de-centered the focus on personal resources? Further research is needed on how to use stories in ways that will enable perceptions of caregiving resources.

It is also entirely possible that children in the Experimental Group accentuated the personal, post-intervention, because personal resources were more readily identifiable and/or accessible. Given reports of attenuated social ecological support for OVC (Betancourt et al., 2013; Ward et al., 2015), it is probable that Rm2R did not leverage children's perceptions of caregiving and contextual resources because, in their lived experience, these were not part of their everyday lives. In other words, although Rm2R succeeded in making children aware of their own agency and of education resources (which are generally accessible in South Africa), the Rm2R intervention apparently did not succeed in galvanizing social ecological agency toward resource provision. In this regard, we wondered, what would the effect have been if Rm2R had included a parallel set of stories for caregivers and other adults from children's social ecologies that emphasized the responsibility of a social ecology to enable resilience processes? As such, might caregiving and contextual resources then have been a more readily identifiable part of children's daily life experiences?

It is also important to comment on how Rm2R was implemented. Post-graduate education students facilitated a weekly reading of the stories to groups of OVC. There was minimal cost involved in this facilitation. This adds further evidence to the notion that bibliotherapy can be meaningfully used, even when there are limited financial resources and a limited number of facilitators who have mental health training (Heath & Cole, 2012). This study's findings strengthen notions that lay people can, with the right tools and supports, facilitate basic forms of mental health provision and enable children's resilience (Padmanathan & De Silva, 2013). It also adds to nascent understandings that bibliotherapy can be meaningfully used with groups of (African) young people in public spaces (Montgomery & Maunders, 2015; Tukhareli, 2011) and implies that strict age and sex group

delimiters may not be necessary. In the resource-and service-poor contexts where many

OVC reside, the aforementioned factors all have significant implications for leveraging

resilience.

This study's findings must be considered within the confines of a number of

study limitations. Because we only included a single postⒼintervention measurement,

we cannot comment on the longevity of the results reported in this article. Similarly,

because the sample size was modest, there is insufficient statistical power to

disaggregate results according to either sex or age (children versus early adolescents). In

addition, although we would like to draw the conclusion that the stories were valuable

because they were quintessentially African stories recounted by African elders and so

culturally relevant, we do not have the data to show this. Had we included a third

Control Group that listened to nonⒼindigenous, resilience-themed stories (e.g., stories

from Asia or Europe). we could have commented more authoritatively on the value of

using indigenous stories to enable resilience. Despite these limitations, based on the

results of our quasi-experimental study, it is possible to distil three core lessons for SPs.

We discuss these lessons in the following section.

What can SPs learn from the Rm2R study?

Utilise bibliotherapy in culturally-sensitive ways. As previously argued (e.g.,

Theron, 2016a; Theron & Donald, 2013), SPs need to be respectful of the constructive

cultural norms, values, and expectations that children cherish. Interventions must draw on

these contextual aspects to champion children's resilience. Applied to bibliotherapy, this

means that SPs need to assess the resilience-enabling potential of stories that are embedded

in children's cultural heritage and consider how to include these stories in bibliotherapeutic

interventions. In this regard, SPs will need to identify members of children's families and

communities as cultural experts and collaborate with them to co-compile a culturally

sensitive bibliotherapeutic tool. Further, SPs need to explore how culturally aligned creative facilitation of bibliotherapy could advance its resilience-enabling value. Among African OVC, for example, the creative use of music and arts-based extension activities (both of which resonate with traditional African culture) have previously been shown to promote better uptake of story content (Mayaba & Wood, 2015).

Share bibliotherapy tasks with other social ecological stakeholders. The results of this Rm2R study as well as other studies (e.g., Heath & Cole, 2012) show that lay persons can be relied on to successfully deliver bibliotherapy interventions. SPs can, therefore, invite social ecological stakeholders to be co-bibliotherapists. Our first recommendation prompted inclusion of members of children's families and communities in the compilation of bibliotherapeutic interventions. In addition, SPs can draw on members of children's social ecologies to facilitate reading/narrating the stories. This would promote mother-tongue delivery, and would also compensate for the limited opportunities that SPs have to deliver therapeutic interventions during the school day (Atkinson, Squires, Bragg, Muscutt, & Wasilewski, 2014). It would also sensitise social ecological stakeholders to the resilience-enabling potential of bibliotherapy which could have positive ramifications for the stakeholders, as well as others with whom they interact.

Go beyond child-directed bibliotherapy to nurture resilience. As reported in this Rm2R study, using bibliotherapy in traditionally clinical ways (i.e., aligned with Cognitive Behavioural Therapy rationales, aimed at a child/children and facilitated by an adult—see Montgomery & Maunders, 2015) may have limited value for nurturing resilience because it appears not to leverage social ecological responsiveness. Ultimately, for children to develop optimally, adults in any given social ecology need to make relevant caregiving and contextual resources available to children. Adults must also facilitate circumstances that predict positive outcomes for children (Hart et al., 2016; Seccombe, 2002). In the case of OVC, this

must include sensitizing adults to the importance of sustained facilitative connections and access to material resources (including quality schooling). SPs must also work with adults to facilitate positive circumstances and access to adequate resources. How SPs galvanize adult commitment to championing resilience is not as important as SPs' enactment of this crucial advocacy role (Theron, 2016a). As intimated earlier in this article, an investigation into SP use of caregiverᵷ and other stakeholder-directed bibliotherapy to achieve adult commitment to championing resilience is likely to deliver fascinating new insights into pathways to resilience.

Note

The collection of folktales is available at http://readmetoresilience.co.za/. Should this website be discontinued at some future stage, please contact the first author.

Acknowledgement

References

Atkinson, C., Squires, G., Bragg, J., Muscutt, J., & Wasilewski, D. (2014). Facilitators and

 barriers to the provision of therapeutic interventions by school psychologists. *School*

 Psychology International, *35*(4), 384–397. doi: 10.1177/0143034313485849

Betancourt, T. S., Meyers-Ohki, S. E., Charrow, A., & Hansen, N. (2013). Annual research

 review: Mental health and resilience in HIV/AIDS-affected children—A review of the

 literature and recommendation for future research. *Journal of Child Psychology and*

 Psychiatry, *54*(4), 423–444. doi: 10.1111/j.1469‐7610.2012.02613

Bonate, P. L. (2000). *Analysis of pretest-posttest designs*. New York, NY: Chapman and

 Hall/CRC.

Creswell, J. W. (2014). *Educational research: Planning, conducting and evaluating*

 quantitative and qualitative research (4th ed.). London, UK: Pearson Education

 Limited.

Edwards, V. & Ngwaru, J. (2013). Language capital and development: The case of African

 language publishing for children in South Africa. *International Journal of the Sociology*
 of Language 2014(225), 29-50. Retrieved from doi:10.1515/ijsl-2013-0064

Glass, G. V., McGaw, B., & Smith, M. L. (1981). *Meta-Analysis in social research*. London,

 UK: Sage.

Guillemin, M., & Drew, S. (2010). Questions of process informant-generated visual

 methodologies. *Visual Studies*, *25*(2), 175–188. doi: 10.1080/1472586X.2010.502676

Hart, A., Gagnon, E., Eryigit-Madzwamuse, S., Cameron, J., Aranda, K., Rathbone, A., &

 Heaver, B. (2016). Uniting resilience research and practice with an inequalities

 approach. *SAGE Open*, *6*(4), 2158244016682477.

Heath, M. A., & Cole, B. V. (2012). Strengthening classroom emotional support for children following a family member's death. *School Psychology International, 33*(3), 243–262. doi: 10.1177/0143034311415800

Heath, M. A., Donald, D. R., Theron, L. C., & Lyon, R. C. (2014). AIDS in South Africa: Therapeutic interventions to strengthen resilience among orphans and vulnerable children. *School Psychology International*, *35*(3), 309–337. doi: 10.1177/0143034314529912

Liebenberg, L., Ungar, M., & Van de Vijver, F. R. R. (2012). Validation of the Child and Youth Resilience Measure-28 (CYRM‐28) among Canadian youth. *Research on Social Work Practice, 22*(2), 219–226. doi: 10.1177/1049731511428619

Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist*, *56*(3), 227–238. doi: 10.1037/0003-066X.56.3.227

Masten, A. S. (2014). *Ordinary magic. Resilience in development*. New York, NY: Guilford Press.

Mayaba, N. N., & Wood, L. (2015). The value of using folktales as an intervention tool to enhance resilience for children orphaned and rendered vulnerable by HIV and AIDS. *Education as Change*, *19*(1), 10–35. doi: 10.1080/16823206.2015.1024143

Mitchell, C., Theron, L. C., Stuart, J., Smith, A., & Campbell, Z. (2011). Drawings as research method. In L. C. Theron., C. Mitchell., A. Smith, & J. Stuart (Eds.), *Picturing research: Drawings as visual methodology* (pp. 19–36). Rotterdam, NL: Sense.

Montgomery, P., & Maunders, K. (2015). The effectiveness of creative bibliotherapy for

    internalizing, externalizing, and prosocial behaviors in children: A systematic review.

    Child & Youth Services Review, 55, 37–47. doi: 10.1016/j.childyouth.2015.05.010

Mpofu, E., Ruhode, N., Mhaka-Mutepfa, M., January, J., & Mapfumo, J. (2015). Resilience

    among Zimbabwean youths with orphanhood. In L. C. Theron., L. Liebenberg, & M.

    Ungar (Eds.), *Youth resilience and culture: Commonalities and complexities* (pp. 67–

    79). Dordrecht, Netherlands: Springer.

Munford, R., & Sanders, J. (2015). Young people's search for agency: Making sense of their

    experiences and taking control. *Qualitative Social Work*, *14*(5), 616–633. doi:

    10.1177/1473325014565149

Padmanathan, P., & De Silva, M. J. (2013). The acceptability and feasibility of task-sharing

    for mental healthcare in low and middle income countries: A systematic review.

    Social Science & Medicine, *97*, 82–86. doi: 10.1016/j.socscimed.2013.08.004

Panter‐Brick, C. (2015). Culture and resilience: Next steps for theory and practice. In L. C.

    Theron., L. Liebenberg, & M. Ungar (Eds.), *Youth resilience and culture:*

    Commonalities and complexities (pp. 233–244). Dordrecht, Netherlands: Springer.

Patel, V., Belkin, G. S., Chockalingam, A., Cooper, J., Saxena, S., & Unützer, J. (2013).

    Grand challenges: Integrating mental health services into priority health care

    platforms. *PLoS Med*, *10*(5), e1001448. doi: 10.1371/journal.pmed.1001448

Seccombe, K. (2002). "Beating the odds" versus "changing the odds:" Poverty, resilience,

    and family policy. *Journal of Marriage and Family*, *64*(2), 384–394. doi:

    10.1111/j.1741-3737.2002.00384

Theron, L. C. (2012). Resilience research with South African youth: Caveats and ethical

    complexities. *South African Journal of Psychology*, *42*, 333–345. doi:

    10.1177/008124631204200305

Theron, L. C. (2016a). The everyday ways that school ecologies facilitate resilience: Implications for school psychologists. *School Psychology International*, *37*(2), 87–103. doi: 10.1177/0142723713503254

Theron, L. C. (2016b). Toward a culturally and contextually sensitive understanding of resilience: Privileging the voices of Black, South African young people. *Journal of Adolescent Research*, *31*(6), 635–670. doi: 10.1177/0743558415600072

Theron, L. C., & Donald, D. R. (2013). Educational psychology and resilience in developing contexts: A rejoinder to Toland and Carrigan (2011). *School Psychology International*, *34*(1), 51–66. doi: 10.1177/0143034311425579

Theron, L. C., & Theron, A. M. C. (2010). A critical review of studies of South African youth resilience, 1990–2008. *South African Journal of Science, 106*(7/8), 1–8. Retrieved from http://www.sajs.co.za

Theron, L. C., & Theron, A. M. C. (2013). Positive adjustment to poverty: How family communities encourage resilience in traditional African contexts. *Culture & Psychology*, *19*(3), 391–413. doi: 10.1177/1354067X13489318

Tian, G., & Wang, X. (2015). Cultural pathways to resilience: Informal social support of at-risk youth in China. In L. C. Theron., L. Liebenberg, & M. Ungar (Eds.), *Youth resilience and culture: Commonalities and complexities* (pp. 93–104). Dordrecht, Netherlands: Springer.

Tukhareli, N. (2011). Bibliotherapy in a library setting: Reaching out to vulnerable youth. *Partnership: The Canadian Journal of Library and Information Practice and Research, 6*(1), 1–18. Retrieved from http://journal.lib.uoguelph.ca/index.php/perj/article/view/1402/2077

Ungar, M. (2011). The social ecology of resilience: Addressing contextual and cultural ambiguity of a nascent construct. *American Journal of Orthopsychiatry*, *81*, 1–17. doi: 10.1111/j.1939-0025.2010.01067

Ungar, M. (2015). Practitioner review: Diagnosing childhood resilience—a systemic approach to the diagnosis of adaptation in adverse social and physical ecologies. *Journal of Child Psychology and Psychiatry*, *56*(1), 4–17. doi: 10.1111/jcpp.12306

Ungar, M., & Liebenberg, L. (2011). Assessing resilience across cultures using mixed methods: Construction of the Child and Youth Resilience Measure. *Journal of Multiple Methods in Research, 5*(2), 126–149. doi: 10.1177/1558689811400607

Ungar, M., Theron, L., Liebenberg, L., Tian, G. X., Restrepo, A., Sanders, J., ... & Russell, S. (2015). Patterns of individual coping, engagement with social supports and use of formal services among a five-country sample of resilient youth. *Global Mental Health*, *2*(e21), 1–10. doi: 10.1017/gmh.2015.19

United Nations Children's Fund (UNICEF). (n.d.). *Orphans and vulnerable children*. Retrieved from http://www.unicef.org/southafrica/protection_6631.html

van Breda, A. D. (2017). A comparison of youth resilience across seven South African sites. *Child & Family Social Work*, *22*(1), 226 235. doi:10.1111/cfs.12222

Ward, C., Makusha, T., & Bray, R. (2015). Parenting, poverty and young people in South Africa: What are the connections? In A. De Lannoy, S. Swartz, L. Lake, & C. Smith (Eds.), *South African Child Gauge* (pp. 69–74). Cape Town, South Africa: Children's Institute, University of Cape Town.

Wood, L., Theron, L. C., & Mayaba, N. (2012). 'Read me to resilience:' Exploring the use of cultural stories to boost the positive adjustment of children orphaned by AIDS.

African Journal of Aids Research, 11(3), 225–239. doi:

10.2989/16085906.2012.734982

Wright, M. O., & Masten, A. S. (2015). Pathways to resilience in context. In L. C. Theron.,

L. Liebenberg, & M. Ungar (Eds.), *Resilience and culture. Commonalities and*

complexities (pp. 3–22). Dordrecht, Netherlands: Springer.