

## How to Fail a Scale: Reflections on a Failed Attempt to Assess Resilience

Emily Mendenhall<sup>1,2</sup>  · Andrew Wooyoung Kim<sup>2,3</sup>

Published online: 3 January 2019

© Springer Science+Business Media, LLC, part of Springer Nature 2019

**Abstract** How we interpret concepts from suffering to survival has been historically debated in the field of anthropology, transcultural psychiatry, and global mental health. These debates have centered on the notion that such concepts are cross-culturally reproducible, although scholars who work the boundaries of culture, medicine, and psychiatry often triangulate methods from internationally standardized scales to various interpretive methods from participant observation to narrative. This article considers resilience, as opposed to suffering, as the subject of a reproducible entity by discussing the failure of an attempt to capture resilience via an internationally reputed scale called the “Resilience Scale for Adults” among cancer patients in urban South Africa. Our effort to utilize the internationally validated scale, and our attempt to draw on ethnographic and interview work to translate this scale to a locally relevant entity failed due to linguistic, cultural, and practical issues. In brief, the attempt failed because our resilience scale was too long, syntactically ambiguous, and culturally inappropriate. We write this article to spur a larger conversation about evaluating resilience from scale to ethnography, and how the concept and measurement of resilience might figure into fields of anthropology and medicine.

**Keywords** Anthropology · Resilience · Psychometric measurement

---

✉ Emily Mendenhall  
em1061@georgetown.edu

<sup>1</sup> Walsh School of Foreign Service, Georgetown University, Washington, DC, USA

<sup>2</sup> Medical Research Council/Wits Developmental Pathways for Health Research Unit, Department of Pediatrics, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa

<sup>3</sup> Department of Anthropology, Northwestern University, Evanston, IL, USA

## Introduction

How we interpret concepts from suffering to survival has been historically debated in the field of anthropology, transcultural psychiatry, and global mental health (Kirmayer 2006; Kirmayer, Lemelson, and Barad 2007; Kohrt and Mendenhall 2015; Kohrt et al. 2014; Patel 2014; Summerfield 2008). Mostly, these debates have centered on the notion that such concepts are cross-culturally reproducible. Anthropologists have put together an impressive body of work that reveals how and why suffering is experienced, expressed, and embodied differently from place to place and emphasized that it is not a universal construct. Some have gone so far as to challenge the notion that an international measurement of such suffering is realistic (Kirmayer and Pedersen 2014; Summerfield 2008), despite the fact that many of us use psychometric scales that have been “validated” among the communities with which we work. As a result, many anthropologists take a hybrid approach by capturing suffering via an internationally standardized scale while interpreting it in ethnographic research utilizing various methods from participant observation to narrative (see Mendenhall, Yarris, and Kohrt 2016).

This comment considers if such thinking about suffering may apply to resilience, recognizing that it is a polysemous term (Panter-Brick 2014). Resilience has been long defined by doing well amidst adversity, with a focus on how individual traits may contribute. Anthropological contributions have pushed thinking about resilience toward a more nuanced perception of what social and cultural complexities impact how people and communities are resilient. Some have focused on the various processes through which social, cultural, and political factors foster resilience and vulnerability alike (Eggerman and Panter-Brick 2010; Lewis 2013, 2018; Mullings and Wali 2001; Obrist and Büchi 2008; Panter-Brick 2014; Ulturgasheva, Rasmus, and Morrow 2015; Zraly and Nyirazinyoye 2010). Such work has been exemplified in scholarship among indigenous peoples and the collective identities that foster unique, locally rooted strength through time and space. For instance, Kirmayer et al. (2011) argue that “collective and cultural terms” (85) are fundamental, such as the “Inuit concept of *niriunniq*, an Inuktitut word that can be glossed as hope. Faced with adversity, people talk of hope and wait for it to reveal itself. For many, it is an elusive experience but its potency as a life-giving force is never questioned” (88). In her work among indigenous communities in the Arctic, Lisa Wexler (2013) argues that “cultural ideas of self situate people as part of something larger” and “offer people a way to understand their problems and difficulties as part of a collective experience that has been overcome by people like them” (86). This is exemplified by Sara Lewis’s (2018) work with Tibetan Buddhists, where the practice of *lojong*, or mind training, can create the possibility to mitigate suffering by cultivating compassion for others (often in the same situation) and reflecting on emptiness—a term referring to resilience or “an active process—an approach for meeting life’s inevitable problems with openness, humour, and compassion” (2). Thus, many anthropologists consider resilience to be a concept or experience found within suffering, not in spite of it (Kirmayer, Gone,

and Moses 2014; Trout, Wexler, and Moses 2018; Wexler 2013; Zraly and Nyirazinyoye 2010; Lewis 2013, 2018; Zraly and Nyirazinyoye 2010).

In this article, we consider the utility of studying the concept of resilience in ways comparable to the concept of suffering. Heretofore, few anthropologists have designed quantitative tools to capture what factors may cultivate the collective and cultural terms that define what is known as “resilience” within particular contexts, with the exception of a recently designed resilience tool for Syrians in Jordan (see Panter-Brick et al. 2018). Catherine Panter-Brick (2014) has argued that to measure resilience, “We may begin with participatory methods to evaluate emic understandings of well-being, followed by well-designed surveys to achieve scale, reproducibility, and comparative clout” (443). Such an approach may build upon the novel approaches to locally designed companion scales of idioms of distress (see Weaver and Kaiser 2015). We set out to determine what this might look like within the conceptualization of resilience by matching together extensive life history narrative interviews, a locally designed exercise, and an internationally tested scale to measure resilience among people enrolled in cohort studies for breast and prostate cancers in urban South Africa. We did not necessarily frame their notions of resilience to be linked to their health. Rather, we sought to understand what people identified as both the most deeply troubling and enabling ideas, interactions, and experiences—as well as the social-structural factors that shaped them.

In what follows, we discuss the utility of the internationally standardized scale to study resilience and confess that this was largely a failed attempt. We focus on the Resilience Scale for Adults (RSA), published by Friborg and colleagues (2005) in their Appendix, which we selected for our study in part because, amidst few available options, we wanted to draw from multiple levels of understanding to evaluate resilience. The RSA incorporated domains that addressed sources of resilience that went beyond the individual, such as family and society. Since other scales tend to focus exclusively on individual traits and characteristics, this scale appeared to be more inclusive and was previously tested in other cultural contexts with good psychometric results. Next, we provide some context for the study, explain our struggles with the scale, describe in detail how the scale was adapted, and provide brief suggestions about moving forward. In part, our study reveals how the complexities of ethnographic work around the concept of resilience are hard to rectify within a summation of 33 likert scale questions; however, it further suggests that there may be possibilities to cultivate more balanced scales that look to those personal and collective factors that promote health amidst adversity.

## Context

In 2017 we assembled a team of researchers to explore the social and medical complexities experienced among men and women living with prostate cancer and breast cancer, respectively, in urban South Africa. The first author had worked previously with the research team in Soweto, in conjunction with a leading South African University, and the study was borne from local interest in the complexities of cancer experiences. Everyone in the study was recently diagnosed with cancer

and dealing with instances of fear, grief, complacency, and reimagining of what it means to now be treated for and live with this new condition (Kim, Kaiser, Bosire, Shahbazian, and Mendenhall 2019). These 80 individuals brought with them vivid lives with many challenges and many other medical conditions, from hypertension to HIV. Although the goals of the study involved many parts, one was to understand how people conceived of emotional valences—from suffering to resilience—and what social, material, emotional, and interpersonal factors contributed to emotional well-being amidst cancer diagnosis, complexities of treatment, and social and emotional dynamics of wading through a new identity. As with other diseases and other contexts, most had faced myriad social and medical problems over much of their lives. By turning our focus away from the suffering slot (Herrick 2017), we intended to develop a fuller understanding of what drives resilience amidst adversity, as well as how they conceived of strength and why.

In planning, we added questions to our in-depth interview that emphasized, in various forms, what gives you strength—be it material, emotional, social, or physical. We used a culturally adapted scenario that we then asked each participant to respond to and describe in detail how they perceived two very different individual responses to life's challenges (see in Appendix 1). We selected the Resilience Scale for Adults, or RSA (Friborg et al. 2005), in part to provide a static measure of experience, and we had intended to evaluate whether a discrete measure of certain questions or summation score was informative or interactive with our more inductive measures. We thought the RSA might provide insight into general level of elasticity through which study participants navigated their cancer diagnoses and newly initiated treatments. We chose the RSA because it was published in the peer reviewed literature and appeared to be one of the most accessible and widely-used scales. We triangulated our methods for evaluating resilience and intended for these multiple methods nested within a broader 2–3 h interview to inform later research studies around the concept and context in which we worked.

Yet, this study revealed a powerful message, which reflects scholarship on many measures of emotional distress (Kohrt et al., 2014; Weaver and Kaiser, 2015), that translating resilience cross-culturally requires robust ethnographically-rooted tools. On the one hand, our narrative data detailed the cultural nuance through which people describe facing and responding to life's challenges as well as the personal, interpersonal, economic, and medical factors that stood out as powerful conduits of strength through life's transitions (see Kim et al., 2019). The scenario around resilience further complemented these interpretations of how people perceived themselves and others as resilient amidst life's challenges.

On the other hand, the RSA revealed to be challenging because of the syntactic ambiguity of the scale items, the administration of the scale was too long and emotionally exhausting for both interviewer and interviewee, and the concepts were not translatable to this context. In many interviews, our researchers repeated each of the 33 questions in the RSA multiple times and in different ways so that our study participant would understand. It is likely that the reframing and explaining each question weakened both the reliability and validity of the scale. Across studies, in part because we interviewed 80 people, we had four or more different people (including translators in some cases) who administered interviews; therefore, we

might infer that each once could have described RSA items in different ways and recorded responses in a likert scale that most participants found confusing. Some participants struggled to comprehend certain concepts within some of the questions, which underscored the fact that internationally validated instruments miss essentially localized personal and collective concepts that are vital to defining resilience from one group to another (Eggerman and Panter-Brick 2010; Kirmayer et al. 2011; Panter-Brick 2014).

Ethnographically-mediated scale-production is still nascent; there are no guidelines and much of the adaptation process reflects the amount of time and money accessible to the research team. Since mid-way through our study, our team was concerned that the scale was burdensome for our study participants, we convened to discuss what we could do to improve the situation. While we considered deleting the scale completely, some team members thought adapting the scale to address the problems may be productive. Thus, in [Appendix 2](#), we include a table with three columns to show how we adapted the RSA to develop a locally derived scale that we named the “Soweto Resilience Scale” (SRS). We adapted the language, deleted nearly one-third of the items (as to avoid repeating concepts and added some ethnographically relevant questions). The first column shows the original list of questions from the RSA, the second column shows the revised list of questions in the SRS, and the last column lists constructs of resilience and reasons for revisions.

Revisions to the RSA were guided by critiques offered by five members of our research team. First, we found the syntax of nearly every question was unclear to both the interviewers and participants. Second, we realized that the particular concepts of resilience that were intended to be evaluated, such as “being flexible in social settings” or “feeling capable” and especially individually-focused constructs of resilience, were not understood or culturally resonant. Third, the vocabulary used in the initial survey was either too complex or unnecessarily advanced for our interlocutors to interpret. And finally, the overall length of the survey, which included 33 distinct questions, commonly led to survey fatigue and unquestionable burden to our study participants. This last burden was the primary reason for adapting the resilience scale to be fewer questions; however, in retrospect, we should have halted the utilization of the instrument all together. These concerns are unsurprising considering that the RSA was designed for a rather homogenous population of Norwegian high school students and intended to be self-administered (Friborg et al. 2005). Thus, the SRS revision involved simplifying language, shortening questions, dropping questions that tested similar constructs of resilience, and adding locally resonant constructs of resilience that stemmed from ethnographic and interview data. Nevertheless, quantitatively negligible differences emerged between scales, suggesting that modifying an internationally standardized scale to be more ethnographically informed is the wrong direction through which such a scale should be produced.

## Thinking Forward

This final section provides some reflections on the concept of resilience, its quantification, and translation across contexts. First, reorienting how we think about suffering and resilience is an imperative next step for anthropology and particularly applied, psychological, and medical anthropology. When thinking about resilience, we must keep culture-in-mind (Lutz 1986), as the power of how people envision themselves within the world around them plays an important role in how they perceive and respond to challenges from their social world. We suggest a rethink of medical anthropology's emphasis on the concept of *suffering* alongside the concept of resilience by cultivating a lens that moves within and between what fosters sickness and wellness. Jeff Snodgrass, Lacy, and Upadhyay (2017) have described this approach as evaluating “emotional balance” between emotional frailty and emotional resilience/balance; this method and meditation focuses on how people experience and navigate their emotional worlds in real time (as opposed to ex-factor remembrance). In this work, they focus more on the relative frequency in which people experience emotions—engaging agnostically with biomedical or local nosologies—and drawing from emotional realities. Such an approach should integrate the nuanced scholarship around resilience that focuses upon how resilience thrives through (as opposed to in spite) of suffering (see Wexler 2013).

Second, we need to reconsider the utility of quantifying the concept of resilience and translating it across contexts. This was the focus of Weaver and Kaiser's (2015) article that focused on developing culturally rooted measures of distress through integration of ethnographic and empirical measures. Weaver and Kaiser state, “this ethnographic focus is important for preserving the variation in distress experiences, for making apparent to readers what specific aspects of distress are (or are not) measured by the scales being developed, and for increasing transparency” (p. 3). This statement further affirms the fact that local knowledge is imperative for designing such scales and for interpreting them (although, this is no surprise to anthropologists studying the term). Yet, such scales may tip the balance of focus within the context of biomedical thinking and evaluation of psychiatric distress. On the one hand, it may be that scales capturing resilience fail to do so in part because of the apathy toward the concept in biomedicine. On the other hand, ethnographically rooted scales—and perhaps those designed through participatory methods—may be meaningful because they require collective and cultural terms for strength, hope, survival, and other aspects of the social fabric that so often are excluded from the focus on distress, or suffering. Similarly Clare Herrick (2017) has argued, “when our conceptualization of suffering extends beyond the individual as vulnerable victim to think through the contexts in which victimhood may be more problematically or ambiguously configured [...] we become drawn to an array of different spaces of health production, erosion and negotiation where suffering is experienced and produced” (531). As such, resilience itself may be a community-level or political-level construct that becomes meaningless when conscribed to a scale-like format.

In conclusion, how people think about resilience—and what fosters resilience from one place to the next—is culturally scripted and socially reproduced. We have considered how resilience is communicated across contexts by way of evaluating a resilience scale that was utilized in global context. However, we argue that the RSA, developed from a study in Norway, was not replicable to the context in urban South Africa where we work. Although this is not surprising to the anthropologist, this short reflection on how to fail a scale may be revealing to a medical practitioner or global mental health researcher seeking an internationally replicable scale for resilience. This is not simply because of issues of RSA copyright that we found surprising and unproductive (see authors for more details). Instead, it may be that the concept of resilience itself moves beyond and around what any quantifiable scale might capture and/or needs to change so much across settings that it becomes incomparable. For instance, most resilience scales are measuring “grit” or “hardiness”—concepts that are narrowly conceived regardless of cultural setting and overlook central tenets of how communities themselves produce resilience (such as Lewis’s (2013, 2018) focus on compassion). Returning to the question of scale, locally-derived and collectively-determined factors that may mediate “emotional balance” are imperative to understand a fair representation of “resilience” amidst a preoccupation with “suffering”.

**Funding** This field methods paper was prepared with the financial support of the Provost Office and SFS Dean’s Office from Georgetown University. The second author was supported by the National Science Foundation Graduate Research Fellowship.

#### **Compliance with Ethical Standards**

**Conflict of interest** None.

## **Appendix 1**

Question: I’ll now describe a scenario and ask you some questions about your thoughts about this example. Imagine a person named Sibongile, a middle aged adult from Soweto who experienced a severe car accident 6 months ago. Today they are back at work, functioning fine, and not too stressed. Now imagine another person, Grace, also a middle aged adult from Sophiatown who went through a similar car accident but is continuing to experience a number of health problems, such as migraines, aggressive behavior, and anxiety. What might be the reason that they had different outcomes?

[Probes: Why was Sibongile able to cope/recover well? Why was Grace unable to cope/recover well? Thinking of people in your community who are like Sibongile, what things help them to recover when they experience things like [traumatic events]? What things make it difficult for them to cope with stress and recover? How can you tell/recognize when someone can/cannot cope and recover well?]



## Appendix 2

RSA	SRS	Comment
Personal strength/perception of self		
(1) I always find a solution when something unforeseen happens	(1) When something unexpected happens, I always find a solution	<b>Positive outlook</b>
(2) I know how to solve my personal problems	(2) I know how to solve the problems in my life	<b>Competence</b>
(3) <i>I strongly believe in my abilities</i>	<i>I am capable (I strongly believe in my abilities)</i>	<i>This was dropped because it was not translatable</i>
(4) I completely trust my judgments and decisions	(3) I trust my judgments and decisions	<b>Self-confidence</b>
(5) In difficult periods, I have a tendency to find something good that helps me thrive	(4) When life becomes difficult, I find something or someone to help me keep going	
(6) I manage to come to terms with events in my life that I cannot influence	(5) I manage to accept things I cannot change	<b>Realism</b>
Personal strength/perception of future		
(7) My plans for the future are possible to accomplish	(6) I can achieve my plans for the future	<b>Goal orientation</b>
(8) <i>I know how to accomplish my future goals</i>	<i>I know how to accomplish my future goals (plans for the future)</i>	<i>Dropped due to repetition</i>
(9) <i>I feel that my future looks very promising</i>	<i>My future looks bright (successful)</i>	<i>Dropped due to repetition</i>
(10) <i>My goals for the future are well thought through</i>	<i>My future is well planned</i>	<i>Dropped due to repetition</i>
Structured style		
(11) I am at my best when I have a clear goal to strive for	(7) I like to have a clear idea of what work towards	- Initial question is confusing, dropped “goal” <b>Aims and objectives</b>
(12) When I start on new things/projects, I prefer to have a thorough plan	(8) When I start a new activity or project, I prefer to have a good, well thought out plan	- Step-by-step is resonant among participants - “Thorough” is confusing <b>Planfulness</b>
(13) I am good at organizing my time	(9) I am good at organizing my time	<b>Organizational skills</b>
(14) <i>Rules and regular routines simplify my everyday life</i>	<i>Following rules makes my life easier</i>	<i>Dropped due to repetition</i>
Social competence		
(15) I enjoy being together with other people	(10) I enjoy being with other people	<b>Positive social orientation</b>
(16) To be flexible in social settings is really important to me	(11) It's easy for me to adapt to social situations	



RSA	SRS	Comment
(17) New friendships are something I make easily	(12) I make friends easily	<b>Making contact</b>
(18) <i>Meeting new people is something I am good at</i>	<i>I am good at meeting new people</i>	<i>Dropped due to repetition</i>
(19) I easily laugh when I am with others	(13) I laugh easily when I am with others	<b>Humor</b>
(20) For me, thinking of good topics for conversation is easy	(14) I communicate well with new people (I make conversation easily)	<b>Comforting others</b>
<b>Family cohesion</b>		
(21) My family's understanding of what is important in life is very similar to mine	(15) My family and I agree on what is important in life (share the same values)	<b>Shared values</b>
(22) I feel very happy with my family	(16) I am very happy with my family	<b>Comfort</b>
(23) My family is characterized by healthy coherence	(17) I have a tight family (My family sticks together, is close)	<b>Support</b>
(24) In difficult periods my family keeps a positive outlook on the future	(18) When life becomes difficult, my family keeps a positive attitude	<b>Common positive outlook</b>
(25) <i>Facing other people, our family acts loyal towards one another</i>	<i>My family is loyal to one another, even when we are challenged</i>	<i>Dropped due to repetition</i> <b>Common perspective</b>
(26) <i>In my family we like to do things together</i>	<i>My family likes to do things together</i>	<i>Dropped due to repetition</i>
<b>Social resources</b>		
(27) <i>I can discuss personal issues with friends/family-members</i>	<i>I can discuss personal issues with my friends and family</i>	<i>Dropped due to repetition</i>
(28) Those who are good at encouraging me are some close friends/family members	(19) My family is good at encouraging me	Consider dropping for religion question <b>Encouragement</b>
(29) The bonds among my friends is strong	(20) My friends and I have strong bonds	<b>Cohesion</b>
(30) <i>When a family member experiences a crisis/emergency, I am informed right away</i>	<i>If a family member has an emergency, someone calls me right away</i>	<i>Dropped due to repetition</i>
(31) <i>I get support from friends/family members</i>	<i>I get support from friends and family</i>	<i>Dropped due to repetition</i>
(32) When needed, I always have someone who can help me	(21) I always have someone who can help me when needed	<b>Help</b>
(33) My close friends/family members appreciate my qualities	(22) My family appreciates me	<b>Appreciated by others</b>
	(23) I turn to my religion for support during hard times	Religion

## References

- Eggerman, M., and C. Panter-Brick  
 2010 Suffering, Hope, and Entrapment: Resilience and Cultural Values in Afghanistan. *Social Science & Medicine* 71(1):71–83. <https://doi.org/10.1016/j.socscimed.2010.03.023>.
- Friborg, O., D. Brlaug, M. Martinussen, J.H. Rosenvinge, and O. Hjemdal  
 2005 Resilience in Relation to Personality and Intelligence. *International Journal of Methods in Psychiatric Research* 6788(1):2–5.
- Herrick, C.  
 2017 When Places Come First: Suffering, Archetypal Space and the Problematic Production of Global Health. *Transactions of the Royal Geographical Society* 42:530–543. <https://doi.org/10.1111/tran.12186>.
- Kim, A. W., B. Kaiser, E. Bosire, K. Shahbazian, and E. Mendenhall  
 2019 Idioms of Resilience Among Cancer Patients in Urban South Africa: An Anthropological Heuristic for the Study of Culture and Resilience. *Transcultural Psychiatry* (in press)
- Kirmayer, L.J.  
 2006 Culture and Psychotherapy in a Creolizing World. *Transcultural Psychiatry* 43(2):163–168. <https://doi.org/10.1177/1363461506064846>.
- Kirmayer, L.J., S. Dandeneau, E. Marshall, M.K. Phillips, and K.J. Williamson  
 2011 Rethinking Resilience from Indigenous Perspectives. *Canadian Journal of Psychiatry* 56(2):84–91. <https://doi.org/10.1177/070674371105600203>.
- Kirmayer, L.J., J. Gone, and J. Moses  
 2014 Rethinking Historical Trauma. *Transcultural Psychiatry* 51(3):299–319.
- Kirmayer, L.J., R. Lemelson, and M. Barad  
 2007 *Understanding Trauma: Integrating Biological, Clinical, and Cultural Perspectives*. Cambridge: Cambridge University Press.
- Kirmayer, L., and D. Pedersen  
 2014 Toward a New Architecture for Global Mental Health. *Transcultural Psychiatry* 51(16):759–776. <https://doi.org/10.1177/1363461514557202>.
- Kohrt, B.A., and E. Mendenhall  
 2015 *Global Mental Health: Anthropological Perspectives*. Walnut Creek, CA: Left Coast Press.
- Kohrt, B.A., A. Rasmussen, B.N. Kaiser, E.E. Haroz, S.M. Maharjan, B.B. Mutamba, J.T.V.M. De Jong, and D.E. Hinton  
 2014 Cultural Concepts of Distress and Psychiatric Disorders: Literature Review and Research Recommendations for Global Mental Health Epidemiology. *International Journal of Epidemiology* 43(2):365–406. <https://doi.org/10.1093/ije/dyt227>.
- Lewis, S.  
 2018 Resilience, Agency, and Everyday Lojong in the Tibetan Diaspora. *Contemporary Buddhism: An Interdisciplinary Journal* . <https://doi.org/10.1080/14639947.2018.1480153>.
- Lewis, S.E.  
 2013 Trauma and the Making of Flexible Minds in the Tibetan Exile Community. *Ethos* 41(3):313–336. <https://doi.org/10.1111/etho.12024>.
- Lutz, C.  
 1986 The Anthropology of Emotions. *Annual Review of Anthropology* 15(1):405–436. <https://doi.org/10.1146/annurev.anthro.15.1.405>.
- Mendenhall, E., K. Yarris, and B.A. Kohrt  
 2016 Utilization of Standardized Mental Health Assessments in Anthropological Research: Possibilities and Pitfalls. *Culture, Medicine and Psychiatry* 40(4):726–745. <https://doi.org/10.1007/s11013-016-9502-y>.
- Mullings, L., and A. Wali  
 2001 *Stress and Resilience: The Social Context of Reproduction in Central Harlem*. New York: Springer. [10.1007/978-1-4615-1369-8](https://doi.org/10.1007/978-1-4615-1369-8).
- Obrist, B., and S. Büchi  
 2008 Stress as an Idiom for Resilience: Health and Migration Among Sub-Saharan Africans in Switzerland. *Anthropology & Medicine* 15(3):251–261.

- Panter-Brick, C.  
2014 Health, Risk, and Resilience: Interdisciplinary Concepts and Applications. *Annual Review of Anthropology* 43(February):431–448. <https://doi.org/10.1146/annurev-anthro-102313-025944>.
- Panter-Brick, C., R. Dajani, A. Ager, K. Hadfield, M. Eggerman, and M. Ungar  
2018 Resilience in Context: A Brief and Culturally Grounded Measure for Syrian Refugee and Jordanian Host-Community Adolescents. *Child Development* 89(5):1803–1820. <https://doi.org/10.1111/cdev.12868>.
- Patel, V.  
2014 Why Mental Health Matters to Global Health. *Transcultural Psychiatry* 51(6):777–789.
- Snodgrass, J.G., M.G. Lacy, and C. Upadhyay  
2017 Developing Culturally Sensitive Affect Scales for Global Mental Health Research and Practice: Emotional Balance, Not Named Syndromes, in Indian Adivasi Subjective Well-Being. *Social Science and Medicine* 187:174–183. <https://doi.org/10.1016/j.socscimed.2017.06.037>.
- Summerfield, D.  
2008 How Scientifically Valid is the Knowledge Base of Global Mental Health?. *BMJ* 336(7651):992–994.
- Trout, L., Wexler, L., and Moses, J. 2018 Beyond Two Worlds: Identity Narratives and the Aspirational Futures of Alaska Native Youth. *Transcultural Psychiatry*
- Ulturgasheva, O., S. Rasmus, and P. Morrow  
2015 Collapsing the Distance: Indigenous-Youth Engagement in a Circumpolar Study of Youth Resilience. *Arctic Anthropology* 52(1):60–70.
- Weaver, L.J., and B.N. Kaiser  
2015 Developing and Testing Locally Derived Mental Health Scales Examples from North India and Haiti. *Field Methods* 27(2):1150130.
- Wexler, L.  
2013 Looking Across Three Generations of Alaska Natives to Explore How Culture Fosters Indigenous Resilience. *Transcultural Psychiatry* 51(1):73–92.
- Zraly, M., and L. Nyirazinyoye  
2010 Don't Let the Suffering Make You Fade Away: An Ethnographic Study of Resilience Among Survivors of Genocide-Rape in Southern Rwanda. *Social Science & Medicine* 70(10):1656–1664.

**Publisher's Note** Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Culture, Medicine & Psychiatry is a copyright of Springer, 2019. All Rights Reserved.