Title: Reflections on the use of mental health resilience concepts in migration and global mental health

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Abstract

With the concept of resilience increasingly deployed across a range of issues in development studies – from conflict resilience to climate resilience – this paper considers the relevance of resilience concepts to current issues and concerns in global mental health. Resilience discourses can be seen as one response to the need for more holistic accounts of mental health that focus, not only on stressors and risk factors for mental ill health, but also recognize the sometimes overlooked capacities of people and communities to manage and coproduce their own mental wellbeing.

For example, migration forms the backdrop to global mental health for a significant proportion of the world's populace. And yet, thus far, most literature on migrant mental health has tended to focus on risk factors and stressors with comparatively little consideration given to potential sources or resources for positive mental health and coping with adversity.

Nevertheless, while concepts of 'resilience' are increasingly advocated in development studies and global mental health contexts, such concepts also have their critics. For example, resilience rhetorics can 'depoliticize' by appearing to normalize otherwise unacceptable circumstances which might – from post-development and other alternative critical perspectives – be viewed as politically constituted through-and-through.

Keywords: mental health, resilience, migration, poverty, global public health

The growing appeal of 'resilience' in development and health studies

The term 'resilience' has its origins in physics and mathematics, but is being increasingly widely used across a range of themes in development studies – from conflict resilience, to water resilience to climate resilience. Although often criticized for the inconsistent ways resilience can be defined (Tanner, Bahadur, & Moench, 2017, p. 1), those who recommend it tend to contend that – as a means of framing and responding to a broad range of contemporary problems – notions of 'resilience' are uniquely suited to the challenges of our times. In health contexts for example, Wulff *et al*, argue it is the concept's

> very versatility and far-reaching resonance that offer the exciting potential to establish resilience as a shared, multisector framework for building flourishing communities. At its core, resilience embodies a vision of healthy individuals and thriving communities, and a resilience-centered framework provides concrete actions people, organizations, and institutions can take to promote the sustainable and long-term well-being of communities in the face of adversity and disaster.

Wulff *et al* go on to note the particular relevance of resilience to public health, particularly given the increasing migratory demographic shifts from rural to urban areas and the recognition that the complexity of challenges faced by human communities "is accelerating" with global problems such as climate change altering the scales and types of adversity communities potentially confront (Wulff, Donato, and Lurie*,* 2015, p.363).

Although definitions of resilience may differ between or even within disciplines, most feature the following three elements: firstly, risk factors and adversity are identified; secondly, resources for addressing those risks are identified; thirdly, the risks or adversity are either avoided or adapted to positively. However, in her review of the literature on resilience in healthcare contexts, Windle observes that health resilience is often characterized in two distinct ways. One of these is to explore resilience in terms of lifespan and development; and the use of resilience concepts in mental health were largely pioneered by developmental psychologists, particularly in Garmezy's work on how some children are better able to deal with stress than others (Garmezy, 1985). Broadly speaking, a lifespan developmental approach to resilience tends to emphasize psychological resources developed in earlier life and how they might mediate adversity in later life. The second way resilience tends to be explored in mental health contexts emphasizes the broader contexts necessary for personal and community flourishing. Windle describes this latter approach as the ecological systems theory approach, with each personal or societal subsystem considered as nested hierarchically within broader societal and ecological contexts:

> People do not exist in isolation but interact with, and are influenced by, their physical, social and environmental contexts … the functioning of the defining attributes of resilience can be further explained within this theoretical framework. (Windle, 2011, p.164)

However, though these two approaches have often been considered separately, they are not mutually exclusive; and any full account of potential sources and resources for resilience in mental health would need to acknowledge both developmental resources and broader societal and ecological contexts.

But while 'resilience' appears to offer many benefits for framing a range of contemporary health and development issues, there have also been criticisms and cautions about the use of such concepts. For example, Marttila *et al* point out that resilience is a relative and culturally dependent concept and such commonly cited resources for mental health resilience as self-esteem or self-efficacy are sometimes valued very differently in different cultures (Marttila *et al*, 2013, p.3). Moreover, the literature on resilience in mental health often tends to focus on resilience as a psychological 'trait' of the individual and apart from its communal and societal dimensions and contexts. More broadly, Tanner *et al* note how a focus on resilience can 'depoliticize' if it seems to imply that the wellbeing of vulnerable people and communities lies wholly with themselves. The same authors also note that practitioners considering resilience across a range of development issues can find themselves forced to make trade-offs between different groups, locations and timescales (Tanner *et al*, 2017, p.1).

Might considerations of 'resilience' be for exploring and supporting mental health in migrant communities?

Within global mental health contexts, might considerations of resilience be relevant to supporting mental health in migrant communities, for example? Migration forms the backdrop to the mental health of a significant portion of the global population; according to WHO estimates, there are some one billion migrants worldwide, three quarters of whom are internal migrants, often from rural to urban areas in countries undergoing rapid urbanization (WHO, 2019).

Migrants and their communities are frequently faced with considerable adversities, both before and after arrival at their destination. The majority of internal migrants arrive into urban slums; and slum dwellers now constitute "a third of the global urban population" (McMichael, 2019, p.13). For migrants from rural areas, for example, simply adjusting to the very different ways of living in urban settlements can be a considerable challenge. Confronted by these and other problems, many migrants can exhibit symptoms bearing many of the hallmarks of PTSD.

Given the deprivation and inequity suffered by many migrants, most of the literature relating to migration and mental health thus far has understandably tended to concentrate on stressors and risk factors.Yet, although mental health risk factors confronting internal migrants can often be manifold and grave, several strong arguments have emerged for why mental health research on migration may need to begin looking beyond risk factors alone. Firstly, there has arguably been something of a paradigm shift away "from the pathological focus to the positive aspect" in health and mental health studies (Chen, Wang, & Yan, 2016, p. 533). For example, Aaron Antonovsky's pioneering *salutogenesis* model accords much greater emphasis to factors causing health rather than factors causing ill-health or disease. Focusing on causes of ill-health or disease is sometimes described as a *pathogenesis* approach. Proponents of salutogenesis argue that research focusing on risk factors all too often overlooks the potentially hidden resources people and their communities may possess for mediating risk and achieving positive health (Becker, Glascoff, & Felts, 2010). Secondly, and relatedly, critics of deficit models of health note how such approaches can also have negative political implications, leading to a technocratic style of top-down, expert-driven interventions that can reduce citizens to mere passive recipients of care (Hammond & Zimmerman, 2012, p. 2). By contrast, it is suggested, assets-based approaches are more likely to engage people and communities as co-producers and co-designers of their own wellbeing and flourishing (Pattoni, 2012, p. 2).

Nevertheless, it might still be asked how relevant such asset-based approaches could possibly be to often the considerable, and sometimes extreme, challenges and adversity faced by many migrant slum dwellers. Consider, for example, some of the challenges noted in one recent study of a Mumbai slum which included

> having to sleep sitting up or outside one's home and frequent expose to rats and insects cause stress in and of themselves [and] may also serve as markers of underlying structural deprivation – such as extreme

> housing density, living next to a solid waste dump, or having a home built of low-quality materials that provide poor barriers against rodents. Also there is a complex interplay among some stressors, such as income poverty, having a loan, the cost of water, and food security. The qualitative data suggests that the poor experience greater stress from trying to decide which basic need (e.g. food or water) should be prioritized, in situations of limited monetary means and sometimes severe debt. (Subbaraman *et al*, 2014, p.160).

Further risk factors include: loneliness, separation from family, poor social networks and lack of friendships, and alcohol abuse.

Nevertheless, Davydov *et al* suggest there remains a need for more detailed understandings of mental health resilience among people and communities who are vulnerable or confronting considerable adversity:

> For the purposes of public health interventions, resilience research should not only identify those members (countries, social groups or individuals) of a surveyed 'at risk' sample who demonstrate resilience, but also identify the specific characteristics of resilience groups or individuals. Failure to investigate these factors will hamper our ability to … promote good mental health (Davydov, Stewart, Ritchie, & Chaudieu, 2010, p.488).

And other authors point to a need for more "close-up, street-level ethnographic data on the daily experience of being a migrant" (Li and Rose, 2017, p.21). Such questions have formed the background for a recent exploratory study of mental health resilience among migrants in a slum in Pune, India.

Exploring mental health 'resilience' in a migrant community in Pune, India

With resilience thus appearing to present possibilities for a more holistic account of migrant mental health – albeit with the aforementioned caveats in mind – one recent project the present authors were involved with, involving collaboration between universities and health organizations in India and the UK, has sought to investigate sources and resources for resilience at individual and communal levels within a slum (*basti*) community in Pune, India. According to the 2011 Census of India, while less than a third of India's 1.21 billion inhabitants dwell in urban areas, the country is rapidly urbanizing (Abbas and Varma 2014). In Pune, for example, the majority of people who dwell in the city's 564 slums are migrants from rural areas seeking work in the city.

As already mentioned, definitions of resilience may vary considerably; moreover, existing indigenous concepts may also have much in common with modern notions of resilience. Consider, for example, the Hindi, Urdu and Punjabi term *jugaad* which broadly means: seeking "opportunity in adversity", doing "more with less", thinking and acting "flexibly", and keeping things "simple" (Radjou *et al*, 2012). Meanwhile, the Hindi term *swaraj* refers to bottom-up self governance by individuals and

communities (indeed, Gandhi had used the term when rejecting British in India and its top-down, hierarchical forms of colonial domination).

In our investigation, narrative interviews were undertaken with 30 migrants from the *basti*. Thematic analysis of these interviews revealed a range of motives for migration as well as risk factors and sources and resources for resilience.

Push factors for migration	**Pull factors for migration**	**Process of migration**
• No work opportunities • No water • No rain • No crops in the fields • Marriage • No support system • Conflicts within family • Relationship with spouse • Danger and insecurity	• Nomadic tribe hence migration • Work opportunities • To earn money • Pre-existing social networks • Hopes for better prospects • More amenities • Spouse already *in situ*	• Rural-to-urban migration • Circular migration (coming and going to the basti for work or other reasons)

Table 1. Reasons for migration.

The narratives collected suggested that even faced with the considerable challenges of migration, and the risk factors associated with settling into an unfamiliar and sometimes challenging urban environment, many of those interviewed demonstrated capacities to grow and develop despite those circumstances. The interviews also suggested a potentially wide range of very ordinary sources and resources for resilience, and the importance of using those resources effectively.

Caring and secure relations between wife and husband were understandably crucial in the lives of many of those interviewed. As one woman put it: “One thing that has helped [us] survive these hardships … has been having each other’s support.” Another interviewee insisted he did not “have any expectations” but is nevertheless “satisfied”. He goes on to suggest contentment may require being satisfied with what one already has: if one does that, he suggests, then “nothing can break us.” Several of the migrant interviewees emphasized the importance of simply being able to chat with other people, and about their problems.

A further interviewee mentioned the pleasure she finds in stitching, and another identified the importance of finding space away from other people, sometimes simply sitting “by the canal, watching the water.” Now, such ordinary activities might easily be overlooked as too banal to merit attention; nevertheless, it is not implausible they might have some beneficial effect on a person’s sense of wellbeing and capacity to cope. In western mental healthcare contexts, for example, therapeutic communities have long emphasized the importance of ‘therapeutic ordinariness’ – therapeutic

benefits sometimes accrued from the most seemingly ordinary or even menial of activities (Pearce and Haigh, 2017, p.302). Also, there is a growing acknowledgement among mental health practitioners of the therapeutic benefits of such apparently 'ordinary' activities as handicrafts as well as relationships with the natural world.

Intra-individual factors	Outside individual factors
• Acceptance • Hope • Insights learned from past experiences • Courage • Forgiveness • Dreams and aspirations • Persistence and hard work • Always willing to learn • Hobbies and interests	• Children • Religious faith/spirituality • Friendships • Mutual aid • Finance/savings • Celebration of festivals (with family or community)

Table 2. Resilience themes.

Meanwhile, We *et al* have suggested the importance of optimism, for example, in enhancing a person's hardiness and sense of coherence. They found traits such optimism predictive of better health and life outcomes, particularly in cases where individuals had suffered extreme trauma or hardships. Optimistic people, they go on to suggest, tend to see or trust that there is "light at the end of the tunnel" and appear better equipped to cope with and rebound from crises (Wen, Zheng, & Niu, 2017, p.17).

Politics, resilience and global mental health in the era of post-development

When used in mental health contexts, resilience can thus point towards a more holistic approach to mental health – one that explores potential assets and resources for positive mental health as well as risk factors for ill health. Indeed, ambitious claims are made sometimes for the applicability of resilience concepts across a range of global mental health contexts, with one recent statement suggestion that as "governments and aid agencies look to improve mental health worldwide, they could do well by embracing the concept of emotional resilience" (Scientific American, 2018).

However, when health advisers extol the potential merits of resilience thus widely, some critics might accuse them of making "universalistic" knowledge claims that have been persuasively problematized by other authors in this current special issue. For example, in order to redress hegemonic or universalistic knowledge claims, Ross White insists on the need for 'epistemic humility' and the fostering of fruitful dialogue

and collaborations with local cultures, communities and people with the aim of "reducing distress and promoting wellbeing" (White, 2019). And indeed, some mental health resilience researchers have arguably foregrounded the need for epistemic in acknowledging that mental health resilience is *always* a "relative, culturally and contextually dependent concept" and that different resources for resilience may be valued very differently in different cultures (Marttila, 2013, p.3. And the spectrum of resilience resources upon which people and their communities might draw may vary considerably across different cultural and geographical contexts. Consider, for example, the Gedzgem project which explores across a range of countries and continents and in which the questions posed by their

> …Global Mental Health team related to the ways in which the indigenous or local use of languages and idioms, songs, stories and proverbs allowed a community to overcome traumatic or distressing events and come to a place of resilience or wellbeing.

And as their project indicates, given that "the majority of the world's population [is] excluded from the expensive therapeutic interventions available to a privileged few", exploring and supporting the differing ways resilience manifests itself in different contexts may often be a crucial aspect of addressing mental distress which is "a key to recovery of self and community" (Phipps, 2017).

However some critics of mental health resilience approaches suggest the essential message of many such programmes is simply "Adapt – or perish" and that they often tend to normalize societal problems that are actually politically constituted, through-and-through (e.g. Purser, 2019). Indeed, some critics suggest an uncritical use of resilience concepts can risk normalizing some of the very problems western models of development may have created in the first place. For example, Vardy and Smith suggest over-use of resilience concepts can threaten "to subsume articulations of political difference to a totalising will to action" such that resilience "risks becoming code word for 'business as usual'" i.e. orthodox western conceptions of economics, progress, and development (Vardy and Smith, 2017, p.175).

Consider, for example, how Wulff *et al* argued in favour of resilience approaches to health and mental health on the basis that they seem to respond to problems increasingly common to all human communities, particularly those "large, global forces" (such as climate change) which are "changing the kinds of challenges human communities face" (Wulff *et al*, 2015, p.363). Indeed, the Gedzgem project acknowledges that the mental health resilience stories they examined across the world – from Uganda, to Zimbabwe to Gaza and Ghana – "*all* reflected the epic themes of human suffering and ecological devastation" (Phipps, 2017). It could be argued that focusing solely on themes of resilience can risk normalizing such mental health stressors as "ecological devastation" even though such stressors may themselves be politically constituted, and derive from an uncritical adoption of western models of development in the first place. According to post-development scholars, if we really wish to address global issues relating to human flourishing at their most fundamental level, such political dimensions need to be fully and frankly engaged with, rather than evaded (e.g. Gudynas, 2011; Kothari *et al*, 2019).

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