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Resiliency and Healthy Contexts: The Location of Culture
A conference on Community Resiliency: A Cross Cultural Study
The Woodrow Wilson International Center

In achievement, we are the children of the day before yesterday; in potential, we are the children of the day after tomorrow; in between, we have been pawn in other people's desire.

An African Proverb retold by Ali Mazrui

I am honored to have been asked to participate in this conference on 'Community Resilience: A Cross Cultural Study.' I find the papers by John Paul Lederach and Jill Simone Gross to be very informative and they offer important points to ponder on this question of resilience and the possibilities of sustainability in our communities. The issues raised in the two papers call our attention to the ways in which problems in the community have been framed and how solutions have been engaged. What I would like to do is to draw on my experience in my research in South Africa as a way of interrogating the question of resilience and sustainability in terms of their limits and possibilities. At the outset, I want to say that the focus of my research is health and culture. I believe and have argued that culture should be at the core of health and development projects, particularly when addressing communities in Africa and the Diaspora. I define culture as a collective sense of consciousness which must be lived and experienced, or as Freire puts it, in which one must become soaking wet in its waters. This means that addressing issues with which a community is confronted must involve assuming some role and responsibility in or for the community. The context of culture is a lesson in never allowing oneself to be distracted by what appears to be an obvious and immediate danger, but always remembering that those who are stuck in an environment of continuous danger are there because the context normalizes their dangerous situation. The former Director General of the World Health Organization, Hafdan Mahler, once cautioned that when you find yourself become neck deep in the mud, remember that you were there to drain the mud in the first place. Let us therefore begin with those of us being asked to come to this conference to drain the mud. Who are we and what is our individual and

collective location in relation to the mud and the alligators? Stated simply, what and where is our point of departure?

Do you know who you are without what you do?

As I indicated above, I believe that culture is central to knowledge production, distribution and acquisition. This is even more evident in addressing the context within which health behaviors are shaped and individual expressions of those behaviors are observed. The greatest challenge faced by educators and researchers in framing meaningful solutions for community problems in the cities, in my judgment, is how willing they are to connect their identity locations with how those of their communities of interest. Individuating behaviors and problems makes sense only when one's societal value, and the professional training on which analysis is anchored, privilege the individual over community. The value of the society cannot be immune from its political history and historical current. It would be an understatement to say that an economically dominant nation like the US influences the health and environmental landscape of countries and regions that will be the focus of this conference. During the debates and dialogues of the 2008 presidential election, much was said about the problem with deregulations. The discourse on deregulations typically focuses on the economic section without any direct linkage to the impact and consequences in altering human relations over time. I would argue that what deregulation has done for the economy, it has also done for the institution of family. The ties that once bounded family started to break down with a regression in valued family connectedness, and the increasing notion of individual's preeminence over their contexts. As a consequence, even when well intentioned researchers are moved to act because of increasingly difficult situations in the cities, they tend to seek solutions that privilege investment in the individual rather than the context and the relations that nurture them. It is only when we begin to link who we are, or who we have become, to what we do that the contradictions between the root of the problem in the context and the focus of the solution in the individual become evident. Linking what we do to who we are is at the heart of how we are to move forward. With increasing outcry over the need to focus on root causes, there is a tendency to believe that if the root is dislodged, then the consequences on the branches will dissipate. But first we must understand that the root is not a single structure even though our imagination may suggest otherwise,

given the tree metaphor that bore its etymology. Like the root, resilience is another term whose appropriation in public health and the social sciences lays bare the difficulty with translating knowledge produced in one domain for application in another. The etymology of resilience described by Lederach provides a way to question the question. We must ask ourselves whether our mission is to advance a solution that can be framed within resilience or whether the solution can be framed in multiple and multilayered ways such that resilience is just one of many other, and perhaps more promising, possibilities.

No one should enter his/her house through another person's gate

Resilience has been offered as the gate through which the question of community or city health should be examined. Jill Simone Gross pondered in her paper whether sustainability might be a better gate through with communities and cities are examined for their limits and possibilities. Since my research focuses on questioning the question, I believe acceptance of a question obligates certain acceptance of received assumptions on which solutions should be based. Is resilience 'the gate' through which we should examine the community and the city? If not, is sustainability an acceptable approximation? To reflect on this, I would like to discuss briefly my research on HIV and AIDS related stigma in South Africa.

For the past six years I have partnered with researchers, educators and students in South Africa to examine the role of stigma as it relates to HIV and AIDS in South Africa. We started with the assumption that while we understand how stigma is appropriated in the US notably in the seminal work of Erving Goffman, we could not accept these unquestioned notions of stigma and their blanket deployment to South Africa. Rather, we wanted to know what stigma, or more specifically the notion of shame and rejection, means in the South African context. Thus, we were interested in stigma in general and its appropriation to HIV and AIDS in particular. Since 2003, I have lead a project, funded by the US National Institutes of Health, to focus on capacity building to conduct research to eliminate HIV/AIDS related stigma in South Africa. At the end of 5 years of the project, we have trained 30 South African post graduate students to use qualitative and quantitative methods to study HIV and AIDS related stigma from a cultural perspective. We have three primary objectives: 1) to strengthen capacity building for HIV/AIDS

stigma research at two South African universities; 2) to use a cultural model to train selected South African post graduate students and faculty to examine the contexts of HIV/AIDS related stigma in the family and health care facilities; and 3) to institutionalize the training of students in the use of the cultural model for research to train future students and translate the results of the intervention into policy to eliminate HIV/AIDS related stigma. To achieve our objectives, we used the PEN-3 cultural model. I developed PEN-3 about 20 years ago as a model/framework to be used by public health researchers and interventionists working in the African and African American communities. Since then, the model has been applied to projects globally in different cultures and communities. One of the most important requirements of using the model is to always learn about and begin with the positive. I have been emphatic, in my writings, that if you arrive in a community for health and development projects and cannot find something positive in the community, you must get out of the community before you become part of the problem. I believe that there is something positive in every community and it is our responsibility to look for what they are, learn about them, and make them our points of departure. Indeed, we were interested in common concerns, and sometimes outrage, expressed about negative stigmatizing behavior within families and health care settings. First, we wanted to know the positives and begin from there. Another key point for us was that we did not use the word 'stigma' in any of our focus group interview guide/items. For one thing, the word stigma does not exist in the South African languages we used in our study. We believed that initiating the word stigma in a discussion would bias the direction of the discussion. When stigma was used, it was because someone in the focus group brought it up. We used terms like shame, rejection, acceptance and other terms that were translatable in South Africa languages. Our focus has been to understand the meanings and contexts of stigma in the family and health care settings.

Some of the initial findings are; 1) that stigma is a complex phenomenon that requires a focus on family and health care since these are two institutions in which support is sought by anyone diagnosed with health problems in general and HIV in particular; 2) that shaming and 'othering' still occurs at the level of community/racial groups between Africans and Coloreds (identities that have their origins in apartheid); 3) that women face rejection and shame more than men, and that a key agency, like motherhood, which can

be assumed only by women has not been explored from a positive perspective to transform stigmatization; 4) that food plays a critical role in understanding rejection and acceptance and that the role of Motherhood and nurturing is critical in food and sharing; 5) that disclosure as a collective experience has a different role and expectation than disclosure in the context of selfhood and that it is the latter that has been the focus of research while we are interested in the former; 6) that capacity building which is connected with research on stigma offers a window into the culture and offers an opportunity to get young investigators motivated to pursue a career as a researcher. Thus, increasing the pool of trained young South African researchers is a key strategy to eliminate stigma by connecting them with their way of knowing. This, we believe, to be critical given the gap that apartheid created between who they are and what they are to learn and believe about themselves and their contexts.

Until the lions produce their own historians, the story of the hunt will glorify always the hunter.

Like stigma, resilience offers a particular frame with which we are to examine ways to address the complex problems faced by communities and cities that are the focus of this conference. Until we train the upcoming generation to learn about and write their own history, what we offer will continue to be a search for the terms or language to explain to ourselves what the issues are. We should be cautious about the use of language. Central to the raison d'etre of the word resilience is the assumption that those who now survive in unlivable conditions in communities once experienced a more 'normal' living condition and therefore can emerge from the present conditions and regain the normalcy they once knew. History and experience has shown us that exposure to today's extreme conditions is what many communities consider to be normal. In fact many people, particularly young people, in these communities know of no other condition but the extreme condition to which they are exposed. Thus, the notion of re-cooling to regain normalcy will have no meaning even though such a transformation would be welcomed. At the level of the individual, a metal being re-cooled and somehow is able to assume its original shape may approximate a child who has suffered child abuse and who, once removed from the source of abuse by a person such as a parent or sibling, could regain a sense of normalcy. When such abuse is a collective experience that is firmly rooted in group identity (African Americans, Latinos, Native Americans, Asians, etc), the notion of re-cooling becomes

moot. In our research in South Africa, we found that the weight of stigma is less about the individual (even though they express it) and more about group identity and where an individual is located. Hence, the story of unhealthy cities, and their stigmatized identitities, is less about the individual inhabitants and more about the locational identity, which in an increasingly segregated society, becomes a proxy for group identity.

In the healthy cities framework, there are stages that each project is expected to undergo before a meaningful change in outcome is to be expected. The initial stages involve the traditional public health approaches. In the latter stages, there is a threshold above which policy is to change to transform and normalize the desired new reality. This is what has been referred to as a policy jump. It is this policy jump that is to foreground an integrated program that is multisectoral and takes on issues that systematically re-cool the otherwise extreme conditions that have altered the state of well being of their inhabitants. For this to occur, some form of transformative leadership is necessary. This is leadership that is capable of imagining a brave new context where notions of identity stigma regress to the past. A transformative leadership in the African context will necessarily respond to 3 critical issues of cultural identity. These critical issues are the subtitles of this commentary; 1) *Do you know who you are without what you do? 2) No one should enter his/her house through another person's gate; 3) Until the lions produce their own historians, the story of the hunt will glorify always the hunter.*

My participation and what I hope to learn from others at this conference will focus on ways to use what we have learned from our research to inform the direction for transformative projects and programs in southern nations and regions bearing in mind that there is a third world in every first world and a first world in every third world. More specifically, I would like us to think about how to better invest resources on health and development to prepare the younger generation to challenge one another and take advantage of opportunities to sharpen their research skills to address issues that affect their communities.