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New Zealand Experiences: How Is Community Resilience Manifested in Asian Communities?

S. Tse
University of Auckland, New Zealand

T. Liew
University of Auckland, New Zealand

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This paper explores the notion of resilience at a community level, and is based on data collected as part of an ongoing research project. Specifically, the viability of community resilience as a concept is examined, including visible signs for its manifestation. The context is the diverse Asian community in the Auckland suburb of Glen Innes, which has grown since the late 1990s. We examine how this Asian community in Glen Innes demonstrates resilience and how preliminary data may bolster our general understanding of community resilience. Possible future directions for research and initiatives are also discussed.

Keywords: Mental health; Addiction; Immigration.

Introduction

Asians (including those born in New Zealand), immigrants and international students constitute the fastest-growing ethnic community in New Zealand to date. This paper discusses *Asians* in terms of their ethnicity. Although this term will be used to refer to a collection of Asian ethnic groups, we are very cognizant of the cultural diversity within such a collection, notwithstanding that they do share many commonalities in terms of values and beliefs. Thus, no implication is made that *Asians* are a homogenous group.

Asians are the third largest ethnic group in New Zealand, behind Caucasians and Maori (the indigenous people of New Zealand). Between 1991 and 2001, the number of people identifying as Asians increased by 140% to 238,180, or 6.7% of New Zealand's population (Statistics New Zealand, 2002a). Chinese are the largest ethnic group within this population (44%), followed by the Indian (26%) and Korean (8%) groups (Statistics New Zealand, 2002b). The recent increase was largely a result of migration gains in the past decade. Specifically, 52% of Chinese, 42% of Indians, and 87% of Koreans have resided in New Zealand for less than 10 years (New Zealand Immigration Services, 2001). This diverse group brings with it a rich legacy of cultural values, traditions and histories, health-related beliefs, practices and assumptions that all enhance, strengthen and contribute to a multicultural New Zealand. This group also constitutes a rich resource to fuel research investigations into a wide range of human activities, experiences and endeavours.

In 2002, the New Zealand Mental Health Commission conducted a literature review to identify specific mental health issues concerning Asian people. The Commission concluded that, "although it has been difficult to specify prevalence rates, the limited research findings have suggested that the mental health levels among Asians do not differ significantly from those of the general population" (Ho, Au, Bedford, & Cooper, 2002, p. xii). Such a reasonably good mental health status of Asian people may be explained by the group's generally young and middle-age structure, and by the prerequisite of a good health status for immigration. However, the Commission's Report also identified several high-risk groups for further research: women, international students, older persons and refugees.

Ho et al. (2002) suggested that female Asian immigrants and refugees were at risk for mental health is-

Correspondence concerning this article should be addressed to S. Tse, University of Auckland, New Zealand, s.tse@auckland.ac.nz.

sues, as they had to adapt their housekeeping and childrearing practices to a new cultural system. Further, many of these women had to aid in supplementing their family's income, a task that produces high levels of stress, as the general tendency in this group to lack English proficiency often prevents hiring. Thus, female Asian immigrants and refugees often end up in unskilled low-paid work. In addition, these women are likely to suffer from social isolation while becoming even more dependent on other family members. Finally, traditional social support networks are lacking and are hard to establish as a result of the smaller local ethnic community.

The Commission's report also indicated that Asian immigrant students are subject to various stressors, "such as language barriers, acculturative stress and the lack of social support networks, [which] place them at risk for emotional and behavioural problems" (Ho et al., 2002, p. xvi).

The report identified older persons as being "particularly vulnerable because of their poor English language skills, small emotional support networks and limited involvement outside the home" (Ho et al., 2002, p. xvi). Many of these individuals experience loneliness, isolation, anxiety, as well as perceptions of marginalization by the host society.

Refugees are at a particular risk for depression and post-traumatic stress disorder, and are at increased risk for mental health issues because of language difficulties, identity conflict, racism, and rejection by the labour market (Ho et al., 2002).

Another survey of Asian health, carried out in North and West Auckland, found that respondents regarded smoking (33.2%), use of alcohol (26.7%), medicine dependency (21.4%) and gambling (19.8%) as threats to their health (Ngai, Latimer, & Cheung, 2001). Furthermore, a recent investigation into public-health needs of Asian people identified several health issues in subgroups of the Asian population: Mental health issues; difficulties in accessing the health system; diet and lifestyle; heart disease, diabetes and stroke; sexual and reproductive health; respiratory disease, allergies and asthma; infectious diseases; excessive alcohol use, gambling and smoking; dental services; safe environments/allergies, food safety; gastric problems, arthritis and other health issues, such as domestic violence and use of illicit drugs (for details, see Asian Public Health Project Team, 2003, pp. 63-66).

In the midst of all these threats to health and well-being, our work in the Asian communities indicates the presence of signs of strength and resilience. Asian people are continually striving to overcome the aforementioned challenges in diverse ways.

Resilience is the "process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances" (Masten, Best, & Garmezy, 1990, p. 426). Resilience is best viewed as a relatively stable personality trait characterized by both the ability to recover from negative experiences and the flexible adaptation to the ever-changing demands of life. Early studies of resilience tended to regard this construct as a rare trait held by extraordinary individuals, yet more recent work suggests that resilience is a common trait and that it is part of basic human adaptation systems.

Much of the research on resilience has focused on the individual in a Western model of developmental psychology. Most of such studies investigated the manners in which individuals cope with adverse circumstances, such as a history of child abuse, facing a diagnosis of terminal illness, or even terrorist attack. It is likely that "resilient people have optimistic, zestful, and energetic approaches to life, are curious and open to new experiences, and are characterized by high positive emotionality" (Fredrickson, Tugade, Waugh, & Larkin, 2003, p. 5). These individuals have adopted strategies such as distancing themselves from negative messages or situations, and also have cultural flexibility and strong spiritual connectedness. However, the notion of resilience goes beyond the focus on the individual by also including the community level (Sonn & Fisher, 1998).

Iscoe (1974) and Cottrell (cited in Kaplan, Wilson, & Leighton, 1976) devised the phrase *competent community* in describing a community that "utilizes, develops, or otherwise obtains resources, including…the fuller development of the resources of human beings in the community itself" (Iscoe, 1974, p. 608). Competent communities, like resilient individuals, have the capacity and resourcefulness to deal with internal conflicts and external pressure, and to cope positively with adversity while maintaining a balance. In addition to attempting to understand the biological, psychological, and sociocultural influences, as well as the person-environment transactions implicated in individuals' resilience, one must also pursue a community-level analysis. Such a task may involve the analysis of variables, including the social and cultural resources available for community members; the sense of community; the level of citizen participation; and the opportunities for building a community (e.g., McNeely, 1999; Ying & Akutsu, 1997; Zaff & Devlin, 1998).

In summary, previous research on resilience in individuals, and subsequent research on competent communities, suggests the need for further explorations into the broader concept and manifestations of community resilience, as applied to social issues of isolation, racial discrimination, unemployment, underemployment, financial hardship and crime.

The present study aims to explore the meaning and manifestations of community resilience, assuming that it exists. A descriptive approach is presented, which endeavours to capture evidence of community resil-

ience in a specific Asian community in Auckland, New Zealand. This research is part of the second author's ongoing research project, which aims to facilitate the enhancement of health, well-being and quality of life for specific Asian groups (Indian, Burmese and Chinese) within a community development framework.

Background and Rationale

Glen Innes (GI) is a suburb bordering the University of Auckland's Tamaki campus in Auckland, New Zealand. GI has a population of approximately 16,000 and includes a diverse ethnic community that has experienced a recent influx of approximately 1,500 Asian immigrants, international students and refugees. GI was chosen as the physical context of the present study for several reasons: Proximity to the University campus; population size; ethnic diversity; recent (post-2000) Asian population influx; selection by the Auckland City Council for the latest "Strengthening Communities" Project; and possible implications for redevelopment projects currently being undertaken in the area (e.g., expansion of the university campus; development of the quarry into prime residential and business sites; and redevelopment and beautification of the State Housing area, a project known as the "Talbot Park Renewal Project").

The Asian community in GI is confronted by several issues (identified in a series of group discussions as part of the second author's research project): The unsatisfactory quality of education and training for young people in the area; unemployment and underemployment; financial hardship; sub-standard housing; difficulty accessing health care and social services; personal safety; perceived personal and institutionalized racism; and isolation due to lack of English language proficiency and the high cost of transportation.

Some of the Asian immigrants in GI are also refugees, most of whom have endured various traumatic experiences. For instance, according to the New Zealand Ministry of Health's 2001 report on refugee health care, 20% of refugees suffered significant to severe physical abuse, 14 % reported significant psychological symptoms, and 7% were diagnosed with post-traumatic stress disorder (New Zealand Ministry of Health, 2001).

Furthermore, a close examination of the proceedings of several community meetings (GI Community Network, Asian Network, Migrant and Refugee Network, and Auckland District Council of Social Services) revealed the presence of many other problems in the community, including alcoholism, substance use and abuse among youth, gambling, graffiti, vandalism, truancy, burglaries, assaults, disorderly conduct, harassment, unemployment and petty crime. The issues bearing a relation to mental health that were identified included depression, anxiety, stigmatization, poor access to respite care, rehabilitation, housing and inadequate support for families.

Exploring the concept of community resilience and the indications of its manifestation in this Asian community seems like a daunting challenge, given this backdrop of unfavorable circumstances in GI. The following research questions will be considered in this paper: How is community resilience defined? How is community resilience expressed in this Asian community in Glen Innes, assuming it exists?

Method

Data Collection and Analysis: Participant Observation

A participant observation research model necessitates direct contact with the community, and the gathering of information and impressions of the surrounding world through all relevant human faculties (Adler & Adler, 1998; Atkinson & Hammersley, 1998). The second author is an Asian immigrant living in the area, speaks some of the Asian languages, and has been actively involved in the community prior to undertaking her doctoral studies. She has spent a lot of time working in the community as a volunteer in some of the groups, including the early childhood education group, as well as different refugee and immigrant groups in the Auckland area. Consequently, she constitutes an active participant in the community.

In the first stage of data collection (March to November, 2002), the second author began documenting her ongoing work with different group leaders and facilitators involved with community development in several GI and East Auckland communities. In the second stage of data analysis (February to March 2003), a triangulation process was employed to analyze five types of data (Mays & Pope, 2000): Detailed field notes of respondents' respective observations and informal discussions; interviews with key community informants; various reports, newsletters and proceedings of relevant community organizations (e.g., GI network group, GI Playcentre, Tamaki Playcentre Association, Asian Network, and Auckland Migrant and Refugee Resource Centre); information from local government department offices (e.g., Housing New Zealand, Work and Income New Zealand, and Auckland City Council); and diaries of respondents' respective personal responses, impressions and feelings. Thematic analyses were conducted on these data in order to identify any recurring patterns and to explore possible interpretations. These results were continually and systematically compared and analyzed (Strauss & Corbin, 1990). Any ensuing discrepancies were discussed, debated and resolved.

Procedure

The Human Subjects Ethics Committee of the University of Auckland approved the study protocol. Information about the study was provided to attendees of several local community meetings in GI. People were informed about the nature, aims, objectives and the processes involved in the study. Generally, the responses have been encouraging and supportive. Asian groups interested in taking part in the larger community development research project were given participant information sheets and consent forms to complete.

Results

At an early stage, the second author became aware of a distinction that she described as being between the "visible" and "invisible" members in the Asian community. This realization came about as she was working to identify the different Asian groups whom she was to approach with the intention of inviting them to participate in her research project. In her interactions with different community groups and leaders, she noticed that some Asian groups were very elusive. The "visible" Asians were those who may be seen everyday in the course of daily activities. On any given day, one encounters numerous Asians in the shops, libraries, buses and other public places. However, these Asians seemed to be "invisible" as a group in terms of their disproportionately low percentage uptake of services in the community's social and health sector (e.g., free health checks and vaccinations).

Several classifications of "visible" Asians exist: (1) those sufficiently able to communicate in English to participate in community life; (2) those whose daily lives do not require such language skills (e.g., working in Asian shops or volunteering in agencies that service Asians); (3) those doing anything accompanied by English-speaking family members, friends and other persons; (4) those with the confidence to interact with the host community; (5) those convening with other Asians; (6) those attending English classes or participating in other community activities; or (7) those being forced into "visibility" by default as a consequence of important responsibilities (e.g., taking children or grandchildren to a physician or to schools or preschools).

The classification of "invisible" Asians includes those whose inadequate English language abilities impede successful transactions with English-speaking people. Although their language barrier obstructs their access to many required services (unless a translation service is available), it is by no means the only barrier. Even though facilities like the New Zealand "Language Line" are offered (catered to non-English speaking people wanting to communicate with the police, courts, and immigration and other government agencies), such services are not useful for those Asians lacking the confidence to even initiate a telephone call. Further, according to several Asian informants who tried to access the service, some of the advertised languages are not always available, and the long waiting times increase the disappointment, frustration, and anxiety that consequently lead to a reluctance to use the service again. Many Asians do not seek help from social and health services because they do not wish to be regarded as "mentally disturbed," "drug addicts," or as "problem gamblers," since such labels would bring about a sense of shame, both for themselves and the population with which they identify, resulting in a "loss of face." This latter cultural value of "saving face" remains a great barrier for any service providers or community groups wishing to assist Asians anywhere in the world.

Yet, despite all the above possible barriers, there are still many signs of resilience in the Asian population of Glen Innes.

Creating a Personal Sense of Belonging

Asians go shopping, walk and play in the local parks, and make use of several other amenities. Many maintain and tend to their properties (houses, gardens, and sidewalks) with care, diligence, and pride—an attribute that is noted and appreciated in a neighborhood of gardens littered with garbage and other debris. Often, vegetables and produce are cultivated for consumption, exchanges or even for sale in the informal community markets. These activities are a strong indicator that several Asians *take ownership of and pride in* their physical living environments. Many also express a desire to start and maintain small businesses, so that they may be financially independent, while actively contributing to the community.

Creating a Sense of Community

Glen Innes contains a district referred to as "Little Asia," wherein clusters of Asian shops and services exist. These shops and services include Chinese and Cambodian grocers and butchers; Chinese, Indian, and Korean supermarkets; traditional Chinese health practitioners; assorted Asian fast-food outlets and restaurants; Vietnamese bakeries; "$2 stores" (i.e., shops selling primarily low-cost Asian imports, all at the same price). Many of these stores broadcast the local Asian radio stations during operational hours, and also have stands offering free Chinese, Filipino and Indian newspapers.

This little district is a focal destination for the many Asians who shop, eat, and socialize there. Most of the shop staff are Asian, which seems to keep the area busy and attractive to other Asians. For example, the Cambodian owner of one of the greengrocer shops provides

employment to those of Vietnamese, Chinese, Malaysian, Cambodian, and other Asian backgrounds. Asians visiting "Little Asia" engage in multi-lingual conversations with one another, which include phrases in Cambodian, Cantonese, Mandarin, Vietnamese, and English. There is a sense that the various Asian ethnic groups are proud of their differences (e.g., they self-identify as "Cambodian" or "Vietnamese" rather than "Asian"), although they also share a sense of community as a collective, non-European, non-Maori, non-Pacific Island group.

Some Asian university students from the nearby Tamaki campus also work there part-time. During the university semester, the food shops and restaurants are overflowing with primarily Asian student customers. Interestingly, these venues also attract regular European, Maori, and Pacific Island customers.

Most shops also feature posters and notice boards that advertise flats, items for sale, and upcoming events (e.g., Asian pop concerts, movies, exhibitions, and cultural festivities). These serve both to disperse local news and information to Asian readers and customers, and to instill a sense of belonging.

When East Meets West

There is a lot of "parallel participation" when non-English speaking Asians meet and greet English speakers of the host community. Both parties engage in nonverbal communication (e.g., smiles, nods, and other gestures) to acknowledge and greet the other party. Many locals also volunteer in free English conversational classes frequented by newcomers to the country. Most Asians exhibit friendliness when approached, and often display a "halfway meeting of friendly intents" by conversing with those who take the time to stop. The partners in these interactions are often those deemed compassionate and forgiving of linguistic mistakes (fellow learners, other Asians, known locals), and those who understand the non-English speaking Asian's plight of feeling "mute, deaf, and blind" in an English-speaking world.

Self-Help and Family Support

Some Asian families have relatives or friends who offer support in child-care, translation, and advocacy services. They get together for meals and festivals, where they offer each other advice and share information. Some Asians have English-speaking members accompany them when visiting doctors, or when going on similar errands. Some of them develop informal teams that volunteer to periodically visit elderly, housebound, or other vulnerable Asian families. Grandparents take care of their grandchildren while their children work. Some more courageous grandparents attend local preschools, so that their grandchildren can learn English and play with local children. Many experience difficulties in communicating, yet persevere resolutely for their grandchildren's sake. The language and cultural barriers have created some resentment and frustration on the part of several staff and parents, yet, in general, most are convinced that these Asian grandparents are providing a great service and support for their families, and consequently continue to work patiently with them. These Asian grandparents often recruit other Asians to the same centre.

In the specific case of the Playcentre early-childhood educational facilities, where caregivers attend sessions with their youngsters, the need to congregate and provide mutual support has led to the creation of "magnet" centres that attract other Asian families. In these cases, a nominated English-speaking member from one family would offer to relay messages between the Asian families and the centre. In the case of the Playcentre facilities, for example, Asian members of local centres who have completed parts of the in-house training courses facilitate small "buddy groups" to support other Asian members. Training material has been translated into several Asian languages, and informal interpretation services are offered to Asian members in need of further support.

Participation in Wider Community Life

In the aforementioned Playcentre example, Asian families become involved as much as they can, as permitted by their circumstances. The grandparents attend all organized trips and outings, participate in the everyday running of the centres, and undertake training in early childhood education. The working parents (usually English-speaking) attend the centre's nighttime business meetings and weekend gatherings, and ensure that all communications to and from the centre are clearly interpreted and understood by the non-English speaking attendees. Local Playcentres are parent cooperatives wherein all members voluntarily provide administrative, teaching, fund-raising, cleaning, and other services. As such, the contributions of non-English speaking caregivers in everyday sessions need to be arranged and negotiated individually. Most Asian families make strong efforts to be a part of the active Playcentre community, offering New Zealand families ongoing education about Asian cultures and worldviews.

In general, Asian cultures hold education in high esteem. This commitment is often translated into volunteering for parent-help sessions, sitting on school-trustee boards, and assisting in fundraising events. Asians are also users of local community amenities, such as libraries, community centres, swimming pools, and parks. Further, Asians may attend local public meetings, although they may not always contribute. This lack of verbal contributions may be a consequence

of language barriers, low self-confidence, reservation stemming from the novelty of these public forums, or a lack of experience regarding how these meetings function. Nonetheless, these attendees demonstrate a willingness to be a part of the community life, which is also evident in the gradual development of local support groups in Glen Innes (e.g., monthly mental health support groups for clients and families run by the local health board; weekly social activities groups, such as for Tai Chi, table tennis, and mahjong; and church-based support groups). Many of these groups were initiated and organized by Asians themselves.

Discussion

The present paper attempts to provide insights into the nature of community resilience, and how it is manifested in the Asian community of Glen Innes. Since adjustment to a new country is not an easy process, Asian immigrants encounter many difficulties: Culture shock, persistent anxiety, or even serious mental health issues may result from the loss of familiar signs and symbols of social intercourse. These signs, or *cues*, include the different ways in which we orient ourselves to daily living situations, such as how to behave and what to say when meeting people.

Whenever recent immigrants are confronted with such situations, they often have difficulty finding others for support. Their usual extended family networks no longer exist, and new support systems have yet to be established. Therefore, new immigrants must rely on their own resilience and strengths to cope with these challenges.

Unfortunately for Asian immigrants and refugees, their ongoing difficulties are compounded by the media controversy surrounding the growing Asian population in Auckland. Several politicians and public figures have latched onto this topic to increase their political profiles by gaining the local population's attention. Media narratives often perpetuate cultural stereotypes and prejudices against the Asian community, which include the following themes: (1) Asians are buying up large tracts of land in Auckland to build high-density housing; (2) Asians are poor and careless drivers; (3) Asians use money to buy "privileges" (e.g., reduced fines for reckless driving); (4) Asians have little regard for the country's laws; (5) Asians are ignorant of appropriate public behavior; and (6) Asian students live in overcrowded and unsanitary conditions. As a result of these dramatically skewed narratives, the host community has increasingly espoused a negative view of the Asians in their country. In fact, an advertising campaign to "challenge racist stereotypes and encourage tolerance" was initiated by the managing director of an advertising agency, whose research concluded that 70% of respondents believed that "Asians were the group most vulnerable to discrimination" (Johnston, 2003). This negative perception adds to the already encumbered Asian population.

Several immigrants accessing social and health services admit to alcohol or drug use, or to excessive gambling, as a means to escape from their problems. Negative stereotypes add to the barrage of problems they already face. Thus, a vicious cycle may be initiated whereby the inability to cope with adjustment difficulties is increased by engaging in addictive activities, eventually leading to mental health problems, the stress of which leads to further addictive behaviours and other maladaptive coping strategies.

The findings of community resilience in the present participant observation study identify three major themes. Firstly, community resilience stems from the *sense of belonging* and the *physical environment* of individual members of the community. Newman (1973) strongly advocates that physical space and environment influence one's sense of community. Similarly, Chavis and Wandersman (1990) argue that a sense of community arises from four separate domains: (1) an individual's perception of the surrounding environment; (2) social relations with others in this environment; (3) a feeling of control and empowerment; and (4) participation in neighborhood activities. In Glen Innes, many Asians control and use their own physical spaces to the fullest extent (e.g., cultivating produce and maintaining gardens). Furthermore, these gardens and properties aid in the development of important social networks when they become topics of conversation with neighbors.

Secondly, community resilience arises from *connectedness*. Extended-family structures and community-centred ideologies are two of the major characteristics of most Asian cultures (Arthur, 2000). Fundamental to Confucian thinking is the view that the maintenance of well-being begins with the individual, and then proceeds through to the family (Tseng, 1973). In this culture, emphasis is placed both on harmonious relationships among parents and children, and on the care among elder and younger members of a family. The family provides the necessary practical and emotional support to members during times of stress. A further layer of connectedness is represented in relationships between Asian families and the local (non-Asian) community. Most Asians appear highly motivated to integrate into the host community. However, the local New Zealand population often holds the stereotype that Asians desire only the benefits of the educational and lifestyle choices available in New Zealand, while being loyal only to their countries of origin.

Auckland is the preferred place of residence for many Asian immigrants precisely because the presence of many other Asians offers immediate psychological and emotional support that contributes to a sense of belonging and identity. Since most Asians in Glen Innes are recently immigrants, their individual and collec-

tive concerns may not yet have surfaced. This will remain the case until they feel empowered to express their wishes firmly and clearly. In time, there is no doubt that members of this community will make their aspirations known and find ways to achieve them.

Finally, community resilience comes from *acculturation*, an outcome that refers to "changes in behavior, attitudes, values, and identity that occur when individuals from one cultural group are in continuous contact with people from another cultural group" (Ho et al., 2002, p. xi). Alternative outcomes of these intercultural interactions are *assimilation* (denouncement of one's culture of origin and movement into the host culture), *separatism* (maintenance of one's culture of origin, accompanied by minimal contact with the host culture), and *marginalization* (little interest in either one's culture of origin or the host culture) (Berry, 1984). As immigrants become more integrated into their host community and adopt the host community's behaviors and attitudes, they may increasingly identify with the new culture; nevertheless, the attachment to their culture of origin can remain strong. Consistent with international research, several studies investigating Asians in New Zealand have demonstrated that acculturation (integration) is a predictor of more positive mental health among immigrants (e.g., Cheung, 1995; Eyou, Adair, & Dixon, 2000). Conversely, Southeast Asians who cling to their traditional culture and reject the host culture (i.e., *cultural traditionalism*) report lower levels of happiness (Ying & Akutsu, 1997).

Through participant observation, we were able to study the acculturation process in a natural setting, therefore increasing the external validity of the data obtained (Greenhalgh & Taylor, 1997). The social interactions among the Asian members of Glen Innes were observed for over one year. However, these observations and interpretations were based on the experiences of only two researchers in one small community in New Zealand. In order to more accurately record the nature, development, manifestation, and consequences of community resilience, other studies with the same definitions and methodology, but with different researchers and in different communities, should be conducted.

The major implication of the present study for mental health practitioners is that, in addition to traditional individual interventions, mental health and addiction issues can be dealt with effectively at a community level. In order to provide effective community interventions, it is critical to (1) identify the strengths and resources of the community; and to (2) form useful partnerships and collaborative alliances with members of the community. With the researchers' experiences in Glen Innes, the useful partnerships and alliances included, but were not limited to, prominent community leaders, universities and local educational facilities, non-governmental organizations, community groups, shops and businesses, religious groups, sporting associations, local city council, and government departments. As noted by Sonn and Fisher (1998, p. 468), "groups can be resourceful and hold into the sociocultural supplies that provide them with systems of meaning. These supplies are protected and propagated in alternative settings and are at the centre of community resilience and survival." For example, the Auckland Refugee and Migrant Resource Centre—funded by migrant levies and local city councils—is a comprehensive service offering referrals to other agencies, while coordinating all relevant services. Further, the Centre's staff, composed primarily of immigrants, can variously communicate in up to 17 languages. However, considerable gaps in services for immigrants and refugees remain, especially in terms of mental health (Aye, 2002). These and all related issues need our concerted input and action.

Conclusions

The present study explored the nature and manifestation of community resilience in an Asian community in New Zealand. Although the community was diverse, their shared experiences, personal stories, understanding of the challenges faced, and their reciprocal efforts contributed to a sense of community resilience that permitted successful adaptation in the face of adversity, barriers, and other challenges. The key areas for future research include gauging the success of community resilience in coping with mental health and addiction issues, investigating the relationships among health professionals and members of minority communities, determining ways to strengthen community resilience, and gaining an understanding of how community resilience operates in small-to-medium communities. Exploration of these and related issues may contribute to greater knowledge of community resilience in the many Asian communities throughout the world, which are developing in ways that are not currently well understood.

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