How can social workers promote resilience in looked-after children?

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Bruno Bettelheim describing life in a Nazi concentration camp:

"Those prisoners who blocked out neither heart nor reason,
neither feelings nor perception, but kept informed of their inner attitudes
even when they could hardly ever afford to act on them, those prisoners survived
and came to understand the conditions they lived under.

They also came to realize what they had not perceived before;
that they still retained the last, if not the greatest, of the human freedoms:
to choose their own attitude in any given circumstance."

Bettelheim (1960), pp. 158–9;
cited in Vellacott (2007), p. 165.

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"ACTUALLY, MY FAVOURITE BIT WAS TALKING WITH YOU WHILE WE WALKED"

As a social work MA student on my first practice placement, I had never heard of 'resilience-promoting practice'. This dissertation on resilience and looked-after children begins with the story of the moment I got my first inkling as to what it might be.

Kristal[1] (age 17) had been looked-after since infancy; her crack-addicted mother had proved unable to take care of her. She was a quiet, solemn young woman with a history of self-harm, described in her case notes as 'vulnerable'. Her long-term foster carer Cynthia, old-fashioned and strict, showed her little affection. Kristal had had a baby with a boyfriend, Kyle. She was terrified Kyle would leave her and rang him constantly to check up on him, leaving him feeling she didn't trust him. He had since left her. The council's Parenting Support team deemed her to be 'socially isolated', and I was asked to accompany her to sessions at the local Children's Centre to help her develop relationships with other mothers and thus build her resilience. As we walked to the Centre for the first session, I asked Kristal about her relationships. It became clear she struggled to reflect on how she was feeling and to imagine how others in her life might feel. During the session she sat alone, disconnected from the other mothers and from her own baby. On the way home I helped her reflect on her experience at the Centre. As we said goodbye, she turned to me and said: "Actually, my favourite bit was talking with you while we walked."

Kristal's statement and my conversations with her helped me see her introversion as way of protecting herself against the pain of loss, starting with the loss of her mother. However, acting out these anxieties in her relationship with Kyle, through her constant anxious phonecalls, had undermined it. I realised she would find it hard to connect with others until she could connect to and understand her own feelings and fears. In telling me she had enjoyed talking with me, I felt she was saying she valued our connection and how it had allowed her an opportunity to explore these feelings in a safe context. She was also showing me something important about the nature of resilience promotion in social work: that activities alone are not enough to make someone resilient if that person lacks the inner capacities needed to make use of them; and that therapeutic practice can be used to support the development of those capacities.

LOOKED-AFTER CHILDREN: AN INTRODUCTION

This dissertation looks at social workers' promotion of resilience in looked-after children like Kristal in Britain. Following the British government's definition:

> "'Looked-after children' is the collective term for children who are the subject of care orders, those voluntarily accommodated by a local authority under section 20 [of the Children Act 1989], and children in certain other specific circumstances" (HCCSFC 2009, p.18).

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[1] All names have been changed to protect confidentiality.

In 2008 there were 59,500 looked-after children in England (Akister et al 2010). Section 22 (3) of the Children Act 1989 (HM Government 1989) legislates that a local authority looking after a child has a duty to safeguard and promote that child's welfare. When children are taken into care, their local authority is mandated to act as their 'corporate parent', ensuring that their needs, including housing, education and health needs, are met. This work is usually coordinated by social workers.

In recent years, various government reports (eg. HCCSFC 2009), papers (eg. DCSF 2007) and other publications (eg. Ford et al 2007) have highlighted the consistently poor outcomes for looked-after children in general and specifically in terms of mental health, and the equally consistent failure of policy and practice to address this. The government's 'Care Matters' White Paper admits that "Despite high ambitions and a shared commitment for change, outcomes for children and young people in care have not sufficiently improved. There remains a significant gap between the quality of their lives and those of all children" (DFES 2007, p.5). The White Paper cites examples of poor outcomes in the fields of mental health, education, access to activities, offending and employment. In this dissertation I will focus on the issue of mental health, arguing that this underpins children's capacity to achieve in all these other areas.

THE MENTAL HEALTH OF LOOKED-AFTER CHILDREN

The medical evidence for the poor mental health of children in the care system is compelling. In a government-funded study, Mooney and colleagues (2009) summarise the research findings:

> "A national survey undertaken by Meltzer and colleagues for the Office for National Statistics [see Meltzer et al 2003] confirmed findings of earlier research (Dimigen et al 1999, McCann et al 1996) about the high level of mental health need amongst looked after children ... 45% of looked after children were assessed as having a mental health disorder, rising to 72% of those in residential care. Among 5-10 year olds, 50% of boys and 33% of girls had an identifiable mental disorder. Among 11-15 year olds, the rates were 55% for boys and 43% for girls. This compares to around 10% of the general population aged 5 to 15." (pp.11-12, my emphasis)

Some researchers believe that even the shocking statistic of 45% underestimates the clinical reality for this population; using a sample of over 600 children, Sempik and co-authors' longitudinal study (2008) found that 72% of looked-after children between five and 15 had a mental health or behavioural problem. Emphasising that these poor outcomes are not the result of deprivation alone, another study (Ford et al 2007) with a sample of over 1,400 children in care and 10,400 living in private homes found that 46% of those in care had at least one psychiatric diagnosis, compared to only 15% living in disadvantaged private households and 8.5% in more affluent households. Ford and colleagues state clearly that their comparative study shows "care-related variables are strongly related to mental health" (p.323):

> "Children looked after by local authorities had higher levels of psychopathology ... and neurodevelopmental disorders, and 'looked after' status was independently associated with nearly all types of psychiatric disorder" (p.319).

Equally concerning is their statement:

> "our findings suggest that fewer than one in ten of the children looked after by local authorities had positively good mental health" (p.325).

As Akister and colleagues (2010) conclude in their recent survey of mental health for children in care, given the numbers of children involved "there is an imperative to understand how those who achieve successful outcomes manage to do this within the care system" (p.3). However, the dearth of research evidence on the mental health of looked-after children (McAuley & Davis 2009) until only a few years ago has made this a challenge.

MENTAL HEALTH AND RESILIENCE

This brings us to the issue of resilience, generally seen as "the ability to withstand or recover from adversity" (McMurray et al 2008, p.300). Many looked-after children have experienced the adversity to which the term implicitly refers; for example, Wade and colleagues (2010) state that "around six in ten children in the looked after system have entered for reasons of abuse or neglect" (p.2). Findings such as these suggest that the mental health problems of many looked-after children are likely to date from before they enter care, although the relative impact of pre-care experience is difficult to evaluate given that "there has been no systematic assessment of the mental health of children on entry to, or during their time in the care system" (Akister et al 2010, p.3). The 'Care Matters' white paper states that as a result of their experiences in general, children in care:

> "may have difficulties with their social and emotional wellbeing, and they often lack stable relationships in their lives, resulting in ... a lack of resilience" (DFES 2007, pp.5-6).

However, the link between the serious mental health problems experienced by many looked-after children and their lack of resilience has perhaps not been sufficiently acknowledged nor investigated in the social work literature.

This dissertation will explore the links between resilience, mental health and child development. In chapter two, I argue that the understanding of resilience in the mainstream social work literature is superficial in its focus on outcomes and behaviours, and lacks an underpinning theory of the way in which resilience develops at the psychological level. In chapter three, I put forward a psychodynamic model for the process of resilience development. In chapter four, I describe how social workers can use this model to assess the stage of resilience-development a child is at, and to inform therapeutic work aimed at strengthening their inner capacity for resilience. I explore how this might be done. I conclude by looking at the context of social work with looked-after children in modern Britain, and suggest how it could change so workers can intervene therapeutically to promote resilience in this way.

II. CURRENT UNDERSTANDING: 'RESILIENCE-AS-BEHAVIOUR'

In this chapter I describe the evolution of the concept of resilience in general, and how it has been researched, applied and written about in the field of social work in particular. I argue that in a modern welfare state such as Britain where survival needs are met, resilience should be thought of in terms of psychological rather than physical capacities. I argue further that psychological resilience is not innate, but rather a capacity most individuals acquire in infancy, through interaction with their caregiver(s).

I then critique the outcome focus that has been popularised in the social care literature on resilience, linking it to the roots of resilience theory in psychology, and to the current trend toward evidence-based outcome-oriented interventions in British social policy. I suggest that this focus on outcomes and behaviours (the 'what'), without a model for the process of resilience development (the 'how'), has led to a misguided application of the concept in social work. I argue that although there has, more recently, been a move towards an understanding of resilience as a psychological capacity that develops in certain contexts and through relationships, a model for how this develops is still missing.

DEFINING RESILIENCE

The term 'resilience' has a variety of definitions, and appears to be used to mean different things in different contexts. These understandings have in turn spawned a variety of theories as to how it develops and what kinds of interventions might help promote it (see eg. Rutter 1985, Luthar 2003). Although there is certainly no 'agreed definition' to which all resilience researchers would sign up, over the last thirty years the term "has been generally understood [in the literature] to mean *the ability to withstand or recover from difficult conditions*" (McMurray et al 2008, p.300, my emphasis).

CULTURAL & SOCIO-ECONOMIC CONTEXT

Resilience is, of course, a concept which must be defined according to context. As Kraemer (1999) observes:

> "In modern states where there is great poverty, deprivation and danger, resilience depends on little more than stubbornness and guile. ... In a survival economy ... resilience is really no more than keeping out of danger" (p.277).

A psychological capacity
This dissertation looks at resilience in the context of contemporary British society, which –despite relative deprivation and vulnerability in the populations with which social workers usually intervene– is characterised by a welfare state and relative material comfort compared to the

survival economies Kraemer describes. In terms of Maslow's (1943) famous hierarchy of needs, the basic *survival* needs of the British population are largely met; in the post-industrial western context, contemporary resilience research is concerned with *psychological* needs in terms of well-being, fulfilment and self-actualisation. I argue, therefore, that resilience research in this context is looking specifically at the issue of 'psychological resilience', without making this explicit.

Not an innate trait

While debate continues as to the relative explanatory power of innate or environmental factors for the development of psychological capacities, research into child development over the last sixty years has demonstrated the critical influence of the quality of caregiving to an infant for that infant's subsequent developmental health. Put another way: "It is quite clear that the single most deleterious environmental risk is the sustained presence of neglect and abuse, and conversely, committed, loving relationships have high protective potential [for an individual's well-being]" (Luthar & Brown 2007, p.943). This is a powerful argument for the importance of the interactive processes in caring relationships, and the need for a deeper understanding of how these work to build capacity for resilience. Even if innate factors have a bearing on these interactive processes, scientific research aiming to determine the causal links between these and resilient outcomes is still far from conclusive (Luthar & Brown 2007).

In the context of contemporary British social work and its efforts to promote resilience, I am therefore arguing for an idea of resilience as a psychological capacity that develops (not a trait that is 'activated') through interaction with others, and for a model of this process that can guide resilience-promoting social work with vulnerable children.

RESEARCH DEFINITIONS

Resilience research is characterised by a plethora of definitions of resilience, often operationalising their terms in slightly different ways. However, current definitions converge in seeing resilience as a certain capacity to survive adversity and 'bounce back', and in referring to 'qualities' or 'patterns of adaptation' related to resilience without ever pinning down what these might be and how they come about. A sample of definitions from various fields and sources illustrates this:

Developmental psychology: Resilience "implies exposure to adversity and the manifestation of positive adjustment outcomes" (Luthar & Cicchetti 2000, p.858).

Psychiatry: Resilience "means that there has been a relatively good outcome for someone despite their experience of situations that have been shown to carry a major risk for the development of psychopathology" (Rutter 1999, pp.119-120).

Social work: Resilience comprises "... qualities which cushion a vulnerable child from the worst effects of adversity in whatever form it takes and which may help a child ... to cope, survive and even thrive in the face of great hurt and disadvantage'. (Gilligan 1997, p.12).

"It is widely accepted within the [general] literature that the term *resilience* refers not to singular phenomena but rather to behaviours and outcomes in empirically distinct circumstance" (McMurray et al 2008, p.301).

Social Care Institute of Excellence: "Resilience refers to the qualities that cushion a vulnerable child from the worst effects of adversity" (Bostock 2004, p.6).

> **British government:** "Resilience refers to an individual's capacity to adapt successfully to change and to stressful events in healthy and constructive ways. It involves an interaction between both risk and protective processes that act to modify the effects of an adverse life event" (DCSF 2007, pp.18-19).

As we see, these definitions (which are representative of the breadth of definition in the mainstream resilience literature) acknowledge that resilience emerges from and in reaction to contexts of adversity, which would normally render an individual vulnerable to pathology of some sort; that it involves the capacity to adapt to this adversity in ways that can be judged, by academics and outcome measures, as positive; that these adaptations stop the individual's functioning from being damaged; and that a resilient adaptation can be seen as a quality, behaviour or outcome associated with one individual.

In terms of an approach seeing resilience as a psychological capacity developed interactively, however, these definitions are not immediately useful in that they give no indication of how these qualities, behaviours and outcomes associated with resilience might interact to produce a resilient outcome. This reflects the staunchly empirical nature of most resilience research which, with its focus on discrete measurable variables, has difficulty in conceptualising interactive processes or indeed presenting a picture of the 'whole' individual, in their context. This is important to note as we move on to look at how empirical resilience research evolved and was then imported into the field of social work.

THE EVOLUTION OF RESILIENCE THEORY

DEVELOPMENTAL PSYCHOLOGY ORIGINS

The concept of resilience was first researched extensively by developmental psychologists based in North America in the 1970s and 80s, as a useful way of investigating psychopathology and how to predict, understand, treat and even prevent it (McMurray et al 2008). As scientists in the positivist quantitative tradition, these researchers were interested in factors and variables related to what they defined as measurable resilient outcomes, and the ways in which these variables were related to each other.

As the study of resilience progressed, early researchers such as Werner and Smith (1982) discovered that the capacity for resilience in the at-risk populations they were studying was in fact widespread. There was a commensurate shift away from the pathology focus traditionally adopted in health and social care research, and towards a health focus. The resilience discourse began to formulate preventative rather than interventionist approaches through a concentration on "the origins of positive development and the processes involved in maintaining good outcomes in adulthood" (McMurray et al 2008, p.300).

The optimism of this focus on 'strengths', and of a concept which held the promise of identifying ways of "understanding, and thereby ultimately promoting forces that maximise well-being among those at risk" (Luthar & Brown 2007, p.931), was inherently appealing to researchers and

practitioners in related fields. Resilience-related investigation soon spread into sociology (eg. Antonovksy 1979), social psychology (eg. Kobasa 1979), psychiatry (eg. Rutter 1985), and later social work (eg. Gilligan 1997).

McMurray and others (2008) distinguish three waves of theorising about resilience as it spread from developmental psychology outwards: the first focused on identifying protective factors associated with individual and environmental characteristics; the second looking at the interplay between the processes subtending both protective and risk factors and the impact on outcomes; and the third looking at how these developmental psychology theories could be operationalised in child welfare practice (pp.300-301). This last wave has generated a significant ripple-effect in social work in recent years.

FOCUS ON THE 'WHAT' OF RESILIENCE: OUTCOMES

Resilience theory's roots in developmental psychology are visible in the continued focus on developmental outcomes that characterises most resilience-related literature published in the United Kingdom. I call this a focus on the 'what' of resilience (i.e. its observable effects), and distinguish it from the 'how' of resilience (the process by which the capacity for resilience develops).

The other main factor I believe has influenced and sustained this focus on outcomes is the move toward evidence-based practice that has characterised British social policy over the last two decades (Ferguson 2008). This is visible in much of the child welfare and practice guidance literature relating to resilience published by agencies such as Barnardo's (Newman et al 2004, Glover 2009), the Social Care Institute for Excellence (Bostock 2004) and even the Scottish Executive (Newman & Blackburn 2002). Numerous government papers and strategies list key outcomes for children to have achieved if resilience-related interventions are to be judged successful (eg. DFES 2005). Organisations administering these interventions state plainly that "we may lose funding if we can't demonstrate positive outcomes" (Glover 2009); this is gives an indication not only of the extent of the outcome focus in contemporary social care, but also of the pressures experienced by agencies and workers to produce the 'right' outcomes.

Problems with focusing on outcomes
Outcomes such as 'increased resilience' are presented in such literature as indisputably positive, and few would argue otherwise. However, the deeper issue is that this focus on outcomes has been at the relative exclusion of a focus on the process generating the outcomes, and thus a relative lack of understanding of the outcome itself and what it actually means. Without an understanding of attachment theory (Bowlby 1988), for example, it would be intuitive to assume that a clingy child was 'securely attached' to its caregiver. This observed outcome could easily be logged by a practitioner keen to meet her outcome targets for securely attached children in her local authority area; but the missing understanding of how a securely attached child *actually* behaves, which requires an understanding of Bowlby's theory in order to interpret the child's behaviour, means that the outcome she records is in fact spurious. An outcome-led assessment of resilience, driven by observed behaviours and not underpinned by theoretical understanding, can thus misrepresent the true picture – which, I will argue, is much more complex.

The complexity of resilience development: the need for a holistic process view

Some scientists recognise that the complexity of human experience is something the blunt tool of empiricism will never fully capture. The psychiatry and psychology professors Stuart Hauser and Joseph Allen, resilience researchers themselves, acknowledge the mystery of the processes that underpin the unfolding of human life:

> "Nothing is so fascinating or complicated as a trajectory of a human life. We emerge partly programmed at birth, and we change with our experiences thereafter. Some of us finally blow apart in adulthood like long-fuse time bombs, while others grow to shine brightly like comets. Most of us have less spectacular careers, which are still hard to explain in hindsight, even to ourselves, and impossible to foresee in detail" (2007, p.550).

Indeed, although most resilience research has been carried out by empirical scientists using quantitative methods in their attempts to pin down isolated variables associated with resilience, there are signs that some are beginning to recognise the limitations of the atomistic factors-and-outcomes approach. Leading developmental psychologist and resilience researcher Suniya Luthar, for example, concedes this in a recent article co-authored with psychiatrist Pamela Brown:

> "... there are many ... disciplines within the behavioural and social sciences that can usefully inform developmental studies of resilience. ... Perhaps most importantly, we need greater collaboration with qualitatively trained researchers, as this is critical for meaningful *hypothesis testing of processes in resilience* (Luthar, Cicchetti & Becker 2000). Developmental science typically involves tests of discrete hypotheses, but this presupposes that we know what to test. Rutter (2006b) emphasises that qualitative data can point to new insights into protective processes" (2007, p.939, original emphasis).

The advantage of qualitative research in this context is that it allows researchers to keep hold of a sense of the 'whole' human being, and how the mind evolves in an intricate dialectic between internal and external factors over time. In naming the importance of processes for understanding resilience, Luthar and Brown acknowledge that it is through qualitative research that 'meaningful' ideas about processes can be explored. Initial steps have already been taken by developmental researchers in this direction, including the work of the aforementioned Hauser and Allen. They recently began to use narrative research to "discover basic mechanisms and pathways underlying ... resilient development" (2007, p.550), and reflect that:

> "Through [these] narrative analyses we are becoming aware of experiences of self and of relationships that simply were not tapped through previous empirical procedures. For instance, our more traditional analyses were theory driven and constrained by rigorous coding conventions and technical language as we were pursuing indices of defenses, adaptive strengths, self-images, expressed effects, and enabling interactions. In working with our previous [more empirical] methods, we often had the impression that we were not capturing significant aspects of the subject's experience" (p.570).

It is to this effort, to bring to the study of resilience a more holistic qualitative view of the processes underpinning its development, that this dissertation hopes to contribute.

Summary

As we have seen, the focus on the 'what' of resilience rather than the deeper 'how' is rooted in the outcomes-oriented quantitative research that informed early definitions, as well as the outcomes-focused political climate of the last decade in Britain (a country where most child

welfare work is either directly or indirectly government-funded). Now I will look at the impact this has had on how the field of social work, a more recent adopter and 'operationaliser' of the concept, understands and applies theories around resilience.

RESILIENCE THEORY IN SOCIAL WORK

HOW RESILIENCE IS DEFINED IN THE SOCIAL WORK LITERATURE

A perspective without a theory: focus on outcomes but not on 'how comes'
The application of resilience theory to social care practice with children has been much advocated and written-about in recent years, spawning guidance documents from charities (eg. Glover 2009), government quangos (eg. Bostock 2004) and practitioners (eg. Gilligan 2001), and featuring in several high-profile government strategies regarding the welfare of vulnerable children (eg. DCSF 2007).

Some social work academics have been critical of the normative nature of the resilience concept imported into social work from developmental psychology, calling into question the culturally situated nature of the 'positive outcomes' cited in the literature. Michael Ungar, the most prolific of these critics, notes that that "the focus of measurement [of resilience] has still remained the child and his or her developmental outcomes" (2008, p.220). He adopts a social constructionist view in arguing that definitions of resilience should be context-specific and locally defined, accounting for the different ways in which cultures define positive outcomes (Ungar 2008). Seccombe (2002) goes further, adopting an anti-oppressive perspective in challenging dominant social discourses and arguing that:

> "resiliency cannot be understood or improved in significant ways by … focusing on … individual-level factors. Instead careful attention must be paid to the structural deficiencies in our society and to the social policies that families need in order to become stronger, more competent, and better-functioning in adverse situation" (p.385).

Most social work literature on resilience is less radical however, focusing on the idea of building individuals' resilience rather than challenging social norms and structures. (I return to this criticism later).

The publications of social work academic Robbie Gilligan argue for interventions mainly targeted at individuals, and aimed at fostering relationships in and positive experiences of their social context. Gilligan is the academic who has written most widely on the applications of resilience theory to social work in general (1999b, 2000, 2004) and to social work with looked-after children in particular (1997, 1999a, 2001, 2008); indeed, in his foreword to Gilligan's resilience-promotion resource guide (2001) Malcolm Hill states that "It is to a considerable degree through the work of Robbie Gilligan that [theories of resilience] are now becoming integrated in everyday child care practice in Ireland and the United Kingdom". Gilligan (2004) appears to agree with Seccombe's (2002) critique of the idea of individual-level resilience factors:

"While resilience may previously have been seen as residing in the person as a fixed trait, it is now more usefully considered as a variable quality that derives from a process of repeated interactions between a person and favourable features of the surrounding context in a person's life" (2004, p.94).

However, while this is a valid point –acknowledging that resilience is in some way acquired and not innate– Gilligan never deepens the definitional 'what' of his concept of resilience into a descriptive 'how' of these repeated interactions and the way in which they might promote resilience. Instead, Gilligan's publications describe the importance of activities and mentoring for looked-after children (eg. 1999a), and giving vulnerable children positive experiences at school and in their spare time (eg. 2000, 2001) – which, though undoubtedly helpful in some ways, still leave unexplained the very process by which they may or may not build resilience.

A closer look at Gilligan's use of resilience theory
Another indication of the pitfalls of operationalising and applying quantitative resilience research is also apparent in Gilligan's work.

In an early publication on the application of resilience theory to social work, Gilligan and co-authors talk of "boosting" a child's resilience using "six domains where good functioning has been associated with resilience", namely: secure base, education, friendships, talents and interests, positive values and social competencies (Daniel, Wassell & Gilligan 1999, p.6). Crucially, the domains have been *associated with* resilience in the research literature, but the *nature* of this association (correlative, causal, if so in what way, only in combination with other factors...?) is left unexplained.

The authors go on to describe their project, an attempt to operationalise ideas around resilience by getting 11 social workers to brainstorm interventions for children in or on the edge of care which relate in some way to one of the six domains. The authors continue to quote discrete research findings, but never establish the ways in which the resilience-associated qualities identified by researchers (eg. self-esteem) link to resilient outcomes, nor the process by which either resilience or these qualities themselves develop (points that, as we have seen, are also not explored in the original empirical research itself). For example:

"some young people have such low self-esteem that ... they may have a form of 'learned helplessness' (Zimmerman, 1988). This appears to be linked with levels of self-efficacy which is also associated with resilience (Luthar 1991). ... The challenge for practitioners is therefore to find ways of creating opportunities for young people to experience feelings of success" (pp.10-11).

These claims about factors that contribute to resilience, based on research findings taken out of context and with interventions grafted onto them lacking an underpinning process theory for how they contribute to resilience, typify the social work literature on resilience-informed practice. There is no consideration in the article of the broad range of reasons, for example, why a young person might have developed learned helplessness as a coping mechanism for dealing with horrific abuse, or the idea that low self-esteem might be linked to depression which is an expected reaction to the stresses they have faced (see Luthar 1991). Furthermore, the authors go on to make the claim that:

"Using the resilience approach with young people moves the emphasis away from talking about their feelings towards a focus on what they would like to try [in terms of activities] ... For some children

being given a chance to channel their energies into 'normal' childhood activities like school may be more productive. Further, the self-esteem that comes from fitting in at school and into clubs can give them the personal strength to look past relationships" (p.14)

This claim that using the resilience approach involves a move away from therapeutic intervention addressing emotional issues and toward 'normal' activities like school, seems both extraordinary and quite unfounded. Nowhere in the resilience research surveyed for this dissertation is there any statement that talking about feelings damages an individual's capacity for resilience. In fact there are many studies that find quite the opposite (eg. Fonagy et al 1994), and which I will explore in the following chapter. In addition, the claim that "fitting in at school and into clubs" necessarily confers on children a sense of self-esteem, which in turn leads to them developing the capacity for "[looking] past relationships", contains a whole chain of embedded assumptions about causal processes which are backed up neither by the literature nor by common sense. I therefore contend that these authors, and Gilligan in his other publications on resilience, are prone to extrapolating claims from empirical resilience research that at best do not link to its specific findings, and at worst take the agenda for intervention in a direction that is profoundly unhelpful and unresponsive to the emotional needs of vulnerable children.

The need for a process model of resilience development
I maintain that in order to promote resilience, social workers require a clear theoretical framework for the process of resilience development through interaction, rather than just allusions to the processes without any deeper explanations of how they work and can be applied. I will now explore the recent evidence for the lack of a theoretical framework in the way social workers apply resilience-related ideas to their practice, and the impact of this on their ability to define, assess and promote resilience in the children they work with.

HOW RESILIENCE THEORY IS BEING APPLIED IN SOCIAL WORK:
'RESILIENCE-AS-BEHAVIOUR'

Despite the volume of resilience-related publications in the social work literature (a recent search of EBSCO databases for 'resilience' and 'social work' yielded 1,262 publications), when it comes to assessing the applicability and usefulness of resilience theory for social workers in their practice, there is a paucity of research.

The two studies on which I draw for most of my evidence were small, involving 19 (McMurray et al 2008) and fewer than ten (Daniel 2006) social workers respectively. However, they both appear in peer-reviewed journals and the evidence base they provide is useful, largely because there is so little research subjecting the theories of Gilligan and other social work authors writing on resilience to critique. McMurray and others' study analysed social workers' understandings and uses of resilience in their work with young people in or on the edge of care, using semi-structured exploratory interviews with 19 social workers talking about their practice with 52 children. Daniel's study trained an undisclosed number of social workers in using resilience theory in their practice with eight neglected children in or on the edge of care, using questionnaires and semi-structured interviews to assess how they understood and used resilience in their practice before and after the training. Both these studies found social workers were struggling to understand the theory and apply it to their work. A non-peer-reviewed study by Barnardo's (Glover 2009),

involving workers at 107 of the charity's services, provides further similar evidence of a more anecdotal nature. Some examples from these studies will illustrate the difficulties social workers experienced in thinking about and applying resilience theory, and their tendency to adopt a superficial and overly optimistic resilience-as-behaviour approach to assessment.

Bearing in mind that their limited samples make their findings far from conclusive, the two peer-reviewed studies appear to suggest that the atheoretical nature of the social work literature when it comes to the process of resilience development corresponds with an equally atheoretical approach to resilience promotion among social workers. McMurray et al (2008) point out that Daniel's (2006) study, the *only* study they identified to have explored the utility of resilience theory for child welfare social work,

> "proposed that social workers had a pre-existing knowledge of resilience theory ... However, the atheoretical discussions from social workers in this study stand in stark contrast to Daniel's research. Resilience theories were absent from the accounts of social workers" (McMurray et al 2008, p.307).

In McMurray et al's own study, some social workers "questioned the validity of applying [resilience theory] at a functional level, given that they didn't feel confident in their theoretical understanding" (2008, p.304).

One explanation for this could be the aforementioned multiplicity of definitions in the research itself, which may be leading to confusion among practitioners. The Barnardo's survey found that its social care workers were using a hotch-potch of vague definitions for resilience-based practice, including "'offering praise'; 'enhancing coping strategies' ... [and] 'identifying goals'" (Glover 2009, p.3).

Lack of process theory leads to focus on surface-level behaviours...
A more likely explanation, I believe, is that –as I have shown– the social work literature *itself* does not provide a sound theory underpinning the process of resilience development (just like the developmental psychology literature on which it draws), making it very difficult for social workers to know how to apply the theory to their practice. Indeed, with its lack of process theory, most existing resilience research has been found to be of limited use for practitioners interested in intervening to promote resilience (Fonagy et al 1994, Eisold 2005).

... and positive skewing of assessments
When asked to assess resilience, therefore, it is no surprise to find McMurray et al (2008)'s study reporting that some social workers looked at behaviours, but were not able to theorise which behaviours indicated resilience. The authors found that social workers described *all* 52 children in the sample as resilient, "drawing only upon face-value observations" (p.299), "irrespective of the presence ... of behavioural or emotional issues and not necessarily based on any kind of competence" (p.308), when the literature on resilience defines it as competence in spite of adversity (eg. Luthar 1991, p.600). The fact that these social workers were so enthusiastically over-attributing resilience to their service users should pique our curiosity as to what might be informing their decisions.

Reasons for social workers' over-attribution of resilience: towards a psychodynamic perspective

As discussed earlier, in the current outcomes-focused social care climate there is considerable pressure on workers and agencies to record positive outcomes such as increased resilience. Practitioner competence and continued funding is often judged on this basis (eg. Glover 2009), meaning survival in terms of jobs and even agencies depends on such outcomes. Inevitably, these contextual pressures, combined with a lack of theoretical understanding of what actually constitutes resilience, are likely to skew practitioners' decisions in assessing outcomes towards superficial positivity and optimism.

This 'positive skew' phenomenon in itself serves as an insight into the emotional issues subtending resilience assessment, as McMurray and co-authors suggest. They propose that "the tendency of social workers to project optimism onto their client base calls our attention to a possible transference of collective need for the social work department itself to be resilient within that local authority" (p.299). This analysis, with its acknowledgement of psychodynamic (conscious and unconscious) emotional forces, takes us in the direction of a richer and deeper understanding of the inner emotional worlds of workers and service users, and how these may affect both resilience and the assessment thereof.

The social work literature, as I have shown here, fails to suggest a theory for the interactive process by which psychological resilience is developed. I propose that the psychodynamic perspective can offer just such a theory – and will now go on to set it out.

III. NEW UNDERSTANDING: 'RESILIENCE-AS-REFLEXIVITY'

Having critiqued the current understanding of 'resilience-as-behaviour' and its corresponding outcome focus in the social work literature, and linked that to problems in the way the concept has been applied, I will now propose a new understanding of resilience as a psychological capacity, 'resilience-as-reflexivity', and a model for how this capacity develops.

In acknowledging resilience in the British context as being a psychological capacity, I propose that the link between the 'inner' world of emotions and the 'outer' world of observable behaviours should be accounted for in the way we understand it. We must look first not at resilient behaviours or outcomes, but at the psychological states and capacities *informing* those behaviours, and how *these* are developed.

I argue that the foundation-stone of resilience is what I call the 'strong-enough' ego (following Winnicott 1960a, 1962), which develops in the context of a 'holding' environment (Winnicott 1960a) through a 'containing' (Bion 1962b) relationship with a caregiver that can be described as a 'secure attachment' (Bowlby 1988), and whose hallmark is the capacity for reflexivity. Further to this, I argue that this capacity for reflexivity, i.e. awareness of one's own mind and the minds of others, underpins what are seen as resilient behaviours and outcomes.

THE NEED FOR A DIFFERENT PERSPECTIVE

The psychological approach to the understanding of resilience development requires a framework for theorising the individual's emotional inner world of thoughts and feelings, and how this develops. Unlike the approach to resilience found in the contemporary social work literature, which sees resilience in cognitive terms and uses a more cognitive-behavioural approach to address it, the new approach I am suggesting sees it in deeper psychological terms, and would thus look to address and develop the emotional underpinnings of a resilient outlook.

The psychodynamic perspective is one of the few that allows us to grapple with and model the complexities of our inner worlds and of the development of the ego, that is, of our selves. In our effort to theorise the mental processes involved in the development of resilience, therefore, the current theories of developmental psychology –with their focus on observed outcomes– can take us no further and it is to psychodynamic theory that I suggest we must now turn.

THE PSYCHODYNAMIC FRAMEWORK

The psychodynamic framework embraces the theories of psychoanalysis (focused on the individual's unconscious mental processes), and those building on it and taking it in a relational direction, chiefly object relations theory (focused on the individual's interpersonal relationships and their impact on mental processes) (Preston-Shoot & Agass 1990). Together this school of

theories forms a framework for allowing workers to interpret the emotional inner worlds of ourselves and others, and to become more aware of the processes generating our emotions so we can work through them to alleviate any destructive impacts. McCluskey and Hooper (2000, p.9) broadly sum up psychodynamics as an approach offering "ways of understanding ... [how] individuals develop and relate to one another ... via a focus on their past and present relationships" (cited in Ruch 2010, p.18).

Critiques of the theory

There are various critiques of the use of psychodynamic theory in social work, which have been discussed by other authors (eg. Preston-Shoot & Agass 1990). One of the most relevant here is that the theory takes little account of the impact of social context (gender, race, class prejudice etc.) on the service user's experience, and on addressing the context itself. While this may be true in general terms, there are strong arguments for the importance of helping service users themselves to develop the ability to understand and regulate their own lives and emotions rather than 'fixing' aspects of their lives for them (eg. Ruch 2010). Additionally, this can be addressed by using the psychodynamic approach in combination with other more systemic approaches that explicitly theorise and address the impact of context (Preston-Shoot & Agass 1990).

The second critique of this framework with relation to the study of resilience concerns empirical researchers' argument that the inner world theorised by psychodynamic writers is abstract and unmeasurable, and there is no point hypothesising about something we cannot measure and 'prove'. I would counter that there are many crucial aspects of human experience and our emotional life that cannot be measured empirically but whose impact is very real and can certainly be observed, and that to deny their validity on the basis of their being unquantifiable is demeaning to the individual. As Preston-Shoot and Agass (1990, p.8) point out, "psychodynamic theory is not concerned with explanation, prediction and control so much as with interpretation and assisting self-reflection" – so should be judged by its usefulness in helping workers and service users to interpret behaviour and discover meaning. It is this ability to reflect on and make sense of experience that allows people to free themselves from repeating the same unhelpful patterns of behaviour or being controlled by unhelpful personal beliefs. In that sense, and in its validation of people's felt experience, I argue it can be a particularly empowering approach.

Psychodynamic theory and resilience: the state of the relationship

The link I am proposing between psychodynamic theory and the concept of resilience popularised in social care has rarely been made in the psychodynamic field itself; one analyst recently wrote that "resilience has not received much attention from psychoanalysts" (Eisold 2005, p.411). Perhaps this is not surprising given the antipathy toward psychodynamically-informed practice that has ebbed and flowed through the history of social work (Stevenson 2005), compounded by the wider issue of the disconnect between psychodynamic theory and social sciences including developmental psychology, the field within which most resilience theory has developed. The literature reviewed for this dissertation does however feature several authors who describe what light psychodynamic –and more specifically psychoanalytic– theories can shed on the development of resilience (Vellacott 2007, DiAmbrosio 2006, Eisold 2005).

This psychodynamic literature focusing explicitly on resilience, as expected, approaches the concept from a very different angle to that of the mainstream social work literature and the

developmental psychology research that informs it. Like some developmental psychology authors, psychodynamic authors acknowledge that resilience develops through relationships. Unlike these authors however, and reflecting the focus of psychoanalytic theory on the shaping of the mind by early experience, psychodynamic authors tend to see resilience as an "inner strength" rooted in positive early experience, dependent on "a sufficient stock of good things laid down early in life" (Vellacott 2007, p.164). However, none of these authors describe the process by which resilience can be thought to develop. I will now propose a psychodynamic model of this process.

A PSYCHODYNAMIC MODEL FOR THE DEVELOPMENT OF RESILIENCE

A psychodynamic model for the way in which psychological resilience develops relationally must begin by looking at the first relationship: that of the baby with its caregiver(s). Psychodynamic theory sees this earliest relationship as crucial because it of its power to shape the infant's inner world and how it responds to and thinks about its feelings henceforth. The ideas of the psychoanalysts Donald Winnicott and Wilfred Bion, whose theorising of the psychological dynamics of infant-caregiver relationships has informed so much subsequent psychodynamic literature, form the starting-point for the model.

THE DEVELOPMENT OF THE EGO

As a psychological capacity, the development of resilience begins with the development of the ego. Psychodynamic theory sees the ego as the root of the individual personality; it is "that part of the growing human personality that tends, under suitable conditions, to become integrated into a unit" (Winnicott 1962) – and it is this unit that we call the ego. The ego is thus the psychological entity which manages and organises an individual's feelings and experience.

The holding environment
Winnicott (1960a, 1960b, 1962) argues that the infant is not born with an ego, but simply with the capacity to feel – and is thus a mess of primitive feelings, with no way of managing these feelings and of soothing itself. This initial stage of life is characterised by very intense feelings of anxiety, hunger, fear, frustration etc. which the infant can only communicate to the caregiver non-verbally. It is therefore utterly dependent on that caregiver to recognise its needs through these communications, to meet them, and so to assuage the overwhelming feelings before they actually overwhelm it. As a result of this care, which Winnicott terms 'holding' (1960a), the infant gradually develops its own ego structure and thus its own capacity for reflecting on and managing its feelings. In the holding relationship the infant learns to self-soothe through the experience of being soothed by the caregiver; with this 'ego-support' (Winnicott 1960a) the caregiver buttresses the infant's fragile ego, helping it to grow stronger. This is a crucial phase in the development of a mentally healthy individual; the ego forms the basis for the subsequent development of the infant's self and its capacity to relate to others.

The 'strong-enough' ego
If the holding of the infant by the carer has been 'good-enough' in Winnicott's terms (1960b), the result will be what I analogously call a 'strong-enough' ego. This ego is sturdy enough to be able

to bear, manage and *integrate* into it what were formerly overwhelming thoughts and feelings that it couldn't bear to hold onto and so had to expel or 'project' outwards through its cries and writhing. The good-enough holding relationship in which the infant is soothed by the caregiver, and which forms the context for the development of the ego, is described in more depth by Bion with his idea of containment (1962a, 1962b).

The containing relationship
Bion describes the caregiver as 'containing' the infant's primitive feelings. Containment, he posits (1962b), is a skilled and active process involving a caregiver who themselves is able to tolerate the strong feelings the infant is experiencing and to experience them *with* the infant, who thus learns by example to tolerate and integrate them rather than simply flushing them out. This ability on the part of the caregiver is seen as a "a state of openness ... to the baby's state of mind" (Anderson 1998, p.73):

> "The baby can ... communicate primitive anxieties to the mother who ... copes with them, is open to them, is affected by them, but is not overwhelmed by them. .. If the mother can manage such fears, then she communicates this back to the baby in her own language – the tone of her voice, the manner of holding, a look in the eyes, and the baby then has an experience of relief, of someone who can manage something that he cannot. Gradually, after many experiences like this, the baby can learn to tolerate primitive states of mind." (p.73).

In fact, Bion argued that containment, in enabling the infant to develop the capacity for tolerating and integrating difficult or painful feelings, in particular frustration, was what allowed it to develop the "apparatus for thinking" (Bion 1962a, p.112). It is through this process of learning to contain itself through having been contained by another, therefore, that the initially chaotic inner world of the child develops into a secure sense of self. This self, supported by a strong-enough ego, is what allows the child to think about, reflect on, make sense of and integrate its experiences – rather than being overwhelmed by them and thus expelling them. This integrated 'wholeness' characterises healthy emotional development, summed up by Orbach in this way:

> "Good feelings don't need to be forced into hiding or displayed inappropriately; sad feelings are acknowledged and lived through. ... Such a person takes their wholeness and the range of emotional responses available to them for granted. Connected to themselves in this way, they are able to give spontaneously, to set boundaries, and to receive" (1994, p.34)

The secure attachment: the context containment creates
The ongoing containing relationship between caregiver (container) and infant (contained) can be described in the terms of attachment theory as a 'secure attachment' (Bowlby 1988). John Bowlby developed his theory as a conceptual framework analogous to Winnicott's idea of holding and Bion's idea of containment; its roots are in psychodynamic theory (Bowlby 1988). However, attachment theory focuses on the *function* of the infant's relationship-seeking behaviour in terms of its survival, because without relationships the infant cannot survive alone. He defines this 'attachment behaviour' as "any form of behaviour that results in a person attaining or maintaining proximity to some other clearly identified individual who is conceived as better able to cope with the world" (1988, pp.27-28). In this way, the infant instinctively tries to keep the caregiver close, and ensure that they provide it with the 'secure base' (Ainsworth 1967) it needs for its psychological development. This concept of a secure base "from which a child, an adolescent, or an adult goes out to explore and to which he returns from time to time", writes Bowlby, "is one I

have come to regard as crucial for an understanding of how an emotionally stable person develops and functions *all through his life*" (1988, p.46, original emphasis).

Attachment theory does not describe the psychological process by which a secure attachment is established. Rather, it provides compelling empirical research evidence supporting the validity of the psychodynamic theories –including containment and ego development– which postulate the importance and impact of the infant's early relationship with its caregiver(s). Attachment researchers collect this evidence by observing behaviour in the infant-caregiver dyad, using it to indicate the quality of their attachment (which can be seen as a proxy for the quality of the containment provided by the caregiver), and linking this to the child's development (which can be seen as a proxy for the strength or weakness of their ego).

Using a schema of 'attachment types' which classifies infants according to the security of their attachment to their caregiver (Ainsworth et al 1978), the first attachment researchers were able to evidence hypotheses linking attuned caregiving with positive emotional and behavioural outcomes for the infant. Ainsworth and colleagues' findings strongly suggest that a caregiver who is "sensitive, accessible, and responsive to [the infant], who accepts his behaviour and is co-operative in dealing with him", an illustration of containing behaviour, is likely to have a child "who is developing a limited measure of self-reliance by the time of his first birthday" (Bowlby 1988, p.48), an illustration of the ego becoming strong-enough.

In the context of our process model of resilience development, attachment research thus provides crucial evidence suggesting a link between the psychodynamic ideas of the strong-enough ego and its development by means of the containing relationship, and the mental health and psychological development of the child. "The concept of containment ... provides the theoretical mechanism through which the development of a secure attachment", and analogously the development of the ego, "can be explained" (Douglas 2007, p.129).

The soundness of attachment theory is illustrated by the research interest the concept continues to generate, although much of this has taken attachment away from its psychodynamic roots (eg. Beek & Schofield 2004). Given its research-oriented agenda and research-facilitating tools and schema (eg. Ainsworth et al 1978), however, attachment theory has proven hugely useful for researchers seeking to investigate the psychological and psychodynamic mechanisms by which the quality of relationship between caregiver and infant influences child outcomes (eg. Lyons-Ruth 1999, Fonagy & Target 2002). The research of Peter Fonagy –who is unusual in working jointly in psychoanalysis and experimental psychology– is of particular value in terms of its insights into the links between resilience development, attachment and reflexivity, which I will now explore.

Reflexivity: the hallmark of resilience
As we have seen, the strong-enough ego develops in the context of the securely attached relationship, in which infant is contained by caregiver. The ego's function, when it is strong and able enough, is to organise the infant's emotional experience into a sense of self or a personality. The organisation of emotional experience is thus critical to the infant's development of a self, from which other psychological capacities (including self-identity, self-regulation and self-esteem) emerge.

Reflection is the process by which emotional experience is organised. The capacity for reflection on states of mind develops in the infant within the securely attached relationship; the caregiver first recognises and reflects the infant's feelings back to them and they slowly learn –through this experience of *being* recognised– to recognise, reflect on and thus organise those feelings for themselves. This ability forms the basis for the infant to then reflect on and respond to the feelings of other people. Awareness of both one's own *and* others' mental states is what I refer to as 'reflexivity'. (Others have called this 'reflective self function' (Fonagy & Target 1996) and 'mentalization' (Fonagy & Target 1998)).

I argue that the achievement of reflexive capacity is a crucial developmental stage in resilience terms, as illustrated by the resilient characteristics associated with and emerging from it including: autonomy (Stein et al 2000), self-esteem (Fonagy & Target 2002), social competence (Luthar 2006) and self-regulation (Buckner et al 2003). I will now explore the research evidence for the connections between reflexivity and this constellation of characteristics.

Peter Fonagy and colleagues (Fonagy 1993, 2000, Fonagy & Target 1996, 2002, Fonagy et al 1994, 2002, 2004) use attachment theory to classify the quality of containment in the caregiver-infant relationship, and use this to investigate the connection between the psychodynamic conception of ego development through containment, and the findings of the mainstream developmental research. Their research suggests that it is indeed through sustained containing interaction with an attuned caregiver that the infant's capacity to know both their own and others' emotional states, its reflexivity, is founded. Summarising Fonagy and colleagues' findings, Wallin (2007) writes:

> "'Attachment is not an end in itself; rather it exists in order to produce a representational system that has evolved, we may presume, to aid human survival' (Fonagy et al 2002, p.2). This... offers the enormous evolutionary survival advantage of enabling individuals to understand, interpret, and predict the behaviour of others, as well as their own behaviour. ... Fonagy and his colleagues' ... program of research ... has made an increasingly powerful case that mentalizing [i.e. reflexivity] and attachment play critically important, intertwining roles in development and psychopathology" (p.46).

Reflexivity is thus what enables infants to develop a sense of themselves as autonomous individuals (able to acknowledge and reflect on their own behaviour), and to relate to others (in also being able to understand the mental states informing others' behaviour). These twin capacities emerging from the secure attachment relationship are mutually dependent, and it is from them that the resilience-related outcomes emerge:

> "There is unequivocal evidence from two decades of longitudinal research that secure attachment in infancy is associated with the precocious development of a range of capacities that depend on interpretive or symbolic skills, such as ... ego resilience ... , self-recognition, social cognitive capacities, and so on. Attachment security foreshadows cognitive competence, exploratory skill, emotion regulation, communication style and other outcomes. ... attachment processes provide the key evolutionarily prepared paths for an interpersonal interpretive capacity to develop" (Fonagy & Target 2002, p.323)

<u>Autonomy</u>: The interpersonal interpretive capacity of reflexivity is also the capacity for imagination. This vital skill means the infant can "contemplate alternative perceptions ... plan and project alternative realities (Quinton & Rutter 1988)", which is "a critical component of autonomy

(O'Grady & Metz 1987) and a coherent sense of identity" (Fonagy 1993, p.253). In a context laden with adversities, it is not difficult to see why the ability to stand back from events and make choices would correlate with resilience.

<u>Self-esteem</u>: The capacity for self-esteem, too, emerges from the reflexive infant's ability to conceive of themselves as a 'self' with their own identity, and the view of this self reflected back to them by their caregivers. The containing context of a secure attachment gives the infant the sense that their feelings and their self are acceptable to the caregiver, that they are valued in their wholeness and in the range of their emotional states. Therefore, "because of the reciprocal links between [internal] working models of attachment and those of the self, it is generally believed that secure attachments will lead to a generalised sense of competence and sense of self-esteem" (Fonagy & Target 2002, p.313).

<u>Social competence</u>: The capacity for social competence, meanwhile, depends on reflexivity in that "a reliable capacity to reflect upon mental states enables the child to make optimal use of the individuals available to him" (Fonagy et al 1994, p.250). In order to have fulfilling relationships, individuals require the reflexive capacity to "see ourselves and others as beings with psychological depth", meaning it is "intimately related to our capacities for insight and empathy" (Wallin 2007, p.44). The template which shapes expectations of future relationships, the 'internal working model' (Bowlby 1988), is also something for which psychological research has found evidence: "early sensitive caregiving appears to endure as a secure representational model of adult attachment relationships (Hamilton 2000)" (Fonagy & Target 2002, p.309). In cases where early caregiving has fallen short, reflexivity allows individuals to make use of subsequent positive caregiving experiences in reflecting on and revising their existing internal working models (DiAmbrosio 2006). In this way, reflexivity contributes to resilience through its reparatory function in mediating experience, improving individuals' ability to form and enjoy fulfilling reciprocal relationships in which they can manage and express their own feelings, empathise with others, and ask for help when they need it.

<u>Self-regulation</u>: This is perhaps the most important and defining skill of the reflexive and resilient individual. It too develops in the context of infants whose attachments are secure, as Fonagy and Target's (2002) summary of a wide range of research studies indicates:

> "Attachment relationships are formative because they facilitate the development of the brain's major self-regulatory mechanisms, which in turn allow the individual to perform effectively in society. They … can place powerful limits on the individual's chances of coping with major adversity" (p.328).

As Buckner and colleagues (2003) conclude from their study of resilient youths in low-income American families, the self-regulatory ability of reflexive individuals can be seen as the very basis for their resilience: "a host of internal and external factors may impact the resilience of youths, in part, by first affecting self-regulation skills" (p.157).

There is a developmental chain of emotional capacities here, each dependent on and emerging from its predecessor: the capacity for reflexivity requires a strong-enough ego and its organising ability, which in turn requires good-enough containing care in order to develop. From the psychodynamic perspective of this model, the individual must progress sequentially through these stages, acquiring these capacities at each stage, if psychological resilience is to develop.

"Resilience is itself a developmental concept that characterises the dynamic transactional processes that enable the organisation and integration of experience in functionally adaptive ways" (Yates et al 2003, cited in Eisold 2005, p.418); as I have argued, it is the capacity for reflexivity that enables this organisation and integration to happen. The resilient individual can, through their capacity for reflexivity, make use of experiences by reflecting on, internalising and integrating them. Kraemer (1999) sums it up nicely:

> "The work of Fonagy and others (1994) has shown that those who manage to survive abuse and neglect achieve this not by putting early experience out of their minds but, on the contrary, by being able to remember, reflect and make sense of it. The resilient individual is one who can understand what has happened to him" (p.5)

WHAT HAPPENS WHEN EGO DEVELOPMENT IS IMPAIRED

In the tradition of the resilience literature, I have first highlighted the process of 'normal' resilient development in the psychodynamic model I have put forward. Now I will examine what happens according to this model when normal development (of a strong-enough ego and reflexive capacity in a secure attachment context) is impaired, and the consequences of these impairments for the child's resilience.

Winnicott (1960a) underscored the critical role of the holding environment for the infant's psychological development, as it supports the infant in regulating its emotions while developing its own ability to self-regulate. He wrote:

> "The mental health of the individual, in the sense of freedom from psychosis ... is laid down by this ... care. In this way ... infantile psychosis or a liability to psychosis at a later date is related to a failure of environmental provision" (pp.49-50).

When this early environment fails to contain the infant and support the infant's fragile ego so it can become strong-enough to develop reflexive capacity, and similarly when trauma or adverse environmental factors later in life damage this capacity, the psychodynamic model sees the infant as making use of various instinctive coping strategies or 'defences' in order to protect its vulnerable ego. These defences limit the damage to the ego, but inevitably compromise the infant's psychological health and development in some way. I will now briefly look at some of the most common defences, and their impact on mental health and the capacity for resilience-as-reflexivity.

The most basic implication is that the ego fails to develop and is unable to integrate the infant's emotional experience, as it is simply too overwhelming to cope with without the environmental support there to regulate it. This can present in various ways. Winnicott described two main groups of defence: "distortions of the ego-organisation" generally, and "the specific defence of self-holding, or the development of a caretaker self" (1960a, p.58). Both involve the ego not having grown strong-enough to integrate its experiences and develop a stable sense of self – and either splitting off painful emotional experiences it cannot cope with, or burying itself under a false replica of the self. In mental health terms, he lists some consequences of this defensive

coping as schizophrenia, infantile autism, the false self, and schizoid personality disorders (pp.58-59) – most of which would either be diagnosable as mental health problems or would lead to the development thereof.

Research from other sources supports this idea of the separating-off of painful feelings as a defence which can lead to mental health problems. Fonagy (1991), for example, found that adults with borderline personality disorder had an impaired reflexive capacity. His research suggested this was because they defensively blocked themselves from thinking of the mental states of others, as the knowledge of how others had treated them was too painful to bear and integrate. Given the link described in our model of resilience development between reflexivity and the ability to relate to others, such defending against feeling will clearly also affect the capacity for making use of positive relational experiences. Bowlby (1988) hypothesised from many years of direct observation while formulating his theory of attachment that:

> "the [traumatised] child, and later the adult, becomes afraid to allow himself to become attached to anyone for fear of a further rejection with all the agony, the anxiety, and the anger to which that would lead. As a result there is a massive block against his expressing or even feeling his natural desire for a close trusting relationship, for care, comfort and love" (p.55).

This block against expressing natural desires can itself cause mental health problems. Focht-Birkerts and Beardslee (2000) summarise empirical research bearing out the importance of acknowledgement and expression of affect for mental health, arguing that "children are at risk for developmental derailment if they must 'sequester' painful emotions, or 'disavow vulnerability'" (pp.419-420, citing Stolorow & Atwood 1992).

As Winnicott concludes,

> "All these developments belong to the environmental condition of holding, and without a good enough holding these stages cannot be attained, or once attained cannot become established" (1960a, p.45, original emphasis).

A holding environment and containment experience which impairs the development and strengthening of the infant's ego means the sequential development of its psychological capacities is interrupted, and the infant fails to develop a capacity for recognising and regulating its own feelings, or a healthy way of relating to others. Such infants and the adults they grow into will usually show signs of this inner lack of integration in their behaviour, ranging from the 'acting out' of intense unintegrated feelings which are too painful to be held inside and thought about, to the 'withdrawal' from the natural desire for connection and care to defend against the pain of a loss which cannot be integrated.

In the case of vulnerable individuals, a psychodynamic model of resilience development could be used to address developmental impairment in several ways. It can illustrate the process of this development through the stepped acquisition of psychological capacities leading to reflexivity; it can be used to assess what stage of this acquisition process an individual might have reached and from what stage a reparative intervention should thus begin; and it can suggest ways in which the containing function of the holding environment might be re-created by practitioners seeking to

help individuals develop a strong-enough, reflexive and resilient ego. It is to this task, the application of the model to practice, that I now turn.

IV. APPLYING THE RESILIENCE-AS-REFLEXIVITY MODEL TO SOCIAL WORK WITH LOOKED-AFTER CHILDREN

Child development, mental health and adversity

A substantial proportion of looked-after children in the Britain suffer mental health problems, many as a consequence of their experiences both leading up to and following their reception into care (as discussed in chapter one). The process model of resilience development put forward here aims to give social workers a way of theorising how, as a result of experiences of trauma and neglect, children in the care system can be affected by adversity in terms of their mental health; and of how, using this theory, workers can helped looked-after children to process these experiences and develop the psychological foundations of resilience and therefore better mental health.

Resilience-as-reflexivity: the foundation for making use of experiences

The model holds that a strong-enough ego that can reflect on self and others, i.e. with the capacity for resilience-as-reflexivity, is the necessary precursor of the ability to make use of other positive experiences such as the recreational and work experience activities suggested by Gilligan (1999a, 2001, 2008). From the perspective of the model, such activities can be seen as sustaining and strengthening the psychological resilience which the containing experience has created. However, these activities in themselves are not necessarily resilience-building; rather, they should be seen as contributing to resilience in terms of their contribution to the child's capacity for reflexivity. In other words, the child can only make use of these activities once they have acquired the emotional foundation of resilience, that is, the capacity for reflexivity. The way the child will then make use of them in terms of resilience-building is through the opportunities for further containment and ego-strengthening they offer, which buttresses the child's existing resilience (as well as the opportunities for gaining further skills in other areas, which will contribute to other aspects of their resilience such as their self-esteem and sense of autonomy). Thought of in this way, the value of such activities for resilience lies in the opportunities they provide for therapeutic engagement with the child and the containing quality of this engagement, rather than in what is done or taught per se.

I will now explore how practitioners can use the model to assess the stage of resilience-development the child has reached, allowing them to tailor an intervention or activity they offer according to the child's ability to make use of it – and thus the degree of containment it needs to provide. To conclude, I look at the policy and practice implications of practising to promote resilience in this way.

USING THE MODEL TO ASSESS RESILIENCE

In setting out the stages of ego strengthening leading to the capacity for reflexivity, the psychodynamic model of resilience development provides a way for the worker to assess the

developmental stage a child has reached in psychological terms, and thus their capacity for integrating and making use of experiences their worker gives them.

McMahon (1998) discusses therapeutic work with children in care, and points to the value of Winnicott's statement that workers must understand maturational processes in the child "and the point at which they were interrupted, since they determine the child's current survival mechanism and suggest the appropriate therapeutic intervention" (pp.109-110, citing Winnicott 1965a). Dockar-Drysdale (1990) describes this in more detail, explaining that before a child can make use of and integrate a positive experience provided by his worker, he must be able to:

> "feel that this good thing has really happened to him. Then he must find a way of storing the good things inside him, which he does by means of the symbolizing experience. Last in the serious of processes comes conceptualisation, which is understanding intellectually what has happened to him ... and being able to think this in words" (pp.98-99, cited in McMahon 1998, p.110).

This sets out clearly the reflexive capacities the child needs in order to internalise and build on positive experiences. Using the model to be mindful of these capacities and how they are acquired is the starting-point for allowing the worker to 'read' the signs the child is giving of the developmental stage they have reached. (The range of behaviours associated with unintegrated developmental stages are explored in more depth elsewhere – see eg. Copley & Forryan 1997). It is hoped, therefore, that use of this model would avoid situations in which social workers use face-value observations of children's behaviours to make atheoretical judgements about their resilience, as discussed earlier. Instead, knowledge of the model would enable them to make a more complex assessment of resilience in terms of the stage the child has reached in their capacity for reflexivity.

The next stage for the worker is to gauge the type of intervention required to build this capacity for reflexivity that constitutes the foundation-stone of resilience.

USING THE MODEL TO PROMOTE RESILIENCE

The psychodynamic model described here focuses on containment as the vehicle for the development of resilience. Practice informed by this model would therefore involve developing secure, containing relationships with looked-after children assessed as needing to develop the capacity for resilience-as-reflexivity. Other authors have described this kind of therapeutic practice with looked-after children (eg. McMahon 1998). Here I will focus on one particular example of practice which describes the application of a psychodynamic approach to this kind of work.

PRACTICE EXAMPLE: KIDS COMPANY

Kids Company is a London-based charity working with 600 children on the edge of care, set up by Camila Batmanghelidjh (2006). The principles of its work are psychodynamic, and the object-

relations theories of Bowlby and others inform all their interventions. The backbone of the service they offer is regular therapeutic sessions which allow vulnerable children to develop trusting relationships with their workers. Workers use the arts in these sessions as a tool for exploring emotions through symbolic expression.

Batmanghelidjh describes the therapeutic thinking behind the service to Kids Company's clients, i.e. the children, in this way:

> "[Some] therapeutic thinkers believe simply pointing out the 'faulty thinking' does not bring about change in the client's perception. They believe object relations are emotionally constructed and can only be modified through the provision of an alternative emotional experience. The therapeutic thinker then provides an alternative relationship for the client. At first, the client transfers to the worker their feelings about their 'original mother'. ...As time goes on, the client may intraject (take in) the care given by the therapeutic worker and use this to enhance and strengthen their positive object relations or to change negative constructs [or internal working models]. ... ultimately the outcome is affording the child a greater ability to relate to others more constructively and approach life with less need to defend against it." (2006, pp.31-32).

She sees the role of Kids Company's workers as being to provide this 'alternative' relationship for the child, through which they learn to experience themselves and others in a more positive, less defended –and, it follows, more resilient– way. Crittenden (2008) has referred to the idea of the worker as a 'transitional attachment figure', which seems to fit the Kids Company approach. This term conveys the idea behind Batmanghelidjh's approach, and I suggest it could usefully inform social work practice aimed at promoting resilience: the idea that the worker can play a transitional role as an attachment figure while the child acquires the capacities leading to reflexivity through the secure containing relationship, and that once acquired, these capacities are internalised and can be used by the child in other relationships.

This brings us to a concluding discussion about the importance of considering the wider contexts that both inform and sustain children's capacity for resilience, and social workers' capacity for promoting it.

WIDER IMPLICATIONS FOR SOCIAL WORK PRACTICE & POLICY

I have explored the individual's capacity for resilience-as-reflexivity, how it develops, and how a social worker can facilitate this process when its development has been impaired. Although the focus in this final chapter has been on the interpersonal relationship between child and worker, it is crucial to consider the layers of context in which this relationship is nested. For this purpose, using the systemic framework (see Preston-Shoot & Agass 1990) in conjunction with the psychodynamic one broadens our perspective on resilience and acknowledges the many contexts which impact the way it is developed and maintained. For instance, systemic thinking encourages us to consider the context of the social worker and what *they* would need in order to promote resilience in the way advocated here.

PRACTICE CONTEXT EXAMPLE: HACKNEY'S 'RECLAIMING SOCIAL WORK' INITIATIVE

To establish and sustain a containing relationship with a child, social workers require a work context that would support this. The 'Reclaiming Social Work' initiative launched by Hackney Council in 2006 is an example of an attempt to create such a context (see London Borough of Hackney 2008).

In the current social care system in Britain, a number of constraints relating to their practice context including team structures and bureaucracy mean that practitioners working with looked-after children "are not able to remain connected to a child through the course of a placement [and] social workers are constantly moving on" (Kenrick et al 2006, pp.7-8). To address this, Hackney has restructured its service from large teams into small units of three workers, with an administrator to offer support and allow them more time for direct work with service users. The units are also supported by a systemic family therapist, who offers containment to the workers through regular case discussions. This acknowledges the psychodynamic idea that to contain others workers needs to feel contained themselves; the presence of the therapist, and weekly unit meetings during which the unit provide group supervision to each other through joint case discussions, create contexts for meeting this need. These and other structural changes have created a practice context which is more facilitating of the kind of containing relationships than the usual structures that Kenrick and co-authors (2006) describe, illustrating the importance of this one context among many that would impact social work practice with looked-after children. I suggest this practice context would support social workers' ability to engage in therapeutic, resilience-promoting practice described here.

SOCIAL AND POLICY CONTEXT

Systemic thinking also encourages us to think of resilience and its development in a wider sense. As discussed earlier, most social work literature on resilience focuses on the idea of building individuals' resilience rather than challenging social norms and structures. Clearly the narrow view of the literature fails to acknowledge the many other contexts, including British society and social policy, that impact resilience and that must be considered in any more in-depth study than this dissertation with its 15,000-word limit. The work of Ungar (2008) on the way different cultures understand and promote resilience is one example of how consideration of wider contexts can and should inform our thinking about resilience promotion in social work practice in contemporary, multicultural Britain.

CONCLUSION

I conclude with a statement about the social context that frames the whole of this discussion on resilience. In this dissertation I have made the case that the mental health problems suffered by many looked-after children are linked to deficits in their psychological development, caused by a lack of containing care. I have argued for a new understanding of resilience as reflexivity, put forward a psychodynamic model for the process by which it develops, suggested ways in which this model could be used by social workers to promote resilience in looked-after children, and flagged up the wider contexts which impact this work.

However, it is my belief that as social workers we need to do more than simply argue for a different understanding of resilience and its promotion within our field. Social work takes place within a social context, and without a concerted effort to make this context itself more containing and supportive of vulnerable children and families, we risk an ever more uphill battle as we work to promote resilience in a context which may undermine it:

> "It is no good arguing for resilience based on secure attachment if we do not also argue for a society that welcomes it. In a world in which trust is possible … the securely attached individual has greater freedom of social action, at home, at school, and later in adult relationships … But there is little value in having a generous and open mind if life is primarily a struggle for survival, where there are few or no trusted neighbours, and where it is better not to think about other people's states of mind" (Kraemer 1999, p.11).

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References

Ainsworth, M.D.S. (1967) *Infancy in Uganda: infant care and the growth of attachment.* Baltimore: Johns Hopkins University Press.

Ainsworth, M., Blehar, M., Walters, E. & Walls, S. (1978) *Patterns of attachment: a psychological study of the strange situation.* Hillsdale, NJ: Erlbaum.

Akister, J., Owens, M. & Goodyer, M. (2010) 'Leaving care and mental health: outcomes for children in out-of-home care during the transition to adulthood', *Health Research Policy and Systems,* 8(10): pp. 1-9.

Anderson, R. (1998) 'Suicidal behaviour and its meaning in adolescence' in Anderson, R. & Dartington, A. (eds.) *Facing it out: clinical perspectives on adolescent disturbance.* London: Duckworth.

Antonovksy, A. (1979) *Unravelling the mystery of health: how people manage stress and stay well.* Jossey-Bass: San Francisco.

Batmanghelidjh, C. (2006) *Shattered lives: children who live with courage and dignity.* London: Jessica Kingsley.

Beek, M. & Schofield, G. (2004) *Providing a secure base in long-term foster care.* London: BAAF.

Bion, W.R. (1962a) A theory of thinking. In *Second thoughts.* Reprint, London: Karnac Books, 1993, pp. 110-119.

Bion, W.R. (1962b) *Learning from experience.* London: Heinemann.

Bostock, L. (2004) *Promoting resilience in fostered children and young people.* London: Social Care Institute for Excellence.

Bowlby, J. (1988) *A secure base: clinical applications of attachment theory*. London: Routledge.

Buckner, J.C., Mezzacappa, E. & Beardslee, W. (2003) 'Characteristics of resilient youths living in poverty: the role of self-regulatory processes', *Development and Psychopathology*, 15: 139-162.

Copley, B. & Forryan, B. (1997) *Therapeutic work with children and young people.* 2nd edn. London: Cassell.

Crittenden, P.M. (2008) *Raising parents: attachment, parenting and child safety*. Cullompton: Willan Publishing.

Daniel, B. (2006) 'Operationalizing the concept of resilience in child neglect: cast study research', *Child: care, health and development*, 32(3), pp. 303-309.

Daniel, B., Wassel, S. & Gilligan, R. (1999) 'It's just common sense, isn't it? Exploring ways of putting the theory of resilience into action' , *Adoption and Fostering*, 23(3): pp. 6-15.

DCSF (Department for Children, Schools and Families) (2007) *The children's plan: building brighter futures.* London: DCSF.

DFES (Department for Education and Skills) (2005) *Common Assessment Framework*. London: HMSO.

DFES (2007) *Care matters: time for change (White Paper).* London: HMSO.

DiAmbrosio, P.E. (2006) 'Weeble wobbles: resilience within the psychoanalytic situation', *International Journal of Psychoanalytic Self Psychology*, 1(3): 263-285.

Douglas, H. (2007) *Containment and reciprocity.* Hove: Routledge.

Eisold, B.K. (2005) 'Notes on lifelong resilience', *Psychoanalytic Psychology*, 22(3): 411-426.

Ferguson, I. (2008) *Reclaiming social work: challenging neo-liberalism and promoting social justice.* London: Sage.

Focht-Birkerts, L. & Beardslee, W. (2000) 'A child's experience of parental depression: encourage relational resilience in families with affective illness', *Family Process*, 39(4): 417-434.

Fonagy, P. (1991) 'Thinking about thinking', *International Journal of Psychoanalysis*, 72: 1-18.

Fonagy, P. (1993) Psychoanalytic and empirical approaches to developmental psychopathology: an object-relations perspective', *Journal of the American Psychoanalytic Association*, 41: 245-261.

Fonagy , P. (2000) 'Attachment and borderline disorder', *Journal of the American Psychoanalytic Association*, 48 : 1129-1146.

Fonagy, P. & Target, M. (1996) 'Outcome predictors in child analysis: a retrospective study of 763 cases at the Anna Freud Centre', *Journal of the American Psychoanalytic Association,* 44: 27-77.

Fonagy, P. & Target, M. (1998) 'Mentalization and the changing aims of child psychoanalysis', *Psychoanalytic Dialogues*, 8(1): 87-114.

Fonagy, P. & Target, M. (2002) 'Early intervention and the development of self-regulation', *Psychoanalytic Inquiry*, 22(3): 307-335.

Fonagy, P., Steele, M., Steele, H., Higgitt, A. & Target, M. (1994) 'The Emmanuel Miller Memorial Lecture 1992: The theory and practice of resilience', *Journal of Child Psychology and Psychiatry,* 35(2): 231-257.

Fonagy, P., Gergely, G., Jurist, E. & Target, M. (2004) *Affect regulation, mentalization and the development of the self.* London: Karnac.

Ford, T., Vostanis, P., Meltzer, H., & Goodman, R. (2007) 'Psychiatric disorder among British children looked after by local authorities: comparison with children living in private households', *British Journal of Psychiatry*, 190: 319-325.

Gilligan, R. (1997) 'Beyond permanence? The importance of resilience in child placement practice and planning', *Adoption and Fostering*, 21(1): 12-20.

Gilligan, R. (1999a) 'Enhancing the resilience of children and young people in care by mentoring their talents and interests', *Child and Family Social Work,* 4: 187-196.

Gilligan, R. (1999b) 'Working with social networks: key resources in helping children at risk', in Hill, M. (ed) *Effective ways of working with children and their families.* London: Jessica Kingsley, pp. 70-91.

Gilligan, R. (2000) 'Adversity, resilience and young people: the protective value of positive school and spare time experiences', *Children and Society,* 14: 37-47.

Gilligan, R. (2001) *Promoting resilience: a resource guide on working with children in the care system.* London: British Agencies for Adoption and Fostering.

Gilligan, R. (2004) 'Promoting resilience in child and family social work: issues for social work practice, education and policy', *Social Work Education*, 23(1): 93-104

Gilligan, R. (2008) 'Promoting resilience in young people in long-term care: the relevance of roles and relationships in the domains of recreation and work', *Journal of Social Work Practice*, 22(1): 37-50.

Glover, J. (2009) *Bouncing back: how can resilience be promoted in vulnerable children and young people?* Barkingside: Barnardo's.

Hauser, S.T. & Allen, J.P. (2007) 'Overcoming adversity in adolescence: narratives of resilience', *Psychoanalytic Inquiry*, 26 (4): 549-576.

HCCSFC (House of Commons' Children, Schools and Families Committee) (2009) *Looked-after Children: Third Report of Session 2008–09.* London: TSO.

HM Government (1989) *The Children Act 1989.* [Online.] Available at: http://www.legislation.gov.uk/ukpga/1989/41. (Accessed: 25 September 2010).

Kenrich, J., Lindsay, C. & Tollemache, L. (eds) (2006) *Creating new families: therapeutic approaches to fostering, adoption and kinship care.* London: Karnac.

Kobasa, S. (1979) 'Stressful life events, personality and health: an inquiry into hardiness', *Journal of Personality and Social Psychology,* 37: 1-11.

Kraemer, S. (1999) 'Promoting resilience: changing concepts of parenting and child care', *International Journal of Child and Family Welfare,* 3. [Online.] Available at: http://www.childrensproject.co.uk/resilience.asp. (Accessed 15 July 2010).

London Borough of Hackney (2008). *Reclaim Social Work – November 2008*. [Online]. Available at: http://www.hackney.gov.uk/Assets/Documents/rsw-november-2008.pdf. (Accessed 10 July 2010).

Luthar, S.S. (1991) 'Vulnerability and resilience: a study of high-risk adolescents', *Child Development,* 62: 600-616.

Luthar, S.S. (ed.) (2003) *Resilience and vulnerability.* Cambridge University Press: New York.

Luthar, S.S. & Cicchetti, D. (2000) 'The construct of resilience: implications for interventions and social policies', *Development and Psychopathology*, 12: 857-885.

Luthar, S.S. (2006) 'Resilience in development: a synthesis of research across five decades', in Cicchetti, D. & Cohen, D.J. (eds.) *Developmental psychopathology: Risk, disorder and adaptation* (2nd edn). New York: Wiley, pp. 739-795.

Luthar, S.S. & Brown, P.J. (2007) 'Maximising resilience through diverse levels of inquiry: prevailing paradigms, possibilities and priorities for the future', *Development and Psychopathology*, 19: 931-955.

Lyons-Ruth, K. (1999) 'The two-person unconscious: intersubjective dialogue, enactive relational representation, and the emergence of new forms of relational organization', *Psychoanalytic Inquiry,* 19: 576-617.

Maslow, A. (1943) 'A theory of human motivation', *Psychological Review*, 50(4): 370-396.

McAuley, C. & Davis, T. (2009) 'Emotional well-being and mental health of looked after children in England', *Child and Family Social Work*, 14: 147-155.

McMahon, L. (1998) 'Working at understanding and helping troubled children', in Ward, A. & McMahon, L. (eds.) *Intuition is not enough: matching learning with practice in therapeutic child care.* London: Routledge, pp. 105-120.

McMurray, I., Connolly, H., Preston-Shoot, M. & Wigley, V. (2008) Constructing resilience: social workers' understandings and practice. *Health and Social Care in the Community*, 16(3): 299-309.

Meltzer, H., Gatward, R., Corbin, T., Goodman, R. & Ford, T. (2003) *The mental health of young people looked after by local authorities in England.* London: HMSO.

Milton, J., Polmear, C. & Fabricius, J. (2004) *A short introduction to psychoanalysis*. London: Sage

Mooney, A. Statham, J., Monck, E. & Chambers, H. (2009) *Promoting the health of looked after children: a study to inform revision of the 2002 guidance.* London: Institute of Education.

Newman, T. & Blackburn, S. (2002) *Transitions in the lives of children and young people: resilience factors.* Edinburgh: Scottish Executive.

Newman, T., Yates, T. And Masten, A. (2004) *What works in building resilience?* Barkingside: Barnardo's.

Orbach, S. (1994) *What's really going on here? Making sense of our emotional lives.* London: Virago.

Preston-Shoot, M. & Agass, D. (1990) *Making sense of social work: psychodynamics, systems and practice.* Basingstoke: Palgrave Macmillan.

Ruch, G. (2010) 'The contemporary context of relationship-based practice', in Ruch, G., Turney, D. & Ward, A. (eds.) *Relationship-based social work: getting to the heart of practice.* London: Jessica Kingsley, pp. 13-28.

Rutter, M. (1985) 'Resilience in the face of adversity: protective factors and resistance to psychiatric disorder', *British Journal of Psychiatry*, 147: 598-611.

Rutter, M. (1987) 'Psychosocial resilience and protective mechanisms', *American Journal of Orthopsychiatry*, 57: 316-331.

Rutter, M. (1999) 'Resilience concepts and findings: implications for family therapy', *Journal of Family Therapy,* 21: 119-144.

Schofield, G. & Beek, M. (2005) 'Risk and resilience in long-term foster care', *British Journal of Social Work*, 35: 1283-1301.

Seccombe, K. (2002) ''Beating the odds' versus 'changing the odds': poverty, resilience and family policy', *Journal of Marriage and Family,* 64(2): 384-394.

Sempik J., Ward, H. & Darker, I. (2008) 'Emotional and behavioural difficulties of children and young people at entry to care', *Clinical Child Psychology and Psychiatry*, 13(2): 221-233.

Stein, H., Fonagy, P., Ferguson, K.s. & Wisman, M. (2000) 'Lives through time: an ideographic approach o the study of resilience', *Bulletin of the Menninger Clinic*, 64: 281-305.

Stevenson, O. (2005) 'Foreword', in Bower, M. (ed) *Psychoanalytic theory for social work practice: thinking under fire*. London: Routledge, pp. ix-xx.

Ungar, M. (2008) 'Research note: resilience across cultures', *British Journal of Social Work*, 38: 218-235.

Vellacott, J. (2007) 'Resilience: a psychoanalytic exploration', *British Journal of Psychotherapy*, 23(2): 163-170.

Wade, J., Biehal, N., Farrelly, N. & Sinclair, I. (2010) *Maltreated children in the looked after system: a comparison of outcomes for those who go home and those who do not*. London: Department for Education.

Wallin, D.J. (2007) *Attachment in psychotherapy.* New York: Guildford Press.

Werner, E.E. & Smith, R.S. (1982) *Vulnerable but invincible: a study of resilient children*. New York: McGraw-Hill.

Winnicott, D.W. (1960a) 'The theory of the parent-infant relationship', in *The maturational processes and the facilitating environment*. London: Hogarth Press, 1980, pp. 37-54.

Winnicott, D.W. (1960b) 'Ego distortion in terms of true and false self', in *The maturational processes and the facilitating environment*. London: Hogarth Press, 1980, pp. 140-157.

Winnicott, D.W. (1962) 'Ego integration in child development', in *The maturational processes and the facilitating environment*. London: Hogarth Press, 1980, pp. 56-63.