

Human Behavior Theory: A Resilience Orientation

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On finishing this chapter, students will be able to further:

Identify as a professional social worker and conduct oneself accordingly (Educational Policy 2.1.1) by

- Advocating for client access to the services of social work.
- Practicing personal reflection and self-correction to ensure continual professional development (practice behaviors).

Apply social work ethical principles to guide professional practice (Educational Policy 2.1.2) by

- Tolerating ambiguity in resolving ethical conflicts (practice behavior).

Apply knowledge of human behavior and the social environment (Educational Policy 2.1.7) by

- Using conceptual frameworks to guide the processes of assessment, intervention, and evaluation (practice behavior).

The repeated documentation of this “resiliency”—the ability to bounce back successfully despite exposure to severe risk—has clearly established the self-righting nature of human development.

—BENARD, 1993, p. 444

As our clients often underestimate their own resources and potential, do helpers fall victim to the same phenomena?

—BARNARD, 1994, p. 135

Social work practice began with a commitment to help the most economically deprived and vulnerable populations through individual and social change (Gitterman, 1991; Khinduka, 1987). However, social work professionals of the 21st century face dramatic and as yet unforeseen changes in their practice. Unfortunately, some professionals expect that these changes will make the task of helping the most vulnerable populations increasingly difficult (Gitterman, 1991). Concerns such as family and community violence, poverty, and oppression already demand an understanding of how people struggle to surmount difficult or perilous life circumstances. In addition, widespread attention has been given to the status of children—their development, safety, and economic and psychological well-being (Garmezy, 1993; Laursen & Birmingham, 2003; Masten & Coatsworth, 1998).

The literature increasingly reflects the challenges involved in serving clients who face such difficulties. For example, Burman and Allen-Meares (1994) have called on social workers to assist children who have witnessed parental homicide; Carter (1999) has urged social workers to respond to church burnings in ways that will mobilize community strengths; and Garmezy (1993) has challenged mental health professionals to take up the political agenda of children and families “whose danger is accentuated by the threatening ecologies in which they reside” (p. 134). Social work professionals also will need to address the increasing effect of violence and the accompanying sense of fear and powerlessness among urban children and youths (Astor, Behre, Wallace, & Fravil, 1998; DuRant, Cadenhead, Pendergrast, Slavens, & Linder, 1994; Early-Adams, Wallinga, Skeen, & Paguio, 1990; Pierce & Singleton, 1995; Rey, 1996). In addition, military social workers have the challenge of preventing suicides of returning soldiers from Afghanistan and Iraq. Furthermore, the capacity to be culturally competent, the ability to value differences, and the ability to guard against measuring every client by a single standard will become increasingly essential (Greene, 1994). Political, social, and technological developments continue to sharpen cultural awareness (Hoff, Hallisey, & Hoff, 2009). Overall, practitioners will increasingly need strategies to “to promote the full humanity of all voices which have been marginalized in our society” (Hooyman, 1996, p. 20).

Clearly, future social work practice will require the use of human behavior frameworks that better address the complexity of life concerns (Begun, 1993). Social workers will need to understand how people respond positively to adverse situations and how to use this knowledge to foster client strengths, adaptation, healing, and self-efficacy. Theories that examine health-promoting behaviors across the life course and focus on environments that promote personal, family, and community well-being will therefore be increasingly in demand. Social work practice of the 21st century requires theories that allow social workers to build

on clients' ability to persist in the face of obstacles and to proceed positively with life events—or what Saleebey (1996) has called “a practice based on the ideas of resilience, rebound, possibility, and transformation” (p. 297).

Social workers have long been committed to a strengths-based practice that mobilizes “people’s push toward growth, self-healing, health, and other natural life forces” (Germain, 1990, p. 138). However, a theoretical advance is under way. Social workers and other mental health professionals are increasingly applying the concept of resilience in their work with clients (Benard, 1993; Bogenschneider, 1996; Fraser, 1997; Nash & Fraser, 1998; Tolan, Guerra, & Kendall, 1995; Weick & Saleebey, 1995). The notion of *resilience*—the “manifested competence in the context of significant challenges to adaptation”—builds on the strengths perspective (Masten & Coatsworth, 1998, p. 206) and, when integrated with ecological and developmental theory, can deepen social workers’ understanding of adaptive behavior (Kaminsky, McCabe, Langlieb, & Everly, 2007). In fact, a review of the literature has revealed that “the growing salience of the risk and resilience perspective”—the study of the factors that contribute to successful outcomes in the face of adversity—already provides ideas for highly useful intervention strategies (Fraser, Richman, & Galinsky, 1999, p. 131).

In addition, the body of theoretical and research information about resilience is so great that it can be conceptualized as forming a resilience-based human behavior framework for social work practice (Begin, 1993; Fraser & Galinsky, 1997; Gitterman, 1991, 1998; Greene, 2008; Saleebey, 1997a). This conceptual movement stems from several converging sources, including longitudinal research, renewed theoretical perspectives, the experience of survivors, and the wisdom of master practitioners. This book synthesizes the increasingly accepted view of human behavior and applies resiliency theory and research to various populations and issues. The purpose is to understand better how people successfully meet life challenges in the face of stress and or trauma. It focuses on characteristics that foster health-promoting behaviors and competence and examines the environments that further resilience. Furthermore, the book explores concepts that can assist social workers in understanding how people respond positively to adverse situations. Such concepts include client strengths, adaptation, healing and wellness, self-efficacy, and competence.

The book also reviews various theoretical explanations of personal, family, community, and other environmental factors that foster human resilience across the life course. Using an ecological–developmental framework as a conceptual guidepost, the book discusses how social workers select theoretical constructs for resilience-based practice for application at each systems level. There are also quotes from interviews with helping professionals and laypersons who reflect on the topic. Questions explored in the text include the following:

- What are the conditions that facilitate health and wellness?
- How do people navigate threats or overcome adversity?
- How do people handle traumatic events or difficult life transitions?
- What contributes to people's ability to regenerate or bounce back?
- How do humans cope with everyday events and generate problem-solving strategies and solutions?
- What is successful coping?
- What aspects of human behavior in the social environment contribute to survival and growth?
- What types of help do people need or want when events tax or exceed their adaptive resources?
- How can helping professionals best provide this help?

Historical Context: Resilience Theory

These pioneers [investigators of resilience] recognized that such [successful] children could teach us better ways to reduce risk, promote competence, and shift the course of development in more positive directions.

—MASTEN & COATSWORTH, 1998, p. 205

The study of risk and resilience emulated epidemiological public health studies of heart and lung disease in which people were informed about the risks of inactivity, smoking, and a high-fat diet (see chapter 5). It was understood that many but not *all* smokers would develop heart disease. The question was why? Mental health professionals have long wondered why some people withstand adversity or high levels of stress better. To understand this phenomenon, social scientists have conducted numerous studies to explore risk and resilience. In addition, practitioners have shared their observations about client resilience. This chapter provides a historical overview of theorists' and practitioners' contributions to the development of the risk and resilience perspective and outlines the major theoretical concepts converging to form this approach to human behavior.

Studies of Children at Risk

The theoretical understanding of what constitutes resilience emerged, in large measure, from research on "children at risk" (Bogenschneider, 1996; Hawkins, Catalano, & Miller, 1992; Krovetz, 1999; Werner & Smith, 1982). Long interested in understanding what factors contribute to or prevent problem behaviors, developmental theorists conducted longitudinal studies to examine how children face high-risk situations, such as abuse, poverty, substance abuse, and teenage

pregnancy. For example, the St. Louis Risk Research Project was intended to help researchers understand resilience among children in St. Louis, Missouri, “who seemed at risk within a disadvantaged milieu [and nonetheless] climbed to success and health through intense affiliations [in this situation] with religious groups” (Worland, Weeks, Weiner, & Schectman, 1982, p. 138).

Research projects were undertaken in numerous U.S. cities, including Minneapolis, Pittsburgh, and Rochester, over more than three decades. International research projects, such as those sponsored by the University of Alabama Civitan International Research Center, explored child well-being in Brazil, Canada, Costa Rica, the Czech Republic, Hungary, Japan, Lithuania, Namibia, Russia, South Africa, Sudan, Taiwan, Thailand, and Vietnam (Grotberg, 1995). These studies attempted to identify the percentage of a child population at risk who might experience future problems. The studies identified potential causative agents, the distribution of problems, and possible preventive treatment measures (Nash & Fraser, 1998). Researchers examined *risk factors*—conditions that increase the likelihood that a child will develop a problem—and *protective factors*—conditions that buffer, interrupt, or prevent problems. The researchers’ intent was to “identify the damage done to children and to provide services to help them develop as well as possible” despite the risk (Grotberg, 1995, p. 1).

Studies of children at risk have taught educational and mental health professionals that, although some children may have adverse reactions to negative or traumatic experiences—and should receive the proper help—adverse events in childhood do not inevitably lead to adult pathology. Between one half and two thirds of children growing up in adverse situations “do overcome the odds and turn a life trajectory of risk into one that manifests resilience” (Benard, 1993, p. 444). This finding has led researchers to investigate what distinguishes children who are beating the odds from those who are overwhelmed. How do many children at risk become confident, competent, caring adults (Werner & Smith, 1992)? A summary of study outcomes suggests that resilient children have a strong capacity to form relationships, to solve problems, to develop a sense of identity, and to plan and hope (Benard, 1993). Achievement orientation, school success, sociability, responsible behavior, and active involvement at school are also associated with resilience in children (Reed-Victor & Pelco, 1999; see chapter 2 for a full discussion). The ultimate benefit of these findings is that they provide guidelines for designing services that foster children’s innate capacity for resilience (Benard, 1993; Gordon & Song, 1994).

Studies of Children Living with Community Violence

Researchers have examined particular issues of children at risk (for example, how children cope with the consequences of community violence; Coles, 1986;

Garbarino, Dubrow, Kostelny, & Pardo, 1992). Ideally, childhood is a time when children form meaningful attachments, explore their environment, and begin to develop competence. Safe, nurturing social neighborhoods are needed to further children's ability to trust and master their environment. Unfortunately, a safe environment is often not a reality for some children. Many children in U.S. cities grow up in communities where "danger replaces safety as a condition of life" (Garbarino et al., 1992, p. 1). These children must struggle for survival in an environment in which their basic necessities are barely met. Families may isolate themselves from the rest of the community out of fear of violence against them. Communities that have had an exodus of the working-class population may feel defeated by prolonged joblessness and oppression (Wilson, 1987). Children who are exposed to such chronic dangers may live in anxiety and fear, see themselves as having limited futures, feel they have little control over their lives, and develop learning difficulties (Wallach, 1994). Furthermore, children who experience living in chronic danger may have difficulty concentrating, suffer memory impairments, display aggressive play, act tough, show uncaring behaviors, and restrict their activities. Loss is a common theme. In essence, "what has been destroyed for children traumatized by community violence is the idea of home, school, and community as a safe place" (Garbarino et al., 1992, p. 83).

The lack of a safe environment is not experienced exclusively by U.S. children. Robert Coles (1986), a noted researcher of children who have survived adversity, observed Cambodian refugee children and their parents. Many survivors of the 30-year Cambodian civil war and concentration camps suffered posttraumatic stress, experiencing symptoms that included avoidance, hyperactive startle reactions, emotional numbness, intrusive thoughts, and nightmares (Boehnlein, 1987; Carlson & Rosser-Hogan, 1993; Eisenbruch, 1984; Kinzie, Fredrickson, Ben, Fleck, & Karls, 1984; Lee & Lu, 1989). Nonetheless, Coles concluded that despite the horrific political violence under the Khmer Rouge, "I have never seen a group of children, in all the years of my work, who are more resilient and perceptive" (p. 266). He attributed their successful adaptation to caring mothers and fathers. Masten and Coatsworth (1998) also commented on these young people's success, saying "they are absolute, living testimony to the human capacity for resilience" (p. 206). These findings can give further impetus to the design of intervention programs and help convince policy makers that strength not only is inherent, but also can be taught (Blum, 1998).

Studies of children who live with community violence have provided significant knowledge about resilient behavior. Research suggests that children who are cognitively competent, experience self-confidence, are goal oriented, and have active coping styles can be more resilient (Rutter, 1989). Garbarino et al. (1992), who have witnessed children in danger around the world, deduced that children

can maintain resilience under adversity if they have sufficient psychological and social resources, are attached to significant adults, develop cultural and spiritual resources, and have an ideology guiding their activism. These findings remind professionals that, to foster resilience, it is wise to think beyond traditional interventions. Garbarino and colleagues are among several researchers (see Wang & Gordon, 1994) who have urged schools to take up the banner of promoting resilience through interventions that are individualized and therapeutic and that mobilize communities into “peacekeeping and prevention zones” (p. 229).

Studies of Adult Survivors

The knowledge that people have a powerful ability to adapt to crises has prompted researchers to shift from thinking that stressful situations inevitability produce negative outcomes to exploring how to foster people’s positive adaptation following a high degree of adversity (Fraser, 1997; Reed-Victor & Pelco, 1999). Substantial research on adult survivors provides ideas about resilience and how to promote a return to adaptive functioning. For example, in a 30-year quest to understand coping strategies and resiliency among adult survivors of such horrifying events as the bombing of Hiroshima and the Nazi Holocaust, Lifton (1993) delineated a number of patterns that affect people who have lived through such disasters. Lifton learned that survivors do not escape pain, “as they have observed death—witnessed it—while remaining alive” (p. 231). Rather, survivors may feel a sense of loss and divested of human connectedness. They may go through a lasting *death imprint*, that is, an anxiety about death. In addition, they may experience feelings of *death guilt*, a sense that they have no right to survive or guilt that others were not also rescued. Survivors may undergo *psychic numbing*, a lessened capacity to feel emotions; be *suspicious of counterfeit nurturance*, that is, have a general distrust of help offered; and experience a *struggle for meaning* in that they may attempt to give significance to why they survived.

On the positive side, Lifton (1993) pointed out that as he listened to survivor’s stories, he learned that they displayed resilient behavior patterns throughout their life course. He also observed that they were capable of creating and recreating meaning under stressful events and had a commitment to life enhancement. These observations led Lifton to ask, How did these transformations occur? He concluded that if traumatized people are able “to speak, and to be heard,” they possess an amazing capacity to overcome pain and to transform themselves. He called this ability, which can be fostered through therapeutic intervention, the “protean self.”

The protean nature of survivors’ stories has also been confirmed through interviews with people who have lived through genocide, such as the Nazi Holocaust.

For example, Moskovitz (1983) interviewed 23 adult survivors of Nazi concentration camps. As children, these survivors had been airlifted to England following World War II and placed in a therapeutic group home called Lingfield House. On arrival, the children were found to be withdrawn, apathetic, and fearful. However, as they experienced the warm and nurturing care of the therapists who acted as house parents, they gradually became less apprehensive. When Moskovitz (1983) interviewed them as adults, she found that they continued to experience the burden of loss, were still searching for their parents, felt like outsiders, and sometimes experienced a sense of uncertainty about their self-worth. Yet they exhibited “an affirmation of life—a stubborn durability” (p. 199). They also had a high degree of ethical and spiritual involvement, social responsibility, and a strong desire to establish families and homes. Moskovitz (1983) concluded that mental health workers need to rethink the idea that adversity or early deprivation inevitably leads to a negative outcome,

for despite the persistence of problems and the ashes of the past, what we note in the Lingfield lives are endurance, resilience, and great individual adaptability. . . . Contrary to previously accepted notions, we learn powerfully from these lives that lifelong emotional disability does not automatically follow early trauma, even such devastating, pervasive trauma as experienced here. Apparently, what happens later matters enormously. Whether it is the confidence of a teacher, the excitement of new sexual urges, new vocational interests, or a changed social milieu, the interaction can trigger fresh growth. (p. 201)

This idea was underscored many years later in a nationwide study of 133 Holocaust survivors who were found to be resilient. As a result, survivorship is now better understood as a composite of personal characteristics as well as developmental, sociocultural, historical, and political factors that, when taken together, result in a capacity to overcome even severe adverse events (Greene, 2002). This survivorship centers around resilience, a natural healing process involving the effective use of coping skills (Greene, 2010a; Greene & Graham, 2008).

On the basis of their observations of survivors, practitioners are increasingly recognizing the benefits of interventions that foster a person’s strengths and “self-righting” capacities. That is, they are redirecting their interventions to a resilience-based practice approach (Benard, 1993). For example, Wolin and Wolin (1993), psychoanalytically trained master practitioners who have helped survivors of childhood abuse, described the transformation of their clinical practice from what they termed a *damage* model, or a model focused on victimization, harm, and pathologies, to a *challenge* model, which emphasizes self-protective

behaviors, strength, and resilience. Borden (1992), a social worker who has used a narrative approach, has assisted people who have had adverse life events reflect on and reconstruct their stories from dysfunction to a strengths-oriented, resilience perspective. In addition, Walsh (1999) has advocated a resilience-based approach to clinical practice with older adults and their families, arguing that it would encourage client-practitioner collaboration, use a strengths perspective, support optimal functioning among family members, and promote community support networks (see chapter 14 for a full discussion).

Resilience: An Emerging Human Behavior Theory

As one examines the history of science, one can see . . . ideas at work in different minds from the same era. . . . They are not theories, but rudiments of potential theories; yet they raise crucial questions that coalesce the activities of a field. Such ideas might be termed generative. . . . The generative ideas presented here are those concerned with risk, vulnerability, and resilience.

—ANTHONY & COHLER, 1987, p. 3

An increasing number of social work theorists are now interested in the resilience-based approach to human behavior theory (Begin, 1993; Fraser, 1997; Gilgun, 1996a, 1996b; Saleebey, 1997a). In *The Life Model of Social Work*, Germain and Gitterman (1996) presented the idea that social workers should use real-life experiences to mobilize a client's natural forces of health and continued growth. Recognizing that adversity may encompass everyday life as well as disasters, they suggested that social work practice is about problems in living. Therefore, human behavior theory should prepare social workers to model their practice after life itself.

Germain and Gitterman (1996) proposed that, at any time over the life course, people may have to confront the stress associated with *difficult life transitions*, which involve developmental or social changes; *traumatic life events*, which include grave losses or illness; and *environmental pressures*, which encompass poverty and violence. Germain (1990) also suggested that a study of human development should address an understanding of "emotions, spirituality, resilience, relatedness and caring, self-esteem and self-concept, as well as effectiveness and competence, self-direction, the capacity to attribute meaning to life experience, self-help, and mutual aid" (p. 139). In their life model, Germain and Gitterman (1996) based their interventions for meeting life stressors on the ecological principle that the purpose of social work is to elevate the goodness of fit between people and their environments, particularly by securing basic resources.

Theorists have continued to urge social work educators to base human behavior content on a resilience approach to increase the emphasis on client strengths and resources (Bendor, Davidson, & Skolnik, 1997; Greene, 2010b). For example, Saleebey (1997a), a leader in the strengths-based practice movement, has propounded the idea that students receive human behavior content for understanding resilience-based practice because

the resilience literature satisfies many of the tests of a strengths-based HBSE [human behavior and the social environment] curriculum: it provides ways of thinking about individual and collective assets; it situates the focus of concern in the larger social context; and it traverses the range of experience and response from biological to psychological to social. (p. 33)

Similarly, Gilgun (1996a, 1996b) has argued that resilience content—how people positively respond to adversity—“introduces social work to a language replete with generative concepts and theory that can greatly advance knowledge to inform research, program development, direct practice, and policy” (1996a, p. 400; see chapter 2). Another reason for using a resilience-based model of social work practice is that it has the potential to provide practitioners with an empirically based approach to understanding human behavior. Fraser and Galinsky (1997) argued that practice decisions are best made using empirically supported human behavior theories. This position, which is receiving increased attention in the literature, came out of concern about the growing “chasm” between practitioners and researchers (Fraser, Jenson, & Lewis, 1993; Gambrill, 1999; Howard & Jenson, 1999; Thyer, 1996; Witkin & Nurius, 1997).

Resilience: Neighboring Concepts

One of the surprises constantly encountered in psychiatric research . . . is the way in which language determines the shape of investigation. . . . As a result, parallel processes of inquiry are established, each with its own lexicon, and the language differences give rise to the illusion that one is dealing with quite different study areas. Eventually some inquisitive researcher calls attention to the overlapping concepts and the basic similarities of the research fields.

—ANTHONY, 1987, p. 6

Researchers interested in stress and resilience have come from various theoretical backgrounds. Because their ideas stem from a number of streams of thought and, hence, they define terms differently, it may appear (erroneously) that they are examining different topics. However, there is considerable overlapping of

neighboring concepts that should be considered parallel to resilience (Anthony & Cohler, 1987). This section reviews major concepts that can inform the current understanding of resilience theory and research and spells out how they form a conceptual foundation for resilience-based social work practice.

Medical Anthropology

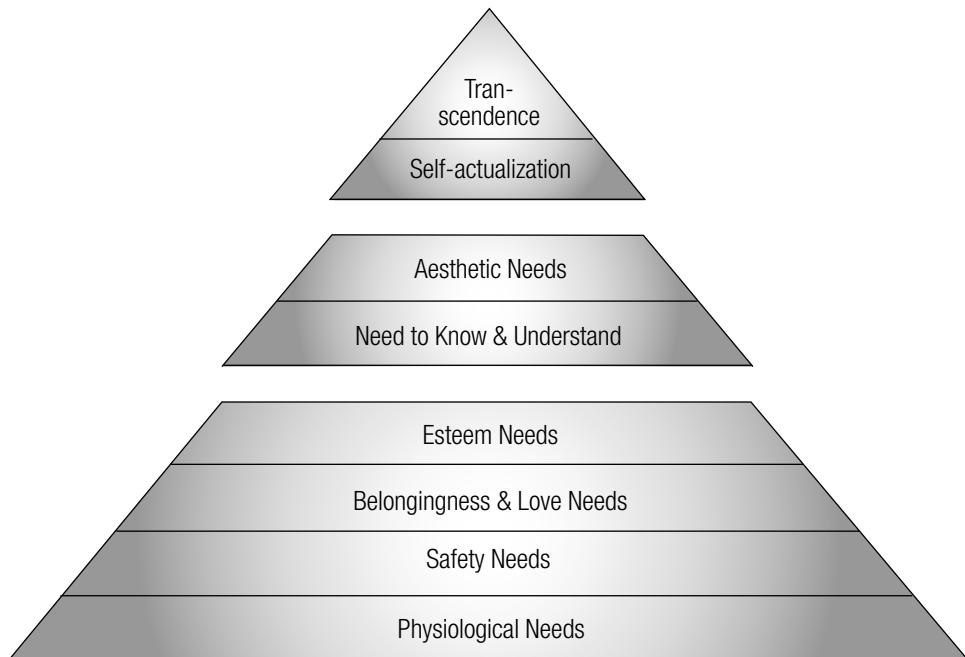
Medical anthropologists have discovered that all human societies develop culturally specific approaches to healing (Frank, 1975; Kleinman, 1980). According to Frank (1975), healing

attempts to combat suffering and disability, and is usually labeled treatment. Every society trains some of its members to apply this form of influence. Treatment always involves a personal relationship between healer and sufferer. Certain types of therapy rely primarily on the healer's ability to mobilize healing forces in the sufferer by psychological means. (p. 1)

Helman (1984) provided an example in health care, pointing out that citizens using the British health care system have a choice of popular, folk, and professional healing, including doctors, midwives, social workers, diviners, self-help groups, and ethnic minority healers. However, the concepts of healing and wellness are often addressed solely from a Western orientation. This orientation is *egocentric*—it centers expressly on the individual and a professional helper. However, many social work clients come from a *sociocentric* orientation, or a “worldview that values group cohesiveness and interdependence” (Sullivan, 1998, p. 223). Therefore, a strictly individualistic view of healing may not be suitable. Instead, clients may prefer family, community groups, or ethnic healers. To overcome this impasse, Comas-Díaz (1994) has suggested that practitioners conduct a cultural assessment to determine a client's beliefs about healing and what techniques may create a mutual client–social worker relationship. How a particular client feels about the healing process—specifically, who the client believes is suitable to offer advice and care—is a central ingredient in culturally sensitive social work and essential to a resilience-based approach (Comas-Díaz, 1994; Falicov, 1995; Ogbu, 1992).

Humanistic Tradition

Social workers have historically been drawn to humanistic theories of human behavior, as exemplified by Maslow's (1968) concept of self-actualization and Carl Rogers's (1951) person-centered practice approach. These perspectives on human behavior, which are incorporated into a resilience-based approach, generally suggest that social workers value subjective experience, strive to achieve client–social worker mutuality, and offer a growth-inducing orientation.

FIGURE 1.1 Maslow's Hierarchy of Needs

Specifically, the Rogerian approach proposes that if a practitioner is empathetic and genuine and provides a client with unconditional regard, positive change will occur, whereas the Maslow viewpoint argues that people must first receive help with basic needs such as shelter and safety before they can strive for self-actualization (see Figure 1.1). As in Maslow's hierarchy, Richman and Bowen (1997) have suggested that for social workers to understand resilience, they must explore the fit between a person's needs and resources and then evaluate how environmental demands match the person's competencies. The need for human compassion and the immediate provision of basic resources are increasingly seen as the bedrock of disaster relief and the restoration of adaptive functioning (N. Livingston, employee assistance coordinator, University of Texas, Southwestern Medical Center, personal communication, December 15, 1999).

Psychodynamic Theories

Social workers who use psychodynamic theories examine the intrapsychic workings of the personality to ameliorate conflicts in human relationships (Greene, 1999). Although a resilience-based approach is only implicit in the works of psychodynamic theorists, Freud and Erikson addressed some growth-producing concepts

(Anthony & Cohler, 1987). For example, Freud's early work examined the notion of trauma and how people can protect themselves from being overwhelmed by adverse events, particularly anxiety, and he explored what psychic mechanisms prevent people from reaching so-called "breaking points" (Freud, 1949).

Freud called people's ability to establish or reestablish self-control and withstand and manage a stressful environment *ego mastery*. Freud and his followers (Freud, 1949; Hartmann, 1958; Vaillant, 1971) came to see that the appropriate use of *defense mechanisms*, the unconscious mental processes that distort reality to ward off anxiety, could contribute to an individual's ability to achieve ego mastery, and they argued for the enhancement of this adaptive capacity in treatment (see Anthony & Cohler, 1987). During the 1950s and 1960s, this positive view of people's coping mechanisms was prevalent in social work texts (Perlman, 1957). For example, Perlman (1957) pointed out that a client's use of ego defenses was not a personality malfunction. Rather, the well-adapted person made appropriate use of defenses to regain psychological balance and withstand change. Some social workers continue to use a form of ego psychology as their treatment approach. More recently, the term *ego resiliency* has been used to address an individual's resourceful adaptation under stress or recovery from traumatic experiences (Klohnen, 1996).

Erikson (1950) was another psychodynamic theorist concerned with adaptive functioning, originating the idea that ego development occurs in eight stages across the life cycle. Erikson thought that "the ego plays a major role in development as it strives for competence and mastery of the environment" (Greene, 1999, p. 111). He suggested that *competence*, or the ability and skill to complete tasks successfully, is an outgrowth of the fourth stage of ego development—Industry versus Inferiority. Erikson—and other theorists, including Bettelheim (1987) and Piaget and Inhelder (1969)—observed that during this stage, which occurs from age 6 to 12 years, children often work together to make things and, in this way, develop a relative sense of competence. The view that competence is an effective adaptation to the environment and can be cultivated by parents, teachers, social workers, and other mental health practitioners is a major theme in the resiliency literature (Fraser, 1997; Masten & Coatsworth, 1998; Vaillant & Milofsky, 1980).

White (1959, 1963) was another theorist interested in the concept of *ego competence* as people's innate capacity to interact positively with the environment. White argued that competence is the most distinctive attribute of interpersonal behavior and can be observed through everyday interaction. He suggested that as children develop, they naturally engage with and strive to master their environment. This growing sense of mastery is accompanied by a sense of pleasure in their own accomplishments, including such achievements as singing a song or riding a bike. When caretakers nurture such accomplishments, children perceive

themselves as successful and are inclined to continue this pattern of behavior. Interest in the development of competence across the life course remains a central tenet in the resilience literature (Masten & Coatsworth, 1998; see chapter 2).

Object Relations

Object relations theorists have suggested that the therapeutic process should focus on the quality of a client's attachments and the nature of his or her relationships. *Attachment*, or the initial mother–child bonding, is often addressed in the resiliency literature. Attachment is thought to be inherent and to have “a survival advantage, in this case through increasing the chances of an infant being protected by those to whom he or she keeps in proximity” (Ainsworth, 1989, p. 709). A strong pattern of attachment is considered necessary for competent functioning and is a model for all future relations or affectional bonds throughout a person’s life cycle (Bowlby, 1969, 1973a, 1973b, 1980).

Social Learning Theory

Social learning theorist Albert Bandura (1982a, 1982b) shifted the focus of the study of human behavior from internal stimuli to an examination of behavioral and external environmental factors. Bandura was interested in people’s use of proactive coping mechanisms and why people persist in the face of obstacles or adverse events (Bandura, 1977a, 1977b; Bandura & Adams, 1977; Bandura & Schunk, 1981; see chapter 2). As a social learning theorist, Bandura believed that people enlist their cognitive capacities to overcome the physical arousal of fear and that this process of cognitive control is central to remaining adaptive. His views were based on the idea that people are inherently goal setting, are self-motivated, and can “be the principal agents of their own change” (Bandura, 1977b, p. vii). He called this natural ability *self-efficacy*.

A Resilience Perspective: Companion Concepts

A risk and resilience perspective uses epidemiological methods and builds on ecological–developmental theory to identify factors at multiple systems levels (for example, individual, family, neighborhood, or community) that are associated with the occurrence of certain outcomes.

—NASH & BOWEN, 1999, p. 172

The study of resilience has its origins in developmental theory and is an emerging theory in its own right. The study of resilience is also grounded in an ecological context and builds on the strengths perspective. These multifaceted ideas and

concepts allow for a multisystemic view of resilient behavior across the life course. This section discusses the strengths perspective and defines the developmental and ecological companion concepts associated with the process of resilience.

The Strengths Perspective

Since the beginning of the 20th century, social workers have turned to various theoretical approaches to assess a client's situation and delineate the helping process. These client descriptions and social work strategies, which are dependent on a theorist's language and belief systems, may reflect a strength or deficit perspective with respective implications for practice (Goldstein, 1990, 1998; Longres, 1997; Saleebey, 1996; Schriver, 2001; Weick, Rapp, Sullivan, & Kisthardt, 1989; see Table 1.1). Theories, such as those derived from the psychodynamic school, have been criticized for placing too great an emphasis on client weaknesses, such as a client's problems or abnormality. In such approaches, practitioners take on the role of expert and base their practice on diagnosing clients and ameliorating "problem situations."

Theories that stem from a strengths perspective, such as social construction theory or feminist theory, generally assume that when people are given positive support, they have the inherent power to interpret and transform their own lives (Borden, 1992; Hwang & Cowger, 1998; McQuaide & Ehrenreich, 1997; Saleebey, 1993, 1997b). This is an oversimplification, and the question of what constitutes best social work practices continues to be debated (Longres, 1997; Saleebey, 1997a).

On one side of the debate, theorists have suggested that a strengths perspective involves practitioners redefining the client–social worker relationship (Weick, 1993). That is, for a practitioner to use a strengths perspective effectively, "all [clients] must be understood and assessed in the light of their capabilities, competencies, knowledge, survival skills, visions, possibilities, and hopes" (Saleebey, 1997b, p. 17). To accomplish this, practitioners are asked to make a conscious decision to pay attention solely to those factors of people's lives that can contribute to their growth and well-being. This, in turn, requires that practitioners believe that all clients have untapped potential and have already shown resilience in the face of adversity (Weick et al., 1989). On the other side of the controversy, theorists have contended that social workers must assess both client weaknesses and strengths. For example, Longres (1997) asserted that "life is about strengths and weaknesses, and much of the time these are so intertwined as to be inseparable" (p. 23).

The debate about whether practitioners should focus on strengths or weaknesses extends to the resilience research that discusses the necessary primary targets of preventive interventions. Preventive interventions may follow several

TABLE I.1. Comparison of Pathology and Strengths

Pathology	Strengths
Person is defined as a “case”; symptoms add up to a diagnosis	Person is defined as unique: traits, talents, resources that add up to strengths
Therapy is problem focused	Therapy is solution focused
Client accounts aid in the evocation of a diagnosis through interpretation by an expert	Personal accounts are the necessary route to knowing and appreciating the client
Practitioner is skeptical of client stories	Practitioner knows the person and his or her environment
Childhood trauma is the precursor or predictor of adult pathology	Childhood trauma is not predictive; it may weaken or strengthen the individual
Centerpiece of the therapeutic work is the treatment plan devised by the practitioner	Centerpiece of the work is the hopes and aspirations of family, individual, or community
Practitioner is the expert on clients’ lives	Individuals, family, or community are the experts
Possibilities for choice, control, commitment, and personal development are limited by pathology	Possibilities for choice, control, commitment, and personal development are open
Resources for work are the knowledge and skills of the professional	Resources for work are the strengths capacities and adaptive skills of the individual, family, or community
Help is centered on reducing the effects of symptoms and the negative personal and social consequences of actions, emotions, thoughts, or relationships	Help is centered on getting on with life-affirming activities, developing values and commitments, and making and finding membership in or as a community

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directions: They may focus on reducing risk, enhancing protective factors, promoting resilience, or a combination of all three (Pollard, Hawkins, & Arthur, 1999; see chapter 2). Benard (1993), who stated “we must move beyond a focus on the ‘risk factors’ in order to create the conditions that facilitate children’s healthy development” (p. 444), represents one side of the controversy. On the other side, Fraser et al. (1999) cautioned against practitioners using “interventions that are based exclusively on a protection or a strengths orientation” (p. 140). Rather, to understand social problems and devise interventions, social workers need to examine *both* risk and protective factors.

Although it is critical for social workers to be keenly aware that every theoretical perspective has a value base that affects its practice, to some degree it may prove futile to engage in an either-or debate about strengths versus weaknesses (Goldstein, 1990). Chapter 2 explores how a resilience-based perspective on risk and protection can provide the theoretical understanding for helping clients reach their human potential.

Ecological Perspective

Because the phenomenon of resilience occurs in the context of person-environment interaction, and because the circumstances that influence resilience are embedded in family, school, neighborhood, and the larger community, resilience can be understood from an ecological perspective. The ecological perspective offers “a multifaceted conceptual base that addresses the complex transactions between people and environments” and promotes a positive outlook on developmental processes (Greene, 1999, p. 259). The ecological perspective also presents a *nondeterministic* view of human behavior—that is, behavior is not considered the outcome of a single cause but the result of multiple, complex person-environment exchanges over time (Bogenschneider, 1996; Nash & Fraser, 1998). Because this point of view affords a holistic picture of life processes, ecological concepts are often used in conjunction with a resilience approach.

Stress and Goodness of Fit. Although stress is a frequently used and familiar concept, there appears to be widespread disagreement about the definition, often necessitating clarification (Rutter, 1981). For example, Smith and Carlson (1997) have argued that it is important for resilience research to distinguish between stress and risk. Risk involves a cluster of factors associated with negative outcomes, including personal characteristics, such as birth weight, and familial or neighborhood circumstances, such as poverty. Stress can arise from a number of causes, but the outcome depends on how those causes are perceived and dealt with. For example, Kobasa (1979) proposed that stressful life events do not always produce debilitating results, because some people are hardy in that they have a greater commitment to self, have a stronger sense of personal control, and can better face challenges or change. In a similar vein, Pearlin, Aneshensel, Mullan, and Whitlatch (1996) indicated that, although an initial stressful event can bring about distress, people experience stress because there is a need for them to alter or intensify some aspect of a long-standing role.

Resilience research increasingly reflects the view that life events or stressors, such as divorce or natural calamities, place an extra burden on peoples' adaptive capacity (Masten, 1994; Smith & Carlson, 1997; see chapter 2). Stress is defined as “an imbalance between the demands impinging on a person and actual or

perceived resources available to meet these challenges" (Masten, 1994, p. 5). This definition can be likened to the ecological concept of *goodness of fit*—the match between a person's adaptive needs and the quality of his or her environment (Germain & Gitterman, 1995).

Transaction. Transaction, another concept important to the ecological view, refers to the idea that person and environment are mutually dependent or form a reciprocal single unit. Over time, this mutual influence has a cumulative effect, bringing about change in the total person–environment configuration (Greene, 1999; Kaminsky et al., 2007). From this perspective, the social worker is interested in not only how people adjust to their environments, but also how people influence the environments in which they live (Greene, 1999; Sullivan, 1992).

Multiple Systems of Influence. Ecological approaches emphasize the multiple systems of influence in which people live. Bronfenbrenner's (1979) description of the ecological metaphor has frequently served as a multilevel visualization of the connections among individuals at various systems levels (Greene & Watkins, 1998). The visualization is like "a set of nested structures, each inside the next, like a set of Russian dolls" (Bronfenbrenner, 1979, p. 22). It describes a person's environment in terms of *microsystems*, including the immediate, personal, day-to-day activities and roles, such as those in the family; *mesosystems*, which encompass the linkages between two or more settings involving the developing individual, such as family and school; *exosystems*, which include the linkages between two or more systems that do not involve the developing individual, such as parents and the workplace; and *macrosystems*, which encompass overarching societal systems, such as cultural and societal attitudes. How families, schools, communities, and so forth influence resilience and are resilient in their own right is discussed in chapter 3.

Relatedness. Because contemporary societal conditions require attention to children, school, family, and community partnership to promote an individual's social competence, the maintenance of social connections is an important element in resilience-based practice (Herrenkohl, Herrenkohl, & Egolf, 1994; Winters & Maluccio, 1988). People's capacity to maintain connections to various social systems is associated with their sense of relatedness or their capacity to retain emotional and social ties (Laursen & Birmingham, 2003).

Life Course. Several ecological theorists have urged social workers to incorporate content into their practice that focuses on natural growth and development across the life course. Germain (1990, 1997) indicated that the life course

considers the larger context in which people live and thereby addresses the diversity of life paths. In a similar vein, Saleebey (1993) declared that the life-course concept provides an understanding that life transitions are “both expected and unexpected” and have a sense of “variety and evanescence through time and culture” (p. 204; see chapter 2 for a further discussion).

Diversity practice. Because social work practice requires the knowledge and ability to serve diverse constituencies—including people of differing religions, racial or ethnic groups, abilities, or sexual orientations—concepts that stem from the diversity literature are also critical to a resilience orientation. That is, culturally competent social work practice—practice that is congruent “with a variety of communities and ways of life” (Green, 1995, p. 10)—is essential. Culturally competent social work practice requires that practitioners be self-aware and understand a client’s culture—his or her values, belief systems, traditions, and worldview (Lum, 1999; Weaver, 2000; see chapter 2). In addition, culturally appropriate services that reflect a resilience-based orientation require that practitioners open up client opportunities (Croninger & Lee, 2001; Rutter, 1987; Winfield, 1991) and seek to ensure that a client has an equitable distribution of community and societal resources (Gamble & Weil, 1995; Pinderhughes, 1989; Solomon, 1976).

Developmental Theory

Developmental theory is used to examine people’s behavior across the lifespan. It encompasses an understanding of biopsychosocial factors as well as the spiritual realm (Conrad, 1999). Social workers traditionally referred to linear approaches to development that focused on age-related stages and tasks. Although these approaches offered an optimistic view of development, according to Schriver (2001) the stage approach did not address the complexities, diversities, or ambiguities of human development. Furthermore, according to Gilligan (1982), such theories were often based only on observations of white male subjects.

The specific area of study that addresses resilience is called *developmental psychopathology*, which involves an examination of developmental differences in people’s responses to stress and adversity. Developmental psychopathology is the study of the probability that severe life stress will result in later psychological difficulties (Benson, Galbraith, & Espeland, 1995; Cicchetti & Toth, 1995). The discipline also examines what factors serve as buffers, or those personal characteristics or environmental events that prevent or moderate adverse reactions to stress.

Major terms used in the study of developmental psychopathology include *risk*, or the increased probability that an individual will experience the onset of

a serious state or problem condition (Fraser, 1997); *invulnerability*, or a person's capacity not to be wounded or severely hurt by severe stress (Garmezy, 1993); *protective factors*, or those factors that compensate for risks (Rutter, 1989); and *resilience*, or stress resistance (Garmezy, 1993). These concepts are discussed in greater depth in chapter 2.

As discussed earlier in this chapter, the major focus of developmental studies has been on how childhood factors, such as personal characteristics, family or community violence, or economic deprivation, may lead to adaptive or maladaptive adult behavior or outcomes (Fonagy & Target, 1997; Garmezy, 1993; Rutter, 1989). Researchers have found that, despite the overwhelming environmental stress, a large majority of people remain adaptive. Garmezy (1993), one of the early contributors to the study of resilience, concluded that the body of resiliency research indicates that "the central element in the study of resilience lies in the power of recovery and in the ability to return once again to those patterns of adaptation and competence that characterized the individual prior to the pre-stress period" (p. 129). Subsequently, developmental psychopathologists have become increasingly concerned with how people negotiate life transitions with competence (Greene & Kropf, 2011; Rutter, 1989). Fonagy, Steele, Steele, Moran, and Target (1994) are among the theorists who have argued that development is really concerned with children's *assets*, namely, do children "work well, love well and expect well notwithstanding profound life adversity" (Werner & Smith, 1982, p. 8). The chapters that follow support this theme.

Use the CD by Michael Wright to explore the history of resilience. Articulate resilience as theory. Identify neighboring concepts and companion concepts of resilience.

You will find a case study on your CD: *Tracing Concepts: Figuring Out HBSE for Practice*

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