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Resilience as reflexivity: A new understanding for work with looked-after children

ABSTRACT

This article argues that the current model of resilience in the social work literature, through its predominant focus on outcomes and behaviours rather than the underlying processes of development involved, risks superficiality and appears to lack an underpinning psychological theory of the way in which resilience develops. In response I propose a psychodynamic understanding of this process, which sees resilience as rooted in the capacity for reflexivity (defined here as an awareness of one's own mental state and the mental states of others), and which describes how this capacity develops. This holds that a strong-enough ego, with the capacity for resilience-as-reflexivity, is the necessary precursor of the child's ability to make use of positive experiences. This psychodynamic understanding of resilience development aims to give social workers a greater appreciation of how the mental health of children in the care system may have been affected by their experiences, and how they can be helped to develop the psychological foundations of resilience and therefore better mental health. I suggest that workers can use this understanding to assess the stage of resilience-development a child has reached, and to inform therapeutic work aimed at strengthening their resilience.

I. LOOKED-AFTER CHILDREN AND MENTAL HEALTH

"ACTUALLY, MY FAVOURITE BIT WAS TALKING WITH YOU WHILE WE WALKED"
This article begins with the story of how I got my first inkling as to what 'resiliencepromoting practice' might be.

Kristal[1] (age 17) had been looked-after since infancy. She was a quiet, solemn young woman with a history of self-harm. Her long-term foster carer Cynthia, old-fashioned and strict, showed her little affection. Kristal had had a baby with her boyfriend, Kyle. She had been terrified Kyle would dump 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'. As her social worker, my work involved accompanying her to activity 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 existing relationships. It became clear that she struggled to reflect on how she was feeling, and to imagine how others might feel. During the activity session she sat alone, disconnected from the other mothers and from her own baby.

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

On the walk home I reflected with her on her experience at the Centre. We discussed her view of the other mothers, how she felt about being a mother herself, how she thought motherhood had changed her and her relationships with others. As we said goodbye, she turned to me and said: "Actually, my favourite bit was talking with you while we walked." Kristal's introversion could be understood as a way of protecting herself against the pain of loss (starting with the loss of her birth parents). However, acting out her fear of losing Kyle through her anxious phonecalls had undermined their relationship. I recognised she would find it hard to connect with others and make use of the opportunities that activities could provide for this, until she could connect to and understand her *own* feelings and fears. In telling me she had enjoyed talking with me, she may have been saying she valued the opportunity to explore these feelings, in the safe context that our relationship provided.

Kristal showed me two important things about the nature of resilience promotion in social work:
1) that activities alone are not enough to make someone resilient, if that person lacks the inner capacities to make use of them;
2) that therapeutic practice can be used to help develop those capacities.

LOOKED-AFTER CHILDREN

This article looks at social workers' promotion of resilience in relation to looked-after children like Kristal, of whom there were 68,110 in England in 2013 (DfE 2013). It will explore the links between resilience, mental health and child development. I will argue that .theories of resilience-promotion in the mainstream social work literature lack an adequate underpinning theory of the way in which resilience actually develops.

British government policy (eg. House of Commons Education Committee 2011) and academic research (eg. Ford *et al.* 2007) have highlighted the consistently poor outcomes for looked-after children in general – specifically in terms of mental health. They have also drawn attention to the equally consistent failure of policy and practice to address this effectively. Anne Masten's 'Care Matters' (2007) report for the government proposing policy changes for looked-after children, admits that "Despite high ambitions ... outcomes for children and young people in care have not sufficiently improved" (Masten 2007, p.5). The report cites examples of poor outcomes in the fields of mental health, education, access to activities, offending and employment. Here I 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. Mooney *et al.* (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)

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 aged five to 15 had a

mental health or behavioural problem.

These statistical differences are not just the result of deprivation or in-care experiences, as some might argue, but of a complex constellation of factors including children's pre-care experiences and the impact of separation from their families of origin. Illustrating this, a 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. Ford and colleagues state that "'looked after' status was independently associated with nearly all types of psychiatric disorder" (p.319). Put another way:
"our findings suggest that fewer than one in ten of the children looked after by local authorities had positively good mental health" (Ford *et al.* 2007, p.325).

As Akister and colleagues (2010) conclude in their 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 until only a few years ago has made this a challenge.
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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). The 'Care Matters' report states that as a result of their experiences, 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" (Masten 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.

II. CURRENT UNDERSTANDING: 'RESILIENCE AS BEHAVIOUR'

DEFINING RESILIENCE

Resilience 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).

This article looks at resilience in the context of contemporary British society, which is characterised by a welfare state and relative material comfort compared to the survival economies Kraemer describes. In terms of Maslow's famous hierarchy of needs (1943), the basic survival needs of the British population are largely met. Resilience research in this post-industrial Western context understands resilience as a psychological capacity, without always making this explicit.

Debate continues as to the relative explanatory power of innate or environmental factors for the development of psychological capacities. However, research into child development over the last sixty years has demonstrated the critical influence of the quality of caregiving to infants for their subsequent developmental health (Luthar & Brown 2007). This is a

powerful argument for valuing the interactive processes in caring relationships. There is a need for a deeper understanding of how these processes work to build the capacity for resilience. Even if innate factors have a bearing on the interactive processes at work, 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 such as those in the care system.

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.

The definitions in the resilience literature acknowledge that:
1) resilience emerges in reaction to contexts of adversity which would normally render an individual vulnerable to pathology of some sort (Luthar & Cicchetti 2000);
2) that it involves the capacity to adapt to this adversity in ways that can be judged, by academics and outcome measures, as positive (Rutter 1999);
3) that these adaptations stop the individual's functioning from being damaged (Gilligan 1997).

In terms of an approach seeing resilience as a psychological capacity developed interactively, however, these definitions are rather less useful. They name the qualities, behaviours and outcomes associated with resilience, but give little insight into how resilience develops.

THE EVOLUTION OF RESILIENCE THEORY

The concept of resilience was first researched extensively by developmental psychologists based in North America in the 1970s and 80s. As scientists in the positivist quantitative tradition, these researchers were interested in factors related to what they defined as measurable resilient *outcomes*. By the 1990s, these ideas from developmental psychology were being imported into related fields including social work, as researchers sought to operationalise the psychologists' empirical findings for child welfare practice (McMurray *et al.* 2008). 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.

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. This is visible in much of the child welfare and practice guidance literature relating to resilience published by agencies such as Barnardo's (Glover 2009), the Joseph Rowntree Foundation (Hill et al 2007) and the Social Care Institute for Excellence (Bostock 2004). Numerous government papers and strategies list key outcomes that must be 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 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 claim to achieve the 'right' outcomes.

In the case of resilience research, this focus on outcomes has pushed out of focus the psychological process *generating* the outcomes. An outcomes-led assessment of resilience, driven by observed behaviours and not underpinned by theoretical understanding, can misrepresent the true picture – which, I argue, is much more complex.

There are signs that some resilience researchers are beginning to recognise the limitations of the factors-and-outcomes approach. Leading developmental psychologist and resilience researcher Suniya Luthar, for example, concedes this in an article co-authored with psychiatrist Pamela Brown:

"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).

Initial steps have already been taken by developmental researchers in this direction, including the work of the psychiatry and psychology professors Stuart Hauser and Joseph Allen. They have begun 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. ... 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).

RESILIENCE THEORY IN SOCIAL WORK
The application of resilience theory to social care practice with children has been much advocated and written-about in recent years.

Some social work academics have been critical of the normative nature of the resilience concept imported into social work from developmental psychology, calling for more of a focus on policy and population-level factors than individual-level ones (eg. Seccombe 2002). Michael Ungar, the most prolific of these critics, notes that "the focus of measurement [of resilience] has still remained the child and his or her developmental outcomes" (2008, p.220).

Most social work literature on resilience is less radical however, and focuses on the idea of building individuals' resilience rather than challenging social norms and structural problems. Some authors (see eg. Daniel et al 2011, Schofield & Beek 2005, Yates & Masten 2004, Howe 1995) do highlight the link between resilience and the capacity to reflect on one's experience, which I argue lays the crucial foundation for psychological resilience. However, a description of the specific process by which this capacity develops is lacking.

Robbie Gilligan is the author who has written most widely on the applications of resilience theory to social work, and particularly to children in care (see eg. 1997, 2001, 2004). Gilligan's writing draws heavily on the quantitative resilience research, sharing its outcome focus. In an early publication on the application of resilience theory to social work, Gilligan and co-authors describe a project aimed at "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). The domains have been *associated with* resilience in the research literature, but the nature of this association is left unexplained.

The authors do not establish the ways in which the resilience-associated qualities identified by researchers (eg. self-esteem) link to resilient outcomes, nor the process by which these qualities 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" (Daniel, Wassell & Gilligan 1999, pp.10-11).

The focus, as in most other social work publications on resilience, is on qualities associated with resilience and the importance of developing these, without a theory for *how* resilience itself develops. Perhaps it should not be surprising, therefore, that social workers are struggling to apply ideas from resilience research to their practice.
Despite the volume of resilience-related publications in the social work literature, when it comes to assessing the applicability of resilience theory to social work practice there is a paucity of research.

There are two research studies which do illustrate this situation (Daniel 2006; McMurray *et al.* 2008). They suggest that the lack of a theory for the process of resilience development in the social work literature, corresponds with an equally atheoretical approach to applying it among social workers.

McMurray *et al.* (2008) point out that Daniel's (2006) study, the only research they identified that 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" (p.307).

In their own study, McMurray and co-authors found when trying to apply resilience theories to their practice, some social workers used *behaviours* as the main indicators of resilience – but were not able to to theorise *which* behaviours indicated resilience. For example, the social workers in their sample described all 52 children they were working with as resilient, and made these assessments "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 resilience research defines resilience itself as a competence (eg. Luthar & Brown 2007)).

Perhaps this should not surprise us, when the current outcomes-focused social care climate means funding is often awarded on the basis of positive outcomes such as 'increased resilience'. These contextual pressures, combined with a lack of theoretical understanding of what actually constitutes resilience, have likely skewed practitioners' decisions in assessing outcomes towards superficial positivity and optimism – as McMurray and colleagues (2008) found.

I argue that there is a link between the focus on outcomes in the developmental psychology research imported into social work, and the focus on behaviours when assessing resilience. One has led to the other. Without a theory for how resilience develops, most existing resilience research is of limited use for practitioners hoping to promote resilience in their work with service users (Eisold 2005). Other authors such as Guest (2012) are also beginning to problematise this absence of a theoretical base. Social work now needs to move beyond the understanding of resilience as behaviour, and toward a deeper understanding of how this crucial competence develops.

III. A PROCESS UNDERSTANDING: RESILIENCE AS REFLEXIVITY

THE NEED FOR A DIFFERENT PERSPECTIVE

In arguing for resilience in the contemporary British context to be understood as a psychological capacity, I propose that the link between the 'inner' world of emotions and the 'outer' world of observable behaviours needs to be more explicitly accounted for. We should therefore look first not at resilient behaviours or outcomes, but at the psychological states and capacities *informing* those behaviours, and how *these* are developed.
This approach to the understanding of resilience development requires a framework for theorising the individual's emotional world, and how this develops. Unlike the approach to resilience found in most contemporary social work literature, which sees resilience in primarily cognitive terms and draws upon a more cognitive-behavioural approach to promote it, the approach I suggest focuses at a deeper and earlier psychological level, looking at how the emotional underpinnings of a resilient outlook develop.

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 the self.

THE PSYCHODYNAMIC FRAMEWORK

The link between psychodynamic theory and the concept of resilience popularised in social care has rarely been made in the psychodynamic field itself; one analyst comments 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. This has been 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 does feature several authors who describe what light can be shed on the development of resilience by psychodynamic theory (Vellacott 2007, DiAmbrosio 2006, Eisold 2005). However, none of these authors describe the process by which resilience can be thought to develop.

A PSYCHODYNAMIC UNDERSTANDING OF THE DEVELOPMENT OF RESILIENCE

A psychodynamic understanding for how resilience develops relationally must begin by looking at the first relationship: that of the baby with its caregiver(s). The ideas of Winnicott and Bion form the starting-point for the model.

THE DEVELOPMENT OF THE EGO & THE SELF

As a psychological capacity, the development of resilience begins with the development of the ego. In psychodynamic theory, the ego is 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). The ego is thus the psychological entity which manages and organises an individual's feelings and experience.

The holding environment

Winnicott (1960) argues that the infant is not born with an ego, but simply with the capacity

to feel – and thus has no way of managing its primitive feelings. It is therefore utterly dependent on its caregiver(s)[2] to recognise its needs through its communications, to meet them, and so to assuage the overwhelming feelings before they actually overwhelm it. As a result of this 'holding' care (Winnicott 1960), 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 'ego-support' (Winnicott 1960) offered by the caregiver buttresses the infant's fragile ego as it develops, helping it 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 psychological holding of the infant by the carer has been 'good-enough' in Winnicott's terms (1960), the result will be what can analogously be called 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, for example through its cries and writhing.

The containing relationship

[2] Although Winnicott refers mainly to mothers, I adopt the generic terms 'caregiver/carer' to reflect the fact that in different cultures, different people in the baby's kinship network can fulfil the containing function described here.

Bion describes the caregiver as 'containing' the infant's primitive feelings. Containment, he posits (1962), 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. The infant thus learns by example to tolerate and integrate them, rather than 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).

The self

Bion argued that containment enables the infant to develop the capacity for tolerating and integrating difficult or painful feelings, and this allows it to develop the "apparatus for thinking" (1962, 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.
(It is important to note that the establishing of a secure self is not a once-and-for-all process only achievable during infancy; it is an iterative process that continues through the lifecycle, with the setbacks of each life-stage requiring further containment to be understood and integrated.)

The 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.

The secure attachment: the context containment creates
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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). Attachment theory does not fully describe the psychodynamic process by which a secure attachment is established. However, its value here lies in the compelling empirical research evidence that it provides supporting the validity of the psychodynamic theories –including containment and ego development. Attachment researchers' observations of behaviour in the infant-caregiver dyad can be used to indicate the quality of their attachment, which can be seen as a proxy for the quality of the containment provided by the caregiver. This evidence can then be linked to the child's psychological development, to indicate the strength or fragility of their ego. Attachment theory has thus 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).

In the context of the process model of resilience development at the psychological level being put forward here, attachment research 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 and the self, "can be explained" (Douglas 2007, p.129).

Reflexivity: the hallmark of resilience

The strong-enough ego , and subsequently the self, develop in the context of the securely attached relationship in which infant is contained by caregiver. The ego's function, when it is strong enough, is to organise the infant's emotional experience into a sense of self or a personality. Reflection is the process by which emotional experience is organised.
The capacity for reflection on its own and others' mental states (reflexivity) develops in the infant within a securely attached relationship. The caregiver must first recognise and reflect the infant's feelings back to them and they slowly learn –through this experience of *being* recognised– to recognise, reflect on and make sense of those feelings for themselves. This ability forms the basis for the infant to then reflect on and respond to the feelings of other people. (Others have called this 'reflective self function' (Fonagy & Target 1996) and 'mentalization' (Fonagy & Target 1998)).

The research of Peter Fonagy is of particular value in terms of its insights into the links between resilience development, attachment and reflexivity. Fonagy and colleagues (see eg. Fonagy & Target 2002) use attachment theory to classify the quality of containment in the caregiver-infant relationship. They then 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 reflect on both their own and others' emotional states, its reflexivity, is founded.

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

Self-regulation is perhaps the most important and defining skill of the reflexive and resilient individual. It too develops recursively in the context of reflective, securely-attached relationships, 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).

There is usually a developmental sequence 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 progresses sequentially and iteratively through these stages, acquiring these capacities at each stage, if psychological resilience is to develop. Again, it is important to note that this is not a linear trajectory but an iterative one, continuing recursively throughout the lifecycle - a lifetime of trying, failing when the challenge is too great, perhaps falling back to a previous stage, and, with containment, trying again.

 "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 reflexivity that enables this organisation and integration to happen. The resilient individual can, through their capacity for reflection, 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 explore what happens according to this model when normal development (of a strong-enough ego and reflexivity) is interrupted or reversed, and the consequences of this for an individual's resilience. It is when this has happened that social workers usually get involved. Winnicott (1960) 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 their fragile ego so it can become strong-enough to develop reflexivity, 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 (Klein 1946). These defences limit the damage to the ego, but inevitably compromise the infant's psychological health and development in some way.

If someone excessively resorts to defences, it is usually a sign that their ego is struggling to develop. This can present to social workers 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" (Winnicott 1962, p.58). Both involve the ego not being 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, some consequences of this defensive coping include schizophrenia, infantile autism, the false self, and schizoid personality disorders (Winnicott 1962, 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 reflexivity. 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 here 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 lead to mental health problems. Focht-Birkerts and Beardslee (2000) summarise empirical research bearing out the importance of acknowledging and expressing 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 [healthy] 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" (1960, p.45, original emphasis).

A holding environment which impairs the development and strengthening of the infant's ego means the development of its psychological capacities is interrupted. The infant thus 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. This can range 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.

IV. IMPLICATIONS FOR SOCIAL WORK PRACTICE WITH LOOKED-AFTER CHILDREN

In the case of vulnerable individuals, a psychodynamic model of resilience development could be used by social workers to address developmental setbacks in several ways. It can illustrate the process of development; it can be used to assess what stage of this process an individual might have reached or slipped back to, and at what stage an intervention may need to begin; and it suggests that the containing function of the holding environment be recreated by practitioners seeking to help individuals develop a strong-enough, reflexive and resilient ego.

The implications of this understanding of resilience for social work practice can be grouped into three main areas:

1) The assessment of resilience. Social workers struggling to identify resilience can use the developmental sequence outlined here to gauge the stage a child has reached in terms of their ego strength, and their capacity for integrating and making use of the experiences they are given. This will help workers tailor an intervention or activity according to the child's ability to make use of it – and the degree of containment it needs to provide.

The understanding of resilience as reflexivity proposes that a strong-enough ego with the capacity for reflexivity, is the necessary precursor of the ability to make use of other positive experiences. The recreational and work experience activities advocated by Gilligan (2001) and others can be seen as sustaining and strengthening the psychological resilience for which the containing experience lays the foundations.

Activities giving children a different, more positive experience of themselves can helpfully pave the way for or facilitate more focused work (see Phelan 2001), an idea supported, for example, by research into video interactive guidance (Doria et al 2013). But the child can only make real use of these activities once they have acquired the emotional foundation of resilience, that is, the capacity for reflexivity.

2) The worker's response. Seeing containment as the vehicle for the development of resilience would focus workers on building secure, containing relationships with children assessed as needing to develop the capacity for resilience-as-reflectivecapacity. Other authors have described this kind of therapeutic practice with lookedafter children (eg. McMahon 1998, Schofield & Beek 2005), and the importance of this kind of relationship-based practice more broadly (Ruch et al 2010).

3) The context for the workers' response. To establish and sustain a containing relationship with a child, social workers themselves require a containing practice context, where they are given the opportunity to reflect and for their own feelings about the work to be contained.

Taken together, these ideas strongly suggest that the business of 'resilience promotion' is very much more complex than it may appear to be from much of the existing literature. I have explored the individual's capacity for resilience, how it develops relationally, and how a social worker can facilitate this process when its development has been interrupted.

Although the focus has been on the interpersonal relationship between child and worker, it is also crucial to consider the layers of context in which this relationship is nested. For this purpose, using the systemic framework in conjunction with the psychodynamic one (see Preston-Shoot & Agass 1990) broadens our perspective on resilience and acknowledges the many contexts shaping the way it develops. For instance, systemic thinking encourages us to consider the contexts of the social worker or carer, and what kind of containment *they* would need in order to promote resilience in the way advocated here.

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. There are many other contexts, including culture and social policy, that impact resilience. 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 contemporary, multicultural Britain.

V. CONCLUSION

This article has put forward a process understanding of how resilience develops at the psychological level. It aims to give social workers a way of theorising how the mental health of children in the care system has been affected; and of how workers can help looked-after children to process their experiences of trauma and neglect through containing care, thereby developing in them the psychological foundations of resilience and better mental health.

I have made the case that the mental health problems suffered by many looked-after children are linked to blocks in their psychological development, caused by a lack of containing care. I have argued for a new understanding of resilience as founded and rooted in the individual's capacity for reflection, which evolves in the intersubjective context of a containing relationship - as illustrated by the conversation with Kristal with which this article began. I have put forward a psychodynamic model for the process by which resilience develops, and touched on ways in which this understanding could be used by social workers to promote resilience in looked-after children.

It is my belief that social workers and managers need to do more than argue for a different understanding of resilience and its promotion within our field. Social work takes place within a social context. Without a concerted effort to make this context itself more containing and supportive of vulnerable children and families on the part of those with the power to effect these changes, we risk an ever more uphill battle - working to promote resilience in a context which undermines it.

6,547 words (excluding Abstract)

References

Akister, J., Owens, M. and 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*, vol. 8, no. 10, pp. 1-9.

Bion, W.R. (1962) 'A theory of thinking', in *Second Thoughts.* Reprint, Karnac Books, London, 1993, pp. 110-119.

Bostock, L. (2004) *Promoting Resilience in Fostered Children and Young People.* Social Care Institute for Excellence, London.

Bowlby, J. (1988) *A Secure Base: Clinical applications of attachment theory*. Routledge, London.

Daniel, B. (2006) 'Operationalizing the concept of resilience in child neglect: cast study research', *Child: Care, Health and Development*, vol. 32, no. 3, pp. 303-309.

Daniel, B., Wassel, S. and Gilligan, R. (1999) 'It's just common sense, isn't it? Exploring ways of putting the theory of resilience into action', *Adoption and Fostering*, vol. 23, no. 3, pp. 6-15.

Daniel, B., Wassel, S., and Gilligan, R. (2011) *Child development for child care and protection workers* (2nd ed.). London: Jessica Kingsley Publishers.

DfE (Department for Education) (2013) *Statistical First Release:Outcomes for Children Looked After by Local Authorities in England, as at 31 March 2013.*
. HMSO, London.

DfES (Department for Education and Skills) (2005) *Common Assessment Framework*. HMSO, London.

DfES (2007) *Care Matters: Time for change (White Paper).* HMSO, London.

DiAmbrosio, P.E. (2006) 'Weeble wobbles: resilience within the psychoanalytic situation', *International Journal of Psychoanalytic Self Psychology*, vol. 1, no. 3, pp. 263-285.

Doria, M. V., Kennedy, H., Strathie, C., and Strathie, S. (2013)' Explanations for the success of video interaction guidance (VIG): An emerging method in family psychotherapy', *The Family Journal*, advanced access, pp. 1-10. doi: 10.1177/1066480713505072

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

Eisold, B.K. (2005) 'Notes on lifelong resilience', *Psychoanalytic Psychology*, vol. 22, no. 3, pp. 411-426.

Focht-Birkerts, L. and Beardslee, W. (2000) 'A child's experience of parental depression: encouraging relational resilience in families with affective illness', *Family Process*, vol. 39, no. 4, pp. 417-434.

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

Fonagy, P. and 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*, vol. 44, pp. 27-77.

Fonagy, P. and Target, M. (1998) 'Mentalization and the changing aims of child psychoanalysis', *Psychoanalytic*

Dialogues, vol. 8, no. 1, pp. 87-114.

Fonagy, P. and Target, M. (2002) 'Early intervention and the development of self-regulation', *Psychoanalytic Inquiry*, vol. 22, no. 3, pp. 307-335.

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

Gilligan, R. (1997) 'Beyond permanence? The importance of resilience in child placement practice and planning', *Adoption and Fostering*, vol. 21, no. 1, pp. 12-20.

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

Gilligan, R. (2004) 'Promoting resilience in child and family social work: issues for social work practice, education and policy', *Social Work Education*, vol. 23, no. 1, pp. 93-104

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

Guest, Y. (2012) Reflections on Resilience: A psycho-social exploration or the life long impact of having been in care in childhood. *Journal of Social Work Practice*, vol. 26, no. 1, pp. 109-124.

Hauser, S.T. and Allen, J.P. (2007) 'Overcoming adversity in adolescence: narratives of resilience', *Psychoanalytic Inquiry*, vol. 26, no. 4, pp. 549-576.

Hill M., Stafford A., Seaman P., Ross N. and Daniel B. (2007) *Parenting and Resilience*. Joseph Rowntree Foundation, York.

House of Commons Education Committee (2011) *Looked-after children: further Government response to the third report from the [former] Children, Schools and Families Committee, session 2008-09 fifth special report, session 2010-11*. HMSO, London.

Klein, M. (1946) 'Notes on some schizoid mechanisms', in *Writings, vol. 3.* London, Hogarth Press, 1975, pp. 1-24.

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).

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

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

Maslow, A. (1943) 'A theory of human motivation', *Psychological Review*, vol. 50, no. 4, pp. 370-396.

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.* Routledge, London, pp. 105-120.

McMurray, I., Connolly, H., Preston-Shoot, M. and Wigley, V. (2008) Constructing resilience: social workers' understandings and practice. *Health and Social Care in the Community*, vol. 16, no. 3, pp. 299-309.

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

Phelan, J. (2001) 'Another look at activities', *Journal of Child and Youth Care*, vol. 14, no. 2, pp. 1-7.

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

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

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

Seccombe, K. (2002) ''Beating the odds' versus 'changing the odds': poverty, resilience and family policy', *Journal of Marriage and Family*, vol. 64, no. 2, pp. 384-394.

Sempik J., Ward, H. and Darker, I. (2008) 'Emotional and behavioural difficulties of children and young people at entry to care', *Clinical Child Psychology and Psychiatry*, vol. 13, no. 2, pp. 221-233.

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

Vellacott, J. (2007) 'Resilience: a psychoanalytic exploration', *British Journal of Psychotherapy*, vol. 23, no. 2, pp. 163-170.

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

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

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

Yates, T.M. & Masten, A. (2004) 'Prologue: The promise of resilience research for practice and policy', in Newman, T. (ed.) *What Works in Building Resilience?* Barkingside, Barnados.