

# Resilience Theory: A Literature Review

with special chapters on  
deployment resilience in military families  
& resilience theory in social work

by

Adrian DuPlessis VanBreda

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Author: Adrian DuPlessis VanBreda

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Institution: South African Military Health Service, Military Psychological Institute,  
Social Work Research & Development

City: Pretoria, South Africa

E-mail: [Adrian@vanbreda.org](mailto:Adrian@vanbreda.org)

Address: Major A.D. Van Breda  
Military Psychological Institute  
Private Bag X02  
Gezina  
0031  
South Africa

## **CHAPTER SIX: RESILIENCE THEORY IN SOCIAL WORK**

### **6.1 INTRODUCTION TO RESILIENCE THEORY IN SOCIAL WORK**

There is a popular perception among many social workers that the social work profession is grounded in a resilience perspective, even if not called by that name. A review of social work history and theory will, however, indicate that this is not the case. Despite frequent references to client strengths and resources, social work theory remains dominated by a pathogenic paradigm.

My experience of working with many social workers and my own training as a clinical social worker indicate that social workers are most comfortable assessing and intervening with client pathology. Social workers often lack the conceptual and technical tools to assess strengths or to intervene to enhance the resilience of their clients.

A number of social workers are, however, promoting a resilience perspective in social work. Notable among these are Dennis Saleebey, Michael White and Steve De Shazer. These social workers are attempting to create paradigms, conceptual frameworks, assessment tools and intervention models that promote resilience and strengths in social work clients.

### **6.2 HISTORICAL TRENDS IN SOCIAL WORK THEORY & PRACTICE**

Social work's commitment, as a profession, to resilience and strengths has a chequered history. At face value one may think social work has always thought and worked within a resilience framework, even if it was without calling it by that name (Kaplan et al., 1996; McQuaide & Ehrenreich, 1997). However a review of the development of social work theory will demonstrate a large degree of inconsistency (Weick & Saleebey, 1995). Broadly speaking, social work's origins included a commitment to developing client strengths. Social work's desire to gain status in the professional community led to an alliance with psychoanalysis with its pathogenic worldview. Only more recently, with the

emergence of the ecological perspective, has social work begun to reclaim its strengths-based roots. Even today, however, social work is inconsistently committed to a resilience framework.

Social work's first roots lie in the Charity Organization Society and the Settlement House Society at the end of the nineteenth century. Industrialisation at that time, combined with the waves of immigrants to the USA, resulted in greater levels of social pathology than seen before – unemployment, child abuse, homelessness, poverty (Weick & Chamberlain, 1997). Workers (not social workers as such, because the profession had not yet been formed) had to develop innovative ways to meet these challenges. Family and community oriented interventions evolved, and social workers placed themselves strongly at the interface between family and community (Weick & Saleebey, 1995).

These early workers, however, introduced the first inconsistencies regarding social work's position on the issue of resilience. The workers from the Charity Organization Society, a religious organisation, attributed social problems to individual-level moral deficits (Bendor, Davidson, & Skolnik, 1997), and the social work profession followed accordingly (Weick, Rapp, Sullivan, & Kisthardt, 1989):

Poverty was attributed to drunkenness, intemperance, ignorance, and lack of moral will. ... Change was to come about not through provision of monetary assistance but through persuasion and friendly influence. The emphasis on human failing as a cause of difficulties established a conceptual thread whose strands are found in practice today. (p. 350)

By contrast, the workers from the Settlement House Movement emphasised environmental factors as causative of social pathology (Bendor et al., 1997). They "believed that resources such as housing, sanitation, education, neighborly assistance, and enriched social interactions would enable people to move beyond the limits of their situations" (Weick et al., 1989, p. 350).

To the extent that the Settlement House Movement workers focused on environmental factors influencing the functioning of individuals one can say that the foundations of community work were laid. This focus removed the pejorative view of individuals as dysfunctional, but simply transferred the deficit and pathology oriented perspective to the community level. It cannot be said that either of these approaches was based in some conception of resilience or strengths.

Nevertheless, both approaches provided fairly 'matter-of-fact' approaches to people's problems, addressed the challenges of coping with daily life, advanced a community and family based approach to helping, were willing to engage more closely with people and

identified social factors which influenced human functioning (Weick & Chamberlain, 1997; Weick et al., 1989).

In the first decades of the twentieth century social work began a process of professionalising, with the influence of Mary Richmond being felt particularly strongly. Richmond advocated a more empirical, rational or scientific approach to helping, rather than a moral or intuitive approach. "Through her efforts, increasing attention was paid to defining the problems in people's lives so that a rational, rather than a moralistic, strategy of intervention could be pursued" (Weick et al., 1989, p. 350). In Richmond's work the individual perspective continues to dominate, but the tone is less moralistic or deficit oriented (Bendor et al., 1997). Richmond advocated the need to assess both pathology and strengths or resources. This attempt at achieving a balance was not very successful however (ibid.):

A review of Richmond's suggestions reveals only one question out of hundreds that suggests a view to capacity, when in speaking of the "homeless man," she asks under "Plans for the Future," what does he look back upon as his best period? What marks of it still remain, such as cleanliness, for example? (1917, p. 428). (p. 4)

During the 1930s, as social work strove for greater status in the professional community, the psychoanalytic theory that was prevalent at the time was strongly incorporated into social work theory (Bendor et al., 1997; Weick & Chamberlain, 1997; Weick et al., 1989). Freudian theory provided a strong theoretical foundation to social work, provided the much-needed empirical framework that Richmond strove for, and allowed social workers to speak a language that was respected in the professional community. However, it also created greater distance between client and worker and introduced an extraordinarily complex set of explanations for human behaviour that had previously been simple and easily understood (Bendor et al., 1997; Weick & Chamberlain, 1997; Weick et al., 1989). In addition, the influence of psychoanalysis shifted social work's attention strongly to intrapsychic explanations as the cause of social problems and permeated social work thinking with a pathogenic perspective.

The psychosocial casework models of Hamilton and Hollis in the 1950s and 1960s attempted, through the incorporation of the person-in-environment concept (Hollis & Woods, 1981), to promote an approach to social work that (1) focused on both individual and environmental problems and (2) focused on both weaknesses or deficits and strengths (Bendor et al., 1997). However, both authors tended to emphasise most strongly the individual as a locus of change and neither author provided guidelines on how to assess client strengths and resources (ibid.).

Perlman's problem-solving model of casework initiated the movement of social work towards a greater appreciation of strengths and resilience (Bendor et al., 1997):

Perlman was able to teach the use of strengths in helping clients solve problems (1975). The client became a copier and a learner, and action became a helping tool. The concept of coping itself implied a strengths potential when defined as "a person's conscious, volitional effort to deal with himself and his problem in their interdependence" (Perlman, 1975, p. 213). (p. 6)

Bendor (1997, p. 6) concludes that "historically, it appears that the broader the view of the person-in-situation and the more multi-dimensional the causal elements in the problem situation, the more likely that the person is perceived from a stance which incorporates strengths." Social work theories and models which have evolved over the past few decades tend to provide a greater opportunity for the incorporation of a strengths or resilience perspective: Germain and Gitterman's life model, Shulman's interactional model, Middleman and Goldberg's structural model and Pincus and Minahan's systems model (Bendor et al., 1997). These models all integrate more strongly the person and environment components of social work interest, and provide a more holistic and system oriented explanation for human functioning. Consequently, there is more scope to address not only the causes of problems but also the causes of healthy functioning.

Recent models and theories of social work practice, such as the strengths perspective and the narrative approaches, are explicitly committed to a resilience framework and have recognised the dangers of a dominant pathogenic paradigm.

## **6.3 THE STRENGTHS PERSPECTIVE**

The strengths perspective is a new or consolidated paradigm for social work theory and practice, in which the focus is on the strengths and capacities of clients, rather than the problems of clients (Saleebey, 1997d). In effect, the strengths perspective is social work's version of Antonovsky's salutogenesis – both emphasise the origins of strength and resilience, and both argue against the dominance of a pathogenic or problem-focused perspective.

Strengths can be described as follows (McQuaide & Ehrenreich, 1997):

The capacity to cope with difficulties, to maintain functioning in the face of stress, to bounce back in the face of significant trauma, to use external challenges as a stimulus for growth, and to use social supports as a source of resilience. (p. 203)

The list of strengths is lengthy – many of the factors that can qualify as strengths have been highlighted in the previous chapters of this document. Saleeby (1997c) has identified several groups of strengths, including:

What people have learned about themselves, others and their world, ... personal qualities, traits, and virtues that people possess, ... what people know about the world around them, ... the talents that people have, ... cultural and personal stories and lore, ... pride, ... [and] the community. (pp. 51-52)

### 6.3.1 THE PROBLEMS WITH PROBLEMS

The pathogenic paradigm in social work has, according to Saleeby (1997b), several consequences:

- ❖ **“The person is the problem or pathology named”** (Saleebey, 1997b, p. 5). Once a person has been given a label (such as having schizophrenia), the person becomes defined by that label (now the person is just a schizophrenic) and consequently all that person’s experiences, feelings, desires, etc become defined in terms of that label. “When the cause of a problem is defined, the problem exists in a new way. The process of naming something heretofore unnamed creates it as a reality toward which therapeutic effort must be directed” (Weick et al., 1989).
- ❖ **“The voice of the problem/deficit orientation speaks the language of ‘base rhetoric’”** (Saleebey, 1997b, p. 5). Base rhetoric, as opposed to noble rhetoric, refers to the kind of professional talk (or rhetoric) that disempowers people by robbing them of the control over their own lives and the power to change. This rhetoric can become a self-fulfilling prophecy.
- ❖ **“Distance, power inequality, control, and manipulation mark the relationship between helper and helped”** (Saleebey, 1997b, p. 6). The use of complex, pathologising terminology to ‘formulate a case’, the use of a complex and jargon-filled diagnostic system and the use of sophisticated treatment modalities create a schism between the client and social worker, with the workers having power over the client.
- ❖ **“Problem-based assessment encourage individualistic rather than ecological accounts of clients”** (Saleebey, 1997b, p. 6). Contextual issues influencing a client become lost when the focus is on the pathology of the client. Furthermore, the uniqueness of the individual him or herself also become lost in the generic label that

has been attributed to the person and the individual experiences must be fitted into the label (Weick et al., 1989).

- ❖ **“The focus on what is wrong often reveals an egregious cynicism about the ability of individuals to cope with life or to rehabilitate themselves”** (Saleebey, 1997b, p. 6). The preoccupation with pathology leads to a sense of hopelessness in the social worker and a belief that individuals are unable to truly change.
- ❖ **“The supposition of disease assumes a cause for the disorder and, thus, a solution”** (Saleebey, 1997b, p. 6). The belief that knowing the problem explains the cause and presents the solution is not true. In many cases, the cause is irrelevant to the solution (Weick et al., 1989).

Saleebey’s critique of the pathogenic perspective in social work is somewhat sweeping. Given that most social work models are largely pathogenic, his critique would imply that most social workers are toxic to their clients. Perhaps it is fairer to argue that a strongly pathogenic approach restricts the development of clients, and that a more explicit theory of strengths needs to be developed and integrated into social work theory.

### **6.3.2 PRINCIPLES OF THE STRENGTHS PERSPECTIVE**

Various authors within the strengths perspective field have identified principles of the strengths perspective, in order to unpack what is meant the perspective. Key principles follow:

- ❖ **“Every individual, group, family, and community has strengths”** (Saleebey, 1997b, p. 12). This first principle, as with many of those that will follow, reflects a belief or attitude that the social worker must have in order to work from a strengths perspective (Bricker-Jenkins, 1997). According to Holmes (1997) the strengths perspective is not so much about our clients as about us as social workers and how we see our clients. Fundamentally the strengths perspective is a belief system that says that, while they may also have problems, people are people who have strengths and abilities and a capacity for growth and change and with much to teach others (Kisthardt, 1997; Weick et al., 1989). According to Saleebey (1997b):

Clients want to know that you actually care about them, that how they fare makes a difference to you, that you will listen to them, that you will respect them

no matter what their history, and that you believe that they can build something of value with the resources within and around them. But most of all, clients want to know that you believe they can surmount adversity and begin the climb toward transformation and growth. (p. 12)

- ❖ I have witnessed the work of Michael White (a social worker whose narrative therapy approach will be described in a later section of this chapter) during one of his visits to South Africa. One of the main conclusions one can draw is that he *wills* his clients to get better by his incredibly strong belief in their capacity to grow.
- ❖ **“Trauma and abuse, illness and struggle may be injurious but they may also be sources of challenge and opportunity”** (Saleebey, 1997b, p. 13). This argument is identical to Antonovsky’s (1979) that stressors are ubiquitous and not necessarily destructive but even promotive and also picks up on the notion of thriving (Ickovics & Park, 1998b) discussed in a previous chapter. Weick and Chamberlain (1997, p. 45) argue that a client’s problems should not occupy centre stage, but should rather take the role of “minor characters with small roles”. They explain that “although some problems are too critical to be ignored, they need to be consigned to a position secondary to the person’s strengths once a crisis has passed” (ibid., p. 44).
- ❖ The person’s problem does not constitute all of a person’s life and focusing excessively or exclusively on problems can result in more problems, not less. Consider the example of a person with a specific problem and who needs counselling. Many other people may have the same problem and not need counselling. So the problem is not the problem. The focus need not be so much on the problem itself as on the factors around the problem that influence how the problem is perceived and handled.
- ❖ **“By placing an emphasis on the already realized positive capacities of an individual, the individual will be more likely to continue development along the lines of those strengths”** (Weick et al., 1989, p. 353). The strengths perspective does not argue against addressing problems. Rather it argues that by highlighting the strengths that a person with a problem has already demonstrated there is a greater likelihood that the person will not only maintain those strengths but also develop new strengths. In this process of developing strengths, the problem frequently disappears. By contrast, highlighting the problems of a person with strengths tends to result in a weakening of the person’s confidence and a deterioration of those existing strengths.

- ❖ **“Assume that you do not know the upper limits of the capacity to grow and change and take individual, group, and community aspirations seriously”** (Saleebey, 1997b, p. 13). Once a client has been given a diagnosis, a prognosis is often implied. Knowing that a person has a personality disorder or bipolar disorder may lead to the social worker’s belief that growth is not possible or that growth is severely restricted. It is, however, probably true that the *perceived* level of potential growth sets the upper limit for *actual* growth. The greater the potential growth perceived, the greater the possibility for actual growth. It is thus important that the social worker working from a strengths perspective believe in virtually unlimited growth and allow themselves to be surprised by the growth potential of clients.
  
- ❖ **“We best serve clients by collaborating with them”** (Saleebey, 1997b, p. 14). The independence of a worker from a client is replaced with interdependence – there is a quality of mutuality and collaboration in the helping process that is often absent when working from a pathogenic orientation (Kisthardt, 1997). According to Saleebey (1997b):
 

The role of “expert” or “professional” may not provide the best vantage point from which to appreciate clients’ strengths and assets. A helper may best be defined as a collaborator or consultant: an individual clearly presumed, because of specialized education and experience, to know some things and to have some tools at the ready but definitely not the only one in the situation to have relevant, even esoteric, knowledge and understanding. (p. 14)
  
- ❖ The client’s narrative or story is the most important story and the social worker’s role is to collaborate with the client to achieve the greatest growth potential of the client.
  
- ❖ **“Every environment is full of resources”** (Saleebey, 1997b, p. 15). Saleebey argues that, even in the poorest of communities, there are resources and that these resources are frequently unrecognised and untapped (see also Kisthardt, 1997). While he is neither arguing that communities should be seen as equally rich in resources nor advocating that community work be abandoned, he is arguing that, in the meantime, clients can draw on resources in the community that may have previously been overlooked. In some ways, this principle is akin to the belief in the growth potential of clients, with the client here defined as the community – no matter how barren a community may feel itself or appear to be, it still has resources which can be of mutual benefit to its members.
  
- ❖ **“People have the capacity to determine what is best for them”** (Weick et al., 1989, p. 353). This principle is similar to the social work value of client self-determination, but with a difference. There is often a tendency to think of client self-

determination as the right of clients to disregard the good advice of social workers even if it means hurting oneself. The principle advanced here by Weick et al indicates a belief in the innate wisdom of people to know what is best for themselves. The social worker endeavours to mobilise this wisdom to the benefit of the client.

- ❖ **“People do the best they can”** (Weick et al., 1989, p. 353). According to the strengths perspective there is no one correct way for people to live or grow. Each person, family or community will find their own best way that works for them. The social worker’s job is to help them achieve this and to attribute the label of success to the achievement.

### **6.3.3 THE STRENGTHS PERSPECTIVE IN PRACTICE**

#### **6.3.3.1 Assessment of Client Strengths**

Working from the strengths perspective must begin from the first contact between worker and client. The assessment process is a critically important phase of the helping process. Many of the writers on the strengths perspective argue that the assessment should focus “exclusively on the client’s capabilities and aspirations in all life domains” (Weick et al., 1989, p. 353).

Other writers, however, argue that an exclusive focus on strengths will not meet the client where s/he is and may lead the client to believe that the worker will tolerate only success and strength (McQuaide & Ehrenreich, 1997). The premature asking of strength related questions might lead the client to feel misunderstood and even manipulated. The process of moving a client from the ‘problem-saturated story’ towards an appreciation of strengths may be part of the process of intervention itself (as will be discussed in the section on narrative therapy, Section 6.4).

Assessing client strengths requires a different repertoire of assessment questions (Weick et al., 1989):

Instead of asking, “What’s wrong with this family?” the question becomes, “What are the strengths in this family that will help them grow and change?” Instead of asking, “Why is this person mentally ill or delinquent or abusive?” the question can be, “What do they need to develop into more creative and loving adults?” (p. 354)

Saleeby (1997c, pp. 53-54) highlights five kinds of strength oriented question styles:

- ❖ **“Survival questions.** How have you managed to survive (or thrive) thus far, given all the challenges you have had to contend with? How have you been able to rise to the challenges put before you? What was your mind-set as you faced these difficulties? What have you learned about yourself and your world during your struggles? Which of these difficulties have given you special strength, insight, or skill? What are the special qualities on which you can rely?
- ❖ **“Support questions.** What people have given you special understanding, support, and guidance? Who are the special people on whom you can depend? What is it that these people give you that is exceptional? How did you find them or how did they come to you? What did they respond to in you? What associations, organizations, or groups have been especially helpful to you in the past?
- ❖ **“Exception questions.** When things were going well in life, what was different? In the past, when you felt that your life was better, more interesting, or more stable, what about your world, your relationships, your thinking was special or different? What parts of your world and your being would you like to recapture, reinvent, or relive? What moments or incidents in your life have given you special understanding, resilience, and guidance?
- ❖ **“Possibility questions.** What now do you want out of life? What are your hopes, visions, and aspirations? How far along are you toward achieving these? What people or personal qualities are helping you move in these directions? What do you like to do? What are your special talents and abilities? What fantasies and dreams have given you special hope and guidance? How can I help you achieve your goals or recover those special abilities and times that you have had in the past?
- ❖ **“Esteem questions.** When people say good things about you, what are they likely to say? What is it about your life, yourself, and your accomplishments that give you real pride? How will you know when things are going well in your life – what will you be doing, who will you be with, how will you be feeling, thinking, and acting? What gives you genuine pleasure in life? When was it that you began to believe that you might achieve some of the things you wanted in life? What people, events, ideas were involved?” (Saleebey, 1997c, pp. 53-54)

Cowger (1997, pp. 63-66) provides 12 guidelines for assessing client strengths, briefly stated:

- ❖ The client's understanding of the facts and perception of their situation is most important.
- ❖ Believe what the client says, and assume that the client is honest and trustworthy.
- ❖ Discover what the client wants from the helping relationship and in relation to the presenting problem.
- ❖ Move the assessment from the problem towards personal and environmental strengths.
- ❖ Make the assessment of strengths multidimensional, including, among others, the client's interpersonal skills, motivation and emotional strengths, the environment's family networks, organizations, community groups, etc.
- ❖ Discover the uniqueness of the client through the assessment, rather than discovering only how they fit into a generic category.
- ❖ Use language the client can understand.
- ❖ Conduct the assessment collaboratively, as a joint effort between client and worker.
- ❖ Reach mutual consensus on the results of the assessment.
- ❖ Avoid blaming.
- ❖ Avoid linear cause-and-effect thinking.
- ❖ Assess the client's situation – do not diagnose the client's 'problem'.

Cowger (1997, p. 68) advocates a four-quadrant assessment framework, in which the horizontal axis moves from environmental factors to personal factors, and the vertical axis moves from obstacles to strengths, as can be seen in the table below:

Quadrant 1:  <p style="text-align: center;"><b>Environmental Strengths</b></p>	Quadrant 2:  <p style="text-align: center;"><b>Personal Strengths</b></p>
Quadrant 3:  <p style="text-align: center;"><b>Environmental Obstacles</b></p>	Quadrant 4:  <p style="text-align: center;"><b>Personal Obstacles</b></p>

Using this framework provides a holistic and balanced assessment of the problems and strengths of an individual within an environment/situation. The strengths assessment would emphasise quadrants one and two, which are often missing or neglected in social work assessments (Cowger, 1997).

### **6.3.3.2 Intervention from the Strengths Perspective**

Saleeby (1997c, pp. 54-56) provides a broad outline of the practice of strengths-based social work:

- ❖ Firstly, acknowledge the client's pain. Although the worker is interested in the client's strengths, the client arrives with a preoccupation with problems and pain. Beginning here allows time to gain a sense of the client's concerns, allows the development of trust and gives an opportunity to search out the "seeds of resilience".
- ❖ Secondly, "stimulate the discourse and narratives of resilience and strength". The process of unearthing client strengths is a difficult one. When one is seeking for a strength narrative or story, rather than a superficial listing of strengths the process becomes even more complex. Considerable reframing by the social worker may be needed in order to assist a client in reinterpreting past events (Saleebey, 1997c):

In a sense, then, the stimulation of a strengths discourse involves at least two acts on the part of the worker: providing a vocabulary of strengths (in the language of the client), and mirroring – providing a positive reflection of the client's abilities and accomplishments, and helping the client to find other positive mirrors in the environment. (p. 55)

- ❖ Third, the client must begin to act on their new understanding of their own resilience and strength, and begin to expand upon these.
- ❖ Fourth, the newly discovered strengths must be reinforced, consolidated and integrated into the client's behaviour, self-image and relationships. Once this is done, termination can take place.

The strengths perspective literature provides various case studies of its application with various client groups, including clients who are alcoholics (Rapp, 1997), clients who are mentally ill & homeless (Kisthardt, 1997), the aged (Fast & Chapin, 1997), children in schools (Benard, 1997), and adolescents at risk of substance abuse (Kaplan et al., 1996).

### 6.3.4 DEBATES ABOUT THE STRENGTHS PERSPECTIVE

Saleeby (1996; 1997e) advances several critiques of the strengths perspective and provides rebuttals to the critiques. These debates are helpful to understand the strengths perspective:

- ❖ *The strengths perspective is positive thinking in a new form.* According to Saleeby (1996, 1997e) the strengths perspective involves more than teaching oneself new thought patterns through the repetition of mantras. It involves working towards profound and lasting transformation.
- ❖ *The strengths perspective simply reframes people's pain and minimizes their problems without actually changing anything.* According to Saleeby (1996, 1997e) the strengths perspective acknowledges pain and problems, but also reframes them in order to discover the value of certain problems and in order to realise that life is not made up exclusively of pain.
- ❖ *The strengths perspective is naïve, ignoring the fact that many clients are manipulative.* According to Saleeby (1996, 1997e) the strengths perspective demands that social workers give the client a chance before making judgements about the manipulateness or danger of the client. Every client is given the chance to grow and change.
- ❖ *The strengths approach ignores people's problems.* According to Saleeby (1996, 1997e) the strengths perspective acknowledges the fact that clients have problems, but does not allow this to become the whole story. The focus is on how the client can cope in spite of or transcend that problem, in the belief that when this is achieved the problem often disintegrates or becomes peripheral.
- ❖ *The strengths approach is redundant because social workers already assess and work with client strengths.* According to Saleeby (1996, 1997e) social work assessment reports are dominated by pathology and the strengths assessment is frequently relegated to a few lines at the end. A strengths perspective is not the dominant mode of thinking for most social workers.

### **6.3.5 CONCLUSIONS ABOUT THE STRENGTHS PERSPECTIVE**

In my opinion, the strengths perspective cannot, as yet, be considered either social work theory or a model of social work practice. Most of the practice components have been cannibalised from the narrative and solution-focused therapies to be discussed in the following section and the theory is very insubstantially based on constructivism. At best the strengths perspective can be thought of firstly as political rhetoric and secondly as a framework for pulling together fragmented theories and models under a common umbrella. And yet both of these are valuable in their own right.

Firstly, there is certainly a great need in social work for an evaluation of the degree to which we succeed in actually empowering clients. The argument of the strengths perspective is that social work is preoccupied with pathology, even though such a preoccupation is actually against the stated values of our profession. Saleeby and his colleagues contribute by drawing our attention to what is important in social work, to what makes (or should make) social work unique from other helping professions, to the value base of social work. In a way, it is a form of self-confrontation and self-therapy.

I have been introducing an integrated assessment framework into the organization where I work (the South African Military Health Service). The framework includes both vulnerabilities and strengths. The social workers, despite avowing that they have always assessed strengths, demonstrate great difficulty in conducting strengths assessments. Yet their assessments of vulnerability are lengthy and often quite sophisticated. Clearly, social workers have not been given the conceptual frameworks and practice tools to adopt a strengths perspective. In this way, Saleeby's contributions are timely.

Secondly, there is a great deal written in various literatures on resilience and strengths, as this document testifies to. But these writings tend to be quite fragmented and many authors seem unaware of what others are writing. Writers on resilience are also emerging from various professional backgrounds – psychology, social work, nursing, anthropology, medical sociology, sociology, etc. The strengths perspective could serve as an umbrella for these pieces of the bigger picture. Saleeby (1996, 1997b) often refers to the concepts of health, resilience, empowerment, healing and wholeness, narratives, etc.

## 6.4 THE NARRATIVE & SOLUTION-FOCUSED THERAPIES

It can be argued that much of resilience theory, as covered in this review, has little practical application. Certainly, it is very difficult to translate certain aspects of resilience theory into the clinical field. Social work, with its emphasis on practice more than theory, has generated a number of practice approaches that give expression to resilience theory and the strengths approach. Most notable of these are the narrative therapy of Michael White (an Australian social worker) and the solution-focused therapy of Steve De Shazer (an American social worker).

Michael White's narrative therapy (1989a, 1989b, 1989c, 1992) is grounded partly in social constructivism and partly in resilience theory. Social constructivism introduces principles such as reality is socially created or constructed and has no objective existence, taken-for-granted 'realities' must be challenged and reconstructed, new 'realities' can be created out of the neglected pieces of experience from the past that did not fit with the past 'realities', and 'reality' is created largely through a process of narrative or story construction (White, 1992).

It is not my intention to provide a thorough review of White's work, since this goes far beyond the scope of this already lengthy document and will require a detailed introduction to social constructivism. Rather, I wish merely to note that White has managed to translate some of the resilience concepts into practice.

In essence, White argues that people live their lives by stories or narratives that they have created through their life experience and which (very importantly) then serve to shape and guide their further life experience (White, 1992). A narrative is considered to have two landscapes, viz a landscape of action and a landscape of consciousness. The landscape of action comprises "(a) events that are linked together in (b) particular sequences through the (c) temporal dimension –through past, present and future – and according to (d) specific plots" (ibid., p. 123). The landscape of consciousness comprises the meanings and interpretations of the narrative, through reflection.

When people come to therapy for help, they typically arrive with a "problem-saturated description" of the family narrative (White, 1989a, p. 5) – in resilience terms, one could say that the family has a pathogenic view of themselves. When a family is dominated by a problem-saturated description or narrative, only facts that are consonant with the narrative are perceived – other facts are simply not seen. In many senses, therefore, the family is dominated or subjugated by this narrative. There is however a second

story available to the therapist, namely the story comprising the invisible facts. Narrative therapy is a process of deconstructing the problem-saturated story and constructing an alternative solution-saturated story – a kind of salutogenic view of themselves.

The process involves the following broad steps:

- ❖ Firstly, the presenting problem is externalised. A feature of the problem-saturated story is that the problem is seen as located within and inseparable from the index client. “The externalizing of the problem enables persons to separate from the dominant stories that have been shaping their lives and relationships” (White, 1989a, p. 7). Externalising a problem places it “out there”, thereby giving the person a greater opportunity to relate to it in a critical fashion, which enables the deconstruction of the problem. White has developed a sophisticated repertoire of questions that are used to externalise problems (White, 1989b).
- ❖ Secondly, now that the problem is external, the therapist begins to explore the family’s relationship with the problem, both the influence that the problem has over the family and the influence that the family has over the problem (Nichols & Schwartz, 1991; Tomm, 1989). Most notably, the family begins to discover the lost facts – facts that were lost because they were discordant with the dominant, pathogenic story. White terms these facts “unique outcomes” because they are outcomes which one would not expect in terms of the dominant story (White, 1989a, 1992). As with the externalisation of the problem, the unique outcomes are elicited through a process of structured questioning (White, 1989b).
- ❖ Thirdly, once a number of unique outcomes have been generated, the therapist begins to piece these outcomes together into a new landscape of action. Various questions (landscape of action questions) are used to weave the unique outcomes together into a story. Other questions (landscape of consciousness questions) then “encourage persons to reflect on and to determine the meaning of those developments that occur in the landscape of action” (White, 1992, p. 127).
- ❖ Through this process of reauthoring, an alternative story, a salutogenic story, which is often more powerful than the problem-saturated story, is constructed. This is not simply a process of pointing out the positives or of positive thinking, but is rather a process of creating an entirely new paradigm comprising pieces of information that have not been perceived previously (White, 1992).

White (and some of his colleagues) have documented dozens of case studies concerning the use of narrative therapy with various client groups, including grief, schizophrenia, encopresis, family violence, etc (Epston & White, 1992; Jenkins, 1990; White, 1989c).

Steve de Shazer's solution-focused therapy (De Shazer & Berg, 1988; Nichols & Schwartz, 1991) has much in common with Michael White's narrative therapy, and is also based on constructivism and is an expression of resilience theory. De Shazer's point of departure is that there is little therapeutic value in analysing problems, that problem solving models of intervention are thus inappropriate and that the notion of problem symptoms being manifestations of underlying problems or causes is unhelpful (ibid.).

Therefore, instead of assessing how problems develop, solution-focused therapy advocates the assessment of how solutions develop (De Shazer & Berg, 1988). There is consequently nothing in solution-focused therapy about how problems develop, about 'normal' human or family development, etc (Nichols & Schwartz, 1991). De Shazer and Berg (1988, p. 42) state, "We once thought that solutions evolved from changing (eliminating, modifying) the problematic pattern. Now we think that solutions develop out of amplifying non-problematic patterns without attempting to determine what caused the problem."

De Shazer and his colleagues developed and tested various 'formula tasks', that is, tasks which are prescribed to all families and which are demonstrated to have universal value (De Jong & Miller, 1995; Nichols & Schwartz, 1991, p. 483). Key tasks include:

- ❖ Asking "clients to observe what happens in their life or relationships that they want to continue" (Nichols & Schwartz, 1991, p. 483).
- ❖ The "miracle question", viz "Suppose one night, while you were asleep, there was a miracle and this problem was solved. How would you know? What would be different?" (Nichols & Schwartz, 1991, p. 483).
- ❖ The "exception question", which explores time in the past or present when the person did not have the problem at a time when s/he should have had the problem (Nichols & Schwartz, 1991) – a technique parallel to White's seeking out unique outcomes.

Although clearly narrative and solution-focused therapy are more than just operationalisations of resilience theory – the powerful place of constructivism is critical – both embrace many of the principles of resilience theory (De Jong & Miller, 1995). They place problems and pathology in a secondary perspective, external from the individual.

They assume that hidden inside the most pathological narrative there are instances of strength and resilience. They seek to weave these instances or unique outcomes into a story of victory and strength over the problem – a story of resilience. They do not deny the problem or even deal directly with it, but rather find ways to strengthen the ability of the family or individual to be resilient in the face of the problem, thereby reducing the problem in actual terms or in terms of influence.

## **6.6 CONCLUSIONS**

The conclusions of a number of the previous chapters have indicated the difficulties with translating resilience theory into clinical practice. This chapter continues with this observation. The work of White and De Shazer, while producing strong clinical models, is not explicitly located within a resilience framework. The work of Saleebey on the Strengths Perspective in social work provides few clinical implications beyond those already developed by White and De Shazer. Saleebey's writings contribute most valuably by requiring social workers to think in a different way about themselves and their clients.

In addition to these reservations about the clinical application of resilience theory in social work, I am also concerned about the lack of attention paid to clinical work other than individual or family therapy. There are very few contributions in social work literature to the application of resilience theory to group and community work. Saleebey's writings imply that the strengths perspective is closely related to community work, but in fact, all the case studies and examples provided in his writings and those of his colleagues are focussed on therapeutic issues.

Clearly, a great deal of further work is required of social workers to explore and integrate resilience theory into the profession. Given the history of social work, it is likely that such an integration will be appropriate but conflictual.