1 A MULTIDIMENSIONAL APPROACH: AN OVERVIEW OF INNER AND OUTER WORLDS

AIM OF THIS CHAPTER

The aim of this chapter is to introduce a multidimensional approach as a way of conceptualising human development and adaptation in our social work practice. We look at:

- ways of thinking about people's inner and outer worlds, and all the dimensions of a multidimensional approach
- ways of thinking about human development, adaptation and coping, and human services using a multidimensional approach
- the importance of reflective and reflexive social work practice.

KEY TERMS

adaptation
adversity
biographical time
biological dimensions
biological time
biopsychosocial-spiritual dimensions
chronosystem
cohort
coping
cultural dimensions
cyclical time
diversity
exosystem
future time
gender
health
historical/social time
inner world
intervention strategies
life course approach
macrosystem
mesosystem

microsystem
multidimensional approach
normative
optimistic style
outer world
person:environment configuration
pessimistic style
postvention strategies
prevention strategies
protective factors
psychological dimensions
relational dimensions
religion
resilience
risk factors
social dimensions
spiritual dimensions
spirituality
structural dimensions
subjective experience
successful ageing

Stress, trauma and grief are common experiences for people all around the world. Threats and acts of terrorism and war occur, affecting the lives of millions of people. Millions of others live without adequate nutrition, medical care, housing or employment. Communities are threatened by environmental disasters such as floods, fires, earthquakes, hurricanes and droughts. In the privacy of homes, family violence and child maltreatment continue to occur. Relationships end as a result of disagreement, disappearance or death. Illnesses, accidents and injuries leave many with physical and emotional wounds. Unemployment and poverty lead to daily stress and worry. Alongside these adverse experiences are many life experiences that promote positive development, well-being and **health**—nurturing, loving relationships, learning and growth experiences, and the living of happy and satisfying lives. As individuals, families, groups and communities, we inevitably experience a wide variety of these events and conditions across the course of our life and in the context of our unique developmental trajectories. Therefore, we adapt to these experiences in many different ways.

health an experience of biopsycho-social-spiritual well-being.

Social workers have had a longstanding concern with influencing environments, relationships and inner experiences so that they are supportive of positive experiences—experiences of human growth, health and satisfaction (Gitterman, 2014). This is reflected in our current global definition of social work, where it is stated that our aim is to be 'a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people' (IFSW, 2014). In addition, our profession has guiding principles and underpinning theories.

In Chapter 3, we revisit this definition.

> Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance well-being. The above definition may be amplified at national and/or regional levels (IFSW, 2014).

Human services exist in recognition of the fact that there are devastating consequences for individuals, families and communities if certain conditions and experiences are encountered and if adequate resources and supports are not in place. To this end, social workers need a framework for understanding human development and well-being, and the impact of **adversity**, in context. This includes finding ways of bringing together a wide range of knowledge about what it is to be human and what are the various impacts of key experiences, conditions and resources. It also includes finding ways of understanding particular cultural and geographic contexts.

adversity the condition of hardship, difficulty, stress or trauma.

Over time, many factors have shaped understandings of human development. While understandings shift, often quite significantly, as a result of political, economic, religious, psychological, biological, legal or cultural forces, it is important that the search continues for deeper understandings of what it is to experience and cope with adversity in different contexts. This involves not only highlighting the **diversity** and uniqueness of individual experience. It is also about understanding risk and resilience and acting in the interests of vulnerable and marginalised groups—for example, children who have been abused or neglected, or those living with the daily realities and stresses of poverty and homelessness,

diversity differences of experience, specifically of biopsycho-social-spiritual experiences.

or asylum seekers and refugees. This book explores the many understandings we have of individual responses to adversity and brings them together through a **multidimensional approach** to understanding human development across the life course.

INTRODUCING A MULTIDIMENSIONAL APPROACH

Core to social work has always been consideration of people's inner and outer worlds (Winnicott, 1964). For many years, ecological theories have informed much of the theoretical basis of social work. These theories gave the **biopsychosocial-spiritual dimensions** prominence in proposing that individual and environmental influences were inseparable from each other, forming a system of interaction. The term was used to reflect the idea that a person always occupies multiple dimensions simultaneously—experience is continuously and simultaneously influenced by individual and social factors. The interdependence of these dimensions was considered so fundamental in determining our lived experience that our founding ecological theorists, such as Carel Germain (1991), use the term, **person:environment configuration**.

More recently, a multidimensional approach has emerged as an overarching perspective of human behaviour and development for social work practice, which offers a holistic approach to understanding well-being (Harms, 2010; Hutchison, 2015). This approach proposes that each of us has a unique **inner world** (our biological, psychological and spiritual experiences) that both influences and is influenced by the external or **outer world** dimensions (our relational, social, structural and cultural contexts), which are both influenced by time and place.

By referring to them as inner and outer worlds, the intention is not to see them as two different dimensions. Rather, they are intersecting and fluid aspects of people's lives that are in reciprocal interaction with each other, as this chapter will describe. For the purposes of this discussion, we will explore each of these dimensions separately. This separation is maintained at first to enable the exploration of the significance and interrelationship of each to the other, before bringing them together to fully understand a multidimensional approach.

In many ways, a multidimensional approach is very similar to socioecological approaches, drawing extensively on the foundational work of Urie Bronfenbrenner (1979). However, a multidimensional approach extends socioecological approaches in two ways. First, it provides a more detailed understanding or mapping of a person's inner world experiences than socioecological approaches. Second, it contextualises social and developmental experiences deeply in place or physical ecologies, not just in the social ecologies of experience.

To introduce this approach, we now explore the six key assumptions underpinning a multidimensional approach for social work practice, summarised in Figure 1.1.

multidimensional approach an approach to understanding human development that acknowledges that people occupy, influence and are influenced by multiple dimensions simultaneously.

biopsychosocial-spiritual dimensions the individual (biological, psychological and spiritual) and environmental (social, including structural and cultural) dimensions that an individual occupies simultaneously.

person:environment configuration a term for the relationship between person and environment that highlights that all human behaviour emerges as a result of an inextricable link between people and their environments.

FIGURE 1.1   Six assumptions of a multidimensional approach

1	An individual's inner world is multidimensional; each of us has unique biological, psychological and spiritual experiences.
2	An individual's outer world is multidimensional; each of us has unique relational, social, structural, cultural and place dimensions influencing our lives.
3	Time and place are multidimensional.
4	Adaptation and coping are multidimensional.
5	Attempts to theorise human development and adaptation should be multidimensional.
6	Human services responses must be multidimensional.

inner world
the unique biological, psychological and spiritual sense of self that is unique to each one of us.

outer world
the external environments, both social and physical, in which individuals live and by which they are influenced.

subjective experience
the unique, inner world experience of an individual.

biological dimensions all aspects of our biological and physical states of being: our height, weight, health and age.

ASSUMPTION 1: AN INDIVIDUAL'S INNER WORLD IS MULTIDIMENSIONAL

Each of us has a unique sense of our own inner world. No one else can ever experience what goes on in another person's thoughts and emotions or know what it is like to live in someone else's body or to experience their sense of spirituality. This is referred to as our **subjective experience**. Three dimensions are central to the inner world: the biological, psychological and spiritual dimensions. Each one of us has unique biological, psychological and spiritual experiences, as shown in Figure 1.2.

BIOLOGICAL DIMENSIONS

Biological processes determine our human existence. From its beginning in conception and birth through to its end in death, the body profoundly affects much of human experience. **Biological dimensions** can be thought of as including 'all those processes necessary for the physical functioning' of the human body (Newman & Newman, 2012, p. 6). These include the genetic, skeletal, sensory, motor, respiratory, endocrine, circulatory, waste elimination, sexual-reproductive, digestive and central nervous systems (Newman &

FIGURE 1.2   Inner-world dimensions
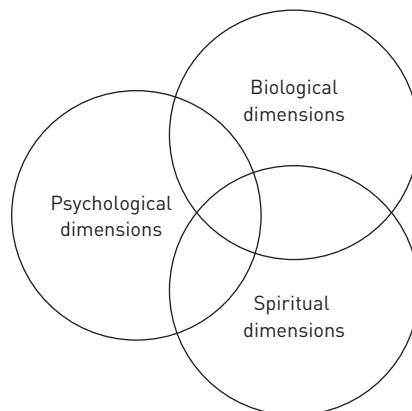
Newman, 2012, p. 7). These systems change as a human matures throughout their life. They change also as a result of influences in the outer world, such as the impact of the physical environment, diet, social interactions and exposure to stress, to name a few.

Theories of life course development propose that 'normal' milestones mark transitions across the life trajectory, particularly biological transitions—such as those that occur in early childhood, adolescence, mid-life and late adulthood. Proponents of a **life course approach** argue that there are certain tasks and transitions associated with ages across the lifespan that are typically predictable and **normative**. This enables services and supports to be in place at appropriate times, such as those relating to early childhood learning, or aged care. In addition, social inequalities can be identified and addressed when there are key indicators of risk or lost opportunity—such as recognising the social and health inequalities that have led to significant disparities in longevity between Indigenous and non-Indigenous Australians (AIHW, 2018). In Chapters 4 to 10 we not only explore these developmental approaches, but also critically analyse them, as they can be seen to be prescribing normal behaviour and in turn labelling experiences outside of these prescriptions as abnormal or deviant.

There are biological realities to our human existence: birth, disease, injury, disability and death. The genetic basis of the human experience has been researched extensively in the years since the human genome project was completed in 2003 (Australian Academy of Science, 2004). The project has enabled a far wider understanding of the genetic bases for human behaviour and many diseases such as cancer and neurological disorders. Similarly, neurobiological understandings have profoundly influenced understandings of development in infancy and early childhood, in particular, and the lifelong impact of adversities such as traumatic events on the developing brain of the child and adult (van der Kolk, 2014).

The biological dimension is then inextricably connected with other dimensions of experience. Our emotional well-being and cultural context have a strong impact on our biological experience and vice versa. For example, Vaillant, in his study of resilience in later life, found that 'objectively good physical health was less important to **successful ageing** than subjective good health. By this I mean that it is alright to be ill as long as you do not feel sick' (2002, p. 13). We will look further at this study (Vaillant, 2012) in Chapter 10, but by way of introduction, these sorts of studies affirm the complex interplay of psychological, relational and cultural influences in understanding biological longevity.

While this book is focused primarily on the psychosocial aspects of human experience as the sites for social work intervention, it is critical to keep in mind the influences of the biological dimension and the role of the body in human experience and well-being (Cameron & McDermott, 2007). This means taking into account the realities of the physical experiences people have—of pain, illness, limited mobility and/or disability (Shakespeare, 2018) and how they impact on daily lives.

PSYCHOLOGICAL DIMENSIONS

In addition to our bodily experiences, how we think and feel influences every aspect of our daily experience—our **psychological dimensions** are central to our sense of self and

life course approach an adversity-focused approach to understanding human development.

normative concerned with establishing a norm or pattern.

successful ageing the capacity to maintain positive development and health throughout later life, associated with increased longevity.

psychological dimensions aspects of our psychological world (thoughts, memories, emotions) that influence our functioning and well-being.

well-being. Our capacities for thought and memory, for emotion and for anticipating the future reflect some of our most uniquely human qualities. These aspects are all part of the psychological dimension.

A key aspect of the psychological dimension is the cognitive aspect. This includes our conscious cognitive capacity—our capacity for thought, for memory, and for the appraisal of events and ourselves. Across the lifespan, we experience changes in our cognitive capacity. Early cognitive theorists such as Piaget (1995) and Vygotsky (1998) proposed that there are a series of cognitive stages across the lifespan. With the successful acquisition of each stage of cognitive development, higher levels of cognitive functioning are reached, to the point where individuals are capable of complex, abstract thought in adulthood. We develop critical memory, verbal capacity and reasoning skills, for example.

Other theorists propose that we each have an unconscious psychological life. This includes our dream life, our defence mechanisms, and our primary drives and motivations. These drives have been understood differently by theorists—for example, Freud (1982) proposed a theory of sexual drive and later the death instinct, Bowlby (1984) a theory of attachment and Maslow (1968) a theory of self-actualisation. There is also interest in the drive from a collective unconscious life (Schafer, 2016), not just at individual levels of experience but also at community and cultural levels, consistent with many Indigenous perspectives.

The way we interpret and explain our experience of the world, both for ourselves and with others, is understood to reflect our explanatory style. The two key styles that are identified are an **optimistic style** and a **pessimistic style** (Seligman, 2011). Optimists tend to appraise events positively, often overlooking aspects of events that contradict this positive appraisal, whereas pessimists tend to appraise events negatively. Interestingly, pessimists are understood to carry a more accurate perception of events, and therefore have been thought to have the more 'accurate' response, suggesting that optimists may indeed be accused of wearing 'rose-coloured glasses'. While, arguably, optimists are viewing the world in a less than accurate way, there is an argument for maintaining this degree of illusion (Taylor et al., 2000) or denial. There is one simple reason: evidence suggests that optimists tend to live healthier, happier and longer lives (Lee et al., 2019)!

The capacity for memory and self-reflection means that we come to develop individual meaning structures or schemas (Kelly, 1955; Neimeyer et al., 2015) for how the world and our relationships operate. As a result of these cognitive schemas, we develop a sense of the world that is understandable and predictable, and we know how to act within it. In each of the chapters of this book, we explore aspects of these schemas. For example, we look at how young children develop an understanding of the mind through parental or caregiver relationships (Miller, 2016) that becomes a foundation for empathic relational behaviour.

Another aspect of the psychological dimension is the emotional aspect: the feeling or mood responses a person has to their circumstances. Our distress, sadness, depression and anger are part of this emotional aspect, as is our capacity for the positive emotions of happiness, excitement and enthusiasm (Kringelbach & Phillips, 2014). Emotions and thoughts work together to form a sense of self-efficacy and agency (Kondrat, 2002).

See Chapter 11 for further discussion of defence mechanisms and trauma.

optimistic style a positive orientation towards the self and the world, in the past, present and future.

pessimistic style a negative orientation in life, drawing negative conclusions about past and present circumstances and anticipating poor outcomes in the future.

Ultimately, these dimensions also influence our moral reasoning, embedding our psychological responses in social attitudes and behaviours.

Gender is also part of the psychological dimension, as a person's gender identity does not emerge from their physical status as male, female or intersex, but from innate characteristics and the outer world contexts in which they live. Whereas sex refers to biological characteristics, gender refers to the complex interaction between individuals, societies and cultures regarding the expectations, identities and roles associated with masculinity and femininity (Healey, 2014). Thus, gender is a complex, socially constructed phenomenon, derived from multidimensional interactions across the lifespan.

Many different theories have been used to explain our psychological dimensions and how they influence our behaviour. These include cognitive–behavioural, psychodynamic, existential and narrative theories. While each has a different focus, fundamental to all psychological theories is the belief that our ways of thinking and feeling, either conscious or unconscious, profoundly influence adaptation and well-being.

SPIRITUAL DIMENSIONS

While in Eastern and Indigenous contexts, and for many centuries earlier in Western contexts, it is taken for granted that spirituality is a critical dimension in mental and physical well-being, social workers have only recently revived interest in this dimension (Crisp, 2018; Dudley, 2016; Loue, 2017).

Of all the inner world dimensions, spirituality is the most elusive dimension to define (Lindsay, 2002; Rice, 2002), although it is widely recognised as a universal dimension of human experience. Spirituality relates to our search for meaning and purpose in human existence. Tacey (2003, p. 38) describes spirituality as:

> … concerned with connectedness and relatedness to other realities and existences, including other people, society, the world, the stars, the universe and the holy. It is typically intensely inward, and most often involves an exploration of the so-called inner or true self, in which divinity is felt to reside.

Lindsay (2002, pp. 31–32) describes spirituality as relating to 'a search for purpose and meaning, and having a moral dimension which reflects a concern with relationships to others, the universe, and to some transcendent being or force'. For many of the world's indigenous cultures, including Australian Aboriginal cultures, an intrinsic relationship with the land is core to a sense of the sacred. Spirituality has the capacity to connect people through fostering a sense of identity and purpose, creating ritual and building a sense of community and connectedness.

Spirituality may be connected with a particular **religion,** which is considered to be the formal structures and doctrines of a faith tradition such as the Muslim, Christian, Jewish, Hindu or Buddhist traditions, for example. In a multidimensional approach, we tend to think of religion more as an outer world dimension, whereas **spirituality** is defined as a more uniquely personal experience of a divine, spiritual or transcendent force, not necessarily requiring any formal structure or public expression.

gender classification as masculine, feminine or androgynous.

religion beliefs and practices associated with the formal structures and doctrines of a faith tradition, such as Christianity, Buddhism, Islam or Judaism.

spirituality our sense of connectedness with meaning and purpose in life.

Unlike the other dimensions, matters of the soul or spirituality continue to be considered cautiously, if at all, by social workers and other health professionals. In part, this is due to the very complex position of religion within the largely secular Australian community and in particular the uncovering of the systematic sexual abuses carried out within the church, as documented through the 2013 Royal Commission into Institutional Responses to Sexual Abuse (bit.ly/UHD3_religiousinstitutions). It is also due to the variety of spiritual perspectives and the difficulties experienced in researching this dimension of human experience.

Nevertheless, spirituality is increasingly recognised for its significance across the lifespan, particularly in the aftermath of experiences of adversity. Additionally, research is consistently showing small to moderate positive correlations between spirituality and/or religion and better physical and mental health outcomes (Koenig, 2011)—this is explored further in Chapters 4 to 10.

APPLY YOUR UNDERSTANDING
Your inner-world dimensions

Given the introduction of these three inner world dimensions, take some time to think (and talk with others about) these questions:

1   How do you understand each of these in relation to your own life experiences?

2   Do you tend to privilege some of these inner world dimensions over others? If so, why?

3   What new insights have you gained from thinking about inner worlds in this way?

4   How do you think this will inform your social work practice?

ASSUMPTION 2: AN INDIVIDUAL'S OUTER WORLD IS MULTIDIMENSIONAL

Now we consider the outer world dimensions that influence people's experiences both directly and indirectly. Each of these four dimensions—relational, social, structural and cultural—is explored briefly below, and then discussed more comprehensively in Chapters 2 and 3.

### RELATIONAL, SOCIAL, STRUCTURAL AND CULTURAL DIMENSIONS

Urie Bronfenbrenner (1979) highlighted that an individual's experience was always occurring in a context of both direct and indirect social influence. He proposed four layers of major influence in individual behaviour as part of an ecological approach—microsystem,

mesosystem, exosystem and macrosystem—all within a fifth system, the chronosystem, as represented in Figure 1.3. Other theorists have developed different interpretations of these layers or systems in the environment, referred to as the micro, mezzo and macrosystem (see, for example, Greene & Schriver, 2016). Others, such as Thompson (2018), incorporate these dimensions into an anti-discriminatory or anti-oppressive framework, looking at a PCS (personal, cultural and structural) model.

The visual representation of Bronfenbrenner's model indicates the embeddedness of each of these systems—that is, no one system can be interpreted without understanding the other four. Each system of the model is both influenced by and influences the others. In this model, the individual is seen as the central unit of analysis, although this need not be the case. Families could be seen as central (as Richmond first proposed in 1917; see Richmond, 1945). It is important to think of it as a three-dimensional layering of systems with permeable boundaries between all the layers. The model as it appears here is deceptively simple. In fact, the model is complex: it is not just about the person in their context and the influences the context has on an individual, family or group's experience; it is also about the ways in which individuals, families and groups change and influence contexts. *Both* are changed by each other. This way of thinking about the person and the environment informs interventions profoundly: intervention in any part of the complexity of factors will typically bring about change in others.

FIGURE 1.3   Bronfenbrenner's systems of influence
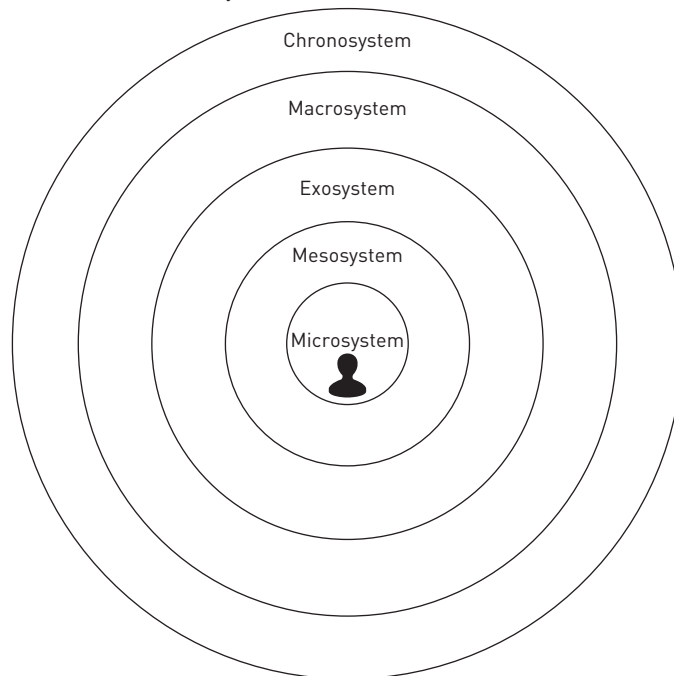
Bronfenbrenner's nested model of the environment continues to be profoundly useful. Social workers have drawn traditionally on his ecological theory, along with other systems theories, to understand the reciprocal influences of individuals on environments and vice versa. However, in recent years, developments in chaos theory and quantum physics have transformed understandings of systems, including human, as predictable and closed. There is often no clear cause and effect between human experience and environmental influences (Hudson, 2000). In addition, some of the language of Bronfenbrenner's model (such as mesosystem and exosystem) has not readily been adopted in the practice context. A more contemporary perspective based on this model is therefore introduced in this book to place it within an Australian context in the twenty-first century. It also enables a deeper incorporation of the inner-world dimensions, often neglected within ecological perspectives. And as noted earlier, a multidimensional approach expands this model by incorporating more of a focus on people's inner worlds, as well as more of a focus on people's physical—not just social—ecology.

While Chapters 2 and 3 focus on these issues more specifically, we look briefly here at how each of these dimensions is understood. Each one of us has unique relationships and connections with a variety of individuals and groups of people: with intimate partners, family members and friends, with peers and colleagues in the workplace or in educational settings, with health professionals or front-line staff in many organisations, and with many others in our world. We rely on these interpersonal relationships within our **relational dimensions** or context for our sense of well-being and identity, and, indeed, in many phases of our life, for our survival. They are the worlds, or settings, in which we live, work and play in some direct way, even if not on a daily or regular basis. Bronfenbrenner referred to these interpersonal relationships as our **microsystem**. Analysing microsystems is typically about analysing the face-to-face transactions that take place between the individual and each of their various worlds and examining their impact on the individual. Bronfenbrenner (1979, p. 22) defined a microsystem as 'a pattern of activities, roles and interpersonal relations experienced by the developing person in a given setting with particular physical and material characteristics'. This definition emphasises that these relationships determine for us a particular pattern or way of being that links profoundly with our sense of identity. This dimension of experience is understood by asking who the person interacts with and how they interact, as shown for an infant in Figure 1.4.

These relationships are initially dependent upon parental or caregiver networks. As a person moves from infancy into later stages of the lifespan, microsystems change too, as a result of the developing person and their changing contexts (e.g. starting school—see Figure 1.5), and as a result of external influences on the microsystem.

Our adaptations do not rely only on our direct relationships and what goes on between them. When we shift our interest to consider the ways in which these various relationships interact with each other, we are analysing the **mesosystem**, the next layer in Bronfenbrenner's model. This is a layer of social connectedness, the layer of our **social dimensions** or networks. Rather than looking at the individual relationships a person has with each setting in their immediate environment, the social network layer is about

relational dimensions our immediate and direct connections and interactions with other people.

microsystem Bronfenbrenner's term for our direct system of relationships: our families, friends, workplace and neighbourhood.

mesosystem Bronfenbrenner's term for our social networks or webs of influence.

social dimensions the social network each one of us has around us.
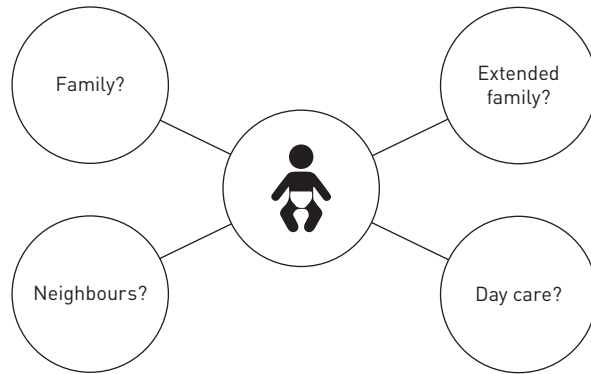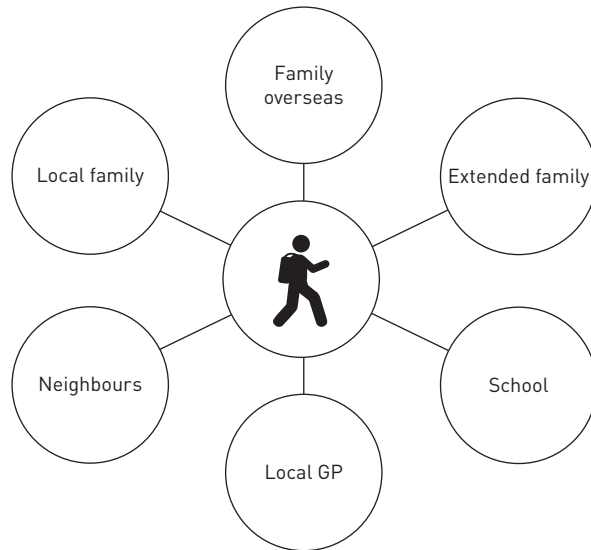
FIGURE 1.4   Relational dimensions

Family?

Extended family?

Neighbours?

Day care?

FIGURE 1.5   Relational dimensions change over time.

Family overseas

Local family

Extended family

Neighbours

School

Local GP

structural dimensions the organisational, legislative and policy context in which a person lives, and which profoundly influences resources and experiences.

exosystem Bronfen- brenner's term for the networks and organisations that influence a person's experience but over which the person does not have direct influence.

observing the interconnectedness or linkages *between* the settings themselves. While we are part of all worlds in a social network, the focus is on the interaction between these worlds, rather than our direct interaction with any of them (Figure 1.6).

Each one of us also exists in broader **structural dimensions** (Figure 1.7), or contexts, or what Bronfenbrenner (1979) called the **exosystem**. We do not have direct, face-to-face relationships with the structural context. Rather, our individual experience and interpersonal and social contexts are all profoundly and indirectly shaped by these factors. Some key systems within our structural context include our political and legal systems. The labour market, the transport system, income-maintenance structures, housing, educational and health service systems all form our structural context. Religious systems also influence many aspects of daily life. The structural context, like social networks, can be either a source of adversity or a vital resource in the face of adversity.
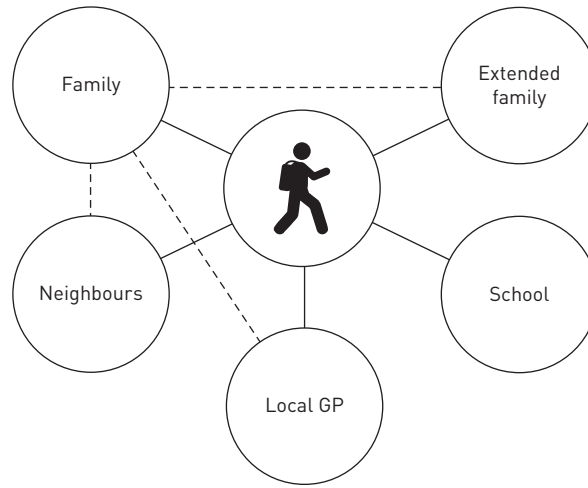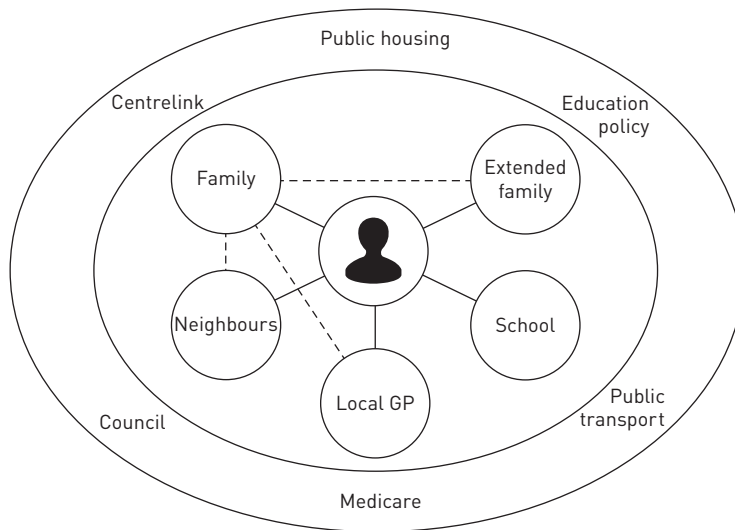
FIGURE 1.6 Social dimensions

FIGURE 1.7 Structural dimensions

cultural dimensions
the many aspects of culture that inform and influence our daily lives.

macrosystem
Bronfenbrenner's term for the cultural dimensions of our experiences.

Giving shape to the experiences in our various relational contexts is the **cultural dimension** (Figure 1.8) or context in which we live. Bronfenbrenner called this the **macrosystem**, the social 'blueprint' (Bronfenbrenner, 1979, p. 26). Our cultural context refers to the norms, principles or mores of a culture. The cultural context in which we live relates to our implicit assumptions about gender, generational cohorts, ethnicity, sexuality and sexual preference, religious and political beliefs. The dominant beliefs of a particular nation or community in relation to these issues, and many others, will

FIGURE 1.8   Cultural dimensions
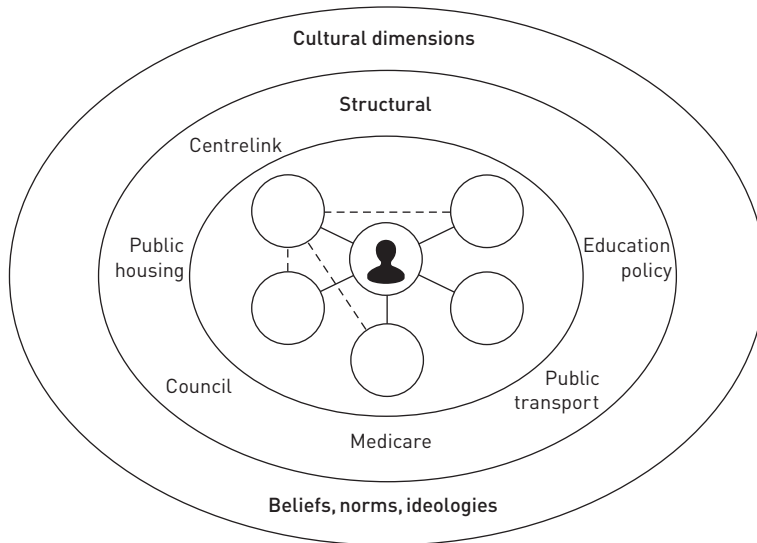
profoundly influence an individual, family and community, as will the availability, beliefs and resources of subcultures.

The cultural context is often hard to articulate or even to be aware of until we step into alternative cultural contexts or critically reflect on our core cultural assumptions. Shifting our thinking in relation to time and place can be one way of reflecting on what cultural assumptions are influencing our way of being and thinking. For example, marriage is an experience that exists in many parts of the world. However, in terms of both the rituals of marriage and the expectations of roles within marriage, there is enormous variation among cultures. For example, in some countries, a husband can have multiple wives. In Australia, it has only been since 2017 that same-sex couples can marry. An analysis of cultural influences also enables analysis of dominant cultural beliefs and the ways in which these connect with power and allow some groups to be privileged while others are oppressed or marginalised.

At the time when Bronfenbrenner developed his ecological model, he was located in a more singular and ethno-specific understanding of culture, so he talked about culture in the singular. With global mobility and technological developments, it is impossible to think of culture as a singular phenomenon, as we tend to be influenced by many different cultural contexts—both subcultures and dominant cultures. These issues are expanded on considerably in Chapter 3.

Like the inner world, the outer world can be understood using a variety of theories: theories that seek to understand what both causes adversity, and facilitates or impedes adaptation. These include feminist theories, systems theories (from ecological to chaos), conflict theories and post-structural theories.

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APPLY YOUR UNDERSTANDING
Your outer-world dimensions

Given the introduction of these four world dimensions (relational, social, structural and cultural), take some time to think (and talk with others about) these questions:

1 How have you understood each of these outer world dimensions in relation to your own life experiences?

2 Do you tend to privilege some of them over others, or not? If so, why?

3 What new insights have you gained from thinking about outer worlds in these ways?

4 How do you think these insights will inform your social work practice?

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ASSUMPTION 3: TIME AND PLACE ARE MULTIDIMENSIONAL

Influencing all of the other dimensions discussed are the dimensions of time and place.

Five significant time dimensions exist—biological, biographical, historical/social, cyclical and future time—forming what can be called the **chronosystem** (Bronfenbrenner, 1979). The **biological time** dimension is the chronological experience of being born and moving through various biological transitions and milestones across the lifespan until our death. It is a linear process. Certain biological processes occur when we are at a particular point in the biological timeline: we are born; we grow through infancy and childhood; and we reach puberty and typically develop a reproductive capacity. We age and that brings about its own unique changes in functioning.

Closely associated with our biological time is the development of our own biography. Over time, we develop our own understanding of who we are, and stories about ourselves and others. Our individual sense and experience of time shapes our self-perceptions, our opportunities and our attitudes. This can be referred to as our **biographical time**. As Garbarino and Abramowitz suggest (1992, p. 18), our 'interest in development is really an interest in biography. We must discover how the lives of individuals and the lives of societies are interdependent'.

We are born into a particular generational **cohort** and, as a result, are exposed to cultural and historical adversities that shape our experience, which differ in experiences and expectations from those of people in other eras. Bronfenbrenner also emphasised **historical time**—human development is necessarily culture-bound and time-bound. This concept of historical time can also be understood as **social time**, referring 'to the incidence, duration and sequence of roles, and to relevant expectations and beliefs based on age' (Elder, 1994, p. 6). Our experience of **cyclical time** is connected with both our own biography and historical time dimensions. Cyclical time refers to the patterns, seasons and

chronosystem Bronfen-brenner's term for the time dimensions of our experiences.

biological time our age and stage from birth through to death, with each having an impact on our experiences and our resources to cope with them.

biographical time our individual sense and experience of time; a perception of our own history or biography.

anniversaries (Hutchison, 2015, p. 22) that recur throughout our lives and are unique to our own family, community or religious context. For example, we celebrate or mourn at different times throughout the year, typically in memory of past events.

Our sense of **future time** is one that is often overlooked. The extent to which we anticipate a future significantly influences our present status. For example, young children and adolescents often have a sense of a long future ahead of them, but middle-aged and older people can be confronted by the shortening of their future time. People experiencing depression, trauma or grief often find it hard to engage with any sense of a future for themselves due to their state of mind at the time.

All human experience occurs in a context of place. This is an important expansion that a multidimensional approach provides: a focus on the physical realities of people's natural and built environments, the virtual realities of people's social worlds, as well as the ways in which people meaningfully connect with and experience these forms of place.

In terms of the physical realities of natural and built environments, these can profoundly impact upon, if not determine, people's health and well-being. Living in rural and remote areas of Australia, for example, gives rise to some very different risk and protective factors compared to people living in the major cities. Living in the context of climate change means that globally there will be more frequent and intense disaster events, causing major disruption to people's lives and livelihoods (United Nations Office for Disaster Risk Reduction, 2015).

Information and communication technologies have rapidly become a central part of many people's personal, social and working lives (Hill & Shaw, 2011) and will continue to do so. The online place or space presents multiple opportunities for new forms of connection and social work practice. From a social work perspective, it is also seen as a place that presents risks and vulnerability in terms of access inequality, and safety, privacy and boundary issues.

Whether place is a physical or virtual phenomenon, we can also think about place in terms of the meaning and connection people experience. The meaning of place can be thought about in relation to three particular aspects: place attachment, place identity and territoriality (Akesson et al., 2017). They are particularly important aspects to consider at key transition points where social workers are involved: what sense of attachment is there, what meaning and identity is derived from place, and what is the sense of power or territoriality someone derives from their place? For example, when working with children entering out-of-home care, good practice involves planning to ensure they can retain their connections with place where possible (Kemp, 2008). Similarly, good practice gives consideration to the meaning and attachment to the places older adults have when they are leaving and entering aged care facilities. Are they places of safety and connection, or dislocation, disempowerment and increased social inequity (Kemp, 2011)? And good practice involves understanding the deep sense of connection to place and country that is central to Aboriginal and Torres Strait identity and well-being (Bennett & Greene, 2019).

cohort a group of people sharing a particular quality, most typically that of being born in a similar era or age group.

historical/ social time particular years, eras or events that happen that then define people's inner and outer worlds.

cyclical time a sense of recurring time and events, such as anniversaries or seasons.

future time a sense of time ahead in which to do things, strongly associated with optimism.

In Chapter 7, a 'Practice in context' example from Marius (a social worker) illustrates his counselling work with cybersecurity issues.
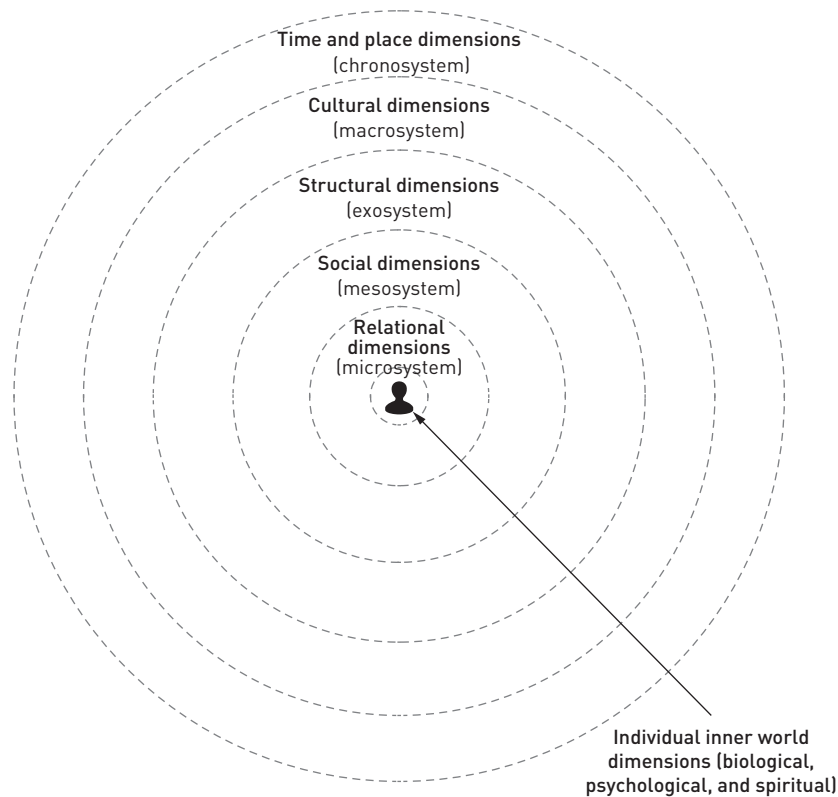
APPLY YOUR UNDERSTANDING

Time and place

Think about time and place in relation to your own circumstances:

1 How different is your experience of time and place from your parents' or caregivers'?

2 What major place-based events are occurring and how do they impact upon your daily life?

3 What are some implications for social work practice in being very place based?

Drawing all these dimensions together, a multidimensional approach is presented in Figure 1.9.

FIGURE 1.9   A multidimensional approach

Time and place dimensions
(chronosystem)

Cultural dimensions
(macrosystem)

Structural dimensions
(exosystem)

Social dimensions
(mesosystem)

Relational
dimensions
(microsystem)

Individual inner world
dimensions (biological,
psychological, and spiritual)

ASSUMPTION 4: ADAPTATION AND COPING ARE MULTIDIMENSIONAL

Bringing together these inner and outer world dimensions in the ways outlined above, a multidimensional approach leads to a holistic understanding of a person's adaptive capacities and resources.

Adaptation is the vital task for each person, in the context of our family, the groups to which we belong and our wider community. Adaptation refers to our active responses to circumstances of change, with positive adaptations enabling the maintenance or re-establishment of health and well-being in their broadest sense (Bornstein et al., 2003). Queralt (1996, p. 17) describes adaptation as 'the continuous process of mutual accommodation between an active and evolving human being and the ever-changing settings within which the person functions'.

Central to the notion of adaptation in the aftermath of adversity is the process of coping. **Coping** refers to the specific psychosocial adaptations, the thoughts, feelings, behaviours and resources we use in our attempts to respond to stressors. That is, coping is about the thinking and doing that we engage in after an event in an effort to maintain or regain a sense of coherence or functioning. Similarly, families, groups and communities engage in various coping processes.

The coping capacity of an individual is determined by complex interaction between the available resources in the inner and outer worlds of the individual. A range of factors determines an individual's response to a particular experience. These factors are often called **risk factors** and **protective factors**.

RISK FACTORS AND PROTECTIVE FACTORS

The term 'risk' refers to the probabilities or likelihood of a future negative event. Applied to understanding responses to adversity, risk factors are a range of factors that *may* lead to poorer or negative developmental or biopsychosocial outcomes (Werner & Smith, 1992). This cautious use of language is important. These factors may lead to negative outcomes, but many studies and autobiographical accounts are testament to the extraordinary resilience of human beings.

Some events can be understood as risk factors in themselves. They are risk factors in that, as events or experiences, they increase the likelihood of later difficulty in life for an individual. For example, the death of a child significantly increases the burden of complicated grief for parents compared to other grief-affected populations (Morris et al., 2019). Similarly, child sexual abuse has been found to increase the risk of health and mental health difficulties in adult life (Coles et al., 2015). Other risk factors can be thought of as factors that influence the processes of coping but are not the cause of the adversity themselves. Later biopsychosocial difficulties have been correlated with these factors also. For example, age is an associated (or proximal) risk factor, in that some events

adaptation
the way in which people (and environments) change and accommodate experiences.

coping
the process of using thoughts, feelings or behaviours to adapt to a situation or condition.

risk factors
factors in our inner and outer worlds that may lead to poor outcomes or compromise well-being.

protective factors factors in our inner and outer worlds that promote optimal well-being and resilience.

occurring at a particular age, such as separation or loss experiences, have a more profound impact than at another age—that is, age influences risk but is not the risk factor itself.

Discussion of risk factors raises two important matters. The first relates to the perceptions of risk, or dangers and hazards (Adam & Van Loon, 2000). What are the activities, behaviours or conditions considered to be risks? And who determines what constitutes risk and for whom? Within social work as a profession, these questions are central, as much of our work can involve risk assessments. The second matter relates to the fact that not everyone who is exposed to particular risk factors is adversely affected. There are varying degrees of effect. This raises the critical question as to what makes the difference, leading to attention being paid to the important role of protective factors. Werner (1995, p. 81) defines protective factors as the factors 'that moderate (ameliorate) a person's reaction to a stressful situation or chronic adversity so that his or her adaptation is more successful than would be the case if the protective factors were not present'. Protective factors are the buffers to the risk factors. For example, having a network of friends enables both practical and emotional support to be offered at times of high stress or loss. The loss might still occur, but the friends provide a buffer to its impact. From a social work perspective, we see many of these protective factors as arising in people's outer worlds, not just individual, inner world ones.

Therefore, a balancing act of risk and protective factors exists. Too many risk factors or too few protective factors can mean the difference between good and poor outcomes (Fraser et al., 1999). We are not only looking to understand risk factors, but we are also looking to understand why individuals in the face of adversity have not been overwhelmed. Again, critically, from a social work perspective, this involves analysis of key social, structural and cultural resources also. Ultimately, reducing risk factors to minimise the overall burden an individual, family or community carries is the most effective intervention.

While reducing risk is clearly important in enhancing the well-being of individuals, families and communities, there are some inherent challenges with this approach. The onus for prevention can very quickly fall onto individuals, families and communities—that is, risks are personalised and individualised—even when the risks stem from broader structural and cultural factors (Prowell, 2019). For example, the current emphasis on reducing obesity can be seen as an individual responsibility involving diet and exercise or a structural and cultural responsibility involving limiting the sugar content and marketing of junk foods or implementing strategies regarding the availability and pricing of healthy foods. A multidimensional approach brings an analysis of the person *and* their environments together simultaneously to avoid seeing risk management as the responsibility of individuals only.

RESILIENCE

The recognition that individuals in situations of high risk do not necessarily experience the poor outcomes anticipated, particularly in the longer term, has led to a major shift in

emphasis in understandings of adaptation to include a focus on **resilience** (Rutter, 1985; Werner & Smith, 1992; Werner, 1995; Ungar, 2012) and people's strengths (Saleebey, 1997). Canadian resilience researcher Ungar (2008, p. 225) defines resilience as follows:

> resilience is both the capacity of individuals to navigate their way to health-sustaining resources, including opportunities to experience feelings of well-being, and a condition of the individual's family, community and culture to provide these health resources and experiences in culturally meaningful ways.

That is, resilience is a systemic concept and process. In a similar vein, Gilligan (2004, p. 94) suggests:

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

The notion of resilience gained particular recognition following the studies conducted by Emmy Werner and Ruth Smith on the island of Kauai, Hawaii. Werner and Smith followed 505 children who were born in 1955 from pre-birth to adulthood. They found that one-third of this cohort was born into families where there were significant stressors including poverty and family environments in which there was 'discord, desertion, divorce' and/or where parents were dealing with issues of alcoholism or mental illness (Werner & Smith, 1992, p. 2). Of this vulnerable one-third, two-thirds were encountering four or more cumulative risk factors by the age of two. Their key finding was that of the high-risk children, one-third (some ten per cent of the total cohort) had developed into 'competent, confident and caring young adults by the age of eighteen' (Werner & Smith, 1992, p. 2). The children in Werner and Smith's study were initially referred to as 'stress-resistant' or invulnerable, but they became more aptly described as resilient. This was in recognition of the fact that it was not that these environments had no effect, but that, in spite of these conditions of extreme adversity, these children had managed to reach normal developmental milestones.

Three clusters of protective factors were identified by Werner and Smith (1992, 2001) that differentiated the resilient group from other high-risk children who developed serious and persistent problems, both in childhood and in later life. These three clusters included:

1   at least average intelligence and dispositional attributes that elicited positive responses from family members and strangers, such as robustness, vigour and an active, sociable temperament
2   affectional ties with parent substitutes, such as grandparents and older siblings, which encouraged trust, autonomy and initiative
3   an external support system (in church, youth groups or school) that rewarded competence and provided them with a sense of coherence. (Werner & Smith, 1992, p. 192)

While these clusters at an individual level continue to be strongly associated with resilience studies today, the concept of resilience importantly bridges these individual

resilience
the human capacity to 'bounce back' from adversity and to continue to live and develop in positive ways.

level experiences with broader social, structural and cultural dimensions. In social work practice, we are concerned with systemic resilience (Ungar, 2018).

ASSUMPTION 5: ATTEMPTS TO THEORISE HUMAN DEVELOPMENT AND ADAPTATION SHOULD BE MULTIDIMENSIONAL

Human experience, behaviour and adaptation can all be understood from multiple theoretical dimensions: theories of the inner world, theories of the outer world, and those that attempt to bridge the two. Rather than this seeming as if social workers do not have a firm theoretical base from which to work, to the contrary, a multidimensional approach acknowledges that there are many ways of understanding the complexities of the human experience and that these understandings constantly change and evolve. The task is to discern how we come to reach certain understandings and to work towards a 'goodness of fit' between the identified issues and the possible social work responses, particularly in our multicultural contexts.

A multidimensional approach helps in the identification of a range of factors that are influential in determining positive or negative adaptation. It gives an overview of what factors we should be alerted to in considering individual situations. Although many argue that it does not necessarily give the 'how' or the 'why'—that is, that it is not clinically useful (Wakefield, 1996)—it does provide a map of the important experiential and contextual dimensions that shape and are shaped by adversity experiences.

A multidimensional perspective attempts to understand the influence of the critical dimensions of a person's situation. It extends beyond thinking about the individual causes and responses to considering interacting and competing issues as well. It encourages us to step out of our own comfort zones to think about problems in different ways—if we tend to think about individual adversity from an inner-world, or intrapsychic, point of view, we are encouraged to think more broadly in terms of the influence of the social and political environment. If we tend towards more structural theorising about adversity, we are reminded of the importance of individual factors in understanding a person's, family's or community's coping capacities.

ASSUMPTION 6: HUMAN SERVICES RESPONSES MUST BE MULTIDIMENSIONAL

In highlighting the many dimensions of both the inner and outer worlds that influence individual experience, it is apparent that a range of responses is essential in the human services. Responses must be multidimensional, including practices, programs and policies that incorporate prevention, intervention and postvention strategies.

A second key consideration is where your practice is focused in terms of time points. Three different time dimensions influence the focus of human services practice. The

Oxford Dictionary defines **prevention strategies** as 'the action of stopping something from happening or making impossible an anticipated event or intended act'. Prevention strategies have a future focus: they are devised on the basis of known risk factors. So if you are working in prevention, you may work in an agency focused on strengthening families and children's well-being—that is, to prevent child protection involvement in the future.

When we are referring to **intervention strategies**, we are referring to 'the action or an act of coming between or interfering, especially so as to modify or prevent a result' (Brown, 1993, p. 1401). Thus, intervention strategies are present-focused in the face of risk having occurred, increasing the likelihood of damage occurring. If you are working in a child protection agency, you are intervening in high risk situations. In some instances, a further distinction is made, with **postvention strategies** referring to an action taken after an event, to modify or prevent *further* damage or disruption. This is most typically used in the trauma context, when arguably some psychosocial damage has already occurred and further damage is being prevented. Often within social work, it is necessary to start with intervention and postvention strategies in order to identify the critical risk factors and then begin to address issues from a preventive point of view.

In thinking about practice from a multidimensional approach, it also highlights the importance of working in multidisciplinary ways, bringing specific dimension expertise to understandings of people's difficulties and distress. This multidisciplinarity includes drawing on consumers as experts in their own lives.

LOCATING YOURSELF: ENGAGING IN REFLECTIVE AND REFLEXIVE PRACTICE

As you will have noticed throughout this chapter, many value-laden issues are inherent in a discussion of human development, relating to judgments about adaptation, coping and well-being, and conversely about coping poorly. It is important to remember that much behaviour considered adaptive is culturally determined. It is not necessarily adaptive per se; it is only adaptive because of a particular context. Implicit in all practice and research on human adaptation to adversity are assumptions about what it is to be human and what is the best expression of that humanity.

In being a social worker, our own values, based on our own experiences and contexts, become critical, therefore, in considering all of this material, as do our professional values and ethics (AASW, 2010). We need to reflect on our own beliefs as to what it is to be human, what human rights are, what issues of adversity are, and how we understand their causation, consequences and need for resources. We need to be mindful of the ways in which our own experiences of gender, culture and class; of our biological, psychological

prevention strategies strategies that are used before a phenomenon occurs, to minimise both the occurrence and/or the effects it has on people or environments.

intervention strategies a range of direct and indirect methods used by social workers and others to bring about change.

postvention strategies strategies that are used after traumatic or stressful events have occurred, to provide support and to minimise the negative impacts.

and spiritual dimensions; and of our unique social networks and place come to influence these assumptions. It is important that we engage in critical reflection as to where we locate ourselves in relation to these matters (Fook & Gardner, 2013)—that is, we become aware of these aspects of ourselves and think about the ways in which they may impact on our work and others. In turn, these reflections can enable us to change what we do and who we are so that we are part of the solution, not the problem, for the people with whom we're working (Thompson, 2018). As D'Cruz (2009, p. 133) highlights, as social workers we should be 'simultaneously open to critique our own normative assumptions about what we are doing, why we are doing it and the consequences, including for the clients we aim to help'. This process of critical reflection is a core component of creating a professional identity as a social worker (D'Cruz et al., 2007; Webb, 2017).

CHAPTER SUMMARY

Understanding human development and behaviour is an extremely complex yet necessary task for social workers. A multidimensional approach highlights that there are many different ways in which human development and adaptation can be understood. No single theoretical perspective can adequately account for the diversity of individual experiences and the many contextual dimensions that give rise to these experiences. Instead, a multidimensional approach invites us to think about the significance and interconnectedness of a person's biological, psychological and spiritual dimensions and their relational, social, structural and cultural dimensions, locating them in time and place. In this chapter, we have looked at how each of these dimensions can be conceptualised.

A multidimensional approach also encourages us to think about the ways in which these many dimensions can function as risk and/or protective factors, and later chapters will explore these more specifically. In examining risk and protective factors, we are considering the absence or availability of various resources for individuals in different contexts. The adaptation that each individual makes to particular circumstances is therefore dependent upon a unique combination of these inner and outer world resources.

QUESTIONS AND DISCUSSION POINTS

1   What are the three key dimensions of our inner world?
2   What are the key dimensions of our outer world?
3   What are risk factors and protective factors?

4   What is the nature of resilience?

5   Think of your own context and how it influences your current life situation. Map your current relational, social, structural and cultural context, using Figure 1.9 as a guide.

6   What do you see as the strengths and limitations of a multidimensional approach to understanding human development?

CASE STUDY

Mandy: Fifteen and homeless

Mandy is fifteen and has been homeless for the past six months. Since the age of twelve, her stepfather had been sexually abusing her. She had told no one about this, being terrified that she would be removed from the home if she said anything. Her mother found her diary and read of the abuse. However, she didn't believe Mandy and screamed at her for making up stories. Mandy left home after this argument and now moves between a friend's house, emergency accommodation and sleeping rough.

Mandy has left school as well, although she occasionally keeps in touch with a teacher. She wants to finish secondary school but just can't get her life organised at present to return. She finds that she often feels overwhelmingly depressed, and has slashed her arms and legs on several occasions.

Her mother and stepfather have since separated, and her mother wants Mandy to come back and live with them again. Mandy has a thirteen-year-old brother.

QUESTIONS

1   Thinking about all of the dimensions of Mandy's experience, what do you see as particular risk or protective factors for her?

2   What about the risk and protective factors for her family?

3   What is your personal reaction to Mandy's situation? How do you think this might impact on your assessment of her circumstances and your work with her?

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WEBLINKS

Australian Commonwealth Government: www.australia.gov.au
> This site provides you with access to a wide range of federal government policy and program frameworks, including both a research and a practice perspective.

Australian Institute of Health and Welfare: www.aihw.gov.au
> This site is an invaluable source of national health and welfare statistics and information.

Bronfenbrenner Center for Translational Research, Cornell University: www.bctr.cornell.edu
> This centre conducts translational research to enhance human development.
> The site contains research and program information relating to and extending Bronfenbrenner's work.

Information for practice: World Wide Web resources for social workers: https://ifp.nyu.edu
> This website can be subscribed to for monthly updates on global social work news and scholarship.

Resilience Research Centre: http://resilienceproject.org
> This site provides research by Michael Ungar and the International Resilience Project team, with a focus on multi-site, cross-cultural resilience research.

The United Nations: www.un.org
> This site provides extensive information about international human rights issues and global approaches to health and well-being. The Sendai Framework for disaster risk reduction is also available from this site.

Trinity Research in Childhood, Trinity College, Dublin: www.tcd.ie/tricc
> This site has an extensive publication list relating to resilience and excellent links to other resilience- and development-focused sites.

World Health Organization (WHO): www.who.org
> The World Health Organization is the health agency of the United Nations. This site has information, research tools, publications and links relating to international health topics.

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