Instructor’s Manual

Human Behavior in the Social Environment
Interweaving the Inner and Outer Worlds

Second Edition

Esther Urdang, PhD
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Introduction

This manual accompanies the text *Human Behavior in the Social Environment: Interweaving the Inner and Outer Worlds* (Second Edition); each chapter parallels its accompanying chapter in the text. A biopsychosocial perspective is stressed throughout, with emphasis on psychodynamic and developmental theories. Although the psychosocial approach has been the traditional foundation of social work, its psychodynamically based psychological component has gradually been depreciated, increasingly displaced by ecological theory, cognitive-behavioral approaches, quantitative research-based outcome measures, and brief solution-focused treatments. The inner world of people, including emotions, psychic conflicts, internalizations, separation-individuation issues, the power of past relationships and experiences, is minimized, or simply obliterated in many current curricula.

In order to fully understand and help people, a broad psychodynamic perspective is essential, including content on psychopathology, relationship complexities, and differential diagnosis. Emphasis is therefore given in this text, within a developmental framework, to the psychodynamic perspective, incorporating psychoanalytic, ego psychology, object relations, self psychology, constructivist, and narrative theories; this is interwoven with content on biological factors (including illness and disability), mental health problems, the social environment, systemic issues, and culture. This approach does not deny the significance of advocacy or social justice, as many of its critics contend.

It is a well-known fact that the majority of mental health services in this country are provided by social workers, but to do this effectively and with awareness of its complexities, they need to be adequately educated. Additionally, in many nonmental health settings, such as child welfare or health care facilities, people with a range of mental health problems (including intense emotional reactions to their present status) receive services from social workers who may not be sufficiently prepared to deal with the emotional and relationship problems
they present. Untreated mental health problems have been diagnosed, for example, in the elderly, in foster children, and in grandparents parenting their grandchildren. Illness and disability are often accompanied by emotional distress and dysfunction as well as physical pain and distress. Morell (2003) cites Wendell, who observes that “we have underestimated the bodily frustration and suffering that social justice cannot prevent or relieve” (p. 229). There are also many cases in which mental health problems, per se, do not exist, but where understanding individual psychodynamics and family dynamics are intrinsic to providing sound social services. Although this is not a practice course, a firm foundation in human behavior provides a sound perspective when contending with complex human problems.

Whether doing direct clinical practice, administering social welfare agencies, or developing social policy at the governmental level, social workers who lack an in-depth understanding of the intense emotional impact of issues such as attachment, separation, loss, trauma, and maltreatment will be unable to offer appropriate clinical help or to design adequate social services and policies for vulnerable populations.

I have incorporated materials from biographies, literature, and newspapers, as well as case illustrations to enrich students’ understanding, and to encourage them to look beneath surface explanations and superficial solutions. This manual suggests ways to integrate these materials into the course; each chapter has its own recommended learning strategies, and expands on those referred to in the text. Some general recommended learning experiences are discussed in the following section.

**INSTRUCTIONAL STRATEGIES**

Analysis of current events, the utilization of literary and biographical materials, case illustrations, and assigned observational experiences can enrich the students’ learning.

*Utilizing Current Events*

Newspaper and magazine articles, used in class on an ongoing basis, can bring to life many relevant human behavior issues, and update events occurring since the publication of this text. Hurricane Katrina,
for example, had not yet happened when this book’s first edition was published, but is covered in the second edition (Chapter 5). This event lends itself to multilevel discussions including the interactions of trauma, loss, social disorganization, political conflict, racial tensions, crime, corruption, homelessness, mental illness (such as the increase of depression and suicide), and the physical environment. Newspapers continue to report ongoing problems in rehabilitating New Orleans.

Social issues are continually evolving, such as immigration reform, gay marriage, abortion rights, reproductive technologies, the obesity crisis, organ transplantations, health care coverage, public school programs, and international adoptions, and can be utilized for teaching purposes. Major international political events, such as the Iraq War, have serious social and psychological consequences for large numbers of Iraqi citizens living in their country as well as for the millions of Iraqi refugees fleeing the country. American service men and women fighting in Iraq are being killed and seriously maimed physically and psychologically; their families are also deeply affected by their absence and their fate. All these events can be analyzed by students in terms of the interactions of psychological involvement, systemic and cultural issues and conflicts, values, and political processes; they can also be subjects for graded papers.

**Utilizing Biographical Materials**

Good biographies and autobiographies illuminate the life course of an individual, offering a biopsychosocial perspective, which includes cultural, political, and historical factors. Rich material is thus available for student papers and class discussions, as students can integrate what they are learning academically with the lives they are following in such works.

Biographical writings can also illuminate the relationship of the author to the subject; did the author have a relatively insightful, balanced and unbiased attitude toward the subject, or was the subject overidealized, denigrated, or “exploited” to “celebrate” a cause? If two (or more) biographers wrote about the same person, did they have similar or dissimilar perspectives? These questions can be transposed to clinical work, as such concepts are at play in composing biopsychosocial assessments and forming clinical relationships.
There are many ways biographical materials can be incorporated into classroom learning; they can become the subject for papers, for small group discussions, and for providing teachers with illustrative materials for lectures.

**Utilizing Literature**

References to novels, plays, and poetry appear in the book, highlighting the understanding of human behavior by creative writers. Mendelson (2006) observes that novelists often “refuse to be satisfied by simple or straightforward explanations of complex things, and they repeatedly correct the flaws of one explanation by exploring a different one” (p. xiv). Literary examples can be applied to class discussions; teachers will have had exposure to many works of literature that are not cited in the text, and are encouraged to share illustrative material with students.

**Clinical Material**

Clinical material in the book is used to illustrate many biopsychosocial and cultural concepts, as well as the impact of systemic and political issues; students and teachers are encouraged to present their own cases for discussion. Although this is not a practice course, clinical content can enrich human behavior knowledge and aid integration.

**Utilizing Direct Observations**

Finally, direct observations can be adapted for many learning needs; this is especially relevant for the life course section, and can include observations of infants’ and young children’s physical and social development and their interactions with parents; interviewing a “nonclinical” group of adolescents or elderly people illuminate their perceptions of their lives and the issues they face in their life stage. Observations reflecting special social conditions, such as an inner-city school, a homeless shelter, or a day care center for the elderly, can also enrich students’ understanding.
Utilization of Small Group Discussions and Role-Playing

Small group participation can enliven class discussions, and aid students in analyzing and applying difficult concepts. When studying ego functions and defenses, for example, students can role-play illustrations of these mechanisms with their groups, which they can share with the class. Many other topics can be tailored to small group discussions, including analyzing human behavior content in case materials and biographies, discussing relevant social issues, and debating situations creating conflictual value dilemmas.

It is recommended that small groups be utilized from the beginning of the course, although choice of subjects and frequency of use should be at each instructor’s discretion. In addition to content covered, small groups help all students participate, and can facilitate greater involvement in full class discussions.

Students generally enjoy role-playing, once they have been exposed to this, and working on specific assignments in small groups can be very productive. Role-playing can be used, for example, to enact: the interactions of enmeshed or disengaged families; an adolescent who is gay coming out to his family; and a family session in which entering a facility for the elderly is being discussed with an eighty-five-year-old woman.

BIOGRAPHICAL REFERENCES

Since it has been suggested that students start to read biographies early in the course, a list of suggested biographies follows. They are recommended because of their comprehensive biopsychosocial approach to their subjects, the high level of scholarship, and their readability. Teachers are encouraged to suggest additional books.


**INSTRUCTIONAL RESOURCES**

Each chapter in the book, as well as in this manual, has “Suggested Readings”; the manual suggests several relevant videos.

In addition, the Council on Social Work Education and the National Association of Social Workers have large reference resources on many vital subjects.

For CSWE: Links to other Data Sources

**EVALUATION PROCEDURES**

Evaluation procedures will be suggested throughout this manual. In general, it is my preference to assign evaluation procedures for the student, such as papers, which provide learning experiences, rather than exams. Examples include papers on observational experiences, which can be integrated with theoretical material related to the subject’s life stage; discussions of newspaper articles that highlight systemic issues, related to theoretical readings.
Chapter 1

Overview

Chapter Summary

This chapter presents an overview of the book’s three sections: the biopsychosocial perspective; the life cycle; and special issues (life transitions, turning points, crises, and loss; illness and disability; and mental health problems). The major focus is on psychodynamic/developmental issues within the biopsychosocial framework.

The “embattled place” of psychodynamic theory in current social work education is elucidated; this perspective emphasizes the inner world of people, including emotions, inner conflicts, internalizations, separation-individuation issues, and the power of past relationships and experiences. As noted, it has been displaced by an almost exclusive focus on cognitive-behavioral theories, ecological approaches, evidence-based theory, and a strengths perspective. Although they are valuable and offer contributions to social work practice, these theories need to be applied within the more comprehensive psychodynamic biopsychosocial approach. The contributions and limitations of postmodern theories such as constructivism, narrative theory, and resilience are also discussed.

Social systems, a vital component of work with individuals, families, and groups, involve the physical environment, social and economic forces and policies, organizations, and the community; the ecological concept of “goodness of fit” between people and their social environments is discussed. Cultural influences, necessary in assessing the life course of individuals and families, have both external social features, such as values and rituals, and internal psychological components, through which individuals internalize aspects of their culture; both contribute to individual and family strengths as well as interpersonal and intrapsychic conflict. Immigration, a current social
issue, encompasses systemic, cultural, and psychological components.

People are involved with families throughout the life cycle; families have many organizations and forms, such as blended families, adoptive families, gay families, and grandparents raising grandchildren. The internal structures of families are also significant, including boundaries, subsystems, communication patterns, and intergenerational aspects of family life.

The concept of the life cycle is presented, including a focus on reproductive issues, infancy and early childhood development; middle childhood and adolescence; and adult development, encompassing the elderly.

Special issues discussed include life transitions, turning points, crisis, and loss. Life changes are often accompanied by normative feelings of loss; loss, however, may also be experienced in more traumatic ways, as in the context of divorce or death.

The biological self is a critical aspect of human development; a close, dynamic interaction exists between mind and body. Additionally, illness and disability have profound and widespread biopsychosocial effects on patients, their families, and social networks.

Psychopathology (disturbances of thinking and feeling) is experienced by all people to varying degrees; the line between normal emotional states and pathological conditions is not always easy to draw. However, many people are affected directly (as patients) or indirectly (as families or friends of patients) by significant mental health problems, including major mental disorders, personality problems, the addictions, and developmental disabilities. Correlations exist between serious psychological problems and social problems such as violence, suicide, and family breakdown. In order to understand their impact on clients’ behavior, relatedness, coping style, and resources, and quality of engagement in the helping process, students need to learn to assess psychopathological states and patterns, even when clients are not presenting with mental health problems.

This chapter ends with a case presentation (Billings) illustrating and integrating the biopsychosocial approach in work with a depressed woman.
INSTRUCTIONAL OBJECTIVES

Upon completing this chapter, the student should be able to:

1. understand the components of the biopsychosocial approach;
2. describe some of the major theories within modern psychodynamic thinking;
3. present examples of ways in which psychodynamic theory can contribute to social work practice;
4. discuss the pros and cons of a strengths perspective; and
5. analyze the Billings case using the biopsychosocial perspective.

BACKGROUND INFORMATION

Studying human behavior in the social environment presents a comprehensive and intensive learning experience. The emphasis placed here on psychodynamic understanding adds further demands on students, as tuning in to the emotional life and conflicts experienced by other people means becoming sensitized to one’s own attitudes, feelings, and past and current experiences. Working with people with different racial, ethnic, gender orientation, and cultural differences, for example, may create discomfort and anxiety; examining life stages of others can produce self-consciousness as one compares one’s own life stage to that being studied. Loss and trauma are not easy subjects for anyone to deal with, but it is especially difficult if one has had personal experiences with trauma and painful losses.

Small group assignments with peers can often facilitate a sense of security and greater comfort, but small (or large) group discussions can also produce negative feelings, including anxiety, anger, or shame. Paradoxically, today, with greater stress placed on acceptance of diversity, an atmosphere of “political correctness” often emerges, cutting off the expression of feelings or questions that may be considered unacceptable.

It is beneficial if a teacher can create, in the classroom, an atmosphere of openness, acceptance, and support, so that students can help others discuss conflictual feelings about complex social issues (such as gay marriage or interracial adoption) and emotional issues (such as divorce or loss), without being judgmental toward their
peers, but rather listening to them with a compassionate ear, which is also a good model for work with their clients.

**Instructional Strategies**

In presenting a general introduction to the course, and a brief overview of the psychodynamic biopsychosocial orientation, it might be helpful to introduce some of the learning exercises described in the Introduction, such as utilizing newspaper articles and biographies. Presenting a current newspaper article to the class can facilitate discussion about interacting systemic issues and demonstrate the value of such an assignment. For example, a perusal of *The New York Times* in the spring of 2007 revealed many appropriate articles on such subject as: Gay youths finding a home in specialty shelters for them (Urbana, 2007); legal certification of stillborn births was helping parents cope with grief (Lewin, 2007); the emotional conflicts faced by people discovering the possibility of facing life with a lethal gene (Huntington's Disease) (Harmon, 2007); and the difficulty of escaping from homelessness (Fernandez, 2007).

1. **Newspaper Assignment.** Ask the class to select two newspaper articles of human interest, and analyze them from a biopsychosocial perspective, looking at the interactions of psychological, social, and systemic processes. Encourage them to do this throughout the course, searching for material relevant to class content.

2. **Biographical Analysis.** Ask students to select a well-written biography or autobiography and read it along with the course, observing how the person whose life is depicted evolves, and critically applying what they are learning in class to their analysis of the book.

3. Ask students to discuss, in small groups, the systemic issues affecting their lives now as social work students, a subject introduced in this chapter. This exercise can enable students to apply the biopsychosocial perspective to their own lives, and to become aware of the many current interacting variables, including: adapting to the student role, experiencing the influence of organizations such as their present school and their placement agency, financial concerns, transitions, etc. Psychological aspects such as anxieties about becoming professional, and/or about succeeding in school might also be addressed.
The groups can share their findings with the larger class, giving the teacher the opportunity to relate these points to the subjects under discussion. The nature of this discussion and type of interaction engendered by it can also facilitate greater comfort among the students and ease of communication with the larger group.

**Instructional Resources**

Readings in addition to “Suggested Readings” in text.

**Articles**


**Books**


Chapter 2

Psychoanalytic and Ego Psychology Theories

Chapter Summary

Freud did not “discover” the unconscious; earlier philosophers and writers recognized the existence of deep inner forces; Shakespeare understood that dreams were powerful and had meaning. However, Freud began the first systematic study of the unconscious, developed the process of psychoanalysis, and emphasized bringing unconscious conflicts into conscious awareness to provide access to conflicts underlying disabling neurotic symptoms.

Enduring concepts of psychoanalytic theory include: the power of the unconscious, the role of repressed conflicts in neurotic symptom formation; the significance and therapeutic utilization of dreams, and the importance of transference and countertransference phenomena, especially as they influenced behavior and interpersonal relationships. Freud highlighted instinctual forces in the development of the personality and its stages from infancy onward, emphasizing the role of the drives of sexuality (libido) and aggression. Although some psychodynamic theorists dismiss Freud’s emphasis on the primacy of sexuality and/or aggression in psychological development, the concept of the intensity of drives and feelings has been expanded and transposed to other areas of development, such as the innate drive for attachment.

Psychoanalytic structural theory postulates how drives (id impulses) are expressed and mediated (by the ego, i.e., the more conscious functions of the self), how our sense of morality and conscience (superego) develops, and how conflict between drives and expectations of the superego are resolved. The ego and the id can have a cooperative relationship; however, the id, ego, and superego
may come into conflict both as a normal, manageable phenomenon or as a disruptive one. Distinctive types of thought processes are associated with the id and the ego. *Primary process* thinking (drive-dominated and “illogical”) is associated with the id; *secondary process* (reality-oriented and “logical”) thinking refers to the ego.

The interpretation of dreams remains an important component of psychoanalysis and psychodynamically oriented work today; however, various theoretical schools highlight different meanings and interpretations - object relations therapists stressing the dreamer’s interpersonal world, self psychologists emphasizing the patient’s struggle to attain a cohesive self, and constructivists focusing on dream narratives and the meanings attributed to them by the dreamers. Dreams, myths, spirituality, and storytelling are often intertwined and are significant in many cultures.

Anna Freud and Heinz Hartmann were major contributors to ego psychology, which focuses on the ego’s development, and adaptation to the external world. Assessing ego functions enables the clinician to understand an individual’s strengths and limitations, and to determine the level and type of appropriate treatment. Important ego functions include: perception; cognitive function; management of drives, needs, and feelings; management of object relationships; executive function; integrative function; and ego identity. Important related concepts are competence, (self) agency, and superego and moral development.

Defense mechanisms are normal, healthy, and necessary for everyday functioning, protecting the self (ego) from experiencing anxiety and other forms of inner tension. Individuals utilize most defenses over the course of a lifetime. A key issue to evaluate is the extent to which the defenses control or dominate a person’s ego functioning, producing serious distortions in reality testing and judgment, problematic relationships, and destructive or self-destructive behaviors.

Learning how to recognize and assess ego functions, defense mechanisms, and other psychological processes enables us to reach more deeply the pain and suffering of the client without losing ourselves in the process, and achieving as much objectivity as it is possible to muster in intense clinical situations.

Traditional psychoanalysis has lost much of its influence today, both as pure theory and as the classical treatment modality, but it has
expanded to include various forms of psychotherapy, milieu treat-
ment, and interdisciplinary collaboration.

**Instructional Objectives**

Upon completing this chapter, the student should be able to:

1. understand the major contributions of psychoanalytic theory;
2. describe the concepts of drive theory and structural theory;
3. explain the major concepts of ego psychology;
4. discuss controversies surrounding the use of psychoanalytic theory; and
5. present illustrations utilizing ego functions and defense mecha-
nisms.

**Background Information**

Psychoanalytic thinking today is generally devalued or ignored in
human behavior texts and social work education, often with the argu-
ment that its theory lacks a sound empirical basis. However, there are
new research methodologies, including the greater utilization of
qualitative studies, as well as neurobiological research, that corrobo-
rate the relevance of many psychodynamic theories. Understanding
psychoanalytic and ego psychological theories does not dictate a spe-
cific treatment approach; rather, the insights this approach offer give
depth to a holistic and interactional understanding of the inner and
outer worlds of an individual.

Discerning the operation of the ego functions and defense mecha-
nisms is one of the bases of appropriate differential assessment and
intervention, and can incorporate the approaches of many theoretical
schools. For example, as noted in this chapter (and expanded in Chap-
ter 14), schizophrenic patients who suffer from serious impairments
in their executive and cognitive functioning undoubtedly can benefit
from structure, direction, and reality-based and educative ap-
proaches. At the same time, psychodynamic understanding of such
clients as persons (within their biopsychosocial context) can help the
clinician navigate the relational complexities of working with and
reaching them.

Furthermore, evidence-based research, currently emphasized by
CSWE, can have greater validity if studies are designed to evaluate
treatment approaches which take into account the emotional underpinnings, ego states, and defensive makeups of clients, which are discounted as “evidence” by so-called empirical approaches. Well-rounded assessment of treatment effectiveness must also be cognizant of these underlying states, rather than be based solely on alleviation of symptoms and/or behaviors. The definition of “evidence,” of what is included and excluded within its scope, is often colored by the theoretical and conceptual biases of the interpreters of behavior.

**Instructional Strategies**

Psychoanalytic theories are complex, and students need help in understanding them, the contributions they make to clinical knowledge, and the controversies which surround them. Both a lecture format as well as open discussion can be utilized. It is not possible for students to integrate this material in one or two sessions, especially information pertaining to ego functions and defense mechanisms. It is suggested that this material be introduced to them, and integrated with other course materials throughout the semester.

1. Discuss with students the material on play therapy with eight-year-old Brian (in this chapter), which illustrates such psychodynamic issues as dreams, fantasy, the use of play therapy, the defense mechanism of displacement, and reactions to termination. This excerpt also highlights psychological trauma experienced in child sexual abuse.

2. Encourage students to examine the section on psychodynamic theory in several human behavior texts, and to critique the way in which psychoanalytic theory is presented.

3. Utilizing small group exercises, assign each group several ego functions and defense mechanisms and request them to discuss and illustrate them in preparation for class presentation.

4. Assign a case to the class and ask them to prepare to assess the client (clients) in terms of the ego functions and defenses that they see operating, noting both strengths and areas of vulnerability.

**Instructional Resources**

In addition to the “Suggested Readings” in the text, the following material may also be of interest.
Articles


Books

Chapter 3

Object Relations, Self Psychology, and Cognitive-Behavioral Theories

Chapter Summary

Psychodynamic theory expands psychoanalytic theory to include the influences of relationships on psychological life; object relations theory highlights attachment, internalization of representations of self and other, and separation-individuation; and self psychology stresses identity development and self-cohesion.

Object relations theorists cite developing relationships as the primary drive and motivation in life. Children’s emotional connection to their parents is of utmost importance to them; this relationship also determines how children come to view themselves (self representation) and how they view and relate to others (object representation). The clinician’s attunement to feelings evoked in them by their clients, a process referred to as intersubjectivity, is a derived concept with significant implications for the client-clinician relationship.

Attachment theory highlights the importance of relationships throughout life. Individuals with secure attachments to nurturing figures generally develop a solid sense of self and tend to have positive interpersonal relationships. Those who have received inadequate nurturance develop a “shaky” sense of self, and may avoid intimate relationships; others with inadequate nurturing may seek relationships in which they demand constant attention.

Children need to move away from the intensity of the maternal orbit, to walk, to develop autonomy, and to tolerate solitude, while still maintaining an emotional connection to mother and others. Margaret Mahler (1975) and her associates have identified four major subphases in the complex process of separation-individuation in the human infant: (1) differentiation; (2) practicing; (3) rapprochement;
and (4) the beginnings of emotional object constancy. The successful completion of this process leads to identity formation, facilitated by internalization. Although many cultural variations in identity formation exist, nevertheless the process of identity formation is universal.

Winnicott (1965) contributed to understanding the evolution of identity as it develops in the context of the “holding environment” (the provision of good nurturing). His other theories include: the good enough mother, transitional objects, the capacity to be alone, the importance of play, and the development of the false self.

Self psychology, developed by Kohut (1971), coincides in some respects with object relations theory, but each theory has a different perspective. Kohut emphasizes the development of the self, especially the cohesion of the self. When the self does not cohere, self fragmentation ensues. Selfobjects are people who meet a person’s needs for developing and sustaining a sense of self and self-esteem. The presence of positive selfobjects (nurturing parents or parent substitutes) during childhood is critical for the development of a cohesive self; selfobject experiences are also needed throughout adulthood (both through close relationships with others and through evoked memories of past selfobjects). Understanding the subjective world of the individual is a cornerstone of Kohut’s theory; empathic responsiveness of the therapist becomes the key to effective treatment.

Behavioral and cognitive therapies, commonly presented as standing in irreconcilable contrast to psychodynamic theory, have been developing at a rapid pace. Contributions of behavior theory include operant conditioning, positive reinforcement, systematic desensitization, modeling procedures, and social skills training. Cognitive therapy emphasizes the way people think about themselves and their lives; the underlying premise is that people will change when their thinking changes. Cognitive and behavioral approaches are often combined into cognitive-behavioral treatment (CBT). For some clinicians, CBT is the mainstay of their practice; others may use this within a psychodynamic context.

**Instructional Objectives**

Upon completing this chapter, the student should be able to:

1. understand the major concepts of object relations theory;
2. apply attachment theory to clinical material;
3. consider how separation-individuation crises arise throughout the life cycle;
4. explain the relevance of selfobjects to human development; and
5. discuss the pros and cons of utilizing CBT techniques.

**Background Information**

Not all practitioners of psychodynamic therapies adhere rigidly to basic psychoanalytic principles; some, like Mahler, incorporate psychoanalytic developmental concepts into separation-individuation theory; others, like Kohut, disavow basic psychoanalytic principles. Within both the object relations and self psychology schools, adherents have divergent opinions and approaches. In the preceding chapter, important psychoanalytic and ego psychology principles were emphasized; object relations and self psychology are presented here as complementary to them, rather than supplanting them.

Cognitive-behavioral and psychodynamic theories in many ways are diametrically opposed, and yet there are some overlapping ideas, such as the concept of schema (or schemata) which relate to the development and organization of thought and of self concepts; understanding of cognitive-behavioral theories can contribute to psychodynamically oriented treatment, and may be the preferred modality for certain clients and certain problems.

**Instructional Strategies**

The basic concepts of object relations and self psychology can initially be “off-putting,” as students struggle with theoretical concepts which may appear obscure. The instructor should try to bring these major ideas to life, through discussion of illustrations presented in the text, their own case material, or other sources. Encourage students to find examples of these ideas in their clinical work, in lives they know and read about in newspapers, texts, literature, and in their selected biographies.

1. Select and discuss one case in class in terms of how it might be handled by clinicians using the different theoretical perspectives of object relations theory, self psychology, and cognitive behavioral theories. Highlight similarities as well as divergences in theory and technique.
2. Show the Margaret Mahler video: *The Psychological Birth of the Human Infant.* This film features Margaret Mahler discussing her theory, which is vividly illustrated by examples of children going through the described subphases. For example, the excitement and joy of exploration of the “practicing phase” and the anguish of the conflict between holding on and letting go in the “rapprochement crisis” are memorable. This film also introduces students to infant and early childhood development, which is discussed further in chapter 9.

3. James Robertson’s film, *A Two-Year-Old Goes to Hospital,* which was produced in 1952, is a classic. It highlights the distress and regression experienced by a two-year-old girl when she is hospitalized for eight days, without seeing her parents during this time. This film brought attention to the importance of parental involvement in pediatric in-patient care; it also dramatically shows a young child’s distress over parental abandonment, primarily on a nonverbal level, which is applicable to other examples of parental abandonment.

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*The Psychological Birth of the Human Infant.* The first of Mahler’s films on a forty-eight-minute video. Additional videos, including updates of Mahler’s theory are also available from the Mahler Foundation. http://www.margaretmahler.org/therapists/resources/videos.html. For additional information or to order, contact Child Development Media, Inc. (www.childdevmedia.com) or call 800-405-8942.

**A Two-Year-Old Goes to Hospital.** James Robertson. Producers Web site: www.concordvideo.co.uk/
Chapter Summary

Postmodern theories emphasize the subjective nature of knowing, rejecting the premises of scientific “truths” and their claims of objectivity; reality is constructed by the observer. Postmodern theories recognize social and cultural contexts, assert that people are active agents in their own lives, and have the capacity to change, and to create meaning. Constructivist thinking has contributed to relational therapy (and relational psychoanalysis), as well as to narrative theory, and to the concept of resilience, i.e., the ability to successfully cope with adversity.

Constructivists explore personal philosophies and “meaning making” in individual lives. According to this view, it is insufficient for clinicians to assess external realities; they must also understand clients’ experiential worlds. Watzlawick’s (1967) focus on interpersonal and behavioral aspects of communication is relevant to constructivism’s emphasis on intersubjectivity (Chapter 8); Piaget’s (1995a; 1995b) psychological theories of cognitive development are related to children’s construction of reality, meaning, and morality (Chapters 9 and 10).

Relational therapists assert that human relationships are fundamental in psychological life; therapists are participant observers in the interactive process of therapy, and their feelings and reactions are subject to ongoing self-scrutiny. Achieving insight is not the primary aim of treatment; experiencing the authenticity of the therapeutic relationship is vital to the patient’s identity development. As therapists
become aware of feeling states evoked in them by clients (intersubjectivity), they share this awareness with them, often interpreting clients’ projective identifications; some relational therapists utilize self-disclosure.

Narrative theory emphasizes the universal need to tell stories and develop life narratives. Storytellers and audiences are interdependent, and their intersubjectivity is the core of narrative theory; the term dialogic emphasizes the speaker-listener connection. The principles of narrative theory include stories we tell about ourselves, how we wish specific listeners to respond to us, and how we may alter these stories in relation to our listeners. Narrative theory also provides insights into the development of identity and memory.

Similarities exist between clinical work and the work of biographers and autobiographers; both explore the life of another, evolving and conveying experiential as well as factual understanding. The subjectivities of biographers and clinicians influence their work; they choose to explore (or ignore) certain facts, decide how to evaluate their data; their relationships to their subjects or clients affect both the course of their work and their own psychological lives.

Narrative contributions to clinical work include utilizing storytelling with adults and children, journaling, reminiscences of the elderly, constructing life books with foster children, process recording, eliciting oral histories, and conducting qualitative research.

Adversity does not always produce negative outcomes; some people have not only survived adverse circumstances, but their adaptation and creativity can be fueled by these conditions. Constitutional, psychological, relationship, and social factors contribute to resilience. On the other hand, adverse circumstances may also create negative sequelae, which may not appear until later in life, or may be reactive to specific circumstances; studying vulnerabilities should go hand-in-hand with studying resilience, with their counterbalancing effects and concordant or discordant pulls. A lifespan approach is needed to chart resilience over the course of a life.

Psychodynamic understanding within a developmental biopsychosocial framework is considered an essential foundation for sound, highly-individualized clinical assessment and intervention; at the same time, constructivist, relational, narrative, and resiliency theories can enrich this model. Interdisciplinary studies can contribute to social work training, as history, literature, and anthropology share simi-
lar quests for knowledge concerning the shaping and development of lives.

**Instructional Objectives**

Upon completing this chapter, the student should be able to:

1. explain the underlying concepts of constructivism, and how this differs from earlier psychodynamic formulations;
2. understand the emphasis relational therapy places on a “two-person” psychology, and how this differs from the psychodynamic emphasis on a “one-person” psychology;
3. discuss the differences and similarities between the phenomena of transference (and countertransference) and intersubjectivity;
4. present the basic principles of narrative theory, and its applications to clinical work;
5. illustrate the contributions biographical analysis can make to clinical understanding; and
6. analyze the complexities involved in utilizing the concept of resilience.

**Background Information**

Although many of the postmodern theories presented in this chapter tend to minimalize or dismiss psychodynamic theory, including ego functions and defenses, it is important that students not discard these foundation concepts. Students often require assistance in understanding and evaluating postmodern theories, and learning how to integrate them with psychodynamic theory.

Intersubjectivity, while often having transferential aspects, stresses the interactive process of therapy, and can also illuminate problems arising from differences (or similarities) in race, ethnicity, culture, class, and sexual orientation. (Intersubjectivity utilized in a cultural context is expanded on in Chapter 6.) As students are encouraged to become attuned to their own feelings, they can learn to use them constructively with their clients; they should, however, use this process cautiously and with self-discipline, understanding the importance of maintaining boundaries and learning that inappropriate self-disclosure can have negative consequences.
Instructional Strategies

1. Ask students in their small group to prepare role-plays for the class that illustrate examples of intersubjective encounters between clients and therapists.

2. Discuss with the class the formation of identity from the narrative perspective, including: concepts of identity complexity; the development of an ethical stance; self- and interpersonal deception; and the controversy over whether identity is continuous or discontinuous.

3. Discuss with the class (referring to this chapter), narrative contributions to the understanding of memory, including insights from St. Augustine’s writings, and the concept of retrospective teleology.

4. Ask students to prepare a brief written summary of their biographical readings, discussing how the writer relates to the subject, and noting whether this changes over time. How does the subject present himself/herself to others? If reading an autobiography, they can describe the narrative voice of the author, and how their reactions to this; this assignment can be used to foster class discussions.

5. Using Kipling’s life (in this chapter), discuss the factors involved in the development of his resilience, creativity, and vulnerabilities, and contrast his development over the lifespan with his sister Trix and Cousin Phil.

Instructional Resources

In addition to the “Suggested Readings,” the following are also of interest.

Articles


Books


Chapter 5

Social Systems and the Community

Chapter Summary

The ecological perspective focuses on the interactions of people and their physical and social environments. In psychological terms, aspects of community and culture are often incorporated into a personal sense of self; cultural, political, and religious ideologies may become driving forces in some lives.

A variety of physical environmental factors affect the quality of everyday life; extreme climatic conditions such as hurricanes can have disastrous aftermaths. New viruses and drug-resistant bacteria have appeared, including HIV (resulting in AIDS). On another level, computer technology has impacted society, affecting employment, education, and social interaction, with positive as well as such adverse consequences as: online gambling, identity theft, and the abuse and exploitation of children.

Rural America as well as urban inner cities are beset with serious problems with poverty, malnutrition, poor housing, and health issues.

Housing problems are widespread; moderately priced housing is scarce. On the positive side, some neighborhoods have initiated urban renewal efforts; special housing exists for some elderly and disabled people, and for grandparents raising grandchildren.

Homelessness has increased among families (often headed by single mothers with young children), youths (many of them runaways), and mentally ill people (often with concurrent substance abuse problems).

Economic stress and instability can affect all families, including tensions regarding the availability of money and its distribution; addictions can wreak havoc with a family’s finances; and people in the manic phase of bipolar affective disorder often overspend in inappro-
Many Americans live in poverty, struggling with social and health problems. On the one hand, employment generates income, and contributes to self-esteem and personal satisfaction; on the other, problems including job availability, and downsizing, negatively affect both executives and factory workers. Some community revitalization programs have focused on creating jobs and/or businesses. Belonging to a community often enhances psychological well-being and family life; a link exists between social support, resilience, and psychological health. Informal support systems in communities and organizations include self-help groups, social networks, and natural helpers; pets can be important natural helpers, especially as companions to people living alone. Community life can also produce ongoing tensions between social conformity and personal freedom. National debates about public school education continue, involving funding responsibilities, school integration, violence, and the quality of education; school dropout rates are high, especially for Latinos and African Americans. Positive school experiences can increase employment opportunities, and enhance self-esteem and resilience. Organizations impact their members’ psychosocial well-being. Problems experienced at organizations relate to psychodynamic conflicts, interpersonal tension, and organizational stress; employees, including social workers, may become “burned out.” Socioeconomic forces also affect social work organizations, impacting client services and the well-being of social workers. Overt discrimination has diminished, but hardly vanished; legislation and changing social attitudes have enhanced the rights of minorities. However, hate crimes have been increasing, fueled by anti-immigration, racist, and antigay sentiment. Violence in the United States affects people of all ages and socioeconomic levels, including partner violence (in both heterosexual and homosexual couples). Children are often victims of physical and/or sexual abuse, as well as of school and neighborhood violence, and the elderly suffer physical, financial, and sexual abuse. Crime, criminalization, and the penal system present issues of massive proportions, including incarceration of the mentally ill and those involved with drug abuse. The juvenile justice systems and the
family courts often operate under serious constraints, and far from optimally.

Substance abuse is prevalent throughout the lifespan, including young adolescents, younger children, and the elderly. Substance abuse offenses result in high imprisonment rates, especially in the dramatic increase in women inmates. Attention is being directed to numbers of children with a parent in prison or on probation.

Instructional Objectives

Upon completing this chapter, the student should be able to:

1. understand how the ecological perspective can be applied to clinical assessment;
2. discuss ways in which physical environments impact lives;
3. explain how economic, employment, and educational factors influence human behavior;
4. describe progress in reducing discrimination and hate crimes, as well as current trends in hate crimes;
5. analyze the sources of homelessness and its impact on different homeless populations;
6. discuss ways in which violence and substance abuse affect people throughout the life cycle; and
7. discuss the biopsychosocial factors contributing to the present high rates of imprisonment for both men and women.

Background Information

Social and political processes, even when outside our awareness, are always in motion, influencing many aspects of our inner and outer worlds. This chapter presents systemic problems that social work students need to understand, such as poverty and homelessness, and includes discussion of positive interventions, such as empowerment zones and microfinancing in poor communities, which enhance social functioning and resilience. It is unfortunate that a schism exists in social work, such that social and psychological factors are often seen as distinct and dichotomous.

Social policies will not end all personal pain and dysfunction; people often have serious underlying psychological problems requiring skilled clinical work. Additionally, some people need a good deal of
help and support before they are able to make use of needed and available resources.

The ecological perspective, advocated by many social work educators, contributes to understanding the interrelationships of people and their environments; however, it falls short when it is an exclusive orientation that fails to integrate in its approaches the in-depth psychological understanding afforded by the developmental psychodynamic perspective.

**Instructional Strategies**

1. Eco-maps are graphic representations of an individual and/or family’s interactions with their social environments, highlighting sources of support and stress. Developed by Ann Hartman (1983) in 1975 for use in public child welfare agencies, they have become popular in many types of social agencies. Eco-maps are often done collaboratively with individuals and families. A detailed discussion of eco-maps, with illustrations for making them can be found in *The Family in Space: Ecological Assessment.* (See reference under “Instructional Resources.”)

   A student volunteer in each small discussion group can discuss his/her present life situation in terms of social networks, supports, and stress. This can be done without probing for psychological problems, but focusing on their present life situation as social work students, an experience in common with their classmates. They can utilize this discussion to prepare an eco-map, to be shared with the class.

2. Ask students to interview a person, who is not a client, classmate, or a family member, with the purpose of understanding that person’s perceptions of his or her involvement in groups, organizations, and the community, on both formal and informal levels. Students can ask questions such as the following: How does this individual describe himself or herself racially, ethnically, and culturally, and how does he or she feel these affiliations affect his or her life? Is this person involved in the political process on any level, and what are his or her thoughts about this? This material should be integrated with students’ understanding of relevant course concepts. This can be done as an exercise or become a written, graded paper. (This assignment can include designing an eco-map of the individual.)
3. Ask students to select three newspaper articles related to social and/or interpersonal issues, and to examine these issues, the underlying values (and possible value conflicts), and the interrelationship of the relevant forces in play. This can be done in small groups, in the larger class, and/or as a written assignment, which can become a graded paper.

4. The aftermath of Hurricane Katrina, discussed in this chapter, remains an ongoing problem with multiple interacting systemic dimensions. Ask students to bring in current news articles on the aftermath of Katrina, and discuss them from an ecological perspective.

5. Ask students to visit a homeless shelter, and then to share their observations in class; they could choose a shelter for single people, for families, or adolescents.

6. As students are reading their biographies, and are learning more about their subjects, they can begin to perceive those interacting social and systemic issues affecting their subjects’ lives. Discussing their impressions of these factors in class and/or in writing can lead to a stimulating and informative discussion.

**Instructional Resources**

In addition to the “Suggested Readings,” the following are also of interest.

**Articles**


**Books**


Chapter 6

Culture and Diversity

Chapter Summary

Although cultures shape people’s values, beliefs, and behaviors, individuals vary in how they adapt to culture and reshape it to their own ends, and while cultures are generally described at the macrolevel, they also exist, and are being continually formed at microlevels, as developed by small groups and even individuals. People can belong to more than one culture, ethnicity, and race; many in the United States are multicultural, and more than 2 million children are multiracial.

Three major approaches are applied to discussing culture: cultural sensitivity, cultural competence, and constructivism. Cultural sensitivity emphasizes the common human needs of all clients, but also focuses on clients’ values and culture. Cultural competence stresses knowing the client’s specific culture, utilizing approaches consistent with that culture. Constructivism advocates exploring culture, while also individualizing clients and learning what their culture means to them. In a multicultural society people may develop more than one set of values and beliefs, which itself can be a source of stress, especially when these value systems conflict. In order to understand and respect diverse cultures, clinicians’ awareness of their own cultural backgrounds and biases is necessary.

This chapter focuses on black Americans, Native Americans, Asians, and Hispanics. Understanding social class membership is also important; even when people have common racial and/or ethnic affiliations, they may interact differently with group members, based on class differential.

Diversity can be invisible, in terms of a person’s private thoughts, hidden physical symptoms, or “closeted” actions; or it may be highly
visible, apparent in distinctive gendered and racial characteristics or physical disabilities. People “who are different” may find acceptance in some (or all) social groups, or their differences may create real or a felt sense of alienation.

Immigration, a major life event, has multiple psychosocial sequelae; it often entails multiple losses, but also offers an opportunity for psychological growth. Societal attitudes toward immigrants affect their adaptation. Immigration, specifically the presence of over 11 million illegal immigrants in the United States, is currently a major social and political issue.

New cultures are constantly emerging; some, while relatively small, involve people’s identifications and feelings of connectedness. Many deaf people have developed a distinctive culture, including their own (sign) language. Another, the Heaven’s Gate sect, ended with the mass suicide of its leader and members.

Not understanding clients’ cultural attitudes and values can adversely affect clinical work, resulting in: inaccurate biopsychosocial assessments; failure to comprehend clients’ motivation and perceptions of treatment; clashes between clinicians and clients over values and lifestyles; and complicated transference and countertransference reactions. Problems can arise when working with people from different cultures as well as when working with people from within one’s own culture.

Behavior can be misinterpreted when viewed as pathological, while it may be simply culture-specific, or, on the other hand, pathology can be overlooked in the effort to be bias-free. Some psychiatric syndromes are culture-bound; e.g., in Japan, the phenomenon of hikikomori (“withdrawal”), in which young men withdraw into their homes, with no outside social involvement, sometimes for years, has recently been recognized.

A psychodynamic approach remains important in understanding cultural phenomena, as inner worlds and affective lives of people exist universally, although myriad variations are present in patterns of behavior and the expression of feelings.

**Instructional Objectives**

Upon completing this chapter, the student should be able to:
1. explain and illustrate the concepts of cultural sensitivity, cultural competence, and constructivism;
2. understand the ways in which race, ethnicity, and social class can interact with psychological development;
3. discuss the multiple and complex psychosocial factors faced by immigrants;
4. provide examples of new cultures which are continually forming;
5. understand and give examples of the relevance of assessing cultural factors in clinical work; and
6. analyze potential treatment complexities when clients and clinicians are of different racial, ethnic, and cultural backgrounds, as well as when their backgrounds are similar.

Background Information

Students need assistance in understanding values and customs intrinsic to specific cultures, as well as understanding that people respond in individual and unique ways to their cultures. They also need to realize that cultures are not static, but often evolve along different paths, and that they are not monolithic; unanimity among members about beliefs and behaviors is not always present. People can experience cultural conflicts on many levels, from the macrolevel, such as the schisms between the Shiites and the Sunnis in Iraq, to the microlevel, where interpersonal conflict can be exacerbated by conflict about acculturation issues within families.

Students benefit from learning that people may belong to more than one culture (such as being black, gay, and deaf), and that this may produce conflict for them between competing cultural values. Finally, students need to grapple with the professional conflicts they will encounter, such as respecting and accepting the cultural values of their clients, and then finding that these mores and behaviors may be illegal and/or in violation of basic human rights.

Applying constructivist thinking enables students to analyze cultural factors, veering away from stereotyping, and focusing instead on the meaning and interpretation that individuals make of their cultures. Students should consider the possibilities of both differences and similarities between their own and their clients’ racial and ethnic affiliations, sexual orientation, and cultural values, and the feelings
this may stir up in them, as well as between themselves and their clients. Applying the psychodynamic concept of intersubjectivity to cultural issues can profoundly impact the treatment process.

Instructional Strategies

1. Immigration is a major social and political issue in the United States, focused primarily on illegal immigrants. Ask students to research current newspaper and magazine articles on this subject, and discuss in class the various interest groups and their competing social and political values and conflicts.

2. Discuss with the class the article “Our Town” by Alex Kotlowitz. (See reference under “Instructional Resources.”) Kotlowitz illustrates his thesis that immigration policies are often made on local levels by discussing immigrants in the town of Carpentersville, Illinois. He insightfully analyzes the various interest groups and the political and social processes that have evolved, many of which confront and thwart (and some of which support) the immigrants living there, both legal and illegal.

3. Role-playing exercises involving an aspect of culture that affects family relationships may be developed in small groups to present to the class. For example, a scenario can be included depicting cultural rituals and customs and/or a situation reflecting cultural conflict among family members. Similar scenarios involving client-clinician interactions can also be developed.

Instructional Resources

In addition to the “Suggested Readings,” the following material may also be of interest.

Articles


**Book**

Chapter 7

The Family: Forms and Organization

Chapter Summary

The ability to form attachments is a major determinant of healthy psychological and social development; the nurturing environment children need to form attachments is related more to the quality of relationships within the family, than its form or organization. Currently, families have many forms and organizations, including single parents, and blended, gay, foster and adoptive families.

The Women’s Movement has altered family life, with shifts in men’s and women’s roles; more women are in the workforce, attain higher education, and marry and have children later than in earlier years. Fathers generally have greater involvement in family life and child care than formerly, with numerous stay-at-home fathers. Utilizing substitute child care has increased; research on the effects of day care on developing children, especially for children under age three, is inconclusive.

Some families, even with both parents working, are at the poverty level; many become homeless. Serious disruptions to family life include: substance abuse, domestic violence, and divorce. The ideals of continuity of care and permanency are unfulfilled for many children.

Although adolescent pregnancies have decreased, more babies are now being born to unmarried mothers, twenty to thirty years old, many of whom are postponing marriage, but reside with their partners; the number of unmarried fathers is also increasing.

Unmarried heterosexual and lesbian women in their thirties and forties, concerned about being unable to have babies as they get older, are becoming mothers. Many are financially secure and employed, and either adopt children or conceive them, sometimes through artificial insemination, with a known donor or through sperm banks.
Separated, divorced, or widowed individuals often develop new relationships, or remarry, and may bring their children into their new unions; this family is now a blended family, which may expand to include additional children born during the current union. Gay and lesbian families vary in structure and composition; many are birth parents, and may share custody of their children with a former spouse or partner.

Approximately 2.5 million children and youth under eighteen are adopted each year, increasingly by nontraditional families: many children are adopted when older; those with special needs may await adoption for years. International adoptions and interracial adoptions, both of which remain controversial, are increasing.

Adoption, even when highly successful, poses psychological and social problems for all members of the adoption triangle (birth parents, adoptive parents, and the child), as feelings of loss and insecurity can trouble each member in different ways.

Foster children often live in limbo, removed from their families, residing with foster parents who are “temporary” (but may become permanent) custodians, varying in their abilities to nurture; some unable to cope with the children’s insecurities and difficult behaviors, may terminate the placement and, “rejected” again, the children recycle through the system.

Kinship foster care enables children to remain in familiar surroundings with extended family members, and to potentially provide better continuity of care; however, quality of care can vary. Grandparenting is one prevalent form of foster care, especially in African-American and Latino communities.

The child welfare field is faced by multiple pressures, including greater demand for services for emotionally disturbed children. Although model child welfare projects operate, this is not the prevailing picture; systemic changes, including increased financing, quality training, and reduced caseloads, are indispensable if these services are to operate effectively.

Psychodynamically oriented social workers, with their insights into attachment and loss, can help people navigating the intricacies of maintaining (or severing) partner relationships, child custody arrangements, blended families, and adoption or foster parenting.
**Instructional Objectives**

Upon completing this chapter, the student should be able to:

1. describe the various forms and organizations of family life today;
2. understand how changes in the roles of men and women have affected traditional family life;
3. analyze the factors leading to a current increase in single parenthood;
4. explain the special challenges facing blended families;
5. analyze the psychological and social issues faced by all the members of the adoption triangle (birth parents, adoptive parents, and children);
6. discuss the special dilemmas faced by foster children and their foster parents; and
7. provide examples of systemic problems in the child welfare system.

**Background Information**

When the diversity family life today is reviewed, students should be encouraged to think about the competing values, and social and political debates, as well as legislative initiatives involving family life. Students may also benefit from further development of their own self-awareness, in terms of their feelings and attitudes toward the diversity of family forms today, and how this can impact their clinical work.

Introducing child welfare issues, such as adoption and foster care, can enable students to become attuned to these important and complex psychosocial realities. Discussions of family life can further students’ integration of psychodynamic material, especially around attachment, separation, and loss. Social workers in the child welfare field often experience burnout and vicarious traumatization; it can be helpful for students to understand, anticipate, and accept these possible reactions in themselves as inherent in these stressful and emotionally demanding arenas. This may help them to seek appropriate peer and supervisory support and guidance.
Instructional Strategies

1. Ask students to discuss in class the various forms of family organization found in their clients’ lives.

2. Ask students to discuss their biographies (or autobiographies) in small groups. Group members can share their impressions of the family structure as well as the family relationships described in these books. In what ways are the family organizations and relationships affecting the persons whose lives are depicted?

3. Ask students to prepare role-plays in small groups to present to the class involving issues potentially arising from various family forms, such as blended, adoptive, foster and gay families, and grandparents raising their grandchildren.

4. Gay marriage is currently a major social and political issue, with some strides in legalization, as well as backlash against this. Discuss the current status of this issue, nationally and in your locality.

5. Discuss the article “The Case of Marie and her Sons,” by Bergner (see reference under “Instructional Resources”), relating to the decision to terminate parental rights, from the perspectives of the children, the mother, and the social worker.

6. Discuss the article “Wanted: A Few Good Sperm,” by J. Egan (see reference under “Instructional Resources”), which focuses on the increasing use of sperm banks by single women wanting children.

Instructional Resources

In addition to the “Suggested Readings” in the text, the following material may also be of interest.

Articles


**Books**


Chapter 8

The Family: Internal Structures and Special Family Problems

Chapter Summary

Social workers view individuals in the context of their families and social environments. However, opinions differ, within social work as well as other mental health professions, as to how much emphasis should be given to the individual and how much to the family. There are also multiple theories and techniques for working with families, even within a given theoretical approach.

The developmental perspective stresses the importance of family life cycle events, such as parents having children, children leaving home, and parents aging; how families traverse these phases and the normality of the strains involved in developmental changes are emphasized. Knowing clients’ age-specific capabilities and needs can help direct clinical focus. Critics of this model note the lack of unanimity on how many family developmental stages occur and on the tasks involved in successful transitions, as well as the lack of attention to family diversity, and social and cultural influences.

Germain’s ecological life course model perspective highlights life events, transitions, and transaction between people and their environments. This model has been expanded to include social and cultural concepts, the relevance of trajectories, turning points, the timing of events, intergenerational transmission of social patterns, and the importance of human agency (that is, self-direction and will).

From a structural perspective the family is a self-contained system; changes in one part of the system produce corresponding changes in other parts. Each family constructs its unique world, with its own rules, rituals, and internal alliances, negotiating its external boundaries with the outside world and its internal boundaries among
its own members. Two extremes have been observed in a family’s boundary formation: *enmeshment*, an extreme degree of overinvolvement and blurring of boundaries, and *disengagement*, where boundaries are rigid, and family members have poor communication, maintaining distance from one another.

Another systemic concept is *triangulation*: a two-person system, experiencing tension, pulls in a third person to relieve this tension. Bowen’s concept of *differentiation* notes that people with higher levels of differentiation cope better than those who are more fused with others and therefore have lower levels of differentiation.

Many family theorists stress that communication (letting one another know of one’s feelings and thoughts) is critical in marital and family relationships (as well as in other social contexts), noting the importance of both verbal and nonverbal communication, including body language. Emotional problems that a family is unable to face, including family secrets, can block communication (and/or be a result of inadequate communication).

Communication has a basic functional purpose; some people have serious impairments in their basic communication abilities. Schizophrenic individuals may be incoherent or illogical and have difficulty communicating even on a simple level. Some *aphasic* people have lost their ability to use speech as a result of various illnesses, including strokes. Many prelingual deaf have made strides in communicating through sign language.

The psychodynamic biopsychosocial orientation enables clinicians to look *outward*, at clients’ families within their physical and social environments and culture, and to look *inward* at individuals’ anxieties, conflicts, and ego structure, and the interactive interrelatedness of these; structural theories and ecological and life course models contribute valuable perspectives.

The Paul Norris case is presented to illustrate the psychodynamic biopsychosocial orientation in action in family-focused clinical work.

**Instructional Objectives**

Upon completing this chapter, the student should be able to:

1. describe the contributions of the developmental perspective, the life course model, and the structural perspective to understanding family life;
2. understand the significance of turning points, the timing of events, intergenerational transmission of social patterns, and human agency;
3. explain how family rules, rituals, myths, and internal alliances can impact family life;
4. present examples of family enmeshment and family disengagement;
5. illustrate the meanings and implications of triangulation and differentiation;
6. discuss the relevance of analyzing the different levels of verbal and nonverbal communication in clinical relationships; and
7. apply a psychodynamic biopsychosocial approach to the Paul Norris case.

**Background Information**

In addition to learning about the varieties of family forms and organizations, students should also become sensitized to observing the internal structures, rules, communication patterns, and interactional systems within families. Analyzing individualized family patterns enables students to look beneath the surface of family forms, and observe a family’s dynamic interactional patterns. Developing this diagnostic ability can help prevent stereotyping, as two families, for example, who might be lesbian in form, may have very different patterns of relating and functioning.

Although different schools of family theory tend to adhere to their distinctive orientations, there is a depth of understanding to be gained from integrating diverse theoretical approaches; the inner worlds of individuals are affected by their family lives; in turn, their inner needs and self and object representations are acted out in the arena of family relationships; this is the stance of the object relations perspective. The psychodynamic biopsychosocial orientation incorporates both systemic and psychodynamic insights.

**Instructional Strategies**

1. Discuss the Paul Norris case, in particular how the psychodynamic biopsychosocial approach was applied to treatment.
2. Provide students with a family-centered case to discuss (or ask for a volunteer to present a case to the class), discussing the case from
multiple family treatment perspectives. (This assignment, with further elaboration, can be a subject for a term paper.)

3. Ask students to prepare in their small groups to do a role-play in class, selecting some aspect of family communication, patterns of relationship, and/or a specific family problem, such as divorce or maltreatment.

**Instructional Resources**

In addition to the “Suggested Readings” in the text, the following material may also be of interest.

**Articles**


**Books**


**Videos**

Students may benefit from watching a video demonstrating a session of family therapy, and observing the family dynamics and compunction patterns. A catalog of family therapy videos is available through the American Library Association Web site.*

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Chapter 9

Reproductive Issues, Infancy, and Early Childhood Development

Chapter Summary

This chapter focuses on children from conception through the preschool years, emphasizing their physical, cognitive, and emotional growth and maturation, and their age-specific needs, behaviors, and problems. The need for attachment is stressed, and children’s development, within their family, social and cultural contexts, is viewed transactionally.

Infertility has become very prevalent. Fertility treatments have enabled many to have healthy babies; for some, procedures such as in vitro fertilization (IVF) are fairly straightforward; others face complex procedures, high costs, and repeated disappointments.

Prenatal care safeguards the health of mother and fetus; the mother’s nutrition, exposure to infections and radiation, utilization of alcohol and drugs (including prescribed drugs), and psychological distress can affect fetal development.

Maternal mortality rates have dramatically decreased, and infant mortality has declined, although not consistently so. Babies are increasingly born prematurely, and with low birth weights; more than twice as many black babies die from these conditions than do white babies.

The neonate has many capacities and competencies soon after birth, including the capacity for social communication. Babies and their parents need to adapt to each other, and infants’ developing self-regulation leads to regulation of body rhythms and emotions; Freud terms this period the oral phase. Infants’ temperaments, including their emotional reactivity, influence their early transactions with parents.
A baby’s attachment to parents or other primary nurturing figures is essential for physical growth, ego development, and sense of well-being. Attention has shifted from an exclusive focus on mother-child interactions to include the child’s early involvement with others, including fathers, siblings, stepfamilies, and day care providers.

Piaget (1952) found that children develop and construct their cognition and understanding of the world in a step-by-step procedure, starting with their sensorimotor experiences, such as sucking, visual and auditory sensations, and awareness of their own different physical states, as well as the movements of their bodies and extremities in relation to their surroundings.

Early prevention programs exist for infants with physical and developmental disabilities and those at risk for psychosocial problems; when severe maltreatment is suspected, child welfare services and the courts may become involved. Physical and sexual abuse and neglect of infants can lead to developmental, psychological, and neurological impairments; child abuse is the major cause of infant mortality during the first year of life.

Major developments in language and cognition occur in the toddler phase, along with increased locomotion and motor skills, and the development of play. Language serves developmental purposes, including facilitating children’s engagement in social communication.

During Mahler’s (1975) rapprochement subphase, relationships with parents are stormy, as parents struggle to balance limit setting with permissiveness; toilet training is part of this normal struggle; Freud terms this the anal phase.

In Piaget’s preoperational phase, language, symbolic play, and drawing skills are elaborated; thinking at this stage tends to be concrete, and an egocentric view of the world emerges.

Play, imagination, and the use of symbolic representations serve psychological functions, enabling children to understand how the world works, to anticipate events, to work out difficult experiences, and cope with emotions.

From ages three to six, children advance in many spheres, including socialization, self-regulation and impulse control, and identity; awareness of gender identity becomes more sophisticated and complex. Preschool children develop sexual feelings; many enjoy games of sexual exploration with other children or make overtures to adults—Freud’s Oedipal stage. Some children, conflicted about their gender
identity, desperately want to be the opposite sex; controversies continue about permitting children to live out their gender preferences. After traversing developmental changes of the first six years, children move into middle childhood, and then adolescence.

**Instructional Objectives**

Upon completing this chapter, the student should be able to:

1. understand the biopsychosocial and ethical complexities involved when people utilize reproductive technologies;
2. describe the developmental progression of the first year of life;
3. illustrate the transactional nature of parent-child relationships;
4. explain the relevance of attachment to early childhood development;
5. discuss the characteristics and conflicts of toddlers and preschool children;
6. describe the characteristics of Piaget’s sensorimotor and preoperational phases;
7. analyze the significance of self-regulation, play, and imagination in childhood development; and
8. apply understanding of child development and family dynamics to the developmental impairments found in the children described in *The Drifters*.

**Background Information**

Students need to become aware of the dramatic developmental progress of infants, as they evolve into “little people.” They can be aided in gaining further insight into the psychological and social significance of developmental landmarks, such as talking, which promotes mental processing and socialization, and walking, with its implications for separation-individuation. Play, imagination, and use of symbolic representations, additionally, serve important psychological functions.

Attachment theory has been receiving attention in the mental health field, and as students gain a beginning appreciation of attachment, in terms of early parent-child relationships, they are obtaining a sound grounding for observing its significance in later development.
Becoming a parent is a major turning point and psychological event for men and women, producing a variety of emotional reactions and adaptations; both parents and children shape the social transactions developing between them, and parenthood evolves along with the developing child.

Early intervention programs have been beneficial in helping children with physical and developmental disabilities, as well as helping to strengthen problematic family interactions.

**Instructional Strategies**

1. Observations of infants and young children within the context of their families have been receiving increasing attention in the mental health field. As students study child development, they can benefit from observing an infant or young child in the context of his/her family life. One well-planned observation can be helpful, although it would be optimal to arrange to see the same family over the period of a year in order to observe the developmental and interactional changes. Ask the class to read and discuss “An educational project for first-year students in a field placement” by E. Urdang (see reference under “Instructional Resources”), which discusses a project where students made monthly observational home visits to infants and their families.

2. Ask students to select a family with an infant or young child (other than a family member or a client) and make a home visit, observing the child’s development and parental-child interactions. Include an interview with either parent (or both parents) about the child’s skills and activities, as well as their experience of parenting. This assignment can also become the basis for a term paper.

3. Discuss the advantages of early intervention programs, utilizing the illustrations in this text from Pavenstedt’s *The Drifters* and Seligman’s Infant-Parent Program.

**Instructional Resources**

In addition to the “Suggested Readings” in the text, the following material may also be of interest.
**Articles**


**Books**


**Video**

*Growth of Intelligence in the Preschool Years*—Piaget video. Children from infancy to six years of age perform tasks designed by Jean Piaget and his collaborators which reveal how intellectual thought develops and manifests itself in early childhood. Dr. Celia Stendler Lavatelli narrates—1974, 31 minutes. [http://www.davidsonfilms.com/piaget.htm](http://www.davidsonfilms.com/piaget.htm)
Chapter Summary

During middle childhood children develop greater self-control, replacing impulsivity with delay of action, words, thought, and fantasy; conscience and morality mature, social awareness increases, as does involvement with peers; this is Erikson’s (1963) stage of “industry vs. inferiority,” and Freud’s latency stage. Piaget’s (1995a) stage of concrete operations evolves, through which children develop conceptual and representational thinking.

Life centers around school, potentially contributing to children’s academic achievement and well-being. Controversies regarding public school education include: quality of education, funding responsibilities, school integration, violence, dropout rates, and the rapid increase of homeschooling.

Mental health and family problems, as well as exposure to violence, can affect children’s school performance; homicide is the third most common cause of death among elementary school children.

Children’s mental health problems are often untreated, including anxiety disorders, post-traumatic stress disorder (PTSD), conduct disorders, and depression. Pervasive developmental disorders, such as autism, are diagnosed more frequently; attention-deficit/hyperactivity disorder (ADHD) is one of the most frequently diagnosed and treated behavioral disturbances. Controversy continues about whether childhood bipolar disorder is overdiagnosed, or underdiagnosed, and whether it is necessary for so many children to receive psychiatric drugs (and sometimes multiple drugs).

Adolescence can be a joyful, optimistic time, but also can be turbulent and confusing, with ambivalence about sexual development and facing eventual adulthood. Identity development (Erikson), a major
psychological task, accompanies continuing resolution of separation/individuation conflicts; adolescent rebellion (within limits) may aid this process. Tensions can escalate between parents and adolescents regarding limit setting; but despite this adolescents generally do get along with their parents, and they become intensely involved with peers.

The development of sexuality is a biopsychosocial occurrence; physical changes and sexual feelings intermingle with psychological reactions, adaptations, and identity formation. Sexual experimentation is common, sometimes leading to pregnancy, or sexually transmitted diseases. Some adolescents realize that their sexual orientation is gay, lesbian, or bisexual; teenage openness about homosexuality, as well as general public acceptance, has increased, although prejudice and discrimination remain, and some teens struggle with sexual identity conflicts.

Extensive growth and development occurs in the brain, leading to more advanced cognitive abilities for adolescents, even if they are not always able to act on their cognitive understandings. Adolescents enter Piaget’s stage of formal operations, in which they think more abstractly and conceptually; creativity often flourishes, and morality and idealism evolve.

Some adolescents are affected by emotional and family problems, including the dissolution of a family through divorce, separation, death, and abandonment. Depression for many adolescents is mild, and part of their normal mood swings. However, for some, depression can be pervasive, and is associated with other adolescent problems, such as teenage pregnancy, substance abuse, and PTSD. Of particular concern is the fact that it can precipitate suicide. Teenagers often experiment with drugs and alcohol; for some these become addictive; many teens now abuse prescription drugs. Substance abuse is correlated with fatal teenager car crashes; intravenous drug use can lead to HIV infection. Smoking is a major public health problem; teenagers are at special risk.

Homeless adolescents have multiple problems, including family breakdown, parental substance abuse, and domestic violence; they are often victims of physical and sexual abuse. Homeless youths are often involved in stealing, prostitution, and drugs. A high percentage of all prostitutes are teenagers; many are runaways.
Suicide is the third leading cause of teenage death, following accidents and homicides; it is the second leading cause of death among college students.

Many adolescents are exposed to violence; in response, they may engage in self-defeating or high-risk behaviors; many are involved with juvenile delinquency and gang violence. Homicide is the second leading cause of death among fifteen- to twenty-five-year-olds.

**Instructional Objectives**

Upon completing this chapter, the student should be able to:

1. describe the developmental landmarks of middle childhood;
2. understand the role schools play in a child’s life;
3. discuss current controversies regarding both public school education and homeschooling;
4. illustrate ways in which violence can impact children;
5. discuss the mental health problems frequently encountered in middle childhood;
6. describe the developmental progression and psychological conflicts of adolescence;
7. analyze the factors involved in adolescent homelessness; and
8. understand the psychosocial complexities of adolescent depression and suicide.

**Background Information**

The biopsychosocial approach is essential when studying the developmental phases of middle childhood and adolescence. Each developmental phase has a strong intrinsic biological component (such as physical growth and development, brain maturation, and hormonal activity), and can also be affected by intervening biological factors such as disability, nutrition, and physical illness. The basic psychological status of children (including the adequacy of their prior ego development, feelings of self-esteem, and mental health problems) can affect their adaptations. Family relationships (such as the quality of attachments, family stability, or dissolution) also impact children’s development, as do social factors (such as family income, housing, schooling, employment, and violence). Cultural influences, includ-
ing race, ethnicity, class, belief systems, child-rearing practices, immigration status, and acculturation are also important influences.

Although a holistic approach is necessary, it is also vital that students become familiar with the developmental landmarks and psychological changes and challenges encountered by children in middle childhood and in adolescence. This knowledge provides them with a baseline understanding of skills, behaviors, cognitive abilities, socialization, and “normal” conflictual issues of each phase. Students can learn to appreciate the potential strengths and opportunities for psychological growth each phase can offer; for example, emotionally deprived latency-age children might find emotional support from their peer group and gain self-esteem if their sense of mastery is enhanced in school.

Understanding childhood and adolescent development enables students to think of ways to relate to children, and to tailor their interventions in age-appropriate ways.

**Instructional Strategies**

1. Discuss with the class the case of Derek, and the Violence Remediation Program presented in this chapter. Analyze those characteristics of the children that are typical of middle childhood, as well as their unique problems, and the contributory psychosocial factors.

   Ask for volunteers from the class who are working with children to make a case presentation in a similar manner.

2. Observe schoolchildren in a class or a group (such as scouts or a school club), noting their physical, cognitive, and relational abilities.

3. Systemic problems affecting education, such as inner-city schools, school dropouts, and controversies about homeschooling are discussed in this chapter. Ask students to bring in and discuss newspaper and magazine articles about current issues relating to public school education.

4. Interview an adolescent (who is not a client or a relative). Discuss his or her view of life, families, friends, school, interests, and plans for the future. How does the adolescent describe his or her ethnic and cultural backgrounds? Do they experience any conflict or stress in relation to this? What are his or her thoughts about problems facing adolescents today?
5. Discuss the problem of adolescent suicide with the class, utilizing the case of Vivienne and the attempted suicide by Hispanic adolescent females presented in this chapter. Also ask the class to read and discuss: “A Case Study on Adolescent Suicide: Tim,” by Esposito-Smythers, et al. (see reference under “Instructional Resources”). Also read “Who was Responsible for Elizabeth Shin?” by D. Sontag (see reference for this article under “Instructional Resources”). Elizabeth Shin was a college student who committed suicide in her dorm room.

**Instructional Resources**

In addition to the “Suggested Readings” in the text, the following material may also be of interest.

**Articles**


**Books**


Chapter Summary

Developmental and psychological changes continue beyond childhood into adult and late adult years; when and how people go through these stages vary considerably.

The Women’s Movement, the Men’s Movement, and the increasing recognition of gays, lesbians, and transgender people have produced social changes. Women have gained greater equality, but some prejudice remains, and women frequently experience conflicts balancing job and family responsibilities. Men have been affected by changes in women’s lives and have been facing their own issues, such as society’s changing constructions of manliness; greater recognition is given to the centrality of their role as fathers.

Theories of continuous life development stress that childhood psychodynamics and behaviors remain throughout adulthood; discontinuity theories assert that people change; personalities are not fixed in permanent patterns. Both continuities and discontinuities do exist in life, in underlying patterns of attachment and relationships, as well as progressions and regressions, resilience and vulnerabilities. Levinson (1978) observed that the processes of adult development involve both stability and change.

During early adulthood (Erikson’s [1963] “intimacy versus isolation” stage) people assume responsibilities, develop intimate relationships, become parents, and engage in a career. Michael Basseches (Stevens-Long, 1990) noted that dialectical thinking, a fifth (postformal) cognitive stage, takes into account the role of conflict or contradiction in life.

Play remains significant, involving the capacity to have fun and to take pleasure in life. Sexuality is an intrinsic part of adulthood; sexual
problems can be related to psychological, biological, or relationship difficulties.

Separation-individuation dilemmas include: progressive separation from parents, developing greater autonomy, and achieving a more integrated identity. Becoming a parent affords pleasure to many, and can be a transforming psychological experience.

In midlife, most people continue active and socially involved lives. Erikson’s “generativity versus stagnation” stage includes mentoring the next generation. Parents may face the empty-nest syndrome as adolescents leave home; currently, college graduates often return home, creating other tensions. Midlife adults often become preoccupied with their own parents, who are aging and living longer. Parent caring can become a major task.

Extreme variations exist in the aging process, necessitating differential approaches and programs; one can be youthful and active at eighty-five, or old and incapacitated at sixty; the rapidly increasing elderly population is a strong political presence. More people live past eighty-five, many becoming the “frail elderly,” who need special services and living arrangements.

Many elderly are financially secure; others live below the poverty level. Economic changes, especially the erosion of pension plans, have reduced many incomes; paying for health care poses additional burdens.

Many elderly people enjoy retirement, their grandchildren, volunteer work, travel, or study; many remain sexually active. Increasingly, they are employed, and continue their education. Some maintain (or find new) social networks; others outlive their social networks. The “ethnic enclave” is important for many elderly immigrants. Adult children can be sources of support, but these relationships vary and can be complex. Elderly people are often caretakers for their grandchildren, their disabled spouses, and their adult children with mental illness and developmental disabilities.

Mental abilities do not inevitably decline; some elderly people have only minor problems with short-term memory; they often think in more complex ways, a continuation of the postformal mode of cognition. Dementia, however, including Alzheimer’s disease, is prevalent.

Most victims of elder abuse are the frail elderly; most perpetrators are family members, although other caretakers may also be involved.
Abuse may be physical, psychological, sexual, and/or financial; neglect is the most frequent form.

Emotional problems of elderly people can include exacerbations of chronic conditions, reactive difficulties to multiple losses and transitions, or a combination of these. Frequent psychiatric problems are depression, cognitive disorders, phobias, and substance abuse; their suicide rate is higher than for any other group.

**Instructional Objectives**

Upon completing this chapter, the student should be able to:

1. explain how the Women’s Movement and Men’s Movement have shaped adult life today;
2. understand the special issues of gays, lesbians, and transgender people;
3. discuss the controversy between theories of continuous and discontinuous life development, including Levenson’s concept of the life course;
4. describe the developmental characteristics and challenges of early adulthood;
5. describe the developmental characteristics and challenges of middle adulthood, including the complexities of parent caring;
6. understand how the extreme variations existing in the aging process necessitate differential approaches and programs, and how this knowledge can be integrated into a biopsychosocial orientation;
7. illustrate how understanding family dynamics is critical to working with the elderly population; and
8. analyze special problems facing many elderly people, including Alzheimer’s disease, substance abuse, depression, suicide, and elder abuse.

**Background Information**

It was once assumed that when adulthood began, personality was already set, and that there could be no further psychological change or development. Today it is recognized that psychological development continues throughout the lifespan, even into late adulthood. Controversy, however, does persist concerning how much an adult
can change (discontinuous development), and how much of the personality remains fixed (continuous development). This controversy can be a focus of class discussion and further study.

The examination of case materials relating to adults, for example, can become a rich resource for studying the life course. What personality and attachment patterns remain constant? Do these change, and if so, in what ways, and under what conditions? How have social, economic, and political factors impacted the individual? These and similar questions can also be applied to biographical studies. In fact, the latter can offer a special opportunity to study a person and his or her development in detail over a longer span of the life course; this also presents the opportunity to discuss the development and course of resilience and vulnerabilities, and the progressions and regressions in an individual’s life.

**Instructional Strategies**

1. Ask several students to make a case presentation of adult clients they are working with, with a focus on their life histories and their present functioning and problems, highlighting the points relating to adult development. The class can compare these cases in terms of the similarities and differences in development and adaptation.

2. In small groups, ask students to discuss their biographical readings, and to see what differences and similarities they find in cultural, political, and biospsychosocial factors affecting the individuals over their lifetimes, the quality of their relationships, their patterns of attachment, and the interactions of resilience and vulnerabilities. Each group can discuss its findings with the class.

3. The instructor can add additional points for discussion; these questions can also be used for a graded written assignment.

4. Ask students to visit a facility for the elderly, such as a day program or nursing home, and to observe the programs offered and the clients served, and assess their effectiveness.

5. Ask students to interview an elderly person (not a relative or client) and discuss his or her views of life and social world. What values does he or she hold to be important, and what are some of the main factors that contribute to his or her present satisfaction and/or dissatisfaction with life? What are his or her views about the needs of the elderly population?
**Instructional Resources**

In addition to the “Suggested Readings” in the text, the following material may also be of interest.

**Articles**


**Books**


Chapter 12

Life Transitions, Turning Points, Crises, and Loss

Chapter Summary

The only permanent aspect to our lives is the inevitability of change, from the moment of conception, until death. Change can bring excitement, and new opportunities, but also anxiety, and the loss of what has been. This chapter discusses the nature of change as seen in life transitions, turning points, crises, and losses.

Schlossberg’s (1981) model for the analysis of transitions and people’s adaptation to them includes: characteristics of the transition itself (such as whether it represents a loss or a gain); characteristics of the pretransition and posttransition environments (such as the presence of support systems); and characteristics of the individual (such as the person’s psychosocial competence). Nonevents (events that have not occurred, such as not marrying) can also affect people.

Turning points are events in life which can be anticipated, unanticipated, experienced in positive or negative ways, but which set in motion some disjunction in the normal chain of events, altering an individual’s life course. Opinions differ as to whether people are aware of turning points when they occur, or only understand their significance retrospectively. Some writers stress that self-reflection, encompassing awareness of changes in self and life direction, are necessary requirements; others assert that turning points can occur without current or retrospective awareness.

The concept of crisis is usually applied to external crises, often disasters, and usually unanticipated, events. Erikson (1963) discussed developmental or maturational crises, accompanying life cycle changes; Mahler and colleagues (1975) refer to the rapprochement crisis. Crisis, in a clinical sense, however, is generally equated with
people experiencing such overwhelming stress that their usual coping mechanisms are inadequate.

A crisis state may be produced by both external and internal psychological conditions; classical writings on crisis theory address both. Crisis intervention can return people to their baseline level of functioning, and potentially help them reach higher levels of personality organization, through working on key issues precipitated by the crisis. However, many clinicians place emphasis only on external aspects of crisis management, and time limits for intervention are strictly adhered to.

For borderline personalities or those with character disorders, who experience crisis as an *ongoing* state, crisis work is ineffective; many are impulsive and act out, creating chaos for themselves and others; their crisis orientation often protects them from underlying depressive feelings.

Loss, in a normative way, accompanies us throughout the life cycle; additional painful losses affect many, such as releasing a baby for adoption, going through the divorce process, and experiencing disability and illness.

Death is a painful subject, which we often deny. People often assume no one wants to talk about it, especially a dying person; however, terminally ill patients frequently want to discuss dying. Currently, attention is focused on palliative, or end-of-life care.

Through her experience with dying patients, Kübler-Ross (1969) developed a five-stage typology of coping mechanisms terminally ill people utilize: denial and isolation, anger, bargaining, depression, and acceptance.

Important losses other than death also need to be grieved; the inability to grieve can result in physical and psychological symptoms. Pathological forms of grief include disabling depression, suicidal thoughts, substance abuse, and acting-out behaviors. Experiencing grief can be difficult for many reasons, including: conflictual feelings about the lost person, and not receiving social approval to grieve, termed “disenfranchised grief.”

Therapy offers clients a second opportunity to work through unresolved past losses; termination of therapy, with its focus on separation, can also catalyze a client’s past experience with separation and loss.


**Instructional Objectives**

Upon completing this chapter, the student should be able to:

1. understand the impact of change through the life cycle;
2. discuss Schlossberg’s model for the analysis of transitions and people’s adaptation to these transitions;
3. describe types of turning points and ways in which they can affect people over the course of their lives;
4. analyze and compare different approaches to crisis intervention;
5. discuss Kübler-Ross’s five-stage typology of coping mechanisms of patients who have a with terminal illness;
6. provide examples of how losses, other than death, can affect people;
7. discuss the importance of mourning and factors which may impede this; and
8. understand how the termination process in clinical work can enable clients to work through unresolved past losses.

**Background Information**

Change and transitions are a constant in life, usually accompanied by ambivalent feelings; going to college, starting a new job, getting married, are all potentially exciting events, but they may bring in their wake new anxieties and losses, such as leaving one’s family, friends, or former jobs. It may entail achieving a new level of maturity, “playing at being grownup,” which doesn’t quite yet feel part of oneself. Leaving difficult situations, such as a difficult marriage, a troublesome job, or a house that is too small, can bring relief, but also produce sadness and loss. Students need to appreciate concepts of conflict and ambivalence, and hold in abeyance assumptions about what people ought to feel, such as undiluted joy when moving from an overcrowded house to a “dream home.”

An exclusive strengths perspective, with its focus on positive thinking and positive outcomes, can thwart students in developing a depth of understanding of conflictual feelings, and the meanings life events and transitions hold for each individual. For example, a student might expect that a woman receiving her final divorce decree from an abusive husband would be overjoyed and feel celebratory,
and become bewildered when the woman suddenly breaks into tears or complains of depression and inability to function at work.

Finally, loss is generally accompanied by strong affects, which need to be expressed to be mastered, not merely suppressed under the guise of cognitive/behavioral interventions, building strengths, or reframing the situation. Students often need help and support to work with these strong affects.

**Instructional Strategies**

1. Ask students to meet in their small groups and discuss their biographical readings, focusing on the major transitions, losses, and turning points the subject has experienced. They should consider information brought out in the biography/autobiography that sheds light on the ways the subject was affected by these experiences and how he or she coped or failed to cope with them. The groups can share their findings with the class.

2. One major transition today for many is serving in the armed forces, which is especially stressful for both men and women stationed in Afghanistan and Iraq, engaged in combat; many have developed PTSD. Ask the class to read and discuss “The Women’s War” by Suzanne Swift (see reference under “Instructional Resources”), which discusses how women in the military experience the stress of war and violence, which has been compounded by sexual abuse in the service.

3. In the text, there is a brief discussion of Oscar Wilde’s imprisonment, which was a major turning point in his life. Ask the class to read and discuss “De Profundis: Prison as a turning point in Oscar Wilde’s life story” by W. T. Schultz (see reference under “Instructional Resources”), which discusses his imprisonment, the nature of his personal “epiphany,” how one defines a turning point, and the curative value of suffering. Schultz also raises questions relating to how to evaluate the authenticity of Wilde’s conversion experience.

4. Loss is often a difficult concept for students to put into practice, primarily because of the strong affects connected with it. Students may find it helpful to talk about the impact of loss on their clients, and how they are affected when discussing loss with them.

Ask the class to read and discuss “Burning Olivier: The brief life and private burial of an infant son” by G. M. Foy (see reference under
“Instructional Resources”), which vividly portrays the author’s grief when his infant son Olivier died.

**Instructional Resources**

In addition to the “Suggested Readings” in the text, the following material may also be of interest.

**Articles**


**Books**


**Video**

The Elisabeth Kübler-Ross Foundation Web site: http://www.ekrfoundation.org/

notes that: “Currently, audio and videotapes of her popular seminars and workshops are being converted to CD and DVD and will be added to the online store.”

**Web site**

See Web site of SOFAR (www.sofarusa.org). This Web site is the Strategic Out-reach to Families of All Reservists. This group focuses on army reservists who have been deployed to battle zones, and their families. As reservists generally live at home and not on bases, they and their families do not have the social networks and supportive services usually available to regular military personnel. This organization addresses the need of these military personnel and offers special services to them.
Chapter 13

Illness and Disability

Chapter Summary

Our physical selves are intricately intertwined with our self-image, psychological states, functional capacities, and social relationships; in this chapter we focus on a mind-body interactionist approach, and the ways in which illness and disability affect us, and others around us.

Case vignettes are presented of medical problems faced by individuals at different stages in the life cycle, along with biopsychosocial factors in these patients’ lives. The people discussed are: Mary, twelve, a Mexican-American girl facing the loss of her eyesight; Susan, seventeen, struggling with spina bifida, a chronic congenital condition; Mr. J., fifty, recovering from a leg amputation; Mrs. Brown, forty-one, suffering with multiple sclerosis; and Mrs. Gibson, fifty-three, a black woman overcome by lupus, living by herself. Research emphasizes the dynamic interaction of the body and mind. Infant research, for example, has led to observations of psychosomatic interrelatedness; the new field of psychoneuro-immunology (PNI) provides a basis for an integrated approach. One example of this interaction is pseudocyesis, so-called false or hysterical pregnancy; seizure disorders are an endlessly perplexing mind-body borderland, and sleep problems also illustrate this connection. Eating disorders, generally classified as psychiatric disorders, are included here because they disrupt major physiological processes to such a degree that serious illness or death may result. Somatization is another connecting link between psychological problems and the production of physical symptoms. A major public health problem today is obesity, associated with the risk of developing serious illnesses, including diabetes, which has become epidemic among all age groups. The epi-
demic of HIV/AIDS in the United States and many areas around the world, causes death, disability, and severe hardships for many adults and children. In the United States, although HIV/AIDS has declined, nevertheless 40,000 new cases are reported each year, mostly in black and Hispanic young people engaging in heterosexual sex, the majority of whom are unaware of their condition. HIV/AIDS has also increased in adults fifty years of age and older.

Medical care in the United States is a paradoxical picture of technologically advanced life-saving measures and model rehabilitative programs which coexist with overcrowded hospitals, inadequate nursing homes, and millions of people without medical insurance, unable to pay the escalating costs of care. Organ transplantation, initially an experimental procedure, is commonplace, raising medical, legal, systemic, and ethical issues. There is a relative scarcity of organs available for the thousands of people on waiting lists.

Nursing home services are needed by people who require twenty-four-hour supervision and care; many are elderly, although they are also used by younger people. Some patients need temporary care; others may remain indefinitely. Nursing homes vary in their level of care and comfort; some are excellent, others “adequate,” and some appalling; they have come under increasing scrutiny, as many provide inadequate services. The lack of psychiatric care in nursing homes for many in need has been challenged. Although alternatives exist for older people, such as assisted living residences, the popular choice is to remain at home. One level of home care is provided by homemakers who help with cooking and housework but provide no medical or physical care; those needing more care require the services of a licensed home health aide.

**Instructional Objectives**

Upon completing this chapter, the student should be able to:

1. understand the meaning of a mind-body interactionist approach;
2. explain why a biopsychosocial approach combined with an understanding of the life cycle is important in working with children and adults with illness and disability;
3. provide examples illustrating the dynamic interaction of the body and mind;
4. discuss the consequences of the current public health problems of obesity, diabetes, and HIV/AIDS;
5. analyze the paradoxes seen in medical care in the United States today;
6. discuss the medical, legal, systemic, and ethical issues involved with organ transplantation; and
7. describe current problems with nursing home care.

Background Information

The biopsychosocial perspective offers a comprehensive, holistic approach to working with people with illness and disability. The cases presented in this chapter highlight the psychological impact of illness on the patient and the family, the impact of the physical symptoms and course of illness on the patient, and the relevance of socio-economic and cultural factors. Issues of grief and loss, discussed in the previous chapter, are highly relevant when working with disabled and ill patients and their families.

It is important for all students, not only those in medical settings, to be aware of the relevance of medical problems in the individuals and families with whom they are working. A middle-aged couple, for example, might be presenting with marital problems, and minimize the fact that the husband had a recent heart attack; students should become sensitized to the need to inquire about physical problems, such as learning how this heart problem has affected the husband’s overall physical status, self-image, sexual functioning, fear of dying, and how these feelings, as well as the wife’s own anxieties and concerns, may have impacted the marital relationship.

Although physical symptoms may reflect or mask underlying psychological problems, the converse may also be the case, where serious physical problems may present as psychological/behavioral/functional symptoms (an example is Cushing’s disease, where high levels of endogenous steroids can cause depression, rages, etc.)

It can be difficult for students to work with people with medical problems for many reasons, including their own fears of body vulnerability, conflicts about dependency, realizing that they are not omnipotent and can’t reverse the physical problems, and feeling guilt for being healthy. Students need support in acknowledging and working through these feelings.
Instructional Strategies

1. Ask for student volunteers to present cases in which issues of illness and disability are present. Discussion can include: type of illness, effect on functioning, attitudes toward illness and receiving care, available supports, adaptation and strengths, and special problems.

2. Ask students to meet in their small groups, and request each group to take one of the five cases presented in the chapter and prepare a role-play illustrating relevant aspects of the case. When presenting these role-plays to the class, it would be instructive if they prepared two questions for class discussion.

3. Ask students to read and discuss “Fieldwork instruction in oncology social work: Supervisory issues” by M. Sormanti (see reference under “Instructional Resources”), which discusses problems social work students face in working with oncology patients.

Instructional Resources

In addition to the “Suggested Readings” in the text, the following material may also be of interest.

Articles


Books


Chapter 14

Mental Health Problems

Chapter Summary

The major mental health problems presented are schizophrenia, depression and suicide, borderline personalities, anxiety disorders (including post-traumatic stress disorders), addictions, and developmental disabilities; mental health problems are intertwined with social problems, often in a vicious circle.

Schizophrenia, for many, is a lifelong illness, and although some people make good recoveries, many face a tragic life of missed opportunities. Schizophrenia touches every aspect of a person’s life.

Schizophrenia’s most obvious symptoms are delusions and hallucinations; a more insidious problem are its “negative symptoms,” including lethargy, lack of interest, and anhedonia; generally all ego functions are impaired.

Treatment typically involves medication and orientation to reality, providing structure and limits, reality testing, development of skills in daily living, and enhancing relationships and self-esteem. Team collaboration and family work are important.

With regard to depression: people experience depressed or sad moods, especially during periods of loss or crisis. When a depressive disorder develops, symptoms are encompassing, and include: physical problems, fatigue, lowered mood, lack of motivation or pleasure; suicidal thoughts and/or intentions may be present. Depression often coexists with at least one other disorder.

A psychotic depression may exist when a depressed patient appears almost catatonic and is preoccupied with morbid and distorted thoughts; it also may present with agitated features. People with cyclothymia have mood swings, which may include hyperactivity.
When the swings are extreme, bipolar disorder is present; manic phases often produce erratic, irrational behaviors.

People with borderline personalities tend to live in a world of inner chaos, deep insecurity, and unstable moods, with deep fears of abandonment and an unstable sense of identity. Their inner world is often displaced (and acted out) onto the external world, arousing turmoil and anxiety in others.

Anxiety, characterized by fear, worry, and physical and emotional distress, can be relatively mild or temporary, or become overwhelming. Some people are constantly anxious and apprehensive (generalized anxiety disorder); for others, anxiety escalates into overwhelming attacks of panic (panic disorders); anxiety can be displaced onto external objects, such as a fear of the outdoors (phobic reactions), or channeled into symptoms such as obsessions (continual preoccupation with certain subjects or thoughts), or into the development of routinized habits, the completion of which must be obeyed or the person will experience extreme discomfort, as in constant hand washing (compulsions). Those living through traumatic experiences may develop post-traumatic stress disorder.

Problems related to substance abuse, besides serious damage to the individual, include negative effect on family relationships. Dual diagnosis (substance abuse coexisting with other psychiatric disorders) is frequently observed. Pathological gambling, while not a physical addiction, produces a physical “high” with a powerful hold over the individual.

Mental retardation ranges from mild to profound. Functional assessment includes evaluating people’s capacities to manage their own daily living needs, work, and maintain themselves in the community. People who are retarded also progress through the life cycle, have family relationships, are subject to psychosocial stressors, and often have the capacity to benefit from psychotherapy.

Pervasive developmental disorders, seriously affecting language, socialization, and behavior, include autism and Asperger’s syndrome. An autistic child has difficulty processing and integrating thoughts and feelings, and tends to remain at a concrete level of thinking; considerable rigidity characterizes both their thinking and behaviors; some have serious behavior problems. Early intervention is critical in working with autistic children and their families.
Asperger’s syndrome has many similarities to autism; however, people with AS tend to have a higher level of functioning, are very intelligent, and often go to college. Long-term intervention is needed, with a focus on daily life and social skills; early intervention should include parent and sibling support groups.

**Instructional Objectives**

Upon completing this chapter, the student should be able to:

1. understand the multiple ways in which schizophrenia patients are affected by this illness;
2. analyze how deinstitutionalization and managed care have affected the provision of services for the mentally ill;
3. discuss the varieties of depression and how it can effect people during different phases of the life cycle;
4. describe the problems people with borderline personalities may have in their relationships with others, and how this can impact on the therapeutic relationship;
5. discuss the major types of anxiety disorders affecting people;
6. discuss post-traumatic stress disorder, and its interrelationship with psychosocial problems;
7. illustrate ways in which the addictions affect people and their families during the life course; and
8. explain ways in which autism and Asperger’s syndrome are similar and ways in which they differ.

**Background Information**

An intimate relationship exists between serious psychological problems and many social problems such as violence, sexual abuse, suicide, the breakdown of the family, and homelessness. Not every client with serious psychological problems is an identified “patient” in a mental health setting; a range of these problems may be present in clients in any social service sphere. There are, for example, many parents with known (or unidentified) mental illness in the child welfare system; many child welfare workers have inadequate preparation to assess their mental health issues or to provide help to them.

Mental health problems are not typically announced by the client, and workers must therefore be able to discern their presence them-
selves, and have appropriate understanding of how to manage their
effect on the situation they are dealing with. Therefore, the material in
this chapter has relevance for all social work students, not only for the
psychiatric social worker. In teaching this course, it would be impor-
tant to sensitize students to be aware of the need to assess the mental
health status of their clients in any setting.

Students vary in their exposure and their comfort in working with
people with mental illness. A Human Behavior class can provide stu-
dents with a basic introduction to this subject, and help them ac-
knowledge and normalize their own anxieties in dealing with clients’
mental disorders, as well as learn ways to deepen their professional
competence.

**Instructional Strategies**

1. Ask students to present clinical assessments of two schizo-
phrenic patients, including symptomatology, onset, course, mental
status, ego functions, family history, and so forth; then discuss the
similarities and differences in the two cases in terms of these assess-
ments, biopsychosocial features, treatment goals, and responses to
treatment.

2. In their small groups, ask students to prepare a role-play of a per-
son with a mental health problem in a clinical interview, either indi-
vidually, or with the family. Ask them to raise questions for class dis-
cussion regarding assessment, treatment, or other issues.

3. Discuss with the class the case of Mr. S. (discussed in this chap-
ter), a patient in a state psychiatric hospital who was being seen by a
social work intern. It might prove helpful to the students to focus on
the intern’s interventions with Mr. S., and her anxieties in working
with him.

4. Ask students to read and discuss “Assessing mental health risk
in end-of-life care” by K. Walsh-Burke (see reference under “Instruc-
tional Resources”). This article stresses the importance of knowing
the mental health status of people who are receiving end-of-life care;
being aware that the patient, for example, has a problem with sub-
stance abuse, or post-traumatic stress disorder, enables the clinician
to provide the most appropriate care.
In addition to the “Suggested Readings” in the text, the following material may also be of interest.

**Articles**


**Books**


Chapter 15

Conclusion

Chapter Summary

The ending of this book brings closure to our explorations of life, from its very beginnings at conception, evolving through child development, adulthood, and aging, to its ending in death. It is striking how the theme of the interweaving of the inner and outer worlds made its presence felt in every subject under discussion; to present material otherwise would convey only a superficial or narrow interpretation of people and events. It becomes more and more apparent that there is nothing in life which is simple or straightforward; we have encountered complexities at all levels. Mencken’s wise statement, which opened the book, that “for every complex problem, there is a solution that is simple, neat, and wrong,” continues to resonate at the book’s conclusion.

The importance of psychodynamic understanding within a developmental biopsychosocial framework as the foundation for sound clinical assessment and intervention has been stressed. Yet many other theories which have been discussed here can be incorporated into this perspective and deepen our understanding of the human condition, enabling us to offer the most appropriate help to meet our clients’ needs.

Focusing on psychodynamic issues does not imply that systemic issues, social policy, and human rights are outside its purview; in fact, not only are systemic issues intertwined with psychodynamic ones, attention directed to them is necessary to ensure the highest quality of life. For children languishing in poor foster homes, and substance-addicted adults languishing in jail, major systemic changes must come about, such as increased funding for child welfare agencies to reduce caseloads and hire qualified staff, and the provision of substance
abuse services to enable people with addictions to become rehabilitated, rather than incarcerated.

In deciding which clinical theory to follow and which techniques to use, the analysis of ego functions is one very important determining factor, which is elaborated in this chapter in the case of Linda Valli.

The life of Edgar Allan Poe is discussed to illustrate how he coped with his history of early painful losses, and how both resilience and vulnerability were at work in his personality. Although enriched and enabled in adult life by the positive “goodness-of-fit” of his marriage and nurturing from his mother-in-law, when this disappeared (after his young wife died), he fell apart.

The chapter ends with a discussion of the professional self, which is a major component of all psychodynamic theories.

**Instructional Objectives**

Upon completing this chapter, the student should be able to:

1. review the components of the developmental biopsychosocial framework, and discuss how this can be applied his/her own practice;
2. discuss how ego functions were applied in the case of Linda Valli;
3. illustrate how the concepts of goodness of fit, and resilience and vulnerabilities, can be applied to the life of Edgar Allan Poe; and
4. understand how the professional self evolves.

**Background Information**

*Human Behavior in the Social Environment: Interweaving the Inner and Outer Worlds* is not a textbook about an abstract subject; it is about life; students have been exposed here to case material, newspaper accounts, literature and biographies, as well as theoretical material. There has also been an emphasis on integrating this material with their clinical work, and reflecting on the development of their professional selves. Although ethical considerations underlie professional behavior, the professional self, as discussed in this book, has a deeper meaning, and is built upon the concept of developing self-awareness,
that is, of one’s feelings in relation to each client, and of developing the capacity to process interactions with clients, applying concepts of intersubjectivity. It means not acting upon one’s feelings and wishes with clients inappropriately, knowing when setting limits and boundaries becomes necessary, and putting the client’s needs above one’s own. Social and sexual involvement with clients are not only unethical, but a psychodynamically trained clinician will understand that they can be psychologically destructive. Hopefully, students will come to appreciate the positive results that good clinical work can achieve, and come to respect the uniqueness of what a clinical relationship can offer.

**Instructional Strategies**

Ending this course, as ending a clinical relationship, can be a good time to review with students what they have learned, what questions remain to be answered, and how to continue with their own future academic and professional development.
References


