

# Human Behavior



**Social Work Art Project**  
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# In the Social Environment

# I & II

# Ideas

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## Social Work Values:

Service

Social Justice

Dignity and Worth of the Person

Importance of Human Relationships

Integrity

Competence

# THEORETICAL FRAMEWORK

**S**ocial Work is intimately personal, and yet it encompasses vast knowledge of human beings from many different branches of science. Information gathered from psychology, sociology, biology, anthropology and medicine are all brought together. What is more, this is where the rubber meets the road. The world of social work is where these ideas are truly tested, because in social work the aim is to help real people in the real world. The original social work arose from a desire to do good, to help people withstand the ravages of urban industrialism, without any real methodology behind it. But advances in science have provided social work with important theoretical underpinnings which make it more effective than ever. Three important theoretical ideas presented in this course are the strengths perspective, the bioecological perspective, and general systems theory.

## Strengths Perspective

The strengths perspective represents a significant departure from earlier approaches. Because social workers traditionally have been called in to help with problems, it was easy to see social work in terms of the “medical model,” where clients were considered to be “ailing” in some respects. The strengths perspective views humans first and foremost as capable beings, able to affect their own positive changes.

First of all, the strengths perspective focuses on a person's strengths and abilities instead of their faults and problems. Every person has skills and strengths they can call upon, and every environment has assets which can be utilized. Recognizing these strengths gives more resources and the sense that there is help to be had. Secondly, this perspective appreciates the benefits of struggle. We all have problems in life, but this is very often where we learn coping skills and see the strength of our own resilience. Seeing our trials as a learning experience is beneficial and healing. Lastly, there is little evidence to show that dwelling on the darkness in our pasts brings a therapeutically advantageous effect. Rather, in social work it is important to reject the idea that people who have had bad experiences are 'damaged goods' who cannot ever regain health. The emphasis should be that the client has many forms of health already, and just needs some help

restoring the ones that are temporarily out of balance. Before our modern, open examination of human psychology, many forms of abuse and victimization were overlooked and tacitly condoned. Throwing back the veils of darkness on that side of human experience has been a vital part of redressing social ills. But, our rush to help victims has sometimes led to making victimhood a “master status,” with many related “controlling expectations.” By contrast, strengths-based perspectives allow us to forgo seeing anyone as permanently disadvantaged by circumstances.

## Bioecological Perspective

Urie Bronfenbrenner was born in Russia and practiced developmental psychology in America. His ecological theory acknowledges that each person exists within a myriad of contexts. In the sixties, the word “ecology” became popular for describing how an organism exists within, and interacts with, an environment. Bronfenbrenner's theory was that, similarly, human development takes place within successive layers of environment, each with different levels of influence. The primary environments are the microsystems. This refers to the systems a person interacts with the most. In a child's development, his first microsystem is his family. He may also have other microsystems he is embedded in, like daycare or church groups, and as he grows will probably count school as an important microsystem. It is within these microsystems that the child will experience many proximal processes, or learning activities with close, trusted guides that build skills. The next level of interaction is the mesosystem. This describes the sphere where a child's microsystems interact with each other. For example, there is interaction between a child's parents and the teachers at his school or daycare. The interactions of these systems and how they affect the child's development are his mesosystems. The next sphere of influence surrounding the individual is called the exosystem. Like the mesosystem, this concerns systems which affect the person, but 'exo' means outside, or groups that the person is not a member of. In the case of a child, for example, he is greatly affected by what happens at his parents' workplaces, but he is not a member of those groups himself. Systems he is not a part of but which affect his life are exosystems.

Next, the over-arching systems that surround and affect us are macrosystems. These include the society in which a person lives, the mass media and culture, the politics of his region, economics, industry, etc. These are large social forces which can influence our options and experiences. And lastly, Bronfenbrenner identified chronosystems, or the sociohistorical context and times in which we live. What is happening in history at the time we are alive, the events and technology levels for example, have a profound effect on our development and well-being.

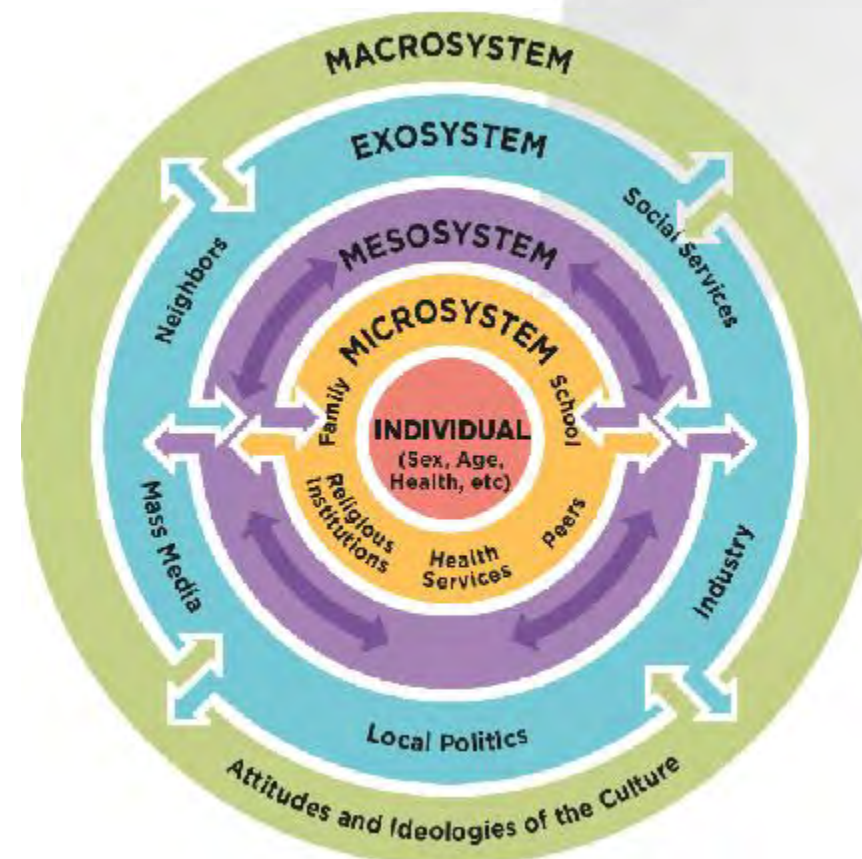
With his labeling of the microsystems, mesosystems, exosystems, macrosystems and chronosystems in which we spend our whole lives, and his understanding that humans develop through increasingly complex processes, Bronfenbrenner has provided a framework for understanding what humans need and how social work can meet those needs.

## General Systems Theory

The last major theoretical framework introduced in the beginning of this course is General Systems Theory as it applies to social work. When systems theory came onto the scene in the 50's, all branches of science were in dire need of a way to think in less linear ways and analyze complex interactions among many levels of input. General systems theory emerged and the application for social work was immediately apparent, because humans are systems that interact with systems. Like any system, human systems show a high degree of interdependence and internal organization. Systems theory is

complex enough to encompass all the biological, psychological and social complexity in which people live. For example, systems theory gave a new meaning to the idea of a “client,” seeing him as a nexus in a complex web of interactions with family, neighborhood and community, along with the society at large and the events of his time. Like Bronfenbrenner's bioecological perspective, this theoretical framework gives social workers a way to analyze the human interactions they encounter in context and identify leverage points where interventions can be successful.

The strengths perspective accentuates the health and positivity of a client, and the bioecological and systems perspectives show how clients fit into this world and what affects them the most. This theoretical framework is fascinating and should be required learning for everyone trying to understand the place of humans in society and what we can do to ensure their health.



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Eamon, M. K. (2001). The effects of poverty on children's socioemotional development: An ecological systems analysis. *Social Work*, 46(3), 256–266.

Greene, R. R. (1999). General systems theory. In R. R. Greene (Ed.), *Human behavior theory and social work practice* (2nd ed., pp. 215–257). New York: Aldine de-Gruyter.

## Public Issues, Private Troubles



In his discussion of the Sociological Imagination, C. Wright Mills makes a very helpful distinction between personal troubles and public issues. “Troubles” are private matters, and the solution to our troubles is usually found in correcting our own actions in some manner. Public “issues” are when the problems in our lives are larger than just our personal failings or circumstances, but concern failings in the institutions of society. We can work as individuals to correct our own flaws and fix our private troubles, but we must work together as a society to address the problems caused by our public issues.

# Risk & Resilience

Social work began as a response to trouble in society. Immigration and industrialization were creating crowded, impoverished urban centers where people needed help to manage. So naturally, social work came to focus on the problems people were experiencing. This changed when Emmy Werner did her landmark study following the lives of children born in 1955 in Hawaii. She found that while many at-risk children succumbed to negative outcomes, about a third of them succeeded amazingly, without major negative consequences resulting from their initial conditions. In other words, about a third of the kids showed *resilience* to the presence of negative forces in their lives. Obviously this had important implications for social work.

### What is resilience?

As George Bonano states in “Loss, Trauma and Human Resilience,” resilience is not the same as recovery. Recovery suggests a situation where normal functioning was interrupted by a disruptive event, such as a death in the family, but eventually normal functioning was restored. By contrast, resilience refers to the capacity to meet milestones and continue to thrive even in the face of many obstacles. In adults, for example, it used to be considered problematic, or even pathological, if people did not undergo painful “grief work” at the loss of a loved one. Intervention with grief counseling and other therapies were almost universally recommended. However actual study of those facing loss showed that a certain percentage of adults did not suffer a significant breakdown in their ability to function, and there didn't seem to be anything else wrong with them, either. They were simply resilient to the effects of grief (Bonano).

Though the study of resilience is relatively new, it fits together with the latest approach in social work, the strengths perspective. Promoting resilience allows social work to focus on a client's strengths and capabilities instead of their troubles and issues. As Michael Unger states in “Nurturing Hidden Resilience,” the effects of resilience are “salutogenic rather than pathogenic,” or focusing on factors that contribute to health and well-being rather than those that cause ill health (Ungar).

### Risk and Resilience

Social work has long been interested in identifying risk factors, or circumstances which occur in some people's lives which tend to compound problems and skew the odds towards less favorable outcomes. Many such risk factors have been identified, particularly for at-risk youth. In their informative work, “Risk and Resilience,” Jaqueline Corcoran and Ann Nicholas-Casebolt examine risk and resilience factors at many levels. Like Bronfenbrenner's bioecological theory, risk and resilience can be evaluated and examined at different levels of association. Using similar

terminology, Corcoran and Nicholas-Casebolt begin at the micro-level, examining the individual and the family. They found risk factors at the micro-level related to the individual included poor nutrition and poor temperament. As in many cases, their opposites, good nutrition and a good temperament, seem to serve as resilience factors. Within the family, risk factors include single-parent households and parental substance abuse, while resilience factors included stable, two-parent homes and consistent monitoring of schoolwork.

Speaking of schoolwork, the next level of interaction is the mezzo level, which includes institutions like the school and neighborhood. Factors like the quality and upkeep of the surroundings, and the quality of a child's relationships with others in these spheres, turn out to be risk factors when they are poor and resilience factors when they are good. Similarly, at the macro-level, society-wide, employment is a risk factor when it is inadequate and a resilience factor when it is flush with resources.

One of the most important things to understand about resilience is that there many different pathways to resilience, some of them unexpected. Dr. Bonano explains that there are obvious pathways to resilience, like hardiness, or using positive emotions and laughter. Less obvious pathways, not always associated with mental health, are traits like self-enhancement, where an individual tends to estimate his own abilities as greater than they really are. While this can be seen as unrealistic, such tendencies correlate with resilience and may be a contributing factor.

These examinations of risk and resilience show what make for a healthy developmental environment, and offer the social worker possible points of leverage for intervention. These interventions in modifiable mechanisms, like helping to increase parenting skills, show immediate benefits and ameliorate risk of negative outcomes that reverberate throughout the lifespan.


Understanding risk and resilience allows the social worker to cultivate resilience though known factors. In the sense that “an ounce of prevention is worth a pound of cure,” cultivating resilience in people gives them the resources to handle all that life throws at them.

# CULTURE

One of the most significant spheres humans operate in is their culture, and social workers especially need to be sensitive to the demands and choices of different cultures. Adam Cohen's “Many Forms of Culture” examines how attitudes about virtually anything can vary widely by culture and subculture. To demonstrate this, he shows how even people from the same country, but from different socioeconomic classes, have very different cultural traits. To illustrate this he shows two differences between the culture of the upper and lower classes.

The first is from an experiment where the subject was promised his choice of an array of pens. Then the researcher backpedaled and said their choice was not available. People from the lower classes were not put out by this, seemingly used to having limited choices and settling for what is available. By contrast, people in higher socioeconomic classes were upset by this and even indignant, being accustomed to getting exactly what they want.

Similarly, Cohen compares individually demanding culture with more communal culture by comparing the music of these subcultures. Mostly preferred by the middle class is rock music, which emphasizes themes of independence, breaking out of the pack and going for our dreams against any obstacle. The poorer classes mostly prefer country music, with its strong themes of conformity to the standards of the group, along with adapting to challenges and maintaining resiliency in the face of any obstacle.



Culture can be a  
source of both risk  
and resilience.

Bonano, G. A. (2004). Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist*, 59(1), 20–28.

Ungar, M. (2006). Nurturing hidden resilience in at-risk youth in different cultures. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, 15(2), 53–58.

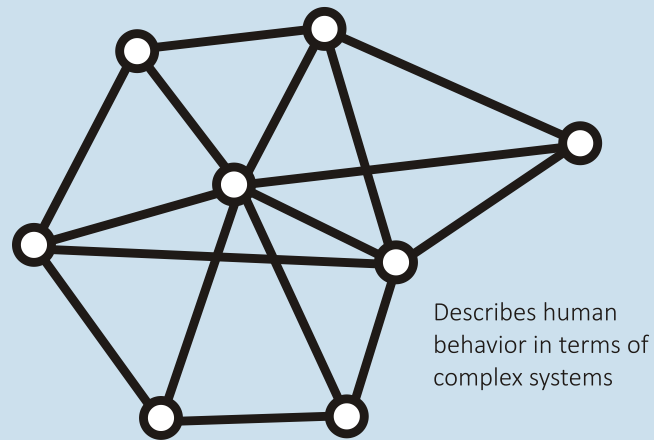
Corcoran, Jacqueline, and Ann Nicholas-Casebolt. “Risk and Resilience Ecological Framework for Assessment and Goal Formulation.” *Child and Adolescent Social Work Journal* 21.3 (2004): 211-35

Cohen, A. B. (2009). Many forms of culture. *American Psychologist*, 64(3), 194–204.

# Social Work Theories and Practices

infographic  
by shara merrill

## theories



**General Systems Theory**



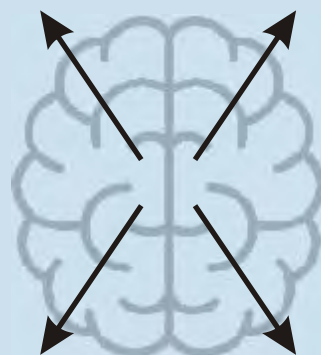
**Social Learning Theory**

Learning occurs through observation and imitation



**Psychodynamic Theory**

Freud's theory of personality by conscious and unconscious forces: id, ego and superego



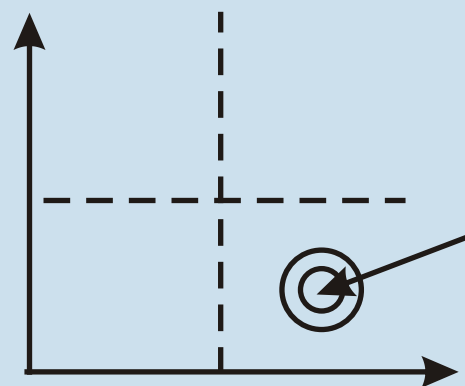
**Transpersonal Theory**

Stages beyond ego allow for wisdom, creativity and altruism



**Psychosocial Development Theory**

Erikson's theory of human development by passing through eight distinct stages



**Rational Choice Theory**

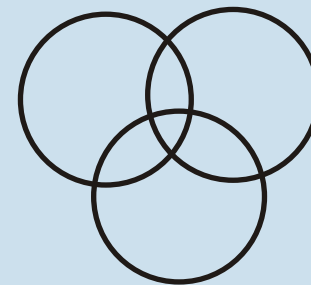
Action is rational and people calculate the risks and benefits of actions while making decisions

## practices



Assist people with the problem solving process

**Problem Solving**



Training which focuses on the relationship between thoughts, feelings, and behaviors.

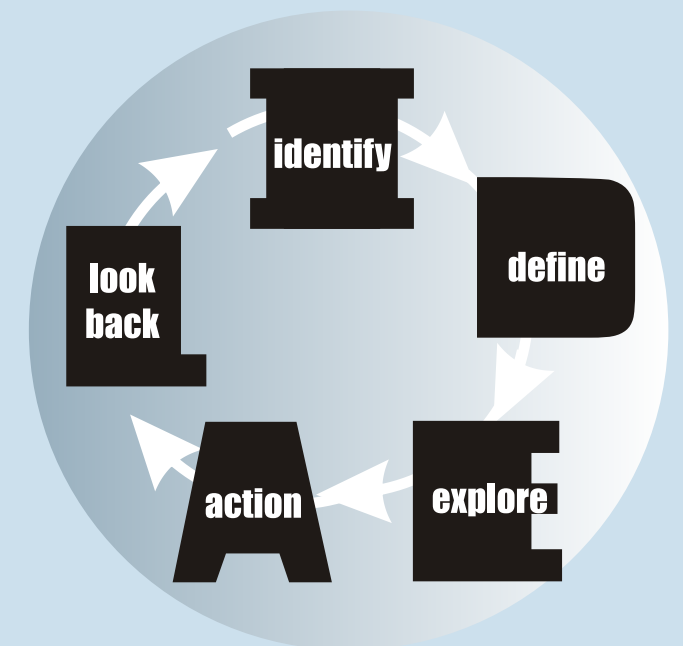
**Cognitive Behavioral Therapy**



Short-term treatment with specific, measurable goals

**Task-Centered Practice**

## I - D - E - A - L Problem Solving



**Crisis Intervention Model**

Used when dealing with an acute crisis, it includes seven specific steps of intervention to assess and address a situation

"Theories Used in Social Work Practice & Practice Models." Socialwork@Simmons. Simmons School of Social Work, <https://socialwork.simmons.edu/theories-used-social-work-practice> 06 May 2014.



# Race and Ethnicity

Race and ethnicity play a huge role in each person's life. Ethnicity refers to a heritage of cultural and traditional ideas which we share with others, while race is more about our appearance and the identifiable physical traits we have inherited. While race and ethnicity are different, both ideas serve to group humans into different categories, and whenever this happens we open the door for prejudice. Social workers need to be very concerned with the social implications of race and ethnicity, because they affect a person's social location, because it shapes the contours of their daily experience, and because social workers can be most effective when they are aware of and concerned with overcoming their own biases.

Our ethnicity refers to "our group," and includes the racial, cultural and religious background we inherit when we are born. Everyone has an ethnicity, though the United States is so "white-centric" we tend to think of white people as "the standard" and of everyone else as part of an "ethnic minority." But white is an ethnicity too, and like any other, it is a major determiner of thought and belief patterns. Embracing one's ethnic heritage is generally accepted to be a good thing, as

long as it is not done for the purpose of excluding others. Unfortunately in the United States, race and ethnicity have always been used as wedges to keep people separated by culture and class. The "melting pot" we are so proud of is an "assimilation only" metaphor which demands that people forget their own culture and traditions if they want to "melt in," and any trait that can't be abandoned, like skin color, becomes a permanent mark of the outsider.

"It's when they act like I'm not even here that it hurts the most. We can't let that take over our children's lives, too."

One way ethnicity is carried in the culture and transmitted down the generations is by religion. Our religious beliefs have a strong effect on how we experience life, especially on our perceptions of pain and suffering and our means of coping with stress. Sensitive clinicians could incorporate this more into practice. Another important way ethnicity impacts us is by affecting our social class and status. This is becoming more of an organizing force in

the U.S. than race, with social mobility decreasing and the classes becoming more rigid. Since the economy is becoming worse for the poorest classes, this is an issue that will be at the forefront of social work practice in the coming decades.

Perhaps the most difficult problem American social workers must deal with is racism, because it has been part of American culture since the beginning and is very hard to overcome. While the laws of the land make any kind of racial discrimination illegal, such things are very pernicious, and the old-style overt, institutional racism has shifted to a more subtle but still damaging form called "symbolic racism." While black people cannot legally be relegated to the back of the bus or the worst neighborhoods anymore, white attitudes about their basic inferiority persist and are continually expressed in the form of microaggressions.

Microaggressions are indignities and insults by whites which express subtle and even unconscious disdain for people of color. There are three different kinds of microaggressions that people have to deal with on a regular basis. The first is microassault, which is actually the least "micro", consisting of aggressive actions like name-calling and using racial or ethnic slurs. It can also be expressed in milder forms, such as simply avoiding people of a different race, crossing the street when they approach, or discouraging one's children from hanging around with "them." Such behavior sends subtle but clear messages of fear and disdain. Also troubling is the microinsult, which is a refusal to acknowledge that racism exists. By ignoring the life experiences of people of color, we are invalidating their complaints and keeping the system intact. A refusal to acknowledge racism takes many forms. This occurs when people insist that they are colorblind or "don't see color," or when they perpetuate the myth that America is a meritocracy where race is not a factor economic outcomes. The last is microinvalidation, or pathologizing the cultural values of subcultures. By disdaining different cultural communication styles, traditions and values, the main culture risks imposing second-class status automatically on those who act differently. Because microaggressions like these are so subtle, it is important to be aware and consciously avoid perpetuating them.

Conscious awareness of the issues is the most important factor social workers can bring to their practice, and it begins close to home, starting with oneself. By examining our own ethnicity, and our own implicit biases and prejudices first, we can prevent these from unconsciously invalidating the experiences of those being served. It is very important to avoid the natural, but incorrect, assumption that the way we do things is the only way, the best way or the right way. Social workers can and do get training in the specifics of other cultures, but it is also important to avoid generalizing. The most important part of cultural competency is not knowing "facts" about other cultural traditions, but more having an attitude of acceptance and humility. It is important for social workers to examine their own positions of privilege and be upfront about acknowledging them.

As Takeuchi and Gage mention in "What To Do With Race," whites have a variety of ways of responding to observations of racism which are less than helpful. For example, whites



sometimes try to dismiss racial prejudice by pointing out other prejudices, as in, "I know just what it is like to be black, because as a woman (or gay person, etc.) I am also oppressed." While it is true that there is more than one form of oppression in the United States, each is different and they are not cross-compatible. Experiencing one does not provide an experience of others. Also to be avoided by whites is whining about "political correctness run amok" or insisting that we are all "just one big happy family." This is a denial of the daily experiences of people of color. Lastly, whites should avoid making excuses to drop the subject, by suggesting "Slavery was a long time ago!" and there would be no problem if people would just get over it. Clearly the problem exists. The advice Takeuchi and Gage have for white people is to avoid trying to commiserate, and avoid stressing our own good intentions. They say, "Listen and believe. Don't negate." There is no more powerful gift one person can give another than understanding.

Because of the effects of prejudice, it's tempting to ignore cultural and ethnic differences, but these can be a source of resilience for people, and sensitive professionals can help people take advantage of the healthy processes their cultures offer. By having an informed awareness of cultural differences, racial discrimination in all its forms, and our own biases and limitations, we can work with all types of people to improve lives and better society.

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Pitts, L., Jr. (2002). Crazy sometimes. In B. Singley & D. A. Bell (Eds.), *When race becomes real: Black and white writers confront their personal histories* (pp. 21–27) Chicago: Lawrence Hill Books.

Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A. M. B., Nadal, K. L., et al. (2007). Racial microaggressions in everyday life: Implications for clinical practice. *American Psychologist*, 62(4), 271–286.

Takeuchi, D. T., & Gage, D. S.-J. L. (2003). What to do with race? Changing notions of race in the social sciences. *Culture, Medicine and Psychiatry*, 27(4), 435–445.

# Social Class

Everyone has a place in society, but most people don't have a lot of say in where we end up. Our status is largely determined by our relationship to money, which dictates our power and choices in society. Socioeconomic status is very important for social workers to understand because, while it is here to stay, it has a huge effect on human well-being at every part of the spectrum.

Class stratification is here to stay. There are several reasons for this. One reason is that it works well for the people in the upper class. So, they maintain the system for their benefit. It's easy to see this at work examining the role of media in culture. Media companies are themselves owned and run by very rich people, and the protection of their interests is maintained through the influence of the media on popular culture. One major way this is accomplished is by using the media to preserve the illusion that the United States is a merit-based, egalitarian society. The media continually uses "narratives" of the poor to maintain this illusion. Typical examples of the way the poor are portrayed is as problematic, being eyesores with their panhandling on the street, or cluttering up the downtowns with their tent cities. Another way the media perpetuates class is by depicting the poor as undeserving of help as a monolithic group, usually because they are all criminals, or all on drugs. When a rich white person commits a crime, it is depicted as a weird exception, but when a poor or black person commits a crime, it is depicted in the media as a warning, shown as representative of typical poor or black people everywhere (Mantsios).

The worst way that the media perpetuates class is by depicting our country as a fair system, fairly giving everyone just what they deserve. When people are rich, the media explains that they earned it, because they worked harder, had better ideas, and were more skilled at producing great things than ordinary people. On the other hand, when people are poor, they have only themselves to blame, because they were lazy and didn't try. Television typically portrays poor women as sluts who cannot control themselves,

hence single motherhood, and poor men as greedy rats who cannot delay self-gratification, hence all the drugs and crime. The only exception to this is when a white family is depicted with a heartwarming "down on their luck" narrative, usually at Christmastime. This alternative story shows that being poor is a temporary condition, easily remedied by good-hearted neighbors and a few meals from the food pantry. This alternative narrative allows the media to depict how caring and responsive the community is, and how effective private charity is, while pretending that poverty is a short-term problem, easily fixed (Mantsios).

Another reason the class system is here to stay is that it is self-perpetuating among humans using the same methods as culture. Donna Langston discusses this in her examination of social class, "Tired of Playing Monopoly?" Being part of a socioeconomic class confers language, behaviors, and attitudes upon the individual, which remain as markers. So when a middle-class person is out of money, they still have their middle-class behaviors and mannerisms to help get them back on track. Furthermore, she suggests that since the standards for education are the white middle class, only white middle class people enter the system speaking that language, and everyone else has to be "bilingual" to participate. This puts tremendous roadblocks in front of people trying to change their class (Langston).

Of course, even when the cultures are different, it is sometimes possible to rise from the poor class to the middle class, but it takes some very specific interventions. M.S. Abelev discusses this in his study, "Advancing Out of Poverty." Abelev explains that examining the lives of children born in poverty who rose to the middle class shows some very specific steps which had to occur for this transition to be successful. The most significant factor in most of the cases was the involvement of a middle-class mentor, like a teacher or coach. Having a mentor gave the young person

access to material resources they would not have had otherwise, but more importantly, it gave them an advocate with the "middle class habitus," or the worldview, culture and mindset of the middle class. The middle class habitus was important because our education system is designed to serve middle class culture. In this system people are expected to make demands of the system to get what they want, while at the same time they are presented with a complex matrix of forms and bureaucracy to navigate. Such demands can keep the poor shut out. With the help of middle-class mentors, students could navigate their way into better schools, get better access to coaching and resources, and have more power to customize the system to meet their specific challenges (Abelev).

Perhaps the most important reason for social workers to understand the dynamics of social class is that they deal most often with the bottom, where all of the problems of poverty are expressed. For example, we might easily imagine that having disabilities causes people to be in poverty, but as D.C. Lustig shows, the process also works in reverse. Living in poverty is actually a major cause of disability.

There are several reasons for this. One is that the poor have devalued social roles. By this, Lustig means that people who our society values are treated well by society, while people with devalued roles are treated badly. Naturally at the bottom of the pecking order the poor are not treated well by other people. They are looked down on and systematically rejected, particularly from participation in culturally significant activities with high entrance fees, like sports and theme parks. The poor have less control over their own lives and are negatively stereotyped. The second reason poor suffer more disability is because of the inherent dangers of their environment. Poor neighborhoods have more air pollution and more lead, causing more sickness. Poor people tend to have poorer nutrition, and particularly problematic for the long term are poor maternal and infant nutrition, because these can have affects lifelong. The poor also have less access to healthcare and

insurance, and so have less preventative treatment for their illnesses. A poor environment results in poor health.

A third reason Lustig gives for poverty causing disability is that the poor experience negative group influences. To support this Lustig introduces Bandura's social learning theory. Bandura used experiments to show that children imitate the behavior they see in adults around them. Lustig elaborates on how this affects children in poor neighborhoods, where the imitated behaviors are often unhealthy, from cigarette smoking to gang membership. Lastly, the fourth reason poverty contributes to disability is because the poor experience a "weakened sense of coherence." A sense of coherence comes from 1) comprehensibility, or the feeling that the world has some order to it and is understandable, 2) manageability, the feeling that life can be managed with the resources we have available, and 3) meaningfulness, the sense that our lives have purpose, and that what we have to do is worth doing for good reasons. Lustig explains that the poor very often find life to be incomprehensible, unmanageable and meaningless. As he states, "It is hypothesized that poverty is characterized by inconsistent and unreliable experiences (comprehensibility), chronic difficulty in marshaling resources to meet life demands (manageability), and disempowerment at all levels of daily life (meaningfulness)" (Lustig 6). All of these factors are associated with poor health outcomes. This is especially problematic for the poor, because they are already disadvantaged, and disability increases their disadvantage, giving them even less ability to assert their rights.

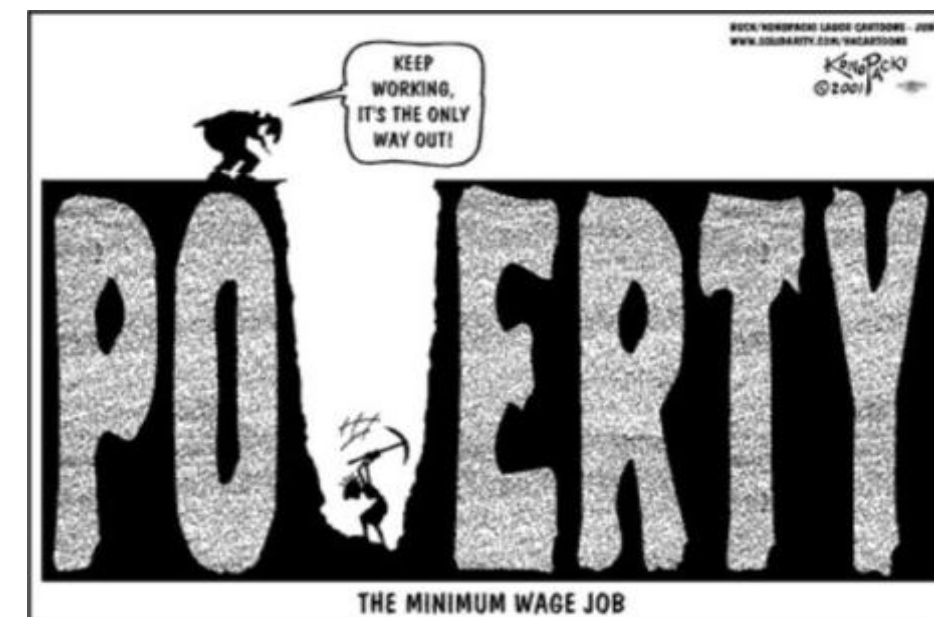
Socioeconomic status affects every part of our lives. It is important for social workers to understand how society is structured to keep the classes separate, and how this separation affects everyone. Because, as Donna Langston points out in "Monopoly?" society is great at dividing the classes to keep us from working together. But a commitment to social justice requires that we put all differences aside and unite for a better social order, one that does not extract a cost in health and well-being for those at the bottom.

Abelev, M. S. (2009). Advancing out of poverty: Social class worldview and its relation to resilience. *Journal of Adolescent Research*, 24(1), 114-141.

Langston, D. (2004). Tired of playing monopoly? In M. L. Andersen & P. H. Collins(Eds.), *Race, class, and gender: An anthology* (5th ed., pp. 140-149). Belmont, CA: Wadsworth/Thomson Learning.

Lustig, D. C., & Strauser, D. R. (2007). Causal relationships between poverty and disability. *Rehabilitation Counseling Bulletin*, 50(4), 194-202.

Mantsios, G. (2004). Media magic: Making class invisible. In M. L. Andersen & P. H. Collins (Eds.), *Race, class, and gender: An anthology* (5th ed., pp. 329-337). Belmont, CA: Wadsworth/Thomson Learning.



# Gender and Sexuality

In western culture, nothing could have been simpler in the old days. Men were real men, women were real women, and white men were in charge. That simple calculus was thought to cover every possible permutation of relations between the sexes. Now of course we know better, and nowhere is it more important to be sensitive to that fact than in social work. Gender and sexuality issues are important for the social worker to understand because gender is not the simple matter it might seem at first, because many kinds of significant issues exist in even the traditional roles, and because sexuality issues can be a compounding factor in social difficulty.

Human sexuality has never been as simple as two sexes, and once the taboos of ancient religions began to fall away, people finally had the freedom to break out of the binary mold. Understanding that homosexuality was normal and natural has been a difficult transition for modern society, and before we can even catch our breath from dealing openly with this topic, a myriad of variations and permutations that are even more complicated become apparent. One of these is the plight of transgendered people, described by B.J. Burdge in "Bending Gender, Ending Gender" as people whose "sense of themselves as gendered people is incongruent with the

gender they were assigned at birth." Though they make up a small portion of the population, transgender people suffer disproportionate discrimination, and may find themselves in need of social assistance.

Social workers can help transgendered people in specific ways. One important way is to get beyond the stereotypes and see how much of the traditional gender roles are constructed by society, often for the purpose of maintaining the existing power structures. Burdge suggests "concerned people" start by throwing off gender stereotypes themselves, by dressing and acting outside the boundaries. He says that in the quest for social justice, social workers also have to fight for the rights of transgendered people, challenging assumptions wherever they see them. Most importantly, social workers need to let people see that transgender identity is a viable option. Sometimes people need understanding and permission to be themselves, and social workers can allow people to form their own identities outside the restrictive standards.

Much the same can be said for bisexual people. In "Hiding in the Closet," K. McLean discusses how difficult it can be for bisexual people to find a place, even in the new world where homosexuality is becoming

understood. For example, it has long been thought to be a healthy part of the development of a homosexual person to have a "coming out" transition, when they come to understand their sexuality and reveal it to those who know them. Because it is considered a healthy coming-to-terms with the truth, "coming out" is almost an imperative for homosexual people. Bisexual people, on the other hand, often find that revealing bisexuality creates more problems than it solves. Even people who are comfortable with homosexuality seem confused by bisexuality. Such disclosures often come with unwanted opinions or advice to "settle, already." Also, while many homosexual people ultimately feel sure they are homosexual, many bisexual people never come to a feeling of committed choosing, so coming out can seem unnecessary or premature. Sensitivity to the subtle differences between trans, gay and bi, and between every individual person, helps the social worker be sensitive to what each individual really needs.

This is important, even when dealing with traditional gender roles. In a way, many studies have been men's studies, because the white male has been the standard by which practically everything has been measured. So it may seem unnecessary to consider men's issues. But, men, like everyone, are socialized into their roles. Like being White, though not an oppressed class, being a man comes with certain expectations which have to be accounted for. Men and masculinity are important cultural competencies for social workers. Some things to note about men is that they are socialized to be stoic and not give in to weakness, and this can make it hard for them to seek formal assistance. And, like other groups, they may be having difficulty keeping up with the recent rapid changes in their societal roles. It's important not to assume that they have been studied enough, or do not have their own specific issues.

One particular area important for males is forming good relationships in adolescence.

In Spencer's article, "I Just Feel Safe With Him," the relationships between adult male mentors and teen boy protégés is studied, and several key features of these relationships were highlighted. It has long been known that strong relationships with adults are very important for navigating the teen years, and this study showed how some of that works. The teen boys in the study very often did not have a father at home or did not have a good relationship with him. The Big Brother program gave the boys someone to trust and confide in. What was unexpected was how much the relationship came to mean to the Big Brother as well as the Little Brother, many reporting that they always wanted to have someone to look up to, and now took pride in being that kind of man. Both the mentors and the protégé gained emotional stability from the relationships they shared.

One of the most important things for social workers to remember about gender issues is that they are compounded with other statuses. For example in "I am bodied'. 'I am sexual'. 'I am human'," Jitka Sinecka explores the difficulties of being a gay Deaf man. Many Deaf people see themselves not as disabled, but as a linguistic minority, and so being gay and deaf can make one part of such a narrow group as to make it difficult to find partners. Being Deaf was hard enough, but being gay also caused additional estrangement with family members. The social worker must constantly be aware of the many factors at work.

Lastly, Jane Ward explores compounded identities, along with the difficulty of trying to embrace racial diversity in the LGBTQ activist community, in her article about White Normativity. According to Ward, despite being thought of as a model of diversity in the larger culture, the LGBTQ center in Los Angeles was considered "the white Gay center" by the people it served. Ward explains that, in their zeal to serve an underserved community, the Center began a very aggressive fundraising program. This could only be done by attracting donors with



significant funds to supply. Unfortunately, attracting that kind of donor required adopting the manners and culture of corporate America, which frame everything in terms of money and the traditional White paradigms. This meant that despite significant roles for people of color in the organization, the real power stayed with white management. Talk of diversity is just lip service if it does not come with structural changes. And, significantly, the efforts of the Center to seem "diverse" ended up seeming hollow. Constant efforts to brag about their diversity, and hold "diversity events," made it seem like they were trying too hard, and only managed window-dressing instead of truly being a multicultural organization.

Gender and sexuality issues can be sensitive for people, and the difficulty of working with those who are socially disadvantaged in multiple identities presents the social worker today with more challenge than ever. Through understanding and activism, we can create space for everyone to be true to themselves.

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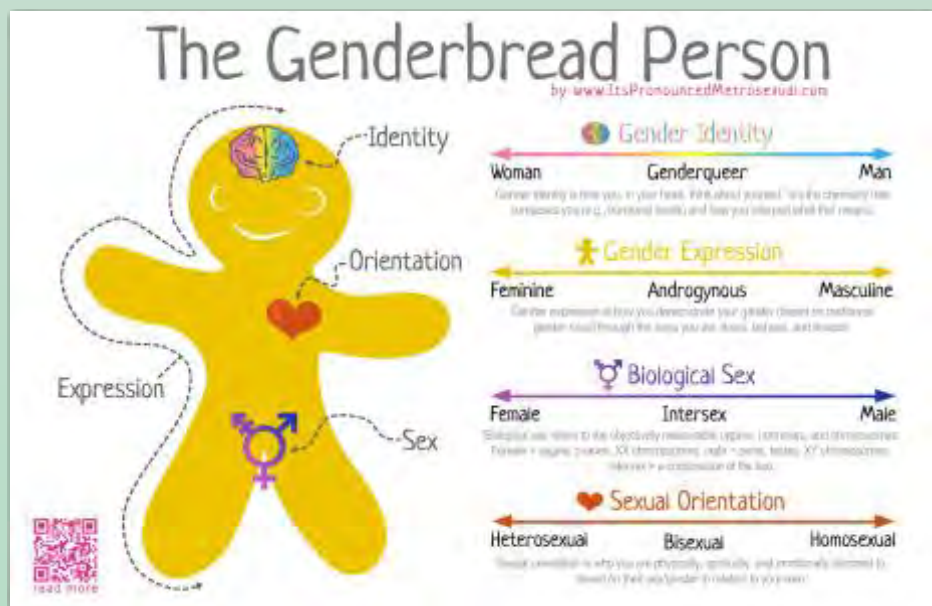
Lui, W. M. (2005). The study of men and masculinity as an important multicultural competency consideration. *Journal of Clinical Psychology*, 61(6), 685–697.

McLean, K. (2007). Hiding in the closet? Bisexuals, coming out and the disclosure imperative. *Journal of Sociology*, 43(2), 151–166.

Sinecka, J. (2008). "I am bodied." "I am sexual." "I am human." Experiencing deafness and gayness: A story of a young man. *Disability & Society*, 23(5), 475–484.

Spencer, R. (2007). "I just feel safe with him": Emotional closeness in male youth mentoring relationships. *Psychology of Men & Masculinity*, 8(3), 185–198.

Ward, J. (2008). White normativity: The cultural dimensions of whiteness in a racially diverse LGBT organization. *Sociological Perspectives*, 51(3), 563–586.





# Spirituality, Death and Dying

Social workers need to have culturally competent understanding of spirituality, and of death and dying issues, because they have to work with people's most heartfelt needs from the beginning of life to its end.

Social workers can begin to address human spiritual needs in their work as early as adolescence. Benson and Roehlkepartain make this clear in "A Missing Priority," when they reveal that spiritual development is important to young people. Not only do they report it as a priority, but the teen years are considered spiritually formative. Spiritual development is linked to other positive growth in cognitive and moral development. In particular the authors discuss teens and 'organic religion.' They describe organic religion as the religious rituals and stories people learn from their parents and practice at home, apart from the institutional aspects of religion practiced at church. Research shows that organic religion serves as a protective factor for teens, mitigating risk against depression, suicide, promiscuity, drugs and crime. Furthermore, much youth work today focuses heavily on job and education skills. Benson and Roehlkepartain feel that social work which acknowledges spirituality can go beyond this, to encompass general life skills, and teach important human values beyond those that look good on a resume.

Benson and Roehlkepartain are suggesting that every person, whether "atheist, agnostic, humanist, Muslim or Methodist," has a spiritual capacity, and that humans learn to fulfill it using the religions of their culture, or through other means of reverence, like art, or nature. But regardless of the specific content, this urge for self-transcendence is part of every person and should be nurtured, especially in teens. That is why it is important for social workers to develop a language for discussing spiritual matters that is not religion-specific.

Young people can be helped to develop spiritually through three processes. The first is "awakening and awareness," when a person grows in understanding, specifically in ways that develop their "identity, meaning and purpose" (Benson and Roehlkepartain).

The second is through interconnectedness and belonging, where people find and appreciate the links between themselves, others, the past, and the future. These connections create meaning in life. The third process for spiritual development the authors call "way of life." By this they refer to living the practices of a religion or spiritual path. This bonds the community, and allows each person to demonstrate their authentic self through the activities, relationships and practices. Benson and Roehlkepartain urge us to respond to this "missing priority" in young people's lives, but they caution that the approach needs to be non-religion specific to have a hope of succeeding.

This is not only important for youth, but vital for social work with people of any age. Rivett and Street echo this theme in their discussion of religion in family social work. They suggest there are three instrumental means that helping professionals can utilize to address clients' spiritual needs. One is that we can demonstrate spiritual ethnosensitivity, and respect the beliefs of our clients, rather than simply rejecting them if they differ from our own. Another is that we can incorporate spiritual themes into our discussions with families. Discussing concepts which are important in people's religion can be focusing to them. Thirdly, social workers with a good understanding of the family and how the religion is a part of their dynamic, can consider incorporating religious practice into the therapeutic plan. A family might be assigned to pray together, for example, in ways that are appropriate to the religion. Rivett and Street recommend an "art of therapy" approach, where a skilled practitioner can assess the family and tailor the interventions in ways that address their spiritual needs along with others.

Hodge and Bushfield continue on this theme in their treatise, "Developing Spiritual Competence." These authors are responding to specific changes enacted in the standards for social workers by the NASW Delegate Assembly in January of 2017. As they point out, the

new standards require that social workers have spiritual competencies along with multicultural ones. Additionally, many social workers report a desire to bring a spiritual dimension to their work and freely draw from their own personal beliefs in this regard. However, little training is available in how to implement this, so it is a cause for concern. The authors suggest that social workers address these concerns in a series of steps. First, they caution, each person must critically examine their own beliefs and attitudes about faith and belief. What cultural or religion-specific assumptions do we make? People are notorious for resisting this kind of critical examination of their own beliefs but for a social worker it is necessary. Secondly, the social worker needs to understand the client's spiritual worldview, and it is helpful to learn something about the culture and traditions of their religion. Thirdly, the social worker needs to design an intervention that acknowledges and works with the worldview of the client. This is the only way to build trust. This is important at all life stages, and particularly at end of life.

Spiritual matters are often of particular concern for end of life care. As C.K. Brandsen expresses in "Social Work and End-of-Life Care," the social worker is ideally situated to help families during one of the most important times for maintaining family health. Social workers can help families by counseling both the patient and the family. They can serve as a context interpreter, to make sure the family understands the medical prognosis and the procedures involved. Care workers can also do patient advocacy, helping to get appropriate care, and do bereavement work with families who have lost a member. The core values of social work are needed at end of life most of all.

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Brandsen, C. K. (2005). Social work and end-of-life care: Reviewing the past and moving forward. *Journal of Social Work in End-of-Life & Palliative Care*, 1(2), 45–70.

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# HUMAN LIFESPAN



Social workers interface with people at every stage of life. From birth to death, humans are developing in a social environment, and the more we understand about the processes which make for healthy development, the more we can do to support it. Human development is continuously shaped by dynamic interaction between internal and external forces, and all are strongly influenced by the culture in which they are embedded.

The common thread of development lifelong is the increasing influence of self-regulation. Emotionally, physically, and cognitively, development is marked by gains in capability. What's more, humans, even as children, are active participants in our own development, reflecting an inborn drive all people share to follow the natural course of life. Yet development is different for every person, sometimes continuous and other times with discontinuities, and marked by significant transitions. The role of the social worker is to help balance the interplay of risk and resilience, to shift development toward more adaptive outcomes (*Neurons to Neighborhoods*).

Human development has been described in many different ways. Some theorists considered specific times of life or specific domains of development, like Piaget, who studied cognitive development in children. Others, like Erik Erikson, studied human psychological development lifelong, dividing the entire lifespan into distinct stages. Whatever words are used, it's clear that development is a building process, and problems with earlier stages of development can have a big impact on the unfolding of later stages.

As D. Hirschland states in *Collaborative Intervention in Early Childhood*, human development can be considered to be built of foundational blocks. The first, most basic building block of development is attachment to a specific caregiver. "Feeling safely warm and connected" is the fundamental basis for development, because it gives a child a safe "home base" from which to explore the rest of the world. Using an experiment called the Strange Situation, researchers were able to determine that some infants have developed very strong attachments to their caregivers, while others were indifferent or even feared them. The unattached reactions were correlated with risk of developmental delays later on.

The second building block of development Hirschland calls "Tuning In," or learning to control attention. This is actually a very complex process which is not well understood even by neuroscientists. In order to pay attention, children have to "pop up" out of their internal thoughts, choose the correct input, maintain attention long enough to get the point, and then "pop down" back

into their thoughts again to process what they have heard. Learning to emerge from one's preferred line of thought and direct attention correctly is a skill that can be strengthened with practice, and many kids need help with this.

The third building block is learning effective communication. This is incredibly important because our lives are spent with others, and misunderstanding can degrade our relationships. It is important to learn to communicate our ideas, and understand the ideas communicated by others, both in spoken language and in non-verbal body language. Skills in this area can continue to develop lifelong.

The fourth building block of development is learning to regulate energy. Controlling our energy level means being able to shift from one energy level to another as appropriate, and especially being able to slow down and stay calm as needed. This important skill is one of the most frequently missed marks.

After regulating energy, the next important building block of development is regulating feeling. This means learning to manage small difficulties without a large reaction, and being able to maintain self-control even when feeling frustrated. It also means being able to calm down and regain composure quickly after being upset.

Hirschland's sixth building block of development she calls "Changing tracks and being flexible." Once we

have begun to master the other skills of regulating our attention, energy and emotions, this establishes the basics we need to learn to adapt reasonably to change. Humans need the flexibility to be able to bring one activity to a close and begin another appropriately. Even more, people need to be able to share space and ideas with others, and be open to correction and differing opinions. The flexibility to examine our positions is important to future growth.

The final building block of development follows from success at mastering the earlier stages. Hirschland describes it as "Feeling Capable and Confident," and it comes from a feeling that we have the resourcefulness and competence to take care of ourselves, along with enough of the optimism needed to begin sustained efforts.

The processes of human growth involve self-regulation across all the domains of development, from cognitive to emotional to behavioral. Learning to self-regulate gives us the skills to do what is necessary in life, and the confidence to appreciate and use all we have learned.

Hirschland, D. (2008). Seven building blocks of development. In *Collaborative intervention in early childhood: Consulting with parents and teachers of 3- to 7-year-olds* (pp. 16–54). New York: Oxford University Press.





# Starting Out

It is important for social workers to understand the earliest years of life, because they are formative, and laying the best foundation for life requires some expertise. To help with this, social workers need to understand how infants develop in families and across different cultures.

Social workers have an important role to play in infant development within families, so it is important to understand what kind of language they should use to enhance parenting skills. Some early research on infant behavior came to classify infants into three broad categories by temperament. The researchers analyzed babies' expression, irritability, sleep patterns, etc. and found that two out of three babies fit readily into one of three categories. "Easy" temperaments were characterized by a happy demeanor, while "difficult" temperaments were characterized by fussiness and irritability. Lastly, "slow to warm up" temperaments were characterized by low-energy moodiness.

These classifications were helpful for dividing infants into categories, but there is some question as to how useful they are for parents for improving caregiving. Sometimes it can be helpful for them to have an explanation for their baby's behavior, and some reassurance that all the fussiness is not their fault. However, baby's behaviors ARE shaped by the quality and type of care they receive, so chalking their fussiness up to temperament might be letting the parents off a little too easy. Also, there is really no clinical definition of "difficult" in this context, and it can sometimes mean less about the child's behavior and more about how it fits into the household routine.

A more helpful way to consider infant behavior is along a continuum of growth in self-regulation. At first infants learn to respond to the efforts of caregivers to soothe them, and then eventually learn methods of self-soothing. It can be helpful to parents to see their infants at developmental points along this continuum instead of classing them permanently as one type of temperament or another. This allows the caregiver to consider her own role in baby's behavior, to see it as changeable, and even provide proactive care to help bring the baby along in learning to self-regulate.

As Blackwell describes in "The Idea of Temperament," the idea should not be introduced to parents unless it serves to enhance their relationship with baby and their functioning as caregivers. It is especially important not to allow assessments to become labels. Particularly in the case of colicky babies, some behavior is not indicative of permanent personality traits, but will be "grown out of" in the normal developmental process. For parents of very fussy

infants, sometimes adjustment is so difficult that it can put the quality of care they are capable of at risk. Using the self-regulating framework, parents can be encouraged to see crying for what it is, a communication system, and even appreciate the benefits of crying, such as "letting off steam" in the evening in order to sleep better at night. The most important thing to remember is that while clinicians may find a classification useful, it should only be used with the parents in ways that enhance their parenting (Blackwell).

Another facet of early life development important to the social worker is the cultural component to childrearing styles. In their wide-ranging and comprehensive study, Harkness, Moscardino and the rest of their team studied parents and infants in five different cultures, and found big differences in the expectations and resulting behaviors of new parents. These ideas, or "developmental agendas," had a large effect on how people parented and what they thought was most important.

Infant-environment interactions have a determinative effect lifelong, on important capacities like cognitive performance, emotional expression and social interaction. There are three major sub-systems every growing person is required to interface with: 1) the physical and social settings they are immersed in, 2) the practices of the childcare they receive, and 3) the psychology of their caretakers. All are heavily influenced by culture. The choices parents make in these subsystems "tend to follow culturally recognized patterns" (Harkness et al). For example, in the United States, parents placed a huge emphasis on individual cognitive development, often insisting that infants be kept "stimulated" to encourage mental acuity. In contrast, parents in the Netherlands emphasized the importance of regular sleep and feeding routines to keep the baby undisturbed and rested. While Italian mothers thought babies benefitted most from time spent with family, building social bonds, mothers in Spain thought a balance between social time and alone time was more beneficial.

Overall, their study showed that expected behaviors and milestones are in part determined by our culture, and different styles work within their own societies.

Blackwell, P. L. (2004, March). The Idea of temperament: Does it help parents understand their babies? *Zero to Three*, 37-41.

Harkness, S., Super, C. M., Moscardino, U., Rha, J.-H., Blom, M., Huitron, B., et al. Cultural models and developmental agendas: Implications for arousal and self-regulation in early infancy.

Coll, C. G., & Szalacha, L. A. (2004). The multiple contexts of middle childhood. *Children of Immigrant Families*, 14(2), 81-97.

Dudley-Marling, C., Jackson, J., & Stevens, L. P. (2006). Disrespecting childhood. *Phi Delta Kappan*, 87(10), 748-755.

Hirschland, D. (2008). Seven building blocks of development. In *Collaborative intervention in early childhood: Consulting with parents and teachers of 3- to 7-year olds* (pp. 16-54). New York: Oxford University Press.

Whitted, K. S., & Dupper, D. R. (2005). Best practices for preventing or reducing bullying in schools. *Children & Schools*, 27(3), 167-175.

# School Days

Ideas and attitudes formed in the middle years are very important. That is why social workers have a special obligation to protect kids during their formative schooling years. Kids in underserved communities face special challenges at that age, and all kids in school experience the negative effects of bullying. Meanwhile, our society-wide disdain and fear of children is keeping us from adding their voices to the conversation.

Middle school-aged kids in minority communities are at serious risk and there is really no mystery why. These neighborhoods do not have access to critical resources. Also, it is during these years that children begin to notice the effects of prejudice and bigotry. In "The Multiple Contexts of Middle Childhood," Coll and Szalacha show that children are affected by their personal temperament and health, by their family culture and structure, and by larger societal constructs as well. Some of these, like racism and prejudice, represent risk factors, but some, like adaptive culture, represent resilience factors. For example, after decades of desegregating schools by court order, the last few decades have seen re-segregation through economic pressure. There is no question that these "apartheid schools" contribute to vastly different outcomes, with schools in poor communities lacking in every kind of material and professional resource. But, Coll and Szalacha maintain, children in segregated minority schools do not face the same kind of prejudice as in integrated schools, and may even be more able to access the resilience of the non-dominant culture (Coll and Szalacha).

Another insidious problem facing school-age children is bullying. The effects of bullying can linger for years, increasing risk for the victims and even for the bullies. Victims of bullying have academic problems, lower self-esteem, and are at a great risk of missing school days or dropping out. Kids who identified as bullies were at much greater risk for being involved in violence, joining gangs and being convicted of serious crime. Clearly the effects of bullying hurt everyone. The good news is, effective interventions exist, though they require cooperation at every level in order to work. Interventions where people did not give the required time or attention to the program were completely ineffective, so people throughout the community must be prepared to buy in (Whitted and Dupper).

Starting at the highest levels, the principal can set the tone and culture of the school with stated opposition to bullying and strong enforcement of policies. At the classroom level, teachers can do a lot to prevent bullying too, holding discussions in class to identify bullying behaviors, and taking students seriously when they report bullying. At the student level, one of the biggest factors in bullying is the behavior of the bystanders. Instead of laughing at the victims, students can be taught to stand up for kids who are being picked on,

and use social pressure to make the bullying behavior seem unacceptable to the group. Those who are identified as bullies can be taught coping behaviors, while those who have been victimized can be taught to stay calm, as responding either aggressively or helplessly will likely make the bullying worse. Lastly, parents and other adults need to be included, to let kids know the adults in their lives will support them and try to stop bullying. A community-wide effort, led with the coordination of school social workers, can be an effective intervention to change lives for the better (Whitted and Dupper).

An important issue for the social worker to confront head-on is the mixed feelings and messages sent by our culture about childhood. While Americans purport to be a child-loving culture, when push comes to shove, we really only seem to care about our own children. Little is done to protect children at large, especially children of color, and it shows in statistics about how they are faring. According to "Disrespecting Childhood," around twice as many children of color live in poverty than white kids. In 2002, 9.3 million kids were not covered by health insurance, more than 133,000 are in correction facilities on any given day, and nearly 3,000 are killed by gunfire in America a typical year. Americans are constantly complaining about public education costs, the costs of child care, and the cost of childhood nutrition programs. Not to mention the American national pastime of whining about teens, from complaining about the content of their music, to surveys showing that just 39% of adults had anything nice to say about the next generation at all. 61% agreed that kids today are not learning the old-fashioned values of "honesty, respect and responsibility" (Dudley-Marling, Jackson and Stevens).

In particular, these authors make the point that many of the "get tough on kids" policies we implement are not working. There is little empirical data to show that more homework, longer school days or longer school years add anything to the educational process. But these "get tough" policies are at the top of the list for politicians, along with eliminating any "fun" school activities like music, art and recess. Also failing help is the ever-deepening standardized test regimen. Only the aspects of learning that are the easiest to measure are taught and tested. Yet studies show that high-stakes testing with the threat of grade retention just increases the drop-out rate, particularly among students of color. Academic punishment is not motivating students to do better. The focus on standardized testing has turned schoolrooms into "dreary workplaces" and sources of stress. Children are not widgets. Every one is one is different and they learn best with individualized instruction (Dudley-Marling et al).

We must remember that children are people too and should have input on the systems that control their lives. Coll and Szalacha recommend involving children in decision making process for choices that affect them. Ultimately, however, they are fundamentally under our control, and we have an obligation to make sure the systems they live in are protecting them.



# Stages of Life and Social Work

# TEEN YEARS

The teen years are of special concern to social workers, because of the adultification of teens, the challenges of LGBTQ teens, and because teenage brains are just naturally freaking out.

One of the first areas social workers should be on the lookout for is the adultification of teens. This is when teens or even younger kids are forced by circumstances to assume adult roles. Before modern times, this would have been very common, as children were often seen merely as additions to the family labor force. By contrast, in modern times, childhood began to be seen as a carefree time, meant to be free of the burdens and responsibilities that would come to them as adults.

Unfortunately, sometimes life brings adult responsibilities too early, usually in response to a great need on the part of the family. Examples include when kids are required to help support the family through full- or part-time work, or when kids have to help manage the family finances. It often includes children negotiating for parents, or serving as a confidant. This is particularly apparent when the family are immigrants and only the children speak the language of the new country. Adultification can create self-reliance in kids, who are often proud that they are capable and helping the family. However it can be very difficult when it messes with the natural hierarchy of the family and social structure.

There are four different levels of adultification that can occur. The first is quite common and called "precocious knowledge." This is when children are exposed to adult information beyond their ability to understand, such as worries about bills and finances. Similarly, single adults without another parent in the household to confide in sometimes use their children for sounding boards or venting booths. In particular, oldest sons of single mothers are quite likely to be confidants of precocious knowledge. The next level is "mentored adultification," when a child has some responsibilities of an adult, but is still somewhat supervised by an adult, and still in a socially subservient role with the adult. Even more intense is "peerification," when the child moves in and out of adult roles, often being considered a peer with the parent. The most extreme is "parentification," when the child has to assume parental roles over others in the household like siblings, or even over the parents themselves. Parentification of children or teens is most often seen when the parents do not speak English, if they have health problems, or when there are substance abuse issues, leaving kids to assume much of the responsibility for the family on their own.

Not all of the effects of adultification are negative. For children thrust into these roles, it can create a feeling of self-reliance and give them important skills they will use as adults. However there are many concerns as well, as it involves increased risk and difficulty. One problem that arises is in switching roles from

adult to child and back again. While parents who need help are pleased when kids step up, the school system still requires kids to participate in subservient roles. Adultified kids often get into trouble as being willful or disobedient at school. Another way it can be hard to juggle roles is when kids are sometimes treated as adults and other times not. The article mentions 16-year-old Kevin, who is treated as a confidant and peer by his mother when she is single, but who is demoted back to kid again, and expected to act like one, whenever she gets a new boyfriend. Such switching can cause confusion and seem unfair. Other concerns for adultified kids are that their own development can be compromised.

The authors have three suggestions for helping adultified kids. First, they report that explaining to kids that they have been adultified can help. They also recommend developmental compensation and social and emotional tempering techniques. While we all do what we have to do to get our families through tough times, social workers can help to let kids be kids while doing it.

Another area where social workers can help is with LGBTQ teens. As D.F. Morrow states, this group is at particular risk and social workers are an important line of defense against a host of ills. Not only is adolescence already a confusing time, but there is extra stress that comes from feeling different from peers, not to mention adapting to the "socially stigmatized role" of a sexual minority (Morrow). Particularly unpleasant is when parents are not okay with the news that their kid is different. Teens who disclose alternate sexuality risk withdrawal of financial support, draconian restrictions on their friendships, forced counseling, and even removal from the family home. These risks are fairly high, with only about half of LGBT teens reporting that their families were okay with their sexual orientation. Unlike other minority statuses, like race or ethnic classifications, LGBT people do not spend their lives sharing their status with their family, so rather it is often a source of great conflict.

The risks associated with LGBTQ youth are many. One risk when families are not okay with having a gay kid is internalized homophobia. It can be quite common for a gay person to struggle to admit their sexuality even to themselves if they have been taught that such things are sinful or wrong. They may have to keep their sexuality a secret. Even in families where the members are on good terms, that can make it even harder, because the teen may find it more difficult to let their parents down. Since parents are the most difficult to tell, they are very often the very last to know. Additionally, it can be difficult for adult LGBTQ people to be open about their sexuality if they are teachers, and so LGBTQ youth often do not have any positive role models in school either.

School presents special difficulties for LGBTQ teens. Most sex ed programs do not contain specific information for them, so they can be on their own for getting the facts that apply to their development. Far worse, however, is the daunting task of fitting in to the social group when there is still so much stigma against alternate sexuality in our mainstream culture. Teasing, bullying and name calling can be daily trials. Also, like all teens, LGBTQ kids want to explore their own sexuality, but it

can be extremely difficult to find appropriate partners for experimentation. On top of this, like everyone, LGBTQ teens exist in cultures, and some are even less accepting of alternate sexuality than mainstream white culture in America. Black and Latino families can be even less accepting, as can rural and fundamentalist Christian families.

These stressors put LGBTQ youth at great risk for trouble, from substance abuse and depression to running away and suicide attempts. They are likely to experience trouble with their academic performance and be a victim of personal violence. They may be pressured by family to adopt heteronormative behavior, or even subjected to conversion therapies. Attempts to deny their sexuality or "pass" for normal can lead to higher risks of STDs and pregnancy with the opposite sex.

What LGBTQ teens need is acceptance, of their sexuality and their situation. While it is considered an important part of development, for example, clinicians need to consider that disclosure may be too risky for some. Protective factors for at-risk LGBTQ kids include self-confidence and high self-esteem, special talent such as musical skill, and supportive school relationships. School social workers can help with these, along with creating an LGBTQ-positive environment.

Gay or straight, rich or poor, teens are going to present special problems to the social worker, because of the interesting state of the teenage brain. As K. Powell points out in *Nature*, the teen brain is experiencing a great period of learning and change, unmatched since early childhood. The neural connections are being "rewired and upgraded" (Powell). The prefrontal cortex areas of the brain are just starting to "wake up" to their ability to handle executive function, but the connections will not be fully made for several more years. This can be shown in MRI scans of teens and adults. Presented with the same puzzle, teens and adults can both come up with the same answer in about the same amount of time. However brain scans show that the teen mind has to work a lot harder to get there, lighting up many more areas of the brain to generate the answer.

There is a process of "synaptic pruning" which occurs during adolescence, getting rid of over-extended nerve-cell connections. This suggests the teen years are a time of "use it or lose it" for neurons. As such, "The more environmental input there is to guide that pruning, the better," says the *Nature* article, floating the idea of a "Head Start" program for teens to shape the brain during these critical years. It also may be because of this drastic re-organization that teens are known for risk-taking. When teens were tested in lab experiments involving waiting for a reward, teens were less likely than adults and even younger children to be able to balance risks and reward. This is why simply explaining risks of STDs to teens is not as helpful as it is with older groups. Their brains are not ready to manage risk like a more mature person does. Truly, the teen years are a unique challenge for all.

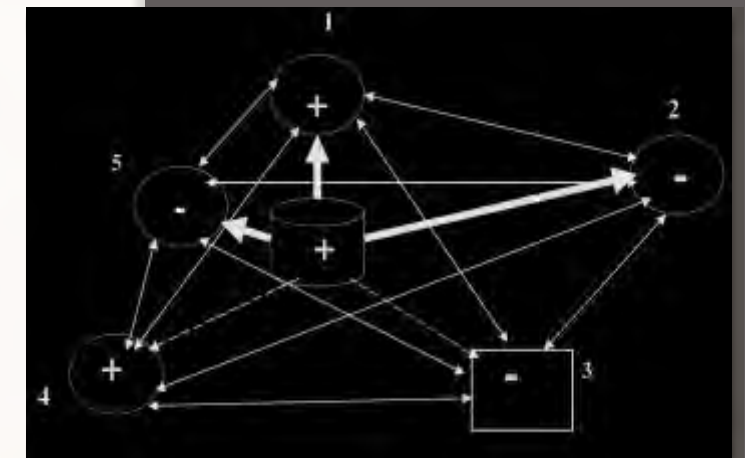
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# GIS Geographical Information Systems

Geographical Information Systems are a way of mapping out factors by where they are located. Geographical risk maps of an urban neighborhood found that kids had to go five times as far to reach safe places, like the church, than to reach risky places, like the homes of friends who did drugs.



This geographical representation shows a girl embedded at the center of her various social relationships, each representing risk or protective factors for drugs. Maps like this can help social workers assess risk.

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# MATURITY

## Emerging Adulthood

Because this time of life sees challenges which are so unique, J.J. Arnett has proposed that this period of development needs its own name and descriptions of its unique characteristics. The social worker needs to be concerned with Emerging Adulthood, because there are a lot of myths about it, because it is the time when people do the most drugs, and because it is a time of life when resilience makes a big difference.

Emerging adulthood is a new phase of life created by industrialization. In days gone by, people usually got on with getting married and raising a family as soon as they could, so it was rare to have people with adult capabilities, but without these kinds of adult responsibilities. This has changed, and nowadays there are a variety of reasons why people of this age group are waiting before getting married. Gone are societal taboos against pre-marital relations, so people no longer have to be married just to have a sex life. Additionally, today's careers require more training than ever, so people are spending longer in school. Often they see marriage and kids as traps to be avoided for the time being, while they make the most of their freedom.

In his exploration of this new time of life, Arnett explains that people at this age have very distinct characteristics, and that's why this age is the most heavily involved with drugs. One of the characteristics of emerging adulthood is identity exploration. While people begin to explore their identities as teens, with our first romances and studies, it is as young adults that we begin to get serious about the realistic examination of our own tastes and capabilities, considering what we want from a mate and a career. This identity exploration often leads people to try a variety of experiences searching for who and what they are. Drugs are a natural choice for exploring internal perceptions. Another feature of emerging adulthood is instability. Emerging adulthood is often a state of flux, with people starting, ending and switching around many different jobs, relationships and living arrangements. In such unstable arrangements people come and go, and there are few lifelong companions around to exert strong social pressure against foolish behavior with long-term consequences. So there is less pressure to avoid drugs at this age. This changes as people settle into partnerships and careers and start to be concerned with their reputation over the long term. Another feature of emerging adulthood is the freedom to set one's own schedule and make one's own rules. Having been under the watchful eye of parents and teachers their whole lives, emerging adults often relish the opportunity to make rules differently than the authorities, and try some of the activities they have been warned about. Mostly, however, emerging adulthood seems to be a time of life made for drugs, when people want to sow their wild oats and fully take advantage of their lack of formal commitments, and most people experiment at this age without becoming addicted to drugs. Social workers need to be aware that drug use at this age does not necessarily indicate long-term problems, even if the same behavior would be much more troubling in someone 35-45 years of age.

In his exploration of emerging adulthood, Arnett also tries to take on some of the myths that tend to be associated with the younger generations. Arnett discusses this in a second paper, "Suffering, Selfish Slackers?" Responding to reports that young adults are experiencing widespread "quarterlife crises," Arnett argues that the crisis is overblown. Emerging

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adulthood, he argues, is the most resilient time of life, with reported well-being rising steadily every year from the teen years through late twenties. Young adults tend to be very optimistic about their own future, with 96% saying they feel they will get where they want to go in life. It is

understandable at this age, he says, for people to be self-focused, because they have only themselves to answer to. But this is not selfish, and as a matter of fact it is a vital step in finding out who they are. Lastly, Arnett objects to the portrayal of emerging adults as big kids in life's sandbox, refusing to grow up and get jobs already. On the contrary, it is because they take jobs and careers so seriously that they are willing to spend years preparing for them.

Hines, Merdinger & Wyatt explore resilience in young adults in their paper, "Former Foster Youth Attending College." To further the study of what makes for resilience, he studied a number of young people with one of the highest risk factors of all, coming up through the foster care system. Foster kids are the least likely to attend college, and little is known about kids who manage to do well after foster care. It can be done, but it takes a fairly high level of resources to accomplish, and it can take a psychological toll of its own on the individual. Hines, et al are trying to see resilience as a process, rather than as simple risk vs. resilience factors, because the same factors can be risks for one person and resilience factors for another, or change from resilient to risky at a different time of life. But while complex, there were some common factors among the people who made it work.

For one thing, the foster kids who became students were considered mature for their age and most were above average IQ. Many had a special talent of some kind like playing sports or a musical instrument, and most had a steady, optimistic disposition, with ability to delay gratification. Good personal skills and internal regulation clearly matter a great deal. In addition, all had help. All reported having a strong relationship with a caring adult. Most reported that the foster care and school systems were positives for them, giving them what they were not getting in their original home life. School in particular was very important. One girl reported that the foster care system allowed her to move from her crappy neighborhood school to a much nicer one where people set a different standard of behavior. She saw that people were cooperating, "doing what they were supposed to do" rather than fighting and getting in trouble, and that it was working out for them. She decided to try this and it worked for her too. The news was not perfect for these young adults, with many reporting high levels of performance anxiety, and concern for those left behind in the old neighborhood. But most have said they are thankful to the foster care system for rescuing them from what could have been a very hard life. Because of these distinct challenges, the social worker needs to be aware of Emerging Adulthood as its own distinctive phase of life, and keep the special growth and development of these years in mind when making evaluations.

## Hurdles in the Middle Years

Studies on abuse have rarely focused on women in midlife, so they are represented neither in the literature on domestic violence nor elder abuse. Social workers should be aware of the special challenges this presents to older women. There are a number of reasons why they do not seek help in domestic violence situations. One is, like many abuse victims, they carry a lot of self-blame, but in older women it may be exacerbated by having gone on for a very long time. It can be hard to admit that one's primary life relationship is a failure. Another reason is

shame, because the longer secrets are kept, the harder it can be to reveal them. Also, like many abuse victims they have a feeling of powerlessness, made worse because it may have stretched back over their entire lives. Another serious reason older women do not reach out for help is because they can feel too hopeless to even try. They may think there is nothing that can be done to help them, or that help is only available in cases of extreme injury. The most complex reason women did not reach for help in abusive relationships was to be protective. In many cases they wished to protect the image of their relationships, or of their husband, from their adult children discovering the truth. Many times also women were dependent on their abusers, either for financial support or even caregiving in poor health. And paradoxically, in many cases husbands had become dependent on their wives for care, leaving women to feel they could not leave their partner alone and in need, despite the lifetime of abuse. In fact, women in this time of life are so thoroughly embedded in family and community relationships that leaving is rarely considered. Helping professionals need to find ways to improve women's lives without extracting them from their life situations (Beaulaurier, Seff, Newman & Dunlop).

Another situation that affects women during this time of life is being in the "sandwich generation." As Riley and Bowen explain in "Challenges and Coping Strategies of Multigenerational Families," longer lifespans and different mobility patterns have resulted in many women in midlife being responsible not only for their own children, but their aging parents as well, often at the same time. Being "sandwiched" between and providing care for both these generations presents unique stresses. It can greatly contribute to anxiety and depression, with increased demands on time and energy, not to mention financial stability. For women with careers, this often coincides with the most important years of their work life, impacting performance and advancement. Riley and Bowen show that while men who care for ailing parents are usually providing financial support, women, held to the stereotypes of nurturers in our culture, very often provide hands-on, daily assistance with mundane chores like shopping and taking care of bodily hygiene. This usually results in extra work and stress, but Riley and Bowen show that there are some compensations too. Elders receiving care are able to offer some help in return, and can contribute to the household they share with domestic chores, financial aid, help with childcare, and emotional support. The social worker can lighten the burdens for everyone by making the most of this. Providing help can ease the strain for caregivers and give elders more control, enhancing their self-worth and easing their frustration (Riley and Bowen 2005).

A major cause of disruption later in life which the social worker is bound to encounter is homelessness. Despite the caring efforts of advanced democracies to help those in need, homelessness still exists. People in midlife can be especially vulnerable as they experience a number of risk factors but are not eligible for many social services until they are elderly, leaving those just a little too young out in the cold. A study of homeless people in Boston, London and Melbourne found many interesting factors. They found that one or two risk factors alone was not usually enough to plunge people this age into first-time homelessness, but that when a combination of vulnerabilities existed, a person could be pushed into homelessness by a trigger factor. Triggers included imprisonment, death of a spouse or parent, loss of cohabitational relationship, loss of accommodations provided by employment, substance abuse issues and trouble with neighbors. In addition to private troubles, researchers found social forces contributing to homelessness. For example, gentrification and the "up-marketing" of urban neighborhoods has resulted in rapidly rising rents and less availability of public or inexpensive housing. While many of these factors were present in all three countries, the

study showed that gambling trouble was thought to be responsible for a large number of homeless older adults in Australia, coinciding with the legalization of electronic gaming machines in Melbourne in 1996. Other forces at the societal level included "service delivery defects," where homeless people were eligible for aid but for various reasons did not get it, or even "policy gaps," where vital services were not even available. The study showed that it may be possible to target social services for those at risk of homelessness to prevent trigger factors from pushing them over the edge and out into the streets.



## Hurdles in Later Years

As people begin to age into the final stages of life, they experience the same problems that people always have, along with some new difficulties that present themselves just from old age. One of the most important ways caring professionals can help is to be aware of sexual issues late in life, because, as J. Hillman shows in "Sexual Issues and Aging," even into their 70s people continue to be interested in sex like anyone else, but it presents special issues. For older women, partner availability can be an issue, because there are almost twice as many women as men still alive in the older years. Difficult too is the struggle with body image in a culture that glorifies only very youthful looks. For older men, age comes with increasingly greater likelihood of erectile dysfunction. While drugs like Viagra have changed this somewhat, new problems are presented, like the potentially disturbing side effects from ED drugs, and the way these changes affect longtime relationships. Even in nursing homes humans must be acknowledged as sexual beings while at the same time ensuring everyone's safety and privacy.

As medical science progresses, we may begin to see more people living to very old age. Demographers predict that ten times the number of people will make it to 100 by 2050 as do now. The implications of this are discussed at length in the article "Old, Old Age" by S. Dominus. Imagining a life that long has unusual implications. While it may improve family relations by offering more years to reach rapprochement, it also may mean older adults living on with their parents still alive, not having to take up the patriarchal positions. Some people may live to be 100 or more naturally, as there are examples of it occurring even now. But as medical technology improves, we may see people living long on "manufactured time," made possible by curing ailments we presently cannot survive. This raises concerns about the resources required for elder care. But, rather than extend the frailty and infirmity of old age, trends show that people who live longer tend to be healthier into old age and then die more suddenly, ironically needing less end of life care than those who die younger. The authors also feel that longer lifespans could result in better society overall, with more people attaining the wisdom that only comes with later years. With more people living into the age of wisdom, perhaps these survivors can teach the rest of us some of what it takes to make life work.

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# Social Work in Quotes



## Jane Addams

*“Nothing could be worse than the fear that one had given up too soon, and left one unexpended effort that might have saved the world.”*

*“True peace is not merely the absence of war; it is the presence of justice.”*

## Frances Perkins



*“Most of man’s problems upon this planet, in the long history of the race, have been met and solved either partially or as a whole by experiment based on common sense and carried out with courage.”*

## Whitney M. Young

*“Every man is our brother, and every man’s burden is our own. Where poverty exists, all are poorer. Where hate flourishes, all are corrupted. Where injustice reigns, all are unequal.”*

