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1

Psychology and social work

Introduction

Psychology itself is not a unified discipline but combines different approaches and theoretical orientations to the study of the individual and the individual in a social context. Its origins as an academic subject area – the science of mind and behaviour – go back over a hundred years. In its relatively brief history, however, there have been a number of crises or turning points, and although western academic psychology is well established, there are several areas of contention which have increased, exacerbated by competition for research funding.

The remit of psychology is so fundamental to all aspects of human life and society that it informs the theory and practice of several other diverse disciplines and professions as well as social work. These include neurophysiology, medicine, health care, psychiatry and broader mental health studies, nursing and midwifery, anthropology, sociology, town and urban planning, and communication studies, as well as aspects of media and public relations work. The list is long and the increased recognition of the role psychology can play in understanding everyday life has come to the fore recently through ‘reality’ television programmes involving interpersonal competition and cooperation, which have reached a pinnacle in popularity. Psychologists, however, are divided as to how far this ‘esteem’ for their subject is helpful to its development, but whatever their opinions, ‘popular’ psychology has never been more popular!

In the course of every interpersonal encounter in the practice of social work it is useful to draw upon a range of implicit and explicit uses of psychological knowledge. Consider the following example. A man has called the local social services organisation two weeks after his wife’s admission to a psychiatric unit. He is caring for their three

children under school age, with the help of a child minder, with financial assistance and help from a series of relatives and friends. He feels depressed, anxious and no longer confident that he can cope with what he sees as an indefinite period of lone fatherhood. The social worker needs to assess this man's current predicament and make joint plans. So what exactly can psychology contribute here?

First, there is the immediate situation of trying to interview the man to make sense of the situation, to find out all the relevant details from the practical through to the emotional ones. This is not an easy task, especially when someone quite clearly is worried, and the social worker is very busy. Relaxation techniques are helpful for the interviewer (see Chapter 3) along with the ability to create an atmosphere of calm so that both participants feel able to explore the situation together. This is in part created by making it clear to the service user that what he says is being listened to and understood. The interviewer will also need to attend to the client's non-verbal cues (e.g. nail biting, playing with hair, eye contact and so on), and be aware of non-verbal cues that she herself might be giving.

Second, psychology can help the social worker to understand and evaluate the biographical material provided by the client. This includes an assessment of the immediate significance of the way the client is feeling, his previous and current relationship with his children and the friends who are helping and, of course, his feelings and behaviour towards his wife and how this is affecting and will continue to affect the family.

Third, knowledge of the psychological strains and benefits of community versus institutional care and family life underpin the assessment of the present situation and future plans.

Finally the social worker her/himself will have a perception of the interview and the information gained from it, that is not an 'objective' reality, but the result of a 'filtering' through various psychological processes connected with the individual social worker's own circumstances. On each of these levels psychology has a contribution to make which underlies social work practice. There is no pro-forma for action – applying psychological knowledge relies on experience and reflection, but this cannot come about without a basic understanding of psychology itself, and what it has to offer.

In the following chapters we demonstrate that psychological knowledge complements intuition in making judgements during face-to-face encounters with clients and in long-term assessments of service

provision. It is also valuable in the self-assessment, personal growth of the practitioner as well as continuing professional development (CPD) and an understanding of social work organisations.

We want to stress that there is a world of difference between a socially competent human being – the ‘friend’ with concern for others – and the professional social worker required to make judgements about a client’s behaviour based on previous knowledge of that person and a valid prediction of how she/he will cope in the future. Social workers have to do more than get along with other people – they seek to make objective assessments and take decisions that radically affect the course of people’s lives.

Academic psychology

Academic psychology (the substance of research and teaching) draws upon several perspectives, although broadly speaking the focus is upon the individual. Social psychology is to some extent an exception to this rule, as it concentrates on the interaction between individuals and the impact of the social context on the individual. Academic psychology research favours the study of mental mechanisms and processes such as thinking (cognition) and perception and how these processes relate to and are influenced by behaviour. Social work, emerging as a profession after the Second World War, increasingly identified itself with psychoanalytic psychology and while this approach to understanding human thought, emotion and behaviour is invaluable, only exceptionally is it seen by academic psychologists as integral to the discipline.

Academic psychology prides itself on being a scientific discipline. This means that its theory and practice are based upon empirical evidence derived from observations rather than on opinions, beliefs, prejudice or argument. These observations are not casual ones, but reliable and repeatable according to a fairly strict set of rules. Measurement is crucial, and the data (generated by observations) have to be compiled in a systematic way. However, there are inevitable problems for a discipline which requires the assessment of people by other people, and in order to meet the constraints imposed by the scientific method, the focus of energies has been upon the study and analysis of behaviour, often using the experimental method. Although this has ensured the rigour which science demands, it has

also meant that the scope of the discipline has been limited in certain ways, at the expense of studying emotions and feelings in everyday situations. How does this benefit social work practitioners?

Research on memory and eye witness testimony

There is a tradition in experimental psychology of studying human memory and, more recently, its application to eye witness testimony. Concern with prosecution in child abuse and child sexual abuse cases has led to a positive relationship between experimental cognitive psychology and the practical and emotional problems and benefits for children giving evidence against their abusers.

The work of Graham Davies and colleagues on the psychological processes connected with witness reports, memory and testimonies has demonstrated important ways in which experimentally based psychology has enhanced the procedures related to giving evidence in court, particularly for children who are victims of alleged abuse. Understanding the efficacy of children's memories under stressful conditions (such as recalling abuse when appearing in court) has had an important practical effect within the legal system where changes to the way children's evidence is received have been of immediate practical importance to both psychologists and social workers. The data derived from this psychological research have led to the British Government's commitment to the closed circuit TV link to the courtroom. Without the child's testimony there are problems in securing convictions against abusers and it becomes more difficult to make plans for the future of the child. Research demonstrated that the trauma of a courtroom appearance is potentially damaging as the original experience of abuse is recreated and the ensuing stress is likely to hinder memory as well as precipitate emotional disturbance (Davies, 1988; Boon *et al.*, 1993). Thus giving evidence outside the court via closed circuit cameras is not just something that is 'more pleasant' for children. It is demonstrably more effective in obtaining truth and accuracy of recall. Additional recommendations based on psychological research indicate the importance of a 'trusted intermediary' (probably a social worker known to the child) to be employed to assist in the questioning procedure rather than an unknown court official (Boon *et al.*, 1993).

Helen Westcott (Westcott, 2003; Westcott and Kynan, 2004) has taken the evidence from this research further. She examined ways in

which social workers apply methods of interviewing children through a story-telling framework. Westcott and colleagues are clear though that caution needs to be applied – you cannot just tell children a story and get them to complete or comment on it. They may not be able to distinguish between what is true, what is untrue and what they believe the questioner wants to hear. On the other hand it isn't appropriate to use the same techniques on children as adults.

Applying psychology to the impact of disasters, accidents and their aftermath

In addition to experimental techniques, academic psychology has developed a sophisticated approach to validated, reliable psychometric testing. Victims of disasters react in a number of ways depending on their personalities, previous histories and the experience of the event itself. Psychologists have developed assessment methods to identify people who might be classified as having PTSD (post traumatic stress disorder) and varying degrees of related stress.

In work with victims of 'disasters' expertise has grown to both identify and to help individuals who have survived traumatic experiences to overcome their reactions, minimising subsequent psychological disturbance (see Clegg, 1988; Ehlers *et al.*, 2003). Expertise in this kind of work has developed exponentially over the past twenty years as a consequence of the spread of conflict across Europe (in the Balkan States), the Middle East (in Iraq and Afghanistan) and Africa (in Somalia and Ruanda) in particular. A series of disasters which related to technological and human failures on a large scale, including motorway and aircraft crashes, and football stadium collapses have also been apparent. In addition, there have been unexpected and devastating terrorist attacks, such as the attacks on the World Trade Center in New York in 2001 or the Omagh bombing in Northern Ireland in 1998. People involved in each and every one of these different types of disaster experience fear for their own safety and lives, loss of loved ones, friends and colleagues and are inevitably the witnesses to horrific sights of suffering and consequent feelings of helplessness and guilt. Stories told by survivors of the Nazi holocaust and death camps have identified the different ways in which those who survived feel guilty for simply surviving and how some people cope by burying their experiences and others by telling the stories to themselves and others time and again. No one

technique allows success in the form of returning people to be the same as they were before any of the events they experienced took place. That is impossible – the trajectory of their life has already followed a pathway of no return. However psychology and psychologically informed social care practice can support survivors in coming to terms with their multiple experiences, losses and fears in such a way that they can get on with the rest of their lives and not dwell for ever on their traumas (see Bettelheim, 1979). This also applies to some aspects of grief (see Chapter 2).

Social workers may be faced with the immediate emergencies, but more commonly with the longer-term task of picking up the pieces. Psychological research has provided a ‘profile’ of the disaster victim’s experience indicating a ‘post traumatic stress disorder’ (PTSD) which may prevent someone from being able to lead a normal life for a period of years. PTSD is a clinical disorder or a syndrome (APA, 1994). Its symptoms are grouped into three types:

1. re-experiencing the traumatic event, through constantly re-enacting it in your mind and dreaming about it;
2. numbing or reduced involvement in the external world as if you are at a distance from things that are happening to you;
3. a diverse group of symptoms such as memory impairment, difficulty in concentrating, hyper-alertness (being over-aware of what is going on – ‘jumpy’).

Some survivors have a few of these symptoms all the time and others sometimes, while other people have a clearly defined PTSD, which means they experience most of these symptoms all or most of the time. People who have these symptoms are also likely to feel worse when faced with a situation that reminds them of the trauma. So if you have survived a train crash, you might be coping well and not thinking about the experience until you have to get on board a train or see a crash on television. That might make you break out in a sweat, tremble and have nightmares. This experience can last for a few hours or a few days. This disorder presents further problems for family members – both financial and emotional – including management of the grief process, which is complicated by the victim’s survival.

Outside of the dramatic trauma of events such as those identified above there is evidence that less overtly dramatic experiences, such as

childbirth, separation, domestic violence and divorce might precipitate some degree of PTSD (Nicolson, 2000). Asylum seekers, who leave their homes after bloody conflicts and bearing traumatic witness, experience not only the immediate pain but also the separation from their families and familiar surroundings, sometimes being unable to return for many years or for ever. Supporting people and families who have had this kind of experience and helping them fend off or recover from mental ill health requires specialist skills based on the psychology of multiple long-term loss. There is increasing concern with PTSD among children and research on children's experiences of road accidents makes a useful contribution. It was found that negative appraisal of the event itself increased the likelihood of chronic PTSD in children between 5 and 16 who had had road traffic accidents (Ehlers *et al.*, 2003). This suggests that child victims of other types of trauma, including abuse or having to leave their homelands as asylum seekers or refugees following war or persecution, are most likely to need therapeutic intervention and support.

This research is relatively new, but founded on psychological theory and psychological methods of investigation that interested Freud himself and John Bowlby. This work, its practice and research, also begs for cooperation between social work practitioners and psychologists in a joint effort to explore the parameters and consequences of disasters on individuals, families and communities.

Perspectives on psychology

In what follows we outline the different perspectives on psychology that are most relevant to social work practice from psychoanalytic, behavioural, social learning, cognitive-developmental, humanistic, social and evolutionary psychology. We explore the ways in which these different approaches tackle issues connected with the structure of the individual personality, development and how people relate to each other.

Psychoanalytic psychology

Psychoanalysis had its origins in the work of Sigmund Freud in Vienna, a neurologist whose early work with hysterics led him to explore psychological techniques to probe the unconscious. These

included 'free association' and the analysis of fantasies and dreams. This approach has also been developed by others such as Erikson, Melanie Klein, Adler and Jung. Social work practice was most heavily influenced by this approach when social work first emerged as a discipline and while social work has changed, this method and approach to helping people change has been used in counselling and therapy. Susie Orbach for example has used her experience and understanding of psychoanalysis to explore problems faced by her clients which she describes as:

some of the most profound questions we have to encounter as human being [*sic*]. The issues of how one can trust, how disappointment tears the psyche, how love and hate are related, what sexuality means to the individual, how betrayal closes us off to other people and how we can dare to open ourselves again are all dramatised within the therapeutic relationship.

1999: 1

Psychoanalytic theories concentrate on questions of adult personality and developmental problems and crises as they related back to early development (see Chapter 2). Freud's theory of psychosexual development preceded other psychoanalytic work. He argued that all behaviour is characterised by instinctual drives or motivating forces. These can be divided into the libido, which is the sexual drive, the life preserving drives and the aggressive drives. In Freud's view the sexual drives were the most important. Within each of us, he believed, is the need to seek gratification, and this process occurs throughout life.

Freud considered that there are three basic structures of personality that serve gratification of the instincts. These are the id, ego and superego. The id is the original source of personality and contains everything that an individual inherits, the instinctual drives and the pleasure-seeking impulses. Like a young child, the id can be seen to operate according to the pleasure principle, avoiding pain and obtaining pleasure, regardless of external considerations. This basic push for gratification remains part of the personality, but with the experience that gratification can often be achieved better by a more considered approach to the external world.

By planning and negotiating, the child gradually transfers energy from the id to the ego. This is the second structure to develop and mediates between the demands of the id and the realities of life. The

ego also mediates between the id and the superego, known colloquially as the conscience. The superego, which enables individuals to decide between right and wrong, is the third structure to develop.

The ego is the mainly conscious part of the mind, and the id and superego are unconscious. These parts of the personality are seen as being in conflict, and the result of this conflict is anxiety. Most people experience anxiety which can often be directly handled by the ego. An example of this is the anxiety which surrounds the experience of being called out on an out-of-hours visit to an unknown family, with the likelihood that a child will be taken into care or violence and aggression will be experienced. This is a situation which calls for judgement about the risk that the family will be hostile to the social worker, the problems of liaising with the emergency children's reception centre and so on. The ego can handle this by 'looking' objectively at the situation, realising its difficulties, recognising other people's likely anxieties, and mustering all one's professional skills in order to do the work as well as possible, bearing the child's needs in mind, rather than being overwhelmed by anxiety.

However, sometimes there is too much anxiety to be handled by the ego, and individuals resort to 'defence mechanisms', Freud's term for unconscious strategies for reducing anxiety. Because these mechanisms are unconscious they involve some self-deception, but they are quite normal, and part of everyone's experience. The defences can take the form of denial, repression, rationalisation, projection and displacement. So, for instance, someone might repress the feelings surrounding a break-up of their relationship by insisting to themselves that nothing has gone wrong (denial). Alternatively, she/he may 'rationalise' that she/he never loved the partner anyway, and a break-up would be the sensible solution. 'Projecting' the anxiety would mean experiencing the partner as uncaring and unworthy of love, when in fact she/he fears those particular qualities in themselves. Finally, anxiety about the break-up could be 'displaced' by having arguments at work or being irritable with the children, and thus focusing attention on these 'problems', and away from the source of the anxiety. Orbach (1999) highlighted how she struggled to make sense of feelings and emotions that a patient had aroused in her which appeared to have no conscious or objective explanation. As she describes it the therapist is drawn into the emotions experienced by

the client ‘the therapist bobs in and out of the emotional turmoil that is at the heart of the human condition ... [and] ... offered a special kind of opportunity to enter into the emotional experiences of another’ (1999: 2).

Psychosexual development

In the course of development a child goes through a series of what Freud called psychosexual stages. The ego and superego develop during the course of these stages. Also the goals of gratification change according to the focus of the libido, which centres upon a particular part of the body, or erogenous zone, at each stage: the mouth, the anus and the genitals.

Freud proposed five stages. Between the age of 0 and 1 years of age, the infant goes through the oral stage, when the libidinal focus is on the mouth, tongue and lips. The major source of pleasure surrounds this area, and attachment to the mother is related to her being a source of oral pleasure. The anal stage occurs between the ages of 1 and 3 years. During this stage the baby is sensitive to the anal region of its body, which corresponds to the parents’ efforts in toilet training. If toilet training becomes fraught, which it often does, Freud considered that a child might suffer to some extent for the rest of his/her life. The phallic stage takes place between the ages of 3 and 5. It is characterised by a shift away from the anal region towards the genital erogenous zone. At this stage both boys and girls may begin quite naturally to masturbate.

Freud considered that an important event occurs during the phallic stage which he called the oedipal conflict. Freud himself put more emphasis on the events related to boys’ development, but he believed that parallel occurrences take place for girls. He suggested that the boy becomes intuitively aware of his mother’s sexuality, and at about the age of 4 begins to have a (sort of) sexual attraction to his mother, regarding his father as a sexual rival. He sees his father as having the ultimate power to castrate him as a punishment and thus the boy is caught between desire for his mother and fear of his father’s power to achieve his revenge. The result of this conflict is anxiety, to which he responds with a process Freud calls ‘identification’. Thus he tries to make himself as much like his father as possible so that he is taking on some of his father’s powers too.

The related process which, according to psychoanalytic theory, occurs for girls is not described very well by Freud, who asserts that

the girl sees her mother as a rival for her father's sexual attentions although he argues she will not fear her mother's power so much as the boy fears his father's – perhaps because she assumes she has already been castrated. This means her anxiety is weaker and so is her identification.

Freud considered that successful resolution of the oedipal crisis by identification with the appropriate parent is decisive for healthy development and disruption of the identification process is severely problematic. An example where a mother is more powerful than the father could create problems for boys in the family. However, for most of us the 'model' family as described by Freud is rare. It is important therefore for social workers to accept and understand the relevant aspects of a theory, while modifying and rejecting theories or parts of theories which are not applicable.

Freud says that children between the ages of 5 and 12 go through a period of latency without any major developmental changes. During these years the child's friends are almost exclusively of the same sex and there is further development of the defence mechanisms, particularly those of denial (for instance, the child says that she/he is not tired when clearly unable to keep awake!) and repression (in which unacceptable thoughts and feelings, particularly those about sexuality, are forced out of consciousness).

Between the ages of 12 and 18-plus, the adolescent's psychosexual stage corresponds with hormonal and biological changes, with the focus of interest on the genitals. The child is now interested in people of the other sex and according to Freud, with mature heterosexual love being the maturational goal. Other psychoanalytic psychologists (e.g. Dinnerstein, 1976; Sayers, 1982; Mitchell, 2000) have challenged Freud's developmental theory in this respect and shown gay relationships to be one perspective on normal development.

Freud's work is a major attempt to explain human development, human relationships and emotions and explore the different ways in which we are (apparently) irrational. However it is difficult to prove many of Freud's assertions.

Freud's studies of developmental psychology led him to believe that structural reorganisation of the personality occurs at certain crucial points in development, and that these stages are universal features in the development of all human beings. Children want their wishes fulfilled immediately and flare up in anger if frustrated. They also show strong sexual passion. He considered that during socialisation

antisocial impulses were brought under control so that a process of internalisation through which children moved from external behavioural controls (rewards and punishments) to internal self-controls occurred. This transition linked with children's feelings towards their parents. Parental pressure towards socialisation makes children angry, and the thought of expressing this anger arouses their anxiety: partly because they might lose their parents if they were to express their anger too fervently. Children therefore repress their anger and turn it in on themselves. This is the foundation of 'guilt' – a powerful motivating force in development. The internalisation of the parents' (and thus society's) rules are embodied in the superego which is a harsh, punitive and inflexible psychological mechanism.

Behavioural psychology

Many social workers are now familiar with behaviour modification and more recently cognitive behaviour therapy (CBT) therapeutic techniques based upon knowledge derived from the behavioural school of psychology. This is one of the earliest approaches to understanding human behaviour developed initially by Thorndike, Watson, Pavlov and Skinner in the late 19th and early 20th centuries. Behaviourists are interested in questions relating to the conditions and events surrounding behaviour, that is, what actually happened before someone broke into tears, and what events took place in response to this. Psychologists from this perspective limit themselves to observable events, and the ways in which behaviour is influenced by the environment. This is directly opposed to the psychoanalytic approach which concentrates on the inner and unconscious life of individuals, and stresses the significance of biology in determining development. Behaviourism is concerned with how individuals learn about the way in which they can best exist within their environment, including emotional development, perceptions of the external world, social behaviour and personality. Individuals learn by making connections between events in the environment. Two particular theories have been developed to explain learning. These are classical conditioning and operant conditioning.

Studies of classical conditioning from the work of Pavlov who noticed that dogs salivated when they saw and smelled the food being brought to them. A bell sounded just before the time that the food

arrived, and Pavlov observed that the dogs would eventually salivate on hearing the bell, even when there was no food to be seen or smelled. People learn to anticipate relationships between ‘stimuli’ in order to make sense of the world. A child might learn that when her father has had too much to drink he hits her, and the pain makes her cry. Thus, when she hears her father returning from the pub she responds by bursting into tears before he has a chance to be violent. She has learnt that the combination of her father returning home and the place that he has been indicate punishment for her. This is an example of classical conditioning.

Operant conditioning, based on the work of Skinner (1953), occurs when an individual learns that some behaviour of his/her own leads to a particular consequence. A boy may take part in a range of activities at home, but when he plays with guns, and behaves in a typically ‘masculine’ way, his mother smiles at him. He therefore learns to behave in this way more frequently, as it gains his mother’s approval. This process has been studied by Skinner, who demonstrated that behaviour in rats and pigeons can be ‘conditioned’ if responses are followed by ‘reinforcement’ – the reward or punishment following particular manifestations of behaviour. The mother smiling at the little boy’s games is the reinforcement. Conversely, a little girl playing with guns may have them taken from her, or be told with a frown that her behaviour is ‘unladylike’. This acts as a punishment, and the child learns not to behave in that particular way. Skinner, in direct contrast to Freud, challenged the idea of human ‘agency’, believing that human states of mind do not ‘cause’ behaviour. For Skinner inner processes such as thinking and feeling are only ‘responses’ to the external world.

Behaviour modification based on the theory of operant conditioning is a method of helping someone change undesirable and antisocial behaviour by offering rewards or punishments. For instance children with learning disabilities often respond favourably to being cuddled or given sweets, and if they wash themselves or go to the toilet at the right time, they can be rewarded in that way. They learn to modify and adapt their behaviour as a means of obtaining the reward. CBT represents a more sophisticated approach to behavioural and cognitive change and works through enabling the individual to unlearn patterns of depressive or negative thoughts. This is particularly useful for changing the way depressed people see their

lives and the world around them and adopt a more optimistic or hopeful outlook.

Behavioural psychologists are concerned with the way people act rather than the way they reason about their behaviour, ethics and morality. They propose that a person's obedience to a culture's moral rules depends on the *consequences* of doing so or not doing so, that is, the punishments or rewards that ensue. They consider that behaviour that provides rewards in a given situation is likely to be repeated in a similar situation, and behaviour that is punished is less likely to be repeated. Thus individuals who are punished for breaking the law are less likely to do so again. However psychologists (e.g. Thorndike, Watson, Skinner and others) have argued that if acceptable ways of behaviour are to be learnt, it is important for the rewards or punishments to be administered immediately after and clearly related to the behaviour.

Psychologists would consider that reward is preferable to punishment in child rearing, because punishment merely suppresses behaviour. It does not provide long-term inner control. Studies have also demonstrated that it is likely to create hostility, which may well increase antisocial activities in those who receive too much punishment. Changing children's behaviour has found its way into popular 'reality' television where techniques of behaviourism are put on display. Aggressive, hyperactive and anxious children who won't go to bed, attend school or eat, for example, and thereby cause distress to their parents are subjected to change in parental response under the tutorship of the celebrity psychologist. Where, when and how negative behaviours have previously been reinforced is demonstrated to parents and these reinforcements are withdrawn in favour of positive reinforcement for acceptable behaviour – frequently with impressive results.

Social learning theory

During the 1960s Bandura developed a social learning theory combining behavioural and cognitive psychology. Social learning theory explores how people learn their social behaviour. Social learning in developing children is accomplished through the influence of models (usually adults) whose behaviour is imitated by the children for whom that particular adult is important. It has been suggested that children model the behaviour of people who are warm and caring, which would

include their parents, perhaps their favourite nursery teacher, or relatives. However psychologists have shown that this is not always the case, and that perhaps it is the qualities possessed by models rather than their place in the child's early life that makes them effective. Another important aspect of social learning theory – and one which conflicts with psychoanalytic theory – is that the observation of the model is crucial, not necessarily the interaction between the child and model. In one famous set of experiments, Bandura identified the importance of modelling behaviour in young children's development. The psychologists used nursery-school children as participants, and divided them into 'experimental' and 'control' groups. The children in the experimental group watched an adult spend several minutes mistreating a doll – punching it, standing on it, pulling its hair, and eventually banging it with a mallet. Then the groups of children were allowed to play with some attractive toys. These were soon taken away and the children were told that some other children were going to play with them instead. This was clearly and intentionally a very frustrating situation, during which the children were expected to initiate aggression. At this stage, all the children were given a doll and a mallet to play with, as well as 'aggressive' toys such as darts and guns. Both the experimental group and the control group were observed through a one-way mirror for 20 minutes. The experimental group expressed their aggression on the whole by mistreating the doll in imitation of the adult. The control group were also aggressive, but did not adopt this behaviour: they made more varied use of the guns and the darts.

This explanation of behaviour may well be important in practice for breaking the pattern of aggressive parenting by individuals who themselves were physically abused by their own parents. According to the social learning theorists, they would have learned a particular style of parenting which is aggressive, and to react to personal frustrations by hitting their children. By providing day care for children who have been attacked by their parents, it should be possible to give a stronger alternative model for parenting behaviour. It might be the qualities possessed by the model rather than their importance in a child's life which makes them effective. A warm, caring nursery teacher or residential worker may be more influential than an aggressive parent.

Bandura also suggested that individuals do not learn about moral rules in response to their exposure to reward or punishment, but by

observation of other people's behaviour. By watching other people individuals witness the consequences of their actions and the behaviour that they assess to be appropriate under certain conditions. It is worth noting that although the results of these and similar experiments remain valid, the methodologies, using trickery and deception, are no longer permissible for ethical reasons.

Cognitive-developmental psychology

Cognitive-developmental psychology, an offshoot of cognitive psychology, developed as a reaction to behaviourism which, its advocates believed, ignored 'what goes on inside the heads' of human beings. Cognitive-developmental psychology therefore attempts to explore the maturational changes in mental structures as well as the changes in capacities which occur as the infant becomes the child and then the adult. This is a particularly relevant approach when considering aspects of socialisation (the way culture is transmitted from one generation to the next) as well as psychological development. Cognitive-developmental psychology is concerned with the way people process information derived from both their internal world and the external world, and the way in which changes in the processing mechanisms occur.

The most influential psychologist in the area of cognitive development was Jean Piaget, the Swiss research biologist, who, because he was writing in French from the 1930s, was not taken seriously until his work was translated to English in the 1950s. Piaget demonstrated that a child's behaviour alone did not present a complete picture and that the quality of the thought processes behind that behaviour needed equal consideration. Also he found that children of different ages had different ways of thinking and solving problems. Piaget's approach challenged thinking which at the time had been geared to intelligence-testing and quantifying changes in development.

The central idea of Piaget's work, and that of subsequent cognitive-developmental psychologists, is that every child is born with certain strategies for interacting with the environment. These strategies, which enable babies to make sense of their world in a particular way, are the starting points for the development of thinking. As children develop, so do their strategies – partly as a result of maturation, and partly as a result of the child's encounters with the

external world. The discoveries the child makes about the world come about during the processes of development and exploration and occur in particular sequences. Thus there are certain things children are unable to do until they have grasped concepts which precede them (e.g. a child cannot grasp the idea of adding and subtracting until she has realised that objects are constant).

Piaget considered that the environment in which the child lives may affect the rate at which she goes through this developmental sequence, because the quality of experience is an important source of stimulation and mental exercise. However, as far as he was able to demonstrate, the environment does not enable children to miss out or skip stages in cognitive development. An understanding of the concept of children's cognitive structure is especially important for residential workers faced with the task of ensuring that the children in their care make sense of their worlds, and the reasons why they are in care. It also provides a means of assessing children's responses to particular situations, as in the case of 'good' and 'bad' behaviour and moral reasoning.

Piaget's interest in moral rules has a resonance with contemporary concerns about respect for others and unruly or disruptive behaviour of children and adolescents in schools and in public places. Typical assumptions are that young people who are disruptive will change their behaviour if they are threatened with punishments such as community service orders, where they might have to clean streets and public toilets under the supervision of probation workers or work on older people's gardens. This may not necessarily be the most helpful means of changing 'antisocial' behaviours. Piaget (1932) and Lawrence Kohlberg (1969) worked on this aspect of moral development. Piaget had based his research on younger children's thinking about intent in moral issues. He worked with children aged between 6 and 12 and told them pairs of stories about childish transgressions, asking them which action was the naughtier and why. The pairs of stories might be as follows:

- (1) There was a little boy called John, who thought he would help his mummy by cleaning the kitchen. While he was doing this he knocked a pile of plates over, and they all broke.
- (2) William's mummy told him never to play in the kitchen when she was not there, but one day he did, and knocked over a cup and cracked it.

Piaget asked, ‘Who was the naughtier and why?’ Younger children usually insisted that John was the naughtier because the consequences of his action were more severe. Piaget found that they did understand that he was trying to help, but were still more concerned about the amount of damage. He calls this type of reasoning ‘objective responsibility’, meaning that actions are judged on the basis of their material outcome rather than their intent. He also demonstrated that children’s first views grow out of their relationship to adults as authority figures. They are subordinate to adults, and believe that rules emanate from sources *outside* themselves, which adults recognise and thus forbid and punish. He refers to this stage as ‘heteronomous morality’. When children grow older, free themselves from adult authority and mix more with their peer group, they begin to understand that rules are social agreements, accepted by all members of a group as a basis for cooperative action. He refers to this stage as one of ‘autonomous morality’. This suggests therefore that simply punishing young people for antisocial transgressions will not change their behaviours because they still think about rules in the same way.

In the late 1960s Kohlberg built upon Piaget’s work on moral development. He aimed to show that, if cognitive development in human beings had a natural and normal development course, then moral reasoning may also demonstrate a normal pattern of development. This was based on the premise that if the development of moral reasoning demonstrates a standard or universal form of development with increasing maturity, then the mature form of moral thinking can be considered to be better or more desirable than earlier forms of moral thought. Kohlberg attempted to describe the changes in children’s moral thinking systematically as they occur with development. He made a series of comparison studies of children of different ages, and a longitudinal study of a group of children as they grew up. The consistencies between these two studies gave him a firm basis for claiming that age-group differences do reflect individual development in moral reasoning.

Kohlberg presented his participants with a moral dilemma which contained a conflict between competing claims for justice. Their task was to choose a solution and explain their choice. After analysing the statements of children at various stages of development, he constructed a model of growth in moral reasoning. This consisted of three levels of morality, each of which could be divided into two stages, as in Table 1.1.

Table 1.1 Kohlberg's stages of moral reasoning**Level 1 Preconventional morality**

The level of most children under the age of nine, many adolescents, and some adult criminal offenders.

Stage 1 The individual at this stage conforms to avoid punishment from authority, whose power she/he accepts.

Stage 2 Self-interested exchanges. Individual conforms to get the most possible advantage for himself/herself.

Level 2 Conventional morality

Most adolescents and adults are at this level. The individual now understands, accepts, and upholds social rules and expectations, especially those that emanate from authorities.

Stage 3 Maintaining good interpersonal relationships. The individual wants to be seen as good, and to live up to others' expectations. She/he will experience shame if seen in an unflattering light by important people.

Stage 4 Maintaining the social system. The individual agrees to a set of rules and obligations which are seen as justified in order for the system to operate.

Level 3 Postconventional morality

Only a minority of adults reach this level, and then rarely until they are 20 or above. Individuals at this level internalise their own formulation of society's rules according to their own moral principles. When a person's principles are at odds with social rules, the person will be guided by their own.

Stage 5 Social contract and individual right. Social rules are seen as capable of being changed by those affected. A revolutionary leader might operate at this stage.

Stage 6 Universal ethical principles. Individuals recognise the universal ethical principles to which they have a sense of personal commitment. Compliance is based upon personal conscience, not external pressure or even social contract. A martyr, or a terrorist, willing to sacrifice their own life for their cause might be seen to operate at this stage.

Kohlberg suggested that these levels of morality reflect three different social orientations. Preconventional people have a concrete individual perspective on society; conventional people have a member-of-society's view; and postconventional people take a prior-to-society perspective. Only postconventional people ask themselves what kind of social regulations a society would have to develop if it were to start from scratch. It is likely that the majority of social workers see themselves as operating at a postconventional level of moral reasoning which is necessary to work with people with very different moral rules, behaviours and experiences from their own. Social workers need to be more than tolerant 'liberals'. If they are going to work successfully with service users of all ages and backgrounds to help them change their behaviours then they need to be confident in their own, independent judgements of morality beyond those of popular rhetoric, policy and law enforcement. This does not mean that psychologists are advocating challenges to the current policy, law and social structures. It simply means that social workers, to do their work with service users effectively, need to be able to think beyond the popular imagination.

Kohlberg predicted that moral reasoning was related to behaviour. He did a series of experiments to show that people at a high level of moral reasoning are less likely to administer shocks in experiments like Milgram's (Chapter 6). Another piece of work which used Kohlberg's stages showed that children at stage 3 are more likely to give way to group pressure than those at a higher stage. Also, that people at stages 5 and 6 were seen to be more likely to cheat than those at 3 and 4. Another study showed that university teachers of science and university administrators tended to employ law-and-order reasoning more than social science and humanities teachers.

Carol Gilligan (1982/1993) provided a challenge to this view on moral reasoning, arguing that Kohlberg's model was 'gendered'. Through her own examination of moral stories which focused on matters like abortion – clearly of more immediate concern to girls and women – she found clear gender differences in the processes of reasoning with decisions made along lines reflecting the interests of each gender group. That is not to say that women and men came down on separate sides, or even the same sides as each other, when addressing issues around 'a woman's right to choose' an abortion. Gilligan found that they based their judgements on different premises.

Social psychology

Social psychology has origins in sociology as well as psychology, with Auguste Comte in France and Charles Cooley in America (at the turn of the 20th century) both making reference to 'social psychology'. The 1930s and 1940s were another period of growth with studies of industrial management and army leadership inspiring researchers. Social psychology is different from the approaches described so far, partly because it incorporates a variety of psychological theories, but especially because it focuses upon the study of more than one person, and of individuals within the context of wider social groupings. Most recently it has identified itself overtly with critical approaches to the discipline (Gough and McFadden, 2001).

Social psychology is important for social workers most obviously because of mutual concern for social networks. In Chapter 6, aspects of group behaviour relevant to understanding family patterns and institutional life are examined, while in Chapter 7 there is a discussion of the social psychology of social work organisations.

Social psychology is both responsive to, and initiates change in, conceptual and methodological issues. In the 1970s there was a direct challenge to the positivist model of research (Harré and Secord, 1972) arguing that an understanding of the deeper levels of human encounter could only be assessed through analysis of subjective accounts of actions rather than objective measurement of interpersonal behaviour. This line of attack upon mainstream psychology has been maintained and indeed strengthened through the work of social constructionists who argue for the understanding of human behaviour through the way individuals position themselves within existing discourses. This approach attempts to explain human experience (subjectivity) as an ideological venture rather than an essentially biological one, and so human social and individual actions might be understood as deriving from dominant social values rather than individual desires (see Gough and McFadden, 2001). This perspective is particularly important for social work practitioners grappling with the reasons why particular people appear to persist in what seem to be inappropriate behaviours.

The phenomenological or humanistic approach

Humanistic psychology was initially rooted in the optimism of the 1960s and the work of Abraham Maslow, George Kelly and

Carl Rogers. Rogers' work in particular was derived from his therapeutic/counselling work and, like Freud, he developed a theory of personality and human development based on his clinical experience (see Chapter 3). Unlike psychoanalysis however, humanistic psychology emphasises the positive nature of human beings and their efforts towards growth and self-actualisation or self-fulfilment.

Humanistic psychology stresses the importance of freeing individuals from any barriers within themselves and between the self and the external reality. It also differs from other approaches in psychology, because of the value it attaches to subjective experience – that the individual's own view of the world is reality. The main concern therefore is how people perceive themselves and their surroundings, rather than their behaviour.

The central component of Rogers' theory is the self-concept. Someone with a positive self-concept views the world quite differently from someone whose self-concept is weak. The self-concept does not necessarily reflect reality – someone may be successful in the eyes of others, but see him/herself as a failure. Rogers suggests that individuals have an 'ideal self', the person they would like to be, and that self-concepts of 'fully functioning' people are consistent or congruent with their thoughts, experience and behaviour (Rogers, 2002).

Evolutionary psychology

Evolutionary psychology has gained an enthusiastic response from the popular press over recent years because it appears to provide a watertight and scientifically-based rationale for gender–power differences and differences in gender-typed behaviours. It is based on the premise that human behaviour originates from natural selection, that is, the desire and behaviour by both males and females to maximise their reproductive potential. By definition, the strategies that men and women apply are distinct from each other because women have greater investment in an individual offspring (since each infant has a nine-month gestation period). By contrast, men can produce children each time they have sexual intercourse with a different woman. Thus it is argued that women have evolved to become sexually/socially shy and 'choosy', while men have to compete with each other through aggression in order to impregnate the 'best' female they are able. Hence the evolution of sex-typed personality traits. This work, usually developed through experimental means with humans (mainly students),

is controversial within psychology and among feminist scholars, with the emphasis on sex differences in 'mating behaviour'. It owes its significance at the moment, at least in part, to developments in understanding the structure and influences of genetics on behaviour but the ethos of evolutionary psychology, which is essentially conservative, contrasts sharply with the values underlying social work practice. For social workers, though, there are important questions to be considered which evolutionary psychology has raised. For example, what would make an individual care for members of the family who no longer have reproductive potential such as parents or grandparents? Is altruism in general an evolved behaviour? Why do so many men appear to physically and sexually abuse their female partners and/or their children? These questions are beyond the scope of this book but are socially and politically important and need consideration. There is an ongoing debate (Rose and Rose, 2000; Campbell, 2002; Baron-Cohen, 2004) about the relevance and validity of evolutionary psychology.

Social work and psychology

A knowledge of psychology and the ways it can be applied are integral to effective social work practice. What therefore do social workers need to know?

1. Social workers need to know how to develop, reflect on and improve the psychological skills most useful in interviewing, providing therapeutically-based support and in assessing service users' needs. We shall be covering these issues in depth in Chapters 3 to 6.
2. Social workers need a thorough knowledge of human behaviour, including its relationship to motivation, personality and development in order to understand service users, colleagues and themselves. Personality and motivation are discussed in Chapter 5, psychological development through the life course in Chapter 2.
3. Similarly social workers need to be able to make sense of social care and allied organisations in order to cope with their own career or professional development and training requirements. This will be discussed in Chapter 7.
4. Social workers need information about applied research evidence on relevant topics, to be able to select what is relevant and apply it to the needs of service users and the organisations in which they work.

5. Social workers need to have enough knowledge of professional psychology to provide an effective and complementary service alongside clinical, educational and counselling psychologists and particularly to understand brief psychological therapies that have become widely used over recent times such as CBT (cognitive behavioural therapy) and CAT (cognitive analytic therapy).

Conclusions

It is because social work practitioners acknowledge the need to have access to scientific information about human performance, human development, pathology and so on, that psychologists have been asked to conduct research into these areas. The fact that social workers are being asked to place people with learning disabilities and long-term mental health service users in the community means that research into normalisation and stress in the family is funded. Finally, as social workers are having to account for themselves and re-evaluate how they spend their time, psychologists are being commissioned to evaluate a number of programmes run by local authorities and other social work agencies.

The relationship between psychology and social work then is highly productive but demands mutual respect and awareness. For social workers to ignore psychology or to take it for granted will lead to inadequate knowledge and practice. Similarly psychologists involved in teaching social workers or doing research into areas of social work need a detailed and sympathetic knowledge of the social work role.

putting it into practice

- 1 List the costs and benefits of using video links to interview children about abuse.
- 2 Make a checklist of psychological considerations that need to be taken into account before meeting the only survivor injured in a serious traffic accident.
- 3 Write a brief account of how you would write up a report of a meeting with the survivor of the road accident who is suffering from PTSD from (a) a psychoanalytic perspective and (b) a social learning perspective.

Further reading

Baron-Cohen, S. (2004) *The Essential Difference*. Harmondsworth: Penguin.

Orbach, S. (1999) *The Impossibility of Sex*. Harmondsworth: Penguin.

These two books are easy to read but each demonstrates a very different perspective on the psychology of human behaviour. Orbach concentrates on the application of intuition, feelings and emotion to understand interaction. Baron-Cohen looks at the day-to-day relevance of experimental psychology from an evolutionary perspective to look at gender relations, particularly the differences in behaviours and attitudes of women and men.

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