CHAPTER 7

PSYCHOLOGICAL DEVELOPMENT IN ADOLESCENCE

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"Teen Alcoholism Shows Dramatic Increase"
"Eighteen-Year-Old Hangs Self in Kenosha Jail"
"$600,000 Worth of Cocaine Found in High School Drug Bust"
"Teen Mother Shoots Infant Daughter, Husband, and Self"
"Four Killed by Drunk Teen Driver"

These statements might all be seen in newspaper headlines. They refer to tragedies that involve adolescents. Although the media often address sensationalist and tragic events, the fact that such things are occurring merits our attention. What psychological variables operate to help cause such happenings?

A Perspective

This chapter will focus on some of the major psychological growth tasks and pitfalls confronting adolescents. Psychological systems involve such aspects of growth and development as forming an identity and developing a personal morality. An individual's psychological system interacts with biological and social systems to affect behavior.

We have already addressed some of the interactions between biological and psychological systems. For example, maturation rate and body weight (which relate to an individual's biological system) can affect body image and self-concept (which relate to the psychological system). Knowledge of psychological milestones normally negotiated during adolescence is important for the overall assessment of behavior and functioning. Additionally, this chapter will discuss two categories of critical issues that affect many individuals in this age group: assertiveness and suicide.

Learning Objectives

This chapter will help prepare students to

EP 6a
EP 7b
EP 8b

LO 1 *Explore identity formation in adolescence (including Erikson's psychosocial theory, Marcia's categories of identity, and Glasser's Theories)*
LO 2 *Examine race, culture, ethnicity, and identity development*
LO 3 *Explore moral development (including Kohlberg's theory, Gilligan's approach, and a social learning perspective)*
LO 4 *Review Fowler's theory of faith development*
LO 5 *Assess empowerment through assertiveness and assertiveness training*
LO 6 *Explore suicide in adolescence*

LO 1 Explore Identity Formation in Adolescence

Personal identities crystallize during adolescence. Through experimentation and evaluation of experience and ideas, the adolescent should establish some sense of who he or she really is. In other words, people get to know themselves during adolescence. Explored here are Erikson's psychosocial theory and Marcia's categories of identity.

Erikson's Psychosocial Theory

Erik Erikson (1950, 1968) proposed a theory of psychological development comprising eight stages. This theory focuses on how personalities evolve throughout life as a result of the interaction between biologically based maturation and the demands of society. The emphasis is on the role of the social environment in personality development. The eight stages are based partly on the stages proposed by Freud and partly on Erikson's studies in a wide variety of cultures. Erikson writes that the society in which one lives makes certain psychic demands at each stage of development. Erikson calls these demands **crises**. During each psychosocial stage, the individual must seek to adjust to the stresses and conflicts involved in these crises. The search for identity is a crisis that confronts people during adolescence.

Although Erikson's psychosocial theory addresses development throughout the life span, it is included here because of the importance of identity

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Forming your identity is a process of serious reflection about who you are and you want to became.

formation during adolescence. After the entire theory is discussed, its application to adolescence will be explored in greater depth.

Each stage of human development presents its characteristic crises. Coping well with each crisis makes an individual better prepared to cope with the next. Although specific crises are most critical during particular stages, related issues continue to arise throughout a person's life. For example, the conflict of trust versus mistrust is especially important in infancy. Yet children and adults continue to struggle with whether or not to trust others.

Resolution of each crisis is an ideal, not necessarily a reality. The degree to which crises in earlier stages are resolved will affect a person's ability to resolve crises in later stages. If an individual doesn't learn how to trust in stage 1, that person will find it very difficult to attain intimacy in stage 6.

Stage 1: Basic Trust Versus Basic Mistrust

For infants up to 18 months of age, learning to trust others is the overriding crisis. To develop trust, one must understand that some people and some things can be depended on. Parents provide a major variable for such learning. For instance, infants who consistently receive warm, loving care and nourishment learn to trust that these things will be provided to them. Later in life, people may apply this concept of trust to friends, an intimate partner, or their government.

Stage 2: Autonomy Versus Shame and Doubt

The crisis of autonomy versus shame and doubt characterizes early childhood, from 18 months to 3 years. Children strive to accomplish things independently. They learn to feed themselves and to use the toilet. Accomplishing various tasks provides children with feelings of self-worth and self-confidence. On the other hand, if children of this age are constantly downtrodden, restricted, or punished, shame and doubt will emerge instead. Self-doubt will replace the self-confidence that should have developed during this period.

Stage 3: Initiative Versus Guilt

Preschoolers aged 3 to 6 years must face the crisis of taking their own initiative. Children at this age are extremely active physically; the world fascinates them and beckons them to explore it. They have active imaginations and are eager to learn. Preschoolers who are encouraged to take initiative to explore and learn are likely to assimilate this concept for use later in life. They will be more likely to feel confident in initiating relationships, pursuing career objectives, and developing recreational interests. Preschoolers who are consistently restricted, punished, or treated harshly are more likely to experience the emotion of guilt. They want to explore and experience, but they are not allowed to. Instead of learning initiative, they are likely to feel guilty about their tremendous desires to do so many things. In reaction, they may become passive observers who follow the lead of others instead of initiating their own activities and ideas.

Stage 4: Industry Versus Inferiority

School-age children 6 to 12 years old must address the crisis of industry versus inferiority. Children in this age group need to be productive and succeed

in their activities. In addition to play, a major focus of their lives is school. Therefore, mastering academic skills and material is important. Those who do learn to be industrious master activities. Comparison with peers becomes exceptionally important. Children who experience failure in school, or even in peer relations, may develop a sense of inferiority.

Stage 5: Identity Versus Role Confusion

Adolescence is a time when young people explore who they are and establish their identity. It is the transition period from childhood to adulthood when people examine the various roles they play (e.g., child, sibling, student, Catholic, Native American, basketball star) and integrate these roles into a perception of self, an identity. Some people are unable to integrate their many roles and have difficulty coping with conflicting roles; they are said to suffer from **role confusion**. Such persons feel confused and uncertain about their identity.

Stage 6: Intimacy Versus Isolation

Young adulthood is characterized by a quest for intimacy, which involves more than the establishment of a sexual relationship. Intimacy includes the ability to share with and give to another person without being afraid of sacrificing one's own identity. People who do not attain intimacy are likely to suffer isolation. These people have often been unable to resolve some of the crises of earlier psychosocial development. Various types of intimate relationships and how people experience them will be discussed in more detail in Chapter 8.

Stage 7: Generativity Versus Stagnation

Mature adulthood is characterized by the crisis of generativity versus stagnation. During this time of life, people become concerned with helping, producing for, or guiding the following generation. Generativity involves a genuine concern for the future beyond one's own life track, although it does not necessarily involve procreating one's own children. Rather, it concerns a drive to be creative and productive in a way that will aid people in the future. Adults who lack generativity become self-absorbed. They tend to focus primarily on their own concerns and needs rather than on those of others. The result is stagnation—a fixed, discouraging lack of progress and productivity.

Stage 8: Ego Integrity Versus Despair

The crisis of ego integrity versus despair characterizes old age. During this time of life, people tend to look back over their years and reflect on them. If they appreciate their life and are content with their accomplishments, they are said to have **ego integrity**—the ultimate form of identity integration. Such people enjoy a sense of peace and accept the fact that life will soon be over. Others who have failed to cope successfully with past life crises and have many regrets experience despair.

CONCEPT SUMMARY

Erikson's Eight Stages of Development

Stage	Crisis	Age	Important Event
1.	Basic trust versus basic mistrust	Birth to 18 months	Feeding
2.	Autonomy versus shame and doubt	18 months to 3 years	Toileting
3.	Initiative versus guilt	3 to 6 years	Locomoting
4.	Industry versus inferiority	6 to 12 years	School
5.	Identity versus role confusion	Adolescence	Peer relationship
6.	intimacy versus isolation	Young adulthood	Love relationship
7.	Generativity versus stagnation	Maturity	Parenting and creating
8.	Ego integrity versus despair	Old age	Reflecting on and accepting one's life

Implications of Identity Formation in Adolescence

Achieving genital maturity and rapid body growth signals young people that they will soon be adults. They therefore begin to question their future roles as adults. The most important task of adolescence is to develop a sense of identity, a sense of "who I am." Highlight 7.1 poses some questions to help you explore and articulate your sense of identity. Making a career choice is an important part of this search for identity.

HIGHLIGHT 7.1

How to Determine Who You Are

Forming an identity essentially involves *thinking* about, and arriving at, answers to the following questions: (1) What do I want out of life? (2) What kind of person do I want to be? (3) Who am I? The most important decisions you make in your life may well be in arriving at answers to these questions.

Answers to these questions are not easy to arrive at. They require considerable contemplation and trial and error. But if you are to lead a fulfilling life, it is imperative to find answers to give direction and meaning to your life. Without answers, you are apt to muddle through life by being a passive responder to situations that arise, rather than a continual achiever of your life's goals.

Knowing who you are and where you are going are important both for clients and for you as a practitioner. The following questions may be a useful tool in pursuing that quest:

1. What do I find satisfying, meaningful, and enjoyable? (Only after you identify what is meaningful and gratifying will you be able to consciously seek involvement in activities that will make your life fulfilling, and avoid those activities that are meaningless or stifling.)
2. What is my moral code? (One possible code is to seek to fulfill your needs and to seek to do what you find enjoyable, doing so in a way that does not deprive others of the ability to fulfill their needs.)
3. What are my spiritual beliefs?
4. What are my employment goals? (Ideally, you should seek employment that you find stimulating and satisfying, that you are skilled at, and that provides you with enough money to support your lifestyle.)
5. What are my sexual morals? (All of us should develop a consistent code that we are comfortable with and that helps us to meet our needs without exploiting others. There is no one right code—what works for one may not work for another, due to differences in lifestyles, life goals, and personal values.)
6. Do I want to have a committed relationship? (If yes, with what type of person and when? How consistent are your answers here with your other life goals?)
7. Do I want to have children? (If yes, how many and when? How consistent are your answers here with your other life goals?)
8. What area of the country or world do I want to live in? (Variables to be considered are climate, geography, type of dwelling, rural or urban setting, closeness to relatives or friends, and characteristics of the neighborhood.)
9. What do I enjoy doing with my leisure time?
10. What kind of image do I want to project to others? (Your image will be composed of your dressing style and grooming habits, your emotions, personality, assertiveness, capacity to communicate, material possessions, moral code, physical features, and voice patterns. You need to assess your strengths and shortcomings honestly in this area, and seek to make needed improvements.)
11. What type of people do I enjoy being with, and why?
12. Do I want to improve the quality of my life and that of others? (If yes, in what ways, and how do you hope to achieve these goals?)
13. What types of relationships do I want to have with relatives, friends, neighbors, and people I meet for the first time?
14. What are my thoughts about death and dying?
15. What do I hope to be doing in 5 years, 10 years, 20 years?

To have a fairly well-developed sense of identity, you need to have answers to most, but not all, of these questions. Very few people are able to arrive at rational, consistent answers to all the questions. Having answers to most of them will provide a reference for developing your views in the yet unanswered areas.

Honest, well-thought-out answers to these questions will go a long way toward defining who you are. Again, what you want out of life, along with your motivation to achieve these goals, will primarily determine your identity. These questions are simple to state, but arriving at answers is a complicated, ongoing process. In addition, expect some changes in your life goals as time goes on. Environmental influences change (e.g., changes in working conditions). Also, as personal growth occurs, changes are apt to occur in activities that you find enjoyable and also in your beliefs, attitudes, and values. Accept such changes. If you have a fairly good idea of who you are, you will be prepared to make changes in your life goals, which will give continued direction to your life. Your life is shaped by events that are the results of decisions you make and decisions that are made for you. Without a sense of identity, you will not know what decisions are best for you. With a sense of identity, you will be able to direct your life toward goals you select and find personally meaningful.

The primary danger during the identity development process, according to Erikson, is **identity confusion**. This confusion can be expressed in a variety of ways. One is to delay acting like a responsible adult. Another is to commit oneself to poorly thought-out courses of action. Still another way is to regress into childishness to avoid assuming the responsibilities of adulthood. Erikson views the cliquishness of adolescence and its intolerance of differences as defenses against identity confusion. Falling in love is viewed as an attempt to define identity. Through self-disclosing intimate thoughts and feelings with another, the adolescent is articulating and seeking to better understand his or her identity. Through seeing the reactions of a loved one to one's intimate thoughts and feelings, the adolescent is testing out values and beliefs and is better able to clarify a sense of self.

Adolescents experiment with roles that represent the many possibilities for their future identity. For instance, students take certain courses to test out their future career interests. They also experiment with a variety of part-time jobs to test occupational interests. They date and go steady to test relationships with the opposite sex. They may struggle with their sexual identity. Dating also allows for different self-presentations with each new date. Adolescents may also experiment with drugs—alcohol, tobacco, marijuana, cocaine, and so on. Many are confused about their religious beliefs and seek in a variety of ways to develop a set of religious and moral beliefs with which they can be comfortable. They also tend to join, participate in, and then quit a variety of organizations. They experiment with a variety of interests and hobbies. As long as no laws are broken (and health is not seriously affected) in the process of experimenting, our culture gives teenagers the freedom to experiment in a variety of ways in order to develop a sense of identity.

Erikson (1959) uses the term **psychosocial moratorium** to describe a period of free experimentation before a final sense of identity is achieved. Generally, our society allows adolescents freedom from the daily expectations of role performance. Ideally, this moratorium allows young people the freedom to experiment with values, beliefs, and roles so that they can find a role in society that maximizes their personal strengths and affords positive recognition from the community.

The crisis of identity versus role confusion is best resolved through integrating earlier identifications, present values, and future goals into a consistent self-concept. A sense of identity is achieved only after a period of questioning, reevaluation, and experimentation. Efforts to resolve questions of identity may take the young person down paths of emotional involvement, overzealous commitment, alienation, rebellion, or playful wandering.

Many adolescents are idealistic. They see the evils and negatives in our society and in the world. They cannot understand why injustice and imperfection exist. They yearn for a much better life for themselves and for others and have little understanding of the resources and hard work it takes for advancements. They often try to change the world, and their efforts are genuine. If society can channel their energies constructively, adolescents can make meaningful contributions. Unfortunately, some become disenchanted and apathetic after being continually frustrated with obstacles.

Importance of Achieving Identity

Adolescents struggle with developing a sense of who they are, what they want out of life, and what kind of people they want to be. Arriving at answers to such questions is among the most important tasks people face in life. Without answers, a person will not be prepared to make such major decisions as which career to select; deciding whether, when, or whom to marry; deciding where to live; and deciding what to do with leisure time. Unfortunately, many people muddle through life and never arrive at well-thought-out answers to these questions. Those who do not arrive at answers are apt to be depressed, anxious, indecisive, and unfulfilled. (See Highlight 7.1.)

The Formation of Identity

Identity development is a lifelong process. During the early years, one's sense of identity is largely determined by the reactions of others. A long time ago, Cooley (1902) coined this labeling process as resulting in the **looking-glass self**—that is, people develop their self-concept in terms of how others relate to them. For example, if a neighborhood identifies a teenage male as being a troublemaker or delinquent, neighbors are then apt to distrust him, accuse him of delinquent acts, and label his behavior as such.

This labeling process, the youth begins to realize, also results in a type of prestige and status, at least from his peers. In the absence of objective ways to gauge whether he is in fact a delinquent, the youth will rely on the subjective evaluations of others. Thus, he is apt to begin to gradually perceive himself as a delinquent, and to begin to enact the delinquent role.

Labels have a major impact on our lives. If a child is frequently called stupid by his or her parents, that child is apt to develop a low self-concept, anticipate failure in many areas (particularly academic), put forth little effort in school and in competitive interactions with others, and end up failing.

Because identity development is a lifelong process, positive changes are probably possible even for those who view themselves as failures. In identity formation, it is important to remember that what we want out of the future is more important than past experience in determining what the future will be. The past is fixed and cannot be changed, but the present and the future can be. Although the past may have been painful and traumatic, it does not follow that the present and the future must be so. We are in control of our lives, and we largely determine what our future will be.

Marcia's Categories of Identity

James Marcia (1980, 1991, 2002; Marcia & Carpendale, 2004) has done a substantial amount of research on the Eriksonian theory of psychosocial development. He identifies four major ways in which people cope with identity crises: (1) identity achievement, (2) foreclosure, (3) identity diffusion, and (4) moratorium. People may be classified into these categories on the basis of three primary criteria: First, whether the individual experiences a major crisis during identity development; second, whether the person expresses a commitment to some type of occupation; and third, whether there is commitment to some set of values or beliefs.

Identity Achievement

To reach the stage of **identity achievement**, people undergo a period of intense decision making. After much effort, they develop a personalized set of values and make their career decisions. The attainment of identity is usually thought of as the most beneficial of the four status categories.

Foreclosure

People who fall into the **foreclosure** category are the only ones who never experience an identity crisis as such. They glide into adulthood without experiencing much turbulence or anxiety. Decisions concerning both career and values are made relatively early in life. These decisions are often based on their parents' values and ideas rather than their own. For example, a woman might become a mother and a part-time waitress as her own mother had done, not because she makes a conscious choice, but because she assumes it's what she is expected to do. Likewise, a man might become an auto mechanic or an accountant just because his father was an auto mechanic or an accountant, and it seemed a good way of life.

It's interesting that the term *foreclosure* is used to label this category. Foreclosure involves shutting someone out from involvement, as one would foreclose a mortgage and bar a person who mortgaged his or her property from reclaiming it. To foreclose one's identity implies shutting off various other opportunities to grow and change.

Identity Diffusion

People who experience **identity diffusion** suffer from a serious lack of decision and direction. Although they go through an identity crisis, they never resolve it. They are not able to make clear decisions concerning either their personal ideology or their career choice. These people tend to be characterized by low self-esteem and lack of resolution. For example, such a person might be a drifter who never stays more than a few months in any one place and defies any serious commitments.

Moratorium

The **moratorium** category includes people who experience intense anxiety during their identity crisis, yet have not made decisions regarding either personal values or a career choice. However, moratorium people experience a more continuous, intense struggle to resolve these issues. Instead of avoiding the decision-making issue, they address it almost constantly. They are characterized by strong, conflicting feelings about what they should believe and do. For example, a moratorium person might struggle intensely with a religious issue, such as whether there is a God. Moratorium people tend to have many critical, but as yet unresolved, issues.

Ethical Questions 7.1

EP 1

To what extent is there on ideal identity everyone should strive to acquire? How much individuality should be allowed or encouraged in identity formation?

Critical Thinking: The Evaluation of Theory and Application to Client Situations

Both Erikson's and Marcia's theories provide interesting insights into people's behavior and their interaction with others. Both provide a framework for better understanding "normal" life crises and events. For example, stage 2 of Erikson's psychosocial theory focuses on ages 18 months to 3 years. Most of this period is frequently referred to as the "terrible twos." Understanding that children in this age group are striving to achieve some autonomy and control over their environment during this time helps us also understand that their behavior is full of action and exploration. Children should not be reprimanded for the types of behavior that are normal and natural during this stage of development. Such insight can better prepare social workers for helping parents develop age-appropriate expectations and behavior management techniques.

Marcia's emphasis on the acquisition of coping skills also provides insights for work with clients. Those people who are trapped in foreclosure, identity diffusion, or moratorium identity crises may benefit from help in the resolution of these crises. Social workers can give feedback in addition to helping people formulate and evaluate new alternatives. Acknowledgment of the existence of such crises and understanding their dynamics are the first steps toward resolution.

Both Marcia's and Erikson's theories emphasize the importance of identity formation. Looking at adolescence with some understanding of the forces at work can help social workers better understand the dynamics of human behavior within the social environment. For instance, strife between parents and children is common during adolescence. It is also understandable. Parents try to maintain some control with their leadership roles. Adolescents struggle to define themselves as individuals and to become independent. Knowing that these are natural occurrences provides clues to insights social workers can give to clients regarding their feelings and behaviors. The struggle for control can be identified and discussed. Parental restrictiveness and adolescent rebelliousness can be examined. New behavioral options for interaction can be explored.

Traditional theories of identity development such as Erickson's and Marcia's have limitations due to their Westernized perspective on how people *should* develop. For example, traditional Asian and Native American cultures generally emphasize interdependence instead of stressing the development of an independent identity. A subsequent section explores some of the issues concerning cultural background and identity development. Spotlight 7.1 addresses the special issues involved in identity development for lesbian and gay adolescents.

We established in an earlier chapter that social workers need to evaluate theory and determine for themselves what theoretical concepts and frameworks are most suited for their own practice with clients. Questions to keep in mind while doing this include the following:

1. How does the theory apply to client situations?
2. What research supports the theory?
3. To what extent does the theory coincide with social work values and ethics?
4. Are other theoretical frameworks or concepts available that are more relevant to practice situations?

Glasser's Theories on Identity

William Glasser asserts that there is a single basic psychological need faced by everyone: the need for an identity. Glasser and Zunin (1979, p. 302) define the need for an identity as

> *[t]he need to feel that each of us is somehow separate and distinct from every other living being on the face of this earth and that no other person thinks, looks, acts, and talks exactly as we do.*

Although identity can be viewed from several viewpoints, Glasser believes from a therapeutic vantage point it is most useful to conceptualize identity in terms of people who develop a **success identity** versus those who develop a **failure identity**.

People who develop a success identity do so through the pathways of *love* and *worth.* People who view themselves as a success must feel that at least

one other person loves them, and that they also love at least one other person. They must also feel that at least one other person feel they are worthwhile, and they must feel they (themselves) are worthwhile.

In order to develop a success identity a person must experience both love and worth. Glasser and Zunin (1979, p. 312) state,

> *We see* worth *and* love *as two very different elements, consider, for example, the extreme case of the "spoiled" child. One may fantasize that a child, if showered with "pure love," whose parents' "goal" was never to frustrate on stress or strain this child in any way, and when he was faced with a task or difficulty always had his parents to perform this task for him, this child always relieved of responsibility would develop into an individual who would feel loved but would not experience worth. Worth comes through accomplishing tasks and achieving success in the accomplishment of those tasks.*

A person can also feel worthwhile through accomplishing tasks (for example, a successful business person), but believe s/he is unloved because s/he cannot name someone who "I love and who loves me." Experiencing only one of these elements (worth or love) without the other can lead to a failure identity.

A failure identity is likely to develop when a child has received inadequate love or been made to feel worthless. People with failure identities express their sense of failure by becoming mentally ill, by delinquency, or by withdrawal. Almost everyone with a failure identity is lonely.

Why do some people become "mentally ill"? Glasser indicates that people who are labeled mentally ill are those who deny or distort reality. They change the world in their minds, in order to seek to feel important, significant, and meaningful. Having a failure identity is experienced by a person as being intensely discomforting, and changing reality through fantasying is one way of dealing with this discomfort. Glasser and Zunin (1979, p. 313) further elaborate:

> *The person who is mentally ill has distorted the real world in his own fantasy to make himself feel more comfortable. He denies reality to protect himself from facing the feeling of being meaningless and insignificant in the world around him. For example, both the grandiose delusion and the persecutory delusion of the so-called schizophrenic provide support or solace for him.*

Glasser (1976, pp. 19–20) describes the *choice* aspect of those who decide to become "crazy":

> *Crazy, psychotic, nuts, loony, bonkers, schizophrenic. There are a dozen popular, as well as pseudoscientific, words for this condition. I happen to prefer "crazy" because it is understandable; it doesn't have the pseudoscientific connotation of schizophrenia, it is not technical, and it emphasizes much better than any of the other terms* the choice aspect *of this category. Schizophrenia sounds so much like a disease that prominent scientists delude themselves into searching for its cure, when the "cure" is within each crazy person who has chosen it. If he can find love or worth he will give up the choice readily—a big "if," I will admit, but hundreds do each day as they are discharged from good hospitals and clinics. With adequate treatment they learn to become strong enough to stop choosing to be crazy. Becoming crazy is actually a fairly sensible choice of the weak because no one expects a crazy person to fulfill his needs in the real world for the obvious reason that he is no longer in it. He now lives in the world of his mind, and there within his own mind, crazy as it may be, he tries to find, and to some extent usually succeeds in finding, a substitute for the adequacy he can't find in reality. Within his own mind, within his own imagination, out of his own thought processes, he may be able to reduce the pain of his failure and find a little relief. For inadequacy he provides delusions of grandeur; for loneliness, hallucinations to keep him company. He may have a delusion that everybody loves him or that he is an overwhelmingly omnipotent person, which does relieve his pain. Every mental hospital has one or two Jesus Christs, the acme of omnipotence and power. When all of this is created within a person's own mind we call it crazy, but it makes sense to him because it doesn't hurt as much as being lucid but miserably inadequate.*

Other individuals seek to handle the discomfort of a failure identity through withdrawal. Still others seek to handle the discomfort by ignoring reality, even though they are aware of the real world. Glasser and Zunin (1979, p. 313) describe these people:

> *These individuals are referred to as delinquents, criminals, "sociopaths," "personality disorders,"*

and so on. They are basically the anti-social individuals who choose to break the rules and regulations of society on a regular basis, thereby ignoring reality.

A success identity or a failure identity is not measured by finances or labels, but rather in terms of how a person perceives him/herself. It is possible for individuals to regard themselves as failures, while others view them as being successful. Formation of a failure identity usually begins during the years when children first enroll in school. It is at about this age (five or six) that children develop the social and verbal skills, and the thinking capacities to define themselves as being either successful or unsuccessful. Children, as they grow older, then tend to associate with others having a similar identity; those with failure identities associating with others having a failure identity, and success identities associating with other successful people. As the years pass the two groups associate less and less with each other. Glasser and Zunin (1979, p. 312) note:

For example, it is indeed rare for a person with a success identity to have, as a close and personal friend, someone who is a known criminal, felon, heroin addict, and so forth.

People with success identities tend to compete constructively, meeting and seeking new challenges. Also, they tend to reinforce one another's successes. On the other hand, people with failure identities find facing the real world to be uncomfortable and anxiety-producing, and therefore choose either to withdraw, to distort reality, or to ignore reality.

Comments on Glasser's Theories on Identity

Glasser is undoubtedly accurate that every child/adolescent needs to receive "love" and a sense that they are "worthwhile" in order to develop a success identity. In fact, it is also important that every adult receive love and someone to convey that are worthwhile. Many parents simply do not have the resources (emotionally or financially) to convey sufficient "love" and "worth" to their children. Therefore, "it takes a village to raise a child." There are a number of established programs to help convey "love" and "worth", such as Big Brothers/Big Sisters, Boys and Girls clubs, Special Olympics, and Youth mentoring programs in schools. In a very real sense every teacher, adult friend, and adult relative should have the value system of doing what they can to convey "love" and "worth" to children/adolescents, *and* to the adults they interact with.

LO 2 Examine Race Culture, Ethnicity, and Identity Development

EP 2a
EP 2c

Questions might be raised regarding the extent to which Erikson's and Marcia's theories apply to all people. This includes various racial and ethnic groups. For instance, some cultures emphasize respect for and deference to older family members. Young people are expected to conform until they too become older and "wiser." To what extent, then, is it important for each individual to struggle to achieve a strikingly unique and independent personality? Must this particular aspect of behavior be stressed to a great extent? Or should the ability to assume a strong identification with the family and cultural group be given precedence?

Approximately one-third of adolescents in the United States belong to an ethnic group that is a racial or ethnic "minority," which, of course, includes such groups as African Americans, Native Americans, Hispanics, and Asian Americans (Kail & Cavanaugh, 2013). It is very important that these young people establish an **ethnic identity** along with their individual identity (Hendricks, 2005; Kail & Cavanaugh, 2014; Phinney, 2005). This involves identifying with their ethnic group, feeling that they belong, and appreciating their cultural heritage. Older adolescents are more likely to have established an ethnic identity than are younger ones (French, Seidman, Allen, & Aber, 2006). The former apparently have had more time to explore aspects of their culture, develop their cognitive ability, and think about who they are.

Phinney (1989) suggests a parallel development for children from diverse ethnic groups that coincides with Marcia's four coping strategies for identity development. A person with a *diffused identity* demonstrates little or no involvement with his or her ethnic and cultural heritage and may be unaware of or disinterested in cultural issues. A person with

SPOTLIGHT ON DIVERSITY 7.1

Lesbian and Gay Adolescents: The Need for Empowerment

Lesbian and gay adolescents in this culture suffer even more extreme obstacles to identity development than do their heterosexual peers. Perhaps their biggest obstruction is the constant oppression of homophobia. **Homophobia** is an extreme and irrational fear and hatred for lesbian and gay people simply because they are lesbian and gay. (Chapter 13 addresses sexual orientation and homophobia in much greater detail.) Homophobia and the oppressive reactions of others to homosexuality isolate lesbian and gay youth. On the one hand, lesbian and gay adolescents are trying to establish individual identities, just as heterosexual adolescents are. On the other hand, lesbian and gay youth are severely discouraged from expressing and establishing their sexual identities. The question that should be raised is, To what extent do Erikson's and Marcia's theories concerning identity development apply to these young people? Do these theories go far enough to explain the serious crises lesbian and gay people go through?

Lesbian and gay youth often experience extreme isolation (Miller, 2008; Morrow, 2006, 2008; Papalia & Feldman, 2012; Santrock, 2012b). "Alienation from the traditional church's teachings, lack of access to gay-friendly counseling services, being privy to a barrage of hostile comments about 'fags' and 'bull-dykes,' feeling displeasure from one's family—all combine to close the avenues to much needed social support" (van Wormer, Wells, & Boes, 2000, p. 48). **Coming out** is the process of a person's acknowledging publicly that he or she is gay or lesbian. If a young person comes out, he or she is often ostracized and demeaned. On the other hand, if young people cautiously hide their true feelings and identity, they risk depression, avoidance behaviors such as drug or alcohol abuse, and rebellious acting out, such as running away or truancy.

Social work practitioners should be especially sensitive to the issues facing lesbian and gay adolescents. There are at least ten suggestions for helping and empowering lesbian and gay youth (Barret & Logan, 2002):

1. Evaluate your own homophobic attitudes. Strive to develop a caring, empathic, nonjudgmental perspective that can be communicated to lesbian and gay clients. What stereotypes do you harbor? What do you personally feel about sexuality and sexual identity? How comfortable do you feel with people who have a sexual orientation different than your own?
2. Become knowledgeable about the needs and issues of lesbian and gay adolescents.
3. Understand that adolescence is a time for exploration of one's sexual identity. "Many sexual minority youth don't crystallize their sexual identity until late adolescence, and same-sex sexual behavior does not necessarily cement sexual orientation. For example, boys may engage in group masturbation, competing to see who can have an orgasm first, and girls may be very affectionate with each other, holding hands, walking with their arms around each other, and even kissing. This does not necessarily mean they are gay or lesbian" (p. 138).
4. Confront insulting, offensive, and belittling comments. Challenge adolescent peers when they use name-calling and make comments that reflect stereotypes. Educate people about facts, and help them understand what cruel effects myths and homophobic treatment can have on lesbian and gay people.
5. Provide accurate information about sexuality, sexual orientation, and safe sexual behavior.
6. Never assume that a person is heterosexual. A young woman's significant other just might be a girlfriend, not a boyfriend.
7. Advocate for the rights of lesbian and gay people when they are being violated.
8. Have resources about sexual orientation on hand, or advocate for schools to make them available. These may include books, articles, DVDs. CDs, or websites.
9. Help lesbian and gay youth become connected with others of their own sexual orientation. Many cities have helplines, support groups, speakers' bureaus, and activities available for lesbian and gay young people.
10. As a social worker, you can help lesbian and gay youth navigate through the coming-out process. Such youth may need help answering a variety of questions: Should they come out or not? What should they say? Whom should they tell? How will people react?

In summary, it appears that Erikson's and Marcia's theories have only limited relevance for lesbian and gay identity development. The theories can be applied to a certain extent; they indicate that all young people go through an identity crisis. However, they do little to focus on the special issues of lesbian and gay young people.

It is up to you as a social worker to scrutinize theories closely and use what you can from them. However, it is just as important to recognize limitations of theories.

foreclosed identity has explored his or her cultural background to a minor extent. However, feelings about ethnic identity are vague. He or she most likely simply adopts the ideas of parents or other relatives without giving them much thought. Someone with a *moratorium identity* displays an active pursuit of ethnic identity. This state reflects an ethnic identity crisis. Finally, a person who has achieved *an ethnic identity* has struggled with its meaning and come to conclusions regarding how this ethnic identity is an

integral part of his or her life. Cross and Fhagen-Smith (1996) summarize how Phinney's model relates to ethnic identity development:

> *The. . . model states that ethnic and racial minorities enter adolescence with poorly developed ethnic identities (diffusion) or with an identity "given" to them by their parents (foreclosure). They may sink into an identity crisis, during which the conflicts and challenges associated with their minority status are sorted out (moratorium), and should all go well, they achieve an ethnic identity that is positive and gives high salience to ethnicity (achieved ethnicity). (p. III)*

Moratorium is reflected in the thoughtful words of a Mexican American adolescent who stated, "I want to know what we do and how our culture is different from others. Going to festivals and cultural events helps me to learn more about my own culture and about myself" (Phinney, 1989, p. 44). Likewise, an Asian American teen describes his feelings about his ethnic identity achievement: "I have been born Filipino and am bora to be Filipino. . . I'm here in America, and people of many different cultures are here, too. So I don't consider myself only Filipino, but also American" (Phinney, 1989, p. 44).

An Alternative Model of Racial and Cultural Identity Development

As an alternative approach to understanding racial and cultural identity development, Howard-Hamilton and Frazier (2005) describe the five-phase Racial/Cultural Identity Development Model (R/CID) initially developed by Sue and Sue (1990). To some degree, this model parallels the stages proposed by Marcia, but it centers on racial and cultural identity development. Stages range from having little or no development of ethnic and cultural identity to having complete integration of such identity. The model asks: "(a) who do you identify with and why; (b) what minority cultural attitudes and beliefs do you accept or reject and why; (c) what dominant cultural attitudes and beliefs do you accept or reject and why; and (d) how do your current attitudes and beliefs affect your interaction with other minorities and people of the dominant culture?" (Howard-Hamilton & Frazier, 2005, p. 78). R/CID proposes that people progress through the following five stages to establish an integrated racial or cultural identity (Howard-Hamilton & Frazier, 2005, pp. 78–82; Sue & Sue, 2008, pp. 242–252):

1. *Conformity stage.* During this stage, people identify closely with the dominant white society. "Physical and cultural characteristics that are

Paul Chesley/The Image Bank/Getty Images

It is very important that young people establish an ethnic and cultural identity along with their individual identity. This involves identifying with their racial and ethnic group, feeling that they belong, and appreciating their cultural heritage. Here, Native American Blackfoot children participate in cultural events.

common to the individual's racial or cultural group are perceived negatively and as something to be avoided, denied, or changed. In this stage, the person may attempt to mimic 'White' speech patterns, dress, and goals. A person at this stage has low internal self-esteem" (Howard-Hamilton & Frazier, 2005, p. 79).

2. *Dissonance stage.* Usually initiated by some crisis or negative experience, the person during this stage "becomes aware that racism does exist, and that not all aspects of minority or majority culture are good or bad. For the first time, the individual begins to entertain thoughts of possible positive attributes" of his or her own culture and "a sense of pride in self" (p. 79). Suspicion about the values inherent in the dominant culture grows.
3. *Resistance and immersion stage.* "Movement into this stage is characterized by the resolution of the conflicts and confusions that occurred in the previous stage" (p. 79). The person's awareness of social issues grows along with a growing appreciation of his or her own culture. "A large amount of anger and hostility is also directed toward White society. There in turn is a feeling of dislike and distrust for all members of the dominant group" (p. 80).
4. *Introspection stage.* During this stage, the individual "discovers that this level of intensity of feelings is psychologically draining and does not allow time to devote energy into understanding one's racial/cultural group; the individual senses the need for positive self-definition and a proactive sense of awareness. A feeling of disconnection emerges with minority group views that may be rigid. Group views may start to conflict with individual views. . . The person experiences conflict because she or he discovers there are many aspects of American culture that are desirable and functional, yet the confusion lies in how to incorporate these elements into the minority culture" (pp. 80–81).
5. *Integrative awareness stage.* Persons of color in this stage "have developed an inner sense of security and can appreciate various aspects of their culture that make them unique. Conflicts and discomforts experienced in the previous stage are not resolved, hence greater control and flexibility are attained. Individuals in this stage recognize there are acceptable and unacceptable aspects of all cultures and that it is important for them to accept or reject aspects of a culture that are not considered desirable to them. Attitudes and beliefs toward self are self-appreciating. A positive self-image and a feeling of self-worth emerge. An integrated concept of racial pride in identity and culture also develops. The individual sees himself or herself as a unique person who belongs to a specific minority group, a member of a larger society, and a member of the human race" (p. 81). The person begins to view those in the dominant culture in a selective manner, allowing trust and relationships to develop with those who denounce the oppression of minority groups.

Communities and Schools Can Strengthen Racial and Cultural Identity Development for Adolescents

A positive social environment that celebrates cultural strengths can enhance the development of a positive I racial and cultural identity and pride (Delgado, 1998a, 1998b, 2000b, 2007). Both schools and the community-at-large can stress cultural strengths of resident groups. School curricula can have relevant historical and cultural content integrated throughout. Assignments can focus on learning and appreciating cultural strengths. "A social studies teacher, for example, might assign a student to interview an elder member of his or her family or community about life in his or her place of origin as part of a lesson on ethnic origins" (Delgado, 1998a, p. 210). Schools and recreational facilities can develop programs that emphasize cultural pride and help adolescents "come to terms with their newly developing [racial and cultural] identities as individuals and as participants in an increasingly multicultural society while preserving essential links to their history, families, and culture" (Delgado, 1998b, p. 213).

For example, one such program, called Nuevo Puente (New Bridge), was designed initially to address substance abuse by Puerto Rican youth. Staff developed an educational curriculum

> *that involved obtaining input from all sectors of the Puerto Rican community. Major content areas were identified through. . . [a survey,]. . . interviews, focus groups, meetings, and discussions with community leaders, parents, and educators. [A* focus group *(discussed in Chapter 8) is a specially assembled collection of people who respond*

through a semi-structured or structured discussion to the concerns and interests of the person, group, or organization that invited the participants.]

The curriculum included knowledge development and skills building that were culturally relevant for Puerto Rican youths. Participants received 72 hours of training over a seven-month period in cultural pride (Puerto Rican history, values, culture, arts, and traditions); group leadership skills (recruiting and leading groups); self-sufficiency and self-determination; communication and relationship skills (conflict resolution and identifying situations that lead to violence and other risk-taking behaviors); [and] strategies to deal with substance abuse (increased awareness of alcohol and other drugs). . .

As a whole, the curriculum had a significant impact on the participants. However, the greatest effect was achieved by the module on identity and culture, which was measured by the participants' interest and pride in speaking Spanish; awareness of Puerto Rican cuisine, history, geography, and folklore; willingness to participate in Puerto Rican folk dancing; interest in and willingness to celebrate Puerto Rican holidays; interest in learning the lyrics to the Puerto Rican anthem; and eagerness to learn about their ancestors. (Delgado, 1998b, p. 217)

Community festivals such as African American Fest or German Fest can provide other avenues through which community residents of all ages can learn about and appreciate various facets of their and others' cultures. Such events can celebrate history, arts, crafts, music, and food.

The following explains how murals in urban settings can portray cultural symbols and honor ethnic traditions:

A mural is an art form that is expressed on a building's walls as opposed to a canvas. . . Murals represent a community effort to utilize cultural symbols as a way of creating an impact internally and externally. Murals should not be confused with graffiti. A mural represents an artistic impression that is not only sanctioned by a community, but often commissioned by it. . . and invariably involve a team of artists. Graffiti, on the other hand, represent an artistic impression. . . that is individual centered and manifested on subway trains, doors, mailboxes, buses, public settings, and other less significant locations. Their content generally focuses on the trials and tribulations associated with urban living, issues of oppression, or simply a "signature" of the artist. . .

Murals represent a much higher level of organization, and the community often participates in their design and painting; their location within the community also reflects the degree of community sanctioning—those that are prominently located enjoy a high degree of community acceptance, whereas those in less prominent locations do not. . . Murals provide communities of color with an important outlet for expressing their cultural pride. . .

Among Latino groups, for example, murals allow subgroups to express the uniqueness of their history and culture. (Delgado, 2000a, pp. 78–80)

"Pre-Columbian themes, intended to remind Chicanos of their noble origins, are common. There are motifs from the Aztec. . . [ancient manuscripts], gods from the Aztec [temples and mythology,]. . . allusions to the Spanish conquest and images of the Virgin of Guadalupe, a cherished Mexican icon" (Treguer, 1992, p. 23, cited in Delgado, 1998b, p. 80).

LO 3 Explore Moral Development

Young adulthood is filled with avid quests for intimate relationships and other major commitments involving career and life goals. A parallel pursuit is the formulation of a personal set of moral values. **Morality** involves a set of principles regarding what is right and what is wrong. Often, these principles are not clearly defined in black or white, but involve various shades of gray. There is no one absolute answer. For example, is the death penalty right or wrong? Is it good or bad to have sexual intercourse before marriage?

Moral issues range from very major to minor day-to-day decisions. Although moral development can take place throughout life, it is especially critical during adolescence. These are the times when people gain the right to make independent decisions and choices. Often the values developed during this stage remain operative for life. Explored here are theoretical perspectives proposed by Kohlberg and by Gilligan, in addition to a social learning outlook on moral development.

Ethical Questions 7.2

EP 1

What are the major principles in your personal code of morality? How would you answer the following moral questions regarding what is right and what is wrong: Should there be a death penalty for monstrous crimes and, if so, how monstrous? Why or why not? Should there be national health insurance under which all people receive medical services regardless of their level of wealth? If so, who should pay for it? Should corporal punishment be allowed in schools? Why or why not? Should prayer be allowed in schools? Why or why not?

Moral Development: Kohlberg's Theory

Lawrence Kohlberg (1963, 1968, 1969, 1981a, 1981b) has proposed a series of three levels, and six stages, through which people progress as they develop their moral framework. These six stages are clustered within three distinct levels, as shown in the Concept Summary box below.

Level 1: The Preconventional or Premoral Level

The first level, the **preconventional** or **premoral** level, is characterized by giving precedence to self-interest. People usually experience this level from ages 4 to 10. Moral decisions are based on external standards. Behavior is governed by whether a child will receive a reward or punishment. The first stage in this level is based on avoiding punishment. Children do what they are told in order to avoid negative consequences. The second stage focuses on rewards instead of punishment. In other words, children do the "right" thing in order to receive a reward or compensation. Sometimes this involves

CONCEPT SUMMARY

Kohlberg's Three Levels and Six Stages of Moral Development

Level/Stage	Description
Level 1: Preconventional (Self-interest)	Controls are external. Behavior is governed by receiving rewards or punishments.
Stage 1: Punishment and obedience orientation	Decisions concerning what is good or bad are made in order to avoid receiving punishment.
Stage 2: Naive instrumental hedonism	Rules are obeyed in order to receive rewards. Often favors are exchanged.
Level 2: Conventional (Role Conformity)	The opinions of others become important. Behavior is governed by conforming to social expectations.
Stage 3: "Good boy/girl morality"	Good behavior is considered to be what pleases others. There is a strong desire to please and gain the approval of others.
Stage 4: Authority-maintaining morality	The belief in law and order is strong. Behavior conforms to law and higher authority. Social order is important.
Level 3: Postconventional (Self-Accepted Moral Principles)	Moral decisions are finally internally controlled. Morality involves higher-level principles beyond law and even beyond self-interest.
Stage 5: Morality of contract, of individual rights, and of democratically accepted law	Laws are considered necessary. However, they are subject to rational thought and interpretation. Community welfare is important.
Stage 6: Morality of individual principles and Conscience	Behavior is based on internal ethical principles. Decisions are made according to what is right rather than what is written into law.

SOURCE: Adapted from Kohlberg (1968, 1981a, 1981b).

an exchange of favors: "I'll scratch your back if you'll scratch mine."

Level 2: The Conventional Level

Level 2 of Kohlberg's theory is the *conventional* level, in which moral thought is based on conforming to conventional roles. Frequently, this level occurs from ages 10 to 13. There is a strong desire to please others and to receive social approval. Although moral standards have begun to be internalized, they are still based on what others dictate, rather than on what is personally decided.

Within Level 2, stage 3 focuses on gaining the approval of others. Good relationships become very important. Stage 4, "authority-maintaining morality," emphasizes the need to adhere to law. Higher authorities are generally respected. "Law and order" are considered necessary in order to maintain the social order.

Level 3: The Postconventional Level

Level 3, the *postconventional* level, involves developing a moral conscience that goes beyond what others say. At this level, people contemplate laws and expectations and decide on their own what is right and what is wrong. They become autonomous, independent thinkers. Behavior is based on principles instead of laws. This level progresses beyond selfish concerns. The needs and well-being of others become very important. At this level, true morality is achieved.

Within Level 3, stage 5 involves adhering to socially accepted laws and principles. Law is considered good for the general public welfare. However, laws are subject to interpretation and change. Stage 6 is the ultimate attainment. During this stage, one becomes free of the thoughts and opinions expressed by others. Morality is completely internalized. Decisions are based on one's personal conscience, transcending laws and regulations. Examples of people who attained this level include Martin Luther King Jr. and Gandhi.

Critical Thinking: Evaluation of Kohlberg's Theory

Many questions have been raised concerning the validity and application of Kohlberg's theory (Helwig & Turiel, 2011; Killin & Smetana, 2008; Santrock, 2016; Walker & Frimer, 2011). For one thing, Kohlberg places primary emphasis on how people think, not what they do. Presidents and kings talk about the loftiest moral standards, but what they do is often another matter. Richard Nixon espoused high moral standards but was forced to resign after his cover-up of the Watergate break-in and theft of Democratic Party documents was brought to light. Many times, difficult moral decisions must be made in crisis situations. If you find yourself in a burning building with a crowd of people, how much effort will you expend to save others before yourself? What is the discrepancy between what you think is right and what you would really do in such a situation?

A second criticism of Kohlberg's theory is that it is culturally biased (Kail & Cavanaugh, 2013; Santrock, 2012a). Even Kohlberg (1978) himself has conceded that stage 6 may not apply across all cultures, societies, and situations. Snarey (1987) studied research on moral development in 27 countries and found that Kohlberg's schema does not incorporate the higher moral ideals that some cultures embrace. Examples of higher moral reasoning that would not be considered such within Kohlberg's framework include "principles of communal equity and collective happiness in Israel, the unity and sacredness of all life forms in India, and the relation of the individual to the community in New Guinea" (Santrock, 2008, p. 361).

Moral Development and Women: Gilligan's Approach

A major criticism of Kohlberg's theory is that virtually all of the research on which it is based used only men as subjects. Gilligan (1982; Gilligan & Attanucci, 1988; Gilligan, Brown, & Rogers, 1990) maintains that women fare less well according to Kohlberg's levels of moral development because they tend to view moral dilemmas differently than men do. Kohlberg's theory centers on *a* **justice perspective**, in which each person functions independently and makes moral decisions on an individual basis (Hyde & Else-Quest, 2013; Newman & Newman, 2012; Santrock, 2016, p. 231). In contrast, Gilligan maintains that women are more likely to adopt a "**care perspective**, which views people in terms of their connectedness with others and emphasizes interpersonal communication, relationships with others, and concern for others" (Santrock, 2012a, p. 231). In other words, women tend to view morality in terms of personal situations.

Women often have trouble moving from a very personalized interpretation of morality to a focus on law and order. This bridge involves a generalization from the more personal aspects of what is right

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Gilligan maintains that females' sense of morality emphasizes personal relationships and the assumption of responsibility for the care and well-being of those close to them. Here, two close friends enjoy sweet treats together.

and wrong (how individual moral decisions affect one's own personal life) to morality within the larger, more impersonal society (how moral decisions, such as those instilled in law, affect virtually everyone). Kohlberg has been criticized because he has not taken into account the different orientation and life circumstances common to women.

Gilligan and her associates (Gilligan, 1982, 1996; Gilligan & Attanucci, 1988; Gilligan et al., 1990) reason that women's moral development is often based on their personal interest and commitment to the good of others close to them. Frequently, this involves giving up or sacrificing one's own well-being for others. Goodness and kindness are emphasized. This contrasts with a common male focus on assertively making decisions and exercising more rigid moral judgments.

Gilligan initially targeted 29 women who were receiving pregnancy and abortion counseling. She postulated that pregnancy was an area in women's lives in which they could emphasize choice, yet it still was an intimate area to which they could relate. Gilligan interviewed the women concerning their pregnancies. She arrived at a sequence of moral levels that relate specifically to women. She found that women tend to view morality "based on an *ethics of caring* rather than a *morality of justice*" (Dacey, Travers, & Fiore, 2009, p. 248). She maintains that women's perspective on right and wrong emphasizes interpersonal relationships and the assumption of responsibility for the care and well-being of others close to them. This contrasts with Kohlberg's more abstract view of morality as the determination of what is fair and right in a much more general sense.

Gilligan describes the following levels and transitions of moral development for women.

Level 1: Orientation to Personal Survival

This level focuses purely on the woman's self-interest. The needs and well-being of others are not really considered. At this level, a woman focuses first on personal survival. What is practical and best for her is most important.

Transition 1: Transition from Person Selfishness to Responsibility

This first transition involves a movement in moral thought from consideration only of self to some consideration of the others involved. During this transition, a woman comes to acknowledge the fact that she is responsible not only for herself but also for others, including the unborn. In other words, she begins to acknowledge that her choice will affect others.

Level 2: Goodness as Self-Sacrifice

Level 2 involves putting aside one's own needs and wishes. The well-being of other people becomes important. The "good" thing to do is to sacrifice herself so that others may benefit. A woman at this level feels dependent on what other people think. Often a conflict occurs between taking responsibility for her own actions and feeling pressure from others to make her decisions.

Transition 2: From Goodness to Reality

During this transitional period, women begin to examine their situations more objectively. They draw away from depending on others to tell them what they should do.

Instead, they begin to take into account the well-being of everyone concerned, including themselves. Some of the concern for personal survival apparent in level 1 returns, but in a more objective manner.

Level 3: The Morality of Nonviolent Responsibility

Level 3 involves women thinking in terms of the repercussions of their decisions and actions. At this level, a woman's thinking has progressed beyond mere concern for what others will think about what she does. Rather, it involves accepting responsibility for making her own decisions. She places herself on an equal plane with others, weighs the various consequences of her potential actions, and accepts that she will be responsible for these consequences. The important principle operating here is that of minimizing hurt, both to herself and to others.

Gilligan's sequence of moral development provides a good example of how morality can be viewed from different perspectives. It is especially beneficial in emphasizing the different strengths manifested by men and women. The emphasis on feelings, such as direct concern for others, is just as important as the ability to decisively make moral judgments.

Critical Thinking: Evaluation, of Gilligan's Theory

Some research has established support for Gilligan's proposed gender-based differences in moral reasoning. For example, some studies have found that females consider moral dilemmas concerning caring aspects of social relationships more important and a greater moral dilemma than males do (Eisenberg & Morris, 2004; Wark & Krebs, 2000). Another study found that girls were more likely than boys to use Gilligan's caring-based approaches when addressing dating predicaments (Weisz & Black, 2002). However, yet another study found "that girls' moral orientations are 'somewhat more likely to focus on care for others than on abstract principles of justice, but they can use both moral orientations when needed (as can boys. . .)'" (Blakemore, Berenbaum, & Liben, 2009, p. 132; cited in Santrock, 2012a, p. 231).

Other research has found that little if any difference exists between the moral reasoning of men and women (Blakemore et al., 2009; Glover, 2001; Hyde & Else-Quest, 2013; Walker, 1995; Wilson, 1995). One mega-analysis involved examining the results of 113 studies focusing on moral decision-making. Results question the accuracy of Gilligan's belief in significant gender differences concerning moral development (Hyde, 2007; Hyde & Else-Quest, 2013; Jaffee & Hyde, 2000). This study found that the overall picture revealed only small differences in how females and males made moral decisions. Although females were slightly more likely than males to use Gilligan's caring-based approach instead of Kohlberg's justice-based perspective, this disparity was larger in adolescence than adulthood. Whether caring- or justice-based approaches were used depended more on the situation being evaluated. For example, both females and males were more likely to emphasize caring when addressing interpersonal issues and justice when assessing more global social issues.

Coon and Mitterer (2013) comment:

> *Indeed, both men and women may use caring and justice to make moral decisions. The moral yardstick they use appears to depend on the situation they face (Work & Krebs, 1996). Just the same, Gilligan deserves credit for identifying a second major way in which moral choices are made. It can be argued that our best moral choices combine justice and caring, reason and emotion—which may be what we mean by wisdom. (Pasupathi & Staudinger, 2001, pp. 110–111)*

CONCEPT SUMMARY

Gilligan's Theory of Moral Development for Women

Level 1: Orientation to personal Survival

Transition 1: *Transition from personal selfishness to responsibility*

Level 2: Goodness as self-sacrifice

Transition 2: *From goodness to reality*

Level 3: The morality of nonviolent responsibility

Ethical Applications of Gilligan's Theory to Client Situations

EP 1

Social work has a sound foundation of professional values expressed in the National Association of Social Workers (NASW) *Code of Ethics.* Ethics involve making decisions about what is right and what is wrong. Ethics provide social workers with guidelines for practice with clients.

Gilligan emphasizes the relationship between responsibility and morality. People develop morally as they gradually become more capable and willing to assume responsibility. Morality provides the basis for making ethical decisions. Gilligan "bases the highest stage of decision making on care for and sensitivity to the needs of others, on responsibility for others, and on nurturance" (Rhodes, 1985, p. 101). This principle is central to the NASW *Code of Ethics.* Gilligan's theory can provide some general ethical guidelines to which we can aspire in our day-to-day practice with clients. Social workers should strive to be sensitive to the needs of their clients. They should assume responsibility for effective practice with clients. Finally, they should provide help and nurturance to meet their clients' needs.

Moral Development: A Social Learning Theory Perspective

Social learning theorists including Albert Bandura (1991, 2002; Bandura, Caprara, Barbaranelli, Pastorelli, & Regalia, 2001) apply many of the principles of learning theory (discussed in Chapter 4) to moral actions. They

> *have been primarily interested in the behavioral component of morality—in what we actually do when faced with temptation or with an opportunity to behave prosocially. These theorists say that moral behavior is learned in the same way that other social behaviors are learned: through observational learning and reinforcement and punishment principles. They also consider moral behavior to be strongly influenced by situational factors—for example, by how closely a professor watches exam takers, by whether jewelry items are on the counter or behind glass in a department store. (Sigelman & Rider, 2012, p. 428)*

The social learning perspective, then, indicates that we gradually learn how to behave morally. Early on, young children receive reinforcement for behaving correctly and punishment for behaving incorrectly. They also see their parents and others as models for doing what is right or wrong. As children grow older, they gradually internalize these expectations and standards of conduct. Then as they encounter situations in which they must make moral decisions on how to behave, they use these internalized values. Additionally, as learning theory also predicts, they respond to the circumstances of the moment and the potential consequences they might encounter.

For example, the following example illustrates how social learning theory principles might be used to predict whether a teenager, arbitrarily called Waldo, will cheat on his upcoming math test. Social learning theory would focus on

> *the moral habits Waldo has learned, the expectation he has formed about the probable consequences of his actions, his ability to self-regulate his behavior, and his ultimate behavior [choice]. If Waldo's parents have consistently reinforced him when he has behaved morally and punished him when he has misbehaved; if he has been exposed to models of morally acceptable behavior rather than brought up in the company of liars, cheaters, and thieves; and if he has well-developed self-regulatory mechanisms that cause him to take responsibility for his actions rather than to disengage morally, he is likely to behave in morally acceptable ways. Yet Bandura and other social learning theorists believe in the power of situational influences and predict that Waldo may still cheat on the math test if he sees his classmates cheating and getting away with it or if he is under pressure to get a B in math. (Sigelman & Rider, 2006, pp. 364–365)*

Ethical Questions 7.3

EP 1

What do you think is the moral thing for Waldo to do concerning his upcoming math test? What do you think Waldo would do? if you were Waldo, to what extent would you be tempted to cheat on the math test? What aspects in your upbringing would influence your decision?

LO 4 Review Fowler's Theory of Faith Development

Chapter 3 defined **spirituality** as "one's values, beliefs, mission, awareness, subjectivity, experience, sense of purpose and direction, and a kind of striving toward something greater than oneself. It may or may not include a deity. . . **Religion**, on the other hand,. . . refers to a set of beliefs and practices of an organized religious institution" (e.g., organized churches under Roman Catholic, Muslim, or Methodist denominations) (Frame, 2003, p. 3).

Spirituality and religion are two separate concepts. Frame (2003) explains:

> *Many followers of religion find that its organization, doctrine, rituals, programs, and community are means through which their spirituality is supported and enhanced. Likewise, many persons who think of themselves as spiritual, rather than religious, find that the institutions of religion interfere with their private experiences of spirituality. It is possible, therefore, for these two constructs to be related in a variety of ways and played out differently in individual lives. For example, a person may care very deeply about the meaning of life, may be very committed to her purpose and direction, may even engage in spiritual practices such as meditation, and yet not be involved in a religious organization. Thus, one may be spiritual without being religious. Another person may be a member of a synagogue, keep a kosher kitchen, be faithful to Torah, and never really take these Jewish practices to heart. He may go through the motions of being religious without being spiritual. Yet another person may be an active member of a church, attend worship regularly, read the Bible, and pray, finding great inspiration in these activities and support through the institutional church. Therefore, one may be religious and spiritual simultaneously. (p. 4)*

(Chapter 15 discusses several predominant religions, including Judaism, Christianity, Islam, and Buddhism, more thoroughly.)

Spirituality is an important aspect of human diversity. It shapes major dimensions of many people's lives and can provide a significant source of strength. As a later section explains, spirituality can serve as a major source of empowerment that social workers must address.

James Fowler (1981) proposed a theory of faith development in which people progress through seven stages that focus

> *on the formation and transformation of faith throughout the life cycle. . . [B]y faith Fowler meant 'the pattern of our relatedness to self, others, and our world in light of our relatedness to ultimacy' (1996, p. 21). 'Ultimacy' refers to that which a person gives a sense of first importance and greatest profundity in orienting his or her life with fundamental values, beliefs, and meanings. . . [F]aith may take religious or nonreligious forms. Fowler depicted faith as a universal aspect of human nature that gives coherence and meaning to life, connects individuals together in shared concerns, relates people to a larger cosmic frame of reference, and enables us to deal with suffering and mortality. (Canda & Furman, 2010, p. 256; Fowler, 1981, 1996)*

During each faith stage, an individual grows closer to a higher power and becomes more concerned about the welfare of other people.

Fowler's Seven Stages of Faith Development

Fowler based his seven-stage theory on "a study conducted from 1972 to 1981 to determine how people viewed their personal history, how they worked through problems to solutions, and how they formed moral and religious commitments. He and his collaborators conducted 359 in-depth interviews with mostly White men and women, primarily Christian and Jewish, ranging in age from early childhood to past age 61" (Robbins, Chatterjee, & Canda, 2012, p. 283).

The following explains each of the seven stages.

Stage 1: Primal or Undifferentiated Faith (Birth to 2 Years)

All people begin to develop their views of faith and the world from scratch. Infants learn early on whether their environment is safe or not, whether they can trust or not. Are they being cared for in warm, safe, secure family environments? Or are they being hurt, neglected, and abused? People begin to develop their use of language to express thought and distinguish between themselves and others. They start to develop relationships and ideas about what those relationships mean.

Stage 2: Intuitive-Projective Faith (Ages 2 to 6)

Children aged 2 to 6 continue developing their ability to glean meaning from their environments. What children are exposed to in terms of spiritual language and experiences is what they conceptualize about their faith. During stage 2, children are egocentric and manifest preoperational thought patterns. Their view of faith and religion lacks in-depth conceptualization and application to life experiences. Their view of faith is that it is out there someplace; it is whatever they're exposed to. For instance, to Herman, whose parents adhere to strict Wisconsin Synod Lutheran Church beliefs, faith is going to church, singing hymns, attending Sunday school, and saying bedtime prayers every night. If asked where God is, he says, "Everywhere," because that's what he's been told.

Stage 3: Mythic-Literal Faith (Ages 6 to 12)

Development of conceptual thought continues over this period. Stories are especially important as ways to help children develop their thinking about life and relationships. Individuals can be deeply moved by dramatic representations and spiritual symbolism, such as religious ceremonies. The concrete operations period helps children distinguish between what is real and what is not. During this stage, children think more seriously about aspects related to faith, although their "beliefs are literal and one dimensional"; Frame (2003) explains:

> *People in this stage often develop a concept of God. . . as a cosmic ruler who acts with fairness and moral reciprocity (Fowler, 1987). Persons in the mythic-literal stage often assume that God rewards goodness and punishes evil. They might exhibit a kind of perfectionism in their efforts to be rewarded for their goodness. On the other hand, they could be self-abasing, assuming that because they have been abused or neglected by significant others, they are inherently bad and will be punished. (p. 41)*

Stage 4: Synthetic-Conventional Faith (Ages 12 and Older)

During this stage, individuals develop their ability to conceptualize and apply information in new ways. They are exposed to much more of the world through social, school, and media experiences. They no longer perceive the world as literally as they did in stage 3. On the one hand, people begin to think more abstractly and, in some ways, view the world from new perspectives. On the other hand, they strive to conform. They have not yet critically evaluated the fundamental basis of their faith. Rather, they adhere to conventional ideology. Duffey (2005) reflects on stage 4:

> *Faith is seen as that which brings people together and provides a unifying concept and sense of belonging for family, congregation, and society. For many, this is the terminal stage of development. In this stage, individuals do not acknowledge differences in faith practices of others and view their faith as the "one right, true, only way." An example of this stage can be seen in adolescents who form groups based on fitting in: if you wear these clothes, listen to this type of music, like these people, etc., then you are part of the group. At this stage, any image of deity is seen as a companion and ally. Faith is rule bound and hierarchical with no questioning of the group's norms and beliefs. (pp. 323–324)*

Stage 5: Individuative-Reflective Faith (Early Adulthood and Beyond)

Critical thinking about the meaning of life characterizes stage 5. "The focus of faith moves away from being viewed as the unifying concept of the group and more as making sense of the individual" (Duffey, 2005, p. 324). People confront conflicts in values and ideas, and they strive to establish their individualized belief system. For example, a young woman will seriously consider the extent to which her own personal beliefs coincide with conventional religious practices and beliefs. If her church condemns abortion, does she agree or not? If her church denies membership to lesbian and gay people, does she support this or not? Stage 5 marks the construction of a more detailed internal spiritual belief system that reflects an individual's critical evaluation of the physical and spiritual world. "This stage may occur in those who stay within organized religious practice, as well as in those who leave" (Duffey, 2005, p. 324).

Stage 6: Conjunctive Faith (Midlife and Beyond)

Only one-sixth of all respondents in Fowler's study reached stage 6, conjunctive faith, and then never before age 30. The concept that characterizes this phase is integration. Individuals have confronted the

conflicts between their own views and conventional ones and have accepted that such conflicts exist. They have integrated their own beliefs into their perception of the physical and spiritual universe. They have accepted that diversity and opposites characterize life. Good exists along with evil. Happiness dwells beside sadness. Strength subsists alongside weakness. Spiritual beliefs assume a deeper perspective. Duffey (2005) explains: "The individual becomes more open to religious and spiritual traditions different from one's own. An example of someone at this stage is a person willing to respect the validity of another's 'truth' even when it contradicts one's own, while simultaneously being able to communicate one's own authentic 'truth'" (p. 324). Frame (2003) notes that people "develop a passion for justice that is beyond the claims of race, class, culture, nation, or religious community. These convictions enable people in the conjunctive stage to lay down their defenses and to tolerate differences in belief while staying firmly grounded in their own personal faith systems" (pp. 42–43).

Stage 7: Universalizing Faith (Midlife and Beyond)

Universalizing faith is characterized by selfless commitment to justice on behalf of others. In stage 6, people confront discrepancies and unfairness, integrating them into their perception of how the world operates. However, the self remains the primary reference point. An individual accepts and appreciates his own vulnerability, and seeks his own continued existence and salvation. Stage 7, however, reflects a deeply spiritual concern for the greater good, the benefit of the masses, above oneself. Such commitment may involve becoming a martyr on behalf of or devoting one's life to some great cause at the expense of personal pleasure and well-being. Only a tiny minority of people may reach this point. Martin Luther King Jr., Mother Teresa, and Joan of Arc are examples.

Critical Thinking: Evaluation of Fowler's Theory

Fowler provides a logically organized theory concerning the development of faith. It follows Piaget's proposed levels of cognitive development, advancing from the more concrete to the more abstract. It makes sense that people increase their ability to think critically, integrate more difficult concepts, and develop deeper, more committed ideas and beliefs as their lives and thinking progress.

However, at least three criticisms of the theory come to mind. First, the sample on which it was based is very limited in terms of race and religious orientation. Questions can be raised regarding the extent to which it can be applied universally to non-Christian faiths worldwide.

Second, concepts of human diversity, oppression, and discrimination are not taken into account. There is an inherent assumption that all people start out with a clean slate. In reality, some are born richer, some poorer, some in high-tech societies, others in third-world environments. To what extent do people's exposure to more ideas and greater access to the world's activities and resources affect the development of faith? Are all people provided an equal opportunity to develop faith? Do oppression and discrimination affect one's spirituality and the evolution of faith?

A third criticism is the difficulty of applying Fowler's theory to macro situations. How does the development of faith from an individual perspective fit into the overall scheme of the macro environment? How does faith development potentially affect organizational, community, and political life?

Ethical Questions 7.4

EP 1

What are your personal beliefs about spirituality and religion? To what extent do you believe all people should also hold your views?

Social Work Practice and Empowerment Through Spiritual Development

EP 2a
EP 2c

Spirituality rises above concern over worldly things such as possessions and expands consciousness to a realm beyond the physical environment. It is a "universal aspect of human culture" (Canda, 1989; Cowley & Derezotes, 1994) that concerns "developing a sense of meaning, purpose, and morality" (Canda, 1989, p. 39). It can provide people with strength to withstand pain and guidance to determine what life paths to take.

Determining a client's spiritual beliefs and possible membership in an organized religion can lead to various means of empowerment. "Religious and spiritual organizations can be the source of support for clients… because they can provide a sense of belonging, safety, purpose, structure, and opportunities for giving and receiving service" (Frame, 2003, p. 94).

Boyle, Hull, Mather, Smith, and Farley (2009) expand upon the significance of spirituality for social workers:

> *Social work and other helping professions have begun to recognize the immense power these beliefs can have over the ability of clients to withstand trauma and tragedy when things look the darkest. . . Spirituality helps some people make sense out of a sometimes senseless world. For others, it is part of an attempt to better understand themselves and to answer the question, "What is my purpose?". . .*
>
> *Spirituality and religious beliefs tend to play even more crucial roles in the lives of clients who are coping with critical events such as a terminal illness, a bereavement, or serious health issues. In these and similar situations, social workers should be comfortable raising the topic of religion or spirituality with clients. Likewise, social workers have come to recognize the importance of these issues for many ethnic and minority groups. For many such groups, the church and religion play a major role in their everyday lives and in efforts to bring about institutional and environmental change. . .*
>
> *Social workers should be alert to the fact that their clients may have significant religious or spiritual beliefs and values and be familiar with the commonalities across various religious doctrines. At the very least, the practitioner should ask clients about this area and listen carefully when clients identify their religion or other spiritual beliefs as a coping resource. Failure to explore this area prevents social workers from understanding a major area of strength for many clients and a potential area for some others. (pp. 297–298)*

However, as important as it is to consider spirituality as a potential strength, it is just as important for social workers not to impose their own values and spiritual beliefs on clients. Van Hook, Hugen, and Aguilar (2001) explain:

> *Incorporating spiritual and religious diversity into social work practice raises a challenging question for each social worker of faith: How do I hold my truth to be The Truth, when everyone perceives the truth differently? The professional challenge is to learn to listen intently to another person's explanation of reality, even when that worldview differs significantly from one's own. As practitioners, we need not share a client's view of reality, nor even agree with it. But if we are willing to listen, we will come away knowing clients in new ways—and this knowledge and awareness will not only increase our own cultural sensitivity but also help us demonstrate a genuine respect for clients by truly honoring their religious and spiritual perspective. (p. 6)*

Social workers may encounter a wide range of situations involving clients' spirituality that require careful thought regarding how to proceed ethically. For instance, Roeder (2002) cites the following practice situation:

> *You work for a faith-based organization that offers services to teens who are pregnant, in hopes of preparing them for motherhood. You are the first social worker ever to be hired onto the staff, which is composed mostly of religiously trained persons and committed volunteers. During your first staff meeting in this organization, you find that staff are reviewing a policy that suggest "all who work with clients should pray with them to develop their relationship with God." During the meeting you are asked for your input on this policy. What would you say in response? (p. II)*

Spotlight 7.2 discusses the current outlook concerning research on practice effectiveness and spirituality.

Significant Issues and Life Events: Assertiveness and Suicide

Each phase of life tends to be characterized by issues that receive considerable attention and concern. Two issues that command special attention as they relate to adolescence and youth are assertiveness and suicide. Although these issues continue to elicit concern with respect to any age group, they have an especially critical quality for those whose lives are just beginning. Lives marked by either docile meekness and nonassertiveness, on the one hand, or pushy,

SPOTLIGHT ON DIVERSITY 7.2

Evidence-Based Practice and Spirituality

The social work profession and its accreditation standards emphasize the importance of employing evidence-based interventions, evaluating practice effectiveness, and using research results to improve service delivery (CSWE, 2015). Rubin and Babbie (2014) explain:

> ***Evidence-based practice (EBP)*** *is a process in which practitioners make practice decisions in light of the best research evidence available. But rather than rigidly constrict practitioner options, the EBP model encourages practitioners to integrate scientific evidence with their practice expertise and knowledge of the idiosyncratic circumstances bearing on specific practice decisions. (p. 28)*

There has not been much empirical research in social work regarding the effectiveness of practices involving spirituality; however, research conducted in other helping professions in establishing positive relationships "between religious participation and well-being" (Canda, 2008, p. 416; Canda & Furman, 2010). Canda and Furman (2010) conclude that "empirical research is showing through hundreds of studies in several disciplines that positive sense of spiritual meaning and religious participation are related to reduced levels of depression, anxiety, substance abuse, and risk behaviors along with an increased sense of well-being and mutual support. . . Specific spiritually based practices, such as forgiveness, meditation, and spiritually oriented cognitive-behavioral therapy are also showing promise" (p. 22). Other research results indicate that spiritual well-being is related to people's ability to respond resiliently to sickness and other crises, and to lower incidences of family violence (Canda, 2008).

Canda and Furman (2010) reflect that

> *[t]he concept of spirituality includes certain quantifiable and measurable aspects (such as frequency of church attendance or level of self-assessed sense of meaning) [and]. . . various processes, experiences, and systems that are best explored through qualitative methods of observation (such as the subjective experience of meditation or the communal patterns of mutual support in religious groups). . . While we recognize the utility of the scientific method as it has derived from European and American cultures, we also respect the forms of knowledge and wisdom found among the elders, mentors, and adepts of religious traditions and culturally specific healing systems around the world We value understanding that comes from a convergence of sensory, rational, emotional, and intuitive ways of knowing. For a truly integral approach we need to combine inquiry approaches that address both the subjective and objective dimensions of individual and collective phenomena of spirituality (Wilber, 2006). (p. 23)*

self-serving aggression, on the other, can be damaging and nonproductive. Young lives terminated at an early age represent tragic and regrettable losses of potential.

Each of these issues may be viewed from either a psychological or a social perspective. They will arbitrarily be addressed in this chapter, which focuses on the psychological aspects of adolescence.

LO 5 Assess Empowerment Through Assertiveness and Assertiveness Training

Assertiveness involves behavior that is straightforward, yet not offensive. The behavior can be either verbal or nonverbal. Assertiveness involves taking into account both your own rights and the rights of others. It sounds simple, but for many people appropriate assertiveness is difficult to master. For instance, consider the two people sitting in front of you in a movie theater who are talking loudly. How should you react? Should you ignore them even though it's the scariest portion of the latest horror film? Should you scream, "Shut up!"? Or should you tap one of them gently on the shoulder and politely ask the person to please be quiet?

Your best friend asks to borrow your car. Your friend emphasizes it'll only be for one time and it's needed for *such an important reason.* You happen to know that your friend is not a very good driver, has gotten two speeding tickets in the past six months, and sometimes drives after drinking. Should you say, "No way! You know what a horrible driver you are"? Should you say, "Sure"? Should you say, "Well, okay, I guess so"? Or should you say, "No. You know I don't let other people drive my car. Would it help if I drive you somewhere?"

Often it's difficult to look at a situation objectively and take the feelings and needs of all concerned into account. Often, it's especially difficult for adolescents and young people. On the one hand, they are still getting to know themselves and establishing their own identities. On the other hand, they want to fit in socially and respond to the feelings of others.

Assertiveness involves specific skills that can be taught. This, of course, is referred to as **assertiveness training**. Adolescents and young people may find assertiveness skills especially valuable as they decide how to react in new situations, especially when under social pressure. For example, they might struggle regarding how to respond in sexual situations: *What do I want to do versus what does my partner want to do?* Or they might wonder about taking drugs: *Everyone is doing it; what should I do?* Here we will discuss, in more depth, the meaning of assertiveness and some concepts involved in assertiveness training.

Most people remember occasions when they wish they had been more assertive. Yet at those moments, they felt very uncomfortable doing so. Many people have also experienced situations in which they "lost it," and exploded in a loud burst of anger. An example is a newly married 22-year-old woman who is "at her wits' end" with her husband's best friend. He continues to make derogatory racial slurs against almost anyone who is not white, of a certain religious group, and of European heritage. The young woman, a newly graduated social worker, tries everything she can think of to turn the friend's comments off. She tries ignoring him. She tries to change the subject. Yet she doesn't want to offend the man. After all, he is her husband's best friend. Finally, something snaps and she screams, "I can't stand it anymore. I think you're a disgusting bigot. Just shut up!" This outburst does little for their relationship.

The Relevance of Assertiveness

Assertiveness and assertiveness training are included here for three reasons. First, appropriate assertiveness is an important skill to be acquired in adolescence. When someone uses an assertive approach, that person values both his or her own rights and the rights of others. Assertiveness is a critical aspect of establishing both a personal identity and a moral perspective toward other people.

A second reason for including assertiveness is its importance in working with clients. As a social work practitioner, you must recognize your own professional and personal rights in order to communicate effectively with clients and get your job done. On the other hand, you must also recognize, respect, and appreciate your clients' rights and needs. An assertive approach enables you to take both your rights and your clients' rights into consideration. (These rights are discussed in Highlight 7.2.) In assessing human behavior, you must seek to understand why people behave the way they do. Observing human behavior from an assertiveness perspective helps you focus on who is getting their needs met and who is not. It allows you to identify who is pushing others around inappropriately and who is being pushed.

The third reason for including assertiveness here is its significance for clients. Not only must you assess human behavior as part of the intervention process, you must also work with clients to plan and achieve positive changes. Many clients may benefit from using an assertiveness perspective to understand their own actions and the effects of these actions on others. In your role as educator, you can teach your clients assertiveness principles to enhance their own interpersonal effectiveness.

Nonassertive, Assertive, and Aggressive Communication

On an assertiveness continuum, communication can be rated as nonassertive, assertive, or aggressive. Assertive communication involves verbal and nonverbal behavior that permits speakers to make points clearly and straightforwardly. **Assertive** speakers take into consideration both their own value system and the values of whoever is receiving their message. They consider their own points to be important; yet they also consider the points and reactions of the communication's receiver important.

For example, the president of the Student Social Work Club asks Maria to take notes at a meeting three meetings in a row. The club's secretary, who is supposed to take notes, is absent all three times. Maria is willing to serve, but feels it's unfair to ask her to do the work every time instead of letting others help, too. Maria assertively states to the club president, "This is the third meeting in a row that you've asked me to take notes. I'm happy to help out, but I feel that it's fair to share this task with other club members. Why don't you ask someone else to take notes this time?"

HIGHLIGHT 7.2

Each of Us Has Certain Assertive Rights

Part of becoming assertive involves believing that we are worthwhile people. It's easy to criticize ourselves for our mistakes and imperfections. And it's easy to hold our feelings in because we're afraid that we will hurt someone else's feelings or that someone will reject us. Sometimes feelings that are held in too long will burst out in an aggressive tirade. This applies to anyone, including our clients.

A basic principle in social work is that each individual is a valuable human being. Everyone, therefore, has certain basic rights.

The following are eight of your, and your clients', assertive rights:

1. You have the right to express your ideas and opinions openly and honestly.
2. You have the right to be wrong. Everyone makes mistakes.
3. You have the right to direct and govern your own life. In other words, you have the right to be responsible for yourself.
4. You have the right to stand up for yourself without unwarranted anxiety and make choices that are good for you.
5. You have the right *not* to be liked by everyone. (Do you like everyone you know?)
6. You have the right to make requests and to refuse them without feeling guilty.
7. You have the right to ask for information if you need it.
8. Finally, you have the right to decide not to exercise your assertive rights. In other words, you have the right to choose not to be assertive.

SOURCE: Most of these rights are adapted from Lynn Z. Bloom, Karen Coburn, and Joan Pearlman, *The New Assertive Woman* (New York: Dell, 1976), and from Kathryn Apgar and Betsy Nicholson Callahan, *Four One-Day Workshops* (Boston: Resource Communications, Inc., and Family Service Association of Greater Boston, 1980).

Aggressive communication involves bold and dominant verbal and nonverbal behavior in which a speaker presses his or her point of view as taking precedence over all others. Aggressive speakers consider only their views as important and devalue what the receiver has to say. Aggressive behaviors are demanding and most often annoying. Consider, for example, the man who barges in at the return desk in front of 17 other people standing in line and demands service!

Nonassertive communication is the opposite of aggressive. Speakers devalue themselves. They feel that what the other person involved thinks is much more important than their own thoughts. For example, for lunch, one day Cassie orders a hamburger well done. The waitress brings her a burger that's practically dripping blood. However, Cassie is afraid of what the waitress will think if she complains. She doesn't want to be seen as a "bitch." So, instead of assertively telling the waitress that the hamburger is much too rare, Cassie douses it in ketchup and forces herself to eat half of it.

There is no perfect recipe for what to say to be assertive in any particular situation. The important thing is to take into consideration both your own rights and the rights of the person you are talking to. Following are a few examples.

Situation 1

A 16-year-old girl is on her first date with a young man she likes. After a movie and pizza, they drive around a bit and find a secluded spot in the country where he pulls over and parks. The girl does not want to get sexually involved with the young man. She thinks this is too soon in their relationship. What will he think of her? She doesn't know him well enough yet to become intimate. What can she say?

Nonassertive response: She says nothing and lets him make his sexual advances.

Aggressive response: "Get your slimy hands off me, you pervert!"

Assertive response: "I like you, Harry, but I don't think we know each other well enough yet to get involved this way. Would you please take me home now?"

Situation 2

Biff, Clay's supervisor at Stop 'n' Shop, tells Clay that he needs him to work several extra hours during the upcoming weekend. Biff has often asked Clay to work extra time on weekends. However, he doesn't ask any of the other workers to do so. Clay thinks this is unfair. He needs his job, but he hates to work extra hours on weekends. What can he say?

RubberBall/Alamy Stock Photo

Aggressive behavior reflects the dominance of the aggressor and devalues the rights and needs of others.

Nonassertive response: "Okay."
Aggressive response: "No way, Jose! Get off my butt, Biff!"
Assertive response: "You know I like my job here, Biff. However, I'm sorry, but I can't work extra hours next weekend. I've already made other plans."

Situation 3

Dinah Lee and Hannah, both 18, hang around with the same group of friends. However, they don't like each other very much. Dinah Lee approaches Hannah one day and says, "It's too bad you're gaining so much weight." What can Hannah say?

Nonassertive response: "Yes, you're right. I'm trying to go on a diet."
Aggressive response: "I'm not nearly as fat or ugly as you are, Buzzard Breath!"
Assertive response: "No, I haven't gained any weight. I think that was a very inappropriate thing to say. It sounded as if you were just trying to hurt my feelings."

The Advantages of Assertiveness

Developing assertiveness skills has many benefits. For one thing, you can gain more control over your interpersonal environment. Assertiveness may help you avoid uncomfortable or hostile interactions with others. You will probably feel that other people understand you better than they did before. Your self-concept can be enhanced as the result of your gain in control and interpersonal effectiveness. Appropriate assertiveness helps to alleviate building up undue tension and stress and diminish such psychosomatic reactions as headaches or stomach upsets. Finally, other people may gain respect for you, your strength, and your own demonstration of respect for others. People may even begin to use you as a role model for their own development of assertive behavior.

Assertiveness Training

Assertiveness training leads people to realize, feel, and act on the assumption that they have the right to be themselves and express their feelings freely. Assertive responses generally are not aggressive responses. The distinction between these two types of interactions is important. For example, a woman has an excessively critical father-in-law. Intentionally doing things that will bother him (bringing up topics that she knows will upset him, forgetting Father's Day and his birthday, not visiting) and getting into loud arguments with him would be considered aggressive behavior.

An effectively assertive response, however, would be to counter criticism by saying, "Dad, your criticism deeply hurts me. I know you're trying to help when you give advice, but I feel that you're criticizing me. I'm an adult, and I have the right to make my own decisions and mistakes. The type of relationship that I'd like to have with you is a close adult relationship and not a father-child relationship."

As we know, social work is practical. Therefore, you can use the suggestions provided to enhance both your client's assertiveness and your own. Alberti and Emmons (1976a, 1976b, 2001, 2008) developed the following 13 steps to help establish assertive behavior:

1. Examine your own actions. How do you behave in situations requiring assertiveness? Do you think you tend to be nonassertive, assertive, or aggressive in most of your communications?

2. Make a record of those situations in which you felt you could have behaved more effectively, either more assertively or less aggressively.
3. Select and focus on some specific instance when you felt you could have been more appropriately assertive. Visualize the specific details. What exactly was said? How did you feel?
4. Analyze how you reacted. Examine closely your verbal and nonverbal behavior. Alberti and Emmons (2008, pp. 71–81) cite the following seven aspects of behavior that are important to monitor:
   a. *Eye contact.* Did you look the person in the eye? Or did you find yourself avoiding eye contact when you were uncomfortable?
   b. *Body posture.* Were you standing up straight, or were you slouching? Were you leaning away from the person sheepishly? Were you holding your head up straight as you looked the person in the eye?
   c. *Gestures.* Were your hand gestures fitting for the situation? Did you feel at ease? Or were you tapping your feet or cracking your knuckles? In the beginning of his term, people often criticized President George H. W. Bush for moving his arms and hands around during his public speeches. This tended to give the public the impression that he was frantic. Professional coaches helped him gain control of this behavior and present a calmer public image.
   d. *Facial expressions.* Did you have a serious expression on your face? Were you smiling or giggling uncomfortably, thereby giving the impression that you were not really serious?
   e. *Voice tone, inflection, volume.* Did you speak in a normal voice tone? Did you whisper timidly? Did you raise your voice to the point of stressful screeching? Did you sound as if you were winning?
   f. *Timing.* It is best to make an appropriately assertive response just after a remark is made or an incident happens. It's also important to consider whether a particular situation requires assertiveness. At times it might be best to remain silent and just "let it go." For example, it might not be wise to criticize your professor for being a "dreary bore" in a class presentation you are giving and that your professor is simultaneously grading.
   g. *Content.* What you say in your assertive response is obviously important. Did you choose your words carefully? Did your response have the impact you wanted it to have? Why or why not?
5. Identify a role model, and examine how he or she handled a situation requiring assertiveness. What exactly happened during the incident? What words did your model use that were particularly effective? What aspects of his or her nonverbal behavior helped to get points across?
6. Identify a range of other assertive responses that could address the original problem situation you targeted. What other words could you have used? What nonverbal behaviors might have been more effective?
7. Picture yourself in the identified problematic situation. It often helps to close your eyes and concentrate. Step by step, imagine how you could handle the situation more assertively.
8. Practice the way you envisioned yourself being more assertive. You could target a real-life situation that remains unresolved. For example, perhaps the person you live with always leaves dirty socks lying around the living room or drinks all your soda and forgets to tell you the refrigerator is bare. Or you can ask a friend, teacher, or counselor to help you role-play the situation. Role-playing provides an effective mechanism for practicing responses before you have to use them spontaneously in real life.
9. Once again, review your new assertive responses. Emphasize your strong points, and try to remedy your flaws.
10. Continue practicing steps 7, 8, and 9 until your newly developed assertive approach feels comfortable and natural to you.
11. Try out your assertiveness in a real-life situation.
12. Continue to expand your assertive behavior repertoire until assertiveness becomes part of your personal interactive style. You can review the earlier steps and try them out in an increasingly wider range of situations.
13. Give yourself a pat on the back when you succeed in becoming more assertive. It's not easy changing long-standing patterns of behavior. Focus on and revel in the good feelings you experience as a result of your successes.

Application of Assertiveness Approaches to Social Work Practice

Helping clients learn to be more assertive is appropriate in a wide range of practice situations. For example, teenagers may need to develop assertiveness skills to ward off the massive peer pressure engulfing them. This means more than "just saying no" to drugs, sex, or any other activity they feel pressured to participate in. Assertiveness training involves helping people identify alternative types of responses in uncomfortable situations. Finally, assertiveness training involves working out and practicing these alternative responses ahead of time so that they become easier and more natural.

Another example of a client needing assertiveness training is a shy, reserved client who needs to ask his landlord to do some repairs needed in the client's apartment. Still another client might need help becoming more assertive in preparation for a job interview.

Workers themselves need to develop assertiveness skills in order to advocate for services on behalf of their clients. Good communication skills and a respect for others are basic necessities for social work practice. You can lead your clients through each step of assertiveness training to become more competent and effective communicators.

Either as a friend or as a social worker, you can be very helpful in assisting another person—your "client"— to become more assertive. The following guidelines are suggested:

1. Together identify situations or interactions in which your client needs to be more assertive. Get information about such interactions from your observations and knowledge of the person and from discussing in depth the interactions in which the person feels a need to be more assertive. You may also ask the person to keep a diary of interactions in which she or he feels resentment over being nonassertive and interactions in which she or he was overly aggressive.
2. Develop together some strategies for the person to be more assertive. Small assignments with a high probability of successful outcomes should be given first. A great deal of discussion and preparation should take place between the two of you in preparing for the "real event." For a person who is generally shy, introverted, and nonassertive in all interpersonal relationships, it may be necessary to explore in great detail the connection between nonassertive behavior and feelings of resentment or low self-esteem. In addition, for very shy people, certain attitudes, such as "don't make waves" or "the meek will inherit the earth," may need to be dealt with before developing strategies for the person to be more assertive.
3. Role-playing is a very useful technique in preparing for being assertive. The helper first models an assertive strategy by taking the shy person's role. Shy clients concurrently role-play the role of the person with whom they want to be more assertive. Then the roles are reversed; clients role-play themselves, and the helper plays the other role. Besides the previously mentioned benefits of modeling and practice experience, role-playing has the added advantage of reducing the shy person's anxiety about attempting to be assertive. For feedback purposes, if possible, record the role-playing on audio or videotape.
4. Explain the 13 steps described earlier that your client can use on his or her own to handle future problem situations involving assertiveness. If possible, provide reading material on these steps.

LO 6 Explore Suicide in Adolescence

Why do people decide to terminate their lives? Is it because life is unbearable, painful, hopeless, or useless? Suicide can occur during almost any time of life. However, it might be considered especially critical in the years of adolescence and youth. This is the time of life when people could enjoy being young and fresh and looking forward to life's wide variety of exciting experiences. Instead, many young people decide to take their own lives.

Incidence of Suicide

Suicide is one of the most critical health problems in the United States today. Consider these frightening facts (Jason foundation, 2016):

- Suicide is the second leading cause of death of youth, ages 12–18, in the United States.
- More teenagers die from suicide in the United States than from heart disease, cancer, AIDS, stroke, birth defects, influenza, pneumonia, and chronic lung disease, COMBINED.

- Four out of five teens who attempt suicide have given clear warning signs.
- Each day in the United States there are an average of over 5,400 attempts by young people grades 7–12.

Far more adolescents think about committing suicide or make an unsuccessful attempt than those who actually succeed (CDC, 2012, 2014). One national survey found that 16 percent of adolescents in U.S. high schools had thought seriously about suicide within the past year, 13 percent had established a plan for how to do it, and 8 percent actually attempted suicide (CDC, 2014). One in 10,000 adolescents actually succeeds in committing suicide (Kail & Cavanaugh, 2013). White adolescents are more likely to commit suicide than their African American counterparts; Native American and Alaskan Native adolescents are the most likely to commit suicide of any ethnic group in the United States (Anderson & Smith, 2005; Kail & Cavanaugh, 2013). Hispanic female adolescents are more likely to attempt suicide than their non-Hispanic Caucasian or African American counterparts (CDC, 2014) (Spotlight 7.3 will address this issue later in the chapter).

Causes of Adolescent Suicide

No specific recipe of variables contributes to any individual adolescent's suicide probability. However, adolescents who threaten or try to commit suicide tend to experience problems in three main arenas: increased stress, family issues, and psychological variables (particularly depression) (Berk, 2012b; CDC, 2014; Sigelman & Rider, 2012; Steinberg, Vandell, & Bornstein, 2011b).

Increased Stress

Many teenagers today express concern over the multiple pressures they have to bear. To some extent, these pressures might be related to current social and economic conditions. Many families are breaking up. Pressures to succeed are great. Some experience extreme bullying. Many young people are worried about what kind of job they will find when they get out of school. Peer pressure to conform and to be accepted socially is constantly operating. Some feel rejected due to their sexuality. Suicidal adolescents may lose any coping powers they may have had and simply give up.

A range of significant events might increase stress and jar adolescents into suicidal thinking. Unwanted pregnancy or even fear of unwanted pregnancy is an example. Other stressful events include losses such as the death of someone close, divorce, family relocation, or even national disasters (Nairne, 2014; Sigelman & Rider, 2012). Even the stress resulting from declining grades in school might contribute to suicide.

Problems in peer relationships can contribute to stress. An adolescent may feel unwanted or isolated, that he or she simply does not fit in. Or an adolescent might experience devastating trauma after being "dumped" by a girlfriend or boyfriend. Adolescents' lack of experience in coping with such situations may make it seem as though life is over after losing "the one and only person" they love. Many adolescents have not yet had time to work through such experiences and learn that they can survive emotional turmoil.

Evidence suggests that teenagers who are overachievers experience greater stress and therefore are more likely to commit suicide (Kurpius, Kerr, & Harkins, 2005; McWhirter, McWhirter, McWhirter, & McWhirter, 2013). Overachievers may expect too much of themselves and respond to pressure from parents, school, and friends in an overly zealous manner. One teenager comes to mind. Terri was a popular high school cheerleader. She had been homecoming queen one fall. She was an A student and editor of the yearbook. When she killed herself, everyone was surprised. Most of the people around her felt that she had everything and wondered why she threw it all away. They said it was such a shame. Apparently, she had hidden her inner turmoil very well. Perhaps she was just tired of working (and playing) so hard. Or maybe, no matter how she seemed to others, she never measured up to her own expectations for herself. At any rate, no one will ever know. We all probably know of someone like Terri. (Chapter 14 will discuss stress and stress management in greater detail.)

Family Issues

Turbulence and disruption at home contribute to the profile of an adolescent suicide (Coon & Mitterer, 2014; McWhirter et al., 2013; Sigelman & Rider, 2012). There might be serious communication problems, parental substance abuse, parental mental health problems, or physical or sexual abuse (McWhirter et al., 2013; National Institute of Mental Health [NIMH], 2010). Lack of a stable home environment contributes to the sense of loneliness and isolation for both boys and girls. Highlight 7.3 describes a young woman who struggled to cope with family and other issues, but failed.

HIGHLIGHT 7.3

Joany: A Victim of Suicide

Joany, age 15, was one of the "stoners" People said that she used a lot of drugs and was wild. She did poorly in school, when she did manage to attend. Her appearance was striking. Her hair was cropped short, somewhat unevenly, and was characterized by a different color of the rainbow every day, including purple, green, and hot pink. Short leather miniskirts, multiple piercings, and dark, exaggerated makeup were also part of her style. Black appeared to be her favorite color, as it was about all she wore. She hung around with a group who looked and behaved much like herself. More studious, upper-middle-class, college-bound peers couldn't understand why she behaved that way. It was easy for them to point and snicker at her as she walked down the high school halls.

One day she came to school looking almost normal, noted Karen, one of her more scholarly classmates. Karen had at times felt sorry for Joany when people made fun of her. But this day Joany was wearing an unobtrusive skirt and sweater.

More noticeably, her hair was combed in a much more traditional manner than usual. Joany finally looked like she fit in with her classmates. Karen called out a compliment to Joany as she was walking down the hall, laughing with some of her other weird-looking friends. Joany turned, smiled, gave a hurried thanks, and returned to her conversation.

The next day the word spread like wildfire throughout the student population. Joany, it seemed, had hanged herself in her parents' basement. The rumor was that she was terribly upset because her parents were getting a divorce. No one really knew why she had killed herself. People didn't understand the sense of hopelessness and desolation she felt. Nor did anyone know why she did not turn to friends or family or school counselors for help. There seemed to be so many unanswered questions.

All that remained of Joany several months later was an oversized picture of her on the last page of the high school yearbook. It was labeled "In Memoriam."

Psychological Variables

Psychological variables, usually relating to depression, make up the third arena for problems leading to suicidal thoughts. One such factor is low self-esteem (Coon & Mitterer, 2014; McWhirter et al., 2013). When people don't feel strong internally, they find it very difficult to muster the support necessary to cope with outside pressures.

Feelings of helplessness and hopelessness may also contribute to suicide potential (Coon & Mitterer, 2014; McWhirter et al., 2013; Sue, Sue, Sue, & Sue, 2013). As adolescents struggle to establish an identity and function independently of their parents, it's no wonder that many feel helpless. They must abide by the rules of their parents and schools. They suffer from peer pressure to conform to the norms of their age group. They are seeking acceptance by society and a place where they will fit in. At the same time, an adolescent must strive to develop a unique personality, a sense of self that is valuable for its own sake. At times, such a struggle may indeed seem hopeless.

Impulsivity, or a sudden decision to act without giving much thought to the action, is yet another variable related to adolescent suicide (McWhirter et al., 2013). Confusion, isolation, and feelings of despair may contribute to an impulsive decision to end it all.

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Adolescents experience many pressures and anxieties. Young people are not sure that they will find a job with which they can support themselves when they get out of school.

Adolescents today face a hard transition into adulthood. Social values are shifting. Peer pressure is immense. Adolescents have not had time to gain life experience and so tend to behave impulsively. Any trivial incident may become a crisis. Every moment of the day can feel like the end of the world if something goes wrong.

Lesbian and Gay Adolescents and Suicide

EP 2a
EP 2c

There has been concern that lesbian and gay adolescents are more likely to commit suicide than are their heterosexual peers (Alderson, 2013; Berk, 2012b; Hunter & Hickerson, 2003; McWhirter et al., 2013). It makes sense that a quest for identity in a heterosexual world may result in isolation, low self-esteem, and other problems potentially related to suicide. In September 2010, the nation was "shocked" by three gay youth who killed themselves after extensive bullying by peers; the methods used were gunshot, hanging, and jumping off a bridge (Dotinga & Mundell, 2010). Another 2013 incident involved a gay 15-year-old sophomore named Jadin Bell in La Grande, Oregon; after extensive bullying both on a one-to-one basis and online. He couldn't take it any more and hanged himself on playground equipment at a local elementary school (Williams, 2013). These incidents may reflect how "adolescence renders young people especially vulnerable to harassment, and the difficulties of grappling with sexuality can complicate that further" (Dotinga, 2013; Dotinga & Mundell, 2010). Additionally, suicide attempts by gay and lesbian youth may be related to "sexual milestones such as self-identification as homosexual, coming out to others, or resulting loss of friendship" (McWhirter et al., 2013, p. 261). However, from a strengths perspective, remember that the majority of "lesbian and gay youth cope with the stressors of their lives well and most of them do not attempt suicide" (Hunter & Hickerson, 2003, p. 331).

Suicidal Symptoms

W. M. Patterson and his associates (Patterson, Dohn, Bird, & Patterson, 1983) cite various risk factors that are related to a person's potential for carrying through with a suicide. They propose a mechanism for evaluating suicide potential, the SAD PERSONS scale. Each letter in the acronym corresponds to one of the high-risk factors.

It should be emphasized that any of the many available guidelines to assess suicide potential are just that—guidelines. People who threaten to commit suicide should be believed. The fact that they are talking about it means that they are thinking about doing it. However, the following variables are useful as guidelines for determining risk—that is, how high the probability is that they will attempt and succeed at suicide. Highlight 7.4 cites a number of suicide notes that reflect these symptoms.

Sex

Among adolescents, females are much more likely to try to kill themselves than males (CDC, 2014; Nairne, 2014). However, males are four times more likely to succeed in their attempts (CDC, 2012). Adolescents of either gender may have serious suicide potential. However, greater danger exists if the person threatening suicide is a male. One reason for this is that males are more likely to choose a more deadly means of committing suicide, such as firearms or hanging, whereas women tend to use less lethal methods such as a drug overdose; unfortunately, however, women increasingly are using deadlier, more effective methods (Coon & Mitterer, 2014; NIMH, 2010).

HIGHLIGHT 7.4

Suicide Notes

The following are suicide notes written by people of various ages shortly before they successfully committed suicide.

Whomever—I wrote this sober, so it is what I planned. Sober or drunk. I love you all and please don't feel guilty because it is what I planned drunk or sober. Life still happens whether it is today or tomorrow. But after 23 years I would think that I could have met a person that I would mean more than personal advantage. If only I meant something. People just don't seem to care.

(continued)

HIGHLIGHT 7.4 *(continued)*

Is it that I give the impression that I don't care? I wish and want to know. I feel so unimportant to everyone. As though my presence does not mean anything to anybody. I wish so much to be something to someone. But I feel the harder I try the worse I do. Maybe I just have not run into the right person. I am still 6 feet underground. My mind just didn't want any of it obviously. Make sure _____ goes to mom. No matter what I do, in my life, I still am going to die. By someone else's hands OR MY OWN.

(Female, age 23, died of a gunshot wound.)

I can't put up with this shit. I'm sorry I have to do this, but I have nothing left.

P.S. Closed casket please.

Give my guns to_____

(Male, age 25, died of a gunshot wound.)

Mom and Dad

don't feel bad—I have problems—don't feel the blame for this on you _____

(Male, age 18, died of a gunshot wound.)

Please forgive me for leaving you. I love you very much, but could not cope with my health problems plus financial worries etc. Try to understand and pray for me.

I wish you all the best and that you will be able to find the happiness in life I could not.

Love and Kisses Mom

Good Bye and God bless oxoxoxox

(Female, age 47, died of carbon monoxide poisoning.)

I can't take the abuse, the hurt, the rejection, the isolation, the loneliness. I can't deal with all of it. I can't try anymore. The tears are endless. I've fallen into a bottomless pit of despair. I know eternal pain and tears…

No one knows I'm alive or seems to care if I die. I'm a terrible, worthless person and it would be better if I'd never been born. Tabby was my only friend in the world, and now she's dead. There's no reason for me to live anymore. . .

Mom and Dad, I hate you!

Love Tommy

SOURCE: Recorded in "A Cry for Help: Teen Suicide," prepared and presented by Tom Skinner, Edison Junior High School, Janesville, WI. Reprinted by permission of the Rock County Coroner's Office, Beloit, WI.

Age

Although a person of almost any age may attempt and succeed at suicide, the risks are greater for some age groups than for others. Statistics indicate that people ages 15 to 24, or 65 or older, are in the high-risk groups (Coon & Mitterer, 2014). Older white males are especially at risk (Coon & Mitterer, 2014). Suicide accounts for 20 percent of all deaths for people ages 15 to 24 (CDC, 2012). However, the number of suicides among middle-aged Americans has recently risen significantly, which may affect the assessment of suicidal potential in the future (Jaslow, 2013).

Depression

Depression contributes to a person's potential to commit suicide (Coon & Mitterer, 2014; McWhirter et al., 2013; Steinberg et al., 2011b). **Depression**, technically referred to as **depressive disorder**, is a psychiatric condition characterized by a disheartened mood; unhappiness; a lack of interest in daily activities; an inability to experience pleasure; pessimism; significant weight loss not related to dieting, or weight gain; insomnia; an extremely low energy level; feelings of hopelessness and worthlessness; a decreased capacity to focus and make decisions; and a preoccupation with thoughts about suicide and one's own death. Being depressed doesn't involve

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Depression, characterized by a disheartened mood, unhappiness, and pessimism, can contribute to an adolescent's suicide potential.

simply feeling bad. Rather, it involves a collection of characteristics, feelings, and behaviors that tend to occur in conjunction with each other.

Previous Attempts

People who have tried to kill themselves before are more likely to succeed than people who are trying to commit suicide for the first time (Coon & Mitterer, 2014; Nairne, 2014; NIMH, 2010).

Ethanol and Other Drug Abuse

People who abuse alcohol and other drugs are much more likely to commit suicide than people who do not (CDC, 2014; Coon & Mitterer, 2014; Nevid, 2013; Rathus, 2014d). Mind-altering substances may affect logical thinking, causing emotional distress to escalate.

Rational Thinking Loss

People who suffer from mental or emotional disorders, such as depression or psychosis, are more likely to kill themselves than those who do not (McWhirter et al., 2013; Nairne, 2014; NIMH, 2010). Hallucinations, delusions, extreme confusion, and anxiety all contribute to an individual's risk factors. If a person is not thinking realistically and objectively, emotions and impulsivity are more likely to take over.

Social Supports Lacking

Loneliness and isolation have already been discussed as primary contributing factors (Coon & Mitterer, 2014; McWhirter et al., 2013). People who feel that no one cares about them may feel useless and hopeless. Suicide potential may be especially high in cases in which a loved one has recently died or deserted the individual who's threatening suicide.

Organized Plan

The more specific and organized an individual's plan regarding when and how the suicide will be undertaken, the greater the risk (Coon & Mitterer, 2013; McWhirter et al., 2013; Sheafor & Horejsi, 2012; Sue et al., 2013). Additionally, the more dangerous the method, the greater the risk. For instance, the presence of a firearm increases suicide risk (CDC, 2014; Coon & Mitterer, 2014; NIMH, 2010). A plan to use the loaded rifle you have hidden in the basement tomorrow evening at 7:00 p.m. is more lethal than a plan of somehow getting some drugs and overdosing sometime. Several questions might be asked when evaluating this risk factor. How much detail is involved in the plan? Has the individual put a lot of thought into the specific details regarding how the suicide is to occur? Has the plan been thought over before? How dangerous is the chosen method? Is the method or weapon readily available to the individual? Has the specific time been chosen for when the suicide is to take place?

No Spouse

As adults, single people are much more likely to commit suicide than married people (Coon & Mitterer, 2014; Sue et al., 2013). "The highest suicide rates are found among the divorced, the next highest rates occur among the widowed, lower rates are recorded for [never married] single persons, and married individuals have the lowest rates of all" (Coon, 2006, p. 521). Generally, people without partners have a greater chance of feeling lonely and isolated.

Sickness

People who are ill are more likely to commit suicide than those who are healthy (Coon & Mitterer, 2014). This is especially true for those who have long-term illnesses that place substantial limitations on their lives. Perhaps in some of these instances, their inability to cope with the additional stress of sickness and pain eats away at their overall coping ability.

Other Symptoms

Other characteristics operate as warning signals for suicide. For example, rapid changes in mood, behavior, or general attitude are other indicators that a person is in danger of committing suicide (Coon & Mitterer, 2013; James & Gilliland, 2013; Kail & Cavanaugh, 2013; McWhirter et al., 2013). A potentially suicidal person may be one who has suddenly become severely depressed and withdrawn. But a person who has been depressed for a long time and suddenly becomes strikingly cheerful may also be in danger. Sometimes in the latter instance, the individual has already made up his or her mind to commit suicide. In those instances, the cheerfulness may stem from relief that the desperate decision has finally been made. Suddenly giving away personal possessions that are especially important or meaningful is another warning signal of suicide potential (Kail & Cavanaugh, 2013; McWhirter et al., 2013; Rathus, 2014b). It is as if once the decision has been made to commit suicide, giving things away to selected others is a way of finalizing the decision. Perhaps it's a way of tying up loose ends, or of making certain that the final details are taken care of.

Note that other variables can also contribute to suicide potential. These include a family history of suicide, a recent traumatic event or significant loss, and finding out about other people's suicides (CDC, 2014).

We have already established that there are racial and ethnic disparities in suicide. Spotlight 7.3 explores the relatively high rate of suicide attempts by Hispanic females, compared to their non-Hispanic Caucasian and African American female counterparts.

How to Use the SAD PERSONS Scale

Patterson et al. (1983, p. 348) suggest a framework for using the SAD PERSONS scale when evaluating suicide potential. The scale itself is presented in Highlight 7.5. One point is assigned to each condition that applies to the suicidal person. For example, if a person is depressed, he or she would automatically receive a score of 1. Depression in addition to alcoholism would result in a score of 2, and so on. Although the SAD PERSONS scale was developed specifically to teach medical students how to evaluate suicide potential, social workers can use it in a similar manner. It may be helpful in assessing the intensity of treatment an individual might need. The following decision-making guidelines are recommended:

Total	Points Proposed Clinical Actions
0 to 2	Send home with a follow-up.
3 to 4	Consider hospitalization.
5 to 6	Strongly consider hospitalization, depending on confidence in the follow-up arrangement.
7 to 10	Hospitalize or commit.

SPOTLIGHT ON DIVERSITY 7.3

Suicide and Adolescent Hispanic Females

EP 2a
EP 2c

We have established the importance of understanding and focusing on the many aspects of cultural, racial, and ethnic diversity to better understand people's behavior. This is also true when evaluating suicide potential. The rate of suicide attempts by adolescent Hispanic females is higher than for their Caucasian or African American non-Hispanic peers (CDC, 2012, 2014; Zayas, 2011). Zayas, Kaplan, Turner, Romano, and Gonzalez-Ramos (2000) propose an "integrative model" for understanding suicide attempts by adolescent Hispanic females that reflects their cultural context and immediate environment (p. 53).

One of the integrative model's dimensions is **sociocultural**. One aspect of this concerns the degree to which the adolescents' families are acculturated—that is, have accepted and adopted the cultural patterns and behaviors manifested by the dominant cultural group. Discrepancies in acculturation between daughters and parents are apparent in Hispanic families with suicidal female adolescents (Zayas et al., 2000). Daughters strive to adopt customs and values evident in the overriding non-Hispanic culture, whereas parents maintain their allegiance to values, beliefs, and behavior characterizing their original cultural heritage. The result may be high levels of family stress and conflict, contributing to the adolescent's anguish and suicide potential.

A second dimension involved in the integrative model is *family domain.* Regardless of racial and ethnic background, family discord, including "low cohesiveness, familial and marital conflict and violence, low parental support and warmth, [and] parent-adolescent conflict," contributes to suicide potential (Zayas et al., 2000). With respect to female Hispanic adolescents, Zayas and associates explain that "traditionally structured (i.e., patriarchal and male-dominated) Hispanic families tend to emphasize restrictive, authoritarian parenting, especially with regard to girls. This traditionalism may affect a family's capacity to respond flexibly to a daughter during a developmental move toward autonomy and individualism, even when the father is absent" (p. 57). As daughters strive for independence and are faced with inflexibility, conflict may result. This, in turn, may contribute to young women's distress and suicide potential.

Still another dimension stressed in the integrative model involves a *psychological domain.* We have established that depression is one factor contributing to suicidal potential. Zayas and his associates (2000) explain that "among adolescents who attempt suicide, a key factor in coping is how they manage anger. Because of the cultural prohibitions on women's direct expressions of anger, the adolescent Hispanic female also may be socialized by her own more tradition-bound parents to suppress her anger. . . [As a result] having limited abilities to cope with anger and lacking appropriate problem-solving skills may interact to trigger the suicide attempt" (p. 59).

HIGHLIGHT 7.5

The SAD PERSONS Scale

S	(Sex)
A	(Age)
D	(Depression)
P	(Previous Attempt)
E	(Ethanol Abuse)
R	(Rational Thinking Loss)
S	(Social Supports Lacking)
O	(Organized Plan)
N	(No Spouse)
S	(Sickness)

SOURCE: This article was published in *Psychosomatics* 24(4), W. M. Patterson, H. H. Dohn, J. Bird, and G. A. Patterson, "Evaluation of Suicidal Patients: The SAD PERSONS Scale," pp. 343–349. Copyright Elsevier 1983.

Zero to 2 points indicate a mild potential that still merits some follow-up and attention. At the other extreme, a score of 7 to 10 indicates severe suicide potential: These cases would merit immediate attention and action. Hospitalization or commitment are among available options. Scores ranging from 3 to 6 represent a range of serious suicide potential. Although people with these scores need help and attention, the immediacy and intensity of that attention may vary. In each case, professional discretion would be involved.

We have indicated that the SAD PERSONS scale was developed to aid physicians in training. It is most likely that such physicians will not be proficient in addressing mental health problems themselves. Thus, there is an emphasis on referral to someone else and on hospitalization. Social workers, on the other hand, may often be called upon to work directly with suicidal people. Some guidelines are described next.

Guidelines for Helping Suicidal People

Two levels of intervention are possible for dealing with a potentially suicidal person. The first involves addressing the immediate crisis. The person threatening to commit suicide needs immediate help and support literally to keep him or her alive. The second level would address the other issues that worked to escalate his or her stress. This second level of intervention might involve longer-term treatment to address issues of longer duration that were not necessarily directly related to the suicide crisis.

For example, consider a 15-year-old male who is deeply troubled over the serious problems his parents are experiencing in their marriage. This preoccupation, in addition to his normally shy personality, has alienated him from virtually any social contacts with his peers. The result is a serious consideration regarding whether life is worth it. The first priority is to prevent the suicide. However, this young man also needs to address and resolve the problems that caused the stress in the first place—his parents' conflicts and his lack of friends. Longer-term counseling or treatment might be necessary.

Reactions to a Suicide Threat

You get a phone call in the middle of the night from an old friend you haven't heard from in a while who says she cannot stand living anymore. Or a client calls you late Friday afternoon and says that he is planning to shoot himself. What do you do? Specific suggestions for how to treat the potentially suicidal person include the following.

- *Remain calm and objective* (Kail & Cavanaugh, 2013; Smith, Segal, & Robinson, 2013). Don't allow the emotional distress being experienced by the other person to contaminate your own judgment. The individual needs help in becoming more rational and objective. The person does not need someone else who is drawn into the emotional crisis. Ask the person if they are suicidal and determine if a specific plan for suicide exists.
- *Be supportive* (McWhirter et al., 2013; Smith et al., 2013). Jobes, Berman, and Martin (2005) suggest that "connecting with the pain can be achieved through careful and thoughtful listening, emotional availability, and warmth; it may be shown by eye contact, posture, and nonverbal cues that communicate genuine interest, concern, and caring" (p. 407). They note further that it is vital to "respect the depth and degree of pain reported by a youth. Self-reports of extreme emotional pain and trauma should not be dismissed as adolescent melodrama. The experience of pain is acute and real to

adolescents and potentially life-threatening. . . [Y]oung people tend to be present oriented and lack the years of life experience that may provide the perspective needed to endure a painful period" (p. 408).

- *Identify the immediate problem* (Jobes et al., 2005; Sue et al., 2013). Help the person clearly identify what is causing the excessive stress. The problem needs to be recognized before it can be examined. The individual may be viewing an event way out of perspective. For example, a 16-year-old girl was crushed after her steady boyfriend of 18 months dropped her. In this instance, the loss of her boyfriend overshadowed all of the other things in her life—her family, her friends, her membership in the National Honor Society, and her favorite activity, running. She needed help focusing on exactly what had caused her stress—the loss of her boyfriend. To her, it felt like she had lost her whole life, which was a gross distortion of reality.
- *Identify strengths* (Jobes et al., 2005; Sue et al., 2013). It is helpful to identify and emphasize the person's positive qualities. For example, the individual might be pleasant, unselfish, hardworking, conscientious, bright, attractive, and so on. People who are feeling suicidal are most likely focusing on the "bad things" they perceive about themselves. They forget their positive characteristics.
- *Decrease isolation* (Jobes et al., 2005; McWhirter et al., 2013). Another source of strength lies in people close to the suicidal person. Who can that person turn to for emotional support and help? These people may include family, friends, a religious leader, a guidance counselor, or a physician—people the person trusts and can communicate with. In the case of an emergency, it may be necessary to rely on the support of emergency professionals (police officers or medical staff).
- *Explore past coping mechanisms* (Jobes et al., 2005; Roberts, 2005). When the person has hit rough spots before, how has he or she dealt with them? You can emphasize how the person has survived such tough times before. Suicidal people may be in a rut of negative, depressing thoughts. They may be blind to anything but their immediate crisis. Sometimes, people in this suicidal rut have hit their lowest emotional point. Their perspective is such that they feel that life has always been as bad as this, and that it always will be as bad as this (see Figure 7.1). A suicidal person has probably been "up" before and probably will be "up" again.

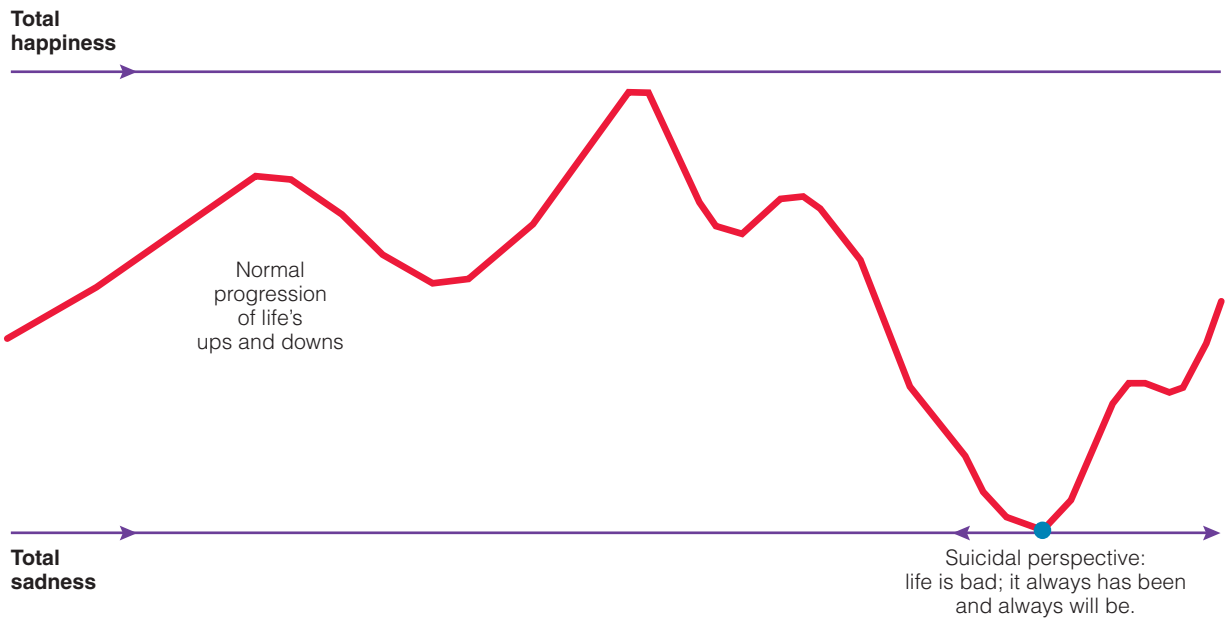

FIGURE 7.1 Life's Ups and Downs

Often this historical perspective can be pointed out and used beneficially. If possible, help the person understand that suicide is a permanent, fatal option in response to a temporary crisis (Sheafor & Horejsi, 2012).

- *Avoid clichés.* Don't argue with the suicidal person about the philosophical values of life versus death (James & Gilliland, 2013; Santrock, 2016). Don't use clichés like "There's so much that life has to offer you," or "Your life is just beginning." This type of approach only makes people feel like you're on a different wavelength and don't understand how they feel. People who threaten suicide have real suicidal feelings. They're not likely to be exaggerating them or making them up. What they need is objective, empathic support (McWhirter et al., 2013).
- *Examine potential options* (Jobes et al., 2005; Sheafor & Horejsi, 2012). One of the most useful and concrete things that can be done for suicidal people is to help them get the help they need. Because suicidal people tend to be isolated, this help often involves referring them to the various resources—both personal and professional—that are available. Referrals to police or a hospital emergency room can be helpful when an emergency situation arises. Finally, professionals in mental health are available to provide long-term help to people in need.

Professional Counseling of Suicidal People

Jobes and his associates (2005) suggest at least five steps for social workers or counselors to consider when working with, and establishing a plan of action with, suicidal clients:

1. Make the environment safe. Take away, or make minimally available, the means by which the person was contemplating suicide. Ask the person direct questions about his/her specific method for completing suicide. Depending on the plan, this might include removing pills or guns. It might also include making certain supportive people remain with the client.
2. "Negotiating safety." Jobes and his associates (2005) explain: "Generally, the concrete goal of these negotiations is to ensure the patient's physical safety by establishing that the patient will not hurt him- or herself for a specific period of time. The more concrete and specific the understanding, the better. Typically, the patient will agree to maintain his or her safety until the next clinical contact, at which point a new understanding can be negotiated" (p. 410). A number of suicide counselors ask the suicidal person to sign a written contract in which the suicidal person commits to contacting the counselor and discussing the potential suicide before taking any concrete steps to end his or her life, such a contract has a powerful impact on the suicidal person following through on delaying taking any action to end his or her life.
3. Plan for future support. The suicidal client should have continuity of social and professional support. This includes scheduling future counseling sessions, making follow-up calls to ensure that the client is all right, and planning meetings and events the client can look forward to.
4. Minimize loneliness and seclusion. Jobes and his associates (2005) reflect: "The patient must not be left alone in the midst of a suicidal crisis. It is critical that a trustworthy friend or family member remain with the patient through the crisis phase. Efforts must be made to mobilize friends, family, and neighbors, making them aware of the importance of ongoing contact with the suicidal youth" (pp. 410–411).
5. Provide more intensive care via hospitalization. If it's not possible to stabilize the client and his or her environment to keep the client safe, hospitalization may be necessary.

A Cautionary Note

It's important to realize that suicide prevention may not always be possible. All you can do is your very best to help a suicidal person hold on to life. The ultimate decision whether to continue living or not lies with the individual.

Community Empowerment: Suicide Prevention and Crisis Intervention

Community resources are critical for successful suicide prevention. You cannot refer people for help if the appropriate services don't exist. If resources are not available, you as a social worker may need to advocate for new programs or to expand services within your own or other agencies. A community system can address suicide prevention in many ways. Four are discussed here: task forces for

suicide prevention, crisis lines, peer-helping programs in schools, and training programs for community professionals.

Creation of a **suicide prevention task force** provides a potentially effective means to evaluate the need for services and decide what types of services to offer. A **task force** is a group established for a specific purpose, usually within the context of an organization or community, that pursues designated goals and disbands when these goals have been achieved (Kirst-Ashman & Hull, 2012a). A task force can be made up of interested individuals within an organization or a cross section of professionals and citizens within a community. The task force can then make decisions regarding how the agency or community can best meet the community's need for suicide prevention services. It can answer a number of questions and decide on a plan of action. Who are the potential clients? Are there services already existing within the community that can best meet the suicide prevention need? If not, what types of programs should be initiated? What resources are available to develop such programs?

For example, the Task Force on Suicide in Canada was established to evaluate extensively suicide in Canada and report its findings and recommendations (Health Canada, Health Programs and Services Branch, 1994). The group addressed the needs of the entire country instead of smaller community systems. The report's intent was to

> *deal with the nature and extent of suicide and suicide-related problems, discuss demographic and sociological parameters, and identify the Canadian groups at greatest risk…; it also summarized knowledge of etiological processes [reasons and causes of the behavior] and gathered information on programs of suicide prevention, intervention, and postvention. . .*
>
> Prevention *refers to the implementation of measures to prevent the onset of suicidal crises by eliminating or mitigating particular. . . situations of heightened risk…, by promoting life-enhancing conditions, and by reducing negative societal conditions. Several such measures. . . [included] improved approaches to media coverage, broader-based public education programs (disseminating information about how to recognize a potentially suicidal person, what to do and where to go for help), and a reduction in the availability and lethality of means.*
>
> Intervention *refers to the actions aimed at the immediate management of the suicidal crisis and the longer-term care, treatment and support of persons at risk. Actions involved include identification of potential sources of referral, crisis recognition, risk assessment, -reducing the intensity of the crisis, and treatment and support of the person at risk. . . [The task force recommended] education and training for health care professions and gate-keepers, especially in areas such as "first-aid" interventions and methods of treatment for those who are in acute and chronic suicidal crises.*
>
> Postvention *refers to activity undertaken to deal with the aftermath of a suicide. The purpose of such actions is twofold: to provide social support and counseling to bereaved persons, and to collect psychological autopsy information for the purpose of reconstructing the social and psychological circumstances associated with the suicide. (Health Canada, Health Programs and Services Branch, 1994, pp. xi–xiii)*

Recommendations were also made concerning the ways the legal system could address the suicide problem (e.g., by decriminalizing attempted suicide). The task force emphasized the need for research regarding the reasons for suicide, the most effective treatment approaches, and the evaluation of suicide prevention programs.

Another example of an ongoing task force addressing suicide is the Task Force for Child Survival and Development. Although its base is in Georgia, it focuses on both domestic and international health issues. Its purpose initially was "to help public and private organizations achieve their mission in promoting health and human development by building coalitions, forging consensus, and leveraging scarce resources" in the prevention of suicide (Task Force for Child Survival and Development [TFCSD], 2004a). In recent years, its focus has expanded "to include other aspects of child health and development" (TFCSD, 2004a, 2011, 2014). Its goals have included the promotion of public awareness about suicide, the creation of suicide prevention programs, the provision of training programs concerning suicide assessment and treatment, and the promotion of research (TFCSD, 2004b).

Crisis telephone lines are another approach to suicide prevention. Such crisis lines can be for a specific type of crisis (such as domestic violence or suicidal potential) or can provide crisis intervention and referral information for virtually any type of crisis. An advantage of either type of crisis line is that people thinking about suicide can call anonymously for help at the time they need such help the most. People working on crisis lines need thorough training in suicide prevention. Additionally, such lines should have staff available at all hours of the day. (Imagine the adverse reaction of the person contemplating suicide who is told to leave a message at the sound of the beep.) Finally, crisis lines should be well publicized. People must know about them to use them.

Another example of a community system's approach to suicide prevention is the establishment of a **peer-helping program**, such as Teen Lifeline (2013) in Arizona. The "heart" of the program is its Peer Counseling Hotline that provides daily access to a Peer Counselor. Troubled teens often want to talk to other teens about their problems. Volunteer Peer Counselors "can empathize and understand the problems of the callers because, in many cases, they have or are going through the same things themselves." The program receives more than 11,000 calls annually, many from teens who are depressed or suicidal. Participant volunteers receive 70 hours of Life Skills training that focuses on "listening skills, communication skills, self-esteem, problem solving and relevant teen issues." The hotline is supervised by a master's-level mental health clinician. The program also provides opportunities to schools for community education on suicide and a variety of other issues including "depression, grief, dying, stress/anxiety, and substance' abuse."

The fourth example of a community system's response to the suicide problem is the development and provision of *suicide prevention training programs for community professionals and other caregivers.* Caregivers include professionals such as social workers, psychologists, psychiatrists, and counselors. Caregivers may also include any others that potentially suicidal people may turn to for help. These include clergy, family members, nurses, teachers, and friends. Training as many caregivers as possible significantly increases the chance for a potentially suicidal person to make contact with someone who can help.

Ethical Questions 7.5

Does a person have the right to take his or her own life? What if the person is terminally ill or in chronic, severe pain?

EP 1

Chapter Summary

The following summarizes this chapter's content as it relates to the learning objectives presented at the beginning of the chapter. Chapter content will help prepare students to:

LO 1 Explore identity formation in adolescence (including Erikson's psychosocial theory Marcia's categories of identity, and Glasser's theories).

Erikson proposed eight stages of psychosexual development: basic trust versus basic mistrust, autonomy versus shame and doubt, initiative versus guilt, industry versus inferiority, identity versus role confusion (which occurs during adolescence), intimacy versus isolation, generativity versus stagnation, and ego integrity versus despair.

Marcia's four categories of identity are identity achievement, foreclosure, identity diffusion, and moratorium.

There are questions regarding the applicability of Erikson's and Marcia's theories to people of all racial, cultural, and ethnic backgrounds.

Glasser theories why some people develop a "success identity," while others develop a "failure identity."

LO 2 Examine race, culture, ethnicity, and identity development.

The Ratial/Cultural Identity Development Model describes a five-stage process: conformity, dissonance, resistance and immersion, introspection, and integrative awareness. Communities and schools can strengthen racial and cultural identity development for adolescents.

LO 3 Explore moral development (including Kohlberg's theory, Gilligan's approach, and a social learning perspective).

Kohlberg's theory of moral development has three levels: preconventional, conventional, and postconventional. Gilligan's theory on moral development, which is more relevant to women, establishes three levels: orientation to personal survival, goodness as self-sacrifice, and the morality of nonviolent responsibility, in addition to the two transitions involved. A social learning theory perspective on moral development applies learning theory principles to the development of moral behavior.

LO 4 Review Fowler's theory of faith development.

Fowler proposes a seven-stage theory of faith development in spirituality that parallels Piaget's stages of intellectual growth; the stages are primal or undifferentiated faith, intuitive-projective faith, mythic-literal faith, synthetic-conventional faith, individuative-reflective faith, conjunctive faith, and universalizing faith.

LO 5 Assess empowerment through assertiveness and assertiveness training.

People need to distinguish between nonassertive, aggressive, and assertive styles of interaction. Both social workers and their clients have specific assertive rights, which are based on a feeling of self-worth. Social workers and clients can learn and use assertiveness by practicing the 13 steps of assertiveness training.

LO 6 Explore suicide in adolescence.

Potential causes of suicide include increased stress, family issues, and psychological variables. The SAD PERSONS scale evaluates ten factors: sex, age, depression, previous attempts, ethanol abuse, rational thinking loss, social supports lacking, organized plan, no spouse, and sickness. Other warning signs of suicide include a sudden change of mood and the giving away of precious possessions.

Reactions to a suicide threat include remaining calm, being supportive, identifying the immediate problem, identifying strengths, decreasing isolation, exploring past coping mechanisms, avoiding clichés, and examining potential options. Examples of community empowerment include the creation of task forces to address the issue of suicide prevention, crisis intervention telephone lines, peer-helping programs, and training programs for community professionals and other caregivers.

COMPETENCY NOTES

The following identifies where Educational Policy (EP) competencies and behaviors are discussed in this chapter.

EP 6a. Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks to engage with clients and constituencies;

EP 7b. Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in the analysis of assessment data from clients and constituencies;

EP 8b. Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in interventions with clients and constituencies. (All of this chapter.)

Material on concepts and theories about human behavior and the social environment affecting psychological development in adolescence are presented throughout this chapter.

EP 1 Demonstrate Ethical and Professional Behavior (pp. 327, 334, 338, 341, 359)

Ethical questions are posed.

EP 2a. Apply and communicate understanding of the importance of diversity and difference in shaping life experiences in practice at the micro, mezzo, and macro levels;

EP2c. Apply self-awareness and self-regulation to manage the influence of personal biases and values in working with diverse clients and constituencies (pp. 329–333, 341–343, 351–359)

Diversity content is presented on: lesbian and gay adolescents, spirituality, and adolescent Hispanic females

WEB RESOURCES

See this text's companion website at *www.cengagebrain.com* for learning tools such as chapter quizzing, videos, and more.