# PRAXIS

### Where Reflection & Practice Meet

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## Mission Statement

The School of Social Work at Loyola University Chicago created *Praxis: Where Reflection & Practice Meet* to give voice to the scholarly work of students and alumni. Our mission is to encourage and support the development of social work knowledge that will enhance the lives of the clients we serve, embody the humanistic values of our profession, and promote social justice and care for vulnerable populations. *Praxis* respects and welcomes all viewpoints.

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# Editorial

## Building on Our Foundations

*"The assumption is that the situation presented involves one person or one family on a desert island, whereas each of us is surrounded by a network of relationships"*

*~ Mary Richmond, What is Social Casework, 1922 (p. 137)*

Those of you who have read previous volumes of *Praxis* are aware that last Fall Marian Sharkey stepped down as Editor-in-Chief after four outstanding years at the helm. Having just completed a year as the new editor, I appreciate the magnitude of what Marian accomplished in assembling the inaugural volume of *Praxis* and the subsequent three volumes. I have been humbled by the opportunity to follow in her footsteps. Being involved with *Praxis* has been a wonderful learning experience for me in a number of ways that I think are in keeping with the practice and values of the social work profession. I'd like to share a bit of what the view from the inside has taught me.

*Those who go before us lay a foundation for our work.* As a profession we recognize our indebtedness to the pioneers of our field. Who among us has not been told of Mary Richmond's devotion to teaching and researching the practice of social work, and the needed credibility her work lent the field? Or who has not heard of Jane Addams' legendary work at Hull House? Her passion for addressing social injustices via community intervention and legislation form the basis for social work's commitment to intervening on behalf of our clients at the micro, mezzo and macro levels simultaneously. I've heard a rumor that students write so frequently about Richmond and Addams that professors tire of reading about them! While this is a testament to the greatness of those individuals, it also suggests we may benefit from broadening our focus as we look to those who precede us. I, for one, have become aware of how indebted *Praxis* and I are to Marian, as well as to those who supported her. Because she established a community of people who are committed to the mission of the journal (to say nothing of the structure she put into place to facilitate the journal's production), I was able to begin this year with a core group of students and alumnae whose experience provided a foundation for the assembly of this volume. The house on the rock stands firm, so to speak. This principle is true clinically, as well. Every time we meet a client who has encountered another social worker in therapy, at school, in a hospital or in any of the other settings in which we work, we are building upon a foundation that has been laid, just as we are laying the foundation for those who follow us. Our interconnectedness is undeniable, and our collaborative approach a strength of our profession.

*Our dependence on one another is a central ingredient in all we accomplish.* This concept is not unrelated to the previous one. D.W. Winnicott's famous statement, "There is no such thing as an infant!" (in Winnicott, 1960, p. 39) comes to mind. Winnicott, of course, was speaking of the unit formed by a dependent infant and a caregiving mother; neither of them can exist without the other. An infant needs an adult's care, and an adult cannot be a parent without an infant. The same mother who cares for the infant is part of a family, which is part of a neighborhood that belongs to a community, which belongs to a municipality that on a larger scale is part of a government. The ecological perspective teaches us to recognize our and clients' embeddedness within larger systems and environments; social work theory is laced with the message that not one of us is an island. This is the case for *Praxis*, as well. I have come in this year to respect the process by which the journal is created. I am reminded of bees that labor together to sustain a community. Each completes a given task, and in that way the needs of the hive are met. Students write papers that they courageously submit for review. Each article is carefully reviewed by three reviewers who provide thoughtful feedback to assist authors in strengthening their work. Articles that are accepted for publication are revised by authors and then copyedited by two editors, who work with authors to clarify and improve each piece. And you, the readers, further add to what is offered by your reflections on and extension of the material. To use another analogy, each step in this process – each act by an author or reviewer or editor or reader – is like a thread woven into a tapestry. *Praxis* truly is an accomplishment made possible by the unique workings together of a surprising number of devoted people.

*As we recognize our interdependence, we also honor the dignity and worth of each individual.* Have you ever sat as a lone adult with a group of first graders? Each six year-old clamors for attention, as though s/he is shouting from a bullhorn, "I want to be the most special!" We have a tendency as humans to see belonging to a group and being special as mutually exclusive, though social workers have understood for some time that this is not the case. Just as we acknowledge the strength to be found in our collaboration and our existence within systems that extend far beyond us, we also affirm that all individuals are imbued with unique value that is to be respected. This was perhaps most evident to me as I read each article that was submitted to *Praxis* for review and possible publication. While some articles were more polished than others or conformed better to typical scholarly standards, I saw value in everything I read. Even in rough papers, each student's passion for his/her subject was evident – and tremendously encouraging. The initiative students take in submitting their writing is a testament to the energy they bring to their work with clients and to the field, which is cause for hope, indeed.

It seems fitting that four of the articles chosen for publication in this fifth volume of *Praxis* are themselves, in some ways, illustrations of the points I have highlighted thus far. Without setting out to do so, the Editorial Board selected for publication four articles whose primary subject is adolescence – an almost uncanny example of our interdependence. Jessica L. Goodwin and Jeffrey T. Bondora review the literature surrounding adolescent responses to representations of suicide in television and in doing so reach some tentative conclusions about the impact media have not just in the well-researched area of violence but also in the portrayal of suicide. Shipra Parikh conducts a policy analysis of teen fatherhood, demonstrating how this underserved population could be helped by policy initiatives to more fully assume their roles as fathers. Lauren Carlson, Stacy M. DeGeer, Chassity Deur, and Kristen Sweas Fenton present their original research on teachers' knowledge of self-cutting behavior among teens, making a case for the need for teachers to be trained to recognize and respond to teens engaging in this type of self injury. And Nakeyshaey M. Tillie Allen extends our clinical repertoire by exploring the use of Hip-Hop Therapy to engage at-risk adolescents in the therapeutic process. In keeping with the principles mentioned earlier, these authors have demonstrated their uniqueness and creativity in the diversity of their topics at the same time as they have, together, accomplished more than would have been possible alone: they have in essence created a special section on adolescence.

And still there's more! Three other excellent articles also appear in this volume of *Praxis*. Blake Witter, Stephanie Bunting, Rachel H. Katz and Nina Mannertorp share their findings from a study of homosexual and heterosexual male personal advertisements. Jessica L. Goodwin discusses the ideas of postmodern theorists Donnel Stern and Irwin Hoffman as they apply to three psychoanalytic models of therapeutic action. And Aileen Philips Schloerb explains how a nonverbal learning disability may affect development in infancy and toddlerhood, as well as how social workers can intervene on behalf of clients struggling with one of these disorders.

I continue to marvel at what a life of its own this process of creating *Praxis* has. And now that process will continue as you turn the page and add your own unique perspectives to what you encounter. I hope what you find here enriches you and reminds you of how much we have to offer one another.

Christie Mason, LCSW
Doctoral Student
Editor-in-Chief

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# The Impact of Suicidal Content in Popular Media on the Attitudes and Behaviors of Adolescents

by Jeffrey T. Bondora and Jessica L. Goodwin

## Abstract

*The rising rate of suicide is a relevant topic in the field of social work, as are the implications of media influence on the rate and frequency of suicide. The suicide rate among adolescents is approaching epidemic proportions and there remains inadequate conclusive data on many of the factors that contribute to suicide attempts among this group. By reviewing the literature surrounding the impact of media portrayals of suicidal content on the attitudes and behaviors of adolescents, we may better understand the complex relationship between these two phenomena. Although there has been a large amount of research in recent decades dedicated to understanding why adolescents are attempting suicide at higher rates, there remains a need for more careful and conclusive research on this topic. It is hoped that the literature reviewed will stimulate and encourage an interest in this topic and open a much-needed conversation among educators, parents, mental health professionals, and those responsible for the production of television directed at adolescents. This may assist in preventing adolescent suicide from becoming more problematic than it already is. Implications and recommendations for prevention and advocacy among social workers are provided.*

## Introduction

The topic of suicide has gained an increasing amount of attention in mass media over the last few decades. In the past, suicide was considered to be a very taboo subject, rarely discussed with friends and family and almost never addressed in the media. Recently, suicide has become a common topic of discussion and a popular theme in TV, movies, and the news. It has become a particularly common topic in media directed towards adolescents. Meanwhile, the rate of suicide is rising faster among adolescents than any other age group as suicide has grown to be the third leading cause of death for this population (Johnson, Krug, & Potter, 2000). It is the hope of the authors that, through a review of the literature surrounding the impact of media portrayals of suicidal content on the attitudes and behaviors of adolescents, we can better understand the complex relationship between these two phenomena. Such an understanding may assist in preventing adolescent suicide from becoming even more common and may provide direction for social workers and other mental health professionals to engage in prevention efforts and advocacy.

## Background

The relationship between the portrayal of suicide in the media and suicide attempts and gestures among young people is one that has existed for centuries. In Goethe's 1774 novel, *The Sorrows of Young Werther*, the lovelorn romantic hero Werther commits suicide. The depiction of his fictional death reportedly led to a series of copycat suicides among the young European romantics of the time. Phillips (1974) coined the term "Werther Effect" to refer to modeling or contagion effects of fictional or non-fictional presentations of suicide. In his seminal study, Phillips found a 12% increase in the U.S. suicide rate following the death by suicide of actress Marilyn Monroe, illustrating the contagious nature of suicide. The idea behind the Werther Effect has been gaining an increasing amount of attention in recent literature on suicide and suicide attempts, as has the concern over the increase in violence, including suicidal violence, in popular media.

The purpose of this literature review is to explore the possible influences popular media has on the attitudes and behaviors of adolescents regarding suicide. There are a number of reasons for undertaking such an exploration. First, although the highest rate of suicide occurs in the elderly population, the suicide rate of adolescents is increasing faster than any other age group (Johnson, Krug, & Potter, 2000). Second, while popular media is an important source of information and influence on most Americans, adolescents generally digest more media and are more susceptible to its influences than any other age group (Strasburger & Donnerstein, 1999). Finally, one of the areas of media in which suicide has gained the largest amount of attention is that directed towards adolescents (Strasburger & Donnerstein, 1999). Past literature on the subject, although extensive, has largely focused on the effects of general media violence and the "Werther Effect" as it pertains to news media coverage of suicide. There is little comprehensive evidence that adequately shows the effects of the suicidal content,

fictional and non-fictional, in popular media consumed by today's adolescents.

With the popularity of stations like MTV, VH1, Fox, and the WB among adolescent viewers, it should create concern that many of the shows on these stations regularly portray suicide deaths, attempts, and gestures. Although little if any research has explored the amount or type of suicidal content in such media, many would argue that the topic of suicide is common and often portrayed irresponsibly, without discussion of the permanency of suicide or the mental and emotional implications for survivors and families. In most cases, these shows do not provide adequate support and discussion to debrief adolescent viewers. The strong influence popular television has on the thoughts, attitudes, and behaviors of adolescents has already been established, but the degree this influence has on youths' perceptions of suicide remains unclear. By engaging in this literature review, perhaps one aspect of this tragedy of epidemic proportions can be understood and addressed at various levels so as to prevent it from becoming any more prevalent than it already is.

## Rate of Suicide Among Teens

Suicide has consistently been the second or third leading cause of death among adolescents (13 to 18 years-old). It "is the driving force behind increases in the overall suicide rate, and rates are rising fast" (Bloch, 1999, p. 26). Between 1950 and 1995, the incidence of suicide among adolescents in the United States nearly tripled, while rates among adults declined (Johnson, Krug, & Potter, 2000). Almost five thousand youth committed suicide in the U.S. alone in 1995 and data indicates that for every successful suicide attempt, five unsuccessful attempts were made (Johnson, Krug, & Potter, 2000). One study estimated that five to eight percent of adolescents attempt suicide, representing approximately one million teenagers, of whom nearly 700,000 receive medical attention for their attempt (Gould, Greenberg, Velting, & Shaffer, 2003). Although the statistics provided seem alarming, they are most likely understatements of the actual rate of suicide and suicide attempts among adolescents. Many completed suicides are recorded as accidental deaths, often to provide cover for the families who feel shame, embarrassment, and fear of the destruction of their son or daughter's good name (Robbins, 1998).

An increasing amount of research in recent decades has been dedicated to understanding why adolescents are attempting suicide at higher rates. One popular view deals with the influence that suicide of a peer has on the suicidal thoughts and gestures of youth in the community. The contagion hypothesis suggests that an adolescent suicide may trigger a cluster of subsequent suicides among peers. Gould, Wallenstein, and Kleinman (1990) found supporting evidence of this contagion hypothesis, finding trends of suicide clusters, or outbreaks of suicide-related behavior in far excess of the expected frequency within localized geographic areas. Gutierrez, King, and Ghaziuddin (1996) found similar results, citing that exposure to an attempted suicide resulted in attitudes indicating a stronger attraction to death and repulsion by life. Such results beg the question: is the contagion hypothesis limited to real-life suicide exposure?

Thomson and Holland (2002) studied the ways in which young people negotiate moral authority and their perceptions of social change. Through questionnaires, group discussions, individual interviews, and research assignments, they found that many young people look toward media, particularly media violence, as a source of moral authority (Thomson & Holland, 2002). The results of this study suggest that the content in popular media consumed by adolescents may have very serious implications on their thoughts, attitudes, and behaviors. Curran (1987) provides a number of studies indicating that adolescents are indeed susceptible to media influence of non-fictional suicides and its contagious effects. Phillips (1974), in a study of major importance, demonstrated that "(a) the national level of suicides increases significantly for a brief period after a suicide story is nationally published by newspapers; (b) this increase in suicides occurs *after* the suicide story is published; (c) the more publicity given to the story, the more the national level of suicides increases; (d) the increase in suicides occurs only in the geographic areas where the suicide story is published" (Curran, 1987, p. 105). Also, the Werther Effect, as it applies to news coverage of suicide, is far more potent with adolescents than adults. There have been reports of an increase of 6.9% in teenage suicides, but only 0.5% in adult suicides after TV news coverage of suicide (Goldney, 2001). Given the research supporting the contagion hypothesis, and the belief that teens may be as easily influenced by media as they are by peers, the literature and implications presented in this paper naturally follow.

## Influence of Television Media among Adolescents and Incidence of Violent Content

A recent national study reported that consuming media is a full-time job for the average American child, who spends about 40 hours per week in front of the television. At 10 a.m. on any Saturday morning more than 60% of all youth in America are watching TV (Bushman & Anderson, 2001). Few studies have looked into the incidence and effect of suicidal content in media directed at youth, but if the incidence and impact of violence in such media is any indication, this society may be in trouble. According to Strasburger and Donnerstein (1999), more than half of 15 and 16 year olds have seen recent, popular R-rated movies. In examining nearly 10,000 hours of television programming, it was found that 61% contained violence. More than 20% of Music Television videos portrayed overt violence and 25% depicted weapon carrying. Of all of the media genres studied, children and youth programming was the most violent (Strasburger & Donnerstein, 1999). With regard to suicidal content on television, Mishara (2003) indicates that half of the 5 to 7 year old children who were studied reported seeing at least one suicide on television, and all of the older children reported viewing one or more suicidal deaths on television programs. This study concluded that the primary sources of information on suicide for youth of all ages are conversations with their peers and television depictions of suicide.

There is extensive empirical research on the negative psychological impact on adolescents of viewing films, listening to music, and playing video games with themes of violence, sexual aggression, and misogynistic attitudes (Rustad, Small, Jobes, Saver, & Peterson, 2003). These studies have found that exposure to media violence increases aggressive behaviors while decreasing pro-social behaviors for various reasons including: "emotional arousal; activation of aggressive thoughts, emotions, expectations, and memories; weakening inhibitions against aggressive behavior; desensitizing reactions to violence; reducing empathy toward victims; and providing models of specific techniques" (Rustad et al., 2003, p. 121). One possible reason for the interest in a link between media violence and actual violence and aggression is that violence in the United States began to increase dramatically in 1965, exactly when the first generation of children raised with TV began to reach prime ages for committing violent crimes. Indeed, studies of violent crime rates before and after the introduction of television have shown similar effects in several countries (Bushman & Anderson, 2001).

Results of studies that examine the relationship between media violence and youth aggression and violence are alarming and naturally lead to concern that suicidal content in media would have similar effects on adolescents' attitudes and behaviors regarding suicide. In July 2000, six major professional societies (the American Psychological Association, the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, the American Medical Association, the American Academy of Family Physicians, and the American Psychiatric Association) signed a joint statement on the hazards of exposing children to media violence, noting that "at this time, well over 1,000 studies … point overwhelmingly to a causal connection between media violence and aggressive behavior in some children" (Bushman & Anderson, 2001). Research on the influence of media portrayals of suicide is far less exhaustive and conclusive and therefore, has become a critical area for future study.

## Effects of Suicidal Content in Television and Music

The majority of research on the Werther Effect and suicide rates following the media portrayal or coverage of suicide concentrates on news reports of the suicidal death of popular figures. While this is only a small component of the relationship being studied within this review, it provides a great deal of insight into the influence of media on suicidal thoughts and behaviors. A potent example is the suicide death of Marilyn Monroe in 1962 and the 12% increase in the U.S. suicide rate that followed (Curran, 1987). Many point to the suicidal death of Kurt Cobain and the resulting suicidality of many of his young fans as an example of the Werther Effect. Jobes and his colleagues (1996) analyzed data on the Seattle King County area where Cobain lived and died and found no significant increase in the number of attempted and completed suicide attempts in the area. In fact, only one suicide was linked to Cobain's death and that involved a fan that had a history of depression and substance abuse. There were, however, more crisis calls made of a suicidal nature. The lack of Werther Effect in response to Cobain's death was linked to the professional and responsible manner in which the media handled the news of the suicide, and the use of crisis centers to handle the response.

National data has been difficult to gather but implications suggest that the media has a good deal of responsibility when it comes to the subject and coverage of suicide (Jobes et al., 1996). According to Stack (1996), "There is largely a consensus that publicized stories on individual suicides tend to increase the social suicide rate" (p. 140). In Japan, where people are generally less critical of those who commit or attempt suicide, the trend is the same. Stack's study indicated that in both the U.S. and in Japan, the imitative effect is restricted to stories concerning individuals of the same racial/ethnic background. A disturbing example of this occurred following the death of the Japanese teen singing idol, Yukiko Okada, who was discovered and rescued after a failed suicide attempt only to jump to her death from the top of a seven-story building hours later. In the seventeen days following the singer's suicide, 33 young Japanese youth killed themselves by similar methods (Robbins, 1998, p. 87). Identification with the victim is obviously a large component in the power of media to create a Werther Effect. This leads to research on another influential type of media: music and music videos.

Music is arguably one of the most potent forms of media influence. Fans not only identify with the lyrics and content of music and music videos, but also with the artists. Heavy Metal, Rock, and Rap music are some genres that have received research attention for their controversial content but virtually all types of music may contain suicidal themes. The themes in heavy metal music include individual mental troubles such as depression, social isolation, and loneliness. Also included are the themes of failed personal relationships and even domestic violence. In many cases, no solution is offered to these problems, as they are portrayed as an immutable part of the human condition, and, sometimes, there is reference to suicide as a solution or coping mechanism (Stack, 1998). A song that has received publicity in recent years is "Suicide Solution" by Ozzy Osbourne. It contains the following lyrics: "Breaking laws, locking doors, but there is no one at home. Make your bed, rest your head, but you lie there and moan. Where to hide? Suicide is the only way out. Don't you know what it's really about?" The song has been linked to a number of adolescent suicides, including a California teenager who listened to it for five hours before shooting himself (Poland, 1989). Since music is targeted to and consumed by adolescents more than any other group, there remains a concern that some youth may be highly influenced by the messages some music genres generate. This may also reinforce the connection between adolescents' attitudes and behaviors and media influence.

## Suicidal Content in Fictional Media

While the data provided thus far would indicate concern regarding the influence popular media may have on the suicidal attitudes and behaviors of adolescents, research on the effects of fictional portrayals is perhaps the most concerning. Though there has been considerably less data on the influence of this form of media versus non-fictional news coverage, the data that does exist indicates that fictional media may also have a large influence on adolescents. The most accessible and, therefore, studied form of fictional portrayals of suicide are made-for-TV movies, which became popular in the early 1980's. Poland (1989) found that suicide and suicide attempts increased significantly during the two-week period following several television movies about suicide. They focused on four made-for-TV movies shown during the 1984-1985 school year, all of which involved high school students attempting or committing suicide. All four films utilized professional advisors in assisting with production and were accompanied by educational and prevention materials. The first three films were followed by an increase in suicide and suicide attempts in the areas in which the films were shown (Poland, 1989). The fourth, which provided the most extensive resources (including hotline numbers, teacher's guides, and a follow-up television message) was not related to an increase in suicide (Guetzloe, 1989). Today's television contains suicidal themes far more frequently than it did twenty years ago and it is not limited to made-for-TV movies. Although the purpose of such television is not to suggest suicide, educational and preventative material is infrequently and inadequately provided. Yet, given the research following the 1984-1985 school year, fictional portrayals are likely to cause a disproportionate rise in suicide rates among adolescents regardless of the context surrounding the suicidal material.

## Adolescent Attitudes Toward Death and Suicide

The influence of media on the thoughts, behaviors, and attitudes of adolescents is a particularly important phenomenon to study when one considers the possibility that adolescents are naturally more accepting of suicidal behavior than adults. Curran (1987) asserts that, "some adolescents may misread societal or peer values and attitudes

regarding suicidal behavior due to faulty reality testing or a romanticized image of what suicide is suppose to mean to one's self and others" (p. 108). Curran (1987) cites research from Boldt, indicating that while only 22.5% of adults believed that those who commit suicide would go to heaven, 42.5% of adolescents share this belief. Patros (1988) offered a comprehensive exploration into adolescents' views and attitudes toward death, stating, "Adolescents, as well as children, often see death glamorized by television, movies, books, and magazines. In many cases adolescents romanticize death and the way it will affect loved ones as well as people in general" (p. 43). The author goes on to list some of the views adolescents may have toward death, including: a peaceful sleep that will make everything better, a means of punishing someone, a way of forcing someone to express their love for them, a way of being reunited with a deceased other, a way of expressing great love, and an escape from feelings of helplessness and hopelessness. The author uses research supporting the fact that only 20% of adolescents ages 13 to 16 accept death as total cessation of life, adding, "It is not unusual for adolescents to… enjoy a sense of power over death in that they feel they can control the time and place it will happen" (Patros, 1988, p. 43). In comparison to adults, adolescents seemingly have a more accepting attitude toward death and suicide. This may explain the findings that they are more susceptible to media influences supporting such attitudes. While a more acceptable image of suicide does not necessarily lead to suicide attempts, it would be difficult to argue that the two are unrelated.

## Limitations

Most of the research on the influence of suicidal content in media with adolescents has been mixed and inconclusive, primarily because of methodological flaws and the laboratory effect on the potency of media content in most experimental research studies (Rustad et al., 2003). A number of compounding factors, such as the nature of the fictional portrayal, the degree of realism, and the depiction of the consequences of suicide may alter the likelihood of an imitation effect (Gould et al., 2003). In addition there are findings that the influence of a media suicide portrayal may be location-specific, method-specific, or age/gender-specific. This suggests that further work is needed to elucidate the characteristics of the model and the observer that may, in combination, increase the likelihood of an imitation effect occurring. Indeed, one major limitation of

the research presented is the lack of consideration and specificity given to the populations of adolescents studied.

Population demographics may have a significant impact on a youth's susceptibility to suicidal thoughts and behaviors. For example, while females attempt suicide three times as often as males, males are twice as likely to be successful in their attempt due to their use of more lethal methods (Gould et al., 2003). Also, youth suicide is more common among Whites than African Americans in the United States, although the rates are highest among Native Americans and generally the lowest among Asian/Pacific Islanders. African-American students were significantly less likely (13.3%) than white or Latino students (19.7% and 19.4%, respectively) to have considered suicide or to have made a specific plan. Latino students (12.1%) were significantly more likely than either African-American or white students to have made a suicide attempt (8.8% and 7.9%, respectively) (Gould et al., 2003). Individual and family histories of suicide and psychopathology also have significant implications for a youth's suicide risk. Between one quarter and one third of youth suicide victims have made a prior suicide attempt, more than 90% have had at least one major psychiatric disorder, and there is a high prevalence of comorbidity between affective and substance abuse disorders in this population (Gould et al., 2003). In addition, suicide victims are more likely to come from non-intact families of origin, have impaired parent-child relationships, and have poor interpersonal problem-solving abilities. An increased risk for suicide is also associated with youth facing certain life stressors, such as loss, legal or disciplinary problems, and physical or sexual abuse (Gould et al., 2003). Such compounding factors make it almost impossible to assert a causal relationship between an individual's media viewership and his or her risk for suicidal thoughts and behaviors.

Compounding societal factors also create a problem for establishing causality between increasing suicide portrayal in media directed at adolescents and increases in adolescent suicidal behavior. For example, increased alcohol use and availability of firearms among teens are societal trends and have been noted to be significant risk factors for an increase in suicide rates (Gould et al., 2003). Also, recent cross-sectional and longitudinal studies found a significant two- to six-fold increased risk of suicidal behavior for homosexual and bisexual youths, a population which is expanding exponentially in this society (Gould et al., 2003). Without

adjusting for these individual and societal factors affecting the rate of suicide and suicide attempts among youth, causality cannot be established and findings remain limited.

## Implications and Recommendations

Clearly, the impact of media violence varies considerably based on an individual's unique characteristics and situation and, therefore, media portrayals of suicide will have a much stronger effect on some adolescents than it will on others. Javier, Herron, and Primavera (1998) offer a comprehensive perspective on the role that media can play in the expression of violence. They report that, while the nature of the impact media violence has on an individual can only be understood in the context of the multiple dimensions of that individual and his or her personal psychology, it is nonetheless important that carefully designed interventions be implemented in the home, school, and societal sectors. Therefore, it is not the authors' intent for this review of the literature to imply that a "one size fits all" approach exists to deal with the many compounding aspects of adolescent mental health. Instead, the authors believe the literature indicates the need for a preventative support network that addresses the adolescents' needs on many levels. This network should be composed of families, school personnel, and other individuals that seek to influence children of all ages and backgrounds, particularly social workers.

Parents, teachers, social workers, and other adults hold the responsibility to pick up where many television networks have left off by providing the necessary support, education, and intervention strategies to ensure the safety of children and adolescents. Despite this, programs that offer prevention and post-vention education in the form of classroom education and support groups are few and far between. In schools, a forum for education on youth suicide can equip students and adults with the necessary tools that they may need in dealing with a suicidal person. A similar prevention program was developed and presented by the authors of this review to a group of high school students who would have otherwise not received much information on this critical topic. Not only did this program provide education, but it also acted as a lifeline to several students who otherwise may not have sought help. Such educational and prevention programs offer education and support to both suicidal youth and their primary level of defense, their peers, and should be considered by school social workers. In addition, Gould, et al. (2003) recommend skills training programs for at-risk youth, emphasizing the development of problem solving, coping, and cognitive skills, as suicidal youths have deficits in these areas. The authors also recommend school-wide screenings, involving multistage assessments, focused on depression, substance abuse problems, recent and frequent suicidal ideation, and past suicide attempts.

A number of implications of existing research are worth addressing, such as the responsibility television networks have to be more responsible in their portrayal of suicidal content and to put forth positive messages in programming directed at teens either during or after the programs. While the media is not solely responsible for the behaviors, thoughts, and attitudes of those who view it, its producers do need to portray violent and suicidal material responsibly. Following the implementation of media guidelines in Austria, suicide rates declined 7% in the first year, nearly 20% in the four-year follow-up period, and subway suicides (a particular focus of the media guidelines) decreased by 75% (Pirkis & Blood, 2001). Given the substantial evidence for suicide contagion, a recommended suicide prevention strategy involves educating media professionals about contagion, in order to yield stories that minimize harm. Moreover, the media's positive role in educating the public about risks for suicide and shaping attitudes about suicide should be encouraged (Goldney, 2004). Even if action is not taken on a policy level, the research presented provides insight to the parents of adolescents as they make choices about the media material they allow their children to consume. When the topic of suicide is addressed, accompanying messages of education and prevention could better protect those predisposed to suicide or holding acceptable attitudes toward it.

## Conclusion

Past research has been unable to adequately link suicide among adolescents to media influence, mostly because of the fact that compounding factors make it almost impossible to establish a causal relationship. Yet, by reviewing the literature surrounding the impact of media portrayals of suicidal content on the attitudes and behaviors of adolescents we can, at a minimum, better understand the complex relationship between these two phenomena. Although there is little that can be concluded from existing research, the literature presented should raise awareness of the seriousness of suicide among adolescents and the need for conclusive evidence regarding the factors

contributing to adolescent suicide. The existing research concerning the presence of violent and suicidal content in popular media directed at adolescents, the susceptibility of adolescents to media influence, and the rising suicide rate among this group calls for more research on the relationship between media influence and adolescent attitudes and behaviors surrounding suicide. Conclusions and recommendations provided here are meant to initiate a growth in the amount of research that is done in the area of suicide. It is also hoped that the contributions provided here will stimulate and encourage an interest in this topic, and open a much-needed conversation among educators, parents, mental health professionals, and those responsible for the production of television directed at adolescents.

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# The Other Parent: A Historical Policy Analysis of Teen Fathers

by Shipra S. Parikh

## Abstract

*Policymakers, administrators and clinicians' knowledge about adolescent fathers is limited, and in many cases questionable, because of the sparse and inconsistent research that has been done on this population. The lack of information about adolescent fathers and the lack of services for them are not surprising given that until recently the majority of research and clinical programs concerned with teen pregnancy and parenting focused on adolescent mothers. Clinical and research programs have not adequately explored the roles of adolescent males in pregnancy and parenting, leaving the "fatherhood" component of adolescent parenthood and child-rearing neither understood nor supported. This paper addresses the need for information about teenage fathers by presenting a historical analysis of policies targeting this group, a summary of the current body of knowledge about this population, and suggested directions for social workers in working with this specific population.*

## Introduction

As a field, social work has historically evolved and changed in keeping with social trends, in order to expand upon and update its understanding of important topics. In the last thirty years, social work knowledge in the arena of teenage pregnancy and parenting has flourished. The field has witnessed a significant increase in numbers of research and clinical programs, and a great deal of resources have been focused on serving the populations of adolescent females who give birth and become mothers each year. However, these significant gains have not been matched by a growth in knowledge and practice theories concerning adolescent fathers. This scarcity of knowledge indicates that the role of teenage fathers has not traditionally been recognized as significant. In order to understand the issue of adolescent parenting and pregnancy, it is crucial that we thoroughly understand both parents. Given what the field already knows about teenage mothers, it is important that we turn our attention toward the needs and characteristics of teenage fathers—a population that has historically been ignored.

## Understanding the Population

Statistics vary, but the majority of national surveys indicate that two to seven percent of male adolescents are teenage fathers, with higher rates reported by inner city youth living in impoverished neighborhoods. Adolescent fathers come from all racial backgrounds and varying age groups, averaging between 15 and 19 years old. Some statistics indicate that 14% of sexually experienced males (age 15-19) have made a partner pregnant, but only 6% have fathered a child (*Fact Sheet*, 1999; *HHS*, 1999). However, some authors believe that these statistics undercount the actual number of teenage fathers (Flanigan, 2003). Often, paternity information is missing from birth certificates, making it difficult to assess the prevalence of teen fatherhood. In addition, there is some evidence to suggest that the large majority of teenage pregnancies result from adolescent girls being impregnated by males older than high school age. Males (1994) suggests that men over age 25 are responsible for twice as many teen births as men below the age of 18.

Generally, the rates for males impregnating a partner are higher for African-American (22%) and Hispanic male youth (19%) than for Caucasian youth (10%) (*Fact Sheet*, 1999; *HHS*, 1999; Flanigan, 2003; London, 2004; Thornberry, Wei, Stouthamer-Loeber, & Van Dyke, 2000). Despite these trends, it is important to note that ethnicity is not the sole factor in teenage fatherhood. Being an adolescent father is more strongly associated with being raised in an impoverished neighborhood, being delinquent, or engaging in other problem behaviors than with an individual's ethnicity (Johnson, 2001). Reporting results from a study on male youth in Rochester, New York, Thornberry and colleagues (2000) found, "The study's analysis of the risk factors for teen fatherhood provides striking evidence that early involvement in delinquency and drug use is highly correlated with subsequently becoming a teen father" (p. 2). Citing correlations as high as 70%, the study reported significant relationships between teen fatherhood and other factors, such as early sexual activity, race, parent's level of education, and the youth's standardized reading score (London, 2004; Sonenstein, 1997).

The lack of information about teen fathers has contributed to the development of negative stereotypes, which researchers now indicate may not be true. One stereotype maintains that teenage fathers do not typically desire or pursue relationships with their children or their children's mothers, leaving teenage mothers to fare much worse than teen fathers later in their lives. London (2004) provides evidence to the contrary, stating, "Adolescent fathers do maintain contact, but cultural support systems do not exist to assist the young man in a healthy adjustment to his role as a young father. Unfortunately, his attempts to function as a father may negatively influence (directly or indirectly) his own development as well as the young mother's and the child's" (p. 24). Mazza (2002) cites evidence indicating that most adolescent unwed couples had been involved in committed relationships prior to the pregnancy. Other studies also suggest that teen fathers experience many of the same adverse consequences and risks as teen mothers, including low incomes and inadequate education. A reported 80% of teen parents, both fathers and mothers, will live the majority of their lives in poverty (Mittelstadt, 1997; Out & Lafreniere, 2001).

Another common stereotype holds that teenage fathers shirk their responsibilities because they do not care about the welfare of their families. Mazza (2002) cites some of the challenges that teen fathers face that contribute to their noninvolvement with their families. These challenges include providing financially for their children, sustaining relationships with the mothers of their children and their own families, a restricted level of freedom due to the demands of parenthood, social intimidation, fear of criticism by society, and emotional role confusion. The total of these challenges cause these teen fathers a great deal of anxiety, guilt, depression, and low self-esteem, which create additional internal barriers to staying involved with their children. Though society often labels men who abandon their families as *irresponsible*, abandonment may actually offer them a way to alleviate these overwhelming feelings and unload their mental and emotional burdens (Lowenthal & Lowenthal, 1997; Mazza, 2002; Out & Lafreniere, 2001).

## Policy Changes Affecting Teen Fathers

The history of policies targeting teenage fathers is relatively recent, beginning in the 1970s. Prior to this, unwed parenthood was considered a euphemism for unwed motherhood, and policies and services either served males *through* their female counterparts, or they ignored teen fathers altogether. Sonenstein, Stewart, Lindberg, Pernas, and Williams (1997), state, "Fertility and family are traditionally ascribed to the world of females—a perspective that has kept us from acknowledging what should have been obvious—that males must be involved in any policy solution to unintended pregnancies among teenagers" (p. 6). Society's separation of gender roles and responsibilities contributed to widespread discrimination that ultimately assigned teen mothers both the responsibility for parenting and the negative social stigma attached to it. At the time, this concept of teenage parenthood served to single out and ostracize teen mothers in society. Teen fathers did not receive the same negative attention as females, but their roles and responsibilities in parenthood were also not acknowledged. As a group, teen fathers remained anonymous and largely invisible. During the 1960s, sociopolitical upheavals in American society brought many domestic issues, including poverty, discrimination, and the need for education, to the forefront of American public and political consciousness. Out of this increased social consciousness, teenage pregnancy and parenthood took on a new importance. Federal policymakers took notice of the rising rates of out-of-wedlock births among teens, and officially diagnosed it as a "social problem" in the 1970s (*HHS*, 1999; Mittelstadt, 1997; Sawhill, 2000).

Historically, there have been three general phases in which policymakers developed policies affecting teen fathers. The first phase took place during the 1960s and 70s, with the passage of three policies that drastically reshaped the social and economic context of marriage, relationships, and families – the Divorce Act of 1968, Title X of the Public Health Services Act of 1970, and the Adolescent Health, Services, and Pregnancy Act of 1978. With the passage of these three acts, policymakers essentially neglected mental health services for adolescent fathers. The Divorce Act of 1968 represented a culmination of the social realities of this decade. Changes in economic welfare, women's rights, and the social stigma surrounding out-of-wedlock births and sexual encounters created a reality in which the maintenance of traditional relationship structures was no longer necessary for families to succeed. Increasingly, society began to relax its judgment of single parenthood and female-headed households (Sawhill, 2000). Legislators designed this law to grant individuals, particularly women, more legal autonomy in the area of marriage, as well as making the termination of marriage more accessible and feasible. Legislators intended to

liberalize divorce and greatly reduce its social stigma (Mittelstadt, 1997). However, these positive gains for women affected men adversely, as men became less involved in families and relationships. The passage of the Divorce Act of 1968 legitimized the legal separation of men from their families, and it further severed relationships between teenage fathers, their partners, and their children. Some authors argue that the liberalization of divorce actually served to favor women at the expense of men, particularly in matters such as child custody disputes resulting from divorces (Mittelstadt, 1997).

Two other policies enacted during this time period that had a significant impact on adolescent fathers were Title X of the Public Health Services Act of 1970, and the Adolescent Health, Services, and Pregnancy Act of 1978. These policies grew out of the same social changes of the 1960s that had affected the passage of the Divorce act. They were also products of legislators focusing on a national awareness and recognition of changing family structures, including the increase of out-of-wedlock births to teenagers. Adults' and teens' relaxed attitudes concerning sexual norms and sexual promiscuity began to have serious consequences, such as an increase in unplanned pregnancies, contraction of sexually transmitted diseases, and lack of adequate reproductive health care. Males (1994) observes that this kind of sexual behavior is often labeled "deviant" in teenagers, whereas it is more accepted in adults. Further, researchers produced data indicating that adults model many of the healthy and unhealthy sexual behaviors demonstrated by teenagers, and that teenagers and adults exhibit identical value systems associated with their sexual behavior (Mittelstadt, 1997).

In order to address teenage and adult sexual behavior during this decade, the federal government implemented Title X of the Public Health Services Act, which was referred to as the "Family Planning Program." This program consisted of contraceptive and reproductive health services designed to help adult Americans plan their families, and soon widened its scope to allow teenagers to access its services. Though legislators' original goal was to help families, this policy primarily catered to the needs of mothers and their children, evolving into the modern day programs known as WIC (Women with Infants and Children) and Kidcare (national health insurance for children and pregnant women). By defining *families* as women and their children, Title X did not give fathers the same rights to health and contraceptive services. In 1978, the Adolescent Health, Services and Pregnancy Act bolstered this new definition of *maternal* families by increasing the numbers of adolescent maternity and mother and child programs throughout the country. Few of these programs concerned themselves with the needs of teen fathers, who were primarily offered one service—prevention information. Though the scope of these policies did not include them, teen fathers were nevertheless greatly impacted. They began to drift further from their children and their partners, they were ignored by health care services, and their legal and economic responsibilities in providing for their children were greatly diminished. Through the creation of policies that increased support to mothers, legislators gradually made traditional male roles in the family unnecessary (Males, 1994; Mazza, 2002; Mittelstadt, 1997).

The second phase of policies affecting adolescent fathers took shape during the latter half of the 1970s, continuing into the 1980s. The policies of this time period represented a primarily punitive approach to dealing with this population. Previous legislators created policies that fostered a mother-child focused environment in which social spending for families dramatically increased. Since teen fathers remained beyond the scope of these policies and services, there was increased public perception that they were "abandoning" their families and their responsibilities. Policymakers began making a connection between fathers, who were perceived to be abandoning their children, and the growth in AFDC (Aid to Families with Dependent Children) spending. This led to implementation of the original federal child support and paternity legislation in January 1975, called Title IV, Part D of the Social Security Act. This was federal legislators' attempt to recoup from fathers some of the public funds that children on welfare were receiving, as well as an attempt to establish economic and legal paternal responsibility. First, child support enforcement services were required for families receiving assistance under AFDC and Medicaid programs. Second, this act also emphasized the establishment of paternity as a way to identify fathers and force them to assume their legal responsibility as early as possible (Gay, 2004).

In the 1980s, the emphasis of policy shifted with the passage of the Child Support Enforcement Amendments of 1984. With these amendments, legislators removed paternity establishments, substituting a new requirement that each state should establish statewide child support guidelines to be used as advisory tools, aided by technical input from the U.S. Department of Health and Human Services.

The child support program had evolved from serving the welfare population, as originally intended, to serving all children with non-custodial parents. Gay (2004) discusses the widespread public perception in the 1980s that poverty in the United States had been created by the high divorce rate. Attitudes and judgments regarding what many believed to be the "feminization of poverty" were particularly negative for fathers, who were believed to be largely responsible for this phenomenon because of their perceived failure to attend to their paternal responsibilities. Unfortunately, teen fathers' growing negative reputation became pervasive. In fact, policymakers and sponsors of the 1984 Amendments were confident that both traditionalists and feminists would support the bill, based on their agreement that parents should take responsibility for their children seriously (Johnson, 2001; Sonenstein et al., 1997).

Finally, the Family Support Act of 1988 was established, supported by the NOW Legal Defense Fund, the National Women's Law Center, the American Public Welfare Association, the National Council of State Child Support Enforcement Administrators, and the National Governor's Association. In this case, legislators aimed to renew the commitment to establishing paternity and extended the application of presumptive child support guidelines to all child support decisions. President Reagan said that this piece of legislation represented, "the culmination of more than two years of effort, and responds to the call in my 1986 State of the Union Message for real welfare reform—reform that will lead to lasting emancipation from welfare dependency" (Gay, 2004, p. 4).

It appears that these child support policies did make some strides toward more financial support of children. However, some authors have observed that these policies did not adequately address the emotional support needed within the father-child relationships. Johnson (2001) recognizes that during this time period, the most salient notion about fatherhood shared by both teen fathers and society was "that fathers should provide financial support for their children and families" (p. 218). These policies greatly limited adolescent fathers' roles to strictly economic and legal responsibilities, which ignored other significant components of fatherhood (Gay, 2004; Sonenstein et al., 1997). Overall, research suggests that child support policies have generally been unsuccessful in accomplishing their stated legal and economic goals. According to Sonenstein and colleagues (1997), "Less than one-third of non-marital births are estimated to have paternity established, approximately half of custodial parents have child support orders, and only half of these orders are fully paid" (p. 5). Despite these negative outcomes, the child support acts did succeed in leaving a lasting legacy for teen fathers; they encouraged the connection between welfare, legal and economic liability, and teen fatherhood (Johnson, 2001). These policies have created a social system in which parenting support services are tied to child custody, marriage, and motherhood. Establishing paternity is the typical path to gaining legal custodial rights; unmarried, nonresident fathers who fail to do so are at a high risk of continuing to remain under-served (Sonenstein et al., 1997).

Against the backdrop of punitive policy measures that targeted teenage fathers during this decade, some positive changes were made. The National Survey of Adolescent Males (NSAM) of 1988, conducted by the Urban Institute, marked a milestone in attention to social services and research concerning adolescent fathers. This was the first nationwide effort to collect information about trends in teenage males' attitudes and behaviors to help understand them as a distinct population, with specific needs. Prior to this survey, the majority of national data on teenage sexual behavior and teenage pregnancy was only collected only about females, leaving program planners and practitioners who wished to target adolescent fathers with very few sources of reliable information (Sonenstein et al., 1997). Evidence from the NSAM filled a huge gap and, for the first time, yielded broad-based data that provided justification for integrating males into pregnancy prevention initiatives. Its data showed that between 1979 and 1988, condom use doubled, a statistic that challenged prevailing beliefs about the irresponsibility of adolescent male sexual behavior. This survey represented an important step in the direction of including teen fathers in reproductive politics, as well as recognizing and valuing teen fathers in family structures (Sonenstein, Pleck, & Ku, 1989).

The 1990s ushered in an era of policy changes for adolescent fathers, which were in part based on the strides made in understanding this population during previous years. This third phase of policy development was primarily inclusive because it acknowledged adolescent fathers as being important in families as well as in reproductive politics. Policymakers increasingly recognized that fathers could no longer be left out of issues related to teen pregnancy and parenting, nor the prevention programs that addressed these issues. In 1996, President Clinton signed the Welfare Reform Law,

which provided fifty million dollars a year, for five years, in new funding for state abstinence education programs. In addition, policymakers included tougher child support enforcement measures, designed to send the strongest possible message to both male and female adolescents that it was in their best interest to delay pregnancy until they were *both* able to afford children (*HHS*, 1999).

President Clinton also initiated a new directive, in conjunction with the welfare law, to more comprehensively prevent teen pregnancy. To this end, he created two federal projects: The National Campaign to Prevent Teen Pregnancy (1996) and The National Strategy to Prevent Teen Pregnancy (1997). These federal projects were designed to coordinate pregnancy prevention efforts on a national scale and to reduce the rate of teen pregnancy by one-third over a ten-year period of time, starting in 1996 and ending in 2005 (*A National Strategy*, 1998; *Legislation*, 2003). An additional component of these initiatives was to ensure that at least 25% of the country's communities had pregnancy prevention programs in place. These projects also included a strong abstinence component, built upon the Welfare Reform Law.

In addition to broader policies that addressed teen pregnancy, child support, and prevention programs, the 1990s also witnessed the implementation of several policies that for the first time specifically targeted adolescent fathers by addressing fatherhood in general. Building on the increased political and social recognition of the importance of adolescent fathers, President Clinton launched a government-wide initiative to strengthen the role of fathers in families called the Fatherhood Initiative. Set forth in 1995, the Fatherhood Initiative directed the Department of Health and Human Services to examine and assess its programs and to collect data to expand and improve upon activities promoting fatherhood. This initiative maintained a specific focus on how males became fathers, starting as early as childhood, as well as an increased exploration of their roles after they had become fathers (Legislation, 2003; Sonenstein et al., 1997).

With adolescent pregnancy and parenting programs under increased scrutiny, some policymakers and practitioners began to notice that there was a discrepancy in the numbers of family planning services available to teenage males versus females and the utilization of services. Only a reported two percent of clients in the federally funded Title X family planning program (1991) and the Medicaid funded family planning program (1990) were males. In response to these low numbers of male participants, policymakers developed a more comprehensive policy that acknowledged the critical role men play in parenting and, more importantly, that would motivate them to access services. The Office of Population Affairs in the U.S. Department of Health and Human Services announced a limited initiative called the Young Men/Family Planning Clinic Partnership Program. In this program, male high school students worked in Title X family planning clinics, in order to increase service utilization by teen males and to broaden the students' training and employment goals for the future. In addition, federal lawmakers and family planning clinics viewed this as an opportunity to increase STD treatment of young males, which had become a serious public health issue (*Fact Sheet*, 1999; Sonenstein et al., 1997).

Taken together, the policy changes impacting adolescent fathers during the 1990s made great strides in serving the needs of this population, as well as increasing national awareness of their importance in families. Clinton's 1996 Welfare Reform law facilitated recognition of teenage fathers in the national arena. Researchers and policymakers began to take more interest in this group, realizing that they were important in understanding families and addressing financial responsibility and integral to preventing teen pregnancy. Although the Welfare Reform law contained harsher child support measures, which had previously been considered punitive, it contained supportive measures for teen fathers as well. On one hand, this law continued to link teen fatherhood with economic responsibility; on the other hand, it required that women also identify males as fathers in order to receive benefits. This measure contributed to males and females sharing some parenting responsibilities. It also contained measures to teach abstinence to both males and females, suggesting that the sole responsibility for preventing pregnancy no longer rested with females — adolescent males' roles in decisions and behavior concerning reproduction were also recognized (*HHS*, 1999; *Fact Sheet*, 1999).

The policies and initiatives begun during the 1990s included the National Campaign and National Strategy to Prevent Teen Pregnancy, The Fatherhood Initiative, and the Young Men-Family Planning Clinic Partnership Program. These policies built on the increasing political recognition of the importance of teen fathers, as well as the knowledge that preventing teenage pregnancy would be successful only if young males were involved in

taking responsibility for the consequences of sexual activity. In addition, these policies increased efforts to help teen fathers utilize health services and STD screenings at health clinics and access public aid. These policies also began to more *comprehensively* address the issues of teenage pregnancy and parenting by striving to understand adolescent fathers and adolescent males better. The stated goal of these initiatives was to reduce the teen pregnancy rate by one-third before 2005, and some studies indicate that that goal is attainable. Some of the most recent statistics quote a 25% reduction in teen pregnancy rates by 2003, demonstrating that comprehensive measures targeting teenage fathers have achieved some level of success (*A National Strategy*, 1998; *Fact Sheet*, 1999; *Legislation Related to Teen Pregnancy Prevention*, 2003). Currently, the political climate for teenage fathers continues to be supportive of their inclusion in parenting issues. Policies since the late 1990s have essentially followed the trends set by the earlier policies of the Clinton administration. For example, policies today largely continue to support abstinence teaching as a primary component of pregnancy prevention programs. Depending on the state, teen fatherhood groups and parenting programs that involve teen fathers are also prevalent. However, most programs that include young men generally focus on pregnancy prevention, with some inclusion of career preparation beyond high school. Between 1999 and 2001, the number of states that incorporated youth development, education, and employment programs into their services for teen pregnancy increased from 26 to 32 states.

Part of the success of adolescent fatherhood initiatives may also result from the connection researchers have found between adolescent delinquency and fatherhood. Juvenile courts in large cities have begun to respond to this connection, incorporating adolescent fatherhood groups into many court-mandated probation programs. Though certain states are more progressive in addressing adolescent fathers' needs than others, the lack of a unified federal policy for this population means that many states still fail to include teen fathers in their parenting and pregnancy programs. However, most states do share some common services, including contraception education, sexual education, pregnancy prevention, abstinence teaching, family planning, and media campaigns to discourage teen pregnancy. Given the fact that teen birth rates increased significantly between 1986 and 1991, but decreased significantly (by approximately 27%)

between 1991 and 2001, it appears that current policies and programs are improving. This decrease has been dramatic and widespread, across all states, age groups, and racial/ethnic groups (Johnson, 2001; Legislation, 2003; Wertheimer & Papillo, 2004).

Though more research needs to be done to determine which programs are most successful in working with teen pregnancy, some studies show evidence that abstinence-only programs are not successful alone. These programs are shown to work best when used in combination with other services, such as individual/group counseling, work preparation, employment assistance, and a focus on direct paternal caregiving. Though efforts are being made to include teenage fathers in such programs, program effectiveness has not been well-documented. More research needs to be done to evaluate the effectiveness of existing programs, as well as to research factors to be included in new programs that would work with adolescent fathers (Hawkins et al., 2002; Johnson, 2001).

## Future Directions and Recommendations for Best Practice with Teen Fathers

From policies and programs to date, one recommendation this author makes to support adolescent fathers is that policymakers must further recognize the parental roles of teen fathers. To help policymakers, social workers can contribute at different levels of service. Examples of macro level changes include lobbying for policies that offer subsidized jobs to families in which male parents are involved, providing federal aid to young males who are parenting, and changing economic measures that are firmly tied to motherhood so that fatherhood may be given equal emphasis. In order to promote increased participation of fathers in raising their children and encourage those who already do play a significant role in their children's lives, teen fathers should be able to access necessary welfare services. Adolescent fathers should be served in clinical programs that serve teen mothers. Social workers in teen pregnancy programs should foster outreach to teen fathers by encouraging their female clients to acknowledge and involve them in their children's lives, for the best interest of the children. Teen fathers should also be recognized and assisted in demonstrating paternal commitment to their children and families. For example, the state funded Teen Parent Services (TPS) program provides teen mothers who are currently enrolled in school or employed full-time assistance with transportation

and child care (Teen Parent Services Program, 2003). Teen fathers who demonstrate a similar commitment to their futures should share similar benefits, which would assist them in pursuing employment and education (Mittelstadt, 1997).

Another recommendation is for social work clinicians and researchers to expand their concept of paternal involvement beyond the amount of time a father spends with his child. The literature identified multiple aspects of paternal involvement that could increase our understanding of adolescent fathers, as well as enhance services provided to them. For example, factors such as being employed, having a primary father figure, and being romantically involved and cohabiting with the mothers of their children have been found to correlate with adolescent fathers sustaining adolescent paternal involvement in their families (Johnson, 2001). Other studies suggest that, particularly for urban, inner-city adolescents, there are many obstacles to achieving the paternal social development necessary to feel comfortable in their roles as fathers. Some of these may include: the lack of paternal figures in their families of origin; the experience of economic hardship and difficulty accessing resources; the need to balance the conflicting tasks of adolescent development and parental responsibilities; and the criticism and blame they receive from their girlfriends, their girlfriends' families, and their own families (Lowenthal & Lowenthal, 1997; Rasheed & Johnson, 1995). Given these varied factors, it is imperative that the field of social work creates a uniform construct for "father involvement," that recognizes this concept is not one-dimensional.

Hawkins and colleagues' (2002) pilot study described their new measure of father involvement in the following way: "Father involvement is a multidimensional construct that includes affective, cognitive, and ethical components, as well as observable behavioral components, and that includes indirect forms of involvement" (p.184). Other studies have also identified that some adolescent male parenting programs are beginning to incorporate employment options and vocational training, and encourage changes in measurable behaviors, such as reduction in teen pregnancies, increasing school attendance, and improving healthy social behavior (Lowenthal & Lowenthal, 1997; Mazza, 2002). In conducting their study on successful pregnancy prevention programs that incorporated adolescent male involvement, Sonenstein et al. (1997) found that, "A crucial ingredient for programs that 'involve males' is that they focus on the male role in reproduction. It is not enough that a program have participants who are males; the program content must discuss explicitly the male perspective on reproductive behaviors (sex, contraception, childbearing, and parenting)" (p. 30).

In addition to existing literature, social work researchers should seek to establish a wider, more accurate knowledge base in order to better understand teen fathers. The first step may be to try and build on efforts made by the Urban Institute and other researchers who have recognized teen fathers as integral to developing knowledge of adolescent reproduction and family structure. Federal policy should prescribe that each state regularly collect statistical data about particular needs in the area of adolescent male parenting before allocating resources to teenage pregnancy/parenting programs. Schools must also adopt a psycho-educational format for teen fathers. Rather than relying on juvenile courts and welfare systems for primary contact with this population, social workers in schools and community agencies can offer parenting classes for fathers, teen fathers' support groups, or family groups in which both teen parents can be involved with their children together. Further, social work researchers could use program and practice evaluations to build on research findings that have identified the strong desire many adolescent fathers possess to be involved with their children, while at the same time providing them with the emotional component of fatherhood that is often lacking from services.

Another improvement would be to increase the acknowledgement and appreciation of fathers by the field of social work in general. Gender discrimination still exists, which for many fathers takes the form of a lack of appreciation of the paternal role. Compared to adult males, many authors suggest that teen fathers are even more at risk because they are typically disadvantaged under the law due to their ages, they are physically and psychosocially immature, and they tend to be economically disadvantaged (Rasheed & Johnson, 1995; Sonenstein et al., 1997). In order to address the inequality of teen parents under welfare policy, child support policies should be changed to emphasize the dual parent responsibility of both fathers and mothers, providing equally punitive measures for non-compliant mothers as provided for fathers. Demands for child support and provision of information about the other parent should be required when either parent attempts to access public aid services. These changes would convey the message that both parents are legally responsible for a child, and both can be legally recognized and appreciated in their parental roles.

In addition, policies need to have a pre-emptive or preventative component, so that they do not wait until fathers are absent to take effect. Sawhill (2000) states, "Past research suggests that [out-of-wedlock] ties are not very durable, but some believe that were we to intervene at the time of the child's birth in ways that encouraged more involvement of the father, it could make a difference" (p. 2). Programs or initiatives designed to include teen fathers in the lives of their children should be implemented as early as possible to reduce the risk that fathers will feel disconnected or unappreciated and increase the likelihood that they will remain involved. Examples may include outreach toward fathers from prenatal care centers that involve fathers in clinic-based groups, or pregnancy counseling services catering to teen mothers assessing and evaluating these mothers' relationships with their male partners in order to offer these young men the opportunity to be involved with their children. To further this aim, the law should require that biological fathers' names be supplied on all birth certificates and supported by DNA testing if necessary to identify a father from the moment that a child is born; currently, this decision depends on the woman's willingness to offer this information. Early intervention in combination with other measures, including health care for fathers, will encourage these adolescents to care not only for their children but also for themselves (Mazza, 2002).

## Conclusion

One of the main criticisms of social work research in the area of adolescent fatherhood is that policies have been either punitive or neglectful. Today, negative public perceptions of fathers are reflected in existing policies and in the lack of policies and services that specifically address this population. However, the recent increase in research and political interest in teen fathers suggests a positive outlook for this group. Mutual collaboration between policymakers, administrators and clinicians and multidimensional treatment approaches are slowly being adopted by service providers, which build on the policy gains made during the Clinton administration. Hopefully, the growing interest in the male component of teen sexuality and reproduction will benefit adolescent fathers and will improve our society's general appreciation of fathers. In recognizing and caring for teen fathers, we ultimately contribute to better family development and to protecting our children's best interests.

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# Teachers' Awareness of Self-Cutting Behavior Among the Adolescent Population

by Lauren Carlson, Stacy M. DeGeer, Chassity Deur and Kristen Fenton

## Abstract

*Self-cutting is a type of self-injurious behavior that "has become a more visible mental health issue for adolescents in the past decade" ("Wounds…", 2004, p. 1). Prior to the present one, no studies assessing teachers' awareness of this growing problem have been conducted. This study examined high school teachers' awareness and knowledge of the issue of self-cutting behavior in adolescent students and assessed their ability to intervene with a self-cutting student. Participants included 150 teachers from three suburban Chicago high schools. Participants completed a self-administered questionnaire measuring current knowledge of self-cutting. The majority of the participants did not feel knowledgeable or confident in their ability to respond to self-cutting students. Also, 85% of participants felt that they would benefit from more training. Future research needs to be conducted on this growing phenomenon and also on teachers' abilities to respond to students that self-cut.*

## Problem Statement

Self-cutting, one form of self-injury, is a growing phenomenon on most high school and junior high school campuses (Galley, 2003). The literature suggests that this mental health issue is complex and highly under-researched. Over the last ten years, mental health workers and school administrators have expressed increased concern over the issue of adolescent self-cutters ("Wounds," 2004). The prevalence of this behavior is unknown but is estimated to be between 0.75% and 14.8% of adolescents (Ross & Heath, 2002; Suyemoto & Kountz, 2000).

Some researchers believe that the increase in cutting behavior began about ten years ago ("Wounds," 2004). One factor that may have promoted this change is its growing presence in the media. In recent years, self-cutting behaviors have become more prevalent in various mediums such as music, popular television programs, and recent movies such as "Thirteen" and "Secretary." The increased media attention coupled with the lack of research may be contributing to a climate of confusion around this issue.

At the same time, this growing phenomenon has led to increased concern among mental health practitioners and school administrators. While self-cutting and other forms of self-injurious behaviors have been studied over the past seventy years among various populations (prisoners, adolescent inpatients, mentally retarded people, personality disordered patients, and psychotic patients), little conclusive research has been conducted among normative adolescent populations. It is stated throughout literature that self-cutting is a growing mental health issue among adolescents, but it remains highly under-researched (Zila & Kiselica, 2001). The lack of knowledge of cutting behavior within the field of mental health is a cause for alarm. As many schools are beginning to recognize the increased number of self-cutting students, it is important for clinicians to assess teachers' and staff members' understanding of the behavior, help teachers and staff become more educated about self-cutting behavior, and create and implement strategies for identifying and serving adolescent self-cutters.

Social workers have the opportunity to educate and consult with those who interact with adolescents on a daily basis. Teachers and friends of self-cutters may often be the first to notice symptoms of self-injurious behavior and the first to approach a self-cutting adolescent. It is important for schools to "foster environments in which students feel comfortable" (Galley, 2003, p. 15) to discuss these important issues. If teachers, who are at the front line, are made more aware of this growing problem, a move towards preventing this "epidemic" will be made.

## Literature Review

Self-cutting is one of many forms of self-mutilation (or self-injurious behavior). These are the two most common terms—among many—used throughout the literature. In order to understand self-cutting behaviors, it is important to evaluate this particular behavior in the context of the broader category of self-mutilation. Armando Favazza (1996), an expert in this field, has classified self-mutilation into three categories: major, stereotypic, and superficial/moderate. Major forms of self-mutilation are rare and most often associated with psychosis. Major self-mutilation includes severe destruction or removal of parts of the body (self-amputation, castration, etc.). Stereotypic self-mutilation commonly occurs among individuals

who are institutionalized, such as people with mental retardation or schizophrenia. Stereotypic self-mutilating behavior is repetitive and can include head banging, eyeball pressing, and self-biting.

The third category of self-mutilating behaviors is termed superficial/moderate and is the form associated with the adolescent "epidemic" of self-cutting occurring today. Superficial/moderate forms of behaviors include impulsive (cutting, burning, carving, and preventing wounds from healing) and compulsive (trichotillomania, nail biting, and skin picking) self injury. Cutting and burning are the most common forms of superficial, impulsive self-injurious behavior. Favazza (1996) further classifies the superficial, impulsive behaviors of cutting and burning into episodic and repetitive. Episodic self-injury occurs on occasion and is often associated with specific disorders such as borderline personality disorder, antisocial personality disorder, posttraumatic stress disorder, dissociative disorders, eating disorders, substance abuse, and depression ("Wounds," 2004). Self-cutting or self-burning behavior is classified as repetitive when the behavior becomes an uncontrollable preoccupation, and it is this form of self-injury—Repetitive Self-Mutilation—that is of most concern to educators and administrators in the school setting (Lieberman, 2004).

Due to the varied terminology used in the literature (self-mutilation, carving, self-cutting, deliberate self-harm, self-destructive behavior, and self-injurious behavior), there are varied definitions for these self-inflicted injurious behaviors. Wendy Lader and Karen Conterio (1998), directors of Self Abuse Finally Ends (S.A.F.E. Alternatives), define self-injury as "the deliberate mutilation of the body or a body part, not with the intent to commit suicide but as a way of managing emotions that seem too painful for words to express" (1998, p. 16). For adolescent self-cutters, the cutting experiences vary. What appears to be common, however, is for the self-cutter to use a razor blade (or any other sharp object) and cut the wrists, forearms, thighs, and/or abdomen in a controlled motion (Lader & Conterio, 1998; Zila & Kiselica, 2001).

Though clinicians and researchers agree that self-injurious behavior is escalating among adolescent populations, it is difficult to determine the exact prevalence due to the limited research and various forms of terminology used to define the behavior. Some researchers estimate that nearly three million Americans self-injure (Conterio & Lader, 1998). Other studies have determined the prevalence of self-mutilation among inpatient adolescent populations to be between 40% and 60% (Suyemoto, 1998). Among normative adolescent populations, however, there has been little research conducted from which a specific rate of prevalence can be deduced. Some cite that 4% of adolescents self-harm (Galley, 2003). A recent study evaluated two high schools and results indicated that 13% of students in an urban school and nearly 15% of students in a suburban school had self-mutilated on at least one occasion (Ross & Heath, 2002). From these varied results, it is evident that more conclusive research must be conducted to determine accurate rates of self-injury and self-cutting.

Another factor explaining the difficulty in researching this subject is the potential risk in surveying students about this subject. Asking adolescent students about this behavior can be psychologically harmful because it may have a "potentially suggestive effect" (Lieberman, 2004, p. 4). Some experts in this field refer to this as a "contagion factor," which is a potential explanation for the growing rate of self-cutting behavior. The contagion factor is increasingly problematic because of the ease with which information is spread via the internet. One author believes that this phenomenon is particularly troublesome for school settings is because "self-injury has a tendency to spread from one troubled adolescent to another. It's a contagious behavior" (Galley, 2003, p. 14). It has been noted in some studies that self-harm cases have led to epidemics of self-harm in group settings such as hospitals, prisons, gangs, residential treatment, or dormitories (Farber, 1997). Similarly, it seems that in the school setting there is an "epidemic" of self-cutting taking place among high school and junior high students.

A further complication is the effect of media on adolescents. This topic was introduced to the media in 1985 with the discussion of self-mutilation on a national television station (Zila & Kiselica, 2001). Since then, two movies produced in 2003, "Secretary" and "Thirteen," have characters that engage in self-injurious behavior. Hollywood has also reported on popular actors, such as Angelina Jolie and Johnny Depp, who have had personal experiences with self-cutting ("Wounds," 2004). Music groups such as the Indigo Girls also present self-injurious content through their music lyrics and through art on their album cover (Conterio & Lader, 1998). Most recently, on MTV's *The Real World*, one of the main characters discussed her experiences as a "cutter" (2004).

The media can both positively and negatively affect the adolescent self-cutting "epidemic" by

explaining the reality and dangers of cutting. For example, on one episode of *The Real World* (Murray, 2004), a psychologist appeared after commercial breaks to explain what cutting was, how to get help, and resources for further information. He also gave information to find internet sites to help self-cutting teenagers. Some sites do, in fact, support self-cutters in coping and finding help, but others may "purposely glorify and support this behavior" ("Wounds," 2004, p. 3). While there is great potential for the media to help, there is also great danger for the media to perpetuate the problem through "normalizing" the behavior and potentially furthering its contagion. As one group of authors say, "For parents, health care professionals and educators, it is important to be aware not only of this self-injury behavior, but also the influences—both good and bad—of the Internet and mass media" ("Wounds," 2004, p.5).

A factor that may increase teachers' difficulty in identifying self-cutting students is the isolating nature of the behavior (Suyemoto, 1998). Adolescent "cutters" perform these behaviors in secret—in their bedrooms, bathrooms, empty locker rooms, or other isolated areas (Lieberman, 2004). Additionally, "cutters" often do not seek out mental health services for their cutting behavior, as they find this behavior a necessary means to cope with the challenges of life. Conterio and Lader (1998) believe that it is this group—one that has never been served by medical or mental health professionals—that remains "largely hidden within society…[and] makes up the bulk of the silent 'epidemic' of self-injury" (p. 19).

One way to help prevent this "epidemic" from growing any larger is to help those working in educational systems, who are in regular contact with adolescents, be equipped to identify and help self-cutting adolescents. The first step in equipping staff is to educate them on how to identify features of self-cutters. According to the literature, 70% of cutters are female (Lieberman, 2004), typically single, of middle to upper-middle socioeconomic status, and intelligent (Zila & Kiselica, 2001). School psychologist and author Tracy Alderman reported that a typical self-injurer is "bright, sensitive, helpful to other people, the caretaker of their friends and family, good listeners, above average students, and invisible" (as quoted in Galley, 2003, p. 14). Self-cutters most often report that they began cutting during early adolescence, at about age 12-13 ("Wounds," 2004). Conterio and Lader (1998) have also found that, among females, the onset of self-injurious behavior is often associated with the beginning of

puberty because bodily changes can bring up difficult emotional and psychological issues. Clinicians have found that the "onset of menstruation…often corresponds with the beginning of self injury" (Conterio & Lader, 1998, p. 17). Because the onset of puberty is occurring at an earlier age in this society, there is increased risk for early adolescents. It is for this reason that education staff members at both the high school and junior high school levels must be aware of this behavior.

Another common characteristic of adolescent self-cutters is the inability to self-soothe or verbalize painful emotional content, which may stem from adverse childhood experiences. A study conducted by Zila & Kiselica (2001) found that 70% of self-cutting adolescents had grown up in a home where there was abuse (physical, verbal, or sexual) or neglect. Other factors positively correlated with self-cutting are divorce of parents, incarceration of a parent, and family instances of alcoholism or chronic mental illness (Favazza, 1996). Clinicians who work with thee self-injuring populations suggest that difficult circumstances in childhood render the adolescent self-cutter unable to fully handle the developmental tasks of adolescence. When the self-cutter has "acquired no truly adaptive, internal abilities to soothe herself or control distress, the self-injurer comes to rely on action—not thoughts, fantasies, or words—to gain relief from any uncomfortable feelings or thoughts" (Conterio & Lader, 1998, p. 20).

The self-cutting behavior can serve many functions. The response most adolescent self-cutters report is that cutting brings a sense of relief from an overwhelming emotional problem or sense of loss. One adolescent reported, "I cut myself as a way to deal with the pain and frustration in my life" ("Wounds," 2004, p. 1). Some describe cutting as a form of punishment, a means of controlling his/her life, or a way of getting a reaction out of others (National Mental Health Association, 2004).

Though some adolescent cutters have a history of suicidal ideation or attempts (Suyemoto, 1998), there is a distinction between self-cutting and suicidal behavior. As Richard Lieberman, a school psychologist, explains, "A common misperception…is that students who self-mutilate are cutting themselves in an active attempt to commit suicide. Actually, the opposite appears to be true" (2004, p. 2). One adolescent cutter explains, "the objective wasn't to make myself bleed to death, just to let go of the ugly feelings holding me hostage—feelings that would leave at the sight of blood" (Pederson, as cited in Zila & Kiselica, 2001, p. 47). These statements, and the fact

that "cutters" typically wound themselves in non life-threatening areas (thighs, forearms, etc), have helped clinicians to determine that self-cutting is not done as an attempt to end one's life but as a coping mechanism to continue living. It should be noted, however, that some self-cutting is potentially lethal, and efforts to educate educators about this behavior should address how to distinguish superficial from potentially lethal cutting.

This behavior may not be immediately life threatening, but self-cutting can be especially dangerous because it can be associated with other social/emotional risks. Researchers have found that self-cutting and self-mutilation can be associated with eating disorders (Conterio & Lader, 1998; Cross, 1993; Zila & Kiselica, 2001), substance abuse (Favazza, 1996; Zila & Kiselica, 2001), kleptomania (Favazza, 1996), and depression (Galley, 2003; Lieberman, 2004). These associated risk factors provide additional reasons for teachers and education staff to become knowledgeable in order to identify and refer these students to mental health professionals.

Recently published articles have discussed what school administrators, teachers, and other educational staff members should do in response to the growing number of self-cutters. One article states, "Parents, school counselors, and teachers should be aware of these warning signs and should be prepared to handle the situation appropriately" ("Wounds," 2004, p. 4). In addition to symptoms suggestive of depression (tearfulness, low self-esteem, etc), other indicators of self-cutting behavior include: difficulty controlling impulses, anxiety, failure to recognize positive factors in his/her life, continually wearing long sleeves, wrist bands, or long pants even when the weather is hot or humid, and refusing to be involved in physical activities that would involve revealing skin (such as swimming, physical education classes, etc.) ("Wounds," 2004).

Lieberman (2004) asserts that schools should train all staff members to be able to identify self-cutting students, include self-cutting training for a crisis team, train staff to properly respond to a self-cutting incident, cautiously educate students, make parents aware of the growing problem, and work together with the self-cutter's parents and mental health worker. Because "teachers are often the first line of contact for many of these students" (Galley, 2003, p. 15), mental health practitioners must partner with teachers and other educational staff to help teachers know how to properly respond to an adolescent self-cutter. As this "epidemic" continues to grow, it is imperative that mental health workers team with the

educational system to help identify, respond to, and serve adolescents participating in these secret, maladaptive, self-cutting behaviors.

## Research Question

Today's classrooms are populated with many adolescents who, to the untrained eye, may appear to be emotionally healthy. Some of these seemingly well-adjusted students, however, engage in maladaptive self-cutting behaviors. In light of this, high school teachers must become more aware of this growing problem. This study seeks to address (a) the level of awareness and knowledge that teachers have about self-cutting behaviors of adolescent students and (b) how confident and prepared teachers feel they are to intervene with a self-cutting student.

## Methodology

The research design utilizes quantitative data analysis and survey methodology. Self-administered questionnaires were distributed to teachers in three Chicago suburban high schools. The questionnaires asked teachers a series of closed and open-ended questions. The closed-ended questions were coded through quantitative analysis and statistically significant results were reported.

Two of the three high schools allowed for all teachers to be surveyed, while the third high school requested that a sample of teachers from each department be surveyed. At the third school, 60 randomly selected teachers were surveyed.

In two high schools, questionnaires were distributed to all teachers' mailboxes. In the third school, questionnaires were distributed to 60 randomly selected teachers' mailboxes. Included with the questionnaire were instructions to return it in a sealed envelope to a specified location when completed. The researchers gathered the completed questionnaires from the secured location.

To ensure confidentiality and the protection of the participants, the questionnaires were sealed and sent to a secure location. Anonymity was unable to be assured, however, because the questionnaire asked for potentially identifying information, such as the grade the teacher instructs, the gender of the respondent, and the number of years in the profession.

It is possible that the questionnaire evoked disturbing images and thoughts due to the graphic nature of self-cutting behavior. To ensure sensitivity, a cover letter explained that the study was voluntary and also described the purpose of the study. A resource sheet was attached to the questionnaire

which contained hotline phone numbers and informative websites on self-cutting to address any questions that respondents had. The school protocol was also written on the resource sheet, so the teacher would know how to properly respond to a self-cutting student. It was the intention that the supplemental information provided would assist participants who experienced any negative emotion from participating in the study.

## Measures

The measure used for this study was a self-administered questionnaire[1], as previously mentioned. The questions on the questionnaire were developed based on the information gathered during the literature review. This questionnaire included closed ended questions and Likert scales. In attempt to encourage participation, the questionnaire took less than ten minutes to complete.

In an attempt to establish reliability and validity, the questionnaire was modified after a pre-test was given. To help ensure face and construct validity, the authors administered a pre-test to an outside sample to ensure clarity of questions. Based on the responses to the pre-test, the questionnaire was modified.

The survey collected descriptive information on participants, such as gender of the teacher, years of experience and grade(s) taught. Additionally, participants' knowledge and confidence levels were measured by: whether the participant has known any self-cutters, how confident the participant would feel in handling a situation with a self-cutter, from where the participant has received information on cutting, and whether/how the participant would prefer to be trained.

Other variables assessed teachers' knowledge of self-cutting, which included their beliefs about significance of the problem, the age of onset of the behavior, the academic achievement level of students who self-cut, and how strongly they agreed that: self-cutting is a suicide attempt, self-cutting is a coping mechanism, self-cutting is due to the influence of drugs, self-cutting is done to gain attention.

## Data Analysis

Analysis of the data was performed using the SPSS program, version 12.0. To test variations in categorical data, chi-square analyses were performed. Additionally, independent sample t-tests were run.

Of the 300 questionnaires distributed, 150 were completed and returned. All participants reported teaching at the high school level (grades 9-12). The

majority of the participants (60.7%) were female, while 38.7% were male. The mean number of years taught was 11, with a range of 0.5 to 35 years.

The data collected revealed some consistencies between teachers' knowledge of self-cutting behavior among adolescents and actual characteristics of self-cutters. The gender and age of onset were both accurately identified by teachers. Seventy-six percent of teachers responded that self-cutters are more likely to be female and that the mean age of onset is 12.5 years, with a range of age 8 to 17. Additionally, Table 1 shows that 87.4% of teachers believed that students self-cut as a form of coping. Also, more than half of the respondents said that students do not self-cut in an attempt to commit suicide. Nearly half of participants stated that students do not self-cut due to the influence of drugs.

The data also revealed discrepancies between teachers' knowledge about self-cutting behavior and characteristics of self-cutters. Fifty-seven percent believed self-cutting to be a minor problem. Furthermore, 63% of participants said that self-cutting adolescents did so in order to seek attention and only 21% were able to identify self-cutters as being high academic achievers.

Even though teachers were able to accurately identify some characteristics of the self-cutting population, 64% of respondents stated that they did not feel knowledgeable about self-cutting behavior. Moreover, 57% said that they did not feel confident responding to a self-cutting student.

The majority of participants (68.7%) had previous experience with a student who self-cut. On average, participants knew two students who self-cut, with a range of 1 to 17 students. Data analysis using crosstabulation found that participants who had past experience with a student who self-cut felt more confident responding to a self-cutter. This was statistically significant at .006. Similarly, data analysis using Chi square indicated that participants who had past experience with a student who self-cut felt more knowledgeable about self-cutting behavior. This was also statistically significant at .004. Additionally, an independent sample t-test indicated that the participants who felt confident in their ability to respond to students who self-cut knew an average of 3 such students. This was statistically significant at .000.

## Discussion

Participants' responses provided valuable information regarding high school teachers' awareness of self-cutting behavior. In particular, the majority of

[1] For a copy of the instrument used in the study, please contact the authors via the School of Social Work.

**Table 1**

| Reasons for cutting: % | Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
|---|---|---|---|---|---|
| Suicide attempt | .7 | 16.7 | 23.3 | 52.0 | 7.3 |
| Coping skills | 28.7 | 58.7 | 6.0 | 2.7 | 4.0 |
| Drug influence | 4.0 | 14.7 | 32.0 | 40.0 | 9.3 |
| Seeking attention | 22.7 | 40.0 | 14.0 | 20.7 | 2.0 |
| High academic achievers | 4.0 | 17.3 | 50.7 | 22.0 | 6.0 |

teachers responded that they did not feel knowledgeable about self-cutting behavior (64%). This lack of knowledge may be part of the reason that 85% of the teachers felt that they would benefit from further training. School administrators need to be aware of this reported lack of knowledge, as well as the fact that teachers feel it would be beneficial to learn more about self-cutting behavior. Teachers indicated an interest in learning from teacher in-services and written materials. Several teachers also indicated that they received information about self-injury from school social workers. This research may indicate to administrators that school social workers have specific knowledge about social/emotional issues, such as self-harm, that cannot be sufficiently managed by teachers.

Another concern was the finding that 56.7% of teachers felt that self-cutting is only a minor problem among the adolescent population. One recent study found that 13-15% of adolescents in two high schools had self-cut on at least one occasion (Ross & Health, 2002). This means that in a school of 2000 students, 260 to 300 students would have self-injured at least once. This hardly seems to be a minor problem. Additionally, research also indicates that a self-cutter tends to be a high-achiever academically, and only 21% of participants strongly agreed or agreed that self-cutters are high academic achievers.

The majority of the teachers responded accurately to some questions that were intended to measure their knowledge on self-cutting. When asked if they felt self-cutting was a suicide attempt, the majority (59.3%) of teachers responded that they did not. Also, the majority of teachers (87.4%) felt that self-cutting was used as a coping mechanism. Their responses to these questions, as well as identifying females as more likely to cut and the average age of

onset being 12.5 years, are consistent with current research on the issue of self-cutting.

In regard to the confidence level that teachers had about their ability to intervene, only 43.3% felt confident responding to a student who self-cuts. Our study also found that both confidence and knowledge increased as teachers had contact with self-cutting students. In contrast, teaching experience was alone was not associated with levels of confidence or knowledge. This finding seems to indicate that it takes personal experiences with adolescent self-cutters for teachers to gain knowledge about the issue and to increase their confidence level to intervene. This is rather disturbing because it is only after students are self-cutting that teachers become knowledgeable and more confident. Our schools should be responsible for training teachers before they come into contact with students who self-cut so they can best assist them.

This study has a number of implications. The results clearly indicated that teachers wanted more training about self-cutting behavior. Therefore, designing materials aimed at increasing the levels of knowledge and confidence in regard to responding to self-cutting behavior is important. The majority of the teachers in the study reported not feeling confident in responding to a student who self-cuts. Reviewing the protocol with teachers may be one step toward increasing teachers' level of confidence in intervening with a self-cutting student.

## Limitations

One significant limitation of this study is its inability to generalize to other teacher populations. The sample consisted of 150 participants, and all teachers were from three Chicago suburban high schools. The

majority of the participants were Caucasian and middle-to-upper-class. Therefore, it is difficult to generalize that all teachers would have similar attitudes and beliefs about self-cutting behavior.

Another limitation to the study was that the researchers composed the questionnaire, which could be a threat to reliability and validity. The questionnaire has not been used outside of this study and therefore reliability was not established. The responses received from the questionnaire format provided a limited amount of information; subsequently, the information that could have been discovered through interviews may be noteworthy. In an interview setting, the teacher could have the opportunity to verbalize personal experiences with self-cutting students and to provide more detailed information and should be considered for future research. A further limitation of this study is that some teachers may have hesitated to provide truthful responses to the questionnaire and may have felt uncomfortable expressing their true level of awareness and knowledge of self-cutting behavior.

## Suggestions for Further Research

Future research should continue to focus on the phenomenon of self-cutting behavior among the adolescent population. This growing phenomenon deserves the attention of mental health professionals and teachers so that individuals who work on a daily basis with the adolescent population can better understand this behavior and be prepared to intervene.

Additional research with respect to teachers' knowledge and awareness about self-cutting behavior and their ability to intervene is still needed. While this study is important because it is the first of its kind, research needs to be carried out with a larger and more generalized sample. Qualitative studies may be particularly useful in gaining a deeper understanding of teachers' experiences with and perceptions of self-cutting students. Research could also be conducted with teachers at the middle school level. Because current research suggests that the average age of onset of self-cutting behavior is age 12, research aimed at identifying whether middle school teachers have more exposure to self-injury may be useful. Assessing their knowledge and confidence level in intervening could provide valuable information for school social workers and administrators.

This study provides important information for school social workers and professionals within the school system. The authors hope it will serve as a catalyst in school settings to encourage increased awareness of, prevention of, and intervention for this problem. Specifically, the authors hope the results of this study will persuade school administrators to take self-cutting behaviors among adolescents seriously and educate their teachers on how to help students who struggle with this mental health problem. Raising awareness through this research may facilitate discussion among teachers and mental health professionals within schools, and may fill gaps in knowledge about this growing problem. Knowledge on this topic is important because teachers and friends are often the first people to whom a student divulges this hidden secret (Galley, 2003).

Self-cutting is a growing phenomenon on most high school campuses and while there are many students engaging in this behavior, there is little information, data, and research on this issue. Since there are a limited number of mental health practitioners and/or school social workers in the school setting, these professionals depend upon teacher awareness and ability to make referrals. It is imperative that teachers have the knowledge to identify a student who is self-cutting and to feel confident in responding to the self-cutting student in order for adolescent students to be adequately served. If teachers continue to be unaware of the signs of self-cutting, students may remain at risk for continual use of this behavior as a coping skill. The results of this study indicating that teachers do not feel they have knowledge or confidence further highlight the importance of school social workers. School social workers have the knowledge and confidence to support and assist students who use self-cutting as a coping mechanism, and can also provide teachers with the necessary tools and information so that self-cutting adolescents can be identified and properly served.

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# Exploring Hip-Hop Therapy with High-Risk Youth

## by Nakeyshaey M. Tillie Allen

## Abstract

*This article explores a new approach in the field of social work entitled Hip-Hop Therapy (HHT). Hip-Hop can be described as an urban mainstream culture driven by youth and young adults. HHT uses Hip-Hop music and culture to engage youth and address their issues in therapy by encouraging them to reflect on Hip-Hop lyrics as they relate to the youths' own life experiences. HHT also utilizes concepts from established forms of therapeutic approaches such as music therapy, behavioral therapy, and narrative therapy and may be instituted in either individual or group settings. Analyzing Hip-Hop lyrics engages participants, stimulates discussion, and promotes critical examination of life issues, struggles, and experiences. HHT also embodies the person-in-environment (PIE) approach that is a central component of social work practice and explores the social, cultural, and environmental orientations and contexts of participants. Using HHT allows practitioners to embrace youth culture while simultaneously attempting to deconstruct negative attitudes, beliefs, and behaviors held by the youth and replace them with healthy and positive goals and objectives.*

## Introduction

> I like to listen to rap music because it speaks to the lifestyle I live as a young black male. Me and my friends, other young black males, love rap music. When I use [sic] to go to see white female therapists, they did not understand what could help us. They don't understand that what they are saying is going in one ear and out of the other, it just gives me a headache when I go there, I just want to get out and go get high, because it does not help me at all... My reality and rap music are probably too violent for them. (Elligan, 2004, p.1)

In the last 30 years, Hip-Hop music and culture have become a pervasive part of youth culture (Tyson, 2003). Consequently, teachers and youth workers have turned to Hip-Hop to interact successfully with the youth with whom they work, though the idea of using Hip-Hop music within the social work profession is relatively new (Tyson, 2003). Because of Hip-Hop's mass appeal, its use in social work settings with both voluntary and involuntary youth clients could prove to be a promising and culturally-sensitive approach to therapy.

Youth described as high-risk are often referred to therapy involuntarily by way of court mandate or parental force. Since youth often do not initiate the therapy process, they may be apprehensive about participating in a therapeutic relationship, the construction of which practitioners have traditionally found to be a challenge in working with this population (Elligan, 2004; Tyson, 2003; Mischne, 1997). For example, not all youth have the adequate ego structure to observe their own need for therapy (Mischne, 1997). Other youth may feel as if practitioners are allied with the other adults (such as parents or probation officers) in the youths' lives rather than with the youth, and still others may feel disconnected from the therapeutic environment because it is so different from their lives outside of therapy.

Creative and sensitive approaches that address youth apprehension and resistance are therefore necessary. Elligan (2004) emphasizes that one's culture is often shaped by one's background, experiences, and environment. The practice of HHT incorporates all of those components and uses them to address youth issues in therapy. How, then, is this achieved? In order to be able to implement this approach in an effective manner, one must first obtain an understanding of what Hip-Hop *is*.

## What is Hip-Hop?

> Hip-Hop is a modern mainstream young urban American culture. I know there are a lot of ideas there, but Hip-Hop's impact is as broad as that description suggests. Like rock and roll, blues, and jazz, Hip-Hop is primarily a musical form. But unlike those forms of Black music, Hip-Hop is more expansive in the ways it manifests itself, [and] as a result its impact is wider…. Hip-Hop communicates aspiration and frustration, community and aggression, creativity and street reality, style and substance. It is not rigid, nor is it easy to sum up in a sentence or even a book. Simply put, when you are in a Hip-Hop environment, you know it. It has a feel that is tangible and cannot be mistaken for anything else. (Simmons & George, 2001, p. 4-5)

The term Hip-Hop and its foundations emerged from the Black and Latino communities of New York City in the late 1970's (Ciardiello, 2003; Kitwana, 2002; Simmons & George, 2001; Ayazi-Hashjin, 1999). The early development of Hip-Hop was underground; only a few took part in its creation (Ayazi-Hashjin, 1999). Early pioneer Hip-Hop artists such as Afrika Bambaataa, Sugar Hill Gang, Run DMC, Red Alert, Boogie Boys, and Public Enemy were instrumental in establishing the four tiers of Hip-Hop: MCs (emcees), DJs (deejays), Breakdancing, and Graffiti Art (Ayazi-Hashjin, 1999). These four tiers of Hip-Hop are considered to be the roots of the movement that empowered urban youth to use music, dance, and other forms of artistic expression to describe life as they saw it.

Today, Hip-Hop is primarily known for its connection with rappers. Hip-Hop in its musical form is unique because it is a fusion of rap, rhythm and blues, and pop music. Some of the current artists who are major influences in Hip-Hop include Russell Simmons, Mary J. Blige, Alicia Keys, Sean 'P. Diddy' Combs, Usher, and Jay Z, all of whom have helped Hip-Hop evolve beyond its musical boundaries into an authentic cultural force that now includes fashion, television, cinema, advertising, magazines, sports, language/slang, and attitude (Simmons & George, 2001). As KRS-One, an early pioneer of Hip-Hop, explained in *The Science of Rap*, "Rap is something you do. Hip-Hop is something you live" (Ayazi-Hashjin, 1999, p. 43).

## What is Hip-Hop Therapy (HHT)?

Because of Hip-Hop's influence and its social, political, and cultural content, exploring its musical form in therapy can be effective in engaging youth. The concept of Hip-Hop Therapy with high-risk youth was first explored and documented in a scholarly manner by Tyson (2002), who defined the approach as a synergy of rap music, bibliotherapy, and music therapy. Tyson (2002) noted that few would debate Hip-Hop music's widespread acceptance and popularity among youth and concluded that practitioners may find success in connecting and relating to youth by exploring with them the social, cultural and political content of the lyrics.

Hip-Hop Therapy has evolved into what may now be described as an innovative, culturally-sensitive technique infused with established therapeutic approaches such as music therapy, behavioral therapy, and narrative therapy. Analyzing the Hip-Hop music lyrics engages participants, stimulates discussion, and promotes the examination of life issues,

struggles, and experiences in a way that participants experience as relevant to their own lives. HHT also takes a person-in-environment approach by exploring the social, cultural and environmental orientations and contexts of the participants.

Hip-Hop Therapy is designed and best utilized as an engagement tool in a psychotherapeutic or educational setting for high-risk youth and young adults. The intervention is diverse enough to be utilized with any racial or ethnic group familiar with and/or affected by Hip-Hop music and culture. It is educational, creative, culturally-sensitive, engaging, empowering, and therapeutic. HHT may be understood as a response to more traditional therapeutic approaches that are often ineffective with high-risk populations because they were not designed to address the unique issues that these youth encounter in their everyday environments and social development. Moreover, it is an ideal and practical tool to help build "youth-centered" capacity in communities that have been traditionally disenfranchised from the mainstream social, political, and economic systems.

## HHT and Music Therapy

Historically, music therapy has been an effective approach that has often been used with youth (Luce, 2004; Chase, 2003). Music evokes emotion via a non-threatening medium, which facilitates the therapy process (Luce, 2004; Tyson, 2003). Elligan (2004) emphasizes how music speaks to one's experiences, challenges, passions, fears, and hopes. It also breaks down resistance and allows practitioners to perceive emotions and behaviors that might not be as accessible through traditional therapy approaches (Tyson, 2003). Furthermore, until recently music in therapy has been used only as an auditory stimulus and expressive activity, whereas HHT's emphasis on lyrical content allows practitioners to explore their clients' self-concepts, influences, relationships, and goals (Tyson, 2002).

## HHT and Behavioral Therapy

The behavioral therapy approach is systematic in its attempts to facilitate behavioral change (Cooper & Granucci-Lesser, 2002). HHT applies many of behavioral therapy's systematic components insofar as it looks to engage participants in a review of their behaviors as they relate to themes encompassed in Hip-Hop music and culture. It also has as an aim the deconstruction of negative and employment of positive skills needed for adulthood. Similar to both

cognitive and behavioral therapists, HHT practitioners encourage clients to learn about themselves and to seek ways to change potentially destructive behavior patterns (Elligan, 2004; Cooper & Granucci-Lesser, 2002). Many of these destructive behaviors – sex, violence, crime, drugs, and gang activity, for example – are frequent themes of Hip-Hop music. Using that lyrical content presents HHT practitioners an opportunity to discuss and break down the destructive behaviors with youth in an attempt to introduce and construct positive behaviors.

In order to use this medium effectively, HHT practitioners may need to modify their own attitudes toward Hip-Hop music and culture if they are not comfortable or familiar with this musical/cultural genre. Embracing Hip-Hop offers practitioners the ability to make a genuine connection with the youth during therapy, which in turn assists in facilitating behavioral change.

## HHT and Narrative Therapy

The narrative therapy approach focuses on allowing clients to construct their own stories in therapy. Clients' disclosures are shared from their own frames of reference and points of view. It is through the sharing of their stories, as well as the validation of these stories, that clients shape and re-shape their lives (Boyd-Franklin, 2003). Many youth take pride in being able to tell their stories and may like Hip-Hop because it often discusses "street reality" and gives voice to issues that might otherwise be silenced. It gives the youth an opportunity to say and acquire things normally denied them, such as attention, respect, a voice, and money (Simmons & George, 2001). Furthermore, analyzing Hip-Hop lyrics for relevant life issues and struggles that relate to the participants allows for open and possibly non-personalized discussion; some youth might find using the third person less threatening and may be more willing to share their thoughts in this format, which would allow them to move at their own pace (Ciardiello, 2003). This is important because many youth vary in their ability to disclose information and tolerate anxiety during emotional discussions (Levine, 1978 as cited in Ciardiello, 2003).

## HHT and Person-in-Environment (PIE) Theory

Person-in-environment (PIE) theory is a culturally-sensitive and ecological approach that fosters collective behavior in the context of interdependence with larger institutions and social systems that interact dynamically (Daly, 2001). One of the strengths of the PIE perspective is that it enables practitioners to focus on linkages between the social, environmental, political, legal, and educational systems with which many of today's youth come in contact (Daly, 2001). This perspective focuses on the goodness-of-fit between the clients and their environments. This approach is also valorized within the social work profession because it effectively allows practitioners an opportunity to establish a rapport with their clients and meet them at the clients' social and cognitive levels. Utilizing all of the available resources in the environment helps clients realize their full potential.

## How Hip-Hop Therapy (HHT) Works

HHT can be employed in an individual or group therapy setting. It can also be used on a long-term or short-term basis. It can be very creative and diverse because of the different types of Hip-Hop music from which practitioners may choose, such as gangsta rap, rap/rhythm and blues, rap/pop, political rap, positive rap, gospel rap, or pro-social rap (Elligan, 2004; Tyson, 2003). It is important to take into account what type of Hip-Hop music the youth enjoy.

As with any therapeutic intervention, it is important to cover therapy procedures, including clients' rights and responsibilities, the role of the practitioner, limitations on confidentiality, mandated reporting requirements, fees, signatures on agreements, and what clients may expect from the overall therapy process. After the basics are covered practitioners could utilize the following in HHT:

- *Assessment.* It is first important to discuss the clients' reasons for participating in therapy. Reviewing the clients' presenting issues establishes the goal and direction for the HHT approach with each client and assists the practitioner in discerning each client's level of engagement. The practitioner can then explore the clients' levels of interest in Hip-Hop as well as their favorite Hip-Hop artists and songs. This will help the practitioner in choosing the appropriate music and lyrics for the HHT sessions. The assessment should also include the clients' familial, social, and behavioral histories. Articulating what life issues or struggles the clients have experienced or may be currently experiencing will be helpful in referencing the appropriate Hip-Hop songs in the therapeutic sessions.

- *Utilizing "Icebreaker Activities."* "Icebreaker Activities" are a convenient way to ease tension and anxiety that the participants may be feeling. For example, playing brief samples of different types of

Hip-Hop music and then asking the clients to name the appropriate Hip-Hop artist may spark curiosity and enthusiasm. It also assists the practitioner in establishing a rapport with the clients.

- *Establish HHT group guidelines.* This is an opportunity for clients to become invested in their experience of HHT, as they may be asked to assist with setting rules for the group as well as consequences for breaking these rules. For example, one rule could be for one person to speak at a time. To be creative with the rule, the practitioner could bring in a toy microphone, and the person with the toy microphone would be the only one allowed to speak. When the person was finished speaking, he or she could pass it to someone else who would like to speak. Another example would be to start each client off with "Five Mics" (a term awarded to Hip-Hop artists for having exceptional Hip-Hop albums). If a rule is broken, the client gets one of his or her "Mics" taken away. At the end of the group, the clients with "Five Mics" would receive a small reward.

- *Gather materials and resources.* To effectively facilitate Hip-Hop therapy, practitioners would need a compact disc player, Hip-Hop music, copies of the lyrics, and notebooks for participant journaling. Based on the information gathered from the assessment, practitioners should gather Hip-Hop music and lyrics that embody the clients' presenting life issues or struggles. To be more creative, practitioners could also utilize Hip-Hop music videos and movies to facilitate discussion. Practitioners could either purchase the Hip-Hop music on their own, rent from their local library or video store, or ask the clients to bring in their music. Practitioners can search for lyrics on the Internet on sites such as www.azlyrics.com or www.lyrics.com. It may be worthwhile for practitioners to establish their own library of Hip-Hop music and culture because clients may vary in what types of Hip-Hop they do and do not like.

- *Preparation.* Before each session, practitioners should listen to and study the Hip-Hop music and lyrics so that they may become familiar with Hip-Hop, the artist's message in the music, and the relevant life issues that are particularly salient to their clients' lives.

- *Establish HHT learning objectives.* It is important for practitioners, based on the data obtained during the assessment, to highlight what groups can expect to learn and get out of the HHT experience. During this process it is important for practitioners to be aware of group dynamics and facilitate the stages of group development.

- *Goal setting.* Setting realistic goals allows clients to have something to work toward in HHT. The practitioner can work closely with clients to set goals that will facilitate change and progress in the necessary areas.

- *Journal writing.* Since many clients vary in their ability to discuss and disclose information about themselves, the journal-writing component is an optional application of HHT that allows clients to share their thoughts, reactions, and any self-identified meanings. This component also allows for self-expression of feelings and emotions in a non-threatening way. Practitioners collect the journals at the end of each session and therapeutically respond to the clients' disclosures, questions, concerns, and comments. The content in the journals and the practitioners' responses provide material for the next HHT session. Practitioners can also be creative and ask clients to write their own raps or poems in their journals. This form of self-expression is useful in allowing the clients to disclose difficult issues in the third person and move at an individual pace.

- *Discussion.* The discussion of Hip-Hop music and its lyrics with clients who enjoy Hip-Hop breaks down resistance. Practitioners may be witness to attitudes, emotions, and behaviors that might not have been accessible in traditional approaches to therapy. HHT also creates an opportunity for clients to share their own stories as they relate to the content of the music. Practitioners are thus first able to explore the clients' attitudes, behaviors, values, and beliefs and then respond with appropriate interventions.

- *Intervention.* The intervention component attempts to facilitate attitudinal and behavioral change by encouraging clients to learn about themselves, deconstructing negative behaviors, and introducing positive and healthy behaviors. Practitioners should also implement behavioral techniques such as exposure and modeling. Additionally, this is an opportunity for practitioners to be supportive, validating, and affirming of clients – core qualities necessary for establishing a therapeutic alliance.

- *Facilitating a closing round activity.* At the end of each session, a closing round activity allows clients to summarize what they have learned or experienced in the group as well as to comment on the overall HHT process.

## Table 1. Sample of Hip Hop Song List

| Hip Hop Artist | Album | Song Title | Relevant Experience, Issue, or Struggle In Music |
|---|---|---|---|
| Kanye West featuring Syleena Johnson | College Drop Out (2004) | "All Falls Down" | Insecurity, trying to fit in with peers and family, materialism |
| D12 | D12 World (2004) | "How Come" | Conflict with friends |
| Jay Z | Black Album (2004) | "99 Problems" | Problems with friends, police, money, family, and girlfriend |
| AKON | Trouble (2004) | "Locked Up" | Being incarcerated, away from family, changing life around |
| Tupac featuring Notorious B.I.G. | Resurrection (Soundtrack) (2004) | "Runnin' (Dying to Live)" | Product of environment, violence, trying to change negative behavior |
| 50 Cent | Get Rich or Die Tryin' (2003) | "Many Men" | Violent conflict with others, gang/street violence, thinking about death, faith in God |
| Mary J. Blige | No More Drama (2001) | "No More Drama" | Letting go of pain, moving forward in life, being happy |

Source: http://www.azlyrics.com

When practicing HHT, it is important that only components of Hip-Hop music and culture that clients understand, like, and find relevant are used. The music functions more as a point of reference for clients' life experiences and may assist in engaging them into therapy and its processes because of its extant influence on youth. These components will assist in identifying and processing negative themes within Hip-Hop music and culture, helping the clients deconstruct those themes as they relate to the clients and their environments, and focusing on constructing positive themes that will assist clients in making appropriate decisions and managing positive attitudes and behaviors.

## Case Scenario:

LW was a 17-year-old African American female in the 11th grade who was referred to the 10-week Hip-Hop therapy group at her school by her principal for constant disruptive behavior in and outside of her classes. On her first day of attendance in the group LW stated that she did not want to participate. Based on the feedback from the participants' intake assessments, the group topics were centered on family conflict, lifestyles, role models, relationships, and at-risk behaviors such as substance abuse, unprotected sex, and involvement with gangs. During LW's intake assessment, she disclosed life issues that included all of the stated topics. During the group a number of LW's favorite Hip-Hop artists and songs were used to facilitate discussion, and in the "family conflict" session LW reacted intensely to Hip-Hop artist Jay Z's "99 Problems" song. LW was able to relate to the line "if you having girl problems I feel bad for you son, I got 99 problems but a girl ain't one" in the song. LW liked to change the lyric to "if you having boy problems I feel bad for you son, I have 99 problems, and my mother is the main one." When asked about the conflict with her mother, LW would disclose very little. Continuous reference to the "99 Problems" allowed the whole group to relate and discuss their own problems. As a result of the other participants' disclosures, LW eventually revealed that she had been sexually abused at age 12 by one of her mother's boyfriends. The conflict between LW and her mother began when LW disclosed the sexual abuse. LW stated that her mother responded negatively and that she did not believe her, which had been causing tremendous strain on their relationship.

## Clinical Summary

The initial concern was LW's attitude and behavior. After LW's disclosure of sexual abuse the focus shifted to her symptoms of insomnia, poor concentration, and low self-esteem. It was also crucial to ensure that LW was comfortable with discussing the abuse in front of the group and that the group was comfortable as well. LW had no problem being honest and forthcoming, and her disclosure led to further discussions about how she felt about people in her life and the purpose they served. Significant time was spent addressing and validating LW's senses of self and self-worth. After several weeks of journaling, group discussions, and discussing the struggles of others, LW felt reassured knowing that she was not alone and comfortable moving forward. Her newly constructed view of the world helped her to cope with both the abuse and her mother's reaction to it. LW also began to make positive changes in her attitude and behavior, which was reflected in her listening to more Hip-Hop songs that focused on love and happiness. For example, when referencing Mary J. Blige's song "No More Drama" and its lyrics, *"Oooh, it feels so good when you let go of all the drama in your life, now you're free from all the pain, free from all the game, free from all the stress,"* LW was able to relate and realized that it took more energy to be angry and to hold a grudge than to let go of the pain. With LW's permission, her mother was called in to discuss what LW disclosed, and a referral was made for both individual and family therapy. LW stated that she felt relieved and was glad that she participated in the Hip-Hop Therapy group. The Hip-Hop music used in the group sessions allowed LW to express herself and experience an emotional catharsis that might not have occurred had another therapeutic format been employed.

## Implications for Social Work Practice

Hip-Hop music and culture has many critics who allege that the genre is materialistic, misogynistic, violent, and sexist. Therefore, caution must at times be used before implementing HHT, particularly when dealing with parents, educators, and even other clinical practitioners who may not be aware that many of today's youth are already familiar with Hip-Hop and its prevalent themes. These individuals may need to be convinced that because youth are familiar with the at-times negative messages of Hip-Hop, challenging the perpetuation of these messages may be best accomplished by directly examining them under a therapeutically infused lens.

Practitioners and critics also need to be aware that many of those who enjoy Hip-Hop music and culture do not equate the questionable lyrics to themselves. There is a high level of reality contained within Hip-Hop lyrics, but they are often simplistically viewed as a source of entertainment, humorous jargon, and/or social parody. Asking youth to relate their own lives to the messages conveyed by Hip-Hop encourages them to become critical thinkers, a skill that may be carried out of the therapeutic setting and applied to multiple facets of their lives. Exploring the questionable lyrics as they possibly relate to a client's real-life issues, struggles, and themes could also prove to be vital in creating a therapeutic alliance. It creates an opportunity for practitioners to adopt the clients' perspectives. Also, examining lyrics that are relative to the clients' realities allows practitioners to explore the validity of the clients' values, beliefs, and traditions. Aligning with clients and exploring their lives using a tool (Hip-Hop) already present in clients' lives affords practitioners an opportunity to reshape negative aspects of their lives into positive aspects that will help them to create healthy behaviors, lifestyles, and choices, thereby enhancing their overall well-being and quality of life.

In conclusion, HHT is a creative approach to treatment with high-risk youth. It encourages practitioners to formulate a culturally competent and sensitive practice as well as establish and maintain a therapeutic relationship. Tyson (2003) suggests that if there were more therapeutic interventions inclusive of youth culture, there would be less oppositional interaction amongst youthful clients and practitioners. In his research, Tyson (2003) postulates that by not using HHT, practitioners could be missing out on a critical opportunity to impact youth. Furthermore, if practitioners can grow to appreciate, tolerate, and respect the youth clients' music and culture, then perhaps the therapeutic relationship would become less oppositional and treatment more effective.

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# Are All Men the Same?
# An Examination of Homosexual and Heterosexual Male Personal Ads

by Blake Witter, Stephanie Bunting, Rachel H. Katz and Nina Mannertorp

## Abstract

*Interest in interpersonal relationships is one of the cornerstones of social work. By developing knowledge of what characteristics are offered and sought by homosexual and heterosexual men, social workers will be able to better understand the mindset of each group and their respective approaches to relationships. This study examined two hundred personal advertisements (fifty homosexual and fifty heterosexual personal ads on two different internet dating sites). The researchers then coded every fifth ad based on the following characteristics: age, ethnicity, education, employment, body type, income, religion, disclosed attractiveness, expressive traits, sincerity traits and sexual references. Significant differences were found between the two groups regarding their demographic information, as well as the personality characteristics the respondents were seeking in a partner and were offering through a description of themselves in their advertisements. Heterosexual men were more likely to offer and seek sincerity in a relationship as well as prefer an attractive partner. In contrast, homosexual males were more likely to include sexual references in reference to themselves in their ads.*

## Introduction

All clinicians encounter clients seeking to understand their romantic relationships; thus, this is an area to which social workers need to be particularly attuned. By examining the various differences between sexual orientation in men and the traits they desire in mates, clinicians can therefore better understand the factors that drive males towards romantic relationships. This knowledge can subsequently have important clinical applications in the social worker's ability to assess and "start where the client is." While information is readily available on the homosexual community, it is infrequently discussed as a part of social work curricula. As social workers, it is essential to fill this void in order to better educate the community and to understand this diverse client group. For this purpose, a study was designed to examine the attributes that homosexual males value in both themselves and in potential mates in comparison to characteristics valued by heterosexual men.

In order to gain access to this type of information, personal ads were studied and coded. Personal advertisements provided the opportunity to assess individual advertisers in a noninvasive and unbiased way. Not only was additional personal information unknown about the advertiser, but the advertiser had placed the ad without any consideration of the possibility that it would be used for research. This avoided any opportunity for subject reactivity. In lieu of printed advertisements (which are becoming more scarce) and taking advantage of technological advancements, the researchers examined personal advertisements that were placed on two different internet sources.

## Literature Review

### History of Personal Ads

The first gay personal ads were published in Los Angeles, California in the mid 1960's (Harris, 1997). The tradition of cruising for "pen pals" through ads became well established because it offered a relatively safe method of communication for those not prepared to "out" themselves to the greater community. These early authors of personal ads did not have the luxury of being as selective as modern advertisers. These men were more indiscriminate about the sort of man they were seeking (Harris, 1997).

Harris noted that in the early 1970's, a new characteristic emerged in gay personal ads. Gay men began to be more expressive in their ads (Harris, 1997). They were looking to custom order an ideal partner, rather than placing the more generic, less expressive ads of the previous decade. A shift was noted in the types of relationships sought in ads. They evolved from "friend" in the 1960's to "lover" in the 1970's as gay relationships assimilated into mainstream society, becoming more and more accepted (Harris, 1997).

### Theories of Sexual Development

Howard, Blumstein and Schwartz (1987) examined evolutionary theory to better understand mate preferences, both in heterosexuals and homosexuals. Evolutionary theories claim that heterosexual men prefer attractive, healthy women because of their reproductive capacity and that heterosexual women prefer secure men who will be financially capable of

providing for their children. Acknowledging the heterosexist bias of this theory, Howard, Blumstein and Schwartz (1987) commented that although homosexual couples may not consciously consider procreation when choosing a mate, evolutionary drives should be consistent across sexual orientation. These findings suggested that gay men should prefer attractive gay men and lesbians desire secure women. This application of heterosexual theories to homosexual men is an all too common occurrence. Given that heterosexuality is the status quo, minimal attention is given to homosexual relationships and the unique traits that characterize them.

Daryl Bem (1996) attempted to transcend available sexuality theories and offered a more gay-friendly developmental theory to examine the origin of same-sex desire. By examining the origins of homosexuality, Bem provided an explanation for the types of characteristics sought by homosexual men. He claimed that children begin to derive pleasure or feel more comfortable participating in either sex-typical or sex-atypical activities. They also begin to associate with those who are like them. Most adult homosexuals report having felt more comfortable participating in female typical activities, thus serving to differentiate themselves from other boys very early in their childhood. This exoticness of sex-typical boys is initially expressed as autonomic arousal in children and develops into erotic or romantic attraction in adulthood. Bem's ideas are more commonly referred to as "exotic equals erotic". This observation of exotically preferred traits can be seen on multiple planes. As adults, homosexual men who preferred participating in female typical activities have been noted to prefer other men who participate in more male typical behaviors, such as weight training and professional careers. More intrinsically, the identification of feeling more feminine intensifies the level of attraction to the male form in general, with which the homosexual male may not have identified in childhood (Bem, 1996).

### Known Factors in Mate Selection

Personal advertisements have been used to better understand the basis of same-sex attraction. Bailey, Kim, Hills, and Linsenmeier (1997) examined personal advertisements in a multiple-part study in order to learn if gay men and lesbians desired romantic partners who exhibited sex-typical (meaning traits that are characteristic for that gender, e.g. masculine gay males or feminine lesbians) or sex-atypical traits (e.g., feminine males and masculine

females). Traits were examined via multiple comparisons across groups. In one such comparison, they studied personal advertisements in gay and lesbian publications, and in another, looked at heterosexual advertisements to have a basis for comparison.

Upon exploring the homosexual advertisements, Bailey et al. (1997) found that gay men both described themselves and their ideal partners using masculine terms. Those males that described themselves as feminine did not show a clear preference for either a more masculine or feminine partner. This study implies that gay men prefer partners who exhibit more sex-typical traits.

In the second portion of the Bailey et al. (1997) study, the authors examined heterosexual responses in order to compare them with the results from the homosexual sample. Again, they were looking to see whether heterosexual males and females mentioned a preference in their advertisements for a masculine or feminine partner. Compared with the males in the first study, the heterosexual males were less likely to describe themselves as masculine. The authors attributed this outcome to the societal assumption that a heterosexual male is by definition masculine and that a heterosexual female, in turn, will always be feminine. Both studies showed that both populations preferred partners who were sex-typical.

Sprecher, Sullivan and Hatfield (1994) looked at gender differences in mate selection preferences. Their sample was nationally representative and consisted of single adults who assessed twelve attributes, eight of which were related to physical attractiveness, youth, and earning potential. The findings of their study indicated that there were in fact gender differences in mate selection. In addition, it was noted that men were more willing than women to marry someone younger by five years, someone who was not likely to hold a steady job, who had earned less, and who had less education. Women were found to be more willing to marry someone who was not attractive, older by five years, earned more than they did, and had more education.

In addition, Sprecher et al. (1994) noted that race and age did not impact mate preference between genders. However, different socioeconomic groups did vary slightly in the degree of gender differences for several of the preferences. It was found that White men were more willing than Black men to marry a mate who did not hold a steady job, and that both White and Black women were less willing to marry a man who did not have consistent employment. Moreover, White women noted more frequently than did Black women that it was necessary for a man to

have a steady job before marriage was considered.

Whether or not age impacts mate selection has been a common subject in the analysis of the qualities sought in a partner for a romantic relationship. Kenrick, Keefe, Bryan, Barr, and Brown (1995) have investigated this by studying homosexual and heterosexual personal advertisements and making comparisons between the two groups. They observed that individuals choose the age of a mate based on their reproductive potential, which is consistent with evolutionary theory (Kenrick et al., 1995).

Another thought is that hormones play a contributing role. Kenrick and colleagues (1995) looked at research done by Bailey et al. (1994) who found that sexuality did not influence mate preferences. This means that there were more common mate characteristics between homosexual and heterosexual men than with heterosexual males and females, or homosexual males and females.

The Kenrick et al. (1995) sample included heterosexuals and homosexuals who placed personal advertisements in one of five publications. In order to be included in this sample, the advertisements had to include the preferred sex in a partner, the advertiser's age and the age range for which they were looking in a mate. The authors found that both heterosexual and homosexual males preferred younger partners as they age. The sampled males who were younger preferred mates who were a few years older. Females were found to desire older partners at any stage of their lives. These findings contradict the belief that homosexuals choose their mates in the opposite fashion of heterosexuals.

Taking this study a step further, Rassmussen et al. (1998) found that the age of the individual being sought does not change. This means that regardless of the aging of the individual seeking a partner, he or she is always looking for a person of a specific age. For example, a man in his thirties who seeks a twenty-five year old woman will still seek a twenty-five year old woman when he is in his fifties.

The authors of the present study focused this research on a sample of men from the metro-Chicago area to determine the differences, if any existed, in the characteristics most valued by heterosexual and homosexual males. By examining personal advertisements and coding for age, ethnicity, education, employment, body type, income, religion, attractiveness, expressive traits, sincerity traits and sexual references, the researchers posited that a better understanding could be gained of the most common and valued attributes from each of the aforementioned communities.

## Methodology

### Design

In order to obtain the desired information, the researchers examined personal advertisements from two internet dating sites. This naturalistic research design was non-experimental and did not manipulate any variables or have a control group. This research did not require the administration of a pre-test or post-test because no intervention was being introduced. In addition, this study was an exploratory, quantitative study for the purpose of obtaining a better understanding of the characteristics sought by heterosexual and homosexual males in romantic partner selection. Causality was not tested, and therefore internal validity is not a direct concern.

There are, however, limitations to the study. The internet sites chosen by the researchers allowed participants to select from pre-made sets of attributes when indicating their preferences in a mate. Not only does this diminish the level of autonomy of the participants, the individuals placing the ads may only identify with one of the attributes in three or four that have been grouped together. Furthermore, advertisers may have also included information on the site that they may not otherwise have deemed important enough to include in their search for a partner. Additionally, the online aspect of the ads allowed advertisers to mention or select as many attributes as desired. This reduced the opportunity to assess the relative weight of attributes mentioned in relation to newspaper ads that mandate brevity. A caveat of this study was that the findings could only be generalized to heterosexual and homosexual men who placed personal advertisements in the metro-Chicago area. A final limitation is the possibility that individuals writing the personal advertisements may not be representative of the general population. Therefore, sexual orientation is only one of many variables that could impact trait preferences between these two groups.

### Sampling/Subjects

The authors utilized personal advertisements posted by homosexual and heterosexual men on the free internet sites Yahoo and American Singles. Ads written by men aged 20-50 were examined to ensure that several generations of men were included within the study. According to the principle of random sampling, every fifth ad for both sexual orientations was coded until fifty ads representing each groups was collected from each site. This provided a total of two hundred advertisements. Selecting ads randomly eliminated the potential for bias in ad selection.

## Variables

The main variable in this study was sexual orientation. The researchers looked at the differences in characteristics sought and offered by both hetero- and homosexual men. Other variables included were attractiveness (physical characteristics such as height and weight, as well as descriptive terms such as handsome, athletic, muscular etc.), occupation/salary (direct references to occupation and salary range, as well as descriptive terms such as professional, accomplished etc.), expressive traits (characteristics such as emotional, nurturing, sensitive), sincerity (references that include faithful, monogamous or commitment-minded), and sexual references (any reference to explicit sexual acts such as top/bottom, cuddling, kissing etc.). The authors also coded for covariates such as educational level, age, race and religion as these attributes were available (Gonzales & Meyers, 1993). Please see Appendix B for a comprehensive list of coded terms utilized in this study.

## Procedures

Data was collected by coding the aforementioned variables in every fifth personal advertisement posted on the websites Yahoo and American Singles. Ads were selected from males seeking females aged 20-50 and males seeking males aged 20-50. Additionally, ads were selected from a population of men who lived within fifty miles of the metro-Chicago area. Every fifth ad was then printed and analyzed using a coding sheet that elicited information on all of the variables sought and offered by each advertiser. The following variables were also measured for frequency: disclosed or requested attractiveness, expressive traits, sincerity, and sexual characteristics. This was done in order to ascertain the relative weight, or value of a given characteristic to each population.

In order to establish interrater reliability the authors collectively comprised a master list of characteristics for the group's use that was utilized in the count of traits attractiveness, expressive traits, sincerity traits and sexual references (see Appendix B for complete list). Furthermore, all data sets were recalculated by another rater to ensure all characteristics had been included. That is, all cases were coded twice, each time by a different rater. Any discrepancies were noted and discussed before making a final tabulation. All variables were then assigned a numerical value when entering data for statistical analysis. Numerical values were also assigned to code for ethnicity, level of education, employment status, body type, income, and religion. (See Appendix A for a detailed coding sheet).

## Data Analysis

The raters examined the frequency of responses from each category and found that there was an uneven distribution of responses. As a result, the decision was made to combine some categories in order to accentuate variations. The variables to which this applied included education, employment, body type, and income. The variable of education was grouped such that people with a high school education or some college were compared to individuals reporting a college degree or higher. For employment, those reporting a professional career were compared to all others. The variable of body type was combined to create a grouping for the responses of slim, athletic, and average, in comparison to respondents who indicated they were overweight. Income was divided into two categories: those who disclosed income and those who did not. In addition, the authors recoded the offered and sought sexual references and the sincere references to indicate those who cited these traits versus those who did not. This was done in response to the small number of the aforementioned traits offered and sought in the advertisements. Even distributions were found for the variables of religion and ethnicity, as well as expressive traits.

## Results

In examining the demographics of this sample, several significant findings were discovered. In terms of age, homosexual respondents were likely to be 4.1 years younger than heterosexual respondents, $t(198) = 4.074$, $p = .000$. The mean ages for homosexuals and heterosexuals were 30.09 and 34.07 respectively. The relationship between ethnicity and sexual orientation was also significant, $\chi^2(4) = 11.2$, $p = .025$. The heterosexual respondents were more likely to be white (72% vs. 54%). Homosexual respondents were more likely to be black (18% vs. 10%), as well as Hispanic/Latino (12% vs. 3%). A significant difference was not found between groups for educational level. Homosexuals with high school and some college represented 44.9 % and heterosexuals 48%. Homosexuals with a college degree or higher represented 55.1% of the sample and heterosexuals represented 52%. A significant difference was found between groups for the variable of employment, $\chi^2(3) = 18.8$, $p = .000$. Homosexual respondents were more likely to report that they were professionals (67.7% vs. 57.1%), while heterosexual respondents were more likely to be in a technical/trade occupation (26.5% vs. 5.1%).

An additional significant difference was found between the groups in terms of body type, $\chi^2(3) = 20.2$, $p = .000$, although most respondents reported themselves as being anything (fit, slim, or average) other than overweight. Most heterosexual respondents reported being athletic/fit (61% vs. 31.6%), while most homosexual respondents reported being average (37.8% vs. 17%). Concerning the willingness to disclose income, there was a significant difference between groups, $\chi^2(1) = 5.8$, $p = .016$. More heterosexual respondents disclosed information about their income (57% vs. 40%). Finally, there was also a significant difference between groups in regards to religion, $\chi^2(7) = 20.1$, $p = .005$. Heterosexual respondents were more likely to be Catholic (31% vs. 23%) and Jewish (7% vs. 0%). Homosexual advertisers were more likely to report their religion as other (35% vs. 28%), and agnostic (8% vs. 2%).

In reference to the characteristics described in this sample regarding offered and sought traits discussed in the advertisements, differences were found between groups regarding offering sincerity, $\chi^2(1) = 25.8$, $p = .000$. Heterosexual respondents were more likely to describe themselves as sincere (51 vs. 17%). Additionally, significant differences were found between groups in the self-disclosure of sexual traits, $\chi^2(1) = 32.6$, $p = .000$. Homosexual respondents were more likely to include sexual references in their advertisements (94% vs. 60%). However, significant differences were not found between groups in regards to self-description of attractiveness and expressive traits.

In the examination of desired partner traits, significant differences were found between the groups in terms of the desire for an attractive partner, $\chi^2(1) = 5.1$, $p = .024$. Heterosexual respondents were more likely to look for an attractive partner (58% vs. 42%). Furthermore, there was a significant difference in regards to sought sincerity, $\chi^2(1) = 5.1$, $p = .024$. Heterosexual men were more likely to be looking for a sincere partner (40% vs. 25%). Conversely, significant differences were not found between groups for the inclusion of sexual references and expressive traits sought in a partner.

## Discussion

Through this study a great deal was learned about the differences between homosexual and heterosexual men in terms of the characteristics they are willing to disclose about themselves, in addition to the characteristics they desire in a partner. Demographics aside, heterosexuals were more likely to describe

themselves as sincere in their relationships as well as seeking partners who were attractive and sincere in return. This corresponds to the previously discussed evolutionary theory in terms of the desire for attractive partners. Their references to sincerity could be attributed to the greater likelihood of seeking a long-term relationship in an effort to procreate. However, limitations were also found in this study. The most important limitation is that the results found can only be generalized to a specific population, namely, men who place online personal advertisements in the metro-Chicago area.

Homosexual men were more likely to reference sex in their self-description. This may be an indication of the changing times and a greater societal acceptance of homosexuality. This supports Harris' (1997) theory that homosexuals today are more comfortable in describing themselves in a sexual manner. It could potentially be inferred that sexual attraction and sexual prowess are more important factors in mate selection for gay men than heterosexual men. With the knowledge that sex and intimacy are essential parts of any relationship regardless of sexual orientation, further examination of the societal impact on the discussion of sex is necessary to better understand the implications of these findings.

## Applications for Social Work Practice

It is important to consider the issues that homosexual men would bring to therapeutic settings. Society has always treated this population as the "other." Not long ago, homosexuality was classified as a mental illness in the Diagnostic and Statistical Manual (DSM-II, 1968). Homosexual men have many of the same issues as the general population, but their issues are compounded by the complications of internalized homophobia, guilt from their family of origin or religious institutions and the self-alienation that can result from these issues (Brandell, 1997). For these reasons, it is essential that clinicians are empathic to the problems as presented by the client and are understanding of the characteristics valued both in themselves and a partner in order to further strengthen the therapeutic alliance.

It is imperative that clinicians be aware of the preferences by homosexual males for qualities and traits, both within themselves and their partners, in order to adequately address their relationship needs. The knowledge gained through this study allows clinicians to be more understanding of issues in the homosexual community.

So, *are* all men really the same? It appears that there are some distinctions to be made. With respect to sexual orientation, men have demonstrated that they are a dynamic gender. Given that the homosexual population is coming more to the forefront, it is imperative that this population be given the same opportunity for quality treatment. This can best be accomplished by working with a culturally competent clinician who is well versed with the interpersonal issues of homosexual men.

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## Appendix A
Coding Values

**Ethnicity**
1. White
2. African American
3. Asian
4. Hispanic/Latino
5. Other

**Religion**
1. Catholic
2. Agnostic/none
3. Christian
4. Baptist
5. Lutheran
6. Protestant
7. Jewish
8. Other

**Education**
1. High school
2. Some college
3. College degree
4. Post graduate degree

**Employment**
1. Professional
2. Technical/trade
3. Student
4. Other
5. Unemployed

**Body Type**
1. Slim
2. Athletic
3. Average
4. Overweight

**Income**
1. Undisclosed
2. $15,000-25,000
3. $26,000-50,000
4. $51,000-100,000
5. $101,000+

## Appendix B
Coded Terms

**Attractiveness Traits**
Stocky, slim, healthy, large/broad build, average/medium build, "a few extra pounds," athletic, fit, muscular, lean, slender, proportional, attractive, good-looking cute, buxom, curvy, pretty

**Expressive Traits**
Emotional, sensitive, unique, easy going, well-balanced, adventurous, wild, spontaneous, practical, compulsive, flexible, open-minded, friendly, kind, high-energy, humorous, witty, intellectual, low-maintenance, self-confident, talkative, outgoing

**Sincere Traits**
Faithful, monogamous, commitment-minded, honest, truthful, good-heart, serious, responsible, family-oriented, "not playing the field"

**Sexual References**
Sensual, flirtatious, playful, sexy, horny, romantic, hung, hot, cuddly, "big equipment"

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# Authenticity, Mutuality, Self-Disclosure, and the Creation of Meaning: A Shift in Models of Therapeutic Action

## by Jessica L. Goodwin

## Abstract

*The shift in models of therapeutic action follows the evolution of psychoanalytic theory and changes in society and values. This paper reviews three models of therapeutic action as conceptualized by Donnel Stern. After a discussion of the historical context, major theorists, and primary features of each model, the social model of therapeutic action is presented and explored in depth. The work of Donnel Stern and Irwin Hoffman guide much of the discussion presented throughout the article. The second half of the piece is dedicated to contrasting the developmental model and the social model, the latter representing a shift toward a two-person psychology featuring the constructivist ideals of authenticity and mutuality. In many ways, the field of social work has been ahead of its time with its view of clinical treatment as a democratic process focusing on the importance of the environment and the value it places on client self-determination. Implications of the social model for clinical social work practice are provided.*

## Three Shifts in Models of Therapeutic Action

The study of the human mind, particularly as embodied in psychoanalytic theory, is a relatively new discipline. Until the late 1800s mental pathology was neither formally understood nor investigated, and the term "mental health" did not yet exist. Throughout the twentieth century, psychoanalytic theory expanded dramatically, giving theorists and clinicians numerous options for understanding the human psyche and human behavior. Consequently, the repertoire of clinical tools and choices in therapeutic action available for use by therapists has also widened. The evolution of psychoanalytic theory and practice can be summarized in a discussion of three major shifts in models of therapeutic action, as articulated by Donnel Stern. While each model has offered something new and valuable to the practicing clinician, earlier theories are far from absent in clinical work today. "Each set of values [in the three models] have been especially influential during a particular era. As successive models of change have arisen, earlier models have not disappeared, only lost some of their influence, so that today there are adherents of all three" (Stern, 1996, p. 267). The discussion presented here will begin with a brief overview of the three shifts in models of therapeutic action. Understanding the historical context and general principles of each model is necessary for a thorough exploration of current values and practice.

### The Interpretive Model

In the early part of the twentieth century, Europeans and Americans viewed the rest of the world's culture as primitive and in need of Western religion, morals, and industrialization. The ontology of the western world assumed individuals were self-contained units and that, in any situation, there existed a single, knowable truth. From a European and American perspective, the West was in possession of that truth. It was within this historical context that the study of mind and human behavior was born, forming "the pad from which psychoanalysis was launched" (Stern, 1996, p. 267). The *education* of the third world peoples can be compared to the analyst's *provision of insight* to the analysand in the interpretive model in which a benevolent authority attempts to impress truth on those who seem not to know it (Stern, p. 268). Early analysts held that "because reality was self-evident, any evidence of selection in one's picture of reality was also evidence of psychopathology…. For analysts, reality was a given; it was simply and solely what they believed it to be" (Stern, p. 269).

The most influential theorist in the interpretive model was Sigmund Freud. Freud was born at the height of the Victorian era, when Vienna was rampant with anti-Semitism and there existed a facade of control and repression of sexuality within a largely Catholic culture. He came to believe repressed sexuality and aggression were central forces in human and national development (Berzoff, Flanagan, and Hertz, 1996). To treat neurosis and hysteria, Freud used the *talking cure* or his patient's free association to discover and interpret aggressive and sexual conflict, eventually conceiving of a structural model (id, ego, superego) from which that conflict stemmed. Anna Freud later expanded her father's understanding of the structural system of the ego and began to illustrate its unconscious defenses while maintaining the clinical goal of psychoanalysis: to release trapped, unconscious energies to increase healthy mature ego

functioning (Mitchell and Black, 1995). Heinz Hartman contributed to the theory of ego psychology with the argument that a baby is born with built-in ego capacities which awaited proper "average expectable environmental conditions" to spark their growth (Mitchell and Black, pp. 36–37). Hartmann's theory of the ego's autonomous functioning shifted psychoanalytic theory and clinical practice to the exploration of the adaptive abilities of humans. Although Hartmann maintained the traditional tenets of the interpretive model with regard to therapeutic action, he opened the door for future theorists to investigate the developmental sequence of infancy and childhood as related to environmental factors.

Historically, the primary features of therapeutic action in the interpretive model were the therapist's power, authority, complete neutrality and use of interpretation. The analyst "mastered a technique that was supposed to make it possible to exert less direct influence on the shape of the patient's experience than other people do; he subtracts himself from the social equation" (Stern, 1996, p. 269). He maintained a position of neutrality so the transference would be protected from contamination and the analyst could accurately interpret the interaction as a function of the patient's psyche. Essentially, the goal of such neutrality was to interpret "the truth" or "reality" underlying the client's transference. Today, even conservative analysts do not believe they are in the position to define reality for their patients, nor would they want to exert such influence. Rather, interpretation of transference material ideally enables the client to acknowledge his or her own internal world (Stern, p. 270). Yet, analysts continue to judge whether the patient's psychoanalytically relevant knowledge and understanding correspond to predetermined criteria.

## The Developmental Model

According to Stern (1996), "The twentieth century is often described as the era of the self…. because it has drawn attention to the legitimacy of individual misery" (p. 272). In the 1940s and 50s, the focus on the individual self and the alleviation of its suffering became important in both psychoanalysis and the surrounding culture. At that time, a growing interest in psychological development was evidenced in the psychoanalytic literature of the years after WWII. "After the senselessness and brutality of the war years, people longed to immerse themselves in family matters…A reaction formation rooted in perfect nurturance and rational authority was the order of the day in America" (Stern, p. 274). The study of how the self was formed and influenced during development became the focus of psychoanalytic theory. The goal of therapeutic action shifted to the exploration of deficiencies in the development of the self and the growth enhancing potential of the therapeutic relationship.

While a number of theories were born during the middle of the twentieth century, object relations theories and theories of the self were among the most prominent. The self was regarded as the core of personality, with its own developmental sequence. Many psychoanalysts took to the perspective that if development were not disrupted during the early years, the individual would naturally develop psychological health. Psychopathology was conceptualized not only as the result of conflict, "but also as the outcome of deprivations and derailments, especially social in nature… suffered in the course of development" (Stern, 1996, p. 269). Through the influences of object relation theorists (such as D. W. Winnicott) and self psychologists, clinical practice shifted to emulating the nurturing aspects of the parent-child bond. Winnicott's (1958) commitment to the centrality of maturation and direct environmental participation in development and in psychoanalysis is particularly well known but Loewald (1960) also viewed the parent–child relationship as a model for psychoanalysis. Heinz Kohut developed his theory of self psychology after turning away from the traditional tenets of the psychoanalytic society (Kohut, 1979). Kohut's theory greatly influenced the shift toward a developmental focus in clinical practice with his concept of a selfobject as "a person who is sufficiently responsive in just the ways parents were not" (Stern, 1996, 279). Self psychology positioned the patient's selfobject transference to the analyst at the center of therapeutic action.

Application of theory to practice in the developmental model included use of the transference relationship and empathy in fulfilling developmental relational voids. Developmental themes and current problems were directly acknowledged in theory and "there began to appear an explicit concern with tact and sensitivity and with providing the analysand with an atmosphere of emotional safety and the experience of being understood" (Stern, 1996, p. 275). The analyst was thought to have the opportunity, if the transference was properly managed, to offer the patient growth-promoting experiences in the here-and-now. "Generally speaking, the analytic situation became 'softer' and more intentionally

indulgent and nurturing" (Stern, p. 277–278). Psychoanalysis became a process of maturation that aimed to allow the patient to resume normal development through attachment to a benign parental figure who could offer a corrective emotional experience. For the first time, psychoanalytic literature acknowledged that the quality of the patient-analyst relationship was an important determinant of the treatment outcome. "In terms of therapeutic action, we can say that while the patient's *feeling* of being understood becomes more important in the developmental model, the content of that understanding remains predictable to the analyst, just as it was in the interpretive model. Theory, that is, still allows the analyst to know the truth" (Stern, p. 277). Despite a novel approach, the developmental model accommodated pre-existing psychoanalytic theory without challenging its central tenets.

## The Social Model of Mutual Influence

Though it would not have been articulated as such at the time, the beginnings of the social model sprang forth during the reconceptualizations of countertransference that arose in the early 1950s in England, South America, and the United States (Stern, 1996). Interest in countertransference grew in the 1960s, and by the 1970s and 1980s the belief that it contained important information was common. The postmodern group essentially amended the "modern" ideas of self psychology, which seemed as outdated to this group of analysts as classical drive theory and ego psychology were to Kohut only a few decades earlier. Irwin Hoffman articulated the shift to a social model in 1983, dubbing those who accepted social reciprocity as "radical critics of the blank screen model" (Stern, 1996, p. 281). He believed that he was proposing a paradigm shift analogous to the developmental model's departure from the emphasis on drives, defenses, and conflict to an emphasis on development and integration of the self. He delineated this position as either a "social-constructivist view" or a "dialectical-constructivist view," both of which emphasize how the personal participation of the analyst strongly and continually affects and shapes both his and the patient's experience.

Influential theories within the social model fall under a postmodern or contemporary umbrella. "Collectively, a broad movement seems to be emerging in psychoanalysis with contributions from various schools under various headings: intersubjectivity, relational-conflict theory, constructivism, feminist critical theory. This overarching movement…

seems to be running parallel to related developments in other fields under the broad banner of 'postmodern thought'" (Hoffman, 1998, p. xiii). Sullivan, although generally not considered to be a postmodern theorist, held that the analyst had no choice but to be a real person in the treatment situation and in the patient's experience and that absolute neutrality and an "uncontaminated" transference, therefore, made no sense. Constructivism is the predominant ideology within the postmodern paradigm of psychoanalytic theory, but theorists vary in the degree to which they conceptualize a partially independent reality versus the creation of reality by human participants. Irwin Hoffman and Donnel Stern, the theorists featured in this article, consider themselves "social constructivists" and focus on the creation of meaning or reality in the therapeutic relationship.

In applying the postmodern or constructivist theory to practice, one will find the articulation of guidelines and techniques few and far between. The mutuality, spontaneity, and authenticity of the therapeutic relationship are highly valued in the social model and the reliance on predetermined, defined techniques is opposed. "In the social model of therapeutic action, because of existence of continuous mutual influence, much of which is unconscious, …both analysts and patients are understood to be continuously embedded in certain social aspects of their own experience…. Like every other act, interpretation is part of a complex and only partially knowable interchange" (Stern, 1996, p. 282). While discussion of therapeutic action in the social model will be the focus of the remainder of the article, it should be emphasized that the reliance on the use of technique was discarded for the primacy of the genuine therapeutic relationship. Hoffman (1998) embodies this shift in his belief that the spontaneity of enactment in the therapeutic relationship may be what is curative, and can be destroyed by traditional analysis.

Despite differences between the developmental and social models in technique, language, and history, many believe that the social model simply expanded the use of the therapeutic relationship and empathy already present in the developmental model. The ideas presented here suggest that the changes within psychoanalytic theory in the past quarter century from a positivist, one-person psychology to a constructionist, two-person psychology represent a drastic shift in models of therapeutic action. The differences between these two models will be illustrated by contrasting the psychodynamic

theories of the self with the social constructivist paradigm. First, let us turn to a deeper exploration of two influential theorists in the social model of therapeutic action.

## The Social Model

An extensive history of Donnel Stern and Irwin Hoffman is neither possible nor necessary in this discussion. Like most other postmodern theorists, they studied classical psychoanalytic theory before drifting from its primary tenets due to clinical experience of limitations in the therapeutic use of any predetermined technique including interpretation, empathy, or neutrality. Though language used by each theorist differs, the stance is the same. "It is probably adherents of the social model of therapeutic action, based as it is in the idea of continuous, reciprocal, and not necessarily knowable influence between analyst and analysand, who will find it easiest to consider social constructivism" (Stern, 1996, p. 268).

### Donnel Stern

Stern's theory kept the focus on the self as the center of experience and meaning. "We are moving toward a conception of the self as manifold, as a collection of characteristic ways of dealing with the certain kinds of interpersonal situations - the self, that is, as a set of socially defined roles experienced under the single umbrella of personal being" (Stern, 1996, p. 286). According to constructivist theory, the individual self is not a lone producer of his or her own experience but a co-constructor of personal realities "with the prefix co- emphasizing an interactive interdependence with their social and physical environments" (Hoffman, 1998, p. 21). The meaning of experience defines one's reality and is constructed through interactions and relationships with others in the social world. Because meaning and reality are constructed, interpretation is insufficient as the lone therapeutic tool because the analyst has no better access to "the truth" than the patient does.

What is important in the therapeutic situation, according to Stern, is the relationship between and the mutual influence of the therapist and patient. "While the analyst is still the expert in the room, it is no longer because they know exactly how to relate or exactly what to look for in the patient's experience – or in their own. Rather they know how to look…. Disembedding themselves helps their patients to do the same" (Stern, 1996, p. 283). There is a freedom of choice for both the therapist and the patient. "The analyst's values, like countertransference and the

analyst's own history, become not merely passive objects of investigation but inexhaustible sources of meaning" (Stern, p. 266). In his critique of positivist models of therapeutic action (such as the developmental model) Stern writes, "As long as humans are understood to be self-contained units imposing the shape of life on the external world, and as long as it is conceivable for one party of a relationship to observe the other without being routinely affected or influenced by that other, therapeutic action must remain a matter of omniscient analysts imposing knowledge on benighted patients" (p. 271).

For Stern, mutual influence in the therapeutic relationship is only possible through spontaneity, which tends to include both therapeutic and non-therapeutic factors.

> So much of what is going on falls in the realm of what Donnel Stern (1983) has called "unformulated experience." The analyst is likely to be an unwitting accomplice to the patient's repetitive neurotic patterns at the same time that he may be promoting something new and healthier… This perspective on the analyst's participation encourages an element of personal spontaneity which lies outside the realm of technique and… is probably a necessary ingredient in any successful analysis. (Hoffman, 1987, pp. 212–213)

According to Stern (1989), "the spontaneous, unconsidered reactions of the analyst and patient to one another may be the sole evidence, the footprints, so to speak, of the very influences which cannot be articulated by either participant, but which most need to be known" (p. 1). This spontaneous interaction exists unconsciously until the patient or the analyst becomes able to observe the interaction and question it.

### Irwin Hoffman

Hoffman (1998) describes how, early in his career, he realized that the prevailing psychoanalytic models minimized much of what was really important, giving insufficient attention to "a place for the analyst's personal, subjective involvement, for particularly blinding emotional entanglement, for uniqueness of each interaction, for uncertainty and ambiguity, for cultural bias, for chance, for the analyst's creativity, for the moral dimensions of choice, for existential anxiety in the face of freedom and morality" (p. xiii). He emphasizes as the central role of the relationship in contributing to therapeutic action "combining technical expertise with the special quality of love and affirmation" (p. xix). Through the relationship,

the therapist participates in not just the *discovery* of the patient's psychic reality, but in the actual *construction* of it.

The analytic situation is a unique setup – a ritual, in which the analyst is invested by society and by the patient with a special kind of power, one that the analyst accepts as part of his or her role. "The idea of the analyst as one who is systematically implementing a certain treatment strategy or method detracts from the patient's sense of the analyst's interpersonal authenticity…. for those who see the quality of the relationship as at the core of therapeutic action, considerations of authenticity become implicitly, if not explicitly critical" (Hoffman, 1998, p. 5). In constructivist theory, there is an "ongoing dialect between the patient's perception of the analyst as a person like himself or herself and the patient's perception of the analyst as a person with superior knowledge, wisdom, judgment, and power" (Hoffman, p. 203). The balance between asymmetry and mutuality for any particular therapeutic relationship must emerge from an authentic kind of participation by the analyst rather than adherence to a technical formula. "To effect the patient's representation of self and other, what is necessary is that the analyst's authority be sufficiently authentic, on the one hand, and that his or her authenticity be sufficiently authoritative, on the other" (Hoffman, p. 204). The analyst's navigation of the balance of authenticity and authority is marked by a willingness to struggle with uncertainty and consider the unconscious meanings of a course of action for both patient and analyst.

Hoffman's (1998) focus on the balance between asymmetry and mutuality in the analytic situation is the essence of his thesis on dialectical constructivism, which rests on his belief that in psychoanalytic therapy, there exists "a dialect between non-interpretive and interpretive interactions" (p. xiii). The rich dialect between these two elements of interaction and the struggle to maintain a balance between them defines psychoanalysis according to Hoffman. In his writing, Hoffman (1994) defines a dialect as "a process in which each of two opposing concepts creates, informs, preserves, and negates the other, each standing in a dynamic, ever changing relationship with the other" (p. 195). Hoffman (1998) provides examples of dialectical tensions: transference and countertransference, repetition versus new experience, enactments versus verbal interpretation, analytic discipline versus personal responsiveness, and intrapsychic versus interpersonal components. "Loving, mutual relationships always entail a dialectic of use of the other as a need-satisfying object and

appreciation of the other as a separate subject. In some measure, each participant tolerates, forgives, and even caters to the narcissistic and autoerotic tendencies of the other" (p. 12).

One topic to which Hoffman gives particular attention in the analytic situation is the analyst's use of self-disclosure as a therapeutic tool. Rather than viewing patient curiosity as a forbidden transference wish, he argues that such curiosity is a healthy search for meaningful contact with the analyst. "Aspects of the analyst's identity must not only be overcome but transformed into a wellspring of therapeutic action. Such a transformation is made possible by attention to the dialect of… psychoanalytic ritual, which raises the analyst to a special level of power and authority, and… the analyst's spontaneous personal participation, which reveals him or her to be a person like the patient: merely mortal, potentially caring, creative, generous and wise, but also, just as surely, narcissistic, vulnerable, affirmation-seeking, and partially blind" (Hoffman, 1998, p. xix). The patient may come to terms with the fact that the therapist is a poor substitute for all-powerful, loving parents and with the particularities and absurdities of the psychoanalytic situation. This parallels the patient's coming to terms with such issues and disappointments in real life. "When the patient asks a direct question, there can be much honest self-disclosure, paradoxically, in the process of struggling out loud with one's conflict about answering it… However the analyst responds, such exchanges should be explored retrospectively to understand better the nature of the patient's need or wish and feelings about the analyst's response" (Hoffman, 1998, p. 148).

## Contrasting Models of Therapeutic Action

Early in this discussion, the point was made that the shift in models of therapeutic action followed changes within psychoanalytic theory in the past quarter century from a positivist, one-person psychology to a constructionist, two-person psychology. After providing an overview of the interpretive, developmental, and social models of therapeutic action and highlighting two key theorists from the social model, the discussion now turns to the specific differences in each model that represent this drastic shift.

### From a Positivist to a Constructivist Paradigm

The hallmark of the positivist or objectivist paradigm is the belief that the analyst can effectively remove him or herself from the interpersonal field, whether to formulate judgments, interpretations, empathic responses, or other interventions. While

Winnicott (1974) acknowledged the countertransference reaction of the analyst, he stated that the analyst must determine whether experiences such as "hate" in the countertransference experience are *objective* or not. Only when the countertransference is objective is it legitimate for the analyst to express it (Winnicott, p. 196). This perspective posits the analyst in the position to determine *reality* or *objectivity*. Thus, Winnicott continued to value interpretation and neutrality over authenticity. Kohut's empathic stance toward his patients also followed the positivist paradigm. He believed the essential transference "is defined by pre-analytically established internal factors in the analysand's personality structure, and the analyst's influence on the course of the analysis is therefore important insofar as he – through interpretations made on the basis of correct or incorrect empathic closures – either promotes or impedes the patient's progress on his predetermined path" (1977, p. 217). It should be noted that in the developmental model the analyst continues to be the knower of both correct empathic closures and the patient's predetermined path.

From a social constructivist viewpoint, what is missing from the positivist (or objectivist) viewpoint is the recognition that analyst's involvement and theoretical choices are often "underdetermined by the data" (Hoffman, 1998, pp. xxv–xxvi). In his discussion, Stern (1996) reflects on the major tenets of the positivist model: "Cure is contingent on the patient's acceptance of the truth about himself. The analysts must be skilled not only in knowing and telling this truth, but in identifying for the patient the complex ways in which he resists it" (p. 269). The social model of therapeutic action, with its beliefs about the constructed realities shared between the therapist and the client, clearly departs from the positivist paradigm that has dominated the field for so long.

## From a One-Person Psychology to a Two-Person Psychology

Because of its emphasis on the therapeutic stance of authority and neutrality, the developmental model – like the interpretive model – sustained the features of a one-person psychology, with influence flowing unilaterally from the therapist to the patient. According to Winnicott's (1974) description of the analytic situation, the goal of the analyst was to create a holding environment to allow the patient's "true self" to flourish. "The analyst must be prepared to bear strain without expecting the patient to know anything about what he is doing, perhaps over

a long period of time" (p. 198). Kohut believed that "analytic neutrality" should be defined as "the responsiveness to be expected, on average, from persons who have devoted their life to helping others with the aid of insights via the empathic immersion into their inner life" (1977, p. 252). Neither of these perspectives takes into consideration the influence the patient has on the analyst nor the mutual influence of both participants on the material that unfolds in the therapeutic relationship.

In contrast, the social model, with its focus on the mutual influence of the therapist and patient, is a two-person psychology. According to Stern (1996), there are infinite possibilities for the construction of meaning in each analytic moment. This implies that one can never tell for sure which elements in the relationship are coming from the analyst and which are coming from the patient, since the relationship is always open to an infinite variety of interpretations. While the developmental model is in theory a one-person psychology, some writers (such as Ghent, 1989) argue that psychoanalysis shifted from a one-person psychology in the first half of the century to the two-person psychology introduced by the relational/interpersonal model (Sullivan) and object relations theory (Winnicott). It then shifted back to a one-person psychology with the emergence of Kohut's self psychology. Given Guntrip's (1975) account of analysis with Winnicott, which will be explored in the following section, it seems that there is legitimacy to the belief that some object relations and interpersonal theorists were ahead of their time and, indeed, shifting to a two-person psychology decades before this shift was articulated. Indeed, early social workers shared in the relational techniques and values of the social model.

## From Technique to Spontaneity and Playfulness

While adherents of the developmental model may appear to deviate from the strict techniques and "blank screen" ideal of the interpretive model, this deviation is somewhat superficial. In Kohut's analytic situation, the analyst, like the adequate parent, "fails the patient slowly and incrementally, allowing the narcissistic transference to become transformed through transmuting internalizations, to a more realistic but still vital and robust, sense of self and other" (Mitchell & Black, 1995, p. 162). Interestingly, Winnicott may have been ahead of his time in his use of play and spontaneity with his patients. Guntrip (1975) said, when reflecting on his analysis with Winnicott, that psychoanalysis "is a process of interaction, a function of two variables,

the personalities of two people working together toward free, spontaneous growth" (Guntrip, p. 155). This begins to sound more like the social model than otherwise. Winnicott (1971) writes that playing is more than simply helpful, but essential to the analytic experience. "Playing has to be spontaneous and not compliant or acquiescent if psychotherapy is to be done" (p. 75). By Winnicott's account, play is the actual medium of self-discovery. However, it is much more defined by analytic technique than in social models of therapeutic action.

According to Stern and Hoffman, the essence of a two-person psychology and the social model of therapeutic action is the spontaneous nature of the therapeutic relationship. Social constructivist theorists believe that it is neither possible nor good practice to rely on pre-determined techniques such as interpretation or empathy, to *cure* patients. Besides allowing the therapist to be a *real person* in the relationship, spontaneity or playfulness allows important interactions and material to unfold that may not be initially recognized or easily communicated through an authoritative, neutral stance. "'Playfulness' emphasizes mutual experience of fun and pleasure and includes the use of humor, irony, affectionate kinds of teasing, banter, joint fantasy. It can cut through barriers of distance and communication" (Ehrenberg, 1990, p. 77). Ehrenberg advises that the clinician must carefully monitor the effects of interaction and trust one's intuitive clinical sensibility in order to be both playful and therapeutically effective. Stern (1996) mirrors this belief: "New freedom has been claimed simply by allowing into the consulting room, more of the interaction of everyday life, while maintaining an analytic attitude and a commitment to thoughtful discipline" (p. 289).

## The Use of Self-Disclosure

The spontaneous use of therapist self-disclosure is also a point of disagreement between the two models. "A variety of theorists, including Sullivan, Winnicott, and Kohut, continue to suggest that analysts can somehow manage to keep their own subjective experience from contaminating their patient's transferences. A corollary of this view is that analysts are in a position to assess accurately what they and their patients are doing and experiencing" (Hoffman, 1998, p. 143). Hoffman and Stern believe that such management of subjective experience and influence is not possible and, more importantly, not desirable as self-disclosure may actually be used to promote growth and reduce isolation while enhancing the therapeutic relationship. Hoffman (1994) states, "on the one hand, psychoanalytic discipline can be self-expressive and, on the other hand, the analyst's self-expression may reflect a complex, intuitive kind of psychoanalytic discipline" (p. 196).

## From Empathy to Authenticity

This leads to another key distinction made among social constructivist theorists between the therapeutic tools or concepts of empathy and authenticity. Kohut was the first to articulate the use of empathy in treatment and "conveys the impression that a friendly, natural responsive attitude on the part of the analyst will promote the unfolding of the transference, whether classical or narcissistic, without specific reference to other aspects of the analyst's personality" (Hoffman, 1998, p. 111). In the analytic situation, the analyst as a real person is limited to his or her use of empathy to facilitate the selfobject tie that the patient's development requires. Kohut (1984) articulated the three essential selfobject transferences - mirroring, idealizing, and twinship - that the analyst must fulfill through his use of empathy. The sequential uses of empathy, minor failures in empathy, and the rectification of such failures promote "transmuting internalizations" that serve to repair ruptures to development of the self (Kohut, 1977).

Social constructivists advocate for a far more full and authentic use of the analyst's personality. Hoffman (1998) is consistent throughout his book in his rejection of all theories and techniques when they are utilized automatically. He does not reject Kohut's concept of empathy, but rather accords it the same status as self-disclosure and a variety of other analytic tools. "If we are there as empathic selfobjects (Kohut), or as responders to spontaneous gestures of our patients' germinal or half-buried true selves (Winnicott), then we ourselves, as people with our own individual dispositions and values, can disappear just as effectively as we could behind a mantle of scientific objectivity in the classical model" (Hoffman, p. 85). The analyst cannot rely on taking any particular attitude toward the patient. He further articulates this point: "The analyst's personal, emotional response to the patient, when expressed, may or may not entail some form of gratification of the patient's needs or wishes.... Kohut and Winnicott have legitimized certain kinds of gratification as an intrinsic part of the psychoanalytic process. At the same time they have introduced a new kind of institutionalized disguise for personal, countertransferential tendencies" (Hoffman, p. 201).

## Practice Implications

Finally, we turn toward the ways in which the shifts in the social model of therapeutic action promote the commonly held value among social workers of symmetry and democracy in the therapeutic relationship. In earlier models, "the analyst had to decide what part of it was 'real,' and he had to correct the patient's errors of perception and understanding" (Stern, 1996, p. 269). By rejecting a knowable reality for a view of reality and meaning that is created between the persons of the therapist and the patient, the social model endorses equity in the relationship. "Democracy in the consulting room becomes not only supportable, but inescapable. The patient's view can no longer be understood as distortion, but must be respected as perspectives on the truth" (Stern, p. 287). In many ways, social workers have been far ahead of their time in the field of mental health by utilizing a democratic, authentic, and relational stance with clients. Early social workers such as Mary Richmond and Jane Addams practiced with a person-in-environment approach and believed client self-determination was an essential tenet of treatment. By literally joining individuals in the desperate environments they faced, social workers have historically offered their clients the type of democratic, authentic, and mutual treatment environment that is promoted within the social model. These professionals directly challenged the imposition of morals, values, or known "reality" on those they strove to help. These early values remain central in the field of social work as professionals strive to meet their clients where they are at, both literally and clinically. This type of thinking, although far ahead of the ideas of Hoffman and Stern, parallels the shifts in models of psychodynamic theories to a social model.

Social workers today often receive training in clinical theory that is on par with, or even exceeds, that of other mental health professionals. In the face of so many contrasting ideas about human development, pathology, and clinical treatment, it is easy to lose sight of the values and beliefs that have always set social workers apart from other professionals in our field. Regardless of the theory that drives therapeutic action, social workers have been able to offer others a unique and growth enhancing relationship that is the essence of good practice. In an era where theory drives so much of what happens in the treatment environment, the social model of therapeutic action offers useable and well-articulated treatment guidelines that are truly fitting with clinical social work that has historically been intuitively driven.

Critiques of the interpretive and developmental models of therapeutic action have been presented throughout this paper, but the social model has its critics as well. The most common critique is that by promoting democracy, spontaneity, authenticity, and mutual influence, social constructivism gives the therapist free reign in his actions and responses in the consulting room and reduces the therapeutic relationship to a friendship. Hoffman (1998) warns against personal involvement with patients.

> We would then simply be entering personal relationships with our patients with the arrogant claim, masked as egalitarianism, that to spend time with us will somehow be therapeutic… Clearly, there is much wisdom in the requirement that the analyst abstain from the kind of personal involvement with patients that might develop in an ordinary social situation… The analyst must try…in a relatively consistent way, to subordinate their own personal responsivity and immediate desires to the long-term interests of their patients. Such consistent subordination can be optimized only in the context of the analyst's ongoing critical scrutiny. (pp. 193-194)

This reinforces the need for clinical understanding and practice discipline on the part of the therapist despite the authenticity and democracy that the social model promotes. For social workers, this stance can be accomplished by following the guidelines set forth by the *NASW Code of Ethics* (1999) and by maintaining the primacy of our clients' experiences over our own in a clinical setting.

Models of therapeutic action continue to shift as society, values, and knowledge grow and change. Like the interpretive and developmental models, the social model of therapeutic action may soon be replaced by a more contemporary model. If anything can be concluded from the examination of the social model and the shifts in models of therapeutic action, it should be that there is no one correct technique or stance that a therapist takes with his or her patients. Responses to our clients should be as unique as our clients, themselves, are. Influences from past theorists do and will remain in current clinical social work practice in obvious and less-obvious ways, but it is up to each clinician to decide how we can most effectively relate to and care for our clients.

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# The Impact of Nonverbal Learning Disabilities on Early Development

by Aileen Philips Schloerb

## Abstract

*This article presents an overview of the often neglected diagnostic category of nonverbal learning disabilities. Following the presentation of a case study, questions are raised about the infrequently considered relationship between nonverbal learning disabilities and early development. Specific reference is made to the impact of nonverbal processing deficits on cognitive, affective, linguistic and social development. An examination of risk and protective factors relative to the case study is included, as well as an indication of early warning signs and treatment implications. Finally, recommendations are advanced for directions of future study.*

## Introduction

What it means to be human is defined most commonly in terms of the ability to use words to make sense of and communicate experience. Similarly, a baby's production of his or her first word is widely considered to be a critical milestone in child development. Evidence of verbal ability has thus received more attention in our assessments of development than evidence of nonverbal ability. Yet, affective cognition, communication, and interpersonal interaction involve much more than the production and use of words. Underlying attention to the relationships between parts and wholes, to spatial relationships, facial expression, posture, gaze, and gesture are equally important in making sense of and in communicating one's experience in the world.

Reflecting the logocentric view of what it means to be human, the term "nonverbal" is defined in the negative: via *absence* (of language), rather than *presence* (of something else). Because we often take them for granted, nonverbal abilities have been slow to be identified. Accordingly, nonverbal learning disabilities remain largely unrecognized and under-identified, in contrast to the more prevalent verbal learning disorders.

Verbal disorders typically impact the acquisition of oral language, reading, written language, and many aspects of mathematics, while nonverbal learning disabilities interfere with spatial orientation, body image, facial recognition, the interpretation of gesture, and various visual-spatial-motor

processes. In addition, nonverbal learning disabilities have secondary effects on verbal comprehension (Johnson, 1987). Many of these cognitive and affective functions appear to be best performed or mediated by the right hemisphere of the brain, including spatial analysis, sequencing, and object recognition – all of which are critical to the comprehension and production of facial expressions and bodily gestures used in communication. Additionally, the right hemisphere mediates the function of attention used to discriminate salient communications from background distractions and maintains the visual and auditory imagery that enables a child to understand the environment. Empathy, wit, and vigilance are additional functions attributed primarily to the right cerebral hemisphere (Brumback, Harper, & Weinberg, 1996).

There is a higher incidence of verbally based learning disabilities among individuals with cognitive learning disabilities. As this brief sketch of nonverbal learning disabilities (NVLD) suggests, however, the consequences of nonverbally-based learning disorders are often more debilitating due to their critical impact on fundamental experiences, social interactions, and independence (Johnson & Myklebust, 1967; Myklebust, 1975). Despite the gravity of the disorder, little research exists on the specific impact of nonverbal learning disabilities on early child development (Palombo, 2001; Rourke & Tsatsanis, 1996).

The purpose of this paper is to suggest some of the ways in which critical areas of development in infancy and toddlerhood may be affected by the presence of nonverbal learning disabilities. These two particular developmental stages were selected not only because they serve as a foundation for all future stages of development, but because, as Piaget observed through his conceptualization of this period as the *sensorimotor* phase of development, a child's ways of knowing and mechanisms for making sense of experience are inextricably linked to the nonverbal functions of his/her developing self. Thus, the impact of nonverbal deficits during these periods of developmental appears to be critical.

After a brief case presentation, a more detailed explanation of the disorder will follow. The discussion will then address potential points of interaction

between nonverbal learning disabilities and early childhood development. Finally, the impact of relevant aspects of the social environment will be considered, including risk and protective factors, early warning signs, and treatment implications.

## Case Study

Gloria is a seventh grade student at a suburban junior high school (modified case study from Palombo, 2001). A neuropsychological evaluation conducted when Gloria was in the first grade indicated that she had the characteristics of a nonverbal learning disability. This diagnosis was confirmed at age thirteen by a second evaluation. These evaluations provided evidence that Gloria's cognitive ability is in the superior range, based on her strengths in verbal processing and reasoning. Two areas of relative weakness were evidenced in the domains of nonverbal learning and executive functioning and self-regulatory capacities. Gloria's learning weaknesses are in the visual-perceptual, visual-motor, and organizational areas. She has learned to compensate for these weaknesses by adopting a slow, perfectionist style and a dependence on her verbal capacities. In the area of socio-emotional functioning, Gloria shows less capacity for problem solving and conceptualization than expected of someone her age. Although she is able to recognize more obvious social cues, such as greetings that include a verbal component, she is unable to make sense of more subtle communications, such as those that involve irony or shifts in intonation, posture, or positioning. She demonstrates little capacity for empathy and shows little awareness of the people with whom she relates.

Although there were mild medical complications during her mother's pregnancy, Gloria's delivery was normal. Her parents describe her as having been a "fussy baby" who had difficulty falling asleep. She was verbally precocious and achieved developmental milestones at or before expected ages; however, her gross motor skills were never fully mastered and she is described as "uncoordinated."

Gloria's behavioral and learning difficulties became apparent when she first entered school. Her teachers described her as inattentive and impulsive. Gloria was easily angered and upset. Although she had difficulty with friendships, she was able to maintain a few friends throughout grade school. However, when she entered middle school, these friends joined a larger group that intimidated Gloria. Subsequently, she withdrew from making social contacts and now relies exclusively on her family for relationships.

Gloria's familial relationships are not without conflict. She tends to avoid her father, who is only peripherally involved in her life, and she is extremely dependent on her mother for assistance with all aspects of her life: schoolwork, calming her, entertaining her, and caring for her as if she were a young child. Gloria is jealous of and competitive with her younger sister. At times, she acts verbally and physically aggressive towards her.

Academically, Gloria has had difficulty with some reading tasks, in spite of her intelligence. Her interests outside of school are limited. She is able to engage adults with her expansive vocabulary and fund of knowledge but is limited in her relationships with them by her emotional immaturity. She enjoys singing and art and has just begun to baby-sit, which has proved moderately successful.

## Characteristics of Nonverbal Learning Disabilities

Disorders of nonverbal ability have variously been termed right hemisphere learning disabilities, visual-spatial and grapho-motor learning disabilities, or socio-emotional learning disabilities (Brumbeck, 1996). Because nonverbal learning disabilities have been associated with dysfunctions in the right cerebral hemisphere, there are various debates concerning the possible subtypes of nonverbal learning disabilities, as well as on the extent of overlap between nonverbal learning disabilities and the higher functioning end of the autistic spectrum as embodied in Asperger's Syndrome. Palombo (2001) suggests that children with NVLD crave social contact and have a capacity for social relatedness that distinguishes them from children with Asperger's Syndrome. Further research is needed to more accurately delineate these disorders and their subtypes. For the purposes of this paper, the definition of NVLD provided below will be employed.

According to Palombo (2001) – who has engaged in extensive clinical work with individuals who have diagnoses from this category – there are three domains into which the symptoms of nonverbal learning disabilities fall: neuropsychological, academic, and socio-emotional. In regard to neuropsychological features, Rourke (1989, 1995) has proposed areas of primary deficits in tactile and visual perception and complex psychomotor coordination, as well as marked difficulties dealing with novel or complex situations. Specifically, deficits in visual perception involve difficulties discriminating and recognizing visual details and organizing visual stimuli.

Complex psychomotor tasks that require the cross-modal integration of visual perception and motor output are particularly problematic, and deficits are often more marked on the left side of the body. Finally, deficits in nonverbal problem solving, concept formation, hypothesis testing and exploratory behavior contribute to challenges in dealing with novel materials and adjusting to new situations.

The academic features of this disorder often manifest in the areas of poor handwriting, written composition, and mathematical skills. While decoding skills in early reading are often strong, reading comprehension is weak, particularly at the inferential level. As is evident in Gloria's case, individuals with this disorder often have strong oral language skills in the areas of vocabulary, syntax, and some pragmatics. Most individuals have good memories and manifest rote memory verbalizations. However, their use of concepts may lack precision, and there may be a lack of depth in the content of their expressions. The content may also lack a sense of overall cohesion. Deficits in concept formation impede their ability to reason, analyze, and synthesize materials. Finally, individuals with NVLD often experience difficulty distinguishing salient from non-salient information and grasping the broad gestalt of meaning, instead focusing on a single aspect of a total event (Palombo, 2001).

With regard to social functioning, children with nonverbal learning disabilities are often unable to decode the social cues involved in reading body language, facial expression, and vocal intonation. This leads to ineptness in social situations, as demonstrated by Gloria. Further, individuals with NVLD are often unable to learn from these social situations. They also have trouble organizing their perceptions of other people's faces, which leads to reduced eye contact. With respect to the processing of affective information, it is not clear whether the difficulty lies in the task of decoding affective states or in the area of visual processing (Palombo, 2001). The impact of these critical features of nonverbal learning disabilities on development is significant. Although nonverbal learning disabilities continue to impact human development throughout the life cycle, infants and toddlers appear to be most susceptible to nonverbal deficits, given their extreme dependence on nonverbal forms of knowing and communicating.

## The Impact of NVLD in Infancy

In infancy, many abilities are typically evidenced soon after birth, such as the ability to recognize visual patterns and to engage in social communication.

One of the infant's first developmental tasks is the accumulation of sensorimotor knowledge, which occurs prior to the development of language and serves as the foundation upon which all future cognition rests (Piaget, 1954). Another critical task in infancy is the development of social relations and the related skills of self-regulation, which include the regulation of body rhythms that underlie such activities as eating, sleeping, and emotional regulation. Given the developmental requirements of these two domains in particular, it is not difficult to infer how significant the impact of a nonverbal learning disability might be at this critical early stage. In particular, nonverbal learning disabilities seem likely to impact the development of cognition and socio-emotional functioning (though this has not been established by direct observation of the early development of children with this disorder because diagnoses of NVLD have only recently begun to emerge; information that does exist has been reconstructed from the histories given by caretakers).

According to Piaget, it is during the first two years of life that cognition evolves as a function of the sensorimotor experiences through which infants interact with the world. These experiences include sucking, visual and auditory sensations, and the infant's increasing awareness of their own different physical states (Piaget, 1954). Because the infant's life experience and knowledge of the world are centered on the body and the mechanisms of sensory perception that allow the infant to organize and make sense of the world, it is only possible to speculate about the extent to which this experience and knowledge is skewed by deficits in sensory processing as in the case of individuals with nonverbal learning disabilities.

The possibility of a distorted worldview has been attributed to individuals with nonverbal learning disabilities (Johnson & Myklebust, 1967). In their identification of this diagnostic category, Johnson and Myklebust suggested that an individual with a nonverbal learning disability often has verbal skills in the average or above average ranges but fails to understand the meaning of many aspects of his or her environment. They hypothesized that, because most basic experiences have an underlying nonverbal component at the level of sensation, perception, and memory, a nonverbal learning disability could constitute "a more fundamental distortion of total experience" (p. 273). Higher levels of more complex cognitive development, such as symbolization and conceptualization, would then be impacted by deficits in the lower level forms of cognition upon

which they are constructed. In this way, the presence of deficits early in the sensorimotor stage of development interferes with the formation of mental models that the mind uses to create generalizations and summaries of experience (Siegel, 1999).

A nonverbal learning disability may affect an individual's socio-emotional development as well. It is widely agreed that during the first eighteen months the infant's attachment to parents or other primary caregivers is critical, not only for survival and physical growth, but also for ego development and the construction of a sense of well-being (Urdang, 2002). Furthermore, infancy constitutes a "critical period" for the development of affect regulation through attachment (Shapiro & Applegate, 2000). A child deprived of adequate nurturing may not thrive (Erikson, 1963).

As with other developmental stages, there is an interaction as early as infancy between the infant's biological endowment and his or her environment. Early transactions between parents and infants affect patterns of attachment and self-regulation that, in turn, impact the nature of these interactions (Urdang, 2002). Increasing evidence has demonstrated that neurobiology, emotional relatedness, affect, and the regulation of affect are integrally related (Sapiro & Applegate, 2000). Given the difficulties with the formation of mental models just discussed, the attachment experience of infants with nonverbal processing deficits is significantly different from that of typical infants. Caregivers of infants with nonverbal learning disorders often find themselves frustrated in their attempts to understand their children and unable to decode their cues, which are likely to be different from those of typically developing infants. Social disconnection, such as that which exists between Gloria and her father is a frequent consequence.

The infant who has difficulties in processing and retaining visual-spatial and auditory stimuli and in predicting temporal events likely experiences frustration in attempting to make sense of the social and affective cues in their environments. Infants who possess deficits in the ability to recognize facial expressions will experience delayed attachment, which, in turn, will delay exploratory, cognitive reorganization, and separation behavior (Kaslow & Cooper, 1978). Lacking the ability to perceive facial and auditory expressions accurately, the infant is limited in his or her ability to learn to reproduce these expressions. Poor eye contact, muted or neutral facial expressions, and/or flat, unmodulated vocalizations make such infants difficult to interpret. As a

consequence, caregivers and their infants manifest a cycle of unsatisfying social communications.

To illustrate this point, Gloria's fussiness as a baby may have resulted, at least in part, from her difficulties constructing the appropriate mental models that could assist her in developing social cognition and in making sense of events in her environment. Gloria's difficulties judging her orientation in space and the logic of the physical world, including the mysteries of her interactions with others, contributed to her "nonverbal dyslexia" (Badian, 1986, 1992). Unable to crack the code of sensory organization that underlies our sense of self in the world, as well as our relationships to others, it is likely that Gloria's cognitive and social foundation for constructing a coherent worldview and relationships with others was severely impoverished.

## The Impact of NVLD in Toddlerhood

The toddler phase of human development can be characterized by major developments in language and speech, significantly increased locomotion and motor skills, the elaboration of play, and cognitive leaps that include the formation of more complex mental representations (Urdang, 2002). Within this article, only a few aspects of this complex developmental stage that are impacted by nonverbal deficits will be examined. Again, because only indirect observations are available of the earlier development of those who are later diagnosed with nonverbal learning disabilities, available evidence has been reconstructed.

According to Johnson and Myklebust (1967), deficits in nonverbal learning disabilities manifest not in the ability to use spoken or written language alone, but rather in the way in which words are used. Johnson and Myklebust state:

> The child with a nonverbal learning disability is like the child who lacks color vision. He has no difficulty in learning the *word* red, but cannot acquire the experience red, so he cannot distinguish it from the experience green or yellow. When he uses the *word* red, as required by daily activities, it connotes only a vague, conglomerate impression often unrelated to the actual circumstances. The manifestations nonverbally are distortions of perception and of mental imagery. (p. 273)

Johnson and Myklebust have pointed in particular to the tendency of individuals with nonverbal learning disabilities to attend to details without noting the overall general configuration of which they are a part. Thus, the acquisition of verbal skills appears to be

disconnected from the underlying experiences to which words refer and, thus, severely interferes with one's ability to circulate with others in a realm of shared meanings.

When children with nonverbal learning disabilities begin to walk, their visual-spatial-motor problems emerge clearly. They appear clumsy and poorly coordinated, to the point that caregivers must watch them closely so that they do not endanger themselves or things in their environment. Furthermore, children's development of self-help skills, which begin to emerge at this age, poses additional dilemmas. Due to deficits in visual-spatial and cognitive processing, children with nonverbal learning disabilities are slow to learn to feed and dress themselves and to master tasks such as hand washing and grooming (Palombo, 2001). As a consequence, they are dependent on others to help with self-care long after children typically begin to seek independence.

Also in toddlerhood, children increasingly seek out interpersonal experiences (Austrian, 2002). However, difficulties reading social cues create problematic interactions with other children and adults. As one might imagine, social interactions at this age that rely so heavily on nonverbal communication are particularly impermeable to the understanding of toddlers with nonverbal learning disabilities. These children have great difficulty learning how to interact and play with others. Children's deficits in recognizing social cues further compounds their difficulties in learning how to physically navigate in their environment, as these cues help toddlers learn limits and instructions from their caregivers (Palombo, 2001). This creates a vicious cycle of intervention/correction and frustration/anger, which adds a secondary layer of emotional challenges to the primary layer of physical challenges. Parents feel that they must constantly reprimand and limit the child who responds with rage and incomprehension to what is experienced as unfair treatment. These exchanges initiate patterns of frustration, rejection, and mistrust. Not surprisingly, parents report that the temper tantrums of these children are much more intense than those that normally occur at this age (Palombo, 2001).

## Application to Case Material

The impact of nonverbal deficits on Gloria's processing of her inner and outer worlds had significant consequences in different developmental domains. On a cognitive level, the formation of mental models may have been impacted by impoverished visual-perceptual and visual-motor processing and consequently resulted in an incongruent foundation for further cognitive growth (Austrian, 2002). Although Gloria has keen verbal intelligence, the disconnect between her fund of verbal knowledge and her background experience has produced disjointed achievement. Socially, Gloria's difficulties reading and expressing social cues has adversely affected her negotiations of social relationships and her ability to learn from them. In turn, these deprivations have impeded development of self-regulatory skills, as well as her capacity for empathy with others. Finally, Gloria's processing deficits have affected, and continue to impact, her ability to perform the self-help skills required for daily care, and this makes age appropriate independence problematic.

The degree to which a nonverbal learning disability interferes with an individual's functioning depends, in part, on the protective and risk factors in his or her environment. The nature of Gloria's social environment is mixed. On the whole, however, it is composed of a greater number of protective factors. Gloria's family enjoys an upper-middle class lifestyle that can provide her with various kinds of academic and therapeutic support. As a Caucasian, she is a member of the mainstream racial group in her community and larger cultural milieu. The stability of her family unit provides another source of support that can contribute to her resilience. Although living with a child with nonverbal learning disabilities can be stressful, her family has remained intact. In particular, her mother has served in a significant compensatory role in assisting Gloria with daily living tasks, school work, and attempts at self-regulation. Thus, Gloria's mother serves as a significant companion to her in the absence of peer relationships.

In terms of risk factors, it must be noted that while Gloria's family unit remains intact, her relationship with her father is precarious. He invests himself deeply in his work and is only minimally involved in Gloria's life. While this relationship does not impose an overt risk, the absence of a satisfying connection with this significant other may be considered a risk factor. Other risk factors relate to other aspects of Gloria's social milieu. As is typical during the early teen years, Gloria is perhaps more aware at the present time of her difficulties with peer interactions. She has begun to question her denial of the importance of friends and her sense of isolation. Finally, the larger community's lack of awareness about nonverbal learning disabilities, including in Gloria's school environment, provides a significant source of risk. Her behavior and academic

problems are often misunderstood, and uninformed others formulate harmful judgments of Gloria. Gloria's gender also contributes to this misunderstanding. Because a significantly greater number of boys are labeled with nonverbal learning disabilities and other behavior disorders (Palombo, 2001), Gloria's behavior is often viewed as significantly deviant from normal female behavior.

As has been discussed, the processing deficits associated with nonverbal learning disabilities severely impact the cognitive and linguistic foundations that enable development to progress typically in several critical areas. Gloria struggles with a basic ability to make sense of her experience in the world and with others, limiting her ability to be aware of and empathize with others, to form friendships, and even to develop self-awareness. In Gloria's relationships with parents and teachers, the misunderstandings that often occur during attempts at communication result in high frustration and anger on both sides. Furthermore, parents and teachers frequently experience a lack of gratification in their respective parenting and teaching, and this additionally contributes to disappointment and resentment. Because the cognitive and affective deficits associated with nonverbal learning disabilities can interfere with the formation of satisfying relationships with others, they also lead to problems with self-esteem and self-confidence. Furthermore, the considerable anxiety associated with this disorder can lead to irritation, frustration, sadness, and worry.

In spite of these significant impediments, Gloria is fortunate to be endowed with significant strengths. Her intelligence and highly developed verbal skills assist her in the verbal mediation of her difficulties and provide her with a sense of competence in certain academic areas. In addition, her perseverance and motivation to have better relationships can serve to promote change. Gloria is fortunate to receive the appropriate remedial and therapeutic services necessary to acquire the academic, occupational, and psychosocial skills her daily life requires. She has been able to depend significantly on her mother to compensate for her own deficits in many areas of functioning. Although the extent of her dependence may be viewed as a risk factor from the perspective of typical child development, it has been a critical and indispensable resource in her atypical circumstances. It is hoped that, with the internalization of strategies and skills gained from other sources of external support, Gloria will eventually achieve a greater degree of independence.

## Misdiagnoses and Early Warning Signs

Due to limited awareness of NVLD, many children with these deficits are misdiagnosed when they are young (Tanguay, 2001). Because of poor impulse control and the inability to attend to tactile and visual information, children with NVLD are often misdiagnosed as having Attention Deficit and Hyperactivity Disorder (Stein, Klin, Miller, Goulden, & Coolman, 2004). Due to dependence on predictable routines and what may appear to be ritualistic behaviors, individuals with NVLD may manifest features of obsessive-compulsive disorder (Vacca, 2001). Alternatively, an anxiety or panic disorder is also sometimes misattributed due to evidence of high levels of anxiety, which is, in fact, secondary to the disability. However, it should be noted that research findings indicate that, as a group, children with NVLD are more susceptible to internalizing psychological disorders such as anxiety and depression than children with other types of learning disabilities (Ozols & Rourke, 1985). With regard to academic misidentification, verbal strengths and academic competence in certain areas may mask the disability until a child moves into upper elementary grades when education involves less the decoding and rote memory processes of learning to read and moves more into a comprehension-based process of reading to learn. Thus, a child and his or her family may experience misunderstandings and despair if he or she is not properly diagnosed with nonverbal learning disabilities that may impact his or her learning and development of wider interpersonal relations.

Specific early warning signs have been identified retrospectively by parents of children who were later diagnosed with NVLD. These include lack of self-regulatory behaviors evidenced by the child's difficulty calming down, the inability to self-soothe, and prolonged sleep disturbances. With respect to motor development, one might note the significant lack of exploratory behavior and motoric activity, as well as prolonged periods of unsteadiness and awkwardness when first learning to walk. Signs of atypical cognitive and affective behaviors include: difficulties learning cause and effect; the presence of excessive fears such as of machines, animals, the dark; the dislike and sometimes fear of surprises; and difficulties with transitions (Tanguay, 2001).

## Interventions

Early identification enables families to seek the information needed to better understand the nature of the disability as well as means for coping with it. A psychoeducational component to treatment emphasizes

that children with NVLD do not learn through typical forms of observation and assimilation but must be taught in an explicit, highly verbal, step-by-step manner (Tanguay, 2001). Frequent feedback, predictable and explicit routines, specific directions and examples, and the teaching of generalization are also recommended (Vacca, 2001). Therapeutic interventions might also include the use of simplified pictorial representations of objects, persons, ideas, and situations to help a child better understand the impact of misperceptions of gesture, body image, spatial orientation, and social interactions on the construction of the child's worldview and modes of functioning (Johnson & Myklebust, 1967).

In order to assist children with NVLD with the interpretation and production of nonverbal communication, it is important for others to draw attention to their own and the child's nonverbal behaviors and to explain how nonverbal expressions can be interpreted. It is helpful to provide information on cause and effect sequences related to NVLD so that the child can begin to understand both the cause and the consequences of verbal and nonverbal behaviors (Bryan, 1977). Specifically, it is recommended that nonverbal communication skills be task-analyzed into step-by-step sequences targeting: 1) the discrimination of specific social cues, such as facial expressions, postures, or gestures; 2) understanding the social meanings of these cues by analyzing them in the context of the social situations in which they occur; 3) discussion of the appropriate usage of such cues; and 4) the application of these cues to actual social problems through role-play (Minskoff, 1980).

There is a general consensus in the field of learning disabilities that problems persist throughout the lifecycle (Johnson, 1987b; Palombo, 2001). Adults with NVLD have reported that counseling is helpful in dealing with frustration, but that practitioners should also include help for immediate problem solving, rather than emphasizing the resolution of previous conflicts (Johnson, 1987b). Generally, individuals with NVLD benefit from gaining a clear sense of their overall strengths and weaknesses in order to anticipate possible problems in occupational and social situations. Although this disability is serious, prospects for a child with NVLD are excellent if identification occurs early and interventions are appropriate.

## Future Directions

It is hoped that this description of nonverbal learning disabilities and their potential impacts on early development will contribute to increased awareness of the problem and some of its implications. It is clear that a NVLD is disabling condition with serious consequences for a wide range of aspects of daily life. In order for individuals with NVLD to be better identified and served, it is important that clinicians, educators, and administrators become better informed about the nature of the disorder.

With respect to research, it is imperative that further empirical studies be conducted to more clearly distinguish this diagnostic category from other right cerebral hemisphere disorders. While some of the critical ways that NVLD impact early child development have been suggested here, a more thorough examination of the effects of NVLD would benefit both practitioners and clients. Additionally, the specific impact of NVLD on individual development beyond infancy and toddlerhood merits detailed examination. Research on the treatment of emotional and behavioral disturbances is needed to determine the appropriateness of different therapeutic approaches with this population. To this end, further study may attempt to identify the specific type of therapy that is best suited for individuals with NVLD. Although researchers suggest that insight-oriented therapy may appear to be indicated due to the verbal strengths of individuals with NVLD (Rourke & Tsatsanis, 1996), it is important to remember that a high level of verbal output does not equate with abilities in concept-forming and problem-solving, which are significantly lacking in individuals diagnosed with NVLD. Specifically, therapists must explore the ways in which therapy might capitalize on existing linguistic strengths in order to treat cognitive deficits. Hopefully, a heightened awareness of the existence of nonverbal learning disabilities will lead to increased early identification and early intervention, and, thereby, significantly improve the prognosis for individuals struggling with this condition.

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# Dissertation Abstracts

*Congratulations and best wishes to Henry Kronner, Robin Smith and Laura Wrenn. The dissertation topics continue to represent the diversity of interests and the commitment to clinical practice of our Ph.D. students. Dissertations are available on the 8th floor of Loyola's Lewis Library, 25 E. Pearson.*

## The Importance of Therapist Self-Disclosure in the Therapeutic Relationship as Perceived by Gay Male Patients in Treatment with Gay Male Therapists: A Mixed Methods Approach

### Henry W. Kronner

Gay men have been oppressed and discriminated throughout their entire lives. Even before they became aware of being gay, gay men have heard negative comments and statements. For example, many religions denounce homosexuality to be a sin and a terrible evil. In addition, politicians state that being gay is not an acceptable lifestyle; this is evidenced by not allowing gays to marry, not allowing gays to serve openly in the military and so forth. The oppression and discrimination has led gay men to feel isolated and in need of feeling connected to others. Therefore, as gay men seek counseling, they also seek connections with their therapists. One way therapists can facilitate these connections is through the use of therapist self-disclosure.

This study sought from the gay male patients' perspectives how therapist self-disclosure facilitated the development of connections or hampered the development of connections between patients and their therapists. There are two primary forms of self-disclosure: explicit self-disclosures and implicit self-disclosures. The results showed that therapists self-disclosed more implicitly than explicitly. In addition, both explicit and implicit self-disclosures did lead to developing connections between therapists and their patients.

## African American Male Adolescents Speaking in Their Own Voices: A Narrative Method for Telling Their Stories and Assessing Identity Development

### Robin L. Smith

The purpose of this qualitative study was to explore how African American male adolescents define and assert a sense of male identity, how they speak in their own voices and assign meaning to their life experiences as they begin the journey to manhood.

This study uses an ethnographic case study approach that utilized a purposive sample technique to identify seven African American male adolescents who resided in a mid-western residential treatment facility. A storyboard was developed and utilized to conduct ethnographic interviews with the sample participants. The data were analyzed through open and axial coding strategies. By using this approach, the study discovered the diverse yet rich narratives of these young men. The analysis of the data examined three focal areas: identity, lived experiences and resiliency. Through their stories, five themes emerged that clearly define how these young males construct their identity. The findings suggest that these young men are very resilient despite daily adversities and challenges in their life. The findings also reveal that the study sample members had a strong sense of identity, are socially competent, and have developed insight into the realities of Black manhood.

# The Relationship between Personal Trauma Exposure and Secondary Traumatic Stress for Social Workers

**Laura Wrenn**

Two hundred and fifty social workers from a random sample selected from the Illinois chapter of the National Association of Social Workers participated in a mailed survey. The study describes the relationship between social workers' personal trauma exposure and secondary traumatic stress. A secondary purpose was to explore social workers' attitudes concerning direct trauma exposure in the workplace, and to distinguish between direct trauma exposure and secondary trauma exposure. The survey was composed of instruments which measured direct stress exposure in the form of client violence, satisfaction and secondary traumatic stress scales, and the history of trauma exposure outside of the workplace. The survey also had qualitative questions to measure potential sources of trauma in the workplace, and how to mitigate workplace stress. There are several major findings. Having a childhood trauma history increases the risk of secondary traumatic stress. Secondary exposure to client trauma increases levels of secondary traumatic stress, especially when the social workers' personal trauma history is similar to the clients' trauma experience. As compassion satisfaction increases, levels of secondary traumatic stress decrease. Direct workplace stress, in the form of exposure to client violence (at moderate to high levels), increases risk of secondary traumatic stress. Social workers identify both positive co-worker and management support systems as important in mitigating workplace stress and trauma. The study identifies how social workers are exposed to both primary and secondary trauma experiences, and discusses implications for policy change to provide a supportive environment for social work.