

# Introduction

## THE STRUCTURE OF THIS BOOK

The topics and material dealt with in this book are confined to those that are of direct importance to the field of social care. An emphasis is placed on the use of Irish statistics, research, policy and interventions to highlight what is current in Ireland today. The first chapters deal with the brain and its role in behaviour (Chapter 2) and theories of psychology, including developmental psychology (Chapter 3). Chapter 4 provides an overview of the individual's psychological development across their lifespan. Chapters 5 to 10 deal with more specific topics such as disability, abuse, social psychology, counselling and health and well-being. Each of these chapters has an obvious and direct relevance to the area of social care practice. In each chapter, theory, research and practice elements are blended to demonstrate the relevance of psychology in supporting the work of social care practitioners. The final chapter looks at the area of research and explains different methodologies and examples of Irish research as well as issues relevant to conducting and writing research.

Where links to websites are given in the text, a short URL is given. For the full link, see 'Websites', p.322.

Student resources are available online at [www.gillmacmillan.ie](http://www.gillmacmillan.ie). Search for *Psychology for Social Care* and click on the link in the right-hand column.

## LIFE HAPPENS

*Even the monkeys fall out of the trees.*

– Old Japanese proverb

I have always liked that proverb because it reminds me that 'life' happens! The proverb reminds us that sometimes we fall off the tracks or get sidelined. Monkeys sometimes fall out of trees even though that is not their 'natural' behaviour; people can be similarly unlucky or unpredictable. This is what appeals to me every time I think of this proverb; that 'stuff' happens, events can sidetrack us and we can end up in situations we never imagined. It's a good lesson in humility, I often think.

Those of us who work in the social care arena encounter people who are vulnerable, people who need support. Yet how do we support them to ensure the best outcomes possible?

In this book we will be looking at the relationship between research, policy and practice. In Chapter 11 we will discuss the importance of evidence-based interventions, and practice elements will be addressed throughout the book where appropriate.

I originally stumbled into psychology because I was curious as to how some people were able to overcome extreme adversity and have successful lives, while others were not. Why the different outcomes? There are no easy answers – I doubt there will ever be answers that are conclusive – but the quest to understand human behaviour is a fascinating one. The question of how we become who we are is not recent; it has exercised the minds of humans since they could reason. Before we look at that and other issues pertinent to the study of psychology, we should address what is meant by social care practice and the relationship between psychology and social care.

## WHAT IS SOCIAL CARE PRACTICE?

Lalor and Share (2009, p.5) note that it is difficult to define social care but offer the following key terms ‘that help mark out the territory of social care practice’:

- ***A profession***

Social care practice is not just an ordinary job, nor is it something done on a voluntary or amateur basis. This distinguishes it from the vast bulk of (equally valuable) care that is carried out informally in society by family and community members. The notion of ‘professionalism’ also implies that this is an occupation with some status and one that requires access to a specific body of skills and knowledge.

- ***Planning and delivery***

Social care is not just about providing services, but also about devising and planning them. It thus requires at least two types of skill and understanding: the ability to provide hands-on care and support to people as well as the ability to identify what people require and the ability to be able to plan accordingly, preferably drawing on available evidence and policy guidance. This dual role makes social care practice difficult and challenging, yet also rewarding.

- ***Quality care and other support services***

Social care is indeed about care and it requires qualities of compassion, empathy, patience and resilience. Yet it is also about providing other supports, which may include advocating on behalf of another, turning up in court to

speak before a judge and knowing where to refer a person who has particular problems.

- ***Individuals and groups***

Social care can be, and often is, provided in a one-to-one situation, but it can also mean working with small or large groups of people. As a result, both well-developed interpersonal communication skills and a good knowledge of group dynamics are required.

- ***With identified needs***

The traditional ‘client group’ of social care practitioners in Ireland (and many other countries) has been children in the care of state or other voluntary organisations. While caring for this group remains an important task, social care practitioners may now find work with a broad range of groups of all ages that have special ‘needs’ or vulnerabilities identified, or indeed with individuals and groups in what we might think of as ‘mainstream’ society, such as young people in suburban housing estates. The needs and the groups are various.

Lalor and Share also list working in partnership, marginalisation or disadvantage, children and their families and people with disabilities, those who are homeless, those with addiction, older people and recent immigrants as other important areas that can be included in defining social care practice. As you can see, defining social care and its practice is complex as it encompasses such a wide variety and scope and yet this is what makes it a challenging and interesting field to work in. Psychology is, at its most simplistic, the study of the human mind and behaviour. The link is quite apparent that exists between (applied) psychology, which strives to understand, explain and improve people’s lives, and social care practice, which involves working with people, particularly those who are vulnerable and have ‘needs’ that require support.

## **THE ROLE OF PSYCHOLOGY IN SOCIAL CARE**

Seligman and Csikszentmihalyi (2000, p.1) articulate their vision for the role of psychology in shaping people’s lives and improving them:

At this juncture, the social and behavioural sciences can play an enormously important role. They can articulate a vision of the good life that is empirically sound while being understandable and attractive. They can show what actions lead to well-being, to positive individuals, and to thriving communities. Psychology should be able to help document what kinds of families result in children who flourish, what work settings support the greatest satisfaction among workers, what policies result in the strongest civic engagement, and how people’s lives can be most worth living.

Until recently psychologists concerned themselves only with how people survive and endure adversity. Seligman identifies the emphasis in psychology on the study of psychopathology, when people develop maladaptive behaviours and become 'mentally unwell'. Seligman states that most psychologists have 'scant knowledge of what makes life worth living'. He eloquently identifies the potential that psychology has to benefit the field of social care through improving the lives of others. Throughout this book the role of psychology within social care will become clear, from psychological theory to informed evidence-based interventions.

So what is psychology? We need to know something of its history, its goals and current debates within the field.

## PSYCHOLOGY

### The historical perspective

Throughout history there have been attempts to understand what makes us human, what shapes our thoughts and behaviour. Religion played an early part in attempting to unravel human behaviour; for example, there was the Christian assertion of 'original sin', the idea that people are born flawed and susceptible to undesirable behaviour. Philosophers added to the debate as the centuries unfolded. John Locke, for instance, suggested that a person was born a 'blank slate' or 'tabula rasa' and that life experiences shaped who we became. Jean-Jacques Rousseau, in contrast to the Christian view, believed in the innate goodness of humans striving to reach their full potential. Of course these arguments are best left to theologians and philosophers, but the study of psychology is really not much different in that, put simply, it attempts to gain understanding of humans, their development and behaviours.

### What is psychology?

Psychology is the study of people: how they think, act, react and interact. Psychology is concerned with all aspects of behaviour and the thoughts, feelings and motivations underlying behaviour. In their search for the causes of diverse forms of behaviour, psychologists take into account biological, psychological and environmental factors. Psychology is different from psychiatry, which requires a medical degree and examines mental illness.

### The history of psychology

Within the history of psychology several approaches have been used to gain a greater understanding of human behaviours, beginning in the early 1800s with:

**Introspection:** As the name indicates this approach relied on 'inspection' where an individual would be asked to report on their feelings and thoughts. William

James, considered one of the forefathers of psychology, was an exponent of this method, as was William Wundt.

**Psychodynamic:** Originating in the late 1800s, this movement is best known through the work of Freud. It placed emphasis upon the ‘unconscious’ mind, believing that a person had awareness of only a fraction of his thoughts and mental processes. Freud believed that unconscious urges were responsible for behaviour. Techniques such as hypnosis and dream analysis were used to access these unknown recesses of the mind.

**Behaviourism:** This approach was very popular in America in the 1920s. Those best known for their work in this field are Skinner and Pavlov. Behaviourists believed that, while the inner workings of the mind could not be observed, a person’s behaviour could. Their work still has some relevance in the area of learning.

**Humanism:** This approach was, it could be argued, a reaction against the behaviourist picture of a human as almost a robot merely responding to outside influence (external stimuli) or the Freudian image of humans driven by their unconscious urges. Humanists such as Carl Rogers and Abraham Maslow promoted the view that within a person is an active desire to reach their full potential, or ‘self-actualisation’. Their work has been important in the area of personality.

**Socio-cultural:** No person is an island. We are social creatures and this perspective recognises this and suggests that our thoughts and behaviours are influenced through our interactions with others. Importantly, it highlights how we are embedded in the culture we are raised or live in and how the views of that culture in turn influence us. In the past psychology tended to look at the individual to gain a greater understanding of them, without looking outside of the person to gauge external influences on them. The socio-cultural approach examines how culture is transmitted to the members of a society and investigates the differences and similarities of people from differing cultures.

**Scientific:** The predominant approach within psychology at present is the scientific method, or science of behaviour. This approach is less interested in human behaviour *per se*, focusing instead on *why* that behaviour occurs. Thus, if a child exhibits aggressive behaviour the psychologist would not focus on the behaviour itself but rather would want to know why the child is behaving in such a fashion. Methods of research (methodology) include statistics and experiments.

## The goals of psychology

1. to *describe* how people and other animals behave
2. to *understand* the causes of these behaviours
3. to *predict* how people and animals will behave under certain conditions
4. to *control* behaviour through knowledge and control of its causes.

## Recent developments in psychology

Dissatisfaction has been voiced regarding the use of the scientific approach within psychology as critics claim that it cannot capture the complexity of human behaviour. Reactionary approaches include that of community psychology, which examines individuals within their social world. Community psychology explores social issues and how they influence individuals, groups and society at large. Nonetheless the scientific approach maintains its dominant position within psychology.

## SOME KEY DEVELOPMENTAL ISSUES

### Nature versus nurture

The nature–nurture debate is one of the key issues in psychology and, more particularly, in understanding human development. Its origins can be traced to the early philosophers who discussed the nature of humans: are we ‘blank slates’ as Locke believed, shaped by those around us and the society we live in? Or in keeping with the doctrine of ‘original sin’, are we born the way we are? These positions reflect the nature versus nurture argument. Nature refers to biological processes, genes and our brain as determinants of our behaviour. Nurture relates to the influence of our environment in our development. The culture we are born into influences how we see ourselves and others and also influences our behaviour. Other environmental influences are child-rearing practices, education and so on.

In the early twentieth century the nature position dominated and this fuelled a belief in racial superiority and differences. By the 1960s this position had changed to a nurture stance, which postulated the importance of environment on a person’s development, and can be best seen in the explosion of literature on child-rearing practices.

Nowadays a more reasonable position is generally maintained, recognising the influence of both nature and nurture in human development. Debates continue regarding the degree to which either is involved, their role and the interaction between the two elements. Urie Bronfenbrenner’s revised ‘bioecological’ theory (see Chapter 3) best captures this new position as he demonstrates the many influences that interact to shape development. We still do not understand the complexity of the interaction between nature and nurture and it remains an issue of great interest and importance.

### Critical versus sensitive periods

We will look at examples of extreme deprivation in the early years to explore the issue of critical versus sensitive periods of development. Does a *critical* period exist in development, meaning that if development does not occur during this stage then the opportunity is lost? Or does a *sensitive* period exist where it is preferable

for development to occur, but if it does not, development can occur at a later date? In Chapter 2 Dr Sunderland makes clear her view that early experiences have a fundamental role in shaping a child's brain development, yet some people show greater resilience to adverse events than others who are badly affected by them. The following discussion illustrates the complexity of human behaviour and that there are no easy answers to be had.

### *In focus: Critical versus sensitive period debate – extreme deprivation*

Development in infancy encompasses social, emotional, cognitive and physical growth. What is the difference between critical and sensitive periods? Let's take the example of language. If you believe in a 'critical period' for the acquisition of language, then you would believe that if language is not acquired during a particular period, it would not be possible to acquire language at a later date.

If you believe in a 'sensitive period' of development then you might believe that if you do not acquire language in the early years, it is possible to do so at a later time. In the debate between critical vs. sensitive periods of development, infancy is often examined, as it is a time of huge growth in many areas. The critical vs. sensitive period debate is one of the most active in psychology, and cases of extreme deprivation are often examined in an effort to illuminate this debate. Recent examples of children who have suffered extreme deprivation include Romanian orphans whose images shocked us in the early 1990s. Extreme deprivation in infancy offers us an insight as to whether children can recover from adverse experiences in their early years and develop normally with caring and appropriate interventions or whether there is in fact a 'critical period' which cannot be recovered from, leaving the individual permanently and irreversibly affected.

Clarke and Clarke (1976) support the idea of a sensitive period, after which experienced adversity and resulting deficits can be compensated for – an 'initial step in an ongoing life path'. On the other hand, Freud, and later Bowlby, argued that early experience determines later development. Bowlby's work with children in institutional care led him to believe that negative early experiences cannot be reversed in later years, especially in the area of attachment (Bowlby, 1951).

However, in more recent decades this position has been questioned. Cases of extreme deprivation have had quite different outcomes, suggesting that the debate surrounding critical vs. sensitive periods isn't quite as clear cut as earlier presumed. Rutter (1989, p.24) argues that 'even markedly adverse experiences in infancy carry few risks for later development if the subsequent rearing environment is a good one'. Let's consider how true this is by examining some cases of extreme deprivation and their subsequent outcomes.

Skuse (1984) explored case studies of children who spent their early years in conditions of extreme adversity and deprivation, hoping to explore specific questions.

- Are some psychological qualities more sensitive to deprivation than others?
- At what pace does recovery take place and what course does it follow?
- What interventions are necessary to optimise recovery?

Anna was discovered in 1938 at nearly six years of age, having spent her life in a storage room tied to a chair with her arms above her head. Severely malnourished, she was skeletal, expressionless, lacking speech with severe motor retardation. While Anna showed some improvement, she never integrated successfully into her peer group even though she was now living with a foster family. Anna received no specialist intervention and while she made some improvement she remained severely retarded until her death at the age of 10 (Clarke and Clarke, p.28).

Isabelle was discovered at six years locked in a dark room with her 'deaf-mute' mother. Isabelle was suffering from severe malnourishment, her behaviour was either infantile or like that of a wild animal and she did not seem to possess speech. Experts decided she was 'feeble-minded' (Clarke and Clarke, p.42). Within two years of intensive speech and educational therapy she had achieved a normal level of speech and cognitive function.

### Language

Let's examine a specific area of development, that of language, to see if we can come closer to a conclusion in this debate of critical vs. sensitive periods.

Skuse concludes that the development of language appears to be the most vulnerable to deprivation, but much debate surrounds the question of whether there is a critical period for language exposure and/or acquisition. Hall (1985) replied to Skuse with the suggestion that 'some exposure to language and communication is essential at a very early stage, even if only for a very brief period' (p.825), while Lenneberg's 'critical age hypothesis' (cited in Curtiss, 1977, p.208) states that the critical period runs from two years to puberty.

Genie was confined in total isolation from 20 months until her discovery at 13 years of age; although intensive language therapy suggested initial promising acquisition, her capacity remained severely limited and she was capable of 'few normal or appropriate acts of communication at 18 years' (Skuse, 1984, p.562), although Isabelle, confined with a 'deaf-mute' mother, developed normal language skills.

Or we could consider the case of the Koluchova twins, grossly deprived and confined from 18 months to nearly seven years, who went on to develop normally with respect to language (as well as in every other facet of life) (Skuse, 1984). Was this due to their early normal language exposure before they were confined? Was it because they had each other for company and developed ways of communicating? Or was it due to their later intensive care within a foster family?

## English and Romanian adoptees (ERA)

Thus we will turn to the work of the English and Romanian adoptees (ERA) study team and their ongoing research comparing UK adoptees with those adopted into the UK from Romania. The fall of the Ceauşescu regime in Romania created a unique research opportunity through the humanitarian endeavour of removing infants and children from orphanages in which they had suffered severe deprivation.

### Study

The research (Rutter *et al.*, 1998) studied 324 children who were adopted into the UK. The conditions in which the children had lived in Romania varied from ‘poor to appalling’ (Rutter *et al.*, 1998, p.467). They were confined to cots, had few, if any playthings and barely any stimulation through talk or play; were poorly nourished and often endured harsh physical conditions. Nearly half had been reared entirely in institutions; 18 had had family rearing with only two weeks’ institutional care; the rest had spent about half their lives in institutions. Half were severely malnourished and suffering from chronic infections.

### Findings

- The catch-up with respect to these norms was nearly complete at age four (Rutter *et al.*, 1998).
- Age on adoption was a strong predictor of more positive outcomes with no measurable deficit in those adopted before six months. Those adopted after six months were more likely to show evidence of deficits.
- Children who had received better individualised care in institutions tended to have higher cognitive scores at age six.

Rutter *et al.* conclude that ‘children who had experienced prolonged privation in poor-quality institutions tended to show a less complete cognitive recovery, although even with prolonged institutional care, cognitive catch-up was very substantial indeed’.

### Irish findings

Dr Sheila Greene of the Children’s Research Centre, Trinity College Dublin, presented a paper entitled ‘Children’s recovery after early adversity: lessons from inter-country adoption’. The findings were based on research conducted by the Children’s Research Centre on inter-country adoption in Ireland. Dr Greene concludes:

- Inter-country adoption provides many striking examples of resilience.
- Pervasive environmental change from very poor to very positive circumstances can bring about remarkable levels of recovery in children suffering the effects of adversity – by any standard.

- Most children demonstrate a capacity to recover when their circumstances change dramatically; a minority do not.
- Some children who have been subjected to long periods of very intense deprivation will show some recovery but may never be normal in their functioning (p.14).

Source: [www.tcd.ie/childrensresearchcentre](http://www.tcd.ie/childrensresearchcentre)

Our understanding has certainly extended far beyond early simplistic suggestions that early experience determines all future development. What can cause these differences in outcomes? This question is one that will arise repeatedly throughout this book.

## SPECIALTIES IN PSYCHOLOGY

**Clinical psychology** is the application of psychological theories, models and research to a range of psychological, psychiatric, mental health and developmental problems. Clinical psychologists provide a variety of services, including assessment, therapy and consultancy services. They work primarily, but not exclusively, in child and/or adult and learning disability services where emotional, behavioural, psychiatric or developmental difficulties are addressed.

**Counselling psychology**, as a psychological specialty, facilitates personal and interpersonal functioning across the lifespan with a focus on emotional, social, vocational, educational, health-related and developmental concerns. Therefore, counselling psychologists can be found working in such diverse areas as schools and colleges, industrial workplaces and health services. Counselling psychology encompasses a broad range of practices that help people improve their well-being, alleviate distress and maladjustment, resolve crises and increase their ability to live more highly functioning lives. Counselling psychologists work with people who have experienced a range of emotional and psychological difficulties. These include problems of identity and bereavement, relationship problems, sexual abuse, emotional abuse and neglect.

**Educational psychologists** deal with the psychological and educational development of people in the education system. This may include students of any age, their parents or guardians and the people who work with them. Their work can involve both assessment and intervention within the education setting. They are also likely to be involved in training and research on related issues.

**Forensic psychologists** work in a variety of areas, including prisons, probation services, special secure hospitals, rehabilitation units and in private practice. Responsibilities include the assessment of offenders prior to sentencing, management of offenders during sentence and in the community upon release, risk assessment and sex offender treatment programmes. Forensic psychologists also act as expert witnesses and give evidence in court.

**Health psychology** involves an examination of the way in which biological, psychological and social factors affect health and illness. Health psychologists are concerned with studying the relationship between psychological factors (for example, proneness to hostility), social/psychological factors (for example, psychological stress) and illness (for example, heart disease). Areas of practice include health-risk behaviours and developing better ways of helping people to change their behaviours. Health psychologists are also involved in helping individuals to improve their health or to cope with chronic illness or unpleasant medical procedures.

**Neuropsychology** is the scientific study of brain–behaviour relationships, and the clinical application of that knowledge to human problems. A clinical neuropsychologist is a professional psychologist who applies principles of assessment and intervention based upon the scientific study of human behaviour as it relates to normal and abnormal functioning of the central nervous system.

**Organisational psychology** involves the study of human behaviour in the workplace. It is also referred to as industrial or occupational psychology. Organisational psychologists recognise the importance of relationships between individuals, organisations and society. They deal with issues and problems involving people at work by serving as advisors in a variety of organisations.

*Source:* [www.psihq.ie](http://www.psihq.ie)

## SUMMARY

I hope this book will serve as a guide to walk the reader through some of the most fundamental aspects not just of social care but of human development in general. This book is intended to offer a foundation for further exploration of the topics touched on. Life is akin to a voyage; it can be said that it's not so much the destination that is important as the journey there – I wish you a fruitful one!

# Social psychology

*Man is biologically predestined to construct and to inhabit a world with others.*  
– Berger and Luckmann, *The Social Construction of Reality*, 1967

## INTRODUCTION

### *Definition of social psychology*

The field of social psychology studies how other people influence our behaviour (social influence), how we think about and perceive our social world (social thinking and social perception) and how we behave toward other people (social relations). In Philip Zimbardo's APA presidential address, he reflected on the capacity of social-psychological knowledge to offer a more positive contribution to social welfare and social life (Zimbardo, 2004, pp.339–51).

Pancer (1997) argues that social psychology within psychology (as opposed to sociology) has become increasingly asocial, focusing specifically on mainstream social psychology in North America, which continues to dominate the field despite efforts to devise alternatives. This is in contrast to the 'reform-oriented aspirations' of social psychology's pioneers, such as Lewin, who wished to make the discipline socially useful. Pancer concludes that modern social psychology has adopted approaches that do little to advance human welfare. He claims that this is in part due to the influence of the 'cognitive revolution' which is increasingly dominant. Pancer advocates for a 'redirected, critical social psychology' which can help to elucidate why people acquiesce to conditions of oppression and teach us to collaborate with others.

Social psychology thus has the potential for applications in the field of 'care practice' if we envision Pancer's clarion call. Certainly social phenomena, such as prejudice and discrimination, must be of concern to those who work in the field of care practice. Later in this chapter we will consider prejudice from a social psychology perspective; this perhaps is a good time for you to reflect on what prejudices you hold and whether these belief systems affect your treatment of others (particularly in care settings) in the form of discrimination.

## Some figures in social psychology

Gordon Allport was one of the founders of social psychology. He wrote the seminal *Handbook of Social Psychology* (1954) and in it defined social psychology as ‘an attempt to understand and explain how the thought, feeling, and behavior of individuals are influenced by the actual, imagined, or implied presence of other human beings’ (p.5).

Kurt Lewin was an early leader of group dynamic research and is regarded by many as the founder of modern social psychology. Lewin’s equation,  $B = f(P,E)$ , stipulates that behaviour is a function of the person and environment, and he advocated ‘action research’, applying this equation and scientific methods to address social problems such as prejudice and group conflict.

## Social constructionism

### *Differences between constructivism and constructionism*

Perhaps the simplest way of distinguishing constructionism from constructivism is by defining the former as a sociological description of knowledge, and the latter as a psychological description of knowledge. That is to say, while constructivism deals with knowledge formation in the head, constructionism deals with knowledge formation outside the head, between participants in social relationship. Constructivism can include theorists such as Piaget and Vygotsky, for example.

Hruby recognises Gergen as one of the leading and most influential figures in the postmodern approach to social constructionism. According to Hruby (2001, p.54), Gergen defines social construction using the following four themes:

1. Understanding of the world is not derived by observation but by linguistic, cultural and historical contingencies.
2. ‘Understanding is not automatically driven by the forces of nature, but is the result of an active, cooperative enterprise of persons in relationship’ (1985, p.263).
3. ‘The degree to which a given form of understanding prevails . . . is not fundamentally dependent on the empirical validity of the perspective in question, but on the vicissitudes of social processes (e.g., communication, negotiation, conflict, rhetoric)’ (1985, p.268).
4. Negotiated understandings are a form of social action and as such are integrated with all other human activities; an idea with profound implications for the analysis of the metaphors and assessments used in psychology, and more generally in social science.

Social constructionism emphasises how contextual, linguistic and relational factors combine to determine the kinds of human beings that people will become and

how their views of the world will develop. Knowledge is negotiated between people within a given context and time frame. Thus all knowledge and even personhood itself is fleeting. Psychological constructs such as personality are viewed very differently than in the social-constructionist approach, which sees 'personality' as a socially constructed idea rather than something inherently intrapsychic. Many would use the term 'identity' rather than 'self' or 'personality', emphasising the idea that we each have multiple selves which are situated within the boundaries of culture, context and language.

Social constructionism proposes that reality is socially negotiated. This leads to questions such as 'what is mental illness?', 'what is disability?', 'what is woman?'; fundamentally, every construct or concept is informed or constructed by social knowledge. We saw in Chapter 5 that Irish people were, at one time, said to have a low IQ compared to other nationalities in Europe. This belief was created by others and accepted as such. Of course, the difficulty is that 'intelligence' is also a construct; what is perceived as 'intelligence' in the West would be different in another part of the world. Who decides what 'intelligence' is, anyway? And yet we all are influenced and create constructions in almost every facet of our lives. This also explains how we can challenge such social constructions; for example, of disability. Fifty years ago the view of disability was different to the one we have now, capturing the idea that it is fleeting and culturally situated.

## Symbolic interactionism

Symbolic interaction can best be understood as a framework whose general proposition holds that self reflects society and organises social behaviour. Further, society can be viewed as a web of communication or 'symbolic interaction', conducted through meanings developed in a person's interdependent activity. Society is created and recreated as individuals interact. Both society and individual derives from interaction: each presupposes the other.

Three assumptions characterise this perspective:

1. Adequate accounts of behaviour must reflect the perspectives of the actors engaged in that behaviour and cannot rest on the perspective of observers alone.
2. Priority is assigned to social interaction with respect to the emergence of both social organisation and the individual: 'In the beginning there is society.' This assumption differentiates symbolic interactionism from social psychological approaches used by psychologists giving priority to the individual.
3. The self, people's reflexive responses to themselves, links societal processes to social interactions and behaviours.

### **Goffman and symbolic interactionism**

Slattery (2003) points to differences between symbolic interactionism (SI) and the work of Erving Goffman. Whereas SI tries to examine how people create or negotiate their self-images, Goffman focuses on how society forces people to present a certain image of themselves. As such, we are forced to switch back and forth between many complicated roles. Goffman seeks to explore and explain social action in respect of its meaning for others rather than focusing on the causal aspects. It is the relationship between social order, social interaction and the self – the interrelationship between society at large and everyday social intercourse – that is important to Goffman, whose interest lies in elucidating a more sociological account of the individual in an effort to analyse the distinction between the self as a character and the self as social actor, maintaining an image of self in various situations.

In Goffman's interpretations, the self is multifaceted, putting on whatever social mask is needed for different situations. Goffman's work on labelling highlighted not just the way people react to being labelled but also how the process of labelling can create 'abnormal behaviours'. His seminal work, *Asylums*, highlights this phenomenon; in being labelled or, more negatively, stigmatised as 'insane' or 'sick', the individual's self-image began to change, leaving them feeling abnormal and reducing the likelihood of their recovery and their ability to recover. The result was that the individual adopted a new self-image and personality that kept them insulated from 'normal' society; for example, patients in mental health facilities or homeless people in a refuge. The labelling had a self-fulfilling prophecy where the stigmatised person became the image created for them by the label; thus, if labelled as deviant and antisocial, the person would eventually adopt such a persona. This finding had serious implications for those who work with patients and clients, especially in the social care arena.

Goffman's work on asylums was one of the first sociological examinations of the social situation of mental patients, the hospital world as subjectively experienced by the patient. His ideas were based on the use of the 'total institution model' and were not just confined to mental hospitals. Prisons, concentration camps, monasteries, orphanages and military organisations were also considered institutions. As Weinstein (1982, p.268) relates; 'total institutions are places of residence and work where a large number of individuals are cut off from the wider society for a period of time. There is a fundamental split between a large managed group (inmates) and a small supervisory staff. Human needs are handled in a bureaucratic and impersonal way. The social distance between the inmates and staff is great, and each group tends to be hostile toward the other.' Weinstein relays Goffman's description of the 'inmate world' of the total institution. Upon entering the establishment, processes are set in motion to destroy the inmate's old self and create a new self. The person is dispossessed from normal social roles, stripped of their usual identities. The inmate undergoes a mortification of self via physical and social abuse. Contacts with outside persons are limited and inmates cannot prevent their visitors from seeing them in humiliating circumstances.

As a social care practitioner, do you feel that the residential placements you have worked in resemble Goffman's description of the 'total institution'? Do any similarities exist? What steps can be taken to minimise the potential of residential care settings such as nursing homes coming to resemble the 'total institution' described by Goffman?

## 'Like a Prison!'

### *Homeless women's narratives of surviving shelter*

De Ward and Moe (2010) examine how the bureaucracy and institutionalisation within a homeless shelter fit various tenets of Goffman's (1961) 'total institution', particularly with regard to systematic deterioration of personhood and loss of autonomy. Women's experiences as shelter residents are then explored via a typology of survival strategies: submission, adaptation and resistance.

Upon entering the shelter, however, their familial leadership roles were usurped by staff authority. Subsequently, both mothers and their children were subjected to the rules and discipline of the shelter.

Prior research on homeless women's shelter experiences substantiates these elements of the total institution. For example, Stark (1994) cites the loss of respect experienced by parents from their children within shelter institutions. More specifically, Breese and Feltey (1996) found that the privacy, freedom and control women had within their homes, and lives in general, were drastically compromised upon entering a shelter. Becoming homeless and accepting space within a shelter institution were equated with forsaking the 'privileges' that housed people take for granted. So while shelters are distinct from institutions, such as prisons and some mental health hospitals, wherein people are confined against their will and are not free to leave, there is an element of coercion within them. While women were free to leave, this 'freedom' was mitigated by the consequences of living homeless on the streets or otherwise without secure access to shelter, food and clothing. To put oneself, and in many instances one's children, in such perilous circumstances is not a realistic 'choice' per se. The safety of the shelter, regardless of its bureaucratic nature, becomes the most pragmatic and reasonable means of survival. (pp.121–2)

## SOCIAL INFLUENCE

- social norms
- conformity
- obedience.

## Social norms

*Definition:* Social norms are the shared expectations about how people should think, feel and behave, and they are the cement that binds social systems together.

Some norms are formal laws, others are unspoken. Either way, they exert a huge influence upon our daily lives.

A social role consists of a set of norms that characterise how people in a given social position ought to behave. The roles of 'garda', 'doctor' and 'spouse' carry different sets of behaviour expectations.

Norms and roles can influence behaviour so strongly that they compel a person to act uncharacteristically. The 'guards' in the Stanford Prison study were well-adjusted students, yet norms related to the role of 'guard' and to concepts of crime and punishment seemed to override their values, leading to dehumanising treatment of the prisoners.

### *Social roles – Stanford Prison experiment*

The Stanford Prison experiment aimed to examine social roles in order to research the power of the immediate social situation in individuals' behaviour. Philip Zimbardo designed a mock prison in the basement of Stanford University and placed an advertisement looking for volunteers to participate in his research. Twenty-four male volunteers were selected: 12 guards and 12 prisoners. These volunteers were judged to be emotionally stable and with no prior history of criminal behaviour. Zimbardo told the 'wardens' that they were allowed to run the prison as they saw fit; there was only one rule: that there was to be no physical punishment. The wardens were dressed in military-style clothing and mirrored sunglasses to limit eye contact, and were given wooden batons. Those volunteers assigned to 'prisoner' role were told to stay at home and wait to be called. Then their homes were raided and they were arrested by real policemen (the local police force had agreed to co-operate with the research); they were finger-printed and stripped. They were then transported to the 'prison' where they were to spend the next two weeks during the experiment. The prisoners were dressed in smock-like clothing and given identity numbers rather than their names and were supplied with a basic mattress and plain food. As you can see, great efforts were made to make the experiment as lifelike as possible. What happened next was quite shocking, as Zimbardo and Haney (1998, p.709) recount:

Otherwise emotionally strong college students who were randomly assigned to be mock-prisoners suffered acute psychological trauma and breakdowns. Some of the students begged to be released from the intense pains of less than a week of merely simulated imprisonment, whereas others adapted by becoming blindly obedient to the unjust authority of the guards. The guards, too – who also had been carefully chosen on the basis of their normal-average scores on a variety of personality measures, quickly internalized their

randomly assigned role. Many of these seemingly gentle and caring young men, some of whom had described themselves as pacifists or Vietnam War 'doves,' soon began mistreating their peers and were indifferent to the obvious suffering that their actions produced. Several of them devised sadistically inventive ways to harass and degrade the prisoners, and none of the less actively cruel mock-guards ever intervened or complained about the abuses they witnessed. Most of the worst prisoner treatment came on the night shifts and other occasions when the guards thought they could avoid the surveillance and interference of the research team. Our planned two-week experiment had to be aborted after only six days because the experience dramatically and painfully transformed most of the participants in ways we did not anticipate, prepare for, or predict.

What appears to be clear from this study is that if individuals are placed in defined roles they will behave accordingly. Many criticisms of this piece of research have been raised, including ethical ones, which are discussed in Chapter 11, and there were also issues regarding the volunteers. Carnahan and McFarland (2007, p.603) have suggested that it was participant self-selection that led to the cruelty witnessed in the Stanford Prison experiment (SPE). The authors set out to investigate 'whether students who selectively volunteer for a study of prison life possess dispositions associated with behaving abusively. Students were recruited for a psychological study of prison life using a virtually identical newspaper advertisement to that used in the Stanford Prison experiment; . . . volunteers for the prison study scored significantly higher on measures of the abuse, elated dispositions of aggressiveness, authoritarianism, Machiavellianism, narcissism, and social dominance and lower on empathy and altruism, two qualities inversely related to aggressive abuse. Although implications for the SPE remain a matter of conjecture, an interpretation in terms of person-situation interactionism rather than a strict situationist account is indicated by these findings.' Zimbardo and Haney (1998, p.710) have rejected this explanation, countering, 'the negative, anti-social reactions observed were not the product of an environment created by combining a collection of deviant personalities, but rather the result of an intrinsically pathological situation which could distort and rechannel the behaviour of essentially normal individuals. The abnormality here resided in the psychological nature of the situation and not in those who passed through it.' Regardless of what viewpoint you choose to take this piece of research is considered relevant, including in discussions regarding American soldiers' behaviour in Abu Ghraib, which saw the torture and humiliation of prisoners by their guards.

## Conformity and obedience

Norms can influence behaviour only if people conform to them. Without conformity – the adjustment of individual behaviours, attitudes and beliefs to a

group standard – some suggest we would have social chaos. Two main hypotheses have been suggested as to why people conform:

- *Normative social influence* – we conform to obtain rewards that come from being accepted by other people, while at the same time avoiding their rejection.
- *Informational social influence* – we may conform to the opinions and behaviours of other people because we believe they have accurate knowledge and what they are doing is ‘right’.

### **Soloman Asch’s (1951, 1956) conformity experiments**

#### **Factors that affect conformity**

1. Group size: conformity increased from about 5 to 35 per cent as group size increased from one to four confederates, but contrary to common sense, further increases in group size did not increase conformity.
2. Presence of a dissenter: When one confederate (according to the plan) disagreed with the others, this greatly reduced real participants’ conformity. Apparently when someone dissents, this person serves as a model for remaining independent from the group.

#### **Obedience to authority**

Milgram’s study (1974) of the dilemma of obedience, when conscience confronted Malevolent Authority, demonstrates the familiar cry of ‘I was only following orders’. The gist of the study was that participants were instructed to administer electric shocks to other people even though they screamed and begged for them not to. Sixty-five per cent of participants obeyed the instructor’s orders.

#### **Factors that influence destructive obedience**

- remoteness of the victim
- closeness and legitimacy of the authority figure
- cog in a wheel syndrome
- personal characteristics.

Milgram concluded that ‘often, it is not so much the kind of person a man is as the kind of situation in which he finds himself that determines how he will act’ (1974, p.205).

### **Group interaction and dynamics**

#### **Crowd behaviour and deindividuation**

In New York several years ago, a man was perched on the ledge of a building threatening to jump. A crowd of nearly 500 people gathered below chanted at him to jump. Leon Mann (1981) found that in 10 of 21 cases where a person threatened to jump, the crowd had encouraged the person to jump.

A process of deindividuation, where a loss of individuality leads to disinhibited behaviour, has been implicated. This process has been applied to diverse types of antisocial behaviour, from cheating and stealing to riots and acts of genocide. Key to deindividuation is the anonymity to outsiders; conditions which make an individual less identifiable to people outside the group reduces feelings of accountability.

## PREJUDICE

What is prejudice? Is it a social phenomenon with cognitive, affective and behavioural components, or rather is prejudice an affective component, stereotyping the cognitive, and discrimination a behavioural response with all three components making up the whole? Personally I prefer the latter approach to considering prejudice.

Research in the area of prejudice began in earnest in the 1940s and 1950s and was characterised by an emphasis on the individual in the creation and perpetuation of prejudice. The authoritarian personality theory emphasised the individual, reflecting the popularity of Freud, and was influenced by the anti-Semitism witnessed to such great effect in the Holocaust. It maintained that prejudice was the result of a parenting style rather than a class model, even though it maintained that working-class parents with aspirations towards middle-class conventions demanded blind submission to authority and adherence to convention and tradition. Children brought up under this parenting style became adults who internalised this hostility and directed it against any grouping viewed as non-traditional or different.

By the 1960s this approach had fallen from favour to be replaced by the 'subtle racism' and 'dissociation' models. These models emphasised internal conflict between the consciousness and unconsciousness and between culturally learned and internalised values. Movement away from prejudice is the result of internalised egalitarian values triumphing over social learned responses. Another alternative has been advocated in an attempt to reduce prejudice, grounded in social change. This approach took a more cognitive, context-driven approach than its predecessors.

Categorisation became the key term in this approach to understanding the dynamics of prejudice. Categorisation has adaptive functions that have ensured its continuance; the categorisation of people allows us to attempt to predict their behaviour quickly. Further, the categorisation of both people and objects has enabled us to make sense of and adapt to our environments. These positive aspects of categorisation, however, appear to have come at a price, as categorisation can lay the foundations for prejudice and, from that, discrimination. In his *The Nature of Prejudice*, Allport was at the forefront in arguing for the role of social categorisation in prejudice and its solution through constructive inter-ethnic contact. Allport further argued that the capacity to categorise was inherent and

quite normal. As we categorised chairs as furniture, we would categorise people as 'in-group' and 'out-group', and go one step further into loving one or hating the other. This assertion of Allport's has remained popular, though modified over time.

The 'us-them' attitude, or 'in-group' and 'out-group', has been studied in laboratory experiments and it has been established that common biases occur. In-group favouritism refers to the tendency to prefer and attribute more positive characteristics towards members of the 'in-group' and conversely to attribute negative traits to the 'out-group'. Further, people display an 'out-group homogeneity bias'; in-groups can recognise diversity within their own group but consider members of 'out-groups' as all the same, ignoring that many sub-groups exist. For example, when we identify an individual as Asian we ignore the many subgroups of Asians that exist. If one has a negative bias towards the 'out-group' it is more likely that these perceived group biases will be attributed towards an individual of that group. Pettigrew (1979) found that when a stereotype is challenged, that is, a member of the 'out-group' is seen to behave in a way that is opposite to that of the stereotype, this will be written off as an exceptional case or down to luck. For example, if an individual has a stereotype of women as passive and weak and is then confronted by a strong and independent woman they are likely to describe the woman as a 'feminist'. In the case of Margaret Thatcher, a commentator contended that she had more 'male' genes to explain her position of power and strength. In doing this the general stereotype remains intact.

Motivational aspects have been considered as possible roots of prejudice. Fein and Spencer (1997, in Passer, 2001) suggested those with poor self-esteem use prejudice against others in order to enhance their own self-esteem. The term 'social-identity theory' was coined to refer to this phenomenon. Another motivational factor considered was the realistic-conflict theory forwarded by Pettigrew. This view maintained that in times of economic hardship and scarcity intense competition for limited resources leads to prejudice.

## Attempts to reduce prejudice

Fiske (1998) maintains that since the 1970s social psychological research has assumed the importance of information or the lack of it as a facilitator of prejudice. Certainly information can aid the breaking down of misinformed and negative stereotypes, but another approach taken to reduce prejudice has its origins arguably in Allport's work.

The contact hypothesis, as its name suggests, advocates contact to challenge negative and prejudicial stereotypes. Race is one of the most powerful categories an individual is placed in, and it is frequently the grounds upon which prejudice is formed. The contact hypothesis can be seen potently in the desegregation of schools in America in the 1950s. Until the 1954 judgment of the American Supreme Court that segregation violated African-Americans' constitutional rights, black children had been segregated from white children. Testimony in the case

from psychologists maintained that segregation was damaging the outcomes and self-esteem of African-Americans, and further that it increased hostility and prejudice. Did contact decrease prejudice? Studies have been divided, though overall the results appear to be disappointing. Stephan's (1990, as cited in Paluck and Green, 2009) review of 80 evaluation studies of desegregation programmes involving African-American and Caucasian children concluded that direct contact had not appeared to reduce prejudice. Only 13 per cent reported a reduction in prejudice among whites while 53 per cent actually reported an increase.

Several possible explanations could lie behind this result and need to be taken into account in attempting to reduce prejudice through the contact hypothesis. Firstly, both groups should be of equal status, as this has been found effective in reducing prejudice. 'One-on-one' interactions by members from the groups challenges 'out-group homogeneity bias', as an individual often confronts the group stereotype that has been attached; sub-grouping is also more clearly recognised. When groups are forced to work together towards some common goal, results appear to suggest this to be effective in breaking down the stereotypes that lead to prejudice.

Sherif *et al.*'s (1961) research entitled 'the robber cave experiment' is an example of this principle at work and also arguably of the realistic conflict theory. A group of 11-year-old boys was divided by researchers into two groups which were given the names 'the Eagles' and 'the Rattlesnakes'. While they lived in different cabins, the groups took part in activities together and were getting along well until an element of competition was introduced into the activities they were taking part in. Very quickly hostility and conflict began and prejudice was seen with members of both groups now refusing to form friendships with members from the other group. Researchers attempted to reduce this hostility and prejudice by increasing contact through activities, but increased contact was found to increase the hostility. Finally, hostility and prejudice was reduced by forcing both groups to co-operate in order to achieve mutually beneficial goals. This type of co-operative learning programme has found great favour in school settings.

In defence of the findings of Stephan, the findings must be considered in light of the importance of support by social norms; that is, that significant others also share the same goal orientation. For example, the poor result reported by Stephan could be a reflection of the views held by many of the white children's parents, who remained racist and thus at odds with the aims of desegregation.

Another approach theorised by social psychologists to reduce prejudice is that of 'interactive problem solving'. This has been applied in an attempt to reduce inter-group conflict and has been utilised in the new field of international conflict resolution. Both these approaches emphasise a more inter-group conflict approach in reducing prejudice.

Of course, all these hypotheses and theories have an aim: to construct effective methods to reduce prejudice and discrimination. One such piece of work was

conducted by Margo Monteith (1993), who devised a programme that attempted to reduce prejudice against gay people. Monteith describes the common phenomenon of prejudice-related discrepancies. These are responses that are more prejudiced than an individual's personal standards for responding suggest are appropriate. Monteith concludes this to be unsettling when an individual has a genuinely internalised low-prejudiced (LP) belief. Monteith tested individuals with low prejudice and results indicated that 'low-prejudiced subjects' violations of their LP and well-internalised attitudes produced compunction, self- and discrepancy-focused thoughts, attention to discrepancy-relevant information and a slowing of responses' (p.469). Monteith found self-regulation to be effective and insists that the modern fatalistic idea that prejudice is inevitable due to the evolutionary nature of categorisation is flawed. She points to this study and its findings regarding self-regulation as a way forward in attempts to reduce prejudice. Is prejudice learned, therefore? One can ask the same of aggressive and prosocial behaviour. This section will explore these behaviours and the theories that attempt to explain them.

## AGGRESSIVE AND PROSOCIAL BEHAVIOUR

Why do some people help others, sometimes at great risk to themselves and for no apparent benefit, while others display aggressive and antisocial behaviours? Are genes to answer, or the family environment we are raised in, our peer group or perhaps our culture? Many researchers have grappled with these issues. Both behaviours have very practical consequences and implications for our understanding of human nature.

### What is prosocial behaviour?

The term refers to helping, caring, sharing, co-operation and sympathy (Hay, 1994). What processes or influences motivate prosocial behaviour? The empathy-altruism hypothesis was proposed by C. Daniel Batson. Empathy refers to the ability to put oneself in the place of another and to share what that person is experiencing, while altruism relates to the desire to help another without concern for oneself.

Hoffman identified four stages in the development of empathy (Hoffman, 1987, cited in Schaffer, 1999, p.271):

**Stage 1: global empathy** begins at the start of the first year. The baby does not see others as distinct and separate from themselves; therefore, the baby behaves as though what has happened to another has actually befallen them.

**Stage 2: egocentric empathy** starts in the second year. The child is now aware that it is a separate entity but continues to internalise the other's state.

**Stage 3: empathy for another's feelings** is found in children between the age of two to three years. The child now recognises that others have distinct feelings.

**Stage 4: empathy for another's life condition** is the final stage in the development of empathy and is seen in early childhood. Here affect (feelings) is twinned with mental representation of the other's general condition. Thus, a concern for others in the form of an emotional response or behaviour can be seen from the second year onwards.

### *Bystander intervention*

One of the best known phenomena in social psychology, 'bystander effect', was identified by John Darley and Bibb Latané (1968) in the aftermath of the murder of Kitty Genovese. Kitty Genovese arrived home to the block of apartments where she lived in New York, and suffered an attack there which lasted for over half an hour. Despite her screams for help and the fact that allegedly 38 witnesses admitted to hearing her screams, it took 30 minutes before anyone called the police. This tragic case illustrates what has come to be known as the 'bystander effect'; the more people are present the less likely an individual is to act, the inference being that they are waiting for, or expect, another to act instead. Can you remember the radio announcements warning of gas leaks in the street? In the announcement you are asked to phone Bord Gáis to alert them to the leak; 'don't assume that someone else has already reported it'. This message highlights the phenomenon that people are less likely to act if others are present, and that the more people present the less likely it is that an individual will act themselves.

### *Social exchange theory*

- We want to maximise our benefits and minimise our costs:
  - we examine the costs and rewards of helping and not helping
- Three rewards of helping:
  - reciprocity: they will owe us when we need help (or at least it eventually balances out)
  - relieves distress: we don't like to see others suffer
  - social approval.

Other different theoretical approaches to understanding prosocial behaviour consider the possible influence of nature (biology, genetics) and nurture (culture) elements.

### *Genetics*

While genetic influences can help explain acts of prosocial behaviour towards family members according to the principle of kin selection (Buck and Ginsberg, 1991), this does not explain examples of this behaviour towards non-kin. Sociobiologists have suggested the concept of reciprocal altruism; that one helps another in the belief that this will increase the likelihood of help being received (Trivers, 1971). This obviously does not satisfactorily explain differences in

prosocial behaviour. Evidence has also been found in studies of identical twins and fraternal twins pointing to the greater similarity of the behaviour in the former compared to the latter (Rushton *et al.*, 1986).

### **Culture**

Cultural differences have been proposed as an explanation for the development and individualisation of prosocial behaviours. Beatrice and John Whiting (1975) conducted studies of 3–10 year olds in six small communities in the Philippines, America, Mexico, India, Kenya and Japan. They found that Kenyan, Philippino and Mexican children scored highest on altruistic behaviours, with the American children scoring lowest. A possible explanation for this result is that children from poorer backgrounds have more child-minding and other responsibilities as the mother often has to work in the fields. These children can witness the importance and genuine contribution altruism makes to their survival and that of their family. American culture tends to be more individualistic and the importance of altruism is not as pressing. Hindus were found to feel more obligated to behave prosocially than their American counterparts (Miller *et al.*, 1990), which gives another aspect to the cultural influence.

### **Aggressive behaviour**

In recent times increasing numbers of people seem to hold the opinion that our society is becoming more violent. Particular concern has been voiced regarding the behaviour of pre-teens and adolescents. Psychologists have forwarded many explanations for the development of aggressive behaviour. First we need to clarify what aggression is and difficulties inherent in defining it.

#### **Problems with defining aggression**

To define aggression creates many difficulties, especially when dealing with intentionality. If a person does harm when under the influence of drugs, does this differ from the actions of a soldier on the battlefield? If a child pulls a toy away from another because they want to play with it and the other child is hurt in the process, did the child intentionally mean to cause harm?

There appears to be a schism in how the study of aggression is approached; whether aggression is defined by intentionality or by result.

Schaffer (1996, p.279) suggests dividing the categories of aggression into:

- hostile aggression, where the intention of the act is to harm another
- instrumental hostility, which could be used in the example of the child and the toy, where the action is aggressive but the motivation is non-aggressive.

Distinction is also helpful especially when dealing with gender difference between physical aggression and relational (relationships) aggression. Research into

relational aggression is helpful in explaining the differences in levels of aggression between boys and girls and perhaps presenting a more complete picture of female aggression. Thus far gender difference has been accredited to hormonal and socialisation differences.

In the past adult aggressive behaviours were studied without reference to childhood aggressive behaviours. It has now been proposed that aggressive behaviour in childhood can become stable and persist into adulthood.

### *Eron's studies*

One of the most influential studies relating to the stability of aggression was carried out by Eron *et al.*, (1971), sampling 600 eight year olds over a period of 22 years. The children were first rated at eight years of age, based on peer perception and their own perception of their aggression. Researchers contacted the sample again (modal age 19) and managed to re-interview 427 of the original group. Eron reported that one of the most impressive findings was the stability of the aggression over time, and also noted that intellectual ability was negatively related to aggressive behaviour. Finally, Eron and his team contacted the sample (modal age 30) and re-interviewed 295 of the group in person and 114 by mail. They also interviewed the spouses and children of some of the sample. What they discovered was the continued stability of aggression but also that those who displayed aggressive behaviour as children were, as parents, more likely to punish their own children severely and be aggressive towards their spouses. Eron concluded that: 'By the time the child is 8 years old, characteristic ways of behaving aggressively or non-aggressively have already been established' (1971, p.34).

Farrington (1991) supports this study through his similar research in England and found that with males, aggressiveness in mid-childhood was an important predictor of antisocial activities in adulthood.

### *Theories of aggression*

Many theories have been forwarded in an attempt to shed light on the determinants of aggressive behaviour.

**Cognitive:** It has been argued that aggressive children have a greater inability to solve problems on a cognitive level and also to understand others' intentions and motives, resulting in an inappropriate aggressive response.

**Temperament and emotional regulation:** Children who are reported by their parents as having difficult temperaments are more likely to experience behavioural problems and aggressiveness (Kingston and Prior, 1995). Naturally the parent-child relationship would have to be factored into the parents' perception that their child was difficult.

**Parenting and family environment:** The family environment and relationships, as witnessed with Eron's findings, play an influential role in the development of

aggressiveness. Several types of parenting have been associated with increased levels of aggressive in children (see Olweus' types of parenting style in Chapter 4).

**Culture:** Cultural factors have a part to play in the development of aggression and its maintenance. The Great Whale River Eskimos' emphasis on peace and abhorrence of violence and aggressiveness is reflected in their child-rearing practice, where they actively discourage aggressive behaviour (Honigmann and Honigmann, 1954); whilst in other cultures and subcultures toughness and aggressiveness are behaviours often revered and encouraged.

From the perspective of social psychology, the following theories have been advanced:

### **Ethological**

Lorenz's ethological theory posits that humans are inherently or naturally aggressive and have learned ways to control these tendencies. Lorenz emphasised the evolutionary value of aggressiveness with regard to survival. Kalikow (2000) outlines that, in *On Aggression* (1966), Lorenz claimed that intraspecies aggression, normally an adaptive phenomenon in animals, has turned deadly in humans because our development of new weapons that can kill at a distance has outrun our innate inhibition against killing.

### **Social learning**

In Chapter 2 Bandura's theory of social learning was examined. Bandura argues in his social-learning theory that humans *learn* to aggress. Bandura's research was centred on children's imitation of aggression, particularly from those they admire. Bandura witnessed this in his study of hyper-aggressive boys. Further research confirmed to Bandura that we learn to aggress through social learning, that is, through modelling by others. Bandura found that parental modelling of aggressive behaviours played a significant role in the familial transmission of aggression. However, Bandura's main interest lay in the role of violence on television in the development of aggression.

### **The Bobo experiment**

In order to test his idea that children copy and imitate violence, Bandura designed an experiment to clarify the processes governing observational learning. In basic terms, children watched a programme where an adult continually hit a life-size doll (Bobo doll). The children were then left in a room with a Bobo doll and their behaviour was observed. It was found that the majority of children copied what they had previously seen on the television; they hit the Bobo doll as they had seen the adult do. This confirmed for Bandura the relationship between violence on television and its imitation by children.

Bandura identified four major effects of exposure to televised violence. It can

- teach novel aggressive styles of conduct
- weaken restraints over interpersonal aggression by legitimising, glamorising and trivialising violent conduct
- desensitise and habituate viewers to human cruelty
- shape public images of reality.

Bandura relates that the television industry launched an attack on his findings and the suggestion that television was responsible for encouraging violence and aggressive behavior in children. This issue was taken so seriously that the American Congress convened a special committee to examine the issue in closer detail (the Surgeon General's Scientific Advisory Committee on Television and Social Behavior, 1972). Because this is such a pertinent issue, especially with the increased television viewing of children and access to video games (some quite violent), we are going to delve into this topic a little more.

### *The role of media in violence*

- 60–70 per cent of all TV programmes contain violence
- 70–80 per cent show no remorse, criticism, or penalty for the violence
- by the time the average American child graduates from elementary school they have witnessed on TV
  - more than 8,000 murders
  - more than 100,000 other acts of violence (e.g., assaults, rape)
- more recently, video games have become children's favourite form of media
  - 90 per cent of children age 2–17 play regularly
- the majority of popular games are violent

The American Psychological Association outline the following issues they identify in the role of television and video games in aggression.

- Decades of social science research reveals the strong influence of televised violence on the aggressive behavior of children and youth.
- Psychological research reveals that the electronic media play an important role in the development of attitude, emotion, social behavior and intellectual functioning of children and youth.
- There appears to be evidence that exposure to violent media increases feelings of hostility, thoughts about aggression, suspicions about the motives of others, and demonstrates violence as a method to deal with potential conflict situations.
- Perpetrators go unpunished in 73% of all violent scenes, and therefore teach that violence is an effective means of resolving conflict. Only 16% of all programs portrayed negative psychological or financial effects, yet such visual depictions of pain and suffering can actually inhibit aggressive behavior in viewers.
- Comprehensive analysis of violent interactive video game research suggests such exposure:

- a) increases aggressive behavior
  - b) increases aggressive thoughts
  - c) increases angry feelings
  - d) decreases helpful behavior
  - e) increases physiological arousal
- Studies further suggest that sexualized violence in the media has been linked to increases in violence towards women, rape myth acceptance and anti-women attitudes. Research on interactive video games suggests that the most popular video games contain aggressive and violent content; depict women and girls, men and boys, and minorities in exaggerated stereotypical ways; and reward, glamorize and depict as humorous sexualized aggression against women, including assault, rape and murder.
  - The characteristics of violence in interactive video games appear to have similar detrimental effects as viewing television violence; however based upon learning theory (Bandura, 1977; Berkowitz, 1993), the practice, repetition, and rewards for acts of violence may be more conducive to increasing aggressive behavior among children and youth than passively watching violence on TV and in films. With the development of more sophisticated interactive media, such as virtual reality, the implications for violent content are of further concern, due to the intensification of more realistic experiences, and may also be more conducive to increasing aggressive behavior than passively watching violence on TV and in films.
  - Studies further suggest that video games influence the learning processes in many ways more than in passively observing TV:
    - a) requiring identification of the participant with a violent character while playing video games
    - b) actively participating increases learning
    - c) rehearsing entire behavioral sequences rather than only a part of the sequence facilitates learning
    - d) repetition increases learning.
  - The data dealing with media literacy curricula demonstrate that when children are taught how to view television critically, there is a reduction of TV viewing in general, and a clearer understanding of the messages conveyed by the medium. Studies on media literacy demonstrate when children are taught how to view television critically, children can feel less frightened and sad after discussions about the medium, can learn to differentiate between fantasy and reality, and can identify less with aggressive characters on TV, and better understand commercial messages.

Source: [www.apa.org](http://www.apa.org)

This synopsis doesn't outline methodological or other weaknesses of the research that was considered in drafting these points; as always, when reading any finding one should use a critical eye. However, many psychologists would feel strongly that

there is a plethora of evidence illustrating the powerful link between media and violence. Sometimes I can't help but feel that it is common sense; surely it is not a good idea for children and teenagers to watch and interact with violent games detached from any kind of reality. With the increasing popularity of games such as *Grand Theft Auto*, which includes having sex with prostitutes and then murdering them and stealing money back, what kind of message are we sending out? I think it's only fair that I am clear that I support the position taken by the APA, so I can be accused of bias in this issue. Of course, aggression, as with all things, is a complex issue with many different factors at play; nonetheless, the role of media as a powerful factor is difficult to dispute. There are those who feel that the relationship is exaggerated and this is harmless entertainment. Naturally it is up to you what you think is the relationship between television and video games and aggression. Look at evidence and weigh it up in forming your opinion.

## Representation and portrayal of people with disabilities in Irish broadcasting

The following piece is an example of stereotyping at play in the media and the representations created and ascribed to individuals. In this particular piece of research, the National Disability Authority (NDA) note that researchers were able to assign the representation of individuals with disabilities to more than one of the 11 stereotype categories employed in the research. Hence, although there were 88 individuals with disabilities in the programme sample, the researchers noted 119 instances of stereotyping. In 23 of the 88 representations (26 per cent of the total), no stereotype was noted. The stereotype categories were:

- pitiable and pathetic; sweet and innocent; a miracle cure
- victim or an object of violence
- sinister or evil
- faking injury; lazy
- atmosphere – curios or exotica
- 'super-crip'/ triumph over tragedy/noble warrior
- laughable or the butt of jokes
- having a chip on their shoulder/aggressive avenger
- a burden/outcast
- non-sexual or incapable of a worthwhile relationship
- incapable of fully participating in everyday life.

Think about the last time you saw a person with a disability in the media. Do you agree that there is a tendency to ascribe stereotypes to people? When was the last movie you saw that portrayed a person with disability, and how were they portrayed?

For more information: [www.nda.ie](http://www.nda.ie)

## SUMMARY

In this chapter social psychology is described as studying social influence, thinking and behaviour. Issues such as prejudice, discrimination and social roles have an immediate relevance in the field of social care. A study of some of the concepts addressed in this chapter should provide an opportunity to reflect on how we perceive others and relate to them.