The Psychological Person

Cognition, Emotion, and Self
Joseph Walsh

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- How is human behavior influenced by cognitions and emotions?
- How do humans develop a sense of self?

Key Ideas

As you read this chapter, take note of these central ideas:

1. Cognition and emotion are different but interrelated internal processes, and the nature of their relationship has long been debated.

2. Cognition includes the conscious thinking processes of taking in relevant information from the environment, synthesizing that information, and formulating a plan of action based on that synthesis. Cognitive theory in social work practice asserts that thinking, not emotion, should be the primary focus of intervention.

3. Moral development is related to cognitive development, because it proceeds from stages of egocentrism through abstract principles of justice and caring. Stages of moral development differ among men and women and people of different cultures.

4. Emotions can be understood as feeling states characterized by appraisals of a stimulus, changes in bodily sensations, and displays of expressive gestures.

5. The symptoms of psychological problems may be primarily cognitive or emotional, but both cognition and emotion influence the development of problems.

6. The self may be conceptualized as a soul, unfolding potentials, an organizing activity, a cognitive structure, a shared symbolic activity, or the flow of experience.

CASE STUDY

The Pre-med Student

Dan Lee was a 24-year-old single Chinese American male undergraduate student working toward admission into medical school. He came to the university counseling center to get help with his feelings of anxiety, tension, sadness, and anger related to that task and also for some ongoing interpersonal conflicts. Dan was having difficulty concentrating on his studies and was in danger of failing a course he needed to pass in order to stay on track for medical school. He was specifically preoccupied with perceived personal slights from several friends, his sister, and his mother. Dan told the social worker that he needed help learning how to get these significant others to behave more responsibly toward him so that he could focus more intensively on his own work. Dan reported that he also had been diagnosed several years ago with an auditory processing disorder, which meant he was slow to process other people’s verbal communications at times and prepare his responses to them.
Dan is the older of two children (his sister was 22) born to a couple who had grown up in Taiwan and moved to the United States before the children were born. His father was a surgeon and his mother a homemaker, and they had divorced when Dan was 7. He and his sister had lived with their mother since then and only had occasional contact with their father. Dan had internalized the values of his family and culture; he understood that he needed to assume primary responsibility for the well-being of his mother and sister while also achieving high social status for himself. He also exhibited the cultural value of obedience to authority and saw himself as the family's primary authority figure, being the only male member. While a student at the diverse university, Dan maintained cultural ties through his membership in a church that served the Chinese American community.

Dan tried hard to be a good son and brother but held a firm position that others should always accede to his directives. He believed he was always “right” in decisions he made about his mother and sister (regarding where they lived, how his mother spent her time, and what kinds of friends and career choices his sister should make). Regarding his friends, who were mostly limited to casual contacts at school and at his volunteer job at a community health center, Dan felt that whenever there was a conflict or misunderstanding it was always “their fault.” He felt disrespected at these times and became so preoccupied with these “unjust sleights” that he couldn’t concentrate on much else for days afterward. Dan gave one example of a friend who had arrived more than 20 minutes late on two occasions for scheduled social outings. The second time he demanded that the friend apologize for being irresponsible and insensitive, and when the friend did not do so to Dan’s satisfaction, the relationship ended. These kinds of relationship disruptions were common in his life. Dan’s family and friends often did not accept his admonitions, and he wanted to learn from the social worker how to better help these other people see that he was always “rational” and “correct” in his thinking. Dan had warmer feelings toward his peers at church, all of whom were Asian Americans. He spent most of his Sunday afternoons there, participating in social events and singing in the choir. Dan was also in regular contact with an ex-girlfriend, mostly by e-mail but occasionally by phone. He had broken up with her 6 months ago, and while she hoped they would resume a romantic relationship, Dan did not think this would happen.

Spencer, the social worker, was a U.S.-born Caucasian male, several years older than Dan, who had some understanding of the Chinese value system in which the client was raised. He liked Dan, appreciating his intelligence, his motivation to get help, and his ability to articulate his concerns, but he also observed that Dan demonstrated a striking rigidity in his attitudes toward others. Still, he initially validated Dan’s perspective on the presenting issues. Spencer easily engaged Dan in substantive conversations each time they met, reflecting back to Dan the difficulty of his competing demands and desire to help his family lead safe and productive lives. Before long, however, Dan began challenging Spencer’s nondirective feedback. “I want to know what you think I should do here.” “How can I approach my sister so she won’t be so defensive about my input?” “I tell my mother she shouldn’t speak to my dad so often, but she keeps doing so anyway. How can I get her to stop?”

Dan was having difficulty balancing his desires for personal development with his need to care for two adult family members in the manner he felt appropriate. He seemed to have internalized conditions of worth related to his family responsibility and, due to having begun doing so at such a young age, had become quite rigid in his approach to helping the family. Dan’s defensive posture involved distorting the motives of others as oppositional rather than expressions of their own personal inclinations. Further, he never seemed to be able to relax and have fun, except when at church. In recognizing Dan’s rigidity as a defense, Spencer helped him reflect on the possibility that the behaviors of others toward him might not be intentionally oppositional but reflective of differences of opinion and that perhaps Dan could feel good about his well-meaning efforts while recognizing that one’s influence over others cannot be absolute.

(Continued)
Spencer was patient in his responses to Dan: “It’s a difficult situation you are in, and you’re trying your hardest
to do the best for your family, and it’s frustrating that you can’t find ways to help them understand your concern.”
“It hurts you to see other people move in directions you believe are not good for them.” “You feel strongly that
certain people should do what you suggest even though they disagree.” Still, despite these empathic responses
that Spencer believed reflected positive regard, Dan became increasingly frustrated with the social worker. “I
thought you were a professional. I thought you were trained to help people. Why can’t you come up with some
new ideas for me to try?”

Dan’s emotions were not always evident beneath his rigid exterior. The primary feelings he expressed to the
social worker were anxiety, anger, sadness, and frustration. Over time Dan continued to function with his rigid
perspective. He tried to consider his situation from the points of view of others, but he always came back to
the position that he was “rational” and others were “irrational.” He occasionally accused the social worker of
being incompetent for not answering his questions concretely enough. Spencer himself became frustrated with
his inability to help Dan broaden his perspective on interpersonal differences and Dan’s inability to distinguish
disagreement from disrespect. During the course of their year of working together, Spencer employed the follow-
ing interventions, which alternately focused on Dan’s thinking and emotions: cognitive therapy (restructuring),
behavioral change, and psychodynamic therapy (so that Dan might become more aware of the range of his
feelings and how the sources of his anger might be based in his family history and early upbringing). While Dan
noted little progress for several months, Spencer was encouraged by the fact that he continued coming in faith-
fully, week after week.

(Continued)

COGNITION AND EMOTION

Dan’s problems at college reflect his personal psychology, which can be defined as his mind and his mental processes. His story illustrates the impact on social functioning of a person’s particular patterns of cognition and emotion. Cognition can be defined as our conscious or preconscious thinking processes—the mental activities of which we are aware or can become aware with reflection. Cognition includes taking in relevant information from the environment, synthesizing that information, and formulating a plan of action based on that synthesis (Ronen & Freeman, 2007). Beliefs, key elements of our cognition, are ideas we hold to be true. Our assessment of any idea as true or false is based on the synthesis of information. Erroneous beliefs, which may result from misinterpretations of perceptions or from conclusions based on insufficient evidence, frequently contribute to social dysfunction.

Emotion is a difficult concept to define but can be understood as a feeling state characterized by our appraisal of a stimulus, changes in bodily sensations, and displays of expressive gestures (Mulligan & Scherer, 2012). The term emotion is often used interchangeably in the study of psychology with the term affect, but the latter refers only to the physiological manifestations of feelings. Affect may be the result of drives (innate compulsions to gratify basic needs), which generate both conscious and unconscious feelings (those of which we are not aware but that influence our behavior). In contrast, emotion is always consciously experienced. Likewise, emotion is not the same as mood, a feeling disposition that is more stable than emotion, usually less intense, and less tied to a specific situation.

The evolution of psychological thought since the late 1800s has consisted largely of a debate about cognition and emotion—their origins, the nature of their influence on behavior, and their
influence on each other. The only point of agreement seems to be that cognition and emotion are complex and interactive.

THEORIES OF COGNITION

Theories of cognition, which emerged in the 1950s, assume that conscious thinking is the basis for almost all behavior and emotions. Emotions are defined within these theories as the physiological responses that follow our cognitive evaluations of input. In other words, thoughts produce emotions.

Cognitive Theory

Jean Piaget’s cognitive development theory is the most influential theory of cognition in social work and psychology (Lightfoot, Lalonde, & Chandler, 2004). In his system, our capacity for reasoning develops in stages, from infancy through adolescence and early adulthood. Piaget saw the four stages presented in Exhibit 4.1 as sequential and interdependent, evolving from activity without thought, to thought with less emphasis on activity—from doing, to doing knowingly, and finally to conceptualizing. He saw normal physical and neurological development as necessary for cognitive development.

A central concept in Piaget’s theory is that of the schema (plural schemata), defined as an internalized representation of the world or an ingrained and systematic pattern of thought, action, and problem solving. Our schemata develop through social learning (watching and absorbing the experiences of others) or direct learning (our own experiences). Both of these processes may involve assimilation (responding to experiences based on existing schemata) or accommodation (changing schemata when new situations cannot be incorporated within an existing one). As children, we are motivated to develop schemata as a means of maintaining psychological equilibrium, or balance. Any experience that we cannot assimilate creates anxiety, but if our schemata are adjusted to accommodate the new experience, the desired state of equilibrium will be restored. From this perspective, you might interpret Dan’s difficulties with his college peers as an inability to achieve equilibrium by assimilating new interactional experience within his existing schemata. Dan was accustomed to functioning within a relatively small group of family and friends from his own cultural background, where roles were clearly defined. He could not easily adjust to the challenge of managing relationships among a much larger and more diverse student population, where the members’ motivations and worldviews were difficult to comprehend.

Exhibit 4.1 Piaget’s Stages of Cognitive Operations

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
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<tbody>
<tr>
<td>Sensorimotor stage (birth to 2 years)</td>
<td>The infant is egocentric; he or she gradually learns to coordinate sensory and motor activities and develops a beginning sense of objects existing apart from the self.</td>
</tr>
<tr>
<td>Preoperational stage (2 to 7 years)</td>
<td>The child remains primarily egocentric but discovers rules (regularities) that can be applied to new incoming information. The child tends to overgeneralize rules, however, and thus makes many cognitive errors.</td>
</tr>
<tr>
<td>Concrete operations stage (7 to 11 years)</td>
<td>The child can solve concrete problems through the application of logical problem-solving strategies.</td>
</tr>
<tr>
<td>Formal operations stage (11 to adulthood)</td>
<td>The person becomes able to solve real and hypothetical problems using abstract concepts.</td>
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</table>
Another of Piaget's central ideas is that cognitive development unfolds sequentially. Infants are unable to differentiate between “self” and the external world; the primary task in early cognitive development is the gradual reduction of such egocentricity, or self-centeredness. The child gradually learns to perform cognitive operations—to use abstract thoughts and ideas that are not tied to situational sensory and motor information. Piaget's four stages of normal cognitive development are summarized in Exhibit 4.1.

Information Processing Theory

Cognitive theory has been very influential, but, as you might guess, it leaves many aspects of cognitive functioning unexplained. Whereas Piaget sought to explain how cognition develops, information processing theory offers details about how our cognitive processes are organized (Logan, 2000). This theory makes a clear distinction between the thinker and the external environment; each is an independent, objective entity in the processing of inputs and outputs. We receive stimulation from the outside and code it with sensory receptors in the nervous system. The information is first represented in some set of brain activities and is then integrated (by accommodation or assimilation) and stored for purposes of present and future adaptation to the environment. All of us develop increasingly sophisticated problem-solving processes through the evolution of our cognitive patterns, which enable us to draw attention to particular inputs as significant. It should be noted that Dan's auditory processing deficit did not affect the nature of his cognitions. Information processing is a sensory theory in that it depicts information as flowing passively from the external world inward through the senses to the mind. It views the mind as having distinct parts—including the sensory register, short-term memory, and long-term memory—that make unique contributions to thinking in a specific sequence. Interestingly, information processing theory has become important in designing computer systems. In contrast, a motor theory such as Piaget's sees the mind as playing an active role in processing—not merely recording but actually constructing the nature of the input it receives. In Dan's case, information processing theory would suggest that he lacks the schemata adequate for adapting to his novel interpersonal situations. Cognitive theory would suggest that Dan's cognitive biases were making his adjustment difficult.

Social Learning Theory

According to social learning theory, we are motivated by nature to experience pleasure and avoid pain. Social learning theorists acknowledge that thoughts and emotions exist but understand them as behaviors in need of explaining rather than as primary motivating factors. Social workers should be aware that there are many ways in which adults may learn, even in the context of social learning theory (Kunkel, Hummert, & Dennis, 2006). People continue to experience cognitive development in adulthood, with age- and experience-related changes in memory, cognition, and the brain. The basic principles of social learning theory continue to apply, however.

Social learning theory relies to a great extent on social behavioral principles of conditioning, which assert that behavior is shaped by its reinforcing or punishing consequences (operant conditioning) and antecedents (classical conditioning). Albert Bandura (1977b) added the principle of vicarious learning, or modeling, which puts forth that behavior is also acquired by witnessing how the actions of others are reinforced.

Social learning theorists, unlike other social behavioral theorists, assert that thinking takes place between the occurrence of a stimulus and our response. They call this thought process cognitive mediation. The unique patterns we learn for evaluating environmental stimuli explain why each of us may adopt very different behaviors in response to the same stimulus—for example, why Dan's reaction to the behavior of his peers is very different from how many of them might react to each other.
Bandura takes this idea a step further and asserts that we engage in self-observations and make self-judgments about our competence and mastery. We then act on the basis of these self-judgments. Bandura (2001) criticizes information processing theory for its passive view of human agency, arguing that it omits important features of what it means to be human, including subjective consciousness, deliberative action, and the capacity for self-reflection. For example, Dan may have made some negative self-judgments about his competence to complete his pre-med studies that are affecting his functioning.

**Theory of Multiple Intelligences**

Howard Gardner’s (1999, 2006) theory of multiple intelligences constitutes a major step forward in our understanding of how people come to possess different types of cognitive skills and how the same person is able to effectively use cognition and emotion in some areas of life but not others. In this theory, intelligence is defined as a “biopsychosocial potential to process information that can be activated in a cultural setting to solve problems or create products that are of value in a culture” (Gardner, 1999, p. 23). Intelligence includes the following:

- The ability to solve problems one encounters in life
- The ability to generate new problems to solve
- The ability to make something or offer a service that is valued within one's culture

In this theory, the brain is understood not as a single cognitive system but as a central unit of...
During its evolution, the brain has developed separate organs, or modules, as information-processing devices. Thus, all of us have a unique blend of intelligences derived from these modules. Gardner has delineated eight intelligences, which are described in Exhibit 4.2, although in his ongoing research he is considering additional possibilities. Some proponents of multiple intelligence have proposed spiritual or religious intelligence as a possible additional type, and Gardner (2006) has acknowledged that such an “existential” intelligence may be a useful construct. You may be interested to note that in one study, social work educators rated intrapersonal, interpersonal, and linguistic intelligences as the most important for social work practice, and the same educators rated bodily kinesthetic, musical, and spatial intelligences as important for culturally sensitive practice (Matto, Berry-Edwards, Hutchison, Bryant, & Waldbillig, 2006).

Two intelligences, the linguistic (related to spoken and written language) and the logical-mathematical...
(analytic), are most consistent with traditional notions of intelligence.

The theory of multiple intelligences is rather new and has not yet been empirically validated by research (Waterhouse, 2010). Still, it has proven useful in understanding a person’s range of strengths and can even serve as a guide for social work practitioners in deciding on interventions that will maximize client motivation and participation (for example, art therapy for persons with strong visual-spatial intelligence) (Booth & O’Brien, 2008). One of the most positive implications of the theory of multiple intelligences is that it helps us see strengths in ourselves that lie outside the mainstream. For example, Dan has a strong logico-mathematical intelligence that contributes to his ability to master difficult physiological concepts. He may benefit from help, however, in further development of his intrapersonal and interpersonal domains, especially outside his cultural group.

Theories of Moral Reasoning

Morality is our sensitivity to, and perceptions of, what is right and wrong. It develops from our acquired principles of justice and ways of caring for others. Theories of moral reasoning are similar to those of cognitive development in that a sequential process is involved. Familiarity with these theories can help social workers understand how clients make decisions and develop preferences for action in various situations. Both of these issues are important in our efforts to develop goals with clients. The best-known theories of moral reasoning are those of Lawrence Kohlberg and Carol Gilligan. In reviewing these theories, it is important to keep in mind that they are based on studies of men and women in the United States. It is likely that moral development unfolds differently in other cultures, although more research is needed to investigate these differences (Gardiner & Kosmitzki, 2011).

Kohlberg (1969) formulated six stages of moral development, divided into three levels, which begin in childhood and unfold through adolescence and young adulthood (see Exhibit 4.3). His perspective is based on an individualistic notion of justice. The first two stages represent preconventional morality in which the child’s primary motivation is to avoid immediate punishment and receive immediate rewards. Conventional morality emphasizes adherence to social rules. A person at this level of morality might be very troubled, as Dan is, by circumstances that make him or her different from other people. Many people never move beyond this level to postconventional morality, which is characterized by a concern with moral principles transcending those of their own society.

One limitation of Kohlberg’s theory is that it does not take into account gender differences (his subjects were all male). In fact, he claims that women do not advance through all six stages as often as men. Addressing this issue, Gilligan (1982, 1988) notes that boys tend to emphasize independence, autonomy, and the rights of others in their moral thinking, using a justice-oriented approach. Girls, on the other hand, develop an ethic of care and interdependence that grows out of a concern for the needs of others rather than the value of independence. To account for this difference, Gilligan proposed the three stages of moral development listed in Exhibit 4.4. Her stages place greater emphasis than Kohlberg does on the ethic...
of care and are meant to more accurately describe the moral development of females. We see in the next chapter how Gilligan’s work has influenced feminist psychology.

The research findings on gender differences in moral reasoning are inconsistent. Some research indicates that boys do tend to emphasize justice principles, whereas girls emphasize caring, but these differences are not great (see, e.g., Malti, Gasser, & Buchmann, 2009). Other researchers find no differences in the ways males and females reason about moral dilemmas (e.g., Donleavy, 2008; Hauser, Cushman, Young, Mikhail, & Jin, 2007). It is possible that gender differences in moral reasoning, when they do occur, are related to power differences and differences in the typical ethical dilemmas faced by males and females. In one revealing study, a sample of men and women were asked to respond to a set of hypothetical scenarios in which they needed to assume positions of limited power as well as take on caregiving roles (Galotti, 1989). Under these conditions, the moral responses of men and women were similar.

Researchers have also found evidence that culture may have a greater influence on moral reasoning than gender does, with Anglo Americans putting less emphasis on an ethic of care than members of other ethnic groups (Gardiner & Kosmitzki, 2011).

Both Kohlberg’s and Gilligan’s stages of moral reasoning, like Piaget’s cognitive theory, assume

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**Exhibit 4.3  Kohlberg’s Levels and Stages of Moral Development**

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td><strong>Preconventional level</strong></td>
<td></td>
</tr>
<tr>
<td>Stage 1: Heteronomous morality</td>
<td>Accepting what the world says is right</td>
</tr>
<tr>
<td>Stage 2: Instrumental purpose</td>
<td>Defining the good as whatever is agreeable to the self and those in the immediate environment</td>
</tr>
<tr>
<td><strong>Conventional level</strong></td>
<td></td>
</tr>
<tr>
<td>Stage 3: Interpersonal experiences</td>
<td>Seeking conformity and consistency in moral action with significant others</td>
</tr>
<tr>
<td>Stage 4: The societal point of view</td>
<td>Seeking conformity and consistency with what one perceives to be the opinions of the larger community</td>
</tr>
<tr>
<td><strong>Postconventional level</strong></td>
<td></td>
</tr>
<tr>
<td>Stage 5: Ethics</td>
<td>Observing individual and group (societal) rights</td>
</tr>
<tr>
<td>Stage 6: Conscience and logic</td>
<td>Seeking to apply universal principles of right and wrong</td>
</tr>
</tbody>
</table>

**Exhibit 4.4  Gilligan’s Three Stages of Moral Development**

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survival orientation</td>
<td>Egocentric concerns of emotional and physical survival are primary.</td>
</tr>
<tr>
<td>Conventional care</td>
<td>The person defines as right those actions that please significant others.</td>
</tr>
<tr>
<td>Integrated care</td>
<td>A person’s right actions take into account the needs of others as well as the self.</td>
</tr>
</tbody>
</table>
an increasing ability to think abstractly as the person progresses through adolescence. The theories can also be seen as complementary, especially considering that both authors articulated respect for each other’s work (Jorgensen, 2006). With his great concern about individual achievement, along with a desire to care for his sister and mother, Dan seems to fall into Kohlberg’s stage of conventional morality and Gilligan’s stage of conventional care.

Gardiner and Kosmitzki (2011) argue that moral development may not follow a universal script across cultures and suggest that the ecological system in which early social interactions occur shapes moral thought and behavior. For understanding moral reasoning across cultures, they recommend a social constructionist theory of moral development proposed by Neff and Helwig (2002) and Haan (1991), who suggest that moral reasoning comes from the understanding of the interdependence of self and others that develops through social interactions. They propose that the most mature moral reasoner is the one who makes moral decisions that balance the person’s own needs and desires with those of others affected by the issue at hand. Haan found that people who are able to control their own emotions in order to think about possible solutions engage in higher levels of moral action than people who are not able to control their emotions. In this view, moral reasoning would take different forms in different cultures, based on different definitions of needs and desires. Even so, research has tended to support the idea that moral development unfolds in stages across cultures (Gibbs, Basinger, Grime, & Snarey, 2007).

Theories of Cognition in Social Work Practice

When theories of cognition first emerged, they represented a reaction against psychodynamic theories, which focused on the influence of unconscious thought. Many practitioners had come to believe that although some mental processes may be categorized as unconscious, they have only a minor influence on behavior. Rather, conscious thinking is the basis for almost all behavior and emotions (Walsh, 2014).

As we have seen, Piaget’s cognitive theory postulates that we develop mental schemata, or general information-processing rules that become enduring, from past experiences. Schemata are the basis for the ways we screen, discriminate, and code stimuli; categorize and evaluate experiences; and make judgments. Cognition is viewed as active—our minds do not merely receive and process external stimuli but are active in constructing the reality we seek to apprehend. We are “rational” to the extent that our schemata, the basis for our perceptions, accommodate available environmental evidence and our decisions do not rely solely on preconceived notions about the external world. From the perspective of cognitive theory, the sources of our problems may involve accurate assessments of the environment (for which problem-solving interventions may be provided), cognitive deficits (lacking information about a situation) or cognitive misperceptions, or distortions (Murphy, 2004).

So long as our cognitive style helps us to achieve our goals, it is considered healthy. However, thinking patterns can become distorted, featuring patterns of bias that dismiss relevant environmental information from judgment, which can lead in turn to the maladaptive emotional responses described in Exhibit 4.5. These cognitive distortions are habits of thought that lead us at times to distort input from the environment and experience psychological distress (A. T. Beck, 1976; J. S. Beck, 2005).

As a social worker, you could use cognitive theory to surmise that Dan is distressed because he subjectively assesses some of his life situations in a distorted manner. For example, arbitrary inferences may lead him to conclude that because other students do not share his perspectives on how they should behave, they do not respect his point of view. Because he concludes this, he may also conclude that he will continue to feel isolated from his peers, and this thought produces his emotional response of sadness.

To adjust his emotions and mood, Dan needs to learn to evaluate his external environment differently. He needs to consider changing some of the
beliefs, expectations, and meanings he attaches to events, because they are not objectively true. He might conclude, for example, that people possess honest differences of opinion and that some of his peers appreciate him more than he assumes. He may even notice that their opinions are consistent with his more than he realizes. Cognitive theorists would make Dan’s thinking the primary target of change activity, assuming that cognitive change will in turn produce changes in his emotional states.

Cognitive theory is a highly rational approach to human behavior. Even though the theory assumes that some of a person’s beliefs are irrational and distorted, it also assumes that human beings have great potential to correct these beliefs in light of contradictory evidence. In clinical assessment, the social worker must assess the client’s schemata and identify the source of his or her difficulties as being rooted in cognitive deficits, distortions, or accurate assessment of a situation. During intervention, the social worker helps the client adjust his or her cognitive process to better facilitate the attainment of goals. As a result, the client will also experience more positive emotions. It is important to emphasize that clients are not encouraged to rationalize all of their problems as involving faulty assumptions, as many challenges people face are due to oppressive external circumstances. Still, Dan’s belief that his family, former girlfriend, and peers do not value his feedback is an arbitrary inference.

To help him overcome this distortion, the social worker could review the available evidence of that conclusion, helping Dan to understand that his significant others may often give consideration to his points of view even though they do not always accede to them.

Social learning theory takes the tendency in cognitive theory to de-emphasize innate drives and unconscious thinking even further. Some practitioners in the social learning tradition make no attempt to understand internal processes at all and avoid making any inferences about them. Social workers who practice from the behavioral approach conceptualize thoughts and emotions as behaviors subject to reinforcement contingencies (Thyer, 2005). That is, we tend to behave in ways that produce rewards (material or emotional) for us. Thus, behaviors can be modified through the application of specific action-oriented methods, such as those listed in Exhibit 4.6. If Dan feels socially isolated due to his lack of skills at engaging in casual conversation, the social worker would first help him understand that improved social skills might help him feel more connected to his peers. Through behavioral rehearsal Dan could learn through step-by-step modeling and role-playing how to informally interact with his classmates more effectively. His positive reinforcers might include the sense of interpersonal connection, a new sense of efficacy, and reduced anxiety.

<table>
<thead>
<tr>
<th>Cognitive Error</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Absolute thinking</td>
<td>Viewing experiences as all good or all bad and failing to understand that experiences can be a mixture of both</td>
</tr>
<tr>
<td>Overgeneralization</td>
<td>Assuming that deficiencies in one area of life necessarily imply deficiencies in other areas</td>
</tr>
<tr>
<td>Selective abstraction</td>
<td>Focusing only on the negative aspects of a situation and consequently overlooking its positive aspects</td>
</tr>
<tr>
<td>Arbitrary inference</td>
<td>Reaching a negative conclusion about a situation with insufficient evidence</td>
</tr>
<tr>
<td>Magnification</td>
<td>Creating large problems out of small ones</td>
</tr>
<tr>
<td>Minimization</td>
<td>Making large problems small and thus not dealing adequately with them</td>
</tr>
<tr>
<td>Personalization</td>
<td>Accepting blame for negative events without sufficient evidence</td>
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</tbody>
</table>
The combination of assessing and intervening with a person’s thought processes, and then helping the client to identify and develop reinforcers for new ways of thinking and behaving, is known as cognitive-behavioral therapy (CBT). Most cognitive practitioners use cognitive-behavioral methods because it is important to help the client experience rewards for any changes he or she risks.

The more we learn about cognition, however, the more complex it becomes. For example, psychologist and economist Daniel Kahneman (2011) suggests that people place too much confidence in the rationality of their judgment. In fact, his research concludes that we all have built-in cognitive biases. One of these is that we are more driven to avoid pain than to experience pleasure, but more problematic is our “optimistic bias,” which generates a false sense that we have substantial control of our lives. This bias may be adaptive in an evolutionary sense, but as a result we fail to comprehend and take complexity into account in assessing past and present events, and our understanding of the world consists of small, not necessarily representative sets of observations. One implication of this bias is that we tend to be overconfident in our judgments; our “rational” minds generally do not account for the role of chance in events and thus falsely assume that future events will mirror past ones. Kahneman’s work provides a reminder that there is much to be learned about the nature of cognition and the potential for people to act “rationally.”

### Critical Thinking Questions 4.2

How important do you think conscious thinking is in human behavior in general and for Dan Lee in particular? What do you think of Daniel Kahneman’s thesis that we place too much confidence in the rationality of our judgments?

### THEORIES OF EMOTION

Emotion is physiologically programmed into the human brain (see Chapter 3). Its expression is primarily mediated by the hypothalamus, whereas the experience of emotion is a limbic function. But emotion also involves a cognitive labeling of these programmed feelings, which is at least partially a learned process. That is, some emotional experience is an interpretation and not merely given by our physiological state. For example, two students might feel anxious walking into the classroom on the first day of a semester. The anxiety would be a normal reaction to entering a new and unfamiliar situation. However, one student might interpret the anxiety as a heightened alertness that will serve her well in adjusting to the new students and professor, whereas the other student might interpret the same emotion as evidence that she is not prepared to manage the course material. The first student may become excited, but the second student becomes distressed.
Many theorists distinguish between primary and secondary emotions (Parkinson, Fischer, & Manstead, 2005). **Primary emotions** may have evolved as specific reactions with survival value for the human species. They mobilize us, focus our attention, and signal our state of mind to others. There is no consensus on what the primary emotions are, but they are usually limited to anger, fear, sadness, joy, and anticipation (Panksepp, 2008). **Secondary emotions** are more variable among people and are socially acquired. They evolved as humans developed more sophisticated means of learning, controlling, and managing emotions to promote flexible cohesion in social groups. Secondary emotions may result from combinations of primary emotions (Plutchik, 2005), and their greater numbers also imply that our processes of perception, though largely unconscious, are significant in labeling them. These emotions include (but are not limited to) envy, jealousy, anxiety, guilt, shame, relief, hope, depression, pride, love, gratitude, and compassion (Lazarus, 2007).

The autonomic nervous system is key to our processing of emotion (Bentley & Walsh, 2014). This system consists of nerve tracts running from the base of the brain, through the spinal cord, and into the internal organs of the body. It is concerned with maintaining the body's physical homeostasis. Tracts from one branch of this system, the sympathetic division, produce physiological changes that help make us more alert and active. These changes are sustained by the release of hormones from the brain.

**Photo 4.2** Here a boy experiences joy from the kiss of his mother.

© iStockphoto.com/Alexander Hafemann
endocrine glands into the bloodstream. Parasympathetic system nerve tracts produce opposite, or calming, effects in the body. The two systems work together to maintain an appropriate level of physical arousal.

Still, psychologists have debated for more than a century the sources of emotion. Theories range from those that emphasize physiology to those that emphasize the psychological or the purely social context, and they give variable weight to the role of cognition.

**Physiological Theories of Emotion**

A theory of emotion developed more than a century ago by the psychologist William James (1890) speculated that our bodies produce automatic physiological reactions to any stimulus. We notice these reactions and then attempt through cognition to make sense of them. This “making sense” involves labeling the emotion. Thus, emotion follows cognition, which itself follows the physiological reaction to a stimulus. The original theory stated that a distinct emotion arises from each physiological reaction.

A few decades later, another theory (Cannon, 1924) argued that physiological arousal and the experience of emotion are unrelated. Our physiological responses to a stimulus are nonspecific and only prepare us for a general fight-or-flight response (to confront or avoid the stimulus). This response in itself has nothing to do with the experience of emotion because any particular physiological activity may give rise to different emotional states and may not even involve our emotions at all. Thus, a separate process of perception produces our feeling of emotion. Emotion derives from the associations we make based on prior attempts to understand the sensation of arousal.

Physiology-based theories of emotion lost favor in the mid-20th century, but recent brain research is once again suggesting a strong link between physiological processes and emotion. This *differential emotions theory* (Magai, 2001) asserts that emotions originate in our neurophysiology and that our personalities are organized around “affective biases.” All of us possess the primary emotions of happiness, sadness, fear, anger, and interest/excitement. These emotions are instinc
tual, hardwired into our brains, and the source of our motivations. When our emotions are activated, they have a pervasive influence on our cognition and behavior. A key theme in this theory is that emotions influence cognition, a principle opposite to that stressed in cognitive theory.

For example, Dan has a persistent bias toward sadness, which may reflect some personal or material losses that occurred long before he started college. His episodes of sadness produce the temporary physical responses of a slowing down and decreased general effort. The sadness thus allows Dan time to reevaluate his needs and regain energy for more focused attempts to reach more achievable goals. It is also a signal for others to provide Dan with support. (You can certainly recall times when the sadness of another person prompted your own empathic response.) Of course, it is likely that “appearing sad” may have been more functional for Dan in his home community, where he was more consistently around people who knew and took an interest in him. In contrast, the emotion of anger tends to increase a person’s energy and motivate behavior intended to overcome frustration. Furthermore, it signals others to respond with avoidance, compliance, or submission so that the person may resolve the problem. Dan becomes angry rather frequently, and his sullen demeanor clearly encourages his peers, but not necessarily his family, to give him space.

Researchers have speculated for decades about the precise locations of emotional processing in the brain. Much has been learned about structures that participate in this process, and it is clear that many areas of the brain have a role (Farmer, 2009). Furthermore, it is now widely accepted that cultural patterns shape the ways in which environmental input is coded in the brain (Kagan, 2007).
As suggested in Chapter 3, the brain may be conceived as having three sections: hindbrain, midbrain, and forebrain. The **hindbrain** is the oldest of these and is sometimes called the reptilian brain. It consists of the brain stem and cerebellum and is responsible for involuntary life support functions. The **midbrain** is located just above the brain stem. It represents a second level of brain evolution, more advanced than the hindbrain. It includes the limbic system, a group of cell structures and the center of activities that create emotions. The **forebrain** is more focused on the external environment and on “rational” functions. It is the center of emotion, memory, reasoning, abstract thought, and judgment, and it integrates diverse brain activities. All of these sections have a role in the processing of emotion that researchers are only beginning to understand in depth.

The physiology of emotion begins in the **thalamus**, a major integrating center of the brain. Located in the forebrain, the thalamus is the site that receives and relays sensory information from the body and from the environment to other parts of the brain. Any perceived environmental event travels first to the thalamus and then to the sensory cortex (for thought), the basal ganglia (for movement), and the hypothalamus (for feeling). The **amygdala**, part of the limbic system, is key in the production of emotional states. There are in fact two routes to the amygdala from the thalamus. Sensations that produce primary emotions described earlier may travel there directly from the thalamus, bypassing any cognitive apparatus, to produce an immediate reaction that is central to survival. Other inputs first travel through the cortex, where they are cognitively evaluated prior to moving on to the limbic system and amygdala to be processed as the secondary emotions.

Culture and the characteristics of the individual may influence the processing of stimulation because the cognitive structures (schemata) that interpret this stimulation may, through feedback loops to the thalamus, actually shape the neural pathways that will be followed by future stimuli. In other words, neural schemata tend to become rigid patterns of information processing, shaping subsequent patterns for making sense of the external world.

Richard Davidson’s research has focused on the neurological processes underlying emotion, and he perceives the interactions between the prefrontal cortex and amygdala as significant in this regard (Davidson & Begley, 2012). Through brain imaging research he has found that the greater the number of connections between the amygdala and prefrontal cortex, the better we tend to be at managing our emotions. As one example, activity in the left prefrontal cortex is higher in persons who are more resilient to negative emotions, and from this Davidson infers that the left prefrontal cortex sends inhibitory messages to the amygdala.

Davidson claims that we all have different **emotional styles**, composed of combinations of six components, that determine how we react to experiences in our lives and how likely we are to have particular moods (see Exhibit 4.7). The interrelation between the prefrontal cortex and amygdala plays a major role in determining these emotional styles. People with fewer connections tend to be less effective emotional regulators, making them more irritable, quick-tempered, and less able to manage their emotions in a healthy way. Davidson further cites research suggesting that genes associated with emotional styles can gradually change their expression based on our environments, behaviors, and life experiences.

**Psychological Theories of Emotion**

Perhaps the most contentious debates about the role of cognition in emotion have taken place among psychological theorists. As Exhibit 4.8 shows, some psychologists have considered emotion as primary, and others have considered cognition as primary. Psychological theories in the social behavioral perspective, somewhat like physiology-based theories, assume an automatic, programmed response that is then interpreted as emotion, perhaps first consciously but eventually (through habit) unconsciously.
Psychoanalytic Theory

Freud’s landmark work, *The Interpretation of Dreams*, first published in 1899, signaled the arrival of psychoanalytic theory. Freud’s theories became prominent in the United States by the early 1900s, immediately influencing the young profession of social work, and were a dominant force through the 1950s. Psychoanalytic thinking continues to be influential in social work today, through the theories of ego psychology, self psychology, object relations, and relational theory, among others.

The basis of psychoanalytic theory is the primacy of internal drives and unconscious mental activity in human behavior. Sexual and aggressive drives are not “feelings” in themselves, but they motivate behavior that will presumably gratify our impulses. We experience positive emotions when our drives are gratified and negative emotions when they are frustrated. Our

### Exhibit 4.7 Davidson’s Six Components of Emotional Style

- **Resilience**: How quickly we recover from negative emotions.
- **Outlook**: The duration of our positive emotions.
- **Context**: The degree to which we modulate our emotional responses in a manner appropriate to the context (for example, not directly taking out our work-related anger on the boss).
- **Social intuition**: Our sensitivity to social cues, including all verbal and nonverbal expressions, that reflect our ability to understand and empathize with other people’s emotional worlds.
- **Self-awareness**: The extent to which we are aware of emotional signals within our own bodies and minds. The more aware we are of our emotions, the better we will manage them.
- **Attention**: The extent to which we can focus our attention on one thing at a time rather than becoming easily distracted.

### Exhibit 4.8 Psychological Views of the Source of Emotion

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<thead>
<tr>
<th>Perspective</th>
<th>Stimulus</th>
<th>Emotion</th>
<th>Interpretation</th>
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<tr>
<td>Emotion as Primary</td>
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<td>Cognition as Primary</td>
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**Psychodynamic perspective**

*SOURCE: Adapted from Ellsworth, 1991.*
conscious mental functioning takes place within the ego, that part of the personality responsible for negotiating between internal drives and the outside world. It is here that cognition occurs, but it is influenced by those unconscious impulses that are focused on drive satisfaction.

In psychoanalytic thought, then, conscious thinking is a product of the drives from which our emotions also spring. By nature, we are pleasure seekers and “feelers,” not thinkers. Thoughts are our means of deciding how to gratify our drives. Defense mechanisms (see Chapter 5) result from our need to indirectly manage drives when we become frustrated, as we frequently do in the social world, where we must negotiate acceptable behaviors with others. The need to manage drives also contributes to the development of our unconscious mental processes. According to psychoanalytic theory, personal growth cannot be achieved by attending only to conscious processes. We need to explore all of our thoughts and feelings to understand our essential drives. Change requires that we uncover unconscious material and the accompanying feelings that are repressed, or kept out of consciousness.

Let us grant, for example, that Dan has a normal, healthy drive for pleasure. He may also be angry with his father for breaking up the family, providing it with limited resources and leaving him in a responsible position at such a young age. This anger might be repressed into unconsciousness, however, because Dan is also emulating his father professionally and may believe, due to his cultural background, that it is not permissible for a child to be angry with a parent. Dan’s unconscious anger, having been turned inward at himself, may be contributing to his frustrations and inability to experience joy. An analytical social worker might suspect from Dan’s presentation that he experiences this anger but is not aware of it. The social worker might try to help Dan uncover the feeling by having him reflect on his family history in detail, in a safe clinical environment. With the insights that might result from this reflection, Dan’s anger may become conscious, and he can then take direct measures to work through it.

Ego Psychology

Ego psychology, which emerged in the 1930s (Goldstein, 2009), shifted to a more balanced perspective on the influences of cognition and emotion in social functioning. As an adaptation of psychoanalytic theory, it signaled a reaction against Freud’s heavy emphasis on drives and highlighted the ego’s role in promoting healthy social functioning. Ego psychology represents an effort to build a holistic psychology of normal development. It was a major social work practice theory throughout much of the 20th century because of its attention to the environment as well as the person, and it continues to be taught in many schools of social work.

In ego psychology, the ego is conceived of as present from birth and not as derived from the need to reconcile drives within the constraints of social living, as psychoanalytic theory would say. The ego is the source of our attention, concentration, learning, memory, will, and perception. Both past and present experiences are relevant in influencing social functioning. The influence of the drives on emotions and thoughts is not dismissed, but the autonomy of the ego, and thus conscious thought processes, receives greater emphasis than in psychoanalytic theory. The ego moderates internal conflicts, which may relate to drive frustration, but it also mediates the interactions of a healthy person with stressful environmental conditions.

If we experience sadness, then, it is possible that we are having internal conflicts related to drive frustration. It is also possible that we are experiencing person–environment conflicts in which our coping efforts are not effective; the negative emotion may result from a frustration of our ability to manage an environmental stressor and thus may arise from cognitive activities. Dan may be experiencing both types of conflict. His anger at the lack of adequate nurturance in his early family history may have been turned inward and produced a moderate depression. At the same time, the mismatch between his personal needs for mastery and the
demands of the academic environment may also be contributing to his negative feelings.

**Attribution Theory: A Cognitive Perspective**

Attribution theory was the first of the psychological theories of emotion to give primacy to cognition as a producer of emotions (Schacter & Singer, 1962). Attribution theory holds that our experience of emotion is based on conscious evaluations we make about physiological sensations in particular social settings. We respond to situations as we understand them cognitively, which leads directly to our experience of a particular emotion. For example, Dan has often experienced anxiety, but he interprets it differently in dealing with his family (frustration due to their lack of perceived loyalty) and his fellow students (being ridiculed). Attribution theory also notes that the social setting determines the type of emotion experienced; the physiological response determines the strength of the reaction. In other words, the nature of the social setting is key to the process of emotional experience.

Richard Lazarus (2001) has proposed a three-part psychological theory of emotion based on appraisals of situations. He suggests that emotion develops when we assess a situation as somehow relevant to a personal value or life concern. First, we make an unconscious appraisal of whether a situation constitutes a threat. This appraisal is followed by coping responses, which may be cognitive, physiological, or both and may be conscious or unconscious. Once these coping mechanisms are in place, we reappraise the situation and label our associated emotion. This process implies that our feelings originate with an automatic evaluative judgment. We decide whether there is a threat, take immediate coping action to deal with it, and then take a closer look to see exactly what was involved in the situation. At the end of this process, we experience a specific secondary emotion.

A major life concern for Dan is feeling secure in his interpersonal environments. He feels secure in familiar environments (such as his hometown, at his church, and with his family) but feels threatened in unfamiliar places. When he walks into a new classroom, he experiences anxiety. The feeling seems to Dan to be automatic, because his need for security is threatened in the situation. His means of coping is to ignore the other students, neither speaking to nor making eye contact with them, and to sit in a relatively isolated area of the room. Dan then makes at least a partly conscious appraisal that the room is occupied with strangers who are judging him in negative ways. Dan labels his emotion as resentment because he concludes that his classmates are incorrectly perceiving him as socially inferior.

**Critical Thinking Questions 4.3**

We have just looked at three types of theories of emotion: physiological theories, psychological theories, and attribution theory. What did you find most interesting about these different ways of thinking about emotion? Which ideas did you find most appealing? Most convincing? Explain.

**Theory of Emotional Intelligence**

Emotional intelligence is a person’s ability to process information about emotions accurately and effectively and, consequently, to regulate emotions in an optimal manner (Goleman, 2005). It includes self-control, zest and persistence, and the ability to motivate oneself, understand and regulate one’s own emotions, and read and deal effectively with other people’s feelings. This is a relatively new concept in psychology. The idea of integrating the emotional and intellectual systems was considered contradictory for many years. Emotions deal with narrow informational content and specific events that are seen as changeable and unique. The intellect is related to patterns.
and regularities, but recently psychologists have determined that emotional stimulation is necessary for activating certain schematic thought patterns.

Emotional intelligence involves recognizing and regulating emotions in ourselves and other people. It requires emotional sensitivity, or the ability to evaluate emotions within a variety of social circumstances. A person who is angry but knows that certain expressions of anger will be counterproductive in a particular situation, and as a result constrains his or her expressions of anger, is emotionally intelligent. On the other hand, a person with this same knowledge who behaves angrily in spite of this awareness is emotionally unintelligent.

People are not necessarily equally emotionally intelligent about themselves and other people. We may be more emotionally intelligent about other people than we are about ourselves, or vice versa. The first possibility helps to explain why some people, social workers included, seem to be better at giving advice to others than to themselves.

Emotional intelligence requires an integration of intellectual and emotional abilities. Recognizing and regulating emotions requires emotional self-awareness and empathy, but it also necessitates the intellectual ability to calculate the implications of behavioral alternatives. To understand how and why we feel as we do, and other people feel as they do, demands emotional awareness and intellectual reasoning. Emotional intelligence is more important to excellence in many aspects of life than pure intellect because it includes intellect plus other capacities.

There is no necessary relationship between emotional intelligence and emotional intensity. Emotional intelligence includes the capacity to regulate and use emotions, which may in fact favor a type of detachment not typical of emotionally expressive people. As we have already seen, Dan generally lacks emotional self-awareness, and he displays a flat emotional style with most people.

**Social Theories of Emotion**

Social theories of emotion also take the view that perception, or the interpretation of a situation, precedes emotion. These interpretations are learned, and as such they become automatic (unconscious or preconscious) over time. Social theories emphasize the purpose of emotion, which is to sustain shared interpersonal norms and social cohesion. Two social theories are considered here.

James Averill’s (2012) social constructionist theory states that emotions can be understood as socially constructed, transitory roles. They are socially constructed because they originate in our appraisals of situations, transitory in that they are time limited, and roles because they include a range of socially acceptable actions that may be performed in a certain context. We organize and interpret our physiological reactions to stimuli with regard to the social norms involved in the situations where these reactions occur. Emotions permit us, in response to these stimuli, to step out of the conventional social roles to which people not experiencing the emotion are held. For example, in our culture, we generally would not say that we wish to harm someone unless we were feeling anger. We would generally not lash out verbally at a friend or spouse unless we felt frustrated. We would generally not withdraw from certain personal responsibilities and ask others for comfort unless we felt sad. Because of the social functions of emotions, we often experience them as passions, or feelings not under our control. Experiencing passion permits unconventional behavior because we assume that we are somehow not “ourselves,” not able to control what we do at that moment. Our society has adopted this mode of thinking about emotions because it allows us to distance ourselves from some of our actions. Emotions are thus legitimized social roles or permissible behaviors for persons in particular emotional states.

George Herbert Mead (1934), the originator of symbolic interaction theory, took a somewhat different view. He suggested that emotions develop as symbols for communication. He believed that humans are by nature more
sensitive to visual than to verbal cues. Emotional expressions are thus particularly powerful in that they are apprehended visually rather than verbally. Our emotional expression is a signal about how we are inclined to act in a situation, and others can adjust their own behavior in response to our perceived inclinations. Dan’s lack of eye contact and physical distancing from others are manifestations of his anxiety. Other persons, in response, may choose either to offer him support or, more likely in a classroom or lab setting, to avoid him if they interpret his expressions as a desire for distance. Dan was accustomed to people noticing his sadness at home, and responding to it by reaching out to him, but in the fast-paced, more impersonal context of the university culture, this was not happening. One reason he may be continuing contact with his ex-girlfriend is that, despite their differences, she perceives and affirms his sadness.

Theories of Emotion in Social Work Practice

The preceding theories are useful in assessment and intervention with clients because they enhance the social worker’s understanding of the origins of emotional experiences and describe how negative emotional states may emerge and influence behavior. The social worker can help the client develop more positive emotional responses by providing insight or corrective experiences. What follows, however, is a theory that is even more precise in identifying the processes of emotional experience.

L. S. Greenberg (2011) has offered an emotion-focused practice theory, similar to psychoanalytic theory, that may be helpful in social work interventions. Greenberg asserts that all primary emotions—those that originate as biologically based rapid responses—are adaptive. Every primary emotion we experience has the purpose of helping us adjust our relationship with an environmental situation to enhance coping. Secondary emotions emerge from these primary emotions as a result of cognitive mediation. From this perspective, problems in social functioning may occur in one of four scenarios, summarized in Exhibit 4.9.

From this perspective, it is the unconscious or preconscious (mental activity that is out of awareness but can be brought into awareness with prompting) appraisal of situations in relation to our needs that creates emotions. Furthermore, as George Herbert Mead (1934) pointed out, we experience our emotions as images, not as verbal thoughts. Emotions are difficult to apprehend cognitively, and in our attempts to do so, we may mistake their essence. The bad feelings that trouble us come not from those primary emotional responses, which, if experienced directly, would tend to dissipate, but from defensive distortions of those responses. We tend to appraise situations accurately with our primary emotions, but our frustration in achieving affective goals can produce distortions. Thus, in contrast to

Exhibit 4.9 Four Sources of Emotion-Based Problems in Social Functioning

1. A primary emotion may not achieve its aim of changing our relationship with the environment to facilitate adaptation.
2. We may, prior to awareness of a primary emotion, deny, distort, avoid, or repress it and thus become unable to constructively address our person–environment challenge.
3. We may develop cognitive distortions, or irrational “meaning construction” processes, that produce negative secondary emotions.
4. We may regulate our appropriate emotional experiences poorly, by either minimizing or not maintaining control over them.
the assumptions of cognitive theory, distortions of thought may be the result of emotional phenomena rather than their cause.

Consider Dan’s distress as an example. Perhaps he accurately perceives wariness in others (due to his standoffish demeanor). His need to be in control is threatened by this appraisal, and the intensity of his reaction to this frustration becomes problematic, making it hard for him to concentrate on his studies. His emotional patterns, resulting from Source 3 and Source 4 in emotion-focused theory, evoke his tendencies at times to become confrontational almost to the point of verbal abuse.

Personal reality, then, may be as much a product of emotion as cognition. In any situation, the meanings we construct may automatically determine our conscious responses. It is when we directly experience primary emotions that we are functioning in an adaptive manner.

In emotion-focused practice, the social worker would attempt to activate the person’s primary emotional reactions, making them more available to awareness within the safety of the social worker–client relationship and making secondary emotional reactions amenable to reflection and change when necessary. Emotional reactions, cognitive appraisals, and action tendencies may then be identified more clearly by the client. Affective needs can be identified, and a new sense of self may emerge along with an improved capacity for self-direction.

From this perspective, a social worker could help Dan understand that he carries much anger at his family because of their long-term lack of adequate support for his emotional development. Dan could be encouraged within the safety of the social worker–client relationship to experience and ventilate that anger and gain insight into his pattern. Once Dan can consciously identify and experience that negative emotion, he may be less incapacitated by the depression, which is a secondary emotion resulting from his suppression of anger. He might then have more energy to devote to his own social and academic goals and to develop new ways of interacting with others in the university setting.

**COGNITIVE/EMOTIONAL “DISORDERS”**

As social workers, we are reluctant to label people as having cognitive or emotional “disorders.” Instead, we conceptualize problems in social functioning as mismatches in the fit between person and environment. Still, in our study of the psychological person, we can consider how problems are manifested in the client’s cognitive and emotional patterns.

Many social workers are employed in mental health agencies and use the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5; American Psychiatric Association [APA], 2013) to make diagnoses as part of a comprehensive client assessment (see Chapter 5 for details). The *DSM* has been the standard resource for clinical diagnosis in the United States for more than half a century. The purpose of the manual is to provide clear descriptions of diagnostic categories so that practitioners of all disciplines can diagnose, communicate about, and treat people with mental and emotional disorders. The *DSM* includes 20 chapters of disorders that address, among others, neurodevelopmental (such as autism spectrum disorder), schizophrenia spectrum, bipolar, depressive, anxiety, obsessive-compulsive, trauma, dissociative, eating, elimination, sleep-wake, disruptive, substance-related, neurocognitive (such as Alzheimer’s disease), personality, and paraphilic disorders, as well as sexual dysfunctions and gender dysphoria.

It is important to recognize that the *DSM* provides a medical perspective on human functioning. There is tension between the social work profession’s person-in-environment perspective and the requirement in many settings that social workers use the *DSM* to “diagnose” mental, emotional, or behavioral disorders in clients (Corcoran & Walsh, 2010). This is discussed further in Chapter 5.

With this brief introduction, we can consider four examples of disorders selected from the *DSM* to illustrate how either cognitive or emotional characteristics may predominate in a client’s symptom
profile, even though both aspects of the psychological person are always present.

- Two disorders that feature cognitive symptoms are obsessive-compulsive disorder and anorexia nervosa. Obsessive-compulsive disorder is characterized by persistent thoughts that are experienced as intrusive, inappropriate, unwelcome, and distressful. The thoughts are more than excessive worries about real problems, and the person is unable to ignore or suppress them. In anorexia nervosa, an eating disorder, the person becomes obsessive about food, thinking about it almost constantly. The person refuses to maintain a reasonable body weight because of distorted beliefs about physical appearance and the effects of food on the body.

- Two disorders that feature emotional symptoms are persistent depressive disorder (PDD) and agoraphobia. PDD, a mood disorder, is characterized by a lengthy period of depression. It features the emotion of sadness, which tends to persist regardless of external events. Agoraphobia is an anxiety disorder characterized by fear. The person is afraid to be in situations (such as crowds) or places (such as large open areas) from which escape might be difficult or embarrassing. The person must restrict his or her range of social mobility out of fear of being overwhelmed by anxiety for reasons that are not consciously clear.

As a social worker, you might note that Dan displays symptoms of obsessive-compulsive disorder. He experiences persistent and unwanted ideas and thoughts that significantly intrude on his desire to do or think of other things. He does not, however, experience compulsions or illogical impulses to perform certain behaviors (such as repeatedly checking to see if his apartment door is locked). You might thus conclude that Dan's problems are primarily cognitive. However, Dan's cognitive patterns have contributed to, and been affected by, his development of negative emotions. His difficulties at school sustain his chronic anxiety, and his distorted beliefs about the attitudes of others contribute to his sadness at being isolated from them. It is rarely the case that only cognitive factors or only emotional factors are behind a client's problems.

**Critical Thinking Questions 4.4**

Some research suggests that emotional intelligence is more important to career success than intelligence measured as IQ. Does that make sense to you? Why or why not? How can we enhance our own emotional intelligence? How could you help Dan enhance his emotional intelligence? How helpful do you think it would be for Dan's social worker to make a clinical diagnosis using the *DSM-5*?

### THE SELF

It remains for us to integrate elements of cognition and emotion into a cohesive notion of the self. This is a difficult task—one that may, in fact, be impossible to achieve. All of us possess a sense of self, but it is difficult to articulate. How would you define *self*? Most of us tend to think of it as incorporating an essence that is more or less enduring. But beyond that, what would you say? Thinkers from the fields of philosophy, theology, sociology, psychology, and social work have struggled to identify the essence of the *self*, and they offer us a range of perspectives: the self as a soul, an unfolding of innate potentials, an organizing activity, a cognitive structure, a process of shared symbolic activity, or a flow of experience. Cultural psychologists suggest that all of these perspectives assume an independent self, but in many cultures of the world, the self is an interdependent one that cannot be detached from the context of human relationships (Markus & Kitayama, 2009).

#### The Self as a Soul

Understanding the self as a soul appeals to those who see their essence as constant throughout life...
and perhaps transcending their physical being (Gray, 2010). It is certainly true that most of us experience ourselves as more than just bodies; as an “entity” that is consistent across time. This idea is based on certain spiritual traditions (see Chapter 6), and though widely shared, it does not easily lend itself to examination in terms of changing configurations of person and environment. If the self as soul is constant, and apart from the material environment, it may not be substantively influenced by interactions with that environment. Still, the idea of a soul has merit within social work (and other professions). The contrasting notion of physicalism asserts that there will eventually be a complete explanation of human beings in terms of the atoms and molecules in their bodies. Without a spiritual framework, the value of human life may be reduced to the value that society places on certain kinds of people.

The Self as Unfolding Potentials

According to person-centered theory, every human being is a unique biological organism, born with inherent, organically based potentials and ideally striving to lead a life in which the sense of “self” is consistent with those potentials (Rogers, 1986). Put another way, all of us are born with a genetic blueprint to which specific substance is added as our lives progress, depending on social and environmental circumstances. Our core tendency is to actualize our inherent potentials, which Rogers terms the striving toward self-actualization. Further, all potentials serve the maintenance and enhancement of life.

The actualizing tendency is not consciously known to a person until the self-concept emerges. Thus, many of us often find it difficult to appreciate our actualizing tendencies on the intuitive grounds of our experiences. Further, this is a conscious, fluid, and unfolding self, one that is experienced and defined differently throughout life. In fact, it resembles the concept of self presented by narrative theory (described shortly). Our inherent potentials are genetically determined, but our self-concept is socially determined and based in part on our experience of approval or disapproval from others.

The Self as Organizing Activity

The concept of self as an organizing activity incorporates the notions of action, initiative, and organization. We certainly experience ourselves as capable of initiating action, and the sense of organization emerges as we synthesize our activities and experiences. Psychoanalytic theory and ego psychology are consistent with these ideas, as they conceptualize the ego as the organizer of drives and mediator of internal and external conflicts. Your “ego,” which incorporates cognitive and emotional elements, is largely (but not completely) your conception of “who you are.” It is the “you” who thinks, feels, and acts in a reasonably consistent manner. It is everything you do to reflect, plan, and act in ways that allow you to “fit in” more or less adequately with the environments in which you live. More formally, the ego is the part of one’s personality that is responsible for negotiating between internal needs and the demands of social living. It is where cognition occurs, but unconscious mental processes also influence conscious thinking. The ego organizes the drives in response to external restrictions on their satisfaction and is responsible for defensive functions, judgment, rational thinking, and reality awareness.

The ego is largely, although not entirely, conscious, whereas the other portions of the mind—including the id (the source of drives) and the superego (our sense of ideal behavior)—remain outside awareness and thus cannot be apprehended as part of our sense of self. Healthy human behavior is enhanced by bringing unconscious mental activity into conscious awareness, so we can have more choices and solve problems more rationally.
The Self as Cognitive Structure

The self as a cognitive structure is accepted as at least part of most accounts of the self. All of us are in touch (to varying degrees) with our conscious thinking processes and may come to accept them as representing our essence. This cognitive self includes self-representations that develop within our schemata. The self as thinker implies that action and emotion originate in thought.

Within cognitive theory there are no assumed innate drives or motivations that propel us to act in particular ways. We develop patterns of thinking and behavior through habit, but these patterns can be adjusted as we acquire new information. Recall that these schemata are our internalized representation of the world, or patterns of thought, action, and problem solving. They are the necessary biases with which we view the world, based on our early learning. Flexible schemata are desirable, but all schemata tend to be somewhat rigid. Our assumptions and related strategies are not “correct” or “incorrect” as much as they are “functional” or “nonfunctional” for our ability to achieve our goals. Schemata can change, but not always easily.

This self may be consistent with the view of reality as a human construction. As thinkers, our sense of self evolves as we actively participate in processing stimuli and define our realities in accordance with our perceptions. The cognitive self is thus interactional and dynamic, not static.

The Self as Shared Symbolic Experience

The self can be understood as the product of symbols that we negotiate and share with other people in our culture. The theory of symbolic interactionism seeks a resolution to the idea that person and environment are separate (Blumer, 1998; Denzin, 2001; Mead, 1934). It stresses that we develop a sense of meaning in the world through interaction with our physical and social environments, which include other people but also all manifestations of cultural life. The mind represents our capacity to respond subjectively to external stimuli through conceptualizing, defining, symbolizing, valuing, and reflecting. Through social interaction, interpretation of symbols (objects and ideas with shared cultural meanings), and the filtering processes of the mind, we acquire meaning about the world and ourselves.

The sense of self develops from our perceptions of how others perceive us. It is a role-taking process at odds with the psychoanalytic view that the self involves internal drives. Symbolic interactionism suggests that we define ourselves through the attitudes and behavior of others toward us and ultimately from the standards of our society. Our sense of self changes with the changing expectations of others about how we should behave, think, and feel. The medium through which these processes occur is language. Words are symbols, and language is a product of the shared understandings of people within a culture. Thus, social interaction involves an ongoing negotiation of the meanings of words among persons. Consciousness and the sense of self become possible through language as we learn to talk to ourselves, or think, using these symbols.

Communicators must share an understanding of the cultural norms and rules governing conduct for their interaction to proceed coherently. Symbolic interactionism suggests that socialization is a highly dynamic process that continues throughout life and consists of the creation of new meanings, understandings, and definitions of situations through social interaction (Handel, Cahill, & Elkin, 2007). We change as we bring structure to ambiguous social situations to solve problems.

This concept of self includes both the I and the me (Vryan, Adler, & Adler, 2003). The I is the conscious self—what we are aware of in self-reflection and what actively processes information and solves problems. This self emerges as we become objects of our own thoughts. It develops through the influence of significant others—persons...
who have immediate influence on our self-definitions. The me, on the other hand, incorporates thoughts, feelings, and attitudes internalized over time and beneath the level of ready awareness. The me is influenced by generalized others—the types of people whose expectations have come to guide our behavior over time.

By guidance and example, an individual may become involved in a community of supportive individuals whose role expectations strengthen the self-concept. The sense of self as competent in specific situations may improve, and the sense of having a substantial role as a member of a social group may also develop. Dan’s sense of himself as needing to be a high achiever may have originated in messages he received from his family, relatives, neighbors, teachers, and peers early in life. Those significant others may have acted toward him in ways that encouraged him to assume dominant roles. Still, interacting with the people around him today (generalized others) who have more flexible expectations for Dan might influence him to enact different behaviors and eventually achieve greater social competence. If these alternative social actions became prevalent in his life, Dan’s me would experience change as well. He might come to think of himself as more of an “equal” peer rather than one who is always smarter.

The Self as a Flow of Experience

The concept of self as an ongoing process of experience is incorporated in the philosophy and practice of existentialism (Burston & Frie, 2006; Krill, 1996). People who assume the existential viewpoint hold that there is no standard or “correct” human nature; we are all unique and unable to be categorized. What we are is a subjective and ever-changing notion. The self is never any “thing” at a single point in time, because we are defined by the process of becoming, a process for which there is no end point. The self is always in process. Our essence is defined by our freedom to make choices and our need to discover or create meaning (sometimes called will or drive) for ourselves. The self unfolds as we make commitments to ideals outside ourselves (Frankl, 1988).

Existential philosophy is often seen as a pessimistic view of reality because it emphasizes human loneliness, but it does remind us of our uniqueness and the idea that we can always make choices about the directions our lives will take. However negatively Dan sees the world, for example, he need not necessarily maintain that perspective. He can and will always make choices that will make him

Photo 4.3 Some see the self as an ongoing process of experience. The play and exploration of these schoolgirls in Bhutan contribute to their developing self-concepts.

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Humanistic perspective
a different person—that is, a different self. If Dan can recognize this (it won’t happen quickly), he can perhaps make those choices that will enable him to define himself differently.

The self as a flow of experience is also consistent with narrative theory, a relatively new approach to social work practice. Its major premise is that all of us are engaged in an ongoing process of constructing a life story, or personal narrative, that determines our understanding of ourselves and our positions in the world (Herman, 2003). Narrative theory holds that human development is inherently fluid, that there are no developmental “milestones” we should experience to maximize our chances for a satisfying life. Instead, it is the stories we learn to tell about ourselves and about others that create our psychological and social realities. These life narratives are co-constructed with the narratives of significant people in our family, community, and culture. According to narrative theory, all personal experience is fundamentally ambiguous, and we arrange our lives into stories to give our lives coherence and meaning. These stories do not merely reflect our lives—they shape them! As we develop a dominant “story line” (and self-concept), our new experiences are filtered in or out depending on whether they are consistent with the ongoing life narrative. Many problems in living are related to life narratives that exclude certain possibilities for future action.

A value of narrative practice is that of empowering clients, helping them to gain greater control over their lives. Narrative theory is unique in its conceptualization of problems as, at least in part, by-products of cultural practices that are oppressive to the development of functional life narratives. In this sense, it is a “therapy of advocacy.” While some argue that narrative interventions may not be well suited for client problems related to basic needs such as food, shelter, safety, and physical health, they are certainly suitable for issues related to self-concept, interpersonal relationships, and personal growth. From this perspective, we might want to help Dan understand that his sense of self has been strongly influenced by certain cultural traditions that demand he function as a head of household. Understanding the arbitrary nature of this assumption may be an important step toward Dan’s becoming able to focus on his broader range of strengths and thereby achieve more of his personal goals.

These theories of the self represent only a partial overview. Many people believe that the self can only be defined in relation to others, and while this theme has been addressed here, it receives more attention in the next chapter.

Critical Thinking Questions 4.5

How do you define the self? You just read about six ways of thinking about self. Which of these ways makes the most sense to you? Which one comes closest to the way you think about your self? How important is culture in influencing the nature of the self? Does religion or spirituality play a role in the development of self? If so, how?

Implications for Social Work Practice

The study of the psychological person as a thinking and feeling being and as a self has many implications for social work practice:

- Be alert to the possibility that practice interventions may need to focus on any of several systems, including family, small groups, organizations, and communities. The person's transactions with all of these systems affect psychological functioning.
During assessment, remember that developmental theories have limited applicability to members of diverse populations and be open to interpersonal differences with regard to patterns of thinking, feeling, and morality.

Where appropriate, help individual clients to develop a stronger sense of competence through both ego-supportive and ego-modifying interventions.

Where appropriate, help individual clients to enhance problem-solving skills through techniques directed at both cognitive reorganization and behavioral change.

Where appropriate, help individual clients strengthen their sense of self by bringing balance to emotional and cognitive experiences.

Help clients consider their strengths in terms of the unique sets of intelligences they may have and show how these intelligences may help them address their challenges in unique ways.

Where appropriate, encourage clients to become involved in small-group experiences that assist them to understand and change their thoughts, emotions, and behaviors.

Help clients assess their transactions with formal organizations and the effects of these transactions on their psychological functioning.

Help clients assess and make necessary changes in their transactions with the community.

Key Terms

accommodation (cognitive)  
affect  
assimilation (cognitive)  
attrition theory  
cognition  
cognitive mediation  
cognitive operations  
conventional morality  
differential emotions theory  
ego  
ego psychology  
emotion  
emotional intelligence  
information processing theory  
mood  
multiple intelligences  
narrative theory  
postconventional morality  
preconscious  
preconventional morality  
primary emotions  
psychoanalytic theory  
psychology  
schema (schemata)  
secondary emotions  
self  
symbolic interactionism  
unconscious

Active Learning

1. Reread the case study at the beginning of this chapter. As you read, what do you see as the driving force of Dan's behavior as he struggles with earning admission to medical school? Is it cognition? Is it emotion? What patterns of thinking and feeling might Dan have developed from his cultural background? What theories presented in the chapter are most helpful to you in thinking about this, and why?

2. Howard Gardner has proposed a theory of multiple intelligences and suggests that each profession must decide which intelligences are most important to its work. Working in small groups, discuss which of Gardner's eight intelligences are most important for doing social work. Are some intelligences more important in some social work settings than in others? Develop a list of criteria for admission to your social work program based on multiple intelligences.

3. What is your own perspective on the nature of the self? How does this affect your work with clients when you consider their potential for change?
Web Resources

Association for Behavioral and Cognitive Therapies: www.abct.org

ABCT is a multidisciplinary organization committed to the advancement of scientific approaches to the understanding and improvement of human functioning through the investigation and application of behavioral, cognitive, and other evidence-based principles to the assessment, prevention, and treatment of human problems and the enhancement of health and well-being.

Association for Moral Education: www.amenetwork.org

AME was founded in 1976 to provide an interdisciplinary forum for professionals interested in the moral dimensions of educational theory and practice. The association is dedicated to fostering communication, cooperation, training, curriculum development, and research that links moral theory with educational practice. It supports self-reflective educational practices that value the worth and dignity of each individual as a moral agent in a pluralistic society.

Emotional intelligence, social intelligence, ecological intelligence: http://danielgoleman.info/topics/emotional-intelligence

This is the website and blog of Daniel Goleman, author of Emotional Intelligence: Why It Can Matter More Than IQ and Social Intelligence: The New Science of Human Relationships.

Howard Gardner: http://howardgardner.com

The website of Howard Gardner of Harvard Graduate School of Education includes information about his and others’ research on multiple intelligences.

Narrative Therapy Centre of Toronto: www.narrativetherapycentre.com

Site contains information on narrative therapy, events and training, articles and books, and links to other websites on narrative therapy.

Piaget’s developmental theory: www.learningandteaching.info/learning/piaget.htm

Site maintained by James Atherton of the United Kingdom, overviews Jean Piaget’s key ideas and developmental stages.

University of Wisconsin Lab for Affective Neuroscience: http://psyphz.psych.wisc.edu/web

The Laboratory for Affective Neuroscience is engaged in a broad program of research on the brain mechanisms that underlie emotion and emotion regulation in normal individuals throughout the life course and in individuals with various psychiatric disorders.

Student Study Site

SAGE edge

Sharpen your skills with SAGE edge at edge.sagepub.com/hutchisonpe5e

SAGE edge for students provides a personalized approach to help you accomplish your coursework goals in an easy-to-use learning environment.