

Cognitive Theory and Social Work Treatment

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The famous French philosopher Rene Descartes (1596–1650) made a statement that has become well known in the annals of intellectual history: “I think, therefore, I am” (Descartes, 2014). This statement guides one to the area of human thought, ways of organizing and classifying human thought, and the various forms of behavior that are then influenced by it. It is this study of human thought and consequent behavior that has come to be known in modern social sciences as “cognitive theory.” Social work and other helping professions use this theory for interventions with individuals, families, groups, communities, and organizations.

A dictionary definition of the word “cognition” is “the process of knowing, or the capacity for it” (Merriam & Merriam, 1957, p. 160). The term “cognitive theory” has come to mean the art and science of understanding how humans

perceive, think, and process various forms of information and then respond to them. It has emerged as a discipline in sociology, anthropology, sociobiology, psychology, biology, sociolinguistics, and social work. It engages in the study of how humans reason, make judgments, make decisions, and engage in problem solving. It includes how the human mind forms concepts that help us respond to various forms of situations.

The development of cognitive theory has been significantly influenced by the fields of computer and information technology, with their interest in information-processing and memory. Alternative forms of intelligence, logic, and memory were applied by theorists to the human mind and its processing of memory and cognition. In the social sciences, the rise in popularity of “logical positivism,” with

its focus on phenomena that are empirically verifiable, also contributed significantly to the development of cognitive theory and interventions. In the social sciences, logical positivism encouraged movement away from a belief in internal drives and unconscious forces as causes for human behavior. It pointed toward more observable and measurable phenomena such as environmental events and internal identifiable cognitions. The “personal construct theory” of George Kelly (1958), with its focus on interpretation and reasoning, further influenced the development of cognitive theory and interventions (Walsh, 2008). Of special importance here is Kelly’s notion of “personal constructs” (1955), referring to how individuals learn, create, and use important ideas to understand social realities.

Kelly (1955) identified three primary construct types, or “frames,” through which individuals interpret the world: preemptive constructs, constellatory constructs, and propositional constructs. The “preemptive constructs” prevent the reexamination or reintegration of new information, and allow individuals and events to be placed only in one realm (Hjelle & Ziegler, 1976). Once an opinion has been made, new information is not utilized to change or modify that opinion, and once a label is applied to a person or event, that label remains fixed. Rigid or fundamentalist belief systems may be considered to be preemptive constructs. In psychological terms, the concept of learned helplessness (cf. Seligman, 1992; Peterson & Ma, 1993) may be considered a preemptive construct. Individuals with learned helplessness have taught themselves over time that their actions are always ineffective, leading to hopelessness and a sense of helplessness in the face of problems. For these individuals, the preemptive construct of helplessness prevents them from considering alternative actions and generating effective solutions to problems.

Like preemptive constructs, Kelly’s (1955) “constellatory constructs” also encourage fixed assignment of individuals or events to one group. However, unlike preemptive constructs, constellatory constructs allow more flexible thinking (Hjelle & Ziegler, 1976). Stereotypes are exemplars of constellatory constructs; an individual who belongs to a certain ethnic

group is also assumed to reflect the stereotypes assigned to that group. A “propositional construct,” however, allows individuals to change their opinions based on new information and maintains room for the examination of new information and the reinterpretation of events (Hjelle & Ziegler, 1976). Kelly (1958) also identified lesser constructs: comprehensive constructs, incidental constructs, core constructs, and peripheral constructs. An extension from the idea of personal constructs is the constructs developed and used by groups, communities, and organizations, variously known as collective cognition, groupthink, definition of the situation by a group, or the social construction of reality.

Disciplines and Political Correctness

Cognitive theory may be used to understand how the individual client or patient thinks about a social reality and how such thought, in turn, influences his or her behavior. It follows that this client can be a group, a family, a community, or an organization, and a helping process defines or guides ways of assessing and altering their thought and behavior. However, this very process can be turned around to ask: How does the help-provider organize his or her thoughts about the client or the patient? Often an academic or professional discipline may get caught in the appropriateness or “political correctness” (the idea that people should be careful to not use language or behave in a way that could offend individuals or a particular group of individuals) of a word, a concept, a linguistic usage, and ideas to understand clients or patients, and then some pathways to intervention become “politically correct” while others are seen as “politically incorrect.” Before one ventures into how clients or patients and their cognition should be understood to guide intervention, it is important to review how the cognition of the help-provider is often immersed in the norms of political correctness of a professional culture.

Our first example of such political correctness emerges from the professional help provider’s notion of “functional” or “dysfunctional” thought and behavior. Within a modern society, the United States, for example, disciplines

of clinical psychology and clinical social work often define an individual or a family as functional or dysfunctional within its environment. Such a way of defining an individual or a family is often supported by a “medicalized” (meaning using the traditions, rituals, and vocabulary of the medical profession) culture. Sometimes, however, defining a group or a community culture as functional or dysfunctional is seen by others within that profession or those outside the profession as politically incorrect: for example, gender role norms differ for both men and women across different cultures within the United States. This is something that is known to social work professionals, but it is considered not appropriate to interpret these differences as evidence of a dysfunctional community culture. In the discipline of social work, it is this norm of not seeing a community culture as dysfunctional that has contributed to what is known as “the strengths model” (Saleeby, 2005), or deliberately not focusing on “the deficits” of a group or a community.

Comparable to the concepts of functional and dysfunctional are those of “adaptation and maladaptation,” “normalcy and deviance,” “normal and pathological,” and “wellness and illness.” All of these concepts are used by academic disciplines and the helping professions to define an individual client, a family, a group, a community, or an organization. These constructs, when seen as cognition and consequent behavior in a given environment, however, may still be useful, because they guide social workers in setting goals and in identifying what kind of thoughts or behaviors need to be changed. The profession of social work has long used the term “person in environment” (and by derivation, a family in an environment, a group in an environment, a community in an environment, or an organization in an environment), and use of this paradigm clarifies how clients are functional or dysfunctional, adaptive or not adaptive, normal or deviant, well or ill, and normal or pathological within one or more social environments.

Origins in Sociology

Goffman’s (1974) concept of “frames” and frame analysis is also helpful to our understanding of how social workers conceptualize problems

with individuals, groups, and communities. Frame analysis is a method of social inquiry that analyzes the cognitive schemas influencing the interpretation of events by individuals and groups. In Goffman’s own words regarding frames, the “definition of a situation is built up in accordance with principles of organization which govern events . . . ; frame is the word I use to refer to these basic elements” (Goffman, 1974, p. 10). An example of the use of frames is our interpretation of popular rap music lyrics such as Eminem’s

Now I don’t wanna hit no women when this chick’s
got it coming.
Someone better get this bitch before she gets kicked
in the stomach.

Our interpretation of such lyrics either as empowering creativity and expression for young, urban, poor, primarily black men—or as oppressive misogyny for women—is ultimately determined by the frame we use to analyze and define the situation.

The classic work of Chicago sociologist W. I. Thomas (1923) introduced the phrase “definition of the situation,” which meant how any given situation can be seen, interpreted, and acted upon differently by different individuals from different backgrounds. His axiom was then used in the classic study of Polish peasants in Europe and America (Thomas & Znaniecki, 1927). The Polish immigrant in American society, for example, viewed a situation very differently than did a peasant who was a member of Polish society. Since the work of Thomas (1923), the axiom “definition of the situation” has become an important way of understanding how different individuals see and react to the same situation differently. Since the work of Thomas, Talcott Parsons (1951) added the idea of “pattern variables,” which suggests that there are about five ways one can view and respond to a given situation. One of these five ways is a definition of the situation prompted either from affectivity or from affect-neutrality. A tragic accident may create serious wounds to a given person, and an onlooker may define this situation with affect and start screaming. A medic or an emergency room physician is likely to respond to the same situation from affect-neutrality, since the response is prompted by years of medical and

technical training that mandates a calm and problem-solving demeanor.

A further development of the ideas of Thomas and Parsons can be found in the treatise by Berger and Luckman (1966), where they introduce the idea that “reality” is socially constructed. An example of this way of thinking can be found in the story of Teresa of Avila during the Spanish Inquisition. In this story, about 14 nuns were found to be communicating with spirits and other beings that most people could not see or hear. Some professionals in clinical social work today would label this behavior as hallucinations and delusions. The church fathers of the time, however, defined this behavior as “evil,” and called for them to be tied to a stake and burned alive. At this point, Teresa is supposed to have said that the nuns should be treated as *comas enfermas*, meaning that they should be treated *as if sick* (Bates, 1977, p. 9). In this example, the first construction of reality was done by the church fathers when they defined the situation as “evil.” Then, the second construction of reality was done by Teresa of Avila, when she declared that the nuns should not be treated as “evil,” but defined as “sick.” The definition of the situation by the church fathers called for burning the women, whereas that by Teresa called for putting them in the custody of persons qualified to provide treatment.

The changing of a definition of the situation by Teresa of Avila from “evil” to “sick” can be called a form of “cognitive restructuring” (Cuncic, 2014). Here, the cognitive structure of the church fathers is being restructured. Later in this book it will be shown that cognitive restructuring is an important technique used by psychologists and social workers.

Many individuals past and present believe that the experiences of Teresa of Avila were genuine experiences of God’s actual presence, through which Teresa gained the wisdom and strength to establish convents and monasteries throughout Spain. Furthermore, Teresa’s visions are presumed to have led her to a deeper, more reflective spiritual practice, and the dissemination of her spiritual understanding through inspirational writings. For individuals with more mystical religious beliefs, a situation may be defined as a significant religious or spiritual experience. Walsh (2008) reminds us of the

importance of incorporating this understanding into the social work assessment process.

The concept of the definition of the situation has seen important usages in current studies of managers in industry (Trompenaars & Hampden-Turner, 1997), who point out that managers in industry learn how to think and solve problems using their own personal, organizational, and other backgrounds. The study of organizational culture today, in order to understand management behavior (Schein, 2010) and make management effective and efficient, evolves from these contributions by sociological theorists.

Origins in Anthropology

How humans think and react to a situation was the subject of an elaborate study by the anthropologist Malinowski (1955). The variety of ways in which different cultures appraise a situation was the focus of his study. For example, the finality of death is a universal experience in all human groups. However, how to give meaning to death by socially constructed funeral procedures varies from culture to culture.

A controversial paradigm emerged in anthropology when Lucien Levy-Bruhl (1926) introduced the idea of “cognitive relativism.” His work suggested that all human groups develop a cultural style of adaptation to their environments. This cultural style, in turn, teaches their members how to think. Within the different styles of thought, some are more functional (that is, they help in the group’s adaptation to its environment better) than others. The implication of this is that certain cognitive styles adopted by some cultures may be “superior” to those of others. The contemporaries of Levy-Bruhl saw this theory of cognitive relativism as somewhat ethnocentric. However, even to date, the idea of functional versus dysfunctional cognition at the individual level is very much accepted, and current psychologists and clinical social workers engaged in cognitive-behavioral intervention use the idea of functional versus dysfunctional cognition (that is, an individual client or patient’s way of thinking is either adaptive or maladaptive) in their professional practice. The controversy begins when one suggests that the cognitive style taught by

one culture is more functional than that of another.

Origins in Sociobiology

An important pioneer in sociobiology is Edward O. Wilson (1978), who argued that human cognition and behavior cannot be well explained by the ideas of individual development, social environment, or cultural context, and should be understood as having emerged from an evolutionary sequence. This means that human cognition and behavior originate, not exclusively from individual development (as many psychologists suggest) or from group or community culture (as sociologists, anthropologists, and social workers suggest), but from genetic and biological adaptation. This position created a controversy, and it was hotly disputed by many social scientists who argued that it was close to the ideas suggested by social Darwinism (the belief that persons are subject to the same laws of natural selection as plants and animals) and eugenics during the latter part of the 19th and early part of the 20th centuries. This idea in sociobiology is especially unpopular in social work, since it leads to a position that many forms of human cognition and behavior are biological in origin, and subsequently not subject to social intervention.

Origins in Psychology

The work of Swiss psychologist Jean Piaget is usually seen as an important beginning of cognitive theory in the discipline of psychology. Piaget was the first to propose that “schemata” form the basic structures of mind that allow individuals to organize information and intellectually develop (Piaget, 1932; Robbins, Chatterjee, & Canda, 2012, pp. 264–277). He further proposed that humans maintain two biologically inherited cognitive functions: “Organization,” which refers to the tendency to blend and coordinate physical or mental structures into higher-order structures; and “adaptation,” which refers to the ways the mind changes information in order to accommodate the external environment (Robbins et al., 2012, p. 278). According to Piaget, important processes in cognitive development include

three areas: (1) *assimilation*, meaning the ways in which new information is assimilated into existing mental schemata; (2) *accommodation*, which is the development of new schemata through assimilation; and (3) *memory*, which is the ability to learn and maintain new learning over time.

Piaget (1951) further proposed a linear and stage-based model of cognitive development where each stage is built upon the previous stage. Stages are associated with a specific childhood age, and in each stage, the child is expected to master specific sensorimotor and cognitive tasks. Stage one, the sensorimotor stage, occurs between birth and age two, during which children develop goal-directed behavior, gain a sense of objects and permanence, and develop the capacity for symbolic thought and for mentally representing objects (Robbins et al., 2012, pp. 264–266). Stage two, the preoperational period, occurs between ages two and seven and involves the development of language, increased use of symbolization and mental representations, and increased skill in understanding interrelationships between objects. In stage three, concrete operations, which occurs between ages seven and eleven, children learn the cognitive functions of reversibility and compensation. They become capable of focusing on more than one perception at once (compensation) and of undoing or redoing an action in their minds (reversibility). Stage four, formal operations, occurs between ages eleven and fifteen, and includes the development of reasoning and increased capacity for abstraction.

While Piaget also proposed a theory of moral development that included a premoral stage, moral realism, and moral relativism, it was Kohlberg (1969) who proposed a more complex theory of moral development in children. Kohlberg’s is a six-stage theory divided into three levels (Robbins et al., 2012, pp. 276–277). The first level, the preconventional level, includes the obedience and punishment stage and the egoistic orientation stage. This level is distinguished by its focus on rules, punishment, and rewards as motivators for moral behavior. The second level, the conventional level, includes the stages of the good boy/nice girl orientation and authority-maintaining morality. The focus at this level is on approval from authority figures

and the avoidance of social disapproval. In the final level, the postconventional, which occurs from age 16 into adulthood, social contracts and the principled conscience are developed. At this level, “emphasis is placed on democratically accepted law and consensus as well as an understanding of the greater good and the potential to modify an unjust social contract” (Robbins et al., 2012, p. 278). It is important to note that Kohlberg believed that this third level was rarely achieved by most individuals.

A simple extrapolation from Kohlberg’s theory of moral development, however, can be used to return to the matter of cognitive relativism of Levey-Bruhl (1926). This extrapolation may be framed in the following manner. Kohlberg proposes (1969) that formal education can be an important contributor to the development of postconventional morality. This may mean that the more the formal education an individual has, the greater the probability of attaining a moral frame that can be considered postconventional. However, formal education is also often used as a measure of social class (Hollingshead, 1975; Beeghley, 2007). That is, the more the formal education one has, the higher the likelihood of one’s placement in a higher social class. Does that mean that persons placed in a higher social class are more likely to attain postconventional morality? This very awkward (and perhaps politically incorrect) position was raised by Kanjirathinkal (1990). Since his work, this politically incorrect question has not been pursued in subsequent research in the social sciences.

An example may be important here. Preserving the environment is a moral position adopted by many individuals. Is this a postconventional morality? Is it more common among the members of the upper classes than among the members of the poverty classes? Do the members of the upper classes have more investment in preserving the environment than those from the bottom end of the socioeconomic ladder? It is questions like this that return to the idea of cognitive relativism, and the political correctness of questions like this remains unsettled.

Three other scholars have made substantial contributions to cognitive theory in the discipline of psychology: Jerome S. Bruner, Leon

Festinger, and Albert Bandura. Bruner, influenced by the work of Lev Vygotsky, contributed to understanding how children learn in a social environment. He called it the “theory of cognitive scaffolding,” which describes how children learn more when provided with enough support during the initial stages of learning (Bruner, 1966; Bruner, 1979; Bruner, 1990; Bruner, Goodnow, & Austin, 1956). By implication, it means that all human beings acquire more knowledge when provided with cognitive support. Recent research has revealed that cognitive support of children provides substantially more and better learning than the use of corporal punishment (Reid, 2014).

Psychologist Leon Festinger suggested that humans often struggle to reach cognitive consistency. He suggested that “cognitive dissonance” is an antecedent condition that leads to activity toward dissonance reduction, much like hunger leads toward activity that leads to hunger reduction (Festinger, 1957). Festinger’s work continues to develop new works about cognitive consistency and what it does to human behavior (cf. Hamilton-Jones & Mills, 1999).

Albert Bandura (1977; 1986; 1989) delineated how cognitive and social factors influence imitative behavior, which, in turn, influences learning. He suggested four processes that contribute to learning: *attention*, *retention*, *production*, and *motivation*. First, a child must pay *attention* to selected stimuli and filter out other stimuli. Second, the child must *retain* selected stimuli, either by semantic symbols, or by visual representation. Third, the child must be able to *produce* a given behavior that has been retained. Fourth, a child must have the *motivation* to produce a given behavior. These four processes affect the cognitive and social factors that mediate learning.

Biology and Cognitive Theory

Recent years have seen an increase in interest in and research on the biological basis of cognition. Biological and neurological research has examined the ways neural systems mediate the relationships between cognition and the social environment, leading to increased understanding of disorders such as autism (Nurius, 2008). Technological methods for examining and

measuring neuronal activity related to cognitive functioning such as positron emission tomography (PET), which measures cerebral blood flow, and functional magnetic resonance imaging (fMRI), which measures brain activation, have been widely used over the past 15 years.

It is assumed that better understanding of the neurological components of cognition will allow researchers to understand the effects of different types of neuronal activity on information coding, processing, and interpretation (Morris, Tarassenko, & Kenward, 2006). One important insight regarding cognitive processes established from neurobiological research has been in the area of implicit cognitions. Research has found that separate brain areas are responsible for explicit cognitive processing which is reflective and controlled, and for implicit processing which is more impulsive processing responsible for automatic appraisals that we may not be aware of (Wiers & Stacy, 2006). This dual cognitive-processing model has informed social workers' understanding of emotion regulation and impulse-control disorders, especially those associated with addiction and trauma (Shapiro & Applegate, 2000).

As neurobiologically driven interventions are utilized, some may be concerned that they could make social work interventions obsolete. However, these areas of research have informed new clinical interventions that have been adopted by social work practitioners. These include mindfulness-based interventions (Bowen, Chawla, & Marlatt, 2011) and dual-processing models of intervention (Matto & Brown, 2013) that address implicit processing in addictive disorders and relapse. Additionally, neurobiological research on the effects of trauma on cognition support experimental interventions such as movement, art, and music that many social workers integrate into clinical practice (van der Kolk, 2014). Recent research on the effects of environment on cognitive processes mediated through neurobiological mechanisms also offers social workers an enhanced evidence base from which to advocate for policies that improve ecological, social, and educational environments that impact neurological and cognitive development (Odom, Pungello, & Gardner-Neblett, 2012).

Language Use and Cognitive Theory

Begley (2009, p. 31) has summarized several research findings suggesting that language usage may shape cognition. An example given by her is that a very tall bridge in the south of France, the Viaduct de Millau, is seen as feminine by German speakers. In French, it is seen as masculine. German speakers see it as a form of beauty, whereas French speakers see it as a powerful structure with an impressive presence. Begley then goes on to suggest that each language is embedded in a culture, and even though she does not use the term "cognitive relativism," she concludes that each and every language defines a situation in a unique way that is different when seen in comparison with other languages. Thus, within a language, words chosen to define a situation may vary from person to person, from group to group, and from profession to profession. Furthermore, in two different languages, as shown in the example cited above, a situation may be defined in one given way in one language and in another way in another language.

Another example of linguistic construction of reality comes from how "madness" is defined in English-speaking cultures (Bates, 1977) and how its translation in Bengali (called *paglami*) is defined in Bengali-speaking cultures. In English-speaking cultures, "madness" essentially has two definitions, and at times they can be overlapping (cf. Kutchins & Kirk, 1997; Watters, 2010). The first leads to defining a person who is not in contact with reality as the larger society knows it, and the person is seen as having hallucinations or delusions. This definition often leads to seeing the person as "sick," as was done by Teresa (discussed above) during the Spanish Inquisition. This definition often calls for appointing members of the medical and psychological professions as custodians of the situation. A second definition also exists in English-speaking cultures, and this leads to defining a person as "deviant" according to the norms of larger society, and requires ostracizing or incarcerating the person. In the latter case, members of the justice system are seen as appropriate custodians of the situation. Thus one can suggest that English-speaking cultures,

for the most part, maintain two definitions arising from the use of the word “madness.”

In Bengali-speaking cultures, however, the two above-mentioned situations also prevail. In addition, the behavior of a person who gives up living as an everyday householder and pursues the meaning of life by deep introspection, or persons who go from village to village engaged in wanderlust and support themselves by begging and singing, may often be framed as additional forms of madness or *paglami* (Bhattacharya, 1984; Chatterjee, 2009). The act of begging is not seen with stigma in Bengali culture. However, the same act in Europe and America, as done by the Hare Krishna groups (and the ideology of the Hare Krishna group was imported from Bengal to Europe and America) is seen as an annoying form of mild deviance that calls for both expressions of disapproval and, at times, forcible removal from public spaces by law-enforcement authorities. The implication of this position is that language used by a therapist, a clinical psychologist, or a clinical social worker may guide the cognition of a patient or the ways in which a client thinks and acts. Thus, a therapist’s choice of words may influence the outcome of therapy.

Yet another example of language use and cognitive theory can be derived from the use of the Arabic word *haram* (or *haraam*). It means “sinful.” In Islam, it can be applied to any act that is forbidden by God (*Allah*). It is applied to any act or object in the human experience that is prohibited, and carries immense power. In Nigeria, it is used to name the fundamentalist Islamic group *Boko Haram*, which means Western education for girls is sinful and prohibited. Just the utterance of the word defines a situation as sinful and calls for violent suppression of that situation.

Using Kelly’s (1955; 1957) idea of preemptive constructs, it can be suggested that a culture may use language to create preemptive constructs. Thus, the word *haram* may be used as a preemptive construct by Arabic-speaking people, or the word may be imported into other languages where Islam is the eminent religion. Similarly, the word *nigger* is used by English-speaking people as a preemptive construct to define persons of dark skin, or the word *achchhut* (meaning “untouchable”) may be used

by Hindi-speaking people to define persons of certain lower castes. Yet another example is the use of the word *asati* (meaning “unchaste”) by Bengali-speaking people to describe some women. Just the utterances of these words are used as preemptive constructs.

Social Work Treatment with Individuals and Families: Current Ideas

The focus of cognitive theory and intervention is on the conscious thought processes, which are considered the basis for all behavior and emotion (Walsh, 2008). The underlying assumptions of this theory are that behavior is affected by thoughts or cognitions, that these cognitions may be modified, and that behavior change may occur through the modification of these cognitions (Dobson, 2001). Albert Ellis, the developer of “rational-emotive” therapy (Ellis & Bernard, 1985), is considered one of the parents of cognitive theory in the field of psychology. Trained in psychoanalytic methods, Ellis decided to pursue more active treatment methods. Ellis developed what has come to be known as the “ABC model” for assessing symptoms. This model maintains that an activating event (A), is followed by an individual’s cognition or belief about the event (B), which leads to an individual’s symptoms or consequences (C). This ABC model remains central to assessment in cognitive therapy. Ellis further maintained that individuals are irrational, and he identified common beliefs or cognitive distortions to which individuals are vulnerable (Cuncic, 2014; Dobson, 2001). This concept is also central to current cognitive theory, which emphasizes the identification of cognitive distortions in assessment and intervention.

During the 1970s, Aaron Beck made significant strides in the use of cognitive theory to develop interventions for the treatment of individuals with depression and anxiety (Beck, 1976; Beck, Rush, Shaw, & Emery, 1979; Beck, Emery, & Greenberg, 1985). Beck developed his cognitive theory initially for the treatment of depression. Trained as a psychoanalyst, Beck attempted to embrace psychoanalytic theories of depression, but he eventually concluded that depression was maintained by negative cognitions and negative schemas. These negative

schemas were composed primarily of “personal ineffectiveness, personal degradation, and the world as an essentially unpleasant place” (Walsh, 2006; 2008). Beck’s most significant contribution to cognitive theory was the importance of identifying automatic thoughts and challenging them (Leahy, 2004; Leahy & Dowd, 2002). As Beck continued to develop his cognitive theory and interventions, he extended the technique to include treatment for anxiety, phobias, and personality disorders.

Glasser (1988) further extended cognitive theory in his development of “choice theory,” which informed his approach to intervention. It was called “reality therapy.” Choice theory maintains that humans, rather than being externally motivated, have five intrinsic motivating needs for survival: love, belonging, power, freedom, and fun (Corey, 2009). Glasser’s theory is based on the assumptions that individuals choose their behaviors and that the only thing individuals have control over is their own behavior (Glasser, 2001). Furthermore, individuals’ behavior is based on their thoughts, feelings, physiology, and prior experience (Austad, 2009). Emerging from this theory, reality therapy encourages individuals to take responsibility for their choices, maintains a present focus in treatment, and rejects focusing on symptoms (Corey, 2009).

Recently, cognitive theory has led to the development of treatment for a variety of individual and relational problems. These include treatments for post-traumatic stress disorder (Foa, Keane, & Friedman, 2000), eating disorders (Fairburn, 2008), anxiety (Beck, 1976), stress and coping (Meichenbaum, 1996), depression (Ellis, 2006; Beck, 1976), obsessive-compulsive disorder (Steketee, 2006), schizophrenia (Kingdon & Turkington, 2004), other personality disorders (Linehan, 1993), and relational concerns (Dattilio & Padesky, 1990). Emery, Hollon, and Bedrosian (1981) extended the use of cognitive theory in the treatment of the elderly, individuals with sexual dysfunction, and individuals with alcohol dependence. Granvold (1994) added the dimension of constructivism to his discussion of cognitive theory highlighting the individual’s responsibility in forming their own reality. This line of cognitive-constructivist thought eventually developed into “narrative theory” and the

narrative approach to counseling and psychotherapy (White & Epstein, 1990).

In the field of social work, at the level of what was earlier called “casework practice,” and now called “case management practice,” the use of cognitive theory became popular in the late 1970s (Goldstein, 1982; Chatterjee, 1984). Goldstein (1982) identified the development of psychoanalytic therapy as the impetus for the use of cognitive theory in social work: “Caseworkers at that time were admonished not to dabble in the psychoanalyst’s domain of the unconscious . . . (therefore) social workers assumed guardianship of the more conscious and cognitive realms of their clients’ lives” (p. 546). Werner (1982) underscored the humanistic underpinnings of cognitive theory as a theory focused on the human capacities of thought, reasoning, and learning. An earlier book by Werner, *A Rational Approach to Social Casework* (1965), had marked the beginning of the purposive use of cognitive therapy in the field of social work. More recently, Sharon Berlin modified established principles of cognitive therapy to propose a “cognitive-integrative perspective.” While relying on established cognitive interventions, this model also focuses on the social causes of meaning in a client’s cognitions and utilizes other therapeutic approaches such as advocacy or case management for intervening in the client’s environment (Berlin, 2002; Berlin & Barden, 2000).

The task-centered methods used in social work practice are also derived from cognitive theory. The task-centered model is usually time-limited and focused on the client’s problem as defined by the client. In this model, the individual’s beliefs, or views of him- or herself and the world, are considered to be the motivation for action (Reid, 1978). Emotions are the product of an individual’s beliefs. The distance between what individuals want and their evaluation of their capacity to attain that is the focus here. Values underlying this model include client self-determination, a present–future focus, time-limited intervention, and “contracting,” which means an agreement between client and social worker regarding the work to be done, and empirical orientation (Fortune, 1985). Many of the underlying values and assumptions of this model are similar to the values and assumptions of cognitive theory.

Assessment, as informed by cognitive theory, includes the identification of cognitive distortions (cf. Grohol, 2014) through Socratic questioning. Cognitive distortions include over-generalizing, negative scanning, personalization, catastrophizing, dichotomous thinking, emotional reasoning, magnifying, minimizing, and selective abstraction (Gambrill, 2006; Grohol, 2014; Walsh, 2008). Socratic questioning is done with the purpose of assisting people in identifying the distorted aspects of their thinking. Such questioning allows client and worker to understand the client's core beliefs about a situation and to examine the evidence both supporting and refuting those core beliefs. Cognitive therapy interventions include cognitive restructuring (see Cuncic, 2014), where the worker assists clients in changing their perception of a problem and generating alternative interpretations of it. The task then is to develop and use coping skills that entail learning new behaviors and thought processes such as problem-solving techniques and communication (Walsh, 2006; Walsh, 2008).

Case Example

Martha is a 34-year-old married mother of three young children. She has been referred to treatment by her primary care physician, who noticed her depressed mood and irritability during her most recent doctor's visit. When questioned, Martha revealed that she has been feeling "overwhelmed" recently, irritable with her children, and discouraged by what she considered their "bad behavior." She also complained of marital concerns and a deteriorating relationship with her husband. Martha was referred by her physician to the area outpatient mental health center and was seen by a social worker. During the initial assessment, Martha described herself as depressed and anxious. She had three children under the age of six, and a husband whom she described as "withdrawn" and "unhappy."

Assessment

After gathering a complete family, psychiatric, and medical history from this client, the social worker began to monitor the cognitive distortions evident in Martha's thinking. These

included over-generalizations such as thinking, "I am a horrible mother," and "My children hate me." Magnifying and catastrophizing occurred frequently with Martha. When her eldest child was sent to the principal's office at school for talking during class, Martha immediately had thoughts such as, "My child is heading for trouble," and "I have failed as a mother and my children are failing." The social worker then utilized Socratic questioning to challenge the rationality of Martha's thought process. The social worker also used an example presented by Martha that described a common and repetitive interaction between Martha and one of her children. Using the client's own example, the social worker identified the ABCs in this scenario: the activating event, belief about the event, and Martha's responses of hopelessness and depression.

Intervention

The social worker worked with Martha on cognitive restructuring (cf. Cuncic, 2014). Using a typical event—her child spilling his milk at the dinner table—Martha was made to identify her belief that her child was "purposefully trying to get my goat" and the anger and resentment that resulted. This event was usually followed by Martha yelling at this child. Her son would then tell her he hated her (activating event), leading to Martha's thought that she was a bad mother (core belief) and the resulting hopelessness and depressed mood (emotional consequence).

Following an exploration of the ABC process in Martha's scenario, the social worker encouraged her to consider other thoughts and interpretations with which to replace the identified distortions. The social worker asked Martha to generate and consider other reasons why her son might spill his milk at the dinner table. He asked her: "Can you imagine how you would feel if you thought that David's behavior was simply an accident or that he was tired from a long day at school? How might you react differently if these were your thoughts?" In this way, Martha was able to consider alternative interpretations to events and generate different emotional responses within herself. The social worker attempted to challenge Martha's irrational beliefs by setting up tasks for her to try in her daily life in order to test the veracity

of her distortions. The social worker encouraged Martha to try an experiment at home, and instructed her that “when David spills his milk this week, calmly give him a towel with which to clean up the mess. Then notice the ways in which the outcome of this event changes.” Martha was also instructed in the use of self-instruction training (Meichenbaum, 1996) or positive self-talk. The social worker helped Martha create statements that she could say to herself when upset with her children during difficult parenting moments. These included such statements as “My children are doing the best that they can,” “Everyone makes mistakes, and this one isn’t the end of the world,” and “All in all, I am an adequate mother.”

Given that Martha’s depressed mood was also related to marital discord, the social worker recommended couple’s treatment for Martha and her husband, Mark. Following three months of work with Martha individually, the social worker invited Martha’s husband in to engage in the couple’s treatment. Cognitive restructuring, communication skills training, and training in problem solving were utilized with Martha and Mark. Each member of this couple was able to identify distorted core beliefs that affected their interactions with each other. Using Beck’s (1976) model, the social worker helped Martha identify the event—Mark’s withdrawal from her; her automatic thought—“He refuses to help me with the house and kids”; her core belief—“I am unappreciated”; and her emotional reaction of depression and resentment toward Mark. Mark identified his automatic thought in response to Martha’s resentment, which was “She’s unhappy with me and I don’t know why.” His core belief was “I am inadequate,” leading to his withdrawal from the relationship. Over time, the social worker helped Mark and Martha use “I” statements in communicating with each other, to reflect back to each other the thoughts and feelings expressed by the other, and to make clear requests of each other.

Social Work Intervention with Groups: Current Ideas

At times, the use of the “treatment” metaphor may give an impression (or define the situation) that cognitive theory is more often applicable to

social work intervention with individuals and families in clinical social work. This is not true, because cognitive theory is also useful in social work interventions with groups, and such interventions can be done for attaining ends of primary socialization (as in school social work and in neighborhood-based community centers), re-socialization (as in prisons and other settings where juveniles and adults are incarcerated), and treatment (as in purposive group work with patients and substance abusers). Cognitive theory can also be used to accomplish what is called “consciousness-raising.” For example, it can be a useful tool in working with groups of victims of domestic violence, child abuse, or elder abuse. The purpose of such intervention using the method of group work is to change the cognition of the group members from a definition of the situation of “I am a victim” to “I am capable of overcoming a victim role.”

The legacy of Grace Coyle (1937) can be suggested as an intellectual journey that had its foundations in cognitive theory. Even though formally not referred to as an intervention based on cognitive theory (it was called a paradigm based on theories of socialization), the practice goals of this paradigm were focused on helping a group (like adolescent peer groups and other various types of human groups) change its cognitive style. Thus, for example, a group worker dealing with working class adolescents would struggle to teach this group that the pursuit of success in schools and that developing a career is more functional than the pursuit of gang violence.

Social work practice with groups has evolved into multiple areas of practice since the pioneering work of Coyle. Today, it can be used in healthcare settings to teach groups about cognition and behavior that contribute to wellness, avoiding addictions, and engaging in prevention of illness. It can be used in prisons and juvenile incarceration settings so that inmates in these settings learn how to become productive members of society. It can be used to bolster support groups for victims of domestic violence or child abuse. Groups that develop as “cults” or “new religions” often use a new form of cognition to indoctrinate their members. Thus, for example, the Nation of Islam may teach cognitive styles to its members that

are different from those offered in Christianity or Judaism. The same holds true for groups like Moon's Unification Church, Scientology, or Hare Krishna groups. Depending on social position, one may identify these groups as "cults" or as "new religions." Also, there have been interventions developed in psychology and social work about how to engage in deprogramming persons who have become indoctrinated by one or more of these groups.

Case Example

Jamal Bana is the third Somali-American from the city of Minneapolis to head for Somalia and die there. He is one of more than a dozen missing Somali-Americans whose families believe that they have gone back to fight a holy war. "Someone must have put something in his mind," Omar Jamal of Minneapolis' Social Justice Advocacy Center said. "He must have been somewhat disillusioned and indoctrinated because he didn't have any clue about Somalia at all" (CNN.com/world, 2009).

Interpretation

Viewed from the discipline of sociology, this is a case of ideological indoctrination of an American young man to join *al Qaeda* and become a part of the Islamic fundamentalist war call. Viewed from the discipline of psychology, this is a case of a cognitive structuring of a Somali-American young man to join a call to war by a terrorist group. This was a case that, viewed from a psychological perspective, called for a cognitive restructuring. Such a restructuring would have deprogrammed Jamal Bana from thinking of *al Qaeda* as a noble organization to recognizing it as a very destructive and deviant group. Here, cognitive structuring could be undertaken by two groups: the first were the recruiting agents of *al Qaeda* programming Jamal to go and fight in Somalia; and the second are the psychologists and clinical social workers who might have been able to engage in deprogramming Jamal to help him reject ideas to engage in terrorist causes. In this case, the act of deprogramming never happened.

Social Work Intervention with Communities: Current Ideas

Just as "truth," "justice," and "morality," are culturally constructed (cf. Geertz, 1973), so are "domestic violence," "child abuse," "elder abuse," and "setting up and utilizing mental health services." For example, violence in a family may be defined by one group as a situation requiring intervention, and by another group as a private matter in a family that should be ignored. Similarly, child abuse, elder abuse, or not seeking help for personal problems may be seen by one group as problems requiring intervention, and by another group as private matters that should be left alone. Working with community groups may necessitate developing awareness at the community level that these social problems require solutions at the community, regional, and national levels. Community organization and community development efforts can be established toward the pursuit of these ends. A special example of such efforts is in the work of Paolo Freire (1970), who taught that members of a community can be taught to see the inherent contradictions within a community culture, and that such an education can create a new form of cognition in disadvantaged communities. He called this form of change in the cognitive structures of the disadvantaged *conscientization*.

Two other traditions contribute to the study of cognitive structures at the community level, and they generate ideas for social work practice with communities. They are the semiotic tradition and the tradition that explores how the use of authority is socially constructed in a community culture. The semiotic tradition focuses on the study of meaning that a given behavior, ritual, art form, or procedure has for a given community (Danesi & Perron, 1999). In fact, the term "semiotics" means the study of semantic or linguistic structure. The common method for doing such studies is to develop narratives of these behaviors, rituals, art forms, or procedures in such a way that the cognitive foundation and meaning inherent in them emerge by themselves. The discipline of cultural or social anthropology has pioneered this tradition, though the discipline of cultural sociology has also contributed to such efforts. This tradition can be used to develop narratives about

an entire community culture, or about some important parts of a community culture, like how justice, morality, adolescence, or providing and utilizing mental health services are viewed in this culture.

Yet another tradition in community-based work may be called “explorations in different forms and sources of authority.” This tradition focuses on the study of different types of authority and their legitimacy in different sociocultural situations. Often this tradition is seen as having started with the work of Weber (1999), and his influence on modernization theorists (Jaffee, 1998), on the works in economic sociology (Swedberg, 1990; 2003), and the work in the social construction of reality by Berger (1977) and Berger and Luckman (1966). The method used here is the tracing of events that show the bedrock of the authority structure in a given social setting, assessing whether that authority is based on tradition or modernity, and implying that authority and methods of production and governance based on modern knowledge are more likely to produce social and economic development.

Social Work Intervention with Organizations: Current Ideas

While the classic work of Weber (1999) can be seen as a formal beginning of the study of organizations, a current development influencing how organizations should be seen is emerging from the ideas of Schein (2010). At least two types of organizations are important in social work practice: social agencies that are the means of social service delivery (where the personnel are mostly social workers); and organizations built for empowerment of community members (where the members of the organization often are community residents and are clients of social workers). Schein’s work informs us that, in order for organizations of both types to be effective (meaning, is this organization capable of attaining the goals it has set for itself?) and efficient (meaning, is this organization capable of pursuing its goals with efficient use of its resources, or is it caught in efforts that are not always cost-conscious?), organizational culture and the cognitive assumptions that maintain this culture must be considered. Schein’s work

is informing social workers that it is important to learn how the “cognitive scaffolding” of an organization may have developed, which, in turn, is sustained by the culture of that organization, and that this cognitive scaffolding is either capable of making an organization effective and efficient or may be caught in its “trained incapacity” (a term coined by Veblen, 1997).

Conclusions

Many disciplines have contributed to the ways in which cognitive theory is used to understand human thought and its consequent behavior, and have fed the development of interventions in the field of social work. The early developments of computer processing and logic, the anthropological and sociological examinations of culture and society, and the psychological understanding of cognitive development and intervention, have all contributed to the person-in-environment perspective, encouraging the use of cognitive theory at multiple levels. Cognitive theory is a very useful tool in social work practice, community organizing, social casework, and nonprofit management, as well as clinical social work. While it has emerged as a popular form of intervention at the level of social work practice with individuals and families, it also has immense potential for social work practice with groups, communities, and organizations.

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