

Essay in social work theory

[Business](#), [Work](#)



Ramesh is 45 year old Sri Lankan man who works as a telephone engineer. He lives alone, but for many years he looked after his elderly mother, who died 18 months ago. Ramesh was recently hospitalized after a suicide attempt.

He had been taken anti-depressants for several months before he took an overdose. According to his sister, he had become depressed and was drinking and smoking a lot, and hardly ever eating. He had been taking time off, and at risk of losing his job with BT. His sister says that Ramesh went downhill after the death of their mother, but that she was surprised at this as he always complained about the things he had to do for her when she was alive. The sister has a family of her own, but says that she has tried to involve Ramesh in her family, but he had mostly refused.

He had friends who he used to play cricket with, but he has stopped seeing them. He had been saying that there's nothing to live for, and he wanted to be left alone. Ramesh is due to be released from hospital in two weeks time.

Theory is defined as a set of ideas which can be beliefs or assumptions that guides social work professional to provide high quality practice and work effectively (Oko, 2008: 6). A theory represents therefore a tool for social work to use. It also helps workers to make sense of what is happening on people's life and what can be done to help them.

This piece of work aims to explain the main principles, advantages and disadvantages of attachment and crisis intervention theories. Also, how these theoretical frameworks direct workers to carry out assessment, planning and intervention process and apply them to Ramesh's case

study illustrates above. I will then consider how far these models facilitate anti-oppressive practice in working with service users and why I choose them. To begin with, I will talk about attachment theory. The background of this theory was first developed by Freud.

He was a psychoanalyst who viewed the bond between mother and an infant as sexually orientated. "The bond which links mother to infant is libido" (Holmes 1997: 62). According to Freud, an infant expresses anxiety when he or she cannot suck the mother's breast. During the feeding, an infant "discharges his libido" (Holmes 1997: 62), in consequence the retention of anxiety diminishes. In the contrary, John Bowlby saw attachment between a mother and an infant as a "psychological bond in its own right not an instinct" (Holmes 1997: 63) as Freud has described it.

In addition, a child needs a mother to satisfy a physiological need to be able to cope throughout the life course. According to Bowlby, an infant that experiences separation or loss from the mother can have mental problem in adulthood or juvenile delinquency in childhood. The nature of the bond is about love, affection and a consistent and emotionally invested person in a child. In the absence of love, a child feels disorientated, lost and unhappy. "I am close to my loved one I feel good, when I am far away, I am anxious, sad or lonely" (Holmes 1997: 67).

The proximity seeking is essential because a child needs to be comforted when feels distress, for this reason a cuddle or a touch from a love one is a great help. Bowlby also stated that the proximity of the main care giver, who is the mother, is essential. Babies need to feel attached to one person. He argued that the mother was the best person to play that role. According to <https://assignbuster.com/essay-in-social-work-theory/>

Bowlby babies have a biological need to form an attachment to a particular person who feeds and cares for them. He called it monotropy. He maintained that this was a survival instinct without it the child would be exposed to danger.

This attachment occurs only in a vital period of time, which is the first five years in order to achieve a particular skill. He called this period “critical period”. The absence of the mother as attachment figure leads to maternal deprivation. Bowlby believed that maternal deprived children were more likely to develop poor social adjustment and difficult relationships in adolescence and adulthood. Subsequent to these others researchers said that it is not the absence of the mother but the presence of conflicts and disruption during the upbringing of children that cause difficulties in late life (Holmes 1997: 51).

For Bowlby, mothers should be devoted to their children to protect them and care for them. He believed that the interaction between a child and the main care giver helps the child to identify the self and to be ready to explore the world alone. It is called internal working model. It is a process by which a child commences to understand the self with the presence of a care giver or multiple carers leading to a positive internal working model (Holmes, 1997: 78). According to Bowlby a secure child has a positive working model.

In the contrary, an insecure attached child “sees himself as ineffective and unworthy of love” (Holmes, 1997: 79). Bowlby would have said that Ramesh has a negative internal working model because according to his sister, he said that “there is nothing to live for and he wanted to be left alone”. He felt insecure, but again it can be argued that Ramesh’s response is explained by

his natural emotion that matters to him not because he is an insecure attached child or because of the fact of loss leads to bad thoughts (Holmes, 1997: 162).

In a cultural point of view, maybe that was his way to mourn his mother's death. Mourning is defined as a process of correcting the idea that, a bereaved person still feel attached to a love one who is no longer there and of overcoming the loss (Messer & Jones, 2001 : 490). Different cultures prescribe different grieving rituals. Maybe Ramesh wanted to express his grieving by being alone. The other key concept of attachment theory is the response of the care giver towards the child in order to determine if a child feels secure or insecure.

To understand the relationship between attachment and children's behaviour, Mary Ainsworth made a reliable naturalistic study in 1960s of mothers and their children in their first year of life. The experience is called "strange situation". It is described as follow. A mother and child are introduced to a room with toys. Three minutes later the child is left alone with a stranger then the mother will come again and the child is again left alone without the stranger. The aim of the experience was to see how the child reacts on the presence and absence of the mother as a secure base when eft alone with a strange person and the experience lasted twenty minutes (Payne, 2005: 82). Five patterns of behaviour were identified: the first one was secure attachment, the second one was insecure avoidant, and the third one was insecure ambivalent, the fourth one was insecure and disorganised and the fifth one was non-attachment. Although this experience was done on a child understress, the results of attachment are maintained

throughout the life cycle. Therefore it helps to understand an adult behaviour when facing separation or bereavement.

For instance to be able to understand how Ramesh was related to his mother and what kind of therapeutic strategies to use, a social worker has to consider these patterns of attachment. The fact that Ramesh cannot cope without the mother being around even though he was the one looking after her, can be interpreted as a “fear of autonomy or compromised”(Holmes1996: 20). He had an insecure ambivalent attachment. He was clinged to his mother, she was a secure base moreover her death made him independent and fearful to take back his autonomy and assertiveness.

He seems to be showing his anger and pain through drinking, smoking, an overdose of anti-depressant and attempting suicide. He is facing with the loss of a significant attachment figure. Bowlby's explanation of attachment theory focuses on mother. He did not take into account of the role of the father or a different care giver or multiple care givers. In other cultures, the extended family has an importance in rising up children. Also the socio-economic aspect was not raised by Bowlby. Meaning that for him a father was the main bread winner and a mother had the duties to look after children at home.

He did not consider working mothers and single parenting. But again Bowlby's work was done during the world war 1950's. Attachment theory did not take into account of individuality. For instance, in a strange situation, different children would have reacted differently. Moreover Kagan quoted inpsychologyand social care suggested that “avoidant infants are difficult to

upset, ambivalent infants are easy to stress and that secure infants are somewhere between these two" (Messer & Jones, 2001: 232).

But again some people think that, the classification of attachment behaviour patterns are useful to understand children, to trace back childhood history and to be able to understand adults' actual problems in relation to mentalhealth. Theories give an idea about what is happening in a situation in social work profession. It also directs workers on how they are going to solve problems, what needs to be done in order to resolve the problem. Having saying that, attachment theory helps to understand Ramesh behaviour and attitude. He was admitted to the hospital because ofdepression.

This could be explained by the fact that there is a relationship between bereavement and vulnerability to psychiatric disorder (Holmes, 1996: 179). However, social worker will have the task to assist Ramesh in his explorations of his present and past life. The social worker has to understand how Ramesh is coping with the bereavement in his life. In order to do so the worker has to work in partnership with Ramesh, he is the best person to explain how he is feeling and coping, also what needs to be done to solve the problem immediately.

Attachment theory helps to understand what is going on in Ramesh's life. The next step will be to take action to help him. Crisis intervention model is then a practical tool that helps professionals to act efficiently. Crisis intervention was first developed by Roberts who defined it as " turning points in people's lives" (Roberts quoted in Payne, 2005: 103). This means that, it is a point of time for deciding something when an individual is faced

with an urgent stressful situation such as bereavement, a loss of a closer family member or a loss of job.

The response should be then spontaneous. The theory focuses on a limited period of time (four to six weeks) within which a social worker helps and supports a service user who works through bereavement to develop new adaptive ways of coping. It assumes that the society we live in is a smooth society where norms and values are shared and understandable by all. Everyone should fit in it but then again in case an individual experiences distress he or she should find away to resolve it in order to conform.

Crisis intervention also states that the life course of all individuals is constituted of many events crisis. According to (Roberts 1995: 29) " A crisis is a period of Psychological disequilibrium and decreased functioning as a result of an event or situation that creates a significant problem which cannot be resolved by using familiar coping strategies". In addition, people in crisis may experience a host of emotions, including feelings of anxiety, guilt, helplessness and withdrawal from friends and relatives. According to the definition, Ramesh can be considered to be facing crisis.

For instance according to the information provided, Ramesh has attempted suicide, he took an overdose of anti-depressants, and he is avoiding his friends. Further to this the sister stated that Ramesh has become depressed and was drinking and smoking a lot. All of this information indicates the breakdown of Ramesh's psychological equilibrium. The major cause of all these problems is the death of his mother. Ramesh might be scared to take on a new role. This suggests that new approaches must be developed for Ramesh to build his equilibrium.

Crisis intervention theoretical method can therefore be applied when working with Ramesh to ensure that he develops new coping mechanisms. It is based on ego psychology derived from a psychologist, Freud and others who helped in the building of his work. It was developed around the observations of Caplan 1965 and others who looked at how people coped with a crisis in their lives. Psychodynamic ego psychology is used in crisis intervention to emphasise people's emotional strengths in dealing with crisis (Payne 2005: 98).

This theory is a coping mechanism for any crisis situations including domestic violence, mental health, child abuse, drugs or alcohol problems, or the admission to hospital or care home, breakdown of close relationships etc. The crisis poses a major threat to most human beings. The response to this crisis differs from one person to another. For instance, the bereavement can be coped very well with the presence of family members and friends by one person while another whose life centred almost entirely around the dead person may feel that life is not worth and reject the support available as Ramesh did according to his sister.

The theory works then towards the provision of opportunity for growth and positive changes following an emotional or physical experience which may lead a person to a break down. The idea of crisis intervention theory is to empower the person and to support them in taking the positives from the situation. Ramesh case study is a typical case where crisis intervention theory is a useful tool to use. There are lots of crisis situations surrounding him which therefore, needs intervention. Intervention has a very active, practical, directive about it.

The crisis in Ramesh is not the issue of his mother's death but rather his perception of and response to this situation. His crisis responses will be seen as drinking, smoking, taking time off the job and not eating enough. Issues raised in this case are that Ramesh is depressed and introverted as described by his sister. Crisis intervention theory suggests that a particular issue in a given crisis might represent a reaction to an issue elsewhere in the same or a connected issue. Going through this hard time might be an unfamiliar situation for him.

An action at one point can therefore be expected to lead to a reaction elsewhere. If at this point in Ramesh's life and intervention does not take place, then, he might go back to hospital and maybe end up with a severe mental health problem. I feel that crisis intervention can help Ramesh to develop a new coping mechanism by working through his experiences and feelings so he can see things better and return to stability. Crisis intervention looks at what someone can do rather than cannot do; therefore it is a social model of intervention.

This can be achieved through the use of the seven stages of the theory described by Roberts 1995. The first stage is an initial assessment, where Rameh's risks and safety are identified together with others. If he is thought to be a high danger to himself or to others, referral is made to a psychiatrist for consideration of hospitalisation. In the event of hospitalisation, the intervention proceeds. On the second stage, the worker should establish rapport and appropriate communication with Ramesh for him to understand that he " can overcome current problems and arrive at a satisfactory tomorrow" (Roberts, 1995: 20).

This can be done through listening and reassuring him of a stable future. It will also help him in reducing the negatives aspects in his crisis events by structured therapy dealing with the immediate crisis that is taking small steps in dealing with his anxieties. The third stage requires the worker to explore Ramesh's existing strengths, weaknesses and resources. It is also about identifying the major problems to deal with and addressing them. On the next stage, the worker sets some goals using the strength approach.

Providing practical help and assessment of the relevant crisis issues will enable the presenting crisis situation to return to equilibrium. With Ramesh's situation, focusing on the crisis event but also expanding beyond the factual information to include his current emotions is the first step. His crisis issues will be separated in order to decrease his anxieties and to help him make decisions about the smoking, drinking, relationship with his sister and playing cricket with his friends one at a time and for him to be able to define his goals and develop an action plan.

In stage five, the worker should implement the plan, teaching new skills or mobilizing other support. Actions that needs to be taken are the use of a counselor to obtain detailed psychological information, identifying the barrier for example, the resilience of socialisation, acknowledgement of his strengths and interest for example playing cricket while addressing the rejection of his sister support. Moreover the elements of psychological ego psychology can also be applied to emphasize Ramesh's strength in dealing with crisis.

This method will be significant because Ramesh seems to be acting unconsciously and has a psychological disequilibrium. For instance, he has

been drinking and smoking a lot and hardly eating, also isolating himself from his friends and feeling guilty that he did not help his mother enough when she was alive. The therapeutic intervention will assist Ramesh to recognise his painful and repressed feelings. If Ramesh identifies his hidden thoughts and feelings, new coping mechanisms should be established through the mobilization of resources for support such as offering him bereavement counseling.

The aim is to reduce continuing unpleasant effects and emotions. Then on the sixth stage, Ramesh together with his counselor need to review the actions that were taken and evaluate their success but to return back to the action if the crisis is not fully resolved. On the final stage, he would also be helped to think about potential future crisis, how they might be addressed and where future support may be found. And if his case is going to be terminated due to success of his actions, his feelings will be processed around ending the therapeutic relationship.

By providing crisis intervention, Ramesh learns new ways of coping, sees himself differently and new opportunities for the future whilst being empowered to take control. According to (Thompson 2001: 11) "good practice is not dependent on the use of anyone method or approach, it is more to do with using the methods in an anti-oppressive way". This means not being only aware of the potential for discrimination and oppression in the worker and service user relationship in social work practice, but also need to constantly look at ways of using the approaches in order to reduce oppression and discrimination.

The support helps him to draw out the positives from the changes he experienced. Cognitive behavioural theory also works well with crisis intervention as it comes from the psychological theories of information processing which can also correlate how Ramesh is feeling and coping with the crisis situation. Ramesh will also be aware that decisions should not be made on the basis of one problem alone as it will create other problems. My rationale of choosing this theory is that, a limited period of time is given to resolve the crisis and therefore, effective in terms of effort and resources.

The sooner Ramesh regains control of his life the better in one hand. On the other hand, good practice takes time. Consequently, an early assessment and intervention are crucial, in order to react effectively to gear towards preventing future crisis. Also crisis intervention can be highly intrusive and directive which can raise number of issues, for example ethical dilemmas and rights such as decision making process. In summary, I have explained attachment and crisis intervention theories and how the first one helps Social Worker to understand human behaviour when facing bereavement.

The second approach has a role to play in promoting the anti-oppressive approach in social work practice, by restoring as much control as possible and validating and celebrating service user strengths. It uses elements of ego-psychology from psychodynamic perspective and promotes the time limited and more focused ways of working with service users. Although, the theories have limitations, they provide frameworks for Social Workers to engage with service users in the most effective way.

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