

5

Making Meaning Interpreting the Social History

So what does the social history *mean*? Together, the professional and client, who may be an individual or social system such as a family, will interpret the history. The interpretation is grounded in reflection, the careful and thoughtful contemplation of the facts in the history. In dialogue, the subject brings his or her ideas and emotions concerning what certain experiences meant when they happened and what they mean now. The professional brings ideas grounded in careful processes of analysis and synthesis of the descriptive themes in the history. Together, the professional and client can develop meaning relative to the purpose of the assessment, which may be for personal insight and development, therapy, documenting a family history, making recommendations to a court or other authority, or other reasons.

The social history assessment reveals dominant patterns of social strengths, that is, the person's social behaviors that are adaptive and promote well-being, and vulnerabilities, which are the tendencies to stagnate or induce harm (Kaplan & Girard, 1994; Kuchl, 1995). The history can suggest the future conditions under which the person is likely to function well or comfortably and those under which there will be strain or dysfunction. Thus the history assessment can inform transformative action for positive change when needed.

This chapter summarizes essential approaches to interpreting a history and demonstrates the process and product through a detailed case example.

The theory and knowledge covered in Chapters 2 and 3 form an essential foundation for guiding interpretation that is based on a professional perspective.

The Process of Developing the Professional Opinion

The interpretation occurs as the story emerges. The process is both deductive, applying established theories that fit the facts, and inductive, revealing unique theories based on the facts. As professionals gather information through interviews and other sources, they begin work on a “case theory” by maintaining reflective notes about alternative interpretive themes (Bisman, 1999). They test these alternatives by asking questions and sharing ideas with the person. Their ideas are grounded in the unique facts of the person’s life and their knowledge of theory about human behavior in the social environment, reviewed in Chapters 2 and 3. As professionals explore possible themes in the life history, they may consult literature about research and theory on specialized topics. For example, when a client talked about his brother’s autism, I reviewed professional information on autism and its potential effects on family systems.

The professional should take care to avoid using a fixed approach to every case, such as always focusing on attachment or power dynamics in relationships. The constellation of salient themes in each person’s life is beautifully unique, so the testing and application of theory relative to the case should be significantly informed by the facts of the life story. Professional practice involves protecting the perspective and voice of the person who is the subject of the history so that the professional’s lens does not dominate the interpretation. For example, if a professional believes a child who experienced sexual molestation is likely to have been traumatized, but the client communicates the experience in a way that suggests regret and sadness over betrayal but not trauma, then the professional should avoid imposing his or her own assumptions onto the interpretation of the situation.

The history will be long and complex, requiring close communication between the professional and the client to determine what is most significant. As the story unfolds, asking clients what certain events meant to them at the time they occurred will help create a record of significant events. When the descriptive portion of the social history is complete, a helpful exercise involves having the person review the facts and reflect on that which mattered most. Professionals can also point to events that seemed to exert significant influence, using their objective lens to encourage the client’s fresh

perspectives. The professional is also in a position to make observations about the unusual absence of typical events that might go unnoticed by the subject of the history. People are generally unaware of what they may have missed. For example, in the United States, only a few adults experience childhoods with freedom from ever having lost a parent or loved one to death, divorce, or abandonment. They often fail to realize how fortunate they are. People may also be unaware of misfortune that the professional will observe, such as exceptionally weak affection or neglect from family and social networks.

The professional integrates information from multiple sources as a basis for the analysis, including observations of the person's social behavior as exhibited in the interviews with the professional or in other social settings, content of the interviews and records, the person's style of communicating her life history and expressing meaning about it, and knowledge of context such as culture and historical time.

In addition to identifying significant events and their meaning, which involves focusing on parts of the history, the interpretation involves expressing the wholeness of the history through overarching themes. No magic formula exists to guide the discovery of themes. Many disciplines have developed methods to guide analysis of qualitative data such as that found in a life history, particularly for psychosocial purposes (Atkinson, 1998; Bedrosian & Bozicas, 1994; Strauss & Corbin, 1998). Ultimately, the professional art of clinical judgment and mature analysis and synthesis of data about human behavior, grounded in supervised practice and experience, forms the basis for the opinion.

Though the specific methods may vary, the interpretation of the history evolves from an analysis process that extracts themes from the information. Generally this analysis involves listing as many categorical ideas as can be identified in the total history (coding). The professional compares the various codes to one another; weighs them in terms of frequency, intensity, or other indicator of salience; and then clusters them into themes, thus reducing the amount of information to be considered. By creating themes, the professional is forming a basis for a theory of the case, which can be tested by asking the client relevant questions regarding the relative validity of each theme or weaving questions into the continual interviewing process with various informants. The next step is to look for patterns among the themes.

The analytic process reduces the data to core themes and patterns, thus losing some of the richness of the initial details of the life story. The professional then synthesizes the information, blending the themes and patterns with knowledge from theory and practice into an interpreted

synopsis of the history with illustrations, often quotations, drawn from the original data.

Discovering Interpretive Themes

Capturing the essential themes in an entire life history can be a daunting endeavor. The human service professional will look for particular patterns in the information, including, but not limited to, repetitions, systems dynamics, social relations, transitions, and ecological context.

Repetitions

Certain event characteristics tend to repeat themselves over time within one life or social system or over generations in a family system. Many factors are known to repeat across generations, such as artistic productivity, perpetration of family violence, crime victimization, school success, political leadership, extramarital relations, athletic competence, schizophrenia, and many more.

For example, alcohol abuse is notoriously repetitious, cropping up like fruit across family trees. Family members will rarely say, "Uncle Ted was an alcoholic." They might say, "Uncle Ted . . . had a drinking problem," ". . . couldn't hold his liquor," or ". . . liked to party." When prompted with skilled questions, the narrator might reveal that Uncle Ted drank every Saturday night to the point of no control or passing out and that he had problems with job stability because his hangovers often lasted until Monday, and that people avoided Ted's grandfather because he was so moody due to drinking. Then there was Cousin Sue whom the family rarely saw but when they did, she seemed spacey, and then she checked herself into a rehab center.

Within a life, a person might experience repetitious phenomena. Some people will have anniversary reactions on the date a traumatic event occurred. Some will perpetuate family tendencies to protect certain secrets, such as sexual abuse or gambling. Others must deal with multiple deaths of loved ones or celebrate repeated lucky events such as winning lotteries or reaping benefits of land values that quickly escalate. Some rise to the top wherever they are while others struggle to overcome repeated failure in various settings. Repetitious patterns in relationships, symptoms of problems, ways of functioning, genetic anomalies—such redundancies in a life history are critical indicators of how a person has developed and currently functions.

Systems Dynamics

Each person is a part of multiple social systems at home, school, work, and in the community. The history will reveal much about how the systems function. Is each system static or dynamic? Open or closed? Rigid or flexible? What other traits do the systems have? How does the person navigate among the various systems, particularly if their characteristics are different? For example, how does a child from a permissive household function in an authoritarian school?

Family systems have their own dynamics. When partners marry, form households together, and/or have children, they bring the different dynamics from their backgrounds into the formation of a new system. How this system compares to the systems of origin can contribute considerable meaning to factors in the social history interpretation.

Snyder, Cozzi, and Mangrum (2002, pp. 70–71) propose a conceptual model for assessing couples and families that involves examining five domains at each system level (individuals within the system; dyads such as spouses, siblings, or parent-child; nuclear family; extended family and related social systems; and community and cultural systems). The five domains are those typically assessed in families:

- *Cognition*: What is the capacity for understanding? What are the core beliefs—what do people believe about themselves, the systems of which they are a part, the world, spiritual power? The professional will assess how clients perceive their own self-image and whether that is consistent with the image others have of them. What does the system value? What assumptions and standards does the system have regarding members' behavior? Are there irrational beliefs within the system?
- *Affect*: What are the dominant expressed emotions in the system? What is the general mood? Factors such as cohesion, expressiveness, satisfaction, commitment, and tolerance might appear in this assessment. At the community levels, feelings of belonging or alienation would be noted.
- *Communication and interpersonal relations*: How do people in the system process information? How do people relate harmoniously and how do they handle conflict? To what extent does the system seek and receive social support? How do people mobilize essential resources?
- *Structural and developmental components*: How do individuals manage themselves across various systems? What are the main

sources of stress? How do people cope? Given that various individuals within the systems are at different points in the life course, how do developmental issues affect their relationships? What is the hierarchy within the system?

- *Control, sanctions, and related behaviors:* How is power distributed in the system? How do individuals regulate their own behavior and influence the behavior of others? How are decisions made? Does anxiety lead the person to seek ways to manipulate the social environment for safety or control?

The family system will be the dominant system in most people's lives, but other social networks operate as systems, too, and the person's experiences within those systems will also shed light on the history interpretation.

Social Relations and Resources

The history will reveal how a person behaves socially with other people and across social settings over time. These three foci—interactions, settings, and time—indicate consistencies and variability in the person's social behavior and experiences. Further, personal lives vary with regard to the amount and quality of social resources they have, which also vary over time.

The focus on interactions will summarize processes of communication, power, emotional expression, and other factors that constitute the social functioning of the individual and various people around him or her. Family systems theory will help to guide interpretation of social relations, guiding observation of such patterns as boundaries, coalitions within systems, and hierarchies.

How have other people influenced the individual and how has the individual influenced other people? Adults who actively interact with children, speaking with them and not to them, listening actively, will promote more open expression in a child than adults who persistently direct children, paying little attention to or punishing the child's expressions. How have these parenting styles affected the individual and persisted over time?

The interactions may be fairly stable across settings or change from one to another—professionals will make notes about this as they review the history. Nurturing adults typically teach children how to behave across settings, for example, to be active on a playground and calm while visiting a hospital. People tend to be more comfortable in some settings than others. They may say, "I just don't feel like myself when I'm there." Some people

have social anxiety and withdraw from as many social settings as possible, staying as close to home as they can. Certain settings will create or hinder opportunities for social expression. For example, services at houses of worship vary from one culture to another. Some encourage standing, dancing, or speaking back to the leader of the service. Others insist on absolute reserve in behavior except when directed by the leader. A highly active person will have difficulty sitting still for long periods at the latter service.

The professional will look for patterns of social relations and particularly observe any signs of incongruent behavior. For example, a common concern is the person who discloses private family matters to numerous colleagues at work. The social environment of most work settings is that most employees will focus only superficially on personal topics and save personal matters for conversations with close friends or family.

To illustrate patterns of interaction across settings and time, consider the young man who behaves quietly in a family system where people avoid conflict and agitation. He may be the most aggressive player on the basketball court, releasing emotions as well as physical energy in the context of organized team sport. His behavior varies across settings. Over time, as older people within the family pass away and younger people bring new friends and mates into the system, the reticence at home may change and expression become more open.

The focus on social resources will attend to matters of social support and conflict. As noted in Chapter 3, social support includes instrumental assistance, such as making transportation or money available, and emotional support like affirmation, encouragement, and comfort. A person may receive ample instrumental support but little emotional care, as when a parent begrudgingly pays child support to a noncustodial child. Or emotional support may be plenty while instrumental resources are withheld, as in the case of a family trying to help an addict recover, or unavailable, as in cases of poverty. Support often comes with ambivalent messages, as when a mother does whatever she can for her young adult daughter who is a single parent but she persistently doles out criticism with the support. Also, social resources are simply not equitably distributed in the world. Some people are born with multiple caregivers who shower affection and guidance on the child. Others barely have one stable caregiver or none at all and are shifted from one partially attached caregiver to another.

How people receive social support will affect how they learn to give support. The professional will observe patterns of giving and receiving support while interpreting the history.

Transitions and Their Impact

Lives are marked by normative transitions, such as birth of a sibling, finishing school, marrying, death of an elderly grandparent, and retirement, to name only a few. Lives are also affected by critical events that precipitate transitions, such as the unexpected death of a parent, relocation to another community or nation, victimization, accidents, or promotion to a position of leadership. Each transition—whether marked by predominantly positive or negative emotions—requires adaptation. People adapt in many diverse and unique ways.

The descriptive part of a social history records all the major transitions. The interpretive part will focus on how the individual responded to the transition and how it affected social functioning over time. For example, when talking about a critical life event in a woman's social history, collateral informants may say, "She was never the same after that happened." That opens the opportunity for a dialogue about just how she changed. The changes often precipitate new transitions, as when a divorce leads to a job change and subsequent relocation. And so the life evolves.

How people handle life transitions reveals their major areas of competence. What are the dominant patterns of social strengths—that is, social behaviors that are adaptive and promote well-being—and vulnerabilities, those tendencies that cause stagnation or that induce harm? People will often focus on their problems and overlook their assets. Formerly, health and human services professionals tended to do likewise, emphasizing deficits. In recent decades training has recognized that the key to building social competence is strengthening assets, so professionals will help the person and others concerned with the person's future to recognize and enhance assets. Close qualitative examination of how transitions affected the life and how the individual coped will be a key to understanding the individual's social functioning.

Ecological Context

How have forces in the broader environment affected the individual? People are personally affected by such events as loss of health insurance (the government provides no universal coverage), a family member's job loss (the local office closed because the company moved its operations offshore), media messages that a particular weight loss program or drug prescription will make them feel better, and a military friend's deployment to war. Each life is lived in specific places, at certain historical times, and in political contexts.

The interpretation will involve a close look at how the person and the people in the person's social networks responded to the ecological forces. For example, if a family member lost a job when the company moved the work to China, did the various family members attribute the loss to fate, political decisions that undermine the U.S. and global economies, the ineptness of the person who lost the job, tough luck in a country that needs to provide more support to other nations, God's will, or other reasons? Do they see the loss as an opportunity for change or grounds for withdrawal and despair? Do they feel active, passive, or neutral about what happened locally?

The main issue is not just what happened but how the person and social system coped with the effects of the ecological forces. An ecological chart or discussion (see Chapter 6) can facilitate presentation of such an interpretation.

Weaving Themes

No history assessment can address every possible theme presented in Chapters 2 and 3 or mentioned here, and there are many, many others. The art of synthesizing a social history is to identify those themes that seem to have the most influence on the life—those that became predominant and exerted the most significant influence over the life. Many people will focus on certain areas of their social functioning—for example, relations with intimate partners, parents, or workplace colleagues. The person's preferences and concerns will help shape the foci of the interpretive themes.

As the themes are identified, the professional will work with the person to weave the themes together into a cohesive summary that helps the person perceive fresh meaning in the social history. It may be helpful to draw a visual figure to illustrate the conceptual ideas that summarize the themes (see Chapter 6).

The Professional Opinion. When social history assessments are conducted by professionals in conjunction with the subject of the history as part of a therapeutic relationship, the professional and client work together to interpret the history. The meaning that the client and the professional perceive in the history may differ because they each see the life through their own lenses. They then share their perspectives.

Social history assessments are also often done by professionals for the purpose of rendering a professional opinion. The opinion may be sought by a judge who has to make a decision in a case (e.g., adoption or criminal sentencing), a multidisciplinary team (e.g., treatment planning for managing a

disability or mental illness), a guardian (e.g., the subject has been found to be incompetent to make decisions for him- or herself), or for other reasons. In some cases, the person is an involuntary participant in the process, as in cases of child protection. In cases that require a professional opinion, the person's perspectives are taken into account by the professional, but the focus is on the meaning the professional has attributed to the history.

Finishing the Assessment Report. Chapter 4 reviewed all sections of the assessment report except the last. The social history interpretation ends with a summary report that synthesizes the various themes.

Sometimes the report extends to include recommendations for future action based on the interpretation, although the social history is often a part of a broader assessment that includes biological, psychological, educational, vocational, or other assessments. The history assessment is one part of the information that forms a foundation for recommendations for future action.

The product of the interpretive process is best explained through case examples. Two follow.

Case Examples¹

No two social history assessments are alike. Each life is unique in facts, patterns, and themes. The inductive process of discovering theory to express meaning about the life experiences yields different social portraits each time and thus the product is somewhat different in each case.

Due to space limitations, the examples offered here are excerpts from full reports. Interpretive social history assessments can fill volumes. To be useful, they must also be presented in summary form. The examples here illustrate how that can be done, with the acknowledgment that each professional will find innovative ways to portray history assessments.

Case 1: Example of Descriptive and Interpretive Themes: Excerpt From Professional Notes for Oral Report to Forensic Multidisciplinary Team

The first case was chosen to illustrate the major categories of themes as they are presented in this book. This is by no means the only way to organize a case interpretation, but seemed to be appropriate in this case. The notes were made by a social worker on a forensic team assigned to

determine Damon's mental competency to stand trial. This excerpt does not lead to a conclusion about competence. It essentially summarizes one source of evidence, the social history, which is a part of a comprehensive assessment conducted by a team that included a social worker, psychologist, psychiatrist, addictions specialist, and educational specialist (regarding learning disability). The format here is an outline because the social worker prepared these notes for an oral presentation to the team.

Case synopsis: Social history of a married man (Damon), age 20, who killed his wife during a fit of rage while withdrawing from methamphetamines. Damon was abandoned in infancy by his mother and raised by his alcoholic father. He married his high school sweetheart, Tawanna, two days after they both finished vocational high school. They lived next door to her parents, both alcoholics who never fully accepted Damon. Damon worked steadily under his uncle's supervision at his car service center and Tawanna worked sporadically but could not keep a job. In the months before the assault, Tawanna was spending more time at her parents' and friends' homes than in the trailer with Damon. Damon lost his job when his uncle's business could no longer compete with the franchised service centers. Damon found a new job but hated it. He started increasing his use of drugs to ease the anxiety he was experiencing. One weekend he and Tawanna had a vicious argument that was precipitated by his wanting to have sex and make a baby. Tawanna said she didn't want children. It lasted for hours. They had no drugs at hand and were highly irritable. Damon recalls part of the assault but his memory becomes clear only at the time he was sitting in the living room and the police arrived (called by the neighbors). He expresses intense grief over losing Tawanna.

Descriptive themes are those based on factual evidence. Interpretive themes are those based on the social assessment (interviews with Damon (D) and social network members and records review).

Theme 1: Social stability

1a. Descriptive themes:

- Lived in same house with his father (single parent) consistently through upbringing (except for two periods of less than a week each in foster care)
- Consistent demonstration of affection from and frequent contact with aunt and her family
- Aunt and other extended family households show high regard for children

- D regarded by coworkers and family as pleasant, “sweet” disposition
- D interested in and starting on a career path in auto repair
- No recorded behavioral problems at school or work
- D made a commitment by marrying his girlfriend

1b. Interpretive themes—effect on D’s social functioning:

- D expressed and demonstrated strong values about commitment to family stability
- D conforms to social expectations, including requirement of the law and organizations (e.g., school and work); except for undetected drug use, he has no history of criminal offenses
- D has good skills for social interaction though he is shy and withdrawn in novel situations
- D demonstrates competence in work performance
- D is somewhat dependent on the predictability of the social environment—changes generate anxiety

Theme 2: Maltreatment

2a. Descriptive themes:

- Mother left him at age six months (she left him and his father to escape father’s domestic violence against her)
- Physical abuse by dad against D (DSS founded case: bruises, broken foot)
- Sexual abuse by dad against D (DSS founded case: coerced sexual relations with dad’s girlfriend)
- Neglect by dad of D (DSS founded case: lack of supervision)
- Psychological abuse: (D and others report the following)
 - Perceived abandonment by mom
 - Dad “constantly” told D he was worthless, unwanted
 - Terror by dad (after dad caused D to have a broken foot when he shoved him, D feared death when dad made threats)
 - Exposure to domestic violence by dad against his partners
 - Exposure to dad’s alcohol and drug abuse
 - Inconsistencies, especially differences in aunt’s and dad’s households
 - Lack of available social support—family always supported dad, denied his behavior was inappropriate
 - Lack of effective formal supports—for example, when DSS or law enforcement tried to change his father’s behavior, both were ineffective—dad essentially continued harmful behavior, regardless of intervention—state was powerless relative to dad

2b. Interpretive themes—effects of maltreatment on D:

- D fears rejection and yearns to please dad, aunt, and others, therefore is regarded as pleasant
- Repressed fear and anger at dad
- Wishful thinking re: ideal home, yearning for mother
- Numb, “low key” expression of emotions; avoidance of conflict
- Withdrawal, social isolation
- Insecure attachments to marital partner, dad, extended family
- Feelings of inadequacy, believes he can’t do anything right, can’t handle life’s problems, can’t even do job right without drugs
- Dependency on wife, other family members
- Inadequate skill in handling frustration; passivity in the face of life’s problems (e.g., failure to seek help because of belief that no one can or will help)
- After initial exposure to drugs, desire for drugs to enhance feelings of competence, regular use on the job, inability to handle the anxiety of withdrawal from drugs on weekends

Theme 3: Chaos*3a. Descriptive themes:*

- Constantly changing immediate household—father’s multiple partners (at least nine different live-in partners during D’s childhood)
- Father’s unpredictable behavior and lack of consistency in discipline
- Dad’s messy household, no daily routine
- Threat of DSS taking him away

3b. Interpretive themes: Effects of chaos on D:

- Uncertainty and anxiety about future; weak sense of personal control and ability to influence consequences
- Mistrusted wife, feared abandonment by wife
- Lack of understanding about how to live in a marital relationship
- Problems in self-discipline

Additional themes apply in this case; only three—one strength (social stability) and two vulnerabilities (maltreatment and chaos)—have been selected for this example. The descriptive themes essentially summarize the facts of the history as they emerged from interviews with Damon, interviews with the aunt, the father, a cousin, and a coworker, and a review of records from the child protection agency and schools. The interpretive

themes are added by the professional based on observations of Damon's historical behavior and comments he and others have made about the meaning he attributes to various life events. For example, descriptively, everyone agreed that his father's household was unpredictable and chaotic. The effect this had on Damon, according to the interpretation, is that he became persistently anxious about his relationships with his wife and demonstrated poor social skills in managing his relationship with her.

In the next step, the social worker synthesizes some of the many themes in the case.

Synopsis of social functioning:

This young man values committed relationships and yearns for an idealized, stable household situation. But he demonstrates insufficient capacity to independently handle normal life stresses, such as completing household chores, engaging in and resolving conflict, and feeling competent at his job. He tries too hard to comply with the wishes of others and feels frustrated and anxious about his abilities. He prefers not to express his own desires and instead, withdraws, ignores others, and uses alcohol or drugs to sedate his feelings. His choice of crystal meth promotes a sense of competence while he is using but his profound anxieties are exacerbated when he is withdrawing. His school and work history indicates poor problem-solving capacity except when guided by others. When faced with what he perceives to be extreme social demands, he can respond with sullen anger. He has no history of violent assaults prior to this situation. His history indicates he had affection for and was dependent on his wife.

The synopsis succinctly expresses the social worker's opinion, based on interaction with the client system (Damon and his family), about how the history affected Damon's social functioning. At this point the social history assessment is still essentially descriptive—it describes Damon's current social functioning based on how the history affected the development of his functioning. Again, it will be noted that this is only part of the actual assessment, the part based in the themes chosen for illustration here.

To illustrate what additional information the social worker used in forming an interpretive opinion about these select themes, following is a summary of pertinent theories that influenced the social worker's professional lens.

Theoretical framework:

Traumatic stress and coping: Chronic abuse induced Damon's attempts to minimize aggravating others by being passive, trying to please others, and denying expression of his own needs. The abuse also contributed to his repressed affect and emotional numbness when faced with conflict. The sexual abuse induced heightened feelings of inadequacy. His history of unreliable and ineffectual social support contributed to his perception that he can trust no one to reliably help him without their causing trouble for him.

Attachment: Damon's father maintained a presence in Damon's life and superficially behaved responsibly—he kept a household for Damon. But this constancy was disrupted by the changing live-in partners and abusive outbursts, inducing ambivalence and insecurity in Damon. He is unstably attached to his parents and yearns for an attached relationship, thus he was highly dependent on his wife and tried to play an idealized role in his marital household. He imagined that having a baby would signify a stronger commitment to their relationship. But his entire history, except for his exposure to the stable life of his aunt, involves women who leave. He was insecurely attached to his wife and fraught with anxiety over the probability that she would leave him. He perceived losing her as his fault, proving that he is a failure as a husband.

Social learning: As the youngest child in a large interactive extended family, Damon learned to be dependent on others while dreading their criticism. While he was trying to live as a competent husband, he showed weak skills because he had never seen them modeled for him, given that his father was such an ineffectual and abusive example. In addition, the predominant conflict resolution mode he witnessed as a child was alcohol and drug use and explosive outbursts by his father. Being male, he would identify strongly with his father.

Biosocial behavior: Being in a state of methamphetamine withdrawal increased his agitation and anxiety. When faced with a socially demanding situation that made him feel like a failure, he was at risk for an angry outburst.

Finally, the social worker offers an interpretive opinion about the social history. The descriptive summary, social functioning assessment, and theory are combined into a theory of the case. In this particular setting, the theory is applied to the issue at hand for the multidisciplinary team, which is Damon's state of mind at the time of the offense.

Case Theory

Damon, who adored his wife but was becoming overwhelmed and frustrated by household and job responsibilities, was worried that his wife was about to leave him, based on recent conversations and arguments. Damon, whose social functioning is impaired by his insecurities and fear of rejection, desperately wanted Tawanna to stay and when she rejected his sexual advances and desire to make a baby, he felt defeated and worthless, causing his anxiety to increase. In an agitated state of drug withdrawal, resorting to maladaptive behavior he acquired through social learning in his father's household, Damon shoved and hit Tawanna. He seems to have lost rational thought because he didn't consider logical alternatives (e.g., leaving the house for a while so he could calm down himself, going to visit his aunt for advice). He psychologically withdrew from the situation, a coping pattern he had learned, shutting out conscious perception of feelings, as he continued to assault his wife. When he realized that she was immobile, Damon realized what he had done and was immediately flooded with emotions: grief, remorse, and fear of punishment.

Again, this example is not a complete report, but an excerpt intended to illustrate how the professional can interpret the social aspects of a life history as they pertain to a particular purpose (in this case, forensic assessment of competence subsequent to a spousal homicide).

The social history assessment was one foundation for a determination by the court that Damon was competent to stand trial—that is, he did know right from wrong, although he was under a drug-induced psychosis at the time of the crime. Damon confessed to his guilt, and the social history assessment was introduced by the defense attorney in court as part of mitigation evidence along with a psychiatric assessment, a neuropsychological assessment, and an educational assessment regarding his learning disability.

Case 2: Example of Descriptive and Interpretive Portions of a Report: Excerpt From Therapist's Assessment Report in a Mental Health Treatment Setting

The second case illustrates a more narrative approach to reporting a social history. In this case, the client is hospitalized for an extended period and a comprehensive multidisciplinary assessment is under way. The social worker who conducted this assessment will use the information in mental

health treatment planning. Many of the themes will be explored as a foundation for helping the client to recover from her disorder. As with the first example, this one is partial, based on excerpts from the case record. It is rather lengthy because the intent here is to illustrate the way the professional thinks about the case. The history starts with a summary of key events in the life of Emma's parents before her birth. A genogram to accompany this case is found in Chapter 6 (see Figure 6.2).

Case synopsis: Ms. Blane, age 54, was admitted to a behavioral health center for inpatient hospitalization after being found by police wandering along a highway at night. At first they thought she was intoxicated, but closer examination indicated she was delusional, convinced that she was a 30-year-old mother who had to find her baby. Her identity was matched to that of a missing person based on a report filed by her son. Within two days after hospitalization, Ms. Blane was lucid again and confused about what happened.

Part One: Excerpts From Case Chronology (History Description)

Emma McColl Sims Watson Blane
Abbreviated Life Chronology
Pre-birth–parental history

[Sources: Interview with Emma Blane; interview with Jeffrey Blane (son); interview with Celia McColl Rider (younger sister)]

1946 Emma's mother, Sandra Watson, was only 15 years old when she married Benton McColl, age 19. Both lived in the rural tobacco farming community of Hampton, GA.

Sandra was the daughter of Vernon, a farmer with a "drinking problem." He got drunk about once a week and often became violent against everyone in the household when he was drunk. He would use belts, his fist, cords, a shaving strap, and other objects to hit his wife and the children. Sandra's mother, Anne, was quite submissive and tried to get everyone to stay out of their way. Over time, she started staying in bed much of the time when her husband was out of the house; she never smiled and showed signs of what would be diagnosed today as depression. Sandra spent many Saturday nights in a closet, trying to hide. When Sandra was about seven

years old, her mother started working an evening shift at the local mill. Soon after, her father began sexually assaulting her while her mother was at work. This continued until she left to marry Benton.

Benton also suffered abuse at the hands of his father. His family adhered to a strict fundamentalist religious regimen, including hour-long Bible readings each evening. When the children became weary, they would be beaten for closing their eyes or yawning. Benton started staying in town with an older cousin, where he could hang out with other young guys and work at the mill. He met Sandra at his cousin's house when she came to babysit his cousin's children. His family was furious when he and Sandra ran away to be married because they regarded her family as "trash."

1947 Within a year of the marriage, Sandra and Benton began having children. By then, Benton had become disillusioned with Sandra, who was young and struggling to learn to keep house. Benton often slapped or shoved Sandra when something irritated him, such as her overcooking his eggs. Sandra's own mother was too depressed or busy working to give her much guidance or assistance.

1950 In 1950 Sandra bore their third child, a girl, who was premature and died within days of her birth. Sandra developed severe depression and could hardly get out of bed. This irritated Benton immensely so he would often beat her viciously, such as whipping her with a belt while she lay in bed and pursuing her as she tried to get up and do her housework. About this time, Benton, who was still working in the mill, decided to start a church in their neighborhood. He was capable of preaching in the tradition of his family's church, which was generally about sin, condemnation, repentance, and salvation. He insisted Sandra and the children come with him to services twice on Sunday and on Wednesday and Friday evenings. Sandra was responsible for keeping the converted warehouse clean for services.

Before Emma was born, the family demonstrated certain social competencies and vulnerabilities. From a strengths perspective, the families showed intent to be committed through marriage, strong work ethic, and provision of a stable household. Unfortunately these were offset by brutality and sexual exploitation, rigid patriarchy, oppression of women, maternal depression, paternal hypocrisy, and fear of shame in their cultural community. Just before Emma was born her mother was dealing with unresolved grief related to loss of an infant child.

1951 On April 16 Emma was born. She has two older brothers.

About this time Benton became involved with a young woman who lived on her own and supported herself by sewing in her home. Emma's mother and entire family did not know of Benton's relationship with Joanna until Emma was about ten years old. In later life, Benton declared that Joanna had always been the love of his life but that the Bible forbids divorce so he had to stay married to Sandra.

1952 Benton and Joanna have the first of their five children.

1953 Emma's only sister, Celia, the last of Benton and Sandra's children, is born. Benton essentially ignored Celia all her life, giving her neither positive nor negative attention. Benton regularly yelled at Emma and her brothers, calling them "heathens" and beating them cruelly with straps and belts, sometimes drawing blood. He also continued to beat Sandra regularly, snarling at her and once threatening her with a knife.

1961 Emma overheard her mother talking to a coworker about Benton's relationship with Joanna. She walked across town and looked at the little house where Joanna lived. From a distance, she saw her father on the porch playing and laughing with a baby. She had never seen her father smile in her own home. Benton's congregation seemed to tolerate his relationship with Joanna, though he rarely was seen at her house during the day-time. He preached about reaching out to widows and orphans.

The history continues with themes of male infidelity and female fidelity added to those listed earlier. To help the reader understand the subsequent social history report, given that the chronology is cut short here, what follows is an abbreviated time line of other key events in Ms. Blane's life. The chronology includes narrative information explaining the meanings attributed by informants to the events while a time line simply lists the major events.

1967	At age 16, Emma McColl marries Jeff Sims
1968	Son Jeffrey born
1968	Brother's suicide
1969	Daughter Rose born
1974	Father leaves mother; divorce 1975
1975	Jeff left; Emma's first divorce 1977
1979	Father remarries
1982	Emma marries Raeford Watson

1984	Son James born
1988	Daughter Rose's first marriage; son Jeffrey marries
1989	Rose gives birth to Emma's first grandchild
1990	Rose's second child
1992	Raeford leaves; Emma's second divorce 1994
1993	Rose divorces
1995	Rose remarries; Jeffrey's first child born
1999	Father (Benton) dies; Rose's third child born
2002	Mother (Sandra) dies
2003	Rose divorces; Jeffrey's second child born
2004	Married Mac Blane, he left after six months; Jeffrey separates from his wife

*Part Two: Excerpts From Social History Assessment
(Interpretation)*

Following is an excerpt from a report that was filed in preparation for an interdisciplinary case staffing.

July 15, 2005

Social History Assessment

re: **Emma** McColl Sims Watson **Blane**, b. April 16, 1951

I conducted a social history assessment for 54-year-old Emma Blane as a part of her mental health assessment while hospitalized at Murray Behavioral Health Center subsequent to a delusional episode that caused her to be missing for two days. On June 4, 2005, she was found by police wandering along a rural road at night. At first they thought she was intoxicated but upon closer attention realized she believed she was a 30-year-old mother looking for her lost child. Her description matched that in a missing person report filed by her son, Jeffrey, who realized she was missing when he went to pick up his two-year-old from her care. She left the child unattended. The child seems to have eaten Cheerios and played in the vicinity of the grandmother's bed. Physical examination revealed no overt harm to the child.

This assessment is based on

- Review of records and written materials [list would be attached]
- Personal interviews with and observations of Ms. Blane
- Personal interviews with family members [list would be attached]

This report has three sections:

1. Summary of findings
2. Discussion of findings
3. Attachments:
 - a. Genogram (family tree)
 - b. Chart synopsis of childhood events and adult social functioning
 - c. Summary of previous psychiatric reports
 - d. Chronology of key life events
 - e. Social history assessment
 - f. List of records and interviews

1. Summary of findings

This history reveals that Ms. Blane is suffering negative effects of childhood trauma and deprivation that have persisted throughout her life and are clearly contributing to social dysfunction and emotional distress at this time of her life. She has shown remarkable fortitude for much of her life, exerting considerable effort to care for her children and grandchildren and to maintain an organized and socially productive life.

The childhood events include chronic paternal terrorism; extreme fluctuations and discrepancies in paternal moral behavior; maternal depression; paternal rejection; and shame within their faith community. The impact of these events on the child Emma were exacerbated by (1) inadequate protective, coping, and social supports; (2) cultural factors related to religiosity, gender roles, and consistent residence in a small community; and (3) birth order (she was oldest daughter and obliged to care for her mother). According to psychiatrists and psychologists who have evaluated her over the past ten years, prior to this episode, Ms. Blane's unresolved and untreated reactions to these life conditions led to symptoms in adulthood that included chronic depression, stress-related physical ailments, obsessive-compulsive disorder, and dependent personality disorder.

2. Discussion of findings

The following comments are based on information contained in the attachments listed above; they are integral to this discussion.

Recent stressors

Ms. Blane is a 54-year-old woman who lives alone in Hampton, GA. She has been separated since Christmas (about 7 months) from her third husband, Mac Blane. He left just before the holidays. He is purported to be living with another woman at this time. Ms. Blane was the primary financial provider because Mac, a carpenter, has an expensive gambling habit and has drained their resources.

Ms. Blane has experienced several major life stressors in the past two years, including:

- separation from husband Mac
- death of her mother after a long illness, during which Ms. Blane was her primary caregiver
- fear that her daughter Rose had cancer (tests revealed no malignancy)
- her daughter Rose’s second divorce and need for Emma’s help with child care
- her son Jeffrey’s wife, who has bipolar disorder, faced criminal charges for passing bad checks; they separated and also needed Emma’s help to care for their children
- relocation from her house of ten years to a mobile home on a lot adjacent to her adult daughter, Rose
- development of carpal tunnel syndrome, for which she had surgery and filed a worker’s compensation claim that her employer denied
- resignation from her job a week before the delusional episode
- extended psychiatric outpatient care, started in 1999 for reasons of suicidal depression and associated physical ailments

Critical facts from the history

In general, Ms. Blane’s functioning throughout her adulthood has been characterized by notable responsibility for her family, church, and job. She is devoted to her daughter and sons, having provided them with nurture throughout their childhoods and maintaining daily contact with them by phone or visit in their adulthood. She keeps a tidy home, enjoys cooking, and gives her children guidance and opportunities. Her children have in turn become responsible family and community members. Ms. Blane does, however, have difficulty promoting their independence as adolescents and adults, insisting that she be involved in all their life decisions.

Ms. Blane has been married twice before. She was only 16 when she married her first husband, Jeff Sims, father of Jeffrey and Rose. He quickly became routinely violent against her and the children as they came. Emma coped by praying a lot and trying to please him. After ten years, he left her to live with his current wife in the community where Emma lives. Jeffrey and Rose still visit him occasionally.

When she was 31 Ms. Blane married Raeford Watson, a trucker, age 46. She says she was madly in love with him and felt safe for the first time in her life. He was away for weeks at a time, which she did not mind. They have one son. In 1992 Raeford left, telling Emma she was clingy and manipulative. Their son James stayed with Rae whenever he was in town; they are still quite close.

Ms. Blane has practiced her religion throughout her adulthood, attending multiple church services weekly and all special church events when possible. She encourages others close to her to become involved in the church.

Ms. Blane has been a devoted Angier Mills employee for most of her life, having risen through the ranks to a position in management support. She regarded Angier as a family for her, a place where many of her coworkers were friends. She had a commendable performance history with the company. She worked long hours, including weekends, as necessary.

Ms. Blane's social activities involve her children and grandchildren, siblings, church members, and coworkers. She is regarded as particularly available and helpful when any of these familiar persons confronted illness or distress. She helps clean house, cook, run errands, and bring cheer when needed.

Ms. Blane has lived in the vicinity of Hampton all her adult life, first in the home of her in-laws, then in a rental home with Jeff and her children, next in a home she had built, and finally in a mobile home. Most of Ms. Blane's extended family has also lived in the general vicinity of Hampton all this time.

Social context of mental health problems

Although Ms. Blane has led a highly functional and productive life, she has faced numerous extraordinary stressors, discussed below. Records and interviews indicate that at several periods in her life Ms. Blane has been affected by mental health problems that inhibit her daily living and influence her life decisions. Most notably, these problems include severe depression, noted in medical records in 1979 (subsequent to her first divorce and her father's remarriage) and again in 1990, when she had an abortion after an extramarital affair and her husband was ill. She also has had incontinence since childhood and gastrointestinal problems that seem to be influenced by her mental condition.

These symptoms suggest that beneath her responsible, caregiving personality was chronic depression and emotional distress associated with persistent anxiety, insecurity, dependence, passivity, feelings of inadequacy and inferiority, need to be regarded as competent, and need for affection. Eight independent psychological and psychiatric assessments at three points in time (1979–1980, 1990, 2000) reveal similar symptoms, indicating these are persistent traits, not situational reactions.

Close examination, through the assessments and interviews with family members, reveals that the need for order and conformity in Ms. Blane's life is extreme. She has rigid behavioral expectations of herself and others, avoids conflict and anger, works to the point of exhaustion to please others,

insists on stability, and requires order and control in the environments of which she is a part.

Ms. Blane regards herself as highly self-sufficient although she is excessively dependent on her adult children, insisting that they be dependent on her.

Ms. Blane regards men as powerful and seeks their protection while working to avoid upsetting them. Yet she mistrusts them, anticipates their violations of the moral code of her culture, and expects to be disappointed by them. She is dependent on men and has engaged in a series of attempted long-term relationships, including three marriages and several other partnerships.

Ms. Blane expects women to be inadequate, in need of guidance and protection, and morally superior to men. Ms. Blane dreads feeling humiliated or ashamed and has spent a large part of her life “putting on a happy face.” She minimizes extraordinarily violent and immoral conduct by her father, denies bizarre behavior that may appear to be mental illness, and tries to avoid disclosure of her behavior that violates her moral code (e.g., abortion, adultery).

Ms. Blane’s behavior as an exceptional caregiver, industrious worker, and rigid moral influence are as much a product of her need to see herself this way as a need to gain recognition from others. Being compulsively good, hardworking, and upright helps to repress underlying emotional chaos and despair that is revealed in psychological testing, reports of her rigid and occasionally bizarre behavior, and inconsistencies between her reported memories of events and the reported memories of others. Ms. Blane’s compulsion to repress her emotions has apparently contributed to numerous stress-related physical ailments, including chronic incontinence and diarrhea, sleep disturbances, head- and neck aches, asthma, and exhaustion.

Ms. Blane expresses acute anxiety about the instability in the lives of her daughter Rose and son Jeffrey. Her son James, who has spent less time with her and relates particularly to his father, Raeford, is leading a stable life. The other two have formed maladaptive attachments to spouses and other intimate partners. Ms. Blane feels responsible for their troubles and ashamed that they are struggling. She tries to compensate by being as helpful as possible and does not seem to consider separating herself from their decisions as an option.

Contributing factors from the early history

Research and clinical mental health studies document that all the symptoms exhibited by Ms. Blane are commonly found in adult survivors of

unresolved, untreated, severe childhood trauma. A review of Ms. Blane's childhood history suggests a link between her history and her adult functioning. Interviews with Ms. Blane, her son, and her siblings reveal these factors:

1. Domestic terrorism. Emma was born into a home where her mother and older siblings had long coped with her father's terrorism. Emma's father was a tyrant, frequently and unpredictably wielding knives and threatening to kill Emma's mother and all the children. The family members were convinced he would kill them if they failed to comply with his wishes. He specifically prohibited escape by stating he would kill them if his wife tried to leave him. He repeatedly beat his wife and all the older children, including Emma, in ways that exceeded community norms regarding use of force for discipline. He used belts, firewood, fists, and his own force in ways that caused welts and knocked family members down or against walls. He once held a knife to 11-year-old Emma's throat when she tried to intervene in his beating her mother; he grabbed her from behind, paralyzed her movement, and poked the knife several times into her neck and upper chest, causing bleeding, while he said he would kill her.

Emma urinated from terror and subsequently developed a problem with incontinence when under stress, for which she still wears pads now. Emma's mother took her to see a doctor regarding the incontinence; he treated her for infection but it did not stop the problem. Brother Andy was once seen by a doctor for headaches; the explanation was that it was his nerves. As a young adult, sister Celia had a "nervous breakdown" that doctors said was induced by living with her father; her symptoms improved when she moved away. These are all typical reactions of children who are chronically abused or witness domestic violence.

The beatings and verbal abuse were unpredictable; they sometimes occurred in the middle of the night, when the father would awaken the children. When he came home they never knew if he would be in a temper or not. He imposed rigid expectations on their behavior. Emma would sometimes hide under the house or in the yard while her father was beating her mother.

By the time Emma was born, her mother had apparently given up any effort to escape. Her older brothers moved away from home as soon as they could to get away. The family regarded the father as all-powerful. Prior to Emma's birth, her father had demonstrated, from the family's perspective, that he could control not only the home but also the church, where he was an occasional minister, and the legal system, where his father was the jailer. His wife once tried to seek financial support when he abandoned them through the court. He returned home, only to be more violent, apparently angered by their efforts to hold him accountable. By the time Emma was born, her mother had adopted the routine of trying to keep her husband

satisfied by being withdrawn and compliant and seeking solace from her faith and religious practice. Even before their independence, Emma's brothers were allowed to engage in neighborhood activities that took them away from the house, but the girls were expected to stay at home except for church, school, and special activities like bowling, for which they had to have specific permission.

Emma's mother was forced into silence, compliance, and conflict avoidant behavior to avert her husband's violence or attempts to kill her or the children. She was unable to protect herself or her children and perceived that the church and legal system were unavailable for protection because of her husband's alignment with them. For reasons noted below, she also could not look to neighbors for protection, and her extended family was ineffective. Following her mother's survival pattern, Emma learned early to be compliant, nonassertive with men, and compulsive about creating order in environments so temper would not arise. She was known for her good cheer, attempts to make people happy, housekeeping, and care for her younger sister to ease her mother's strain. Emma aligned with her mother in anticipating her father's rage and doing whatever was necessary to avert it. This pattern of fearing male rage became a part of her.

Emma has long yearned for a male protector. As a teen, she thought she had found one in Jeff, whom she married. Within months, though, his abuse and threats to her life began. She found herself in the role her mother had long lived: silently submissive, trying to keep the peace, providing for the family while her husband indulged his vices. Jeff's religious conversion and subsequent responsible behavior seemed only to elicit anxiety in Emma, who found his conversion hard to trust because her father's had been so unreliable.

In desperation, Emma learned to seek a sense of security by keeping her life as stable and predictable as possible.

2. *Rejection.* Emma and her family members still yearn for their deceased father's love, stating, with tears, "I don't know why Daddy didn't love me (us)." They note he could be charming with people outside the home, especially during the periods when he was a minister. They admired his preaching talent and power. Emma seems to feel not that she was actively disliked, but that she was insignificant, expendable in his eyes. No matter how hard she tried, she could not please him—he always indicated what she did was wrong. Unlike her brother Andy, who tried to forget his father ("I acted like he was dead") after he left home, Emma never stopped trying to win his affection. She had always hoped he would repent and return to her mother after he left her, but his remarriage showed that he did not intend to do so.

Emma identifies with her mother, who was rejected by Emma's father when he chose other women. While Emma was growing up he maintained a relationship with another woman who lived in their community; she bore him five children who recognized him as their father. He also had other affairs and eventually abandoned Emma's mother, divorced her, and married another.

Emma's mother was devoted to her family, but emotionally distant. She nursed their physical ailments but their emotional distress was not discussed. Battered women often discourage their children from expressing their emotions, in part because it might upset their father and precipitate an attack and in part because they feel emotionally overwhelmed and helpless themselves.

Emma thus learned to behave in ways that would make her feel less isolated, unattractive, unworthy, and insignificant. She maintains an attractive appearance, was socially active, worked hard, and provided committed care to others. She likes to be needed. She also learned to hide her distress. She became extremely dependent on family relationships to gain assurance that she is wanted and needed.

3. Moral inconsistencies. This pattern is among the more unusual and profound in Ms. Blane's life history. Her father's fluctuations were extreme, shifting from periods of sanctimonious behavior, including church ministry, to multiple moral transgressions. The record indicates that at various times he was a thief, a repeated adulterer practicing a bigamist-type relationship, a gambler, violent and neglectful husband and father, and occasional drunkard. Exposure to these fluctuations had powerful significance for Emma, who grew up attending church with her mother, whose faith and moral compliance never wavered. They attended a fundamentalist Protestant church that gave them a sense of being in a caring community and protected from forces in the "outside" world. The church has strict behavioral expectations and a theology that emphasizes hell and damnation for violators. The church advocated repentance and forgiveness. Her father publicly repented several times, but inevitably "slid back." The family took pride in him during the periods when he was a preacher and yearned for his permanent conversion, but Emma learned to mistrust his ability to maintain the righteous life. Though he repented often, he never told his family he was sorry for the harm he had done to them.

The intermittent nature of negative behavior induces anticipatory anxiety and learned helplessness. If Emma's father had been "all bad," consistently immoral and rejecting of the church, the family could have coped by accepting the worst and learning to live with it. Instead, he had good periods, when the family would forgive him and feel affiliated with his charm, stature in the church, and relative peace in the household. Chronic victims

of intermittent family violence often feel worse during these good periods than the bad periods, because the bad is unpredictable and anxiety about when the good will turn bad starts to escalate. The victim becomes vigilant, anticipating the worst and mistrusting the good intentions.

The church teachings and her parent's behavior significantly affected Emma's gender role expectations and perceptions. The church taught that women should be submissive and that men should be protectors and providers. Emma's mother was submissive; she had to idealize, though, what her father could be like. It also taught that all members should try to behave properly; in Emma's experience, only her mother could do that; her father could not. Emma and her mother had to assume the provider role for their families. Emma learned to expect disappointment in relationships with men.

Emma grew up learning to fear damnation for her transgressions and also to fear her father's wrath. Although her father himself did not comply, he expected his children to live by a strict moral and behavioral code. An apparent lesson in this pattern is that men are free to do as they please, then they can repent and be saved. Women are not free, must be as righteous as possible, and should help lead men to righteousness. When men ask for forgiveness, women must give it, although Emma also notes that "apologies mean nothing" because of her experiences with men. Emma learned to appear right (and righteous) in her words and deeds.

4. *Shame.* The family grew up in a mill village, where almost everyone was working poor. The families had mutual support systems (e.g., shared child care, played group games, helped each other in times of illness and death) and tended to know one another. One of the worst labels a family in this community could have would be to be called "dirt" or "trash." Even today members of the family can barely say the words, because there were periods when they felt they were regarded as such, when their father failed to support the family. Before Emma's birth, they were on welfare while the father was away on an adulterous affair. Once, when Emma was about 10, they lived in a shack, a dwelling substandard to other village homes.

They also feel profound shame over their father's immoral behavior, which was humiliatingly known to people in the community. Their church's admonition to avoid evil was also hard to do when a major transgressor was their own father—so they felt guilt and shame by association. Emma's father and her husband made the family conspirators to their immoral ways: her father forced her mother to give him money to support his bad habits, just as Jeff made Emma spend her money on his gambling debts; Jeff made her pose for photographs in a bathing suit, though she was raised to believe bathing suits were sinful; and when Jeff was impotent Emma felt forced into sexual acts that she regards as inappropriate.

The family copes by emphasizing the positive aspects of their life and minimizing the negative. They also work hard to comply with their moral code to avoid shame.

Another factor that appears to be present in this family is the tendency to minimize the severity of their father's abuse. This is typical of abuse survivors, who seem unaware that people who have not experienced abuse might regard the behavior as extreme. A key factor in the tendency to minimize is that the abuser has communicated messages to the child victim that the abuse was the victim's fault, in some way, so the person tends to minimize to avoid beliefs about his or her own contribution to the undesirable situation.

Emma learned to minimize guilt and shame she felt about her own behavior that violated her moral code. For example, she had a therapeutic abortion (which she now believes is immoral), but she offers an explanation of it that involves her doubt that she was pregnant and her need for gynecological treatment at the time. She avoids discussing the sexual aspects of her relationships with any of her husbands.

Associated with being "dirt" is the notion that people who are dirt are poorer than others for reasons of wrong moral choices. Emma, like her mother, has thus worked hard to maintain her family's financial security so that she will not be seen as poor.

5. Inadequate protection and coping support. Confronted with persistent terror, rejection, moral confusion, and shame, the child Emma had few supports to mediate the harmful impacts. Sometimes abused children have an outlet, such as an involved aunt or teacher who assures them of their worth and comforts their distress. Emma was essentially alone. Her mother, as noted above, gave comfort but was unable to protect her. The older children had tried to fight back and, in the early years, her mother had. But by the time Emma came along, her mother was in a compliant pattern that encouraged silence and solitary coping. Emma's siblings adopted this as well, as they note, "We had it buried until Emma did this" [referring to the dissociative episode and endangerment of her grandchild].

Emma's older siblings gave some protection and comfort while she was very young by taking the brunt of her father's abuse, but when she grew older, they moved away. After the brothers started staying away from home, the abuse of Emma escalated. By then, the only persons at home with the father were female: Emma's mother, Emma, and a sister two years younger.

Emma reports no one outside the family to whom she could turn for comfort. Her mother's family lived at a distance. Shame kept Emma and her mother from revealing the struggles they confronted at home. Her father was aligned with the men who led the church.

Emma learned the family pattern of silence, minimization of threat, and mutual dependence among vulnerable persons. In the face of the real threats she encountered, these coping styles were unlikely to reduce her anxiety. The appearance of depression and somatic problems is common under such conditions.

6. Cultural factors. The impact of Emma's childhood trauma and deprivation was shaped to some extent by the cultural factors of religiosity, gender role expectations, and mill town culture. She had to learn to handle persistent discrepancies between what she believed should be and what really was.

As noted above, the nature of Emma's religious upbringing encouraged rigid compliance, avoidance of shame, endurance of life's challenges, and hard work to help others lead a righteous life. Challenging authority (such as her father) was discouraged. Yet she had to cope with the ambivalence of her father's inconsistent moral behavior and the righteous life she thought he should, and believed he could, lead. This childhood pattern has been repeated in the lives of men with whom she has formed relationships. Her father was a minister who had been unfaithful to his wife for years. Her husband Jeff went to church, then backslid as a gambler and abuser, then was saved. Raeford had been a gambler and divorcee; then he was saved. Mr. Walker, her work supervisor, is a church deacon and a man with authority in her workplace, which had taken care of her; yet he has been lecherous toward her and other women. These relationships with men who had engaged in immoral conduct and then been saved would predictably elicit the ambivalence, mistrust, and anticipatory fear of her father that Emma had learned as a child.

Similarly, she was raised to regard women as submissive and nurturing and men as protective and providing, but her father's violence and neglect created a conflict for her between the ideal and the real. She yearned for the ideal protective and providing relationship with a man while doing her own protecting and providing for her family. She had learned she could not trust men to fulfill their roles. Her church taught her to honor marriage, but her experience with marriage (her parents', her own, her children's, and her siblings') has taught her that conflict and disappointment are inevitable and that protection is unlikely.

Within a small, familiar area such as a mill village, families learn to avoid shame by hiding what they believe should be family secrets. Young Emma thus had to learn to act as if her home life was orderly and pure when in fact it was tainted by her father's chaotic outbursts and sinful ways. Emma continued to live in the same relatively small community with stable social networks throughout her life. Her mother and father, though divorced, were never far from her. She kept her children near her even in adulthood. She

apparently never considered leaving, although distance might have given her an opportunity for relief from distress associated with early experiences. She was highly dependent on the stability of her small world, which is understandable given her passivity and emotional needs.

In the old mill village, the employer was regarded paternalistically, as the giver of care to the employees. Emma carried this view of employer to her work; she regarded Angier Mills as a family. When her employer denied her health claim, she felt abandoned by a group that had been, from her perspective, a caring family.

Conclusion. Ms. Blane's life story indicates that she suffers lifelong negative effects of childhood trauma and deprivation that are related to the social dysfunction and emotional distress in her life at the present time. The childhood events include chronic paternal terrorism and parental moral inconsistencies, rejection, and shame. The impact of these events on the child Emma has been exacerbated by inadequate social supports and cultural factors. According to previous mental health evaluations, Ms. Blane suffered chronic depression, stress-related physical ailments, and dependent personality disorder.

During her adult life, Ms. Blane has appeared to be well adjusted most of the time: She was financially secure, actively involved in family and church, and in positions of relatively high status within her social networks. Early in her life she learned to hide to escape life-threatening challenges, to pretend that she was happy so her needs would not aggravate others, and to please others in order to feel valued. As long as Ms. Blane's life was simple and predictable, her inner turmoil and despair were contained. When confronted by multiple life changes, the chaos within Ms. Blane began to emerge. Her repressed feelings of overwhelming despair, abandonment, and threat of extermination began to emerge in the form of depression, incontinence and diarrhea (loss of control), and attempts to change her environment to reduce her discomfort.

The social history assessment was used as a basis for diagnosing Emma's severe depression with dissociative symptoms. A psychiatrist prescribed medication. The social worker who wrote the assessment was the primary counseling therapist for Ms. Blane and relied on the assessment as a way to focus many of the topics that she and Emma discussed, particularly given that Emma had a tendency to minimize and deny certain emotions. The assessment crystallized certain themes and served as a guide for therapeutic goal setting (which was done together with Emma) and action.

Putting It All Together

The social history assessment typically is part of a broader process that leads to a decision or course of action aimed at a positive outcome. The social history assessment, together with other information about how a person functions biologically and psychologically, can help explain why a person behaves, thinks, or feels a certain way. Given that all lives are in progress, still forming, a careful review of history can provide insight into how to approach the future. The person may seek to strengthen certain areas or change habits or patterns that have harmed development. He or she can build on positive themes and change negative themes.

Each person is unique but not alone. By working with a professional who understands human behavior through case experience and knowledge of theory and research, a person can realize untapped potential and release fresh capacity to manage life problems.

Note

1. The cases presented in this chapter are based on real-life situations although identifying information and settings have been changed to protect the privacy of the individuals involved. The thematic content is true to the assessments that were actually conducted.