Biology's Challenge to Social Work: Embodying the Person-in-Environment Perspective

Dennis Saleebey

Although the profession of social work credits itself for using a biopsychosocial perspective in theory and practice, the body (the "bio") is virtually absent from the profession's knowing and doing. If social workers are serious about understanding and marshaling elements of person-in-environment transactions, then to disdain the body results in a lack of appreciative reach, the possibility of egregious errors of assessment, and missed opportunities to aid in the process of regeneration for clients. A review of areas in which biological knowledge is growing ("the biology of hope"—psychoneuroimmunology, for example—and the new biomedical approach to mental health) yields some ideas about how theory and practice in social work can be "embodied."

THE SOCIAL WORK profession has become, in both theory and practice, disembodied. That is, attention to the energies and orientations of the human body is superficial, if it exists at all. This does not make social work unusual. The hegemony of science and the "technical/rationalist" (Schön, 1983, p. 21) professions over ordinary culture has been accomplished largely by disembodying individuals and groups of individuals, by separating the world of cognition from the corporeal world, and by identifying the body and its parts as targets of technical curiosity (Romanyshyn, 1986). In other words, in the world of bureaucracy, science, and the professions, the body has been all but ignored. Bureaucrats, technologists, scientists, and professionals seem oddly blasé about the sensuous, visceral side of life, although they may see the body as a disease or as a social problem (in the case of violence and aggression, for example). Yet the body's urges, promptings, and energies; its frailties and calamities; and the environment's support or subversion of the body are more than a small part of self-identity and moral imagination. The body has evolved to serve its inevitable and requisite immersion in social and cultural worlds. It is clear that "biological survival . . . seems closely linked to social needs" (Ornstein & Sobel, 1987, p. 131). How people are in society—in the kind of relationships they have and in the transactions between institution and individual—depends on the sense and possibilities of the body (Gazzaniga, 1988; Ornstein & Sobel, 1987).

For social work to ignore the body compromises the quality of both theory and practice. One of the reasons for this snubbing of the body may be a consequence of apprehensions about the medical model, which, given social work's philosophical commitments, might be justified. Some of the elements of the medical model that flout social work values are the denigration or subjugation of the personal knowledge and experience of the patient; the objectifying of the patient (especially the body); the deeply rooted notions of individual deficiency and fault; and the giving over of the individual's authority, autonomy, and responsibility to the physician (Weick, 1986).

The social work profession addresses the "bodiliness" of human behavior, but a cursory review of social work texts and journals reveals little discussion about the body. Social work, like other professions, finds itself somewhat in the same figurative position of the man who

> is unaware of his body; the language of the body is underdeveloped in him. He does not reveal himself in movements or gestures, in blushing or turning pale. . . . He has no physical ease with children. He does not bounce them in the air, let them climb all over him. He does not indulge in any spontaneous physical play with them. . . . To make use of an anthropological distinction: He does not live in his body. *He simply has a body that he uses like a tool or machine* [italics added]. (Soelle, 1984, p. 51)

To inject biological, sensuous, and organismic knowledge into social work theory and practice does not mean succumbing to the medical model, a model that is probably as much political as it is epistemological. The biological revolution in understanding human nature, given its most generous definitions, derives from several assumptions that are ostensibly compatible with social work appreciations.

The body has a wisdom of its own that, if we let it, can be tapped and used in the service of transformation, regeneration, and healing. A good physician is one who recognizes and validates the physician inside the patient and who recognizes the patient inside the physician (Dossey, 1984). It is social workers' moral purpose as professionals to respect the regenerative capacity of individuals and the strengths that allow them to accept, overcome, or ameliorate illness or impairment. The wisdom of the body is also abetted or thwarted by the context in which healing occurs.

The brain (body) is a "health maintenance organization" (Ornstein & Sobel, 1987, p. 36). The delicate balance and the fine adjustments between internal and external, physical and social, demand and need are accomplished largely out of conscious awareness by different modules of the brain (Gazzaniga, 1988). Much of what people

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experience as conscious perception and control of body processes are post facto interpretations that, as they accumulate, become beliefs about how they are and who they are. An initial response is often initiated by some part of the brain, orchestrating the interaction of the body with the environment. Thus, many adaptive maneuvers by individuals have their origin in the body (Gazzaniga, 1985). However, these maneuvers are or can be extended or altered by a person's interpretations of them or by the interpretations of others.

Mind, body, and environment continually interact in a variety of changing and complex ways. Certainly, any conceptions of disease must take this into account. For example, one's beliefs about oneself, including beliefs about the body and elements of the environment in which those beliefs arise and are sustained, can be helpful factors in the process of recovery and transformation. They can also be part of the critical elements of resignation (Cousins, 1989). Effective healers respect and tap bodily wisdom and environmental resources as part of a treatment regimen crafted together with the individual who suffers. Cousins's (1980) celebrated recovery from ankylosing spondylitis resulted in part from his awareness and trust of his body, its potential and limits, its history, and its capacity for regeneration. Cousins wrote, in that vein, that the placebo effect works "not because of any magic in the tablets but because the human body is its own best apothecary and because the most successful prescriptions are those that are filled by the body itself" (cited in Ornstein & Sobel, 1987, p. 81). It is also becoming clear that individual responses to psychotropic drugs are, to no small extent, a product not only of bodily uniqueness but also of the psychosocial context in which drugs are prescribed and taken (Davidson & Jamison, 1983; Gerhart & Brooks, 1983).

The biological model focuses on health and wellness (and their possibilities), on the inner resources (physical, emotional, intellectual, and moral) of the individual, and on drawing out those strengths and commandeering the external resources in the interpersonal and social environment. Likewise, the giving over process is transmuted into the "taking back" process so that clients, to the degree possible, become the authors of their recovery, growth, or maintenance (Weick, 1983). For that to really happen, the knowledge of the individual patient or client cannot be subjugated or discounted; the body must become known, accessible, and respected, and helpers must become collaborators with the individual. In other words, embodiment helps to empower the client (Saleebey & Weick, 1990).

However, helpers cannot be enablers without knowledge, and if in some subtle and complex way autonomy proceeds from bodily awareness and sensuous vitality, and if social workers are to be as loyal to the ecological view as they claim to be, then they must fashion a knowledge base out of the reality that biology and society exist in continuing interaction in everyone; that individuals have unique properties because of their social life and biological inheritance; and that the character of individuals' social lives is, in part, a result of the kind of physical beings they are. The biological revolution is, for social work, a unique opportunity once again, in the name of ecological practice, to realize a biopsychosocial approach to helping.

Biology, the Body, and the Person-in-Environment Perspective

The ecological approach or life model is centered on the idea of the goodness of fit between individual and environment. It focuses on how the individual's needs, capacities, and opportunities for growth and the individual's ability to adapt to changing external demands are met by, provided for, and challenged by the environment. Adaptation is not only a key idea but the moral imperative of the ecological view (Gould, 1987). Adaptation is a continuing process of adjusting the individual's energies, motivation, and skills to meet environmental demands in such a way as to enhance growth and development and to accomplish life transitions successfully. At the least, adaptation consists of attempts to adjust when the fit between individual and environment becomes abrasive and tense. Likewise, the governing principle of the person-in-environment relationship is reciprocation and exchange. The environment and individuals are conceived to be in constant interaction and to influence each other (Germain & Gitterman, 1980). In the best of all worlds, the potentialities for growth and transformation within the individual are nurtured by the environment, and the individual, singly or collectively, has a shaping and beneficent influence on the environment (Germain, 1979; Germain & Gitterman, 1980). In the words of Brower (1988), "The ecological view rests upon an evolutionary, adaptive view of human beings in continuous transaction with the environment, with the person and environment continuously changing and accommodating one another" (p. 412). When this dynamic relationship goes awry, fit and fitness are diminished. The net result is likely to be increased stress on the individual organism.

There have been many criticisms of this kind of conception of the person-in-environment transaction. It is apolitical and naively optimistic and ignores persistent and fateful conflicts between institutional imperatives and human needs (Gould, 1987). It lacks a critical perspective and supports conventional norms and the dominant culture and, thus, the status quo (Saleebey, in press). It does not have a guiding conception of the individual acting and deciding within the system-individual transaction (Brower, 1988). Finally, it does not have a broad enough or sufficiently physical conception of either the internal or external environment (Weick, 1981).

This criticism draws somewhat from others but essentially springs from the disembodied air about this person-in-environment conception. The same could fairly be said about the systems theories. Current ideas about the person-in-environment connection ignore "the body's lumbering presence in the world" (Cowan, 1986, p. 231). A person's body is in the most essential way his or her fate. How he or she understands that body, how he or she imagines it

will be in the world, and how the world accommodates that body has everything to do with life chances and a lot to do with life-style (Ornstein & Sobel, 1987). Becker (1973) said it succinctly: "Man's [sic] body is a *problem* to him that has to be explained" (p. 51).

Exemplifying the Body-Mind-Environment Connection

The basic orientation of this article is, as Seamon (1979) put it, the idea that "the body holds within itself an active intentional capacity which ultimately 'knows' in its own special fashion the everyday spaces in which the person lives his typical day" (p. 35). Two quite different examples suggest the necessity of, and avenues for, extending the person-in-environment conception: One, the body politic, is quite ambitious and broad in scope; the other, the broken body, is more modest and closer to practice.

The Body Politic

Experience is not concept or abstraction. Yet many approaches to understanding and intervening in the world assume that the idea mirrors the world. Some people argue that the enterprise of science and technology and the institution of professional practice is based on turning lived experience into abstract formulations that change dramatically what is known of given experiences (Becker, 1968; Berman, 1989; Saleebey, 1985; Turner, 1984). However, the intensity, urgency, and immediacy of lived experience is somatic. To be "in" a situation requires sensuous attendance and a vibrant contextual sense of self, for the body knows context in a way that the intellect does not (Gazzaniga, 1985; Seamon, 1979). Furthermore, several authors contend that the body is probably the origin of a variety of essential experiences. Such experiences as dreams and daydreams, flashes of insight, intuition, empathy, and levels of spiritual awareness are essential to humankind's distinctiveness as a species. Without a fuller sense of the body and a feeling of being at ease with one's sensuousness, such experiences diminish (Berman, 1989; Dossey, 1989; Masters, 1981; Steiner, 1973).

Many clients have had their own body subjugated by individuals, institutions, or ideologies. Because of this subjugation, the range and intensity of their experiences lessen and their sense of power and efficacy is foreshortened. As many have argued, the initiatory act of oppression is bodily (Becker, 1973; Illich, 1976; Kovel, 1981; Reich, 1962; Turner, 1984), and the path to liberation frequently begins by helping individuals reclaim the sense of their body, along with its potentials, energies, and peculiarities. As with any kind of liberation, the direction it will take is uncertain. The underlying assumption is that individuals are more dangerous to themselves and others when command of their own body and the integration of mind and body are truncated and distorted (Kovel, 1981; Soelle, 1984). Zegans (1989) pointed out that the body's importance lies along several planes. It is the focus for affective and cognitive strivings including desires, fears, conflicts, and hopes; it is the medium for social relationships and interchanges; it is a durable but changeable symbol of an individual's sense of value, desirability, and ability; and it is the site for a sense of the psychophysiological integration of the self. Because of its essentiality, one might agree with Freud's (1964) assurance that the ego is, at heart, a body ego.

An individual who is embodied and sensuously vibrant can use the body "to carry out intentions in a fluid, unconscious manner" (Zegans, 1989, p. 19). That kind of integration of body and mind can be easily preempted or thwarted. For example, when a person confronts a dramatic, noticeable change in his or her body because of aging, disability, disease, or trauma, the feeling of groundedness and ease in negotiating the world of objects and people is disturbed. His or her sense "of competence, identity, status, and power" (Zegans, 1989, p. 23) is suddenly undermined.

Social workers describe their ultimate goal when working with clients as seeking better integration of the body, mind, and environment. Dossey (1984) pointed out that the word "health" is synonymous with wholeness. The word comes from the same Anglo-Saxon root as "whole," "hale," and "holy." Thus, what social workers strive for is a more functional integration of mind and body nestled more firmly in social contexts. These contexts include everything from the immediate physical environment to social policies that affect bodily security and integration (Weick, 1990). To ignore the body in social work theory and practice robs practitioners of a fuller understanding of the individual in context and of the use of more possibilities in helping people change.

The Broken Body

As others have noted before, many serious behavioral disorders are actually diseases of the body and disturbances of the smooth integration of body and mind. These disorders are often promoted and sustained by elements of the social context—individuals, institutions, or ideologies. The social worker is a key player in transforming these disorders toward health, restoration, or a degree of amelioration.

Depression provides a useful example. It is, by most accounts, widespread today (Gold, 1987; Johnson, 1987; Lickey & Gordon, 1983; Winokur, 1986) and appears to afflict women more than men, although there is legitimate debate over this fact (Boyd & Weissman, 1981). Although there are several kinds of depression, one kind, called *vital depression* (which also may have several varieties), clearly has an array of neurochemical and neurophysiological substrates with identifiable abnormalities along certain neural pathways (Anderson et al., 1986; Andreasen, 1984; Willner, 1985). Vital depression can be productively understood as a disease of the body (brain). As anyone who has worked with those suffering from depression or who has suffered depression knows, there are ineluctable, profound shifts in bodily experience that occur. Most noticeable is a perplexing unpredictability in body-mind regulation. There are vegetative

symptoms such as insomnia, psychomotor disturbances, appetite changes, and so forth, but these symptoms fail to capture the thoroughness with which the body's energies are sapped and with which the body's integrity is compromised. The innate wisdom of the body is called into question, seeming suddenly unreliable. Depending on theoretical allegiances, clinicians make interpretations of these changes ranging from psychoanalytic or cognitive to existential. However, one must not ignore the fact that it is body (and body-mind integrity) that is the locus of this "systematic self-restriction" (Becker, 1973, p. 210).

At another level, depression is also an organismic issue. Everybody must confront the reality of their body: that it is finite, that they are stuck in it, and that it will decay or decline and die (Becker, 1973). Without some overarching justification or some transcendent belief system, the burdens of the body may become too much to bear. For some who are depressed, the body already has become too much to bear (Becker, 1973).

Finally, depression is a bodily matter at the level of social institution and culture. Ownership of the body, particularly for women, is culturally a major struggle in several different ways. Females may be given inadequate socialization to the reality and possibility of their bodies (Corea, 1985). They may have others' views of their body and their sexuality imposed on them (Corea, 1985; Ehrenreich & English, 1973). They may come to regard female sensuousness as suspect or disreputable (for example, menstruation) (Turner, 1984), and they may experience their bodies as always in danger of appropriation through such violent acts as rape, battering, and incest (Tennov, 1976). In other words, women have had their authority over the possession of sensuous power and bodily energy thwarted and oppressed. For some women this may be one of the preconditions for depression (Paykel, 1982). One's relationship to the outside world is always mediated by the body. When the body is called into question, relationships to the outside world weaken (Turner, 1984).

Theory and Practice

Theory

Diamond (1981), an anthropologist, noted that "primitive life is characterized by direct engagement with nature and bodily functions. The sense of reality is heightened to the point where it sometimes seems to 'blaze' " (p. 170). "Engagement" is a key word. The celebrated but difficult to define goodness-of-fit of ecological theory relies on the most fundamental sense of embodiment, that is, on an operating fund of sensuous vitality, bodily ease, and competence. It is wrong to assist in adaptation or to promote "developmental socialization" (Specht, 1990, p. 354) without understanding the social play of the individual's body and the individual's sense of it. How the body functions, how comfortably it fits into social categories (for example, gender, age, and ethnicity) and reacts in context, and how it is perceived and sensed are major components of adaptation and the exchange between environment and person (Gazzaniga, 1985).

As the example of vital depression suggests, to experience social agency and self-efficacy and to adapt, people must have ownership of their bodies. Ownership is a precondition for autonomous, sensible, transformative, adaptive behaviors. Alienation rests on subjugation of the body and is often accompanied by a sense of numbness and lethargy, little access to bodily energies and resources, or peculiar bodily sensations (Turner, 1984). To be responsible for one's well-being is one of the keys to withstanding, perhaps even surmounting, serious life-threatening illnesses and various forms of political and social oppression (Cousins, 1989; Dossey, 1989).

American culture (and perhaps Western culture in general) is leery of the body, that is, the body of real experience. In Berman's (1989) words, "modern Western culture in particular is a conspiracy not to talk about the world of primary satisfaction or even about the body at all" (p. 22). To the extent that social workers can enable client resources and strengths and provide client autonomy and liberation, they must be aware of and talk about such body issues as well-being and illness, body images, death and dying, care of the body, facilitating body awareness and energies, using the body in relationships and adaptation, understanding the meaning and consequences of organismic vulnerabilities, and gaining aegis over one's own body. People should not become, as helpers, part of the mechanics and metaphors of oppression through the denial of bodiliness (Sardello, 1986).

Practice

"Body wisdom" can inform practice in at least three ways: (1) in deepening the helping relationship, (2) in forming an alliance with the client in generating and abetting the transformative powers of the body, and (3) in broadening the profession's understanding of some of the phenomena that come social work's way.

Sensitive and deft helping is not unlike performance. It is not merely technical; it also has the capacity to respond to the anomalies and possibilities of the moment by staying with the flow of work, and it gives the helper the ability to follow his or her instincts as the performance (helping relationship) unfolds. A sensitive and aesthetically attuned practitioner responds creatively to the subtleties and shifts of helping encounters (Perlman, 1989). Professional artistry, the availability of tacit knowledge, and a genuinely reflective practice (Schön, 1983) all may require bodily awareness and bodily presence on the part of the practitioner (Saleebey, 1989). To be more fully oneself, then, in the helping relationship requires a degree of bodily freedom and openness.

The body has enormous restorative powers. To form an alliance with a client is to collaborate with those regenerative possibilities: "There is a plasticity of the self that is always seeking to transcend impairment and mobilize resources for self-maintenance and growth" (Zegans, 1989, p. 25). The most essential part of that plasticity is the brain (body) (Cousins, 1989; Dossey, 1989; Ornstein & Sobel, 1987). It is, then, the social worker's obligation to help clients regard and experience the

body as an instrument of effective action and to give clients permission to take control of their body sense, image, and energy. Social workers want to encourage clients in taking responsibility for how they experience their "dis-ease" and how they manage recovery. In some cases, social workers must help to raise consciousness about how clients' body experiences have been subjugated as in the case of, for example, an anorectic female. At the least, clients need to be fully educated about the nature of the disorder and its treatment (as in vital depression or schizophrenia). Because people tend to follow the path of their expectations, helping to fashion positive expectations for clients is important. As some psychoneuroimmunologists indicate, these more buoyant expectations will become allies with the immune system in combating disease (Norris, 1988).

If the body becomes a firmer part of the person-in-environment equation, social workers might be more disposed to touch, hug, and embrace their clients as appropriate signs of affirmation, comfort, and presence (Siegel, 1989) and as stimulus to bodily awareness. Social workers also might make a more concerted effort to abet the restorative capacity of the body by encouraging clients to consider changes in and to find opportunities for nutrition, exercise, meditation, massage, relaxation, bioenergetics, dancing, imagery, and walking, for example. Through these activities and through discussion about body issues, social workers can not only encourage bodily energy but help raise consciousness about the individual body and how it is and can be experienced (Weick, 1990). Certainly, social workers must assist clients in confronting and coming to terms with issues, problems, and possibilities brought about by disease, disability, dying, aging, or changes in the body and body sense. Although people are sensitive to such issues in cases where disability is a central concern, the issues should be part of the helping agenda even where disability is not an essential issue (Zegans, 1989).

Finally, social workers should engage family members and clients as collaborators in the process of gaining control of and responsibility for clients' bodily disorders—whether primarily experienced as emotional or physical—and their treatment. In this sense, social workers become advocates for the clients' sensuous autonomy and inherent robustness (Cousins, 1989; Johnson, 1987).

The social work profession must give more widespread and official recognition to the fact that some serious behavioral disorders are founded on biological and biochemical abnormalities. In these cases, direct, somatic interventions are necessary, but such interventions alone are not enough. This fact is important for social workers to understand. The effect of medication is increasingly understood to be, to an unknown degree, a function of milieu. The prescription of antipsychotic and other psychoactive drugs is frequently misguided, wrong, or incompetent precisely because of the failure to take into account the individual's drug responsivity within a specific environment (Cohen, 1988; Gerhart & Brooks, 1983; Gold, 1987; Rosenthal, 1989; Schatzberg & Cole, 1986). Social workers know how to evaluate environment-individual transactions, and by adding the body (in this case knowledge of psychoactive drugs and their effects, as well as knowledge of the biological dimensions of the disorder) to the formula, they may be in the best position to assess and monitor the effect of drugs on the individual's intimate relationships, job performance, and physical well-being (Johnson, 1987).

If social workers take seriously the idea that many disorders are fundamentally bodily in character, they may learn to ally themselves with the recuperative, restorative powers within (Cousins, 1989; Dossey, 1989). The mind and body exist in continuing interaction. How the body fares, then, is very much a matter of mind. People may discover in the near future that they can help the mind respond forcefully and positively when so-called mental disorders spring from disturbed biochemistry, much as people who have rebounded or recovered from serious physical illnesses have done (Cousins, 1989; Norris, 1988; Siegel, 1989).

Poignant testimony to the importance of the body to the vitality of the spirit comes from Arnold Beisser (1990), a physician and, for many years now, a quadriplegic:

> So long as I am open to the messages of my inner world and I allow contact with the outside world to be clear and firm, I feel supported. My senses, my sight, hearing, touch, smell, taste, and sense of position are my points of contact. They are supports that are always present if I will admit them to my awareness. (pp. 187–188)

Conclusion

"Creativity is a somatic process" (Berman, 1989, p. 320), a deeply sensuous curiosity about the world. It is also the body's attempt to experience what it lacks and, says Fowles (cited in Berman, 1989, p. 324), "you create from what you lack and from what you can imagine." As social workers incorporate the body into their work, they invite clients to engage in that creative process known as helping.

Social work theory and practice are not well informed about corporeal matters, resulting in a curious and dangerous state of affairs. If social workers are serious about understanding and marshaling the elements of complex individual-environment interactions, then to disdain the body results in a lack of appreciative reach, and in the end these workers miss the opportunity to make a major contribution to the rehabilitation and regeneration of their clients.

The profession of social work insists that it works by building on client strengths. If social workers take seriously the idea that the body is, in the most fundamental sense, the fount of a person's strength and vitality, then they should adopt a theory and move toward a model of practice that allows social workers and their clients to know their own flesh and the pain and the joy it contains. To do so is "to come to know something much larger than the self" (Berman, 1989, p. 344).

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Dennis Saleebey, DSW, is Professor and Chair of the PhD Program in Social Welfare, School of Social Welfare, University of Kansas, 305 Twente Hall, Lawrence, KS 66045.

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