Sociology/Social Work Review

Sociology/Social Work Review

THE GCU SOCIAL SCIENCE REVIEW

VOLUME 4

WELCOME TO THE SOCIOLOGY/SOCIAL WORK REVIEW – VOL. 4

Welcome to the Fourth Edition of The Sociology/Social Work Review. This edition came together because of the collaboration of the Sociology and Social Work Departments of Grand Canyon University. The students took the idea of a review and have made it theirs. The SSWR is a student-run review by which students participated in the article-editing, and even participating at university wide events to talk to students about the Review.

The purpose of this review is to provide students a place to express, through writing, their life experiences viewed through the disciplines of sociology and social work. Phoenix and the broader world become the social science lab to bring the students' social experience into focus, using sociology, social work, and social science tools of analysis, resulting in a student-led journal. This endeavor values students' experiential learning of sociology and social work with the expressive tool of writing.

The fourth edition showcases our students' experience as it relates to sociology and social work content. The student writers for the Sociology/Social Work Review demonstrated courage in writing about very personal experiences, as well as analyzing our larger social world. Here is a "taste" of the articles. Students wrote about micro- and macro-social processes and issues. The micro issues include the personal journey of chronic illness and social isolation, personal identity, and personal growth through the lenses of Erik Erikson. The macro content includes social processes of incarceration, the complex systems within the mission field, and Appalachian culture and masculinity.

"Well done" to our students who took up the challenge of a student-run review — from the student writers to the English Department's professional writing group's editing team. Students, you made this happen.

Finally, a nod to the faculty and support of the College of Humanities and Social Sciences at Grand Canyon University, who labored in support of our students to make this Sociology/Social Work Review a reality.

Faculty Advisor and Faculty Lead – Sociology/Social Work Review

Timothy M. Larkin, MSW, MDiv, PhD

Professor of Sociology
Grand Canyon University

TABLE OF *Contents*

Chronic Illness and Social Isolation in Adolescence

Laci Celeste Lemos

Class of 2026

Introduction

In eighth grade, most students are focusing on high school and anticipating new experiences of adolescence. I was excited to go to high school and have, what I pictured to be, more freedom. However, I was chosen to live a different reality. Growing up, I was the medically challenged child in my family. From a near-death experience with a viral Hepatitis liver infection in fifth grade to being diagnosed with chronic Idiopathic Thrombocytopenic Purpura (ITP) in eighth grade, I grew accustomed to living differently from my peers. I had doctor's appointments and blood draws frequently to monitor my ITP and I was always tired. As a child, the initial attention that came from missing school for medical reasons was exciting, but it quickly grew overwhelming.

Living with ITP: I'm Tired People!

In the middle of eighth grade, I was hospitalized for what appeared to be internal bleeding. I was transferred to a large, specialized hospital where I spent one night having the medical staff perform multiple invasive tests on me that still raise painful memories. My diagnosis came back as ITP and I was told that my life would go on as normal, but I would be monitored for the next couple of years for precaution. Over the course of two years, my blood test results were coming back promising, steadily increasing, but my energy levels were consistently low. I thought I was beating the odds with each blood test, but as it turned out, I was confined to the rules of chronic ITP – that being, I was stuck with my disorder forever.

I was constantly exhausted and struggled staying engaged in both classroom and social conversations. For this reason, I was placed on an altered school schedule where I was permitted to come to school at eleven in the morning, instead of eight. I took advantage of every minute of sleep I could get and was relieved to be at school for less time. It was not until about a month of that schedule that I realized I was missing out on conversations with my friends and amusing incidents from class. It did not take long for me to feel like an outsider, like everyone else was part of an inside "joke" that I did not understand. As a result, just as I was transitioning into high school, I became reserved and insecure in new friendships. To top it all off, COVID-19 hit a year after my diagnosis, stunting my reintegration into social life as a high schooler. I felt more tied to my identity in ITP than I felt connected to my friends.

Idiopathic Thrombocytopenic Purpura Revealed

Idiopathic Thrombocytopenic Purpura, more commonly referred to as ITP, is an

autoimmune disorder affecting the blood. ITP is a rare condition in which the body produces antibodies that cover platelets, and they are perceived as foreign cells that are then destroyed by white blood cells (CHOP, 2014). Essentially, my body was attacking itself. While my ITP was completely manageable to live with, it posed life-threatening risks to my health. For example, getting hit on the head or getting a deep cut caused instant panic for me as it meant I could have internal bleeding or suffer from immense blood loss that would require immediate treatment. This made others apprehensive to invite me to participate in activities and hindered my opportunities for social adaptation. According to the Children's Hospital of Philadelphia (2014), ITP affects roughly 6 in every 100,000 children, or .006% of children in the United States and I was a part of that small percentage diagnosed.

The average person's blood platelet count is between 150,000 and 400,000. At the height of my disorder, I had a platelet count of 8,000. I was on the verge of needing a blood transfusion when my numbers jumped up a couple thousand. This put me above the 10,000 marker that signified an emergence from a status of critical condition. While most teenagers and their families were celebrating the accomplishment of completing COVID-19's distance learning in 2021, my family and I were celebrating my platelet count of 50,000. This meant that I was considered stable enough to have surgery when needed, that I did not require an ambulance if I got hit on the head. I needed less frequent blood tests and appointments with my doctors. To date, my highest and most recent blood platelet count was 97,000.

Symptoms of ITP can include bruising, bleeding, difficulty blood clotting, and fatigue, which were the symptoms I experienced. Fatigue is a strange feeling to describe, but it is essentially extreme tiredness. It manifests mentally and physically, making it difficult to stay awake throughout the day (Cleveland Clinic, 2023). In my case, fatigue has been the most challenging and frustrating addition I have taken on since my diagnosis. Even still, it can make me appear lazy, uninterested, and even annoyed when in reality my capacity to maintain a high-energy, attentive countenance is simply unreasonable. Sometimes, life was unpredictable, and I overcompensated for that uncertainty by planning out every possible risk when I left my house. Not only was I physically tired but was also mentally exhausted from my racing mind. I spent years trying to cover my deficits, just as the antibodies were covering the platelets in my body. It was easier to hide in my solitude than it was to actually put myself out into the world and face possible rejection.

Overcoming Social Isolation in Adolescence

When someone is experiencing social isolation, they lack a sense of social belonging and connection. In eighth grade, adolescents are focusing on belonging and learning how to navigate social relationships (Schlozman, 2018). It is a transitional milestone in the development of a child, but social isolation can interrupt the natural progression of developing skills such as socialization. Moreover, adolescent girls are more likely to experience internalized depressive

symptoms and poor self-esteem (Hall-Lande et. al., 2007). Gradually, I had started to feel defined by my chronic illness and struggled with my sense of self and self-acceptance. According to the National Organization for Rare Disorders (2015), irritability, anxiety, and depression can be a result of a patient's fatigue and frustration from not being able to control their ITP. This was all true for me, and I was torn between my passion for serving others and my inability to get out of bed in the morning.

Fortunately, there are protective factors that can combat the consequences of social isolation. For instance, school connectedness and academic achievement can mitigate the effects of isolation, which I found solace in (Hall-Lande et. al., 2007). In pursuit of a "normal" high school experience, I opted out of an altered school schedule and instead created a 504 plan with my counselor. The plan provided learning accommodations which I viewed as a safety net for any moments of unexpected fatigue that would make it difficult for me to complete an assignment. However, I limited myself to requesting only an extra day and used the benefits of my 504 plan three times in my entire four years of high school because I did not want my teachers to go easy on me. I welcomed academic challenges because of the feeling of accomplishment that came from pushing myself and succeeding.

The lack of control I had over my body led me to pursue control in other areas of my life other than academics, such as leadership and cheerleading. I held over 10 leadership positions, took 5 Advanced Placement courses, and captained my senior year of cheer with over 500 hours of community service. Although I was creating legitimate change for myself and in my community, my peers did not appreciate my need to be exceedingly driven; I was overbearing to them. I did not lack the social cues to recognize that my peers were bothered by me, and I felt unlikeable and alone. Nonetheless, I had close friendships from my early childhood, and they sustained my resiliency when dealing with the harsh reality that not everyone is going to like me. These social connections during my adolescence were fundamental for my social competence and essential to my growth. Experiencing social isolation is a challenge, but it does not have to be another chronic condition for adolescents with autoimmune disorders.

Conclusion

I went from an involved, high-achieving middle school student before my ITP diagnosis to a socially suppressed freshman grappling with a life-changing diagnosis. The challenge was coming into the person I am after my diagnosis: someone who is resilient, results-oriented, and capable of success. Due to my leadership involvement, I was asked to give a speech at my high school graduation where I proudly relabeled the apparent setback of being diagnosed with ITP as my comeback that helped me reach my full potential. To me, ITP was an obstacle that acted as a step towards a future of increased motivation and a newfound purpose. This purpose lies in helping people, but more specifically empowering others who are misunderstood.

References

Children's Hospital of Philadelphia (CHOP). (2014). Idiopathic Thrombocytopenic Purpura (ITP) causes, symptoms and treatment. www.chop.edu. https://www.chop.edu/conditions-diseases/idiopathic-thrombocytopenic-purpura-itp

Cleveland Clinic. (2023). Fatigue. Cleveland Clinic. https://my.clevelandclinic.org/health/symptoms/21206-fatigue

Hall-Lande, J., Eisenberg, M. E., Christenson, S. L., & Neumark-Sztainer, D. (2007). Social isolation, psychological health, and protective factors in adolescence. Adolescence, 42(166), 265-86. https://lopes.idm.oclc.org/login?url=https://www.proquest.com/scholarly-journals/social-isolation-psychological-health-protective/docview/195943213/se-2

Schlozman, S. (2018). Let's Talk About "Eighth Grade." MGH Clay Center for Young Healthy Minds. https://www.mghclaycenter.org/hot-topics/lets-talk-about-eighth-grade/

National Organization for Rare Disorders (NORD). (2015). Immune thrombocytopenia - NORD (national organization for rare disorders). NORD (National Organization for Rare Disorders); NORD. https://rarediseases.org/rare-diseases/immune-thrombocytopenia/

Anger in Appalachia

Christopher Johnson

Class of 2026

(I recommend listening to instrumental bluegrass music while reading.)

Appalachia is one of the most beautiful places in the United States. The Blue Ridge Mountains of musical fame soar into the clouds, making us feel closer to God simply by being in its presence. The Hocking Hills is home to Old Man's Cave and several other caves. They span miles, delving into the earth while still providing travelers a view of the sky. God's creation is truly wonderful to behold in the heart of Appalachia. Tourists from all over the globe visit our small town, remarking on how different and charming the aesthetic is. Our beautiful clutter is a window into our stories, the natural grace of the land a window into our culture, and the people a window into our hearts.

In our culture, we learn many things. Chiefly among them are that God is to be feared, we must remember our history, and men must provide. Here, men are taught not to cry. They learn that emotions are harmful and only felt by women. As I grew, my parents taught me it was okay for a boy to cry. Anger was not something forced on me. However, I watched and learned. My father reacted to most feelings with anger. The television remote is lost? Anger. Did we eat a ding-dong snack cake? Anger. We turned off a sports event when he was sleeping? Anger.

In school, it was commonplace for boys to comment on other boys, judging their clothes, hobbies, interests, and behaviors as manly or girly. This judgment came in the form of a phrase. If you were acting in ways antithetical to manhood, your "man card" was in jeopardy, as if being a man was something tangible that could be gambled or lost. Men and boys are ridiculed with labels like girly or gay if they lose their man card. Garnering either label in Appalachia spelled ridicule or danger in some cases. Keeping your man card intact was crucial. Doing so meant acting like a man.

The primary man in my life displayed anger in every situation and every emotion. My peers questioned my status as a man if I did not fall in line. According to Theeke et al. (2019), isolation is a leading factor in increased anger and deteriorated mental health among middle-aged Appalachian folk. When society shuns you for not living up to the cultural idea of manhood, isolation is inevitable. I learned from my dad and my peers to respond to my problems with anger and sarcasm, fueling the flame. It took years to practice healthy ways to experience emotions and longer to adapt those techniques to living with a partner. As a man in Appalachia, I was not immune to the cultural demands of manhood. According to Layman et al. (2023), during COVID, they found Appalachian youth to be considerably affected by the emotional reactions of others as well as levels of support. Even today, when I feel hurt or upset, I experience anger first. I must sift through the murky waters of indignation to

find my true feelings hidden underneath like buried treasure despite being supported well.

As you can guess, the Appalachian culture defined men in vague detail. Details followed what society and culture dictated but were the unwritten tenants we all had to learn. The significant detail was that men, and by extension, boys, do not cry. When we are sad or upset, there is only one acceptable emotion - anger. If we do not wish to display anger, we learn to keep it inside, get over it, and move on. Bottling emotions creates even more problems. Next, men must provide and cannot ask for help. Help may occasionally be accepted if offered, but they may not solicit help. A man must also be physically strong and ready to fight and protect his possessions and loved ones. Boys roaming the school shared the weight they could bench-press as a point of intimidation and flaunting for praise.

These stereotypical traits are not unique to Appalachia but are more potent. I have worked with clients who have all been affected negatively by this mindset. In one instance, a teenager was acting out at school, performing an act known as body boxing. This act is not a sport. It is a way for two quarreling males to fight each other in private locations in public places while arousing minimal suspicion. The rules were simple. You could hit the other person as hard as you wanted, but only in areas of the body covered by fabric. This rule kept bruises and wounds hidden from view and allowed the boys to fight unhindered. This teenager enjoyed body boxing because it made him feel like a man. It made him feel strong. This teen, six months or less in the future, would commit suicide due to bullying and stress. He never shared some of the things going on at home, what his father did to him, what his classmates did and said to him. He kept up this facade of manhood until he felt his only option was self-removal.

What makes our anger stand out from greater society is its unpredictability. A man who wishes to remain anonymous shared that, in his family, one man was out at a bar and accidentally talked to the wrong woman, resulting in that man getting assaulted by several other men in the bathroom. Later, that man's brother told the man he should not have talked to that woman but went to that bar and set it ablaze. The bar itself was not to blame. The man talking with the woman was not to blame. Anger was. Anger that came from insecure men involved with the woman. Anger from the man's brother taking drastic measures to send a message. Other times, the same man who committed arson at the bar would be at family functions and start fistfights if he felt offended in any way. Within an hour, the men involved in the fight laughed and got along fine. He taught his son through these encounters that if someone offends you, they meant to do it and to react accordingly.

The mentality of being a man in Appalachia is a toxic potion of vitriol and low self-esteem. We teach boys that violence is an acceptable response to feeling hurt or offended, yet we judge men who end up using drugs or going to jail because they cannot cope with their stressors. Family often perpetuates the mentality, leaving supports far and few between for many Appalachian men.

According to Layman et al. (2023), Appalachian boys reported increased anger, and for every perceived support, their indignation reduced. The Appalachian people view this mentality of toxic masculinity as standard and mundane. It just makes sense. It is our culture, our history, and our legacy. Appalachian men keep our hearts locked away in titanium cages from youth and rarely open those cages. Stone barriers protect it from damage but prevent us from opening the cage. It is better not to feel than to lose our status as men. However, as the article suggests, we need only bolster support for these boys and men and change this mentality.

Appalachian men, while privileged, need support. We are prideful and fiercely independent yet uncommonly fragile. We must learn and teach acceptance for deviations from the expectations of culture and society, welcoming these brave individuals with open arms and hearts. Come and visit us. See our natural wonders. Witness the smile of a broken man and the strength he must have to wield it.

"Be careful as you go out into God's creation, for it does not belong to you. Be gentle with yourself and with one another, for you are the dwelling place of the Most High God" (Neuwoehner, 2016, para. 2).

References

Layman, H. M., Mann, M. J., Smith, M. L., Kogan, S. M., & Kristjánsson, Á. L. (2023). Social Support and Perceptions of COVID 19 related Emotional Impact on Mental Health Among Early Adolescents in Appalachia. Journal of School Health, 93(5), 370–377. https://doi.org/10.1111/josh.13296

Neuwoehner, B. (2016). Blessing: "Be careful as you go out …." Christ's Episcopal Church. https://christsepiscopalchurch.org/blessing-be-careful-as-you-go/

Theeke, L., Carpenter, R. D., Mallow, J., & Theeke, E. (2019). Gender differences in loneliness, anger, depression, self-management ability and biomarkers of chronic illness in chronically ill mid-life adults in Appalachia. Applied Nursing Research, 45, 55–62. https://doi.org/10.1016/j.apnr.2018.12.001

Adolescent Socialization and Its Effect on Personal Identity and Development

Piper L. Sehman

Class of 2025

One seemingly normal day when I was in eighth grade, I remember angrily eating my lunch in the back of the car at ten in the morning after being pulled out of school just before a quiz I had studied extra hard for. I was so annoyed that my parents had pulled me out of school that I barely even noticed the heavy sadness in their expressions. After making sure I was actually paying attention, my mom nervously explained that the MRI I had the day before had shown something, but the images were too vague to show what, so we had to go to the hospital emergency room to find out. They told me I had a brain tumor in a hospital room at Phoenix Children's Hospital. I didn't outwardly panic, in fact, at the time I felt a little relieved. After a year of worrying that I had been imagining the gradual loss of my balance and hearing, I finally had proof that I hadn't just been lying to myself for the past year.

After some additional research into my condition, it was determined that I had a type of brain tumor called an acoustic neuroma. An acoustic neuroma is a noncancerous brain tumor that grows on the vestibular nerve near one's ears leading to their brain (Mayo Clinic, 2023). The tumor was outside of the realm of pediatric experience as it is a tumor most commonly found in older adults, so we were sent home with a reference for a neurosurgeon with more experience with my type of brain tumor. After a horrible first referral, we eventually got a second opinion and I was scheduled for surgery-a major affair combining medical experts from Mayo Clinic Hospital and Phoenix Children's. But even after all of that, my story was far from done. I had another brain surgery half a year later, the effects of which took years to adjust to. And even after that, I still had to have yet another procedure during my senior year of high school, diluting my attempts in having a seemingly average high school experience, if only for a single year.

Between those last two surgeries, I spent a good amount of my time away from my peers. I was enrolled in a smaller school that could more easily handle my frequent absences, but these absences also stopped me from participating in the normal shared experiences of my classmates. Slowly over time, not only did it become harder for me to converse with people my own age, but I also began to realize that my experiences had led to me feeling disconnected from my core self. I didn't know who I was, and that isn't just a dramatic statement. In the 1950's Erik Erikson developed his theoretical stages of psychosocial development, which describe the general development people experience throughout their lives in general stages. In adolescence, Erikson outlines the main hurdle people face as Identity Versus Identity Confusion. Many adolescents spent their preteens and teenage years experimenting with

their roles in their life and how those roles play into how they see themselves (Orenstein & Lewis, 2022). As an adolescent, I wasn't focused on finding myself as the majority of my peers were. This led to me feeling overwhelmed when I entered young adulthood and people my age had progressed to the Intimacy Versus Isolation stage, which focuses on forming relationships (Cramer et al., 1997).

It took me years of Cognitive Behavioral Therapy for social anxiety and plenty of self-reflection to even realize that my confusion in my identity was even a source of anxiety for me. The first two years of my college experience were thus spent silently trying to learn about myself and what I saw as important. Even now, I feel socially stunted and not as prepared to enter relationships as the rest of my peers, who are beginning to think of marriage and eventually starting families while I still find making friends difficult.

While my experience was indeed unorthodox, it was not one that led to unique outcomes. Any potentially traumatic or life altering experience such as a medical procedure can impact a person, and when that person is a child, that impact could very well deter aspects of their development (Orenstein & Lewis, 2022). My own experiences are proof of this, acting as concrete evidence of the importance of supporting children throughout their development and ensuring that they are not made to feel other or less than children with experiences different from their own.

References

Cramer, C., Flynn, B., & LaFave, A. (1997). Summary chart. Erikson Summary Chart. https://web.cortland.edu/andersmd/erik/sum.html

Mayo Clinic. (2023). Acoustic neuroma. https://www.mayoclinic.org/diseases-conditions/acoustic-neuroma/symptoms-causes/syc-20356127#:~:text=An%20acoustic%20neuroma%20is%20a,directly%20affect%20balance%20and%20hearing.

Orenstein, G.A., & Lewis, L. (2022). Erikson's stages of psychosocial development. Stat Pearls. https://www.ncbi.nlm.nih.gov/books/NBK556096/

Outgrowing My Glass Slippers

Samantha Leavitt

Class of 2026

I am a mosaic of all the people and environments I have ever had the privilege of experiencing; a curated collection of countless small moments that, over time, developed and shaped me into who I stand here as today. Erik Erikson's theory of psychosocial development consists of eight consecutive stages, each stage defined by two opposing psychological tendencies that occur throughout the lifespan (Orenstein & Lewis, 2022). Mastery in each stage is reliant on the mastery in previous stages (Hutchison, 2019). Development of positive virtues strengthen personality characteristics and provide a stable foundation for individuals to build a positive sense of self and resolve future conflict (Orenstein & Lewis, 2022). However, the opposite is true when one embodies maldeveloped virtues and may become stuck in a particular stage for a prolonged amount of time (Hutchison, 2019). My journey through these stages has played a vital role in understanding myself, my connection to others, and my interactions with my surrounding environment.

Autonomy vs. Shame & Doubt.

I can still feel the joy of being a little girl twirling in my Cinderella dress, dreaming of who I will one day become. I pointed ahead in excitement; the enthusiasm of children always wants to catch a glimpse of pure, radiant magic. My dad's gaze followed to where I was pointing before asking if that was the ride I wanted to try next. Without hesitation, I approached the ride's entrance; the towering height requirement stood before me like an insurmountable challenge as the sign read, Must Be 40" Tall to Ride. I shifted my weight into my toes in a desperate attempt to meet the mark. Falling just short of the height requirement, I held my dad's hand as I slipped into shoes I had yet to grow into – right foot first, then the left, wishing I would gain the extra inches I needed. I stood tall before inching towards the entrance once again; my head grazed the bar and I was overcome with excitement. We waited in line until it was our turn, and we listened as the attendant said, "please make sure your seatbelts are securely fastened, and that your arms and legs stay inside the spacecraft at all times." My dad securely fastened my seatbelt, and we were off. My determination was met with unwavering support, which cultivated a profound lesson in autonomy, a lesson that first began as a toddler.

Initiative vs. Guilt.

The drive to independently set goals and dream big soon followed. "Do you have any queens?" I asked. "Nope, go fish." I picked up a new card and added it to my hand, before abruptly launching off the couch, sprinting off to my room, and returning as quickly as I had left, but now with a medium-sized flip notepad and pen in hand. I began to scribble a crude grid onto a piece of paper from my notebook and ramble on about checkmarks and x's. As I continued on

about how I wanted to earn a surprise, my dad's eyes widened, his heart began to race, and he thought about how his six-year-old was trying to set a goal, and smiled. My dad's composure regained, before asking what kind of surprise I had in mind. My eyes roamed the ceiling and I thought about it for a few seconds before my eyes lit up; I wanted to see a real shooting star, a goal that captured the boundless curiosity that Erikson highlights as an essential component to developing the capacity to plan and initiate an action (Hutchison, 2019).

Identity vs. Role Diffusion.

As my focus began to shift inwards, I took a moment to look around me and question who it is that I want to be; this is The Place Where Dreams Come True after all, right? At fourteen, I could not help but question why every pair of glass slippers I tried on left me covered in blisters from the way my toes were scrunched so tightly inside. I could not ignore the discomfort of trying to fit into a role that was not entirely mine. I held onto my siblings' hands while guiding them, right foot first, then the left, into their princess dresses, as the three of us made our way towards our first ride. We came upon a sign that felt all too familiar that read, Must Be 48" Tall to Ride. My siblings shifted their weight into their un-blistered toes as they eagerly tried to meet the mark. To no avail, I entered the single-rider line and watched parents buckle themselves in, with their child securely fastened in the middle seat between them. I glanced at the empty seat to my left, then my right, before hearing the attendant say, "please make sure your seatbelts are securely fastened, and that your arms and legs stay inside the coaster at all times." I securely fastened my own seatbelt as I questioned why the same rules do not seem to apply once the ride is over – and I was off. The single rider line was no stranger to me; I kept securely fastening myself in for another round, drawn to the comfort of its predictable chaos.

Intimacy vs. Isolation.

At twenty-seven, I still find there to be comfort in solitude; it's familiar. Just as a shooting star darts across the night sky, I too, feel the weight of being seen only in passing. I cannot help but reminisce every time I open my closet door and catch sight of my worn-out, dusty glass slippers. As I set them aside, I am reminded of the girl I once was, twirling in her Cinderella dress, and the woman I have grown to become, with an enthusiastic dare to dream, because of her. A voice that once filled my every morning now echoes through scattered phone calls – "do you have any queens?" my dad asks. I feel a soft smile begin to tug at my lips. "Nope, go fish."

References

Hutchison, E. D. (2019). Dimensions of human behavior: The changing life course. SAGE Publishing. ISBN: 9781071831588

Orenstein, G., & Lewis, L. (2022). Erikson's stages of psychosocial development. StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK556096/

It's Not Filter Bubbles, It's Social Sorting

Elle Richardson

Class of 2026

The internet is no longer in its infancy. The rapid development in technology and availability has created a cultural dependence on instant information. This digital revolution has transformed not only how we consume information but also how we interact with others, shaping both virtual and real-world social environments. Within this interconnected web, the family unit serves as a microcosm of broader societal trends, reflecting the ways online dynamics influence offline relationships. This cultural shift has created a dynamic social learning site where online behaviors and ideological divides often spill over into in-person settings. Families, like mine, reflect these changes, navigating the tensions between traditional bonds and the societal forces amplified by the digital age. The internet, paired with familial interactions, provides a lens to explore how instant access to information and diverse perspectives shape beliefs, identities, and conflicts. Together, these environments reveal the complexities of human connection in an era defined by rapid technological evolution.

My Experience

Family disagreements at the holiday dinner table are a common experience. For me, disagreements of this nature persisted throughout my adolescence and now into my adulthood. Although the arguments are rarely malicious, they create conflict and frustration within different parties in my family system. Conversations around the dinner table mirror the ideological divides amplified by social media, where opinions shaped by online experiences collide. This blend of virtual influence and personal interaction demonstrates how the internet and familial dynamics intertwine, creating a unique social learning site. Here, the forces of social identity, sorting, and polarization can be observed on an intimate level, offering insights into the broader societal impacts of these phenomena. By examining this intersection of digital culture and family conflict, we gain a better understanding of how social environments contribute to the evolving nature of interpersonal relationships and ideological divides. These family disagreements mirror larger societal trends of political polarization, which are influenced by social sorting and social identity dynamics.

Sociological Concepts

A common explanation for the growing hostility and disagreement between political parties has been polarization through means of filter bubbles and echo chambers on the internet. While echo chambers have occurred throughout human history, filter bubbles are a relatively new phenomenon with the widespread use of social media and the internet. Echo chambers are conceptualized as spaces where individuals are surrounded by like-minded

ideas, potentially by choice. Filter bubbles, however, is a passive process where computers provide the content based on a person's preferences, then continue to provide content that reinforces the expectations and beliefs of a user without their involvement (Fletcher, 2020). The term filter bubble originated in 2011 after the publication of the book The Filter Bubble by Eli Pariser. Filter bubbles have been recognized as a state of intellectual isolation caused by personalized searches, recommendation algorithms, and curated content (Pariser, 2011). However, research continues to try to understand the impact of filter bubbles and echo chambers on polarization, digital media and the psychological mechanisms that enable people to dismiss opposing viewpoints (Stewart & Mosleh, 2023).

The human brain has developed to maintain interactions with a limited number of people. Dunbar's number is a classic concept that claims there is a cognitive limit on human groups at 150 individuals (Lindenfors et al., 2022). More recent research has found that there is much more complexity in these interactions. Quality has become an important consideration over quantity (Lindenfors et al., 2022). The internet and social media have greatly increased the number of people we interact with. The more people of different worldviews we encounter online, the more strongly we hold to our social identity. Social Identity Theory was proposed by Henri Tajfel and John Turner in the 1970s, it explores how individuals define themselves based on group memberships and how these affiliations influence behavior and intergroup dynamics. Researchers find it goes a step further with a sociological process called social sorting. When identities based on religion, race, or political movements become increasingly aligned with specific political parties, the phenomenon is referred to as "social sorting." This can be understood as social sorting by political ideology or parties. This alignment intertwines partisan identities with other social categories, intensifying emotional impacts on individuals who strongly identify with their political affiliations (Mason, 2016).

Social sorting becomes more amplified when we are exposed to opposing viewpoints online. The most diverse viewpoints we are exposed to are those on the internet. Another contribution to the potency of social media is anger. When we hear extreme political information online, it becomes automatic to associate that extremism with everyone on the other team. Suddenly, the political divide becomes all about labeling and division. "If they don't agree with what I think, we aren't on the same team". This mindset capitalizes on disagreements and moral outrage while ignoring the unifying factors we share. The two-party system in the United States makes it especially easy to separate people. The divide brought about by Social Identity and Social Sorting has ideologically separated loved ones on a micro level as well. Within my family system, disagreement often stems from moral outrage. Moral outrage is a strong feeling of anger, disgust, or frustration aimed at those who break ethical values or standards (Rushton & Thompson, 2020). Moral outrage can be a motivating and validating factor to reinforce political beliefs.

Conclusion

The experience of navigating family disagreements and understanding their connection to broader societal trends offers valuable insights into the importance of listening and empathy in resolving conflicts. These qualities are essential in bridging divides created by political polarization and the phenomenon of social sorting. Within my family, disagreements often arise from deeply rooted values and beliefs, yet listening with genuine curiosity and approaching each conversation with empathy fosters mutual understanding and preserves relationships. These same principles can apply on a societal scale, where polarization continues to grow.

References

DeSilver, D. (2022). The polarization in today's Congress has roots that go back decades. Pew Research Center. https://www.pewresearch.org/short-reads/2022/03/10/the-polarization-in-todays-congress-has-roots-that-go-back-decades/

Fletcher, J. (2020, February 18). Echo chambers, filter bubbles, and polarisation: A literature review. Reuters Institute for the Study of Journalism. https://reutersinstitute.politics.ox.ac.uk/echo-chambers-filter-bubbles-and-polarisation-literature-review#header--3

Lindenfors, P., Wartel, A., & Lind, J. (2021). 'Dunbar's number' deconstructed. Biology Letters, 17(5), 20210158. https://doi.org/10.1098/rsbl.2021.0158

Mason, L. (2016). A cross-cutting calm: How social sorting drives affective polarization. Public Opinion Quarterly, 80(S1), 351–377. https://doi.org/10.1093/poq/nfw001

Pariser, E. (2011). The filter bubble: What the Internet is hiding from you. Penguin Press. E2207159119.

Rushton, C. H., & Thompson, L. (2020). Moral outrage: Promise or peril?. Nursing outlook, 68(5), 536–538. https://doi.org/10.1016/j.outlook.2020.07.006

Smith, J. A., & Jones, M. B. (2022). The impact of social media on public opinion. Proceedings of the National Academy of Sciences, 119(45), 12345-12350. https://doi.org/10.1073/pnas.2207159119.

Stepping into My Calling: How Anxiety Led me to My Purpose

Krystal M. Stevenson

Class of 2026

I always knew I had a passion for helping people and their communities. I went through various ideas in my head as a child of what career choice would lead me to that. For example, I wanted to be a meteorologist and help people be prepared for the weather to come. I wanted to be a veterinarian and help animal lovers bring healing to their pets. I even considered being a schoolteacher for a period, up until I realized that I wanted to play more of a clinical role in the way people work through daily challenges. The need for awareness and solutions for mental health challenges has become prominent in our society today. Surviving a global and universal pandemic such as COVID-19 has helped to shift the stigma surrounding mental health and many people realize that we all need someone to lean on. I have been able to use this understanding, combined with my own experiences, to develop a passion for mental health service and advocacy.

My awareness of mental health started long before COVID. I remember feeling that something was different about me, as far back as elementary school, but I couldn't yet tell what. Different being, I found myself extra sensitive to the world. I found myself extra cautious of potential dangers, even if they had not happened. I found myself to be an extreme worrier, about everything. As I got older, these feelings of anxiety grew, and I was diagnosed with Generalized Anxiety Disorder in high school. My initial feelings were: "Thank Goodness, I have an answer to what I am feeling!" However, the journey of finding support through my diagnosis was shaky.

I soon realized the stigma surrounding mental health. Not only the stigma, but I learned the limitation of priority to mental health in the Black community. As a young Black girl, I began to hear notions such as "You don't have no anxiety, you are just being sensitive!" or "Toughen up!" and even heard various perspectives that Black people didn't do the "mental health thing." This brought up feelings of shame and loneliness surrounding my diagnosis. As I initially sought out support, it seemed as if mental illness was not a priority in my ethnic community. When I dug deeper, I learned that the Black community has an unfortunate and painful history of not having the privilege of putting themselves and their mental health first.

I analyzed the relationship between my diagnosis and the feelings of shame from a Person-in-Environment perspective and how the context of my ethnic culture's history played an impact. Black men and women have a history of suffering various forms of abuse, whether being mentally or physically (Shaw et. al, 2024). Patterns of racial discrimination and prejudice practices aimed to

keep minorities inferior forced minorities to act in a mode of survival versus being able to mentally process the challenges they are facing. The "strong Black woman" trope has been extremely dangerous in the context of mental health. This notion notes back to times of slavery and the perception that Black women can withstand higher levels of emotional and physical trauma and abuse compared to their White Counterparts (Hall et. al, 2021). Black women spent more time trying to upkeep the demands placed onto them versus being able to be honest about the emotional impact of life's dealings.

This information led me to understand more of the reasons for such a stigma around mental health in the Black community. This is one of many reasons of my desire to pursue my master's in social work. As a Black woman, who has an anxiety disorder and deals with depression, it became a deep desire for me to help connect other minorities to mental health resources. It is a desire of mine to help break down the stigmas and help to reshape what equitable care looks like for all communities. I can use my experience to help me understand more of what social work is all about, which is helping those in need connect with resources they may not know were available to them and help them become connected. Mental health IS health. I am proud to use my life of social work to help others navigate this process of mental health awareness and support.

References

Hall, J. C., Conner, K. O., & Jones, K. (2021). The strong Black woman versus mental health utilization: A qualitative study. Health & Social Work, 46(1), 33–41. https://doi-org.lopes.idm.oclc.org/10.1093/hsw/hlaa036

Shaw, S., Slovak, K., & Kirven, J. (2024). Social Workers and Black Barbers: A collaboration to address mental health stigma. Social Work in Public Health, 39(7), 650–665. https://doi-org.lopes.idm.oclc.org/10.1080/19371918.2024.2376103

Social Bonds: The Role of Media in Mental Health and Support

Jadyn Runnels

Class of 2025

In life, we often wonder when we will meet the people we enjoy being around and who will support us during happy, sad, or stressful times. It is hard to know the answer because we can't predict the future, but sometimes the best connections happen when we least expect them. For me, I met my significant other through a mutual friend on social media, and he has been a big blessing in my life. Social media has also been incredibly helpful for me, especially when I was doing online classes at ASU Prep during my freshman year of high school. Starting at GCU and finding friends was difficult at first, but staying in touch through social media made a huge difference. My personal experience shows how social media can help us connect in surprising ways.

When we have support from others early on, it helps us build stronger relationships, feel more connected to others, and create a better support system. These connections not only help us handle challenges, but also make us stronger. The ideas of social investment and social integration show why it is important to connect with others, both online and in person, for our well-being. Social media, if used the right way, can be a great way to build meaningful connections.

Mental health and social media are more connected than we might think. I have always wanted to be around friends who lift me up and spread positivity, but with everything moving online, that can be hard. More and more people are meeting friends and even partners through social media. For me, finding that support has been important for my mental health. I have experienced how staying connected with others can make a big difference. In a study that looked at the different ways people use social media and its impact on their mental health, it was found that using social media in a balanced, routine way may be good for us, but being overly attached or dependent on it could have negative impacts (Bekalu et al. 2019). Finding the right balance between using social media to stay connected and setting limits is key.

Social media is a prime example of the social investment approach and digital capital, playing a key role in building and maintaining relationships. These concepts are a representation of how people are connected to networks that help them grow, build relationships, share resources, and engage meaningfully. Social investment theory explains why personality changes occur across cultures, especially in early childhood (Bleidorn et al., 2013, p. 2). The relationships we form through social media are influenced by cultural expectations, which affect how we interact with others and who we connect with. Digital capital refers to the knowledge, skills, and online connections that

people use technology for socializing, finding information, and even for work. People who are good at navigating the online world – like finding supportive groups or useful information – tend to have a better experience and feel more connected, which can boost their mental health. The benefits people get from social media depend on their existing resources and how they engage with the digital world (Ragnedda, 2018, p. 2367). Through understanding these concepts one is able to bring clarity to online connections.

Social media may affect different aspects of mental health differently. While some consider well-being and ill-being as opposite ends of a spectrum, others suggest they are separate (Weigle & Shafi, 2024, p. 2). An example of this could be feeling pressured to look perfect online, which can lead to anxiety. This feeling reflects the expectations of society, emphasizes unrealistic lifestyles, and fosters social comparison. Social media, through the lens of the sociological imagination – understanding how people shape society and how society shapes people - helps us see how personal struggles, like feeling anxious from comparing ourselves to others, are tied to bigger social trends. It shows how social media can impact our mental health, both positively and negatively. For Gen Z, it can be a great way to connect, build communities, and find support, especially when many are trying to figure out who they are and where they fit in.

Looking back on my experiences, I have realized how important social connections – both online and in person – are for our well-being. Whether it is making friends or meeting my significant other, social media has helped me keep those connections strong. The ideas of social investment and social integration show why it is important to engage with the people around us, whether online or face-to-face. But it is not just about having lots of connections – it is about having meaningful ones that make us feel supported. As technology continues to grow, finding a balance between online and offline relationships will be key to building lasting, real connections. Social media can be powerful, but it is important to use it in a way that truly adds value to our lives.

References

Bekalu M.A., McCloud R.F., & Viswanath K. (2019) Association of social media use with social well-being, positive mental health, and self-rated health: disentangling routine use from emotional connection to use. Health Education & Behavior, 46(2) https://doi.org/10.1177/1090198119863768

Bleidorn, W., Klimstra, T. A., Denissen, J. J., Rentfrow, P. J., Potter, J., & Gosling, S. D. (2013). Personality maturation around the world: A cross-cultural examination of social-investment theory. Psychological science, 24(12), 2530-2540.

Ragnedda, M. (2018). Conceptualizing digital capital. Telematics and Informatics, 35(8), 2366-2375.

Weigle, P. E., & Shafi, R. M. (2024). Social media and youth mental health. Current psychiatry reports, 26(1), 1-8.

"What The Health Happened to Me"

Kelly Monthei

Class of 2025

As children, we often think about what we want to do when we grow up. Some children dream of being a doctor, police officer, firefighter, or teacher. We aspire to have careers that make a difference in people's lives. We go through elementary school, middle school, and then eventually high school where our dreams may shift. Graduation day comes, but we tend to not know what we want to do with the rest of our lives. Do we want to be stationary with the same job, same life, or do our goals continue to progress, expand, and develop into something that truly is our calling? What if we spend most of our adult life looking for that dream by truly experiencing life, living by examples, trial and error, or just plain failing?

Growing up, I did not know what I wanted to do until after high school graduation. I was not a child who had dreamed of what were considered "normal" career choices. I focused on being a kid and surviving the 80's and 90's in a home where I was defiantly the black sheep of the family. Upon graduation, I desired to follow in my father's footsteps and become a police officer. I had goals of becoming an undercover DEA agent and working on the streets busting high end drug dealers. Halfway through my college career, I became pregnant and decided that a highly demanding, yet dangerous job was not in the cards. I switched my major to social work, although that was not really what I wanted to do. Fast forward to 24 years, and I am still a social worker. However, I always know that my life would grow from being a single mother and social worker. After I had my daughter, fitness became my part-time hobby, which then shifted into a full-time obsession with helping others achieve their goals. I knew I could balance being a social worker, daily fitness, and being a mother all in one pretty package.

As my desire continued to grow, I went down several rabbit holes of health, fitness, and wellness are still kind of taboo in Western culture. I observed the healing powers of really diving deep into our body, our mind, and our spirit. As my years of social work continued, I also watched the downfall of mental health progress along with the growing addictions and families not fully healing; it was becoming a cycle. It was a constant cycle with families in our system, with a lot of trauma, a lot of disappointments, and a lot of failures in their futures.

In 2020, I came across some resources that took my fitness career to a whole new level. I was starting to become burned out and decided it was best to look at other aspects besides diet and exercise. I knew our society needed to heal from trauma, especially now in 2020, when our whole lives had changed. This path eventually took me to a whole body and health transformation, where integrated health and healing became my new obsession. I began to learn how all our systems in our body work together, and when one system was out

of balance, several others would follow. I began to learn how to connect my nervous system with my digestive system, to my endocrine system. I began to learn how to heal my own childhood dysfunctions and my broken adult relationships that caused so much pain and emptiness. So how does one heal the body in a holistic way, that allows the body to release pain, release tension and live a life full of joy and freedom?

With trauma, what has happened has happened. Your body will hold onto it for some time. The challenge of recovery is to reestablish ownership of your body and your mind--of yourself (Van Der Kolk, 2014). The first step in healing is to find ways to cope with your emotions and not to feel overwhelmed by the sensations of your past. I found that, on my journey of healing, meditation played a big role in setting the stage of controlling my emotions. This allowed me to learn to breathe and think about things in a peaceful time while teaching myself, it's ok to heal. Dr. Van Der Kolk describes a type of therapy called "Limbic System Therapy." This type of therapy allows restoring balance between the rational and emotional brains. This allows for the body to feel in charge of your responses. To change the emotional side of the brain, you must repair the alarm system in your brain.

My path of healing led me to trauma sensitive yoga. Trauma sensitive yoga (TSY) is a body-oriented yoga practice, intentionally designed to help complex trauma survivors recover by developing self-awareness, self-regulation, and a benevolent relationship with their bodies (Ong, 2020). This type of yoga is slightly different than traditional yoga. Some of the poses are more sensitive to such clients who may have been sexually abused. Instead of stating the term "pose," the word is changed to "form." This may help prevent the client from hearing trigger words.

As time has progressed, I continue to learn more nervous system healing tools such as grounding or earthing. This technique allows the body to connect to the earth's natural electric charge. This has been shown to improve blood flow, reduce inflammation, improve energy and sleep, and allows overall better well-being. We have lost touch with the earth and nature, which has contributed to the decline in mental health and imbalances of our bodies.

Our healing journey never ends. I continue to learn, explore, and implement new techniques, ideas, along with trial and error. I am still learning my body as I age, and what works for me may not work for my clients. I strive to educate how the body is connected using all systems in the body to connect and work in sync with each other. I am teaching my body to speak to each system. There continues to be paths I search for, and doors that I have closed. Our bodies are amazing healers on their own, however, with daily stress, changes, and toxic environments, sometimes we just need to give our bodies a boost.

References

Ong, I. (2020). Treating Complex Trauma Survivors: A Trauma-Sensitive Yoga (TSY)-Informed Psychotherapeutic Approach. Journal of Creativity in Mental Health, 16(2), 182. https://doi.org/10.1080/15401383.2020.1761498

Van Der Kolk, B., (2014). The Body Keeps the Score.

Wendy M., Latz T., Ely R., Kamei C., Melvin G., Sinatra D. (2020). Integrative and lifestyle medicine strategies should include Earthing (grounding): Review of research evidence and clinical observations, EXPLORE, 16 (3), 152.16 https://doi.org/10.1016/j.explore.2019.10.005.

The Mission Field: A Complex System Explained Through Different Lenses

Sophia Miller

Class of 2026

Overview Of the Experiential Learning Site

I am a pastor's kid; I grew up going to church every Sunday, spending weekdays there helping out, and serving in full capacity. Being in this environment helped me understand more about what serving looks like and ignited an interest in me for missions. However, my passion for serving people grew the most during my time of missions in high school. I spent three years of high school going on mission trips to Imuris, a municipality in Sonora, Mexico, five to six times a year. I adored spending my time serving others and working with kids, which is what led me to travel to Costa Rica in the summer of 2024. The trip was based in the city of Pavas, an impoverished region of Costa Rica. I traveled as an alum with other classmates from my high school. While I went on over 12 mission trips in high school, it wasn't until I went to Pavis that I realized what missions was all about.

My Experience

Going to Pavas was different than the other mission trips I had taken. Walking into the reality of the poverty the Pavas community lived in was incomprehensible. It was a world I had never seen before. I grew up with a grandfather who was the main pastor of our church and a grandma who was our church's mission leader, so I had heard and seen all about the reality of missions, but I did not truly understand poverty until I stood in it. Part of this trip consisted of a prayer walk in the deepest parts of Pavas, walking a trail lined with houses made of plywood and metal sheets. Once we arrived at the start of our prayer walk, we were instructed to take off any jewelry no matter how valuable as a safety precaution. It struck me that something like my $5 stud earrings would be seen as something valuable enough for someone to steal. As we were walking, I saw many friendly faces of the people who lived there, waving at us, yet there were also many blank faces staring at me as we walked by. I thought of what we must look like to them-a bunch of nicely dressed people staring at them like clothes in a window shop. To them, we were people from a free country using them as an example of what poverty looks like. While our intentions were good, I wished in that moment that I could read the minds of those I was seeing. This experience taught me that there is so much more to a mission field than people realize. From the relationship of the people with the missionaries, to the intentions of the missionaries, all the way back to the monetary sources of the trip itself, there is a different point of view from everyone involved.

Systems Theory

My personal experience of witnessing poverty identifies with the Systems Theory. The Systems Theory is an interdisciplinary study of systems as they relate to one another within a larger, more complex system ("Introduction to systems theory," 2023). My experience in the mission field and the church has helped me understand the Systems Theory in the context of outreach. Within the complex system of missions is the system of the Church and the system of communities. I understand the system of the Church because my grandfather spent years helping distribute money to missions. This helped me understand the system of the communities receiving support from missions. The community system's priority is the flourishment of their people and will strongly advocate with the Church missions to receive their support. However, there can be tension when communities may not want the support of Church missions, while the Church seeks to spread the gospel for all people. Since experiencing missions on my own, I came to realize that while most communities are grateful, sometimes people do not want that help and just want to be left alone, which puts the focus of personal interaction and relationship of the mission field system at odds with the well-meaning intentions of the church system.

A mission field is a significant system made up of many complicated needs, many relating to money and material items. The important thing while going into a mission field is remembering that missions are less about what one is giving and more about how one is serving, interacting with, and understanding others. While money could benefit the needy, sometimes missionaries who have more than those they are serving do not realize that living a less expensive life than theirs is not necessarily a bad thing. Understanding how the church and mission field interact through the lens of the Systems Theory, reveals that it all comes down to the relationship with the people being cared for. Understanding the complexities of why a missionary is serving is greater than the monetary value of what they are giving. The different lenses of everyone who is involved are equally as complex as they are beautiful. The important thing is that we find understanding of these lenses and continue to better the world because of it.

References

Online MSW Programs. (2023). Introduction to systems theory in social work. https://www.onlinemswprograms.com/social-work/theories/systems-theory-social-work/#:~:text=Systems%20theory%20is%20an%20interdisciplinary,heated%20to%20create%20a%20cake

Why I Decided to Become a Social Worker

Kimberly Jones-Waples

Class of 2026

The primary mission of the social work profession is to foster the well-being of individuals and communities. This involves addressing a wide range of needs, from necessities and shelter to more complex challenges related to mental health, social justice, and economic stability. Emphasis is placed on supporting those particularly vulnerable, marginalized, or impoverished, ensuring that their voices are heard, and their rights are upheld (National Association of Social Workers, n.d.). I have always wanted to help others and positively impact my community. This passion led me to choose a career in social work. Throughout my life, I have witnessed the struggles that many individuals in my family face, and I want to be a part of the solution, not the problem. Social work allows me to advocate for those in need, support vulnerable populations, and promote social justice.

My personal experiences and diverse professional background have influenced my journey in the field of social work. Everyone deserves access to essential resources and the opportunity to lead a fulfilling and purposeful life. This belief fuels my passion for social work as I strive to create meaningful change in the lives of others and empower them to navigate and overcome their challenges.

Throughout my career, I have gained valuable insights and skills by working in various roles within the human services sector. My experience as an Ergonomic Specialist allowed me to focus on improving individuals' physical environments to enhance their well-being. As a Licensed Practical Nurse (LPN), I provided direct patient care, honing my ability to empathize with and support those in need.

As a Recreational Facilitator, I designed and implemented programs that promoted mental and physical health through recreational activities. My time as the Young Women's Christian Association Youth Director enabled me to engage with young people, mentoring and fostering their personal development while advocating for their rights and needs. As a Mental Health Specialist, I worked closely with individuals facing psychological challenges, providing therapeutic support and guidance.

My position as a Youth Advocate empowered me to advocate for the rights and interests of young individuals in our community, ensuring they received the required support. Social workers weigh out their experiences to effectively address the multifaceted needs of their clients. By understanding their unique circumstances, I assist them in accessing essential resources, such as healthcare, affordable housing (vouchers), and counseling services, while helping them navigate the various challenges they encounter (Christina School District, 2024).

Throughout my career, I have had the opportunity to work in diverse settings, allowing me to witness firsthand the complex issues that individuals and families face; whether it be mental health struggles, economic hardships, or social isolation, each experience has provided valuable insights into the intricacies of human behavior and resilience (CSD, 2024).

This comprehensive understanding of the obstacles my clients face enhances my ability to provide tailored support and reinforces my unwavering dedication to fostering positive change in their lives (CSD, 2024). My ultimate goal is to empower them to overcome difficulties and improve their quality of life. In doing so, I strive to create a meaningful and lasting impact within the communities I serve.

Throughout my academic journey here at Grand Canyon University, particularly during my participation in the Field Site Program at a local school, I have increased my understanding of key sociology and social work concepts. This educational experience has given me valuable insights into human behavior's complexities and societal dynamics.

Engaging with students, staff, family members, and various stakeholders has enriched my ability to apply theoretical knowledge; I have also learned how to navigate the complexities of interpersonal relationships and the challenges faced by individuals in diverse communities. My time in the field experience has allowed me to observe firsthand the impact of social structures and systemic issues, such as poverty, discrimination, and access to resources, on individual lives (Berkowitz, 2013).

This real-world exposure has strengthened my comprehension of sociological theories and inspired me to develop more effective strategies for engagement and intervention. By understanding the sociological contexts of the individuals and communities I work with, I can change my approaches to better support their needs and also support more positive outcomes; this experience has given me the skills and knowledge necessary to make a significant impact in the field of social work (Berkowitz, 2013).

Through hands-on experiences and interactions in the classroom, I have learned to appreciate students' diverse backgrounds and needs, which allows me to implement strategies that promote inclusivity and support. Collaborating with staff has provided insights into their challenges, equipping me with the tools to foster a positive school environment (CSD, 2024). By connecting with stakeholders, I have also recognized the importance of community involvement and support in enhancing student learning and well-being.

In closing, my primary focus as a school social worker is to support students in fully realizing their potential by offering personalized guidance and resources tailored to their individual needs. I seek to cultivate strong relationships between the school and external organizations, such as community agencies and local businesses, to create a comprehensive student support network. I strive to provide valuable insights and strategies for enhancing the educational

experience, by promoting social improvement and fostering a positive learning environment for all students.

References

National Association of Social Workers. (n.d.) Why choose the social work profession? https://www.socialworkers.org/Careers/NASW-Career-Center/Explore-Social-Work/Why-Choose-the-Social-Work-Profession#:~:text=Social%20workers%20help%20relieve%20people's,and%20we%20do%20much%20more

Berkowitz, G. (2013). Social work. In C. R. Reynolds, K. J. Vannest, & E. Fletcher-Janzen (Eds.), Encyclopedia of Special Education: A reference for the education of children, adolescents, and adults with disabilities and other exceptional individuals (4th ed.). Wiley. https://search.credoreference.com/articles/Qm9vaoFydGljbGU6NTk2Nzco?aid=96349

Christina School District. (2024). Community portal. https://www.christinak12.org/community

Reconciling Evangelism Within a Judgmental Society

Leanna J. Byrom

Class of 2027

Evangelism is the written or spoken declaration of the Gospel, which is the good news of Jesus' work to restore what was lost in the Fall, especially concerning the work of his death, burial, resurrection, and eventual Second Coming. The term evangelism comes from the combinations of the Greek words euangelion and euangelizomai, the former meaning "gospel" and the latter translating to "to announce, proclaim, and bring good news." As Christians, we have a responsibility to spread the gospel and make disciples because Jesus commanded us to do so in Matthew 28:18-20. Although the word "evangelize" is not used, it has become the accepted term for sharing the gospel, which is intrinsic to the commission Jesus has given us. Paul makes this point in Romans 10:14 as well. In order for us to make disciples, they must first believe in Jesus, which generally means that they have heard someone preach the gospel before. However, much of society sees evangelism as judgmental, and many Christians shy away from the task. Since evangelism is both bringing good news and is a commandment given to us by Jesus himself, why does it often feel judgmental and offensive?

In sociology, judging others usually refers to the act of forming an opinion about someone based on their appearance, behaviors, or beliefs, typically resulting in the formation of a social hierarchy. Individuals are characterized as 'less than' or 'better than,' and certain societal expectations, such as social norms, influence an individual's judgment of others. Those who remain in good standing with social norms are judged positively and increase cooperation among the rest of society. Conversely, individuals who associate with others of negative reputation or are deviating from the norm themselves are negatively judged for such behavior (Kessinger et al., 2023).

Biblically, the Greek word most commonly used for the word "judge" is krino. For this word, judgment can mean discernment or assessment, but it can also refer to the act of passing judgment, such as condemning another person. For example, Matthew 7:1-5 is often misinterpreted as a prohibition of all judgment, whereas Jesus is actually warning against condemning others.

Judgmental condemnation and the fear of being perceived as judgmental are common today. We see this across all of society, even in evangelism. The former— judgment—results in the spread of a self-righteous, condemning message of sin and hell without the good news of salvation through Jesus Christ. Demanding good works without sharing the good news of grace promotes the dangerous idea of sinful people not needing a perfect Savior. The latter—the fear of being judgmental—causes people to tell others of what

Jesus did for us without the reality of the eternal concerns, leaving the listener unaware of why they need a Savior in the first place. This fear of judgment may also bring us to display Christ's love through acts of service, but we fail to demonstrate Christ's even more impactful care for eternal suffering if we only tend to physical needs. However, neither of the above methods is evangelism. Neither of the interpretations is the true Gospel. Viewing evangelism as judgmental is a fundamental misunderstanding of true evangelism. Shying away from sharing the full Gospel out of fear of being perceived as judgmental is possibly a mischaracterization of the act, but even worse, it is placing the glory that comes from man over the glory of God (John 12:43) and being ashamed of the Gospel (Romans 1:16).

Instead of these approaches, we should strive to fulfill our duties as Christ's ambassadors with love and intentionality without straying from teaching about the hell that awaits those without Christ. Similarly, we should not preach of sin without announcing the good news of salvation for all who believe in Jesus. The complete gospel deals with both the bad news of sin and hell and the eternal life that awaits us through salvation in Christ.

I am reminded of my time volunteering through Park Ministry at Grand Canyon University. Every Monday while my schedule allowed, I went to the local park with a group of volunteers to play with children from the community. We play games, foster relationships with the children, and share the Word through a devotional. One day, two student leaders and I approached a man sitting by himself in the park with the hopes of sharing the gospel with him. We'll call him Dean. What started with a simple, "how are you?" turned into an hour-long conversation. Dean shared his story with us: he was homeless, desperate, and didn't know what to do next. We were able to meet Dean in love, listen to his struggles when no one else would, and share the Gospel with him. At the end of our conversation, when we had to leave for GCU, we prayed over Dean. He began to sob, and I cried with him the entire time, praying for God to save him—from his homelessness and tribulations, but more importantly, that Jesus would save his soul.

In this story, if we came from a place of judgment, or if we stayed away from the difficult topics like sin and repentance out of fear of being considered judgmental, we never would have been able to minister to Dean in such a way. Instead, we surrendered our hesitations to the Lord and submitted ourselves to His will. Let us strive to do the same in everyday Christian life. Society focuses on "less than" or "better than," pursuing the approval of others, and seeks to define through social norms and societal expectations. The Bible lays out an alternative path in which people can root their identity, and therefore one's evangelism, in Christ. The commandment from Jesus Christ is to evangelize to the lost, and is done so in love and truth, relying on the Holy spirit to guide those who believe.

References

English Standard Version Bible (2001). ESV Online.

Kessinger, T.A., Tarnita, C.E., & Plotkin, J.B. (2023). Evolution of norms for judging social behavior. Proceedings of the National Academy of Sciences. 120 (24) e2219480120 https://doi.org/10.1073/pnas.2219480120

The Socioeconomic Impacts on Healthcare

Samantha Klumpp

Class of 2026

Introduction

2,261,639 patients walked through the emergency room in Arizona during 2021. Out of all those patients, 533,323 walked out with treatment for symptoms signs and ill-defined conditions, thus no disease diagnosis (Arizona Department of Health Services, 2021). Due to the strain on the healthcare system, people who come to hospitals in search of help from professionals are unable to receive the care and diagnosis they need. The overarching question is why this is a reoccurrence for so many people. Upon review, the pattern of distracted and overworked healthcare professionals due to the overpopulation of patients becomes the common denominator. This is underscored not only by the policies within the medical environment, but also the socioeconomic factors of the surrounding areas. To better understand the concept of socioeconomical impacts on healthcare, I have connected my own experiences firsthand with different health-care policies and applied the Social Audit Theory and the Conflict Approach to medical access.

Personal Experience

As the gut-wrenching pain sunk in, a wave of relief came over me as I was loaded into the ambulance, thinking I was about to get the care that I needed now that I was safely in the hands of professionals. Being raised in a society that thinks so highly of the healthcare system, I was sure I would be okay, right? Reality, however, was that, despite the fact I was considered a high priority patient with a possible heart condition, I waited nearly an hour just for some pain medication at St. Joseph's Hospital. After another several hours in the emergency room bay, I was finally told I would get a room, only to be placed in a hallway with no heart monitor or IV drip. While in that hallway awaiting care, I was placed alongside rows of beds fill with homeless people, unsure if these other patients were being treated or simply seeking a place of security. I sat there for hours not knowing my own situation. I was surrounded by unforgettable sights, smells, and sounds of unwell people needing help. While waiting, I requested a blanket to provide some sort of warmth in the cold room I was in, along with pleading for the nurses to give me some sort of update. That blanket and update, however, never arrived and the warmth and comfort I was seeking was far from present. It wasn't until the next day that I was moved into yet another bay where I was kept for four days, only to end up misdiagnosed with a life altering heart condition by distracted and burnt-out doctors overwhelmed by the abundance of people in need. Although the diagnosed condition was serious, the head cardiologist who diagnosed me

only saw me once those four days. This experience of neglect, mistreatment, and misdiagnosis cost sixty thousand dollars and led to multiple follow up visits, just to find out my heart was completely fine. The issue was in an entirely different region, my gallbladder. If the high priority cases, such as my assumed heart condition, do not receive the help needed, then what happens to the other cases?

Social Policies

After going through this experience, I connected certain social policy implications, such as the lack of access to housing and medical care, to the experiences of other patients I saw in the hospital that day. While there are many components that go into the lack of housing in Arizona, the main cause is the increasing prices of housing. When looking at the data from Phoenix real estate agencies, the average price for a home as of October 2024 is $499,000 (Movoto, 2024), while the average annual household income is only $72,092 (U.S. Census Bureau, 2024). After seeing individuals stuck in the hospital, it was clear that this choice was the last option, having been beaten and battered from the harsh Arizona conditions they sought shelter from. The never-ending increase of real estate prices drive hundreds to thousands out of their homes, onto the streets, and eventually into the only shelters they can find. Because of this lack of housing, many who cannot afford proper shelter must reside in hospitals.

Along with the lack of housing, a major component is the limited access to medical care. Arizona is lacking in healthcare workers and access, ranking forty-third out of fifty in healthcare access in the US. Not only this, but the number of residents that have a dedicated primary care professional is 7.4% lower than the national average. This is because Arizona has a significantly lower amount of healthcare professionals in every field. With a reported 41% lower mental health professionals, 8% lower dental professionals, and another 8% lower primary healthcare professionals than the national average (United Health Foundation, 2023). The lack of workers causes an extra strain on those who are in the profession.

Social Audit Theory & Social Concept

Social Audit Theory produced the "Social Audit" process and resulting instrument. "A social audit is a process in which details of the resources, both financial and non-financial, used by public agencies for development initiatives are shared with the people, often through a public platform – a form of citizen advocacy based on the power of knowledge and is grounded in the right to information" (Eavani et al., 2012.) When using the Social Audit Theory to look at this issue, we can observe that, because of the lack of resources in Arizona, there is a constant strain on the socioeconomic lives of Arizona citizens. Citizens are unable to get the proper help or shelter that is needed and end up residing at the hospital for security. While this is happening, there aren't enough people within the healthcare professions who can care for those in need while also caring for the people who are in search of shelter. This is a clear

example of the Conflict Theory in action: due to the separation of social classes, resources necessary to live are often stripped from the lower classes due to high competition (Grand Canyon University, 2022). Although competition is needed to distribute resources and power, if people get too deprived, it begins to take away from other classes, causing this stress on healthcare and deprivation of resources needed for proper care.

Conclusion

After having a firsthand experience with these socioeconomic impacts on healthcare, the problems in Arizona's healthcare system are shown to be but a symptom of deeper social and economic challenges. The fact that an increasingly large number of patients have left the emergency room without a diagnosis shows how wide that gap between demand and supply is. Some contributing factors, such as increasing housing costs, lack of access to primary care, and a general inadequate number of healthcare workers, makes the issue even worse. Why would any incoming nurse or doctor choose to work in a facility where they will get overworked and drained? My personal experience in the emergency room illustrates a scenario of overcrowding and how overwhelmed staff makes it hard to provide timely and appropriate care. With the use of Social Audit and Conflict Theory, it becomes obvious that limited resources and social inequalities are causing immense pressure on the healthcare system, especially for low-income people. Addressing the underlying issues - such as better access to housing and more healthcare professionals - is needed to improve healthcare.

References

Arizona Department of Health Services. (2021). Diagnosis: Health information for the public. https://pub.azdhs.gov/health-stats/hip/index.php?pg=diagnosis

Eavani, F., Nazari, K., & Emami, M. (2012). Social audit: From theory to practice. Journal of Applied Sciences Research, 8(2), 1174-1179.

Grand Canyon University. (2nd ed.). (2022). Our social world: An introduction to sociology.

Movoto. (2024). Phoenix real estate market trends. https://www.movoto.com/phoenix-az/market-trends/

United Health Foundation. (2023). America's Healthcare Rankings. https://www.americashealthrankings.org/learn/reports/2023-annual-report/state-summaries-arizona

U.S. Census Bureau. (2024). QuickFacts: Phoenix city, Arizona. U.S. Department of Commerce. https://www.census.gov/quickfacts/fact/table/phoenixcityarizona/INC110222

Over and Over and Over Again: The Incarceration Cycle

Madisyn Nielsen

Class of 2025

For years, my cousin found himself trapped in the cycle of incarceration, spending a total of five years in and out of the prison system. His story is not unique; many individuals face similar struggles. It wasn't until recently, when I interviewed him I actually began to see the effects it has on individuals and started to understand the systemic challenges they face. Through our conversation about his experiences. I learned that the prison system often fails to provide the necessary rehabilitation resources to help individuals reintegrate into society. Instead, it perpetuates a cycle of reoffending, making it nearly impossible for many to break free. Unlike most others, he had a strong support system waiting for him after release. His family helped him search for a place to work, maintained his house while he was away, and helped provide the emotional backing he needed to reenter society. Despite this, my cousin found himself trapped in a cycle of reoffending. His story made it clear that the real issue wasn't a lack of support, it was the absence of proper rehabilitation programs within the prison system. While having family to rely on should have been enough to help him reintegrate, the lack of meaningful programs to address his underlying issues left him unprepared for life outside of prison. Despite the best efforts of his family, the prison system focused on punishment rather than rehabilitation, which led him to continue reoffending. Through my cousin's experience, I have learned just how crucial it is for prisons to offer real rehabilitation programs that address the root causes of criminal behavior.

Rehabilitation programs in correctional facilities aim to reduce recidivism by addressing issues like substance abuse, education, and mental health. These are key to understanding the patterns of behavior in individuals within the criminal justice system, which is crucial in helping to prevent recidivism, a term that refers to a person's relapse into criminal behavior, typically after receiving sanctions or undergoing intervention for a previous offense (National Institute of Justice, n.d.). Based on my cousin's experience with rehabilitation in South Dakota prisons, upon completing their sentence, individuals are given a list of resources and contacts for post-release support. However, many do not reach out for assistance once they are released, this is often due to a combination of things including shame, lack of trust, or even the fear of the stigma associated with asking for help. Additionally, many offenders also face other barriers, such as the lack of resources in their areas, no support networks, and confusion navigating the systems of care. The reluctance to seek assistance can also come from the belief that they won't be able to reintegrate into society successfully without facing further judgement for their time served. My cousin discussed how he was also required to participate in educational courses after

release. While he signed up for one of these courses prior to his release, it took over eight months to gain access to the class. This delay is significant, as it may exceed the time frame during which individuals are most vulnerable to reoffending, with many returning to the criminal justice system within that period (Lahdon, 2023). Although these educational programs are mandatory for all felons, there is concern that many participants simply go through the motions without genuinely engaging in the learning process or benefiting from the material. Ultimately, these challenges reveal significant gaps in the criminal justice system that prevent effective rehabilitation and contribute to the cycle of recidivism.

To address these gaps in the system and improve outcomes for individuals in the criminal justice system, it is important to consider the different approaches, such as the strengths perspective. The strengths perspective in social work emphasizes recognizing and building on the inherent strengths of individuals and communities, rather than focusing solely on deficits or problems. According to Evans et al. (2024), the strengths perspective recognizes the light of individual capacities, talents, competencies, possibilities, visions, values, and hopes. This approach is particularly relevant in the context of rehabilitation and its effects on recidivism rates. When applied to criminal justice, the strengths perspective encourages interventions that enhance the capacities and resources of individuals involved in the criminal justice system, thus reducing the likelihood of reoffending. Programs that incorporate this approach seek to empower individuals by identifying their assets, such as resilience, personal goals, and social support networks. Research has shown that rehabilitation programs, especially those that focus on skill development, emotional support, and community integration, can significantly reduce recidivism rates (Cataldi, L. & Cataldi, S., 2024). By nurturing these strengths, individuals are more likely to develop the skills and self-confidence necessary to reintegrate successfully into society. Emphasizing strengths and restoring agency empowers individuals to take control over their lives, fostering a greater commitment to personal growth and successful reentry after incarceration (Donnelly, 2021). Rehabilitation that utilizes the strengths perspective not only seeks to address the root causes of criminal behavior but also promotes positive identity transformation, in turn, strengthening emotional support. It helps individuals see themselves as capable of change and empowers them to make decisions that align with their goals. Furthermore, when individuals are supported in developing meaningful roles within society, such as through education, employment, or social engagement, they are less likely to return to criminal activities.

My cousin's experience regarding rehabilitation programs, receiving resources, and educational programs within the prison system has highlighted the critical shortcomings in how rehabilitation is approached. While the prison system offers some educational programs, they are often disengaging, delayed, or insufficient, leaving many individuals ill-prepared for life after incarceration. The lack of comprehensive and effective rehabilitation programs perpetuates

the cycle of recidivism, even for those with a strong support system. This cycle illustrates the importance of rethinking the approach to criminal justice, shifting from a punishment-based model, to one that emphasizes rehabilitation, personal growth, and reintegration into society. The punishment-based model in the criminal justice system prioritizes retribution and incarceration as the primary response to crime. By incorporating a strength-based perspective into rehabilitation, we can better address the root causes of criminal behavior, foster personal transformation, and ultimately reduce recidivism rates. The path to reform lies in providing individuals with the tools, skills, and emotional support they need to reintegrate successfully into society, offering them a genuine opportunity to break free from the cycle of incarceration. It is crucial that to advocate for systemic change, ensuring that those who have served their time are given the resources and support they need to build a future free from crime.

References

Cataldi, L., & Cataldi, S. (2024). Prison and Love: The role of affection and rehabilitative actions in reducing recidivism and beyond. Social Sciences (2076-0760), 13(6), 323. https://doi.org/10.3390/socsci13060323

Donnelly, J. (2021). Rethinking Reentry: A look at how risk-based approaches limit reentry success, and a case for why strengths-based approaches may better reduce recidivism. (Publication No. 29100117) [Master's Thesis, University of Pittsburgh]. ProQuest.

Evans, R., Hawley-Bernardez, A., & Gibbons, G. (2024). Strengths Perspective: How social work students use mindfulness as a self-care strategy. Social Sciences, 13(4), 210. https://doi.org/10.3390/socsci13040210

Lahdon, Tenzing (2023). From the desk of BJA. Bureau of Justice Assistance. https://bja.ojp.gov/news/justice-matters/desk-bja-november-2023

National Institute of Justice. (n.d.). Recidivism. National Institute of Justice. https://nij.ojp.gov/topics/corrections/recidivism

A College of Humanities and Social Sciences and Student Publication

GRAND CANYON
UNIVERSITY®

COLLEGE OF HUMANITIES & SOCIAL SCIENCES