

THE PERSONAL AND SOCIAL PROBLEMS OF ADOLESCENT

**THE SUPPLEMENT OF COURSE
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**Editor
Mamat Supriatna**

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INTRODUCTION

ADOLESCENCE - GRAND THEORIES OF ADOLESCENT DEVELOPMENT

Many people imagine an adolescent as being a gangly, awkward, and troublesome individual. Researchers shared this view until quite recently. This period of life (generally considered to run from age ten to age twenty-five) was seen as a time of "storm and stress." But what is adolescent development really like? Clearly it is a time of great change on many levels. Probably most dramatic are the biological changes associated with puberty. These changes include dramatic shifts in the shape of the body, increases in hormones, and changes in brain architecture. These biological shifts are directly linked to changes in sexual interest, cognitive capacities, and physical capacities. There are also major social changes associated with the school-linked transitions and with changes in the roles adolescents are expected to play by all those around them. Finally, there are major psychological changes linked to increasing social and cognitive maturity. In fact, very few developmental periods are characterized by so many changes at so many different levels. With rapid change comes a heightened potential for both positive and negative outcomes. And, although most individuals pass through this developmental period without excessively high levels of "storm and stress," a substantial number of individuals do experience some difficulties.

Adolescence is also a time when individuals make many choices and engage in a wide range of behaviors likely to influence the rest of their lives. For example, adolescents pick which high school courses to take, which after-school activities to participate in, and which peer groups to join. They begin to make future educational and occupational plans and to implement these plans through secondary school course work and out-of-school vocational and volunteer activity choices. Finally, some experiment with quite problematic behaviors such as drug and alcohol consumption and unprotected sexual intercourse. Most of these youth do not suffer long-term consequences for this experimentation, although a few do. Understanding what distinguishes between these two groups is one of the key research issues related to development during adolescence.

Changes in Cognition

Adolescence is accompanied by an increasing ability to think abstractly, consider the hypothetical as well as the real, engage in more sophisticated and elaborate information processing strategies, consider multiple dimensions of a problem at once, and reflect on one's self and on complicated problems. There is also a steady increase in learning strategies, in knowledge of a variety of different topics and subject areas, in the ability to apply knowledge to new learning situations, and in the awareness of one's strengths and weaknesses as a learner. With practice these new

cognitive skills can help adolescents become more efficient, sophisticated learners, ready to cope with relatively advanced topics in many different subject areas.

These kinds of cognitive changes also affect individuals' self-concepts, thoughts about their future, and understanding of others. Many theorists have suggested that the adolescent years are a time of change in children's self-concepts, as they consider what possibilities are available to them and try to come to a deeper understanding of themselves in the social and cultural contexts in which they live. In a culture that stresses personal choice in life planning, these concerns and interests also set the stage for personal and social identity formation focused on life planning issues such as those linked to educational, occupational, recreational, and marital choices. Finally, as adolescents become more interested in understanding the psychological characteristics of others, friendships become based more on perceived similarities in these characteristics.

There are also major social changes associated with adolescence. Since these vary more across cultures than the biological and cognitive changes just discussed, the following social changes are common in Western industrialized countries.

Friendships and Peer Groups

Probably the most controversial changes during adolescence are those linked to peer relationships. One major change in this arena is the general increase in peer focus and involvement in peer-related social sports, and other extracurricular activities. Many adolescents attach great importance to the activities they do with their peers—substantially more importance than they attach to academic activities and to activities with family members. Further, early adolescents' confidence in their physical appearance and social acceptance is a more important predictor of self-esteem than confidence in their cognitive/academic competence.

In part because of the importance of social acceptance during adolescence, friendship networks during this period often are organized into relatively rigid cliques that differ in social status within school and community settings. The existence of these cliques reflects adolescents' need to establish a sense of identity; belonging to a group is one way to solve the problem of "who I am." Also, in part because of the importance of social acceptance, children's conformity to their peers peaks during early adolescence. Much has been written about how this peer conformity creates problems for adolescents, and about how "good" children are often corrupted by the negative influences of peers, particularly by adolescent gangs. More often than not, however, adolescents agree more with their parents' views on "major" issues such as morality, politics, religion, and the importance of education. Peers have more influence on such things as dress and clothing styles, music, and

activity choice. In addition, adolescents tend to socialize with peers who hold similar views as their parents on the major issues listed above.

Changes in Family Relations

Although the extent of actual disruption in parent-adolescent relations is not as great as one might expect given stereotypes about this period of life. There is little question that parent-child relations do change during adolescence. As adolescents become physically mature they often seek more independence and autonomy and may begin to question family rules and roles, leading to conflicts particularly around such issues as dress and appearance, chores, and dating. Despite these conflicts over day-to-day issues, parents and adolescents agree more than they disagree regarding core values linked to education, politics, and spirituality. Nonetheless, parents and adolescents do interact with each other less frequently than they did in middle childhood. Some researchers have argued that this distancing in parent-adolescent relations has great functional value for adolescents, in that it fosters their individuation from their parents, allows them to try more things on their own, and develops their own competencies and confidence in their abilities. But it is important to bear in mind that, in most families, this distancing takes place in the context of continuing close emotional relationships. And in many cultural groups, adolescents play an increasingly central role in family life and family maintenance.

School Transitions

In most Western countries, adolescents experience at least one major school transition (e.g., the transition into high school) and often two major school transitions (e.g., an additional transition into either middle or junior high school). Several scholars and policymakers have argued that these school transitions are linked to negative changes in the functioning of many adolescents, particularly in the realm of academic achievement. For example, a number of researchers have concluded that the junior high school transition contributes to declines in interest in school, intrinsic motivation, self-concepts/self-perceptions, and confidence in one's intellectual abilities. Drawing upon person-environment fit theory, Jacquelynne Eccles and her colleagues proposed that the negative motivational and behavioral changes associated with these school transitions stem from many junior and senior high schools not providing appropriate educational environments for youth in early and middle adolescence. According to person-environment theory, individuals' behavior, motivation, and mental health are influenced by the fit between the characteristics individuals bring to their social environments and the characteristics of these social environments. Individuals are not likely to do very well, or be very motivated, if they are in social environments that do not fit their psychological needs. If the social environments in the typical junior and senior high schools do not fit very well with the psychological needs of adolescents, then person-environment fit theory predicts a decline in the motivation, interest, performance, and behavior of adolescents as they move into this environment.

Evidence from a variety of sources supports this hypothesis. Both of these school transitions usually involve the following types of contextual changes: (1) a shift from a smaller school to a larger school; (2) a shift to a more bureaucratic social system; (3) a shift to a more controlling social system; (4) a shift to a more heterogeneous social system; (5) a shift to a social context with less personal contact with adults and less opportunity to be engaged in school activities and responsible school roles; (6) a shift to a more rigid, socially comparative grading system; and (7) a shift to a more lock-step curriculum tracking system. Along with these changes, evidence from more micro-classroom-based studies suggests that the teachers in junior and senior high school feel less able to teach all of their students the more challenging academic material and are more likely to use exclusionary and harsh discipline strategies that can effectively drive low achieving and problematic students away from school. Work in a variety of areas has documented the impact on motivation of such changes in classroom and school environments.

See also: [DEVELOPMENTAL NORMS](#); [MILESTONES OF DEVELOPMENT](#)

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Jacquelynne S. Eccles

Developmental Norms

Developmental norms are defined as standards by which the progress of a child's development can be measured. For example, the average age at which a child walks, learns to talk, or reaches puberty would be such a standard and would be used to judge whether the child is progressing normally. Norms have also been used as a basis for the "ages and stages" approach to understanding child development, made famous most notably by Yale University pediatrician and educator Arnold Gessell and University of Chicago educator Robert Havighurst. In using the idea of norms, Havighurst presented a set of developmental tasks tied closely to what behavior one might observe at what age. These sets of developmental tasks became a tool for teachers to use to help judge the appropriateness of certain types of curriculum for children of certain ages or developmental levels. While norms are usually thought of as being age-related, norms can also be tied to other developmental variables such as race, ethnicity, and sex.

See also: [MILESTONES OF DEVELOPMENT](#); [STAGES OF DEVELOPMENT](#)

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Neil J. Salkind

Milestones Of Development - Physical Milestones, Cognitive Milestones, Social/emotional Milestones

Human development is a complicated affair, progressing as the result of the continuous interaction of biologic and environmental factors. It is for this reason that no two people are exactly alike, not even identical twins. Despite such variability, there are aspects of development that are predictable, such that children throughout the world develop certain abilities and characteristics at about the same time. These

universal accomplishments are termed "milestones"—guideposts that reflect normal, species-typical development.

The temporal regularity of these milestones implies that they are under biological control, little affected by the vagaries of the external world. This is only partially true, for all aspects of development are also influenced by environmental factors. Children inherit not only a species-typical genome (DNA), but also a species-typical environment, which begins prenatally and continues after birth as infants around the world are nurtured by adults in social settings. Subtle differences at both the genetic and environmental levels affect development of even these reliable milestones, so that experts are not able to specify the exact time children will display a particular characteristic but can state only approximately when they will appear. Variation around these average times is normal, with half of all children showing these characteristics sooner than average and half later than average.

In Tables 1-3 are partial lists of physical, cognitive, and social/emotional milestones, denoted separately for the periods of infancy, preschool, school age, and adolescence. Some of these milestones have great social significance. For instance, in some traditional societies, a girl's first menstrual period signals a move from childhood to adulthood; and, in American society, being out of diapers is a requirement for admission to some preschools.

Perhaps the first thing to note is that there are many more entries for infancy than for the other age groups. This is primarily because the accomplishments of the first two years of life are more under the influence of maturational factors than environmental ones. As children get older, their developmental pathways vary as a function of the societies they live in. For example, for children in literate societies, one could have included milestones related to reading. Reading, however, requires specific instruction that not all children receive; moreover, there are different writing systems, alphabets, and educational philosophies that result in different patterns of reading-related behavior even in literate cultures.

Milestones Of Development - Physical Milestones

The list for physical development (Table 1) includes a number of familiar milestones for infants, most related to gaining control over their bodies so that they are able to move about on their own. The list of milestones for the preschool years will also be familiar. It is during this time that children become toilet trained and learn to use simple tools, such as forks and spoons. The first permanent teeth erupt around six years of age. Although children across the globe are typically weaned by age three or four, they are not able to eat an adult-style diet until they have most of their permanent teeth. This means that adults must specially prepare food for children years after they have stopped nursing. This is a pattern seen in no other animal and makes the period of "childhood" unique to the human species.

Physical growth is slow and gradual between the ages of about six and eleven, when the adolescent growth spurt begins (sometimes a bit earlier for girls). The rapid growth at this time, which occurs later for boys, coupled with the development of secondary sexual characteristics, marks the physical transition to adulthood. Girls' first menstrual period (menarche) usually occurs about two years after the onset of secondary sexual characteristics, and both boys and girls have a period of relative infertility, lasting several years, after they have become sexually mature. Although the pattern of puberty described here is universal, the average age at which girls reach puberty has been decreasing over the past two centuries, primarily because of better nutrition and health. There is also evidence that girls from high-stress, father-absent homes reach puberty earlier than girls from low-stress, father-present homes, reflecting the role that social factors can have on physical development.

Milestones Of Development - Cognitive Milestones

Selected cognitive milestones are presented in Table 2. It is not until around seven or eight months that infants will search for an object hidden as they watch, believing, apparently, that the object continues to exist even though they no longer see it. First words are usually uttered late during the first year, and children's first two-word sentences are typically spoken between eighteen and twenty-four months of age. Language abilities develop rapidly during the third year of life, so that by age three and a half, most children are linguistic geniuses, being able to speak their native tongue proficiently (and far better than most adult second-language learners). Children have a difficult time taking the psychological perspective of others until about three and a half to four years of age. Until this time, they often believe that if they know something (for example, that a cookie has been moved from a box to a jar), other people should know it as well, even though others have different knowledge (not knowing the cookie was moved). Understanding that people's behavior is governed by beliefs and desires, which may be different from one's own, has been termed "theory of mind" and is the basis of all sophisticated human social interaction. Thinking becomes more logical during the school years, and this is perhaps best reflected by conservation tasks, developed by the Swiss psychologist Jean Piaget. Beginning around six years of age, children realize, for example, that the amount of water one has is the same regardless of whether the container that holds it is short and fat or tall and skinny. Much before this time, the appearance of "more" in the tall container determines children's thinking in such situations. With adolescence comes abstract thought, again as first described by Piaget. Children are able to think scientifically and are able to reflect upon what they already know.

Milestones Of Development - Social/emotional Milestones

Table 3 presents some social/emotional milestones. The social smile, observed early in infancy, reflects a general responsiveness to people, critical for an intensely social species such as *Homo sapiens*. Infants' attachment to their parents is sometimes reflected by a wariness of strangers and by distress when they are separated from their caregivers. By the pre-school years, children are able to identify emotions in

others and can seemingly empathize with the feelings of others, as reflected, for instance, by a three-year old bringing his tearful mother his teddy bear to comfort her. Although toddlers are interested in other children, friends typically do not become important until the early school years, at which time children enter the peer group and establish dominance hierarchies, often based on physical strength, especially among boys. Typically during this time, boys and girls segregate themselves into same-sex play groups. In adolescence, the peer group becomes increasingly important (although the family rarely loses its influence), and, coupled with the onset of puberty, heterosexual interests and behavior commence.

A milestone approach to development provides a quick glimpse at important acquisitions that children over the world experience. There is still much variability in when children attain these milestones, because of both biological (genetic) and environmental (societal) factors. And many culturally important phenomena that arise only with specific experiences (e.g., reading, religious practices) are not captured by knowledge of milestones. Nonetheless, milestones show what is universal in human development and give parents and educators an idea of how quickly children are progressing relative to a species-typical standard.

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David F. Bjorklund

Jesse M. Bering

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THE PERSONAL PROBLEMS

1

ASSERTIVENESS AND SELF-CONFIDENCE

How to Help Build, Boost, and Develop Self-Confidence and Assertiveness

Building self-confidence and assertiveness is probably a lot easier than you think. 'Non-assertive' people (in other words 'normal people') do not generally want to transform into being excessively dominant people. When most people talk about wanting to be more assertive, what they usually really mean is:

- 'How can I become more able to resist the pressure and dominance of excessively dominant people?'
- 'How can I stand up to bullies (or one bully in particular)?'
- And also, 'How can I exert a little more control in situations that are important to me?'

Pure assertiveness - dominance for the sake of being dominant - is not a natural behaviour for most people. Most people are not naturally assertive. Most people tend to be passive by nature. The assertive behaviour of highly dominant people tends to be driven by their personality (and often some insecurity). It is not something that has been 'trained'.

For anyone seeking to increase their own assertiveness it is helpful to understand the typical personality and motivation of excessively dominant people, who incidentally cause the most worry to non-assertive people.

It's helpful also at this point to explain the difference between leadership with dominance: Good leadership is inclusive, developmental, and a force for what is right. Good leadership does not 'dominate' non-assertive people, it includes them and involves them. Dominance as a management style is not good in any circumstances. It is based on short-term rewards and results, mostly for the benefit of the dominant, and it fails completely to make effective use of team-members' abilities and potential.

The fact is that most excessively dominant people are usually bullies. Bullies are deep-down very insecure people. They dominate because they are too insecure to allow other people to have responsibility and influence, and this behaviour is generally conditioned from childhood for one reason or another. The dominant bullying behaviour is effectively reinforced by the response given by 'secure' and 'non-assertive' people to bullying. The bully gets his or her own way. The bullying dominant behaviour is rewarded, and so it persists.

Dominant, bullying people, usually from a very young age, become positively conditioned to bullying behaviour, because in their own terms it works. Their own terms are generally concerned with satisfying their ego and selfish drives to get their own way, to control, to achieve status (often implanted by insecure ambitious parents), to manipulate, make decisions, build empires, to collect material signs of achievement, monetary wealth, and particularly to establish protective mechanisms, such as 'yes-men' followers ('body-guards'), immunity from challenge and interference, scrutiny, judgement, etc. Early childhood experiences play an important part in creating bullies. Bullies are victims as well as aggressors. And although it's a tough challenge for anyone on the receiving end of their behaviour they actually deserve sympathy.

Non-assertive people do not normally actually aspire to being excessively dominant people, and they certainly don't normally want to become bullies. When most people talk about wanting to be more assertive, what they really mean is 'I'd like to be more able to resist the pressure and dominance of excessively dominant people.' Doing this is not really so hard, and using simple techniques it can even be quite enjoyable and fulfilling.

Importantly, the non-assertive person should understand where they really are - a true starting point: non-assertive behaviour is a sign of strength usually, not weakness, and often it is the most appropriate behaviour for most situations - don't be fooled into thinking that you always have to be more assertive.

Understand where you want to be: what level of assertiveness do you want? Probably to defend yourself, and to control your own choices and destiny (which are relatively easy using the techniques below), not to control others.

For people who are not naturally assertive, it is possible to achieve a perfectly suitable level of assertiveness through certain simple methods and techniques, rather than trying to adopt a generally more assertive personal style (which could be counter-productive and stressful, because it would not be natural). People seeking to be more assertive can dramatically increase their effective influence and strength by using just one or two of these four behaviours prior to, or when confronted by a more dominant character or influence, or prior to and when dealing with a situation in which they would like to exert more control. Here are some simple techniques and methods for developing self-confidence and more assertive behaviour.

Assertiveness and self-confidence methods and techniques

1. Know the facts relating to the situation and have the details to hand.
2. Be ready for - anticipate - other people's behaviour and prepare your responses.
3. Prepare and use good open questions.

4. Re-condition and practice your own new reactions to aggression ([posters](#) can help you think and become how you want to be - display positive writings where you will read them often - it's a proven successful technique).
5. Have faith that your own abilities and style will ultimately work if you let them.
6. Feel sympathy for bullies - they actually need it.
7. Read inspirational things that reinforce your faith in proper values and all the good things in your own natural style and self, for example, Ruiz's The Four Agreements, Kipling's If, Desiderata, Cherie Carter-Scott's 'rules of life', Wimbrow's The Guy In The Glass, etc.

Know the facts and have them to hand

Ensure you know all the facts in advance - do some research, and have it on hand ready to produce (and give out copies if necessary). Bullies usually fail to prepare their facts; they dominate through bluster, force and reputation. If you know and can produce facts to support or defend your position it is unlikely that the aggressor will have anything prepared in response. When you know that a situation is going to arise, over which you'd like to have some influence, prepare your facts, do your research, do the sums, get the facts and figures, solicit opinion and views, be able to quote sources; then you will be able to make a firm case, and also dramatically improve your reputation for being someone who is organised and firm.

Anticipate other people's behaviour and prepare your responses

Anticipate other people's behaviour and prepare your own responses. Role-play in your mind how things are likely to happen. Prepare your responses according to the different scenarios that you think could unfold. Prepare other people to support and defend you. Being well prepared will increase your self-confidence and enable you to be assertive about what's important to you.

Prepare and use good open questions

Prepare and use good questions to expose flaws in other people's arguments. Asking good questions is the most reliable way of gaining the initiative, and taking the wind out of someone's sails, in any situation. Questions that bullies dislike most are deep, constructive, incisive and probing, especially if the question exposes a lack of thought, preparation, consideration, consultation on their part. For example:

- 'What is your evidence (for what you have said or claimed)?'
- 'Who have you consulted about this?'
- 'How did you go about looking for alternative solutions?'
- 'How have you measured (whatever you say is a problem)?'
- 'How will you measure the true effectiveness of your solution if you implement it?'

- 'What can you say about different solutions that have worked in other situations?'

And don't be fobbed off. Stick to your guns. If the question is avoided or ignored return to it, or re-phrase it (which you can prepare as well).

Re-condition and practice your own new reactions to aggression

Re-conditioning your own reaction to dominant people, particularly building your own 'triggered reactions', giving yourself 'thinking time' to prevent yourself being bulldozed, and 'making like a brick wall' in the face of someone else's attempt to dominate you without justification. Try visualizing yourself behaving in a firmer manner, saying firmer things, asking firm clear, probing questions, and presenting well-prepared facts and evidence. Practice in your mind saying 'Hold on a minute - I need to consider what you have just said.' Also practice saying 'I'm not sure about that. It's too important to make a snap decision now.' Also 'I can't agree to that at such short notice. Tell me when you really need to know, and I'll get back to you.' There are other ways to help resist bulldozing and bullying. Practice and condition new reactions in yourself to resist, rather than cave in, for fear that someone might shout at you or have a tantrum. If you are worried about your response to being shouted at then practice being shouted at until you realize it really doesn't hurt - it just makes the person doing the shouting look daft. Practice with your most scary friend shouting right in your face for you to 'do as you are told', time after time, and in between each time say calmly (and believe it because it's true) 'You don't frighten me.' Practice it until you can control your response to being shouted at.

Have faith that your own abilities will ultimately work if you use them

Non-assertive people have different styles and methods compared to dominant, aggressive people and bullies. Non-assertive people are often extremely strong in areas of process, detail, dependability, reliability, finishing things (that others have started), checking, monitoring, communicating, interpreting and understanding, and working cooperatively with others. These capabilities all have the potential to undo a bully who has no proper justification. Find out what your strengths and style are and use them to defend and support your position. The biggest tantrum is no match for a well organised defense.

Feel sympathy for bullies

Re-discover the belief that non-assertive behaviour is actually okay - it's the bullies who are the ones with the problems. Feeling sympathy for someone who threatens you will psychologically put you in the ascendancy. Aggressors are often grown from children who were not loved, or from children who were forced to live out the aspirations of their parents. Be kind to them. In many ways they are still children.

JOHARI WINDOW

Ingham and Luft's Johari Window model diagrams and examples - for self-awareness, personal development, group development and understanding relationships

The Johari Window model is a simple and useful tool for illustrating and improving self-awareness, and mutual understanding between individuals within a group. The Johari Window tool can also be used to assess and improve a group's relationship with other groups. The Johari Window model was developed by American psychologists Joseph Luft and Harry Ingham in the 1950s, while researching group dynamics. Today the Johari Window model is especially relevant due to modern emphasis on, and influence of, 'soft' skills, behaviour, empathy, cooperation, inter-group development and interpersonal development.

Over the years, alternative Johari Window terminology has been developed and adapted by other people - particularly leading to different descriptions of the four regions, hence the use of different terms in this explanation. Don't let it all confuse you - the Johari Window model is really very simple indeed.

(The Johari Window diagram is also available in MSWord format from the [free resources section](#).)

Interestingly, Luft and Ingham called their Johari Window model 'Johari' after combining their first names, Joe and Harry. In early publications the word actually appears as 'JoHari'. The Johari Window soon became a widely used model for understanding and training self-awareness, personal development, improving communications, interpersonal relationships, group dynamics, team development and inter-group relationships.

The Johari Window model is also referred to as a 'disclosure/feedback model of self awareness', and by some people an 'information processing tool'. The Johari Window actually represents information - feelings, experience, views, attitudes, skills, intentions, motivation, etc - within or about a person - in relation to their group, from four perspectives, which are described below. The Johari Window model can also be used to represent the same information for a group in relation to other groups. Johari Window terminology refers to 'self' and 'others': 'self' means oneself, i.e., the person subject to the Johari Window analysis. 'Others' means other people in the person's group or team.

N.B. When the Johari Window model is used to assess and develop groups in relation to other groups, the 'self' would be the group, and 'others' would be other groups. However, for ease of explanation and understanding of the Johari Window

and examples in this article, think of the model applying to an individual within a group, rather than a group relating to other groups.

The four Johari Window perspectives are called 'regions' or 'areas' or 'quadrants'. Each of these regions contains and represents the information - feelings, motivation, etc - known about the person, in terms of whether the information is known or unknown by the person, and whether the information is known or unknown by others in the group.

The Johari Window's four regions, (areas, quadrants, or perspectives) are as follows, showing the quadrant numbers and commonly used names:

Johari window four regions

1. what is known by the person about him/herself and is also known by others - **open area, open self, free area, free self, or 'the arena'**
2. what is unknown by the person about him/herself but which others know - **blind area, blind self, or 'blindspot'**
3. what the person knows about him/herself that others do not know - **hidden area, hidden self, avoided area, avoided self or 'facade'**
4. what is unknown by the person about him/herself and is also unknown by others - **unknown area or unknown self**

Johari window four regions - model diagram

Like some other behavioural models (e.g., Tuckman, Hersey/Blanchard), the Johari Window is based on a four-square grid - the Johari Window is like a window with four 'panes'. Here's how the Johari Window is normally shown, with its four regions.



This is the standard representation of the Johari Window model, showing each quadrant the same size.

The Johari Window 'panes' can be changed in size to reflect the relevant proportions of each type of 'knowledge' of/about a particular person in a given group or team situation.

In new groups or teams the open free space for any team member is small ([see the Johari Window new team member example below](#)) because shared awareness is relatively small.

As the team member becomes better established and known, so the size of the team member's open free area quadrant increases. [See the Johari Window established team member example below.](#)

Johari window model - explanation of the four regions

Refer to the [free detailed Johari Window model diagram](#) in the free resources section - print a copy and it will help you to understand what follows.

Johari quadrant 1 - 'open self/area' or 'free area' or 'public area', or 'arena'

Johari region 1 is also known as the 'area of free activity'. This is the information about the person - behaviour, attitude, feelings, emotion, knowledge, experience,

skills, views, etc - **known** by the person ('the self') and **known** by the group ('others').

The aim in any group should always be to develop the 'open area' for every person, because when we work in this area with others we are at our most effective and productive, and the group is at its most productive too. The open free area, or 'the arena', can be seen as the space where good communications and cooperation occur, free from distractions, mistrust, confusion, conflict and misunderstanding.

Established team members logically tend to have larger open areas than new team members. New team members start with relatively small open areas because relatively little knowledge about the new team member is shared. The size of the open area can be expanded horizontally into the blind space, by seeking and actively listening to feedback from other group members. This process is known as 'feedback solicitation'. Also, other group members can help a team member expand their open area by offering feedback, sensitively of course. The size of the open area can also be expanded vertically downwards into the hidden or avoided space by the person's disclosure of information, feelings, etc about him/herself to the group and group members. Also, group members can help a person expand their open area into the hidden area by asking the person about him/herself. Managers and team leaders can play an important role in facilitating feedback and disclosure among group members, and in directly giving feedback to individuals about their own blind areas. Leaders also have a big responsibility to promote a culture and expectation for open, honest, positive, helpful, constructive, sensitive communications, and the sharing of knowledge throughout their organization. Top performing groups, departments, companies and organizations always tend to have a culture of open positive communication, so encouraging the positive development of the 'open area' or 'open self' for everyone is a simple yet fundamental aspect of effective leadership.

Johari quadrant 2 - 'blind self' or 'blind area' or 'blindspot'

Johari region 2 is what is **known** about a person by others in the group, but is **unknown** by the person him/herself. By seeking or soliciting feedback from others, the aim should be to reduce this area and thereby to increase the open area (see the Johari Window diagram below), i.e., to increase self-awareness. This blind area is not an effective or productive space for individuals or groups. This blind area could also be referred to as ignorance about oneself, or issues in which one is deluded. A blind area could also include issues that others are deliberately withholding from a person. We all know how difficult it is to work well when kept in the dark. No-one works well when subject to 'mushroom management'. People who are 'thick-skinned' tend to have a large 'blind area'.

Group members and managers can take some responsibility for helping an individual to reduce their blind area - in turn increasing the open area - by giving sensitive feedback and encouraging disclosure. Managers should promote a climate of non-

judgmental feedback, and group response to individual disclosure, which reduces fear and therefore encourages both processes to happen. The extent to which an individual seeks feedback, and the issues on which feedback is sought, must always be at the individual's own discretion. Some people are more resilient than others - care needs to be taken to avoid causing emotional upset. The process of soliciting serious and deep feedback relates to the process of 'self-actualization' described in [Maslow's Hierarchy of Needs](#) development and motivation model.

Johari quadrant 3 - 'hidden self' or 'hidden area' or 'avoided self/area' or 'facade'

Johari region 3 is what is **known** to ourselves but kept hidden from, and therefore **unknown**, to others. This hidden or avoided self represents information, feelings, etc, anything that a person knows about him/self, but which is not revealed or is kept hidden from others. The hidden area could also include sensitivities, fears, hidden agendas, manipulative intentions, secrets - anything that a person knows but does not reveal, for whatever reason. It's natural for very personal and private information and feelings to remain hidden, indeed, certain information, feelings and experiences have no bearing on work, and so can and should remain hidden. However, typically, a lot of hidden information is not very personal, it is work- or performance-related, and so is better positioned in the open area.

Relevant hidden information and feelings, etc, should be moved into the open area through the process of 'disclosure'. The aim should be to disclose and expose relevant information and feelings - hence the Johari Window terminology 'self-disclosure' and 'exposure process', thereby increasing the open area. By telling others how we feel and other information about ourselves we reduce the hidden area, and increase the open area, which enables better understanding, cooperation, trust, team-working effectiveness and productivity. Reducing hidden areas also reduces the potential for confusion, misunderstanding, poor communication, etc, which all distract from and undermine team effectiveness.

Organizational culture and working atmosphere have a major influence on group members' preparedness to disclose their hidden selves. Most people fear judgement or vulnerability and therefore hold back hidden information and feelings, etc, that if moved into the open area, i.e. known by the group as well, would enhance mutual understanding, and thereby improve group awareness, enabling better individual performance and group effectiveness.

The extent to which an individual discloses personal feelings and information, and the issues which are disclosed, and to whom, must always be at the individual's own discretion. Some people are more keen and able than others to disclose. People should disclose at a pace and depth that they find personally comfortable. As with feedback, some people are more resilient than others - care needs to be taken to avoid causing emotional upset. Also as with soliciting feedback, the process of serious

disclosure relates to the process of 'self-actualization' described in [Maslow's Hierarchy of Needs](#) development and motivation model.

Johari quadrant 4 - 'unknown self' or 'area of unknown activity' or 'unknown area'

Johari region 4 contains information, feelings, latent abilities, aptitudes, experiences etc, that are **unknown** to the person him/herself and **unknown** to others in the group. These unknown issues take a variety of forms: they can be feelings, behaviours, attitudes, capabilities, aptitudes, which can be quite close to the surface, and which can be positive and useful, or they can be deeper aspects of a person's personality, influencing his/her behaviour to various degrees. Large unknown areas would typically be expected in younger people, and people who lack experience or self-belief.

Examples of unknown factors are as follows, and the first example is particularly relevant and common, especially in typical organizations and teams:

- an ability that is under-estimated or un-tried through lack of opportunity, encouragement, confidence or training
- a natural ability or aptitude that a person doesn't realize they possess
- a fear or aversion that a person does not know they have
- an unknown illness
- repressed or subconscious feelings
- conditioned behaviour or attitudes from childhood

The processes by which this information and knowledge can be uncovered are various, and can be prompted through self-discovery or observation by others, or in certain situations through collective or mutual discovery, of the sort of discovery experienced on outward bound courses or other deep or intensive group work. Counselling can also uncover unknown issues, but this would then be known to the person and by one other, rather than by a group.

Whether unknown 'discovered' knowledge moves into the hidden, blind or open area depends on who discovers it and what they do with the knowledge, notably whether it is then given as feedback, or disclosed. As with the processes of soliciting feedback and disclosure, striving to discover information and feelings in the unknown is related to the process of 'self-actualization' described in [Maslow's Hierarchy of Needs](#) development and motivation model.

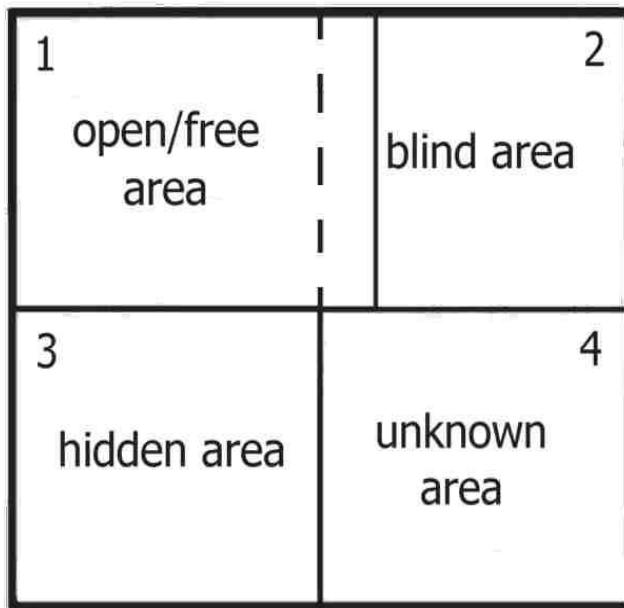
Again as with disclosure and soliciting feedback, the process of self discovery is a sensitive one. The extent and depth to which an individual is able to seek out discover their unknown feelings must always be at the individual's own discretion. Some people are more keen and able than others to do this.

Uncovering 'hidden talents' - that is unknown aptitudes and skills, not to be confused with developing the Johari 'hidden area' - is another aspect of developing the unknown area, and is not so sensitive as unknown feelings. Providing people with the opportunity to try new things, with no great pressure to succeed, is often a useful way to discover unknown abilities, and thereby reduce the unknown area.

Managers and leaders can help by creating an environment that encourages self-discovery, and to promote the processes of self discovery, constructive observation and feedback among team members. It is a widely accepted industrial fact that the majority of staff in any organization are at any time working well within their potential. Creating a culture, climate and expectation for self-discovery helps people to fulfill more of their potential and thereby to achieve more, and to contribute more to organizational performance.

A note of caution about Johari region 4: The unknown area could also include repressed or subconscious feelings rooted in formative events and traumatic past experiences, which can stay unknown for a lifetime. In a work or organizational context the Johari Window should not be used to address issues of a clinical nature. Useful references are Arthur Janov's seminal book *The Primal Scream* ([read about the book here](#)), and [Transactional Analysis](#).

Johari window example - increasing open area through feedback solicitation



This Johari Window model diagram is an example of increasing the open area, by reduction of the blind area, which would normally be achieved through the process of asking for and then receiving feedback.

Feedback develops the open area by reducing the blind area.

The open area can also be developed through the process of disclosure, which reduces the hidden area.

The unknown area can be reduced in different ways: by others' observation (which increases the blind area); by self-discovery (which increases the hidden area), or by mutual enlightenment - typically via group experiences and discussion - which increases the open area as the unknown area reduces.

A team which understands itself - that is, each person having a strong mutual understanding with the team - is far more effective than a team which does not understand each other- that is, whose members have large hidden, blind, and/or unknown areas.

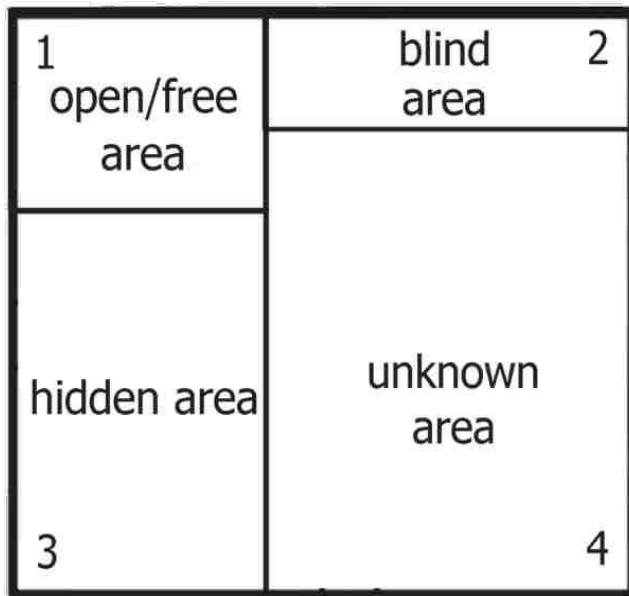
Team members - and leaders - should always be striving to increase their open free areas, and to reduce their blind, hidden and unknown areas.

A person represented by the Johari Window example below will not perform to their best potential, and the team will fail to make full use of the team's potential and the person's potential too. Effort should generally be made by the person to increase

his/her open free area, by disclosing information about his/her feelings, experience, views, motivation, etc, which will reduce the size of the hidden area, and increase the open free area.

Seeking feedback about the blind area will reduce the blind area, and will increase the open free area. Discovery through sensitive communications, active listening and experience, will reduce the unknown area, transferring in part to the blind, hidden areas, depending on who knows what, or better still if known by the person and others, to the open free area.

Johari window model - example for new team member or member within a new team



This Johari Window model diagram is an example of a member of a new team or a person who is new to an existing team.

The open free region is small because others know little about the new person.

Similarly the blind area is small because others know little about the new person.

The hidden or avoided issues and feelings are a relatively large area.

In this particular example the unknown area is the largest, which might be because the person is young, or lacking in self-knowledge or belief.

Johari window example - established team member example



This Johari Window model diagram is an example of an established member of a team.

The open free region is large because others know a lot about the person that the person also knows.

Through the processes of disclosure and receiving feedback the open area has expanded and at the same time reduced the sizes of the hidden, blind and unknown areas.

It's helpful to compare the Johari Window model to other four-quadrant behavioural models, notably Bruce Tuckman's Forming, Storming Norming Performing team development model; also to a lesser but nonetheless interesting extent, The Hersey-Blanchard Situational Leadership team development and management styles model (See both [here](#)). The common principle is that as the team matures and communications improve, so performance improves too, as less energy is spent on internal issues and clarifying understanding, and more effort is devoted to external aims and productive output.

The Johari Window model also relates to [emotional intelligence theory \(EQ\)](#), and one's awareness and development of emotional intelligence.

As already stated, the Johari Window relates also to Transactional Analysis (notably understanding deeper aspects of the 'unknown' area, region 4).

The Johari Window processes of serious feedback solicitation, disclosure, and striving to uncover one's unknown area relate to Maslow's 'self-actualization' ideas contained in the [Hierarchy of Needs](#).

Relevant reading, (if you can find a copy): 'Of Human Interaction' by Joseph Luft, published in 1969.

There are several exercises and activities for Johari Window awareness development among teams featured on the [team building games section](#), for example the [ring tones activity](#).

Exploring more ideas for using Ingham and Luft's Johari window model in training, learning and development

The examples of [exercises](#) using the Johari Window theory on this website which might begin to open possibilities for you. The Johari Window obviously model provides useful background rationale and justification for most things that you might think to do with people relating to developing mutual and self-awareness, all of which links strongly to team effectiveness and harmony.

There are many ways to use the Johari model in learning and development - much as using any other theory such as [Maslow's](#), [Tuckman's](#), [TA](#), [NLP](#), etc. It very much depends on what you want to achieve, rather than approaching the subject from 'what are all the possible uses?' which would be a major investigation.

This being the case, it might help you to ask yourself first what you want to achieve in your training and development activities? And what are your intended outputs and how will you measure that they have been achieved? And then think about how the Johari Window theory and principles can be used to assist this.

Researching academic papers (most typically published on university and learning institutions websites) written about theories such as Johari is a fertile method of exploring possibilities for concepts and models like Johari. This approach tends to improve your in-depth understanding, instead of simply using specific interpretations or applications 'off-the-shelf', which in themselves might provide good ideas for a one-off session, but don't help you much with understanding how to use the thinking at a deeper level.

Also explore the original work of Ingham and Luft, and reviews of same, relating to the development and applications of the model.

Johari is a very elegant and potent model, and as with other powerful ideas, **simply helping people to understand** is the most effective way to optimize the value to people. Explaining the meaning of the Johari Window theory to people, so they can really properly understand it in their own terms, then empowers people to use the thinking in their own way, and to incorporate the underlying principles into their future thinking and behaviour.

© alan chapman adaptation, review and code 1995-2008, based on ingham and luft's original johari window concept.

PROCESS OF PERSONAL CHANGE

John Fisher's transition curve - the stages of personal transition - and introduction to personal construct psychology

Originally presented at the Tenth International Personal Construct Congress, Berlin, 1999, and subsequently developed in his work on constructivist theory in relation to service provision organizations at Leicester University, England, John Fisher's model of personal change - The Transition Curve - is an excellent analysis of how individuals deal with personal change. This model is an extremely useful reference for individuals dealing with personal change and for managers and organizations helping staff to deal with personal change. This item is written by John Fisher and published with his permission. See also John Fisher's Process of Transition diagrams on the free online training [resources](#) section, or go direct to J Fisher's [original Process of Transition diagram](#) or his [updated 2003 diagram](#), (both are pdf's, for which you'll need [Acrobat Reader](#)).

Below also see the [introduction to Personal Construct Psychology](#) (written by John Fisher and Dr David Savage, and reprinted here with permission, which is gratefully acknowledged).

John Fisher's Personal Transition Curve

Anxiety

The awareness that events lie outside one's range of understanding or control. I believe the problem here is that individuals are unable to adequately picture the future. They do not have enough information to allow them to anticipate behaving in a different way within the new organization. They are unsure how to adequately construe acting in the new work and social situations.

Happiness

The awareness that one's viewpoint is recognized and shared by others. The impact of this is two-fold. At the basic level there is a feeling of relief that something is going to change, and not continue as before. Whether the past is perceived positively or negatively, there is still a feeling of anticipation, and possibly excitement, at the prospect of improvement. On another level, there is the satisfaction of knowing that some of your thoughts about the old system were correct (generally no matter how well we like the status quo, there is something that is unsatisfactory about it) and that something is going to be done about it. In this phase we generally expect the best and anticipate a bright future, placing our own construct system onto the change and seeing ourselves succeeding. One of the dangers in this phase is that of the

inappropriate psychological contract. We may perceive more to the change, or believe we will get more from the change than is actually the case. The organization needs to manage this phase and ensure unrealistic expectations are managed and redefined in the organizations terms, without alienating the individual.

Fear

The awareness of an imminent incidental change in one's core behavioural system. People will need to act in a different manner and this will have an impact on both their self-perception and on how others externally see them. However, in the main, they see little change in their normal interactions and believe they will be operating in much the same way, merely choosing a more appropriate, but new, action.

Threat

The awareness of an imminent comprehensive change in one's core behavioural structures. Here clients perceive a major lifestyle change, one that will radically alter their future choices and other people's perception of them. They are unsure as to how they will be able to act/react in what is, potentially, a totally new and alien environment - one where the "old rules" no longer apply and there are no "new" ones established as yet.

Guilt

Awareness of dislodgement of self from one's core self perception. Once the individual begins exploring their self-perception, how they acted/reacted in the past and looking at alternative interpretations they begin to re-define their sense of self. This, generally, involves identifying what are their core beliefs and how closely they have been to meeting them. Recognition of the inappropriateness of their previous actions and the implications for them as people can cause guilt as they realize the impact of their behaviour.

Depression

This phase is characterized by a general lack of motivation and confusion. Individuals are uncertain as to what the future holds and how they can fit into the future "world". Their representations are inappropriate and the resultant undermining of their core sense of self leaves them adrift with no sense of identity and no clear vision of how to operate.

Disillusionment

The awareness that your values, beliefs and goals are incompatible with those of the organization. The pitfalls associated with this phase are that the employee becomes unmotivated, unfocused and increasingly dissatisfied and gradually withdraws their labour, either mentally (by just "going through the motions", doing the bare

minimum, actively undermining the change by criticizing/complaining) or physically by resigning.

Hostility

Continued effort to validate social predictions that have already proved to be a failure. The problem here is that individual's continue to operate processes that have repeatedly failed to achieve a successful outcome and are no longer part of the new process or are surplus to the new way of working. The new processes are ignored at best and actively undermined at worst.

Denial

This stage is defined by a lack of acceptance of any change and denies that there will be any impact on the individual. People keep acting as if the change has not happened, using old practices and processes and ignoring evidence or information contrary to their belief systems.

It can be seen from the transition curve that it is important for an individual to understand the impact that the change will have on their own personal construct systems; and for them to be able to work through the implications for their self perception. Any change, no matter how small, has the potential to impact on an individual and may generate conflict between existing values and beliefs and anticipated altered ones.

One danger for the individual, team and organization occurs when an individual persists in operating a set of practices that have been consistently shown to fail (or result in an undesirable consequence) in the past and that do not help extend and elaborate their world-view. Another danger area is that of denial where people maintain operating as they always have denying that there is any change at all. Both of these can have detrimental impact on an organization trying to change the culture and focus of its people.

John M Fisher 2000 updated 2003 (disillusionment stage added).

References: The Person In Society: Challenges To A Constructivist Theory, Geissen, Psychozial-Verlag, and George Kelly's Personal Construct Psychology Theories.

See John Fisher's Process of Transition diagrams on the free online training [resources](#) section, or go direct to J Fisher's [original Process of Transition diagram](#) or his [updated 2003 diagram](#), (both are pdf's, for which you'll need [Acrobat Reader](#)). More diagrams relating to personal change, development and management are available on the [free resources section](#).

See also [Gloria May's Adaptation of John Fisher's Transition Curve for Smoking Habit Discussion](#) (diagram PDF).

In detailing John Fisher's Transition Curve here it is appropriate to acknowledge the quite separate and independent work of Ralph Lewis and Chris Parker, who described a change concept also called 'Transition Curve' in their paper 'Beyond The Peter Principle - Managing Successful Transitions', published in the Journal of European Industrial Training, 1981. The Lewis-Parker 'Transition Curve' model approaches personal change from a different perspective to the Fisher model, and is represented in a seven stage graph, based on original work by Adams, Hayes and Hopkins in their 1976 book Transition, Understanding and Managing Personal Change. The Lewis-Parker 'Transition Curve' seven stages are summarized as follows:

1. Immobilization - Shock. Overwhelmed mismatch: expectations v reality.
2. Denial of Change - Temporary retreat. False competence.
3. Incompetence - Awareness and frustration.
4. Acceptance of Reality - 'Letting go'.
5. Testing - New ways to deal with new reality.
6. Search for Meaning - Internalization and seeking to understand.
7. Integration - Incorporation of meanings within behaviours.

The Lewis-Parker 'Transition Curve' contains interesting parallels at certain stages with the ['Conscious Competence' learning model](#), which is another helpful perspective for understanding change and personal development.

John Fisher's Personal Change Model - Questions And Answers

Here are some helpful questions and answers which John Fisher provided regarding his personal change 'Transition Curve' model which is described above and featured on the diagrams linked from this page:

1) How do we recognize what phases we are in?

Part of the problem is that we do not recognize which element of the curve we may be in. The goal of the 'manager'/change agent is to help make the transition as effective and painless as possible. By providing education, information, support, etc. we can help people transition through the curve and emerge on the other side. One of the dangers is that once we are caught up in the emotion of the change we may miss the signs of threat, anxiety, etc. and 'react'/cope by complaining or attempting to make things as they were (and also increase our stress levels as a result).

2) Does everyone go through all the 9 phases, or will there be people who will say, begin their personal transition from the depression stage instead of the anxiety stage?

I would argue that we transit through all stages (although the old caveat of some of these stages may be extremely quickly traversed and not consciously recognizable applies). In the main the theory proposed a linear transition and each stage builds on

the last so we can see our perception escalating in 'severity'/importance as we go into the trough of depression via a small impact on our sense of self (anxiety) through a greater realization of impact/meaning (fear, threat) and then an understanding that (potentially) our core sense of self has been impacted and our 'self belief system' undermined to an extent (guilt, depression). Now if someone is going through multiple transitions at the same time these could have a cumulative impact and people could go through the initial stages almost simultaneously - it then becomes a case of more 'evidence'/information supporting previous negative self image and compounding the impression.

3) Is it possible that some people might skip some phases, as in, after the anxiety phase, they go on to the fear phase, instead of the happiness phase?

The happiness phase is one of the more interesting phases and may be (almost) passed through without knowing. In this phase it is the "Thank Goodness, something is happening at last!" feeling coupled with the knowledge that we may be able to have an impact, or take control, of our destiny and that if we are lucky/involved/contribute things can only get better. If we can start interventions at this stage we can minimize the impact of the rest of the curve and virtually flatten the curve. By involving, informing, getting 'buy in' at this time we can help people move through the process.

4) Do the phases take place in the particular order that you have published?

I have not undertaken any structured experimental research per se, however anecdotal and 'participant observation' would imply that this is a fairly robust model. It is also partially based on Elisabeth Kübler-Ross's bereavement concept (five stages of grief model) which has widespread acceptance. However...

5) How does the transition take place? For instance, suppose I know that I am in the anxiety phase. So when does it transit into the next one, that is, the happiness phase?

As with question 1, it is more a case of helping people through the process as effectively as possible. Also each person will experience transition through the curve at slightly different speeds (and we may be at different places on different curves - depending on just what is happening to us at the time). As above, much of the speed of transition will depend on the individual's self perception, locus of control, and other past experiences, and how these all combine to create their anticipation of future events. Much of the transition is done subconsciously. It may not be initially noticeable and only becomes clear if we look back and reflect on our situation. If we do adopt an introspective approach and recognize where we are in the process, our reaction will depend on our personal style of interacting with our environment and how 'proactive' we feel we can be at seeking out support, or leaving the organization, as appropriate. Obviously should we feel disempowered this may well cause us to

descend further down the slide into a deeper depression; reinforced by our perceived helplessness and all the implications associated with that.

John Fisher 2006

Personal Construct Psychology - An Introduction

Personal Construct Psychology (PCP), (or Personal Construct Theory - PCT) is a concept pioneered by George Kelly. Personal Construct Psychology theory proposes that **we must understand how the other person sees their world and what meaning they attribute to things in order to effectively communicate and connect with them.** Personal Construct Psychology theory is extremely relevant to developing personal emotional maturity and self-awareness in self and others, and for understanding behaviour in others, and as such the concepts of Personal Construct Psychology augment and support many of the behavioural models and methodologies explained on this website.

Personal Construct Psychology theory provides a very useful and accessible additional perspective to the world and how we relate to it.

This article was written by John Fisher and Dr David Savage. It first appeared in Fisher and Savage (Eds.), 1999, *Beyond Experimentation Into Meaning*, EPCA Publications, Farnborough. Permission to reprint this article here is gratefully acknowledged.

Personal Construct Psychology (PCP) is a psychology that places the individual at its central focal point. It is based on understanding the individual from within their own world view - that is by understanding how they see the world not how we interpret their picture of the world. We all interact with the world from a unique perspective - our own, this interaction is built up of all our past and potential future experiences and dictates how we approach situations.

Psychological theory, generally, purports that we observe other people's behaviours and actions and place our own interpretations on them, attributing meaning based on our own past (childhood) experiences. Personal Construct Psychology is a more liberating theory, allowing the individual to develop and grow throughout their life constantly observing, assimilating, developing actions/reactions, experimenting and testing beliefs. Kelly (1955/1991) used the phrase 'man the scientist' (sic) to explain how we interact with our world.

Due to the constantly changing nature of our nature we are not 'the victim of our biography' and have the choice (although sometimes it may not appear as such) to adopt a new way of interacting.

How we interact with others is the result of our past experiences and an assessment of the current situation which is then mapped onto possible alternative courses of

action, we then chose that course of action which we think will best suit our needs. Kelly (1955/91) proposed that we are all scientists - by this he meant that we are constantly experimenting with our world, generating hypothesis about what will happen, acting, and testing the resulting outcome against our prediction. It can be seen from this that our behaviours are not static. We do not become 'the adult' during childhood, nor are we forever condemned to sail the seven seas like the Flying Dutchman making the same mistakes.

Personal Construct Psychology is a very free and empowering psychology. We are not seen as victims of circumstance, we have the power to change and grow. We are only limited in our vision of ourselves and our future by our own internal 'blinkers' - these limit the possible futures we can see for ourselves and hence restrict our ability to develop. One of the fundamental tenets of PCP is that of 'Constructive Alternativism'. In simple terms this means that there are as many different interpretations of any situation and possible future outcomes as we can think of - how many different uses can you think of for a paper clip?

Our collection of experience's and actions form the basis of our mental map (or logic bubble) of the world. In PCP terms the working tools of our mental map are known as 'Constructs'. A construct is simply a way of differentiating between objects. Each construct can be equated to a line connecting two points. These two points, or poles, each have a (different) label identifying the opposite extremes of the construct. Based on our perceptions of other people's behaviour we can then place them somewhere on the scale between the two poles and hence build our mental map of the world. We also place ourselves along these same dimensions and use them as a guide to choosing not only our behaviours but also our friends etc. As a result of our experimenting we are constantly assessing our constructs for their level of 'fit' in our world. This results in either a validation of the construct or an invalidation of (and hence potential change to) our constructs. Problems occur when we consistently try to use invalidated constructs in our interactions.

For example we might define people by the way they act in company and decide that some people are 'extravert' and others 'introvert', other constructs may be physical, e.g. tall or small, fat or thin. Objects can fall into more than one category so we can have small, thin extroverted people. Within Klienian psychology one example of a construct would be 'Good Breast/Bad Breast'. One point here, the opposite of 'introvert' may not be extravert for some people; it could be loud or aggressive. Hence just because we associate one with another doesn't mean everybody does. This is why we need some understanding of other people's construct system to be able to effectively communicate with them.

To be able to interact with each other we need to have some understanding of how the other person perceives their world. What do they mean when they call someone 'extroverted'?, are they the life and soul of the party? or are they loud and over bearing? How we, and they, treat the extrovert depends on whether it is viewed it as a positive or negative character trait.

Kelly defined his theory in a formal structured way by devising what he called his 'fundamental postulate' - basically a posh term for the statement which underpins the whole of Personal Construct Psychology. A further eleven corollaries (or clarifying statements) were also developed which extended the theory and added more elaboration to how the theory impacts and is used. These eleven have over time been expanded and added to as the range of the theory has been developed (e.g. see Dallos 1991, Procter 1981, Balnaves and Caputi 1993). In fairness it must be said that these additions have not been universally acclaimed and many people only recognize the original eleven.

You may have got the impression that Personal Construct Psychology is very individual focused - which it is - and that it has nothing to offer in terms of group development. The principles of Personal Construct Psychology can be applied to individuals, groups and culture with equal ease. Various books and papers have been published exploring the nomothetic aspects of Personal Construct Psychology (e.g. Balnaves and Caputi 1993, Kalekin-Fishman and Walker 1996).

the fundamental postulate and the eleven corollaries

The Fundamental Postulate states that "A person's processes are psychologically 'channellised' by the ways in which they anticipate events". My interpretation of this is that our expectations dictate our choice of action.

The Construction corollary - "A person anticipates events by construing their replication". Again I interpret this as meaning that we approach the future by looking at similar past experiences and basing our actions on those previous events.

The Experience corollary - "A person's construct system varies as they successively construe the replication of events". I take this to imply that our construct system is in a state of constant change based on our experiences.

The Individuality corollary - "People differ from each other in their construction of events". We all see things differently.

The Choice corollary - "People choose for themselves that alternative in a dichotomized construct through which they anticipate the greater possibility for the elaboration of their system". Therefore, in my opinion, we choose that alternative which gives us the best chance of extending (and confirming) our construct system.

The Sociality corollary - "To the extent that one person construes the construction process of another, they may play a role in a social process involving the other person". If we understand where someone is coming from we can interact with them in a productive meaningful manner.

The Commonality corollary - "To the extent that one person employs a construction of experience which is similar to that employed by another, their processes are psychologically similar to of the other person". i.e. Great minds think alike.

The Organizational corollary - "Each person characteristically evolves, for their convenience in anticipating events, a construction system embracing ordinal relationships between constructs". This I take to mean that we create a hierarchical construct system.

The Dichotomy corollary - "A person's construction system is composed of a finite number of dichotomous constructs". ('Dichotomous' in this sense means divided and potentially opposing and contradictory.)

The Range corollary - "A construct is convenient for the anticipation of a finite range of events only". Some constructs are applicable to certain things and not others e.g., a car may be 'fast, sporty and sexy' but an apple may not be.

The Modulation corollary - "The variation in a person's construction system is limited by the permeability of the constructs within whose range of convenience the variants lie". By this I understand that our construct system is only as flexible as we allow it to be. If our constructs are 'open to suggestion' then so will we.

The Fragmentation corollary - "A person may successively employ a variety of construction systems which are inferentially incompatible with each other". In other words we can hold contradictory constructs at the same time.

Constructs In Use

Constructs form the building blocks of our 'personality' and as such come in various shapes and sizes. From the Organization corollary it follows that some constructs are more important than others. The most important constructs are those which are 'core' to our sense of being. These are very resistant to change and include things like moral code, religious beliefs etc. and cause significant psychological impact if they are threatened in any way. The other constructs are called 'peripheral' constructs and a change to them does not have the same impact. It also follows that some constructs will actually subsume other constructs as we move up the hierarchy.

Categories of constructs come in three types. There are 'pre-emptive' constructs, these are constructs which are applied in an all or nothing way. If this is a ball then it is nothing else but a ball - very black and white type of thinking. The second type is 'constellatory' constructs. These constructs are the stereotyping constructs - if this is a ball then it must be round, made of leather and used in football matches. Constructs in this category bring a lot of ancillary baggage with them (be it right or wrong). The last type of construct category is 'propositional'. This one carries no implications or additional labels and is the most open form of construct. It should be noted that constructs do not have to have 'words' attached to them. We can, and do, have

constructs which were either formed before we could speak or which has a non verbal symbol identifying it. Something like the 'gut feeling' or 'it feels right' would be a non verbal construct. Kelly originally called these 'preverbal' constructs, but in line with others (notably Tom Ravenette 1997) I prefer the term non verbal.

Constructs, themselves, can be either Loose or Tight. A loose construct is one which may or may not lead to the same behaviour every time. Obviously this can make life difficult for others as they will be unable to predict the construer's actions consistently. A tight construct on the other hand always leads to the same behaviour. These people are those with regular habits and firmly held views. Our creativity is helped by moving from loose to tight constructs. We start off with loose constructs, trying things out for size, seeing what works and what doesn't, as we move towards the new we tighten up our construing, narrowing down our experimentation and so we begin making clearer associations and developing more clearly the 'new'. One way of loosening our constructs is via play and imagination. By using play as an experiment we can (safely) try out new things.

The CPC cycle directs our method of choosing. The CPC cycle consists of Circumspection, Pre-emption and Control. This is basically a form of 'Review, Plan, Do'. Initially we review the alternatives open to us (circumspection), narrow down the choice to one and devise a plan of action (pre-empt), finally you exercise control and do something. The cycle continues as every action leads to both a review of the success of that action as well as opening new choices.

One of the criticisms levelled at Personal Construct Psychology (unfairly in my view) is that it does not deal with emotions. This myth has been effectively address by others (e.g. Fransella 1995, McCoy 1977). Kelly uses different terms to deal with emotions. He sees emotions as transitional stages. For example threat is defined as 'the awareness of an imminent comprehensive change in one's core structure', fear is an incidental change in one's core constructs. One example of threat can be seen in the way which people of different belief systems are treated by the dominant religion - the persecution of the Cathars during the middle ages because they threatened the societal structure. One feels guilt when one has done something which is contrary to ones core constructs. Someone who sees themselves as 'an honest upright citizen' would feel guilt if caught in some dishonest act (even unwittingly). Happiness and joy are seen as support to peripheral and core constructs. Think about how happy you feel when you do something right or are complimented on something.

Tools And Techniques

Personal Construct Psychology has a wide variety of tools and techniques at its disposal. Probably the most widely used is the Repertory Grid. This is a method of eliciting constructs by asking participants to compare three elements (objects, things, etc.,) and state how two are similar and different from the third. Answers are recorded in a matrix, which can then be analyzed to produce a construct map. This has been used for research into a wide range of issues from business problems to

psychotherapeutic interventions (some examples of the latter can be found in various chapters within this book). The Rep Grid (as it is known) has a wide following and can be used without any other PCP theory (and has been!). There are many variations of Rep Grids including those looking at resistance to change as well as implications grids and problem solving (for a more comprehensive review of grids I would suggest Beail 1985, Fransella and Bannister 1997, Stewart & Stewart 1981).

The Rep Grid can be compared to a 'hard measure', eliciting, as it does, quantifiable data. There are, however a lot of softer, more 'touchy feely' construct elicitation techniques available. One of the more popular is the 'Self Characterisation'. In this the client has to write a character sketch of themselves in the third person and from a sympathetic viewpoint. This can then be assessed for recurring themes and constructs, these can be discussed with the individual concerned.

Once constructs have been elicited their hierarchy and interlinking can be found by 'laddering' and 'pyramiding'. The former takes one upwards towards the highest core constructs whilst the latter provides a detailed map of a person's lower level construct map in any particular area. By asking questions like "which is more important a or b?" and then asking 'why?' questions one can ladder quite quickly and easily.

Pyramiding, on the other hand, requires questions like "what kind of person does y?", "How does that/they differ from x?", this process allows the client to narrow down their definitions and arrive at the lower level constructs. This exercise does require a reasonable sized piece of paper to record all the answers and provide a sensible construct map.

One powerful tool for understanding why people are not willing to change is the ABC technique (Tschudi 1977). Here A is the desired change with constructs B1 and B2 elicited. B1 being the disadvantages about the present state and B2 the advantages about moving to the new state. However it is possible (if not probable) that the current situation has some advantages which may outweigh the disadvantages. Therefore C1 are constructs which show the negative side of moving whilst C2 are the positive aspects of staying the same. But, by looking at the pay-offs for not changing we can identify the barriers and put measures in place to overcome them (if necessary).

Kelly also proposed a form of dramatherapy for use with clients. In his version, which he called 'Fixed Role Therapy', in conjunction with the client he drew up a new persona (including a new name and history) and encouraged the client to act as if they were this new person. This allowed the client to 'try out' new ways of looking at the world in a safe environment (if it didn't work they just became themselves again). Hypnotherapy has also been used to loosen (and tighten) constructs.

Personal Construct Theory - Conclusion

I hope that this brief introduction to Personal Construct Psychology has shown some of the breadth and depth of PCP. Far from being a static, restrictive psychology that only perceives people as having finished growing at the end of childhood or merely reacting to external stimulation, it is an extremely liberating and eclectic psychology. Ownership of one's future is placed in the hands of the individual concerned.

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John Fisher Biography

John's early career was with the Royal Air Force as a technician, from which he moved into simulation engineering and project management consultancy. During the 1990's John achieved a first class honours degree in Psychology from the Open University and an M.Sc in Occupational Psychology at Leicester University. John's work is underpinned by the psychological framework known as Personal Construct Psychology (PCP), (or Personal Construct Theory - PCT), as pioneered by George Kelly. This proposes that we must understand how the other person sees their world and what meaning they attribute to things in order to effectively communicate and connect with them. John has organised conferences on PCT, presented papers and co-edited two collections of conference papers as well as having various articles and papers published in conference proceedings and journals. John's current areas of interest are change management and culture/acculturation. He later worked with the Xchanging HR Services organization specializing in training design and delivery. John is qualified in MBTI, OPQ and Emotional Intelligence personality tools, NLP and counselling, and is a past winner of the Society of Consumer Affairs Professionals award for innovative training deployment. If you'd like any further information about John's work, particularly with reference to his Personal Transition Concept, and the Personal Construct Theory, you can email John at: john.m.fisher@blueyonder.co.uk

For more materials and theories relating to managing personal and organizational change see also:

© John Fisher Personal Transition Curve concept and content 2000-06; Fisher & Savage Personal Construct Psychology article 1999; edit, contextual material and design etc., Alan Chapman 2003-06.

EMOTIONAL INTELLIGENCE: A TRANSFORMATIVE THEORY AND APPLIED MODEL OF POSITIVE PERSONAL CHANGE

Emotional intelligence is a complex construct that is quantified and applied in many forms, and there is little agreement about what EI is and whether or not it can be learned and developed. In our view, emotional intelligence is a learned ability to think constructively and behave wisely. Emotional intelligence is best developed by learning and developing cognitive and experiential thinking skills that engender wise and effective behaviors. Clinicians and psychotherapists who work with engrained and enduring emotional behaviors that are self-defeating for the client can benefit from an integrated theory of emotional intelligence and a practical and applied model for developing emotional intelligence at a variety of levels and domains.

Most would agree that an important goal of counseling and psychotherapy is to help the client make positive changes in the emotional system. The research and writing of Seymour Epstein (1998) are the most extensive and helpful in clarifying how the cognitive and experiential mind works and the influence of the intuitive experiential system on thinking and behavior. In our research and experience, Epstein's Cognitive Experiential Self Theory is the most adequate theory of personality and the most complete theory of human behavior.

Our research (Nelson & Low, 1977–2007) independently parallels and supports the work of Epstein and conceptualizes and operationally defines emotional intelligence skills as important cognitive, experiential, and behavioral correlates of healthy and emotionally intelligent behavior. Emotional intelligence skills in our theory are, in effect, higher psychological processes expressed as constructive thinking patterns that engender intentional behaviors. Emotional intelligence skills are best learned in a person-centered relationship that we call emotional mentoring. Skilled clinicians working with in-depth change of problematic behaviors can apply their skills as consultants or coaches who can deliver intervention and learning experiences at cognitive, affective, and behavioral levels of personal change. The end process goal of our theory, assessment instruments, and emotional learning systems is to empower the client in a goal-directed process that we call intelligent self-direction (self-valued and self-directed change).

Philosophically, our theory draws on Eastern thought and the teachings of Lao Tzu and the Taoist tradition; the cognitive learning theory of Vygotsky; the person-centered relationship emphasis of the humanistic/existential tradition, especially Rogers (1951), Maslow (1962), Allport (1955), and Buber (1958); the cognitive, experiential, self-theory of Seymour Epstein (1998); the experiential learning model of Kolb (1984); and extensive research in the areas of positive assessment and the role of emotional intelligence skills in achievement and personal well-being. Our

transformative theory, positive assessment instruments, and emotional learning systems are research derived, experientially confirmed, and validated by quantitative psychometric procedures.

We see our work as an applied model of what experienced clinicians intuitively know and experience in the process of effectively helping clients change and improve behavior. We respect the work of all theorists and researchers in the arena of Emotional Intelligence, and we present our theory and applied emotional learning model as one approach to helping people develop healthy and effective behaviors. In this view, we emphasize that our theory and assessment instruments are crude tools for a skilled clinician to use, and it is the effectiveness of the helping relationship established with the client that is the most important influencing variable in facilitating positive behavioral change. Our model is presented as our current way of providing professional services and is continually revised and improved in an ongoing research program. Recent research in affective neuroscience has improved our theory and practice. We continually test the cross-cultural applications and limitations of our work through international research collaborations. Our assessment and emotional learning materials have been translated and validated in nine languages and used worldwide in education, psychology, and for human resource development in business and industry.

Instrumentation

We quantify emotional intelligence by administering the Emotional Skills Assessment Process (ESAP). The ESAP is a positive and brief self-assessment instrument providing scale-specific measurements of assertion, social awareness, empathy, decision making, positive influence, drive strength, commitment ethic, time management (self-management), self-esteem, and stress management. These 10 measures are combined to derive a total score (EI total) to reflect the person's perceived level of current cognitive functioning. The ESAP also provides assessment of the problematic behaviors of aggression, deference, and change orientation. The ESAP has been extensively researched in many settings across diverse cultures. The construct validity of the instrument has been consistently demonstrated cross culturally and is solved in a four-factor solution reflecting dimensions of interpersonal skills, intrapersonal skills, self-management skills, and problematic indicators.

The ESAP was published as a contained assessment in our recent book, *Emotional Intelligence: Achieving Academic and Career Excellence* (2003). The ESAP assessment instrument and professional manual are introduced to professionals in a two-day training seminar stressing the applications and limitations of the model. The ESAP assessment and the Emotional Learning System (ELS) are used by professionals worldwide in education, counseling, psychology, human resource development, and training in business and industry.

ESAP Profile

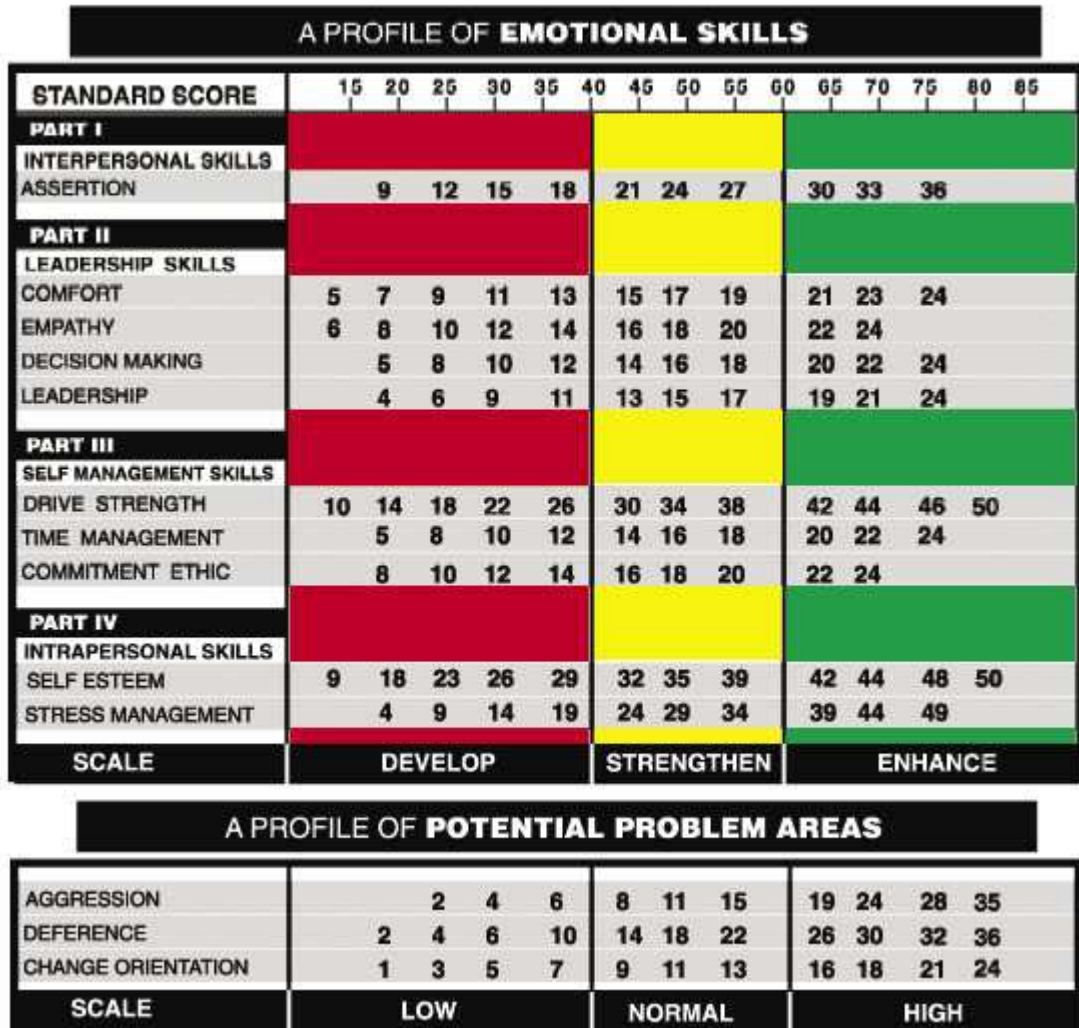
The ESAP profile is interpreted as a map or guide for personal development. The obtained scores are converted to T-scores on the profile with a mean of 50 and a standard deviation of 10. Interpretation is focused on the three areas of the profile, rather than the obtained numerical scores or the standard scores printed on the profile. The important information is the three areas of the profile labeled develop, strengthen, or enhance. The comparison group (n=3000) is a general adult sample.

An obtained score converted to a standard score in the develop area of the profile would indicate a skill that needs to be learned, developed, and practiced. Scores in the strengthen area of the profile indicate a perception that a skill needs to be further developed and applied more often. Enhance area scores reflect perceived strengths and behaviors that need to be maintained and enhanced. The ESAP profile reflects the individual's perception of current ways of thinking, expressing feelings, and choosing behaviors.

The ESAP profile of emotional skills is presented in Figure 1. The first 10 scales are measures of emotional intelligence skills in interpersonal, self-management, and intrapersonal dimensions. The bottom portion of the ESAP profile presents potential problem indicators. High scores in aggression and deference indicate deficit skill development in anger control and anxiety management. High scores on change orientation indicate dissatisfaction with current behavior.

The ESAP profile is a useful map or guide for identifying current strengths, planning personal change, and identifying skill development priorities. We use the ESAP assessment and profile interpretation as a beginning point in helping the individual develop accurate self-awareness by completing the first two steps in the ELS: explore and identify. Step three, understand, focuses on the interpretation and discussion of the ESAP profile. Once areas of strength and change have been identified and understood, a personal change and skill development plan is mutually developed with the client.

Figure 1
ESAP Profile



Research Indicators

The ESAP is a valid and reliable measure of emotional intelligence skills (Nelson & Low, 2007; Nelson, Huang, & Jin, 2003; Cox & Nelson, 2007). Emotional intelligence skills as measured by the ESAP are significantly related to the constructive thinking patterns identified by Epstein (1998). The concurrent, predictive, and construct validity of the ESAP is well established, and reliability coefficients are acceptable. Large sample factor studies are being completed to improve reliability coefficients in specific settings. More than 40 completed doctoral studies and recently completed research and application projects have demonstrated the efficacy of the ESAP in a variety of settings. The ESAP is continually

strengthened in on-going applied research and application studies in education, counseling, psychology, business, and industry.

A recent study (Cox & Nelson, 2007) established the concurrent validity of the ESAP with the Constructive Thinking Inventory (CTI) developed by Seymour Epstein. The findings of the study indicate that the instruments provide significantly related measures of constructive thinking and emotional intelligence skills. Used together, the CTI and ESAP assessments provide valuable information and suggested intervention strategies for improving achievement, career performance, and personal well being (mental and physical health). Empirical validity, especially construct validity, is the essential prerequisite for using EI assessment instruments in professional practice. If emotional learning and training interventions are to be effective and viable, valid and reliable assessment models are an important concern.

The Emotional Learning System (ELS)

The ELS is a visual representation of a process of emotional learning and positive personal change. The ELS is one way to think about the process and structure of change that all clinicians and counselors use as interventionists in helping relationships with clients. The Emotional Learning System is presented in Figure 2. Study and review the ELS as you think about how a person could learn emotional intelligence skills at the cognitive, experiential, behavioral, and in-depth level. The work of Epstein (1998) is especially meaningful in clarifying the difficulty of affecting positive changes in the emotional system. The emotional mind resists the change of long-established patterns and is rarely impacted at the cognitive (teaching) level.

We have developed the ELS around our emotional learning model and have illustrated the type of learning materials and intervention strategies that we use in developing emotional intelligence skills (intentional behaviors). The ELS provides a structure of positive personal change at specific levels.

Our book, *Emotional Intelligence: Achieving Academic and Career Excellence* (2003) provides many examples of how the ELS can be applied to teach and develop emotional intelligence skills at cognitive, experiential, and behavioral levels (steps 1–5). In-depth change of self-defeating and problematic behaviors requires extended emotional mentoring, coaching, counseling, and psychotherapy. The ELS is a practical model for thinking about levels of change and appropriate intervention strategies for each level.

It is important to state that our approach is phenomenological and strongly focused on the internal frame of reference of the client. The ESAP and the ELS are tools to engage the client in meaningful self-directed and self-valued emotional learning and positive behavioral change. We see the ESAP as a needs assessment in the affective domain and the profile results as a personal map for developing and improving specific emotional intelligence skills. In our view, emotional intelligence is not a

“thing in itself,” but rather a lifelong process of learning and applying emotionally intelligent skills.

Figure 2
The Emotional Learning System™

Emotional Learning System	EILS Materials	Learning Process	Learning Outcome	Level of Personal Change
Step 1: EXPLORE	ESAP (CV)	ESAP Assessment	Accurate Self Assessment	Cognitive
Step 2: IDENTIFY	ESAP Profile	Complete/Graph Results	Accurate Self Awareness	Cognitive
Step 3: UNDERSTAND	ESAP Profile	ESAP Interpretation	Increased Self Understanding	Cognitive
Step 4: LEARN DEVELOP	Book: Emotional Intelligence: Achieving Academic and Career Excellence	Construct Personal Development Plan and learn Emotional Intelligence Skills	Self Development / Positive Personal Change	Cognitive /Experiential
Step 5: APPLY	EI Academic Success Planner	Apply and Practice Emotional Intelligence Skills Daily	Self Improvement/ Increase Intentional Behaviors/ Develop Constructive Thinking and Positive Habits	Cognitive /Experiential Behavioral
Step 6: SELF CORRECTION OF PROBLEMATIC BEHAVIORS	Emotional Learning Guide Facilitated Mentoring Coaching / Counseling	Applying Self Corrective Behaviors For Positive Change	Reducing Emotional Reactivity, Improved Constructive Thinking and More Effective Behavior	Behavioral Change of Situational Specific Behaviors (Cue Determined Behavior) 1st Order Change
Step 7: IN-DEPTH BEHAVIORAL CHANGE	Emotional Learning Guide Extended Coaching and Counseling Therapy	In-depth Emotional Learning in a Supportive Relationship Identifying, Understanding, and Changing Long Standing and Self-defeating Behavioral Patterns	Self-valued and Positive Change of Problematic Behavioral Patterns Improved Relationships, Emotional Self-control, and Productivity	In-depth Behavioral Change of Characteristic and Problematic Behavioral Patterns (Anger, Anxiety, Sadness) 2nd Order Change
Step 8: INTELLIGENT SELF-DIRECTION	Emotional Learning Guide Emotional Learning Systems	Self Monitoring Self-Directed Coaching Self-Correction of Problematic Behaviors	Cognitive / Experiential / Behavioral Self Renewal Personal Excellence	Intelligent Self-direction Intentional, Positive Habits Healthy, Effective Relationships

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Discussion

Many professionals from a variety of disciplines are using our work to develop healthy people and organizations. Psychotherapists and clinicians are valuably skilled in helping people grow and change in positive ways. Our current work is our best attempt to understand what we do, evaluate our effectiveness, and continue to learn and develop ourselves as persons and as professional psychologists. We have attempted to develop a positive and educationally-based theory and emotional learning model that has value in teaching, mentoring, counseling, coaching, and psychotherapy. As counseling and consulting psychologists, we know the value of effective therapy and the complexity of in-depth change. Our model is an attempt to demonstrate how we use our clinical skills in a variety of settings outside the traditional therapy hour.

The corporate sector has embraced emotional intelligence and helped make EI training a multi-million dollar enterprise. Like many experienced clinicians, we watch these developments with a cautious eye. In our case, we like to ask questions: What is emotional intelligence? How do you quantify it? How do you teach it to others? What benefits does it provide? Show us your research to validate your assessments and demonstrate the effectiveness of your training. These kinds of questions are best answered by years of research, cautious claims, documented outcomes, and humility in the effort to explain the complexity of human behavior.

It is our hope that professionals will find value in our work and join with us in research and practice to revise and improve our theory and tools. When we began our work so many years ago, we were encouraged and affirmed in our efforts by Carl Rogers. Mark Lewin provided guidance when we introduced our work nationally; and, at present, we are learning from Seymour Epstein, whom we deeply appreciate and whose contributions to our field we value. No theory or procedure is accurate to the end that it is the best approach and the truest path to follow. We hope skilled professionals will view what we have presented as tools for helping clients make positive changes in thinking, expressing feelings, and choosing behaviors. The ESAP and the ELS are made valuable by their ethical use by skilled professionals.

Conclusion

Professionals reviewing our work for applications in clinical and consulting practice need to be cognizant of our operational definition of emotional intelligence. We see emotional intelligence as a process rather than a singular construct or quantifiable entity. In our research, we see the influences of gender, age, ethnicity, and socio-economic status as significant influencing variables in the assessment of emotionally intelligent behaviors. Another important consideration for us is the actual physical maturation of the human brain. Regardless of cultural and language differences, factor studies in different settings suggest that important emotional intelligence skills measured by the ESAP accurately reflect the development of the executive functions of the pre-frontal cortex, specifically intentional speech (assertion); planning,

organizing, and prioritizing (time management); goal setting (drive strength); conforming behavior to felt needs (commitment ethic); and impulse control (stress management). In this regard, our assessment models are consistent with recent findings in affective neuroscience reflecting the role of the emotional brain in thinking and behavior. In our view, emotional intelligence skills are higher psychological processes (tools) that integrate and harmonize the thinking processes of the cognitive and experiential system. Thoughts and feelings are two ways of knowing and making sense of our world of immediate reality and both need to be considered in designing educational and skill development programs to develop effective and wise behavior. Wisdom and wise behavior are both accurate reflections of emotional intelligence.

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THE 10 ORIGINAL FACETS OF EMOTIONAL INTELLIGENCE PROPOSED BY SALOVEY AND MAYER

Introduction

Emotion is a relatively difficult concept to clearly delineate but it is generally accepted that it is an organised mental response that includes physiological, experiential and cognitive aspects (Mayer et al. 2001). Emotions are largely, but not exclusively, related to interpersonal relationships and specific emotions are relatively resistant to cultural and individual differences, although these can affect the way in which emotions are expressed or perceived.

Personal intelligence is defined as the feelings and emotions of oneself and the ability to understand and interpret these feelings in order to guide behaviour (Salovey, Mayer 1994). This can be expanded into emotional intelligence by including the application of this knowledge to other people and also to regulate actions based on it (Salovey, Mayer 1994).

The term emotional intelligence (EI) *per se* was coined in 1990 by Salovey and Mayer (cited in Tett, Fox & Wang 2005). The term EI applies to an ability to process emotional information in an appropriate way (Roberts, Zeidner & Matthews 2001), with a balance being achieved between emotion and reason (Fernandez-Berrocal, Extremera 2005).

EI as a concept has been popularized for its management and employment potential. Much research and publications have been directed towards the benefits of assessing and utilizing EI within the workplace. As well as management issues EI is said to be the missing ingredient in nursing, medicine, engineering and legal practices (Zeidner, Matthews & Roberts 2001).

This review will aim to cover the various facets of EI, along with the methods by which it can be measured and what happens if something goes amiss.

The facets of EI

The initial facets of EI, as originally proposed by Salovey and Mayer in 1990 (cited in (Tett, Fox & Wang 2005)) are outlined in Table 1 below, together with the way in which these facets are understood now:

Original label	Current label	Definition	Sample item
Emotion in the self: verbal	Recognition of emotion in the self	Being in touch with one's feelings and describing those feelings in words	If I am upset, I know the cause of it.
Emotion in the self: nonverbal	Nonverbal emotional expression	Communicating one's feelings to others through bodily (i.e., nonverbal) expression	I like to hug those who are emotionally close to me.
Emotion in others: verbal	Recognition of emotion in others	Attending to others' nonverbal emotional cues, such as facial expressions and tone of voice	I can tell how people are feeling even if they never tell me.
Emotion in others: nonverbal	Empathy	Understanding others' emotions by relating them to one's own experiences	I am sensitive to the feelings of other people.
Regulation of emotion in the self	Regulation of emotion in the self	Controlling one's own emotional states, particularly in emotionally arousing situations	I can keep myself calm even in highly stressful situations.
Regulation of emotion in others	Regulation of emotion in others	Managing others' emotional states, particularly in emotionally arousing situations	Usually, I know what it takes to turn someone else's boredom
Flexible planning	Intuition versus reason	Using emotions in the pursuit of life goals; basing decisions on feelings over logic	I often use my intuition in planning for the future.
Creative thinking	Creative thinking	Using emotions to facilitate divergent thinking	People think my ideas are daring.

Mood redirected attention	Mood redirected attention	Interpreting strong—usually negative—emotions in a positive light	Having strong emotions forces me to understand myself.
Motivating emotions	Motivating emotions	Pursuing one’s goals with drive, perseverance, and optimism	I believe I can do almost anything I set out to do.

However these 10 facets have been simplified into the 4-branch mental ability model, which has 4 main facets:

- Verbal and non verbal appraisal and expression of emotion in the self and others,
- The regulation of emotion in the self and others,
- Understanding and reasoning about emotions, and
- The utilization of emotion to facilitate thought. (Roberts, Zeidner & Matthews 2001)

The fundamental difference between the facets is that the former 3 involve reasoning about emotions, whereas the final one uses emotions to enhance reasoning (Mayer et al. 2001). The 4-branch model is yet to be universally accepted and some researchers change the names of the branches to focus on those aspects that are believed to be more relevant to their arguments. For instance Lopes highlights the 4 interrelated abilities of EI as:

- Perceiving emotions,
- Using emotions to facilitate thinking,
- Understanding emotions, and
- Regulating one’s own emotions and those of others. (Lopes et al. 2005)

These are essentially the same as the 4-branch model but place less emphasis on the methods in which it is possible to perceive emotions.

Whilst some researchers are quite specific about what EI involves, others view it as more elusive – with ‘fuzzy boundaries’ (Kemp et al. 2005). This does present a problem for the overall concept of EI, as a lack of agreement about what should be included and how to assess these aspects, means that reliable and replicable measures are not in place.

An individual’s emotional intelligence affects their moral reasoning (Fernandez-Berrocal, Extremera 2005). It has been highlighted that there are different aspects to emotional intelligence, demonstrated by the strength of some individual’s abilities in some areas coupled with severe deficits in other areas. For example some

individuals may be very self confident in all that they do and say but have not the ability to realize that, if they get caught out in something that they say, there will be emotional consequences (Salovey, Mayer 1994). These individuals are lacking in the table 1's empathetic aspects of EI, or the perception / appraisal of emotion according to the 4-branch model.

EI also involves problem solving – the 4-branch model's utilization of emotion to facilitate thought. In addition the ability to rationalize analyses a problem differs according to the prevailing emotion and feelings. Different emotions alter the ability to concentrate and attend to a problem. For example emotions centred on danger enhance the ability to analyze a problem, for obvious safety reasons. Similarly emotions that utilize memory also enhance the ability to problem solve. By contrast strong feelings of emotion such as happiness and grief impede the ability to analyze problems, as the individual is less able to concentrate in a focussed way (Salovey, Mayer 1994). An individual's EI can therefore be influenced by situation which has implications within a work situation as it would be logical to try to minimize the occurrence of strong emotions during problem solving tasks.

Recognizing and regulating emotions in self and others

One of the critical facets of EI is the ability to recognize emotions in self and others and modify this emotion.

This skill develops early in life, demonstrated by the fact that children as young as 4 are able to identify an emotion that has been presented to them. This develops into being able to recognize the emotion in themselves the majority of the time by age 6 (Salovey, Mayer 1994).

It is particularly important to regulate emotions, as appropriate emotions are crucial in social interactions as well as work relationships. In a study of college students individuals who scored highly on the ability to regulate emotion were those who perceived themselves as being more prosocial and more interpersonally sensitive than those with a lower score (Lopes et al. 2005). Individuals are able to artificially regulate their emotions and mood, including the use of alcohol, nicotine, food or recreational drugs. The skill of being able to regulate one's own feelings also develops by age 4, and ability in young children is often as good as teenagers (Salovey, Mayer 1994). However EI is more than the simple ability to regulate one's own feelings – it also involves the ability to regulate the feelings of others. For instance a filmmaker develops a specific character in order to affect the emotions of those watching the film, and people often attribute charisma to celebrities who strongly engender emotional feelings in individuals who have never met them.

EI and age

Some researchers suggest that there are 2 distinct views of EI – ability and disposition (Tett, Fox & Wang 2005). The ability theory is that EI relates to making judgments about right and wrong and does require training, e.g. life experience. The disposition theory, by contrast, is that EI is a relatively stable inclination, which can be self described (Tett, Fox & Wang 2005). However there appears to be little logical evidence for the disposition theory, rather that this is actually the ability to regulate emotions in self.

As might be expected measures of EI do improve with age, which is wholly consistent with the perception that EI is a form of wisdom or life knowledge, and supports the ability view of EI. Whilst it is not clear whether there is a specific neural correlate to EI it has been suggested that the improvement of EI with age could be due to the maturation of neural circuitry involved in the production of emotional states (Kemp et al. 2005). However, as this circuitry only matures in adolescent years, it is less clear why the measures continue to improve with age far beyond adolescence. There have been few studies directly linked EI to neural circuitry but information has been attained via studies of impairments in EI.

Methods of measuring EI

The differences in the theories of EI are principally attributed to the fact that reliable measures for EI have yet to be put in place. There have been a number of different methods postulated and trialled, but these each assess slightly different aspects, with corresponding different results. There are several different methods of measuring EI – including the following:

- Multifactor Emotional Intelligence scale (MEIS)
- Mayer, Salovey, Caruso Emotional Intelligence Test (MSCEIT)
- Emotional Quotient inventory (EQ-i)
- Self-Report Emotional Intelligence Test (SREIT) (Kemp et al. 2005)

These methods differ quite substantially as the MSCEIT claims to be an actual ability or performance based measure whilst the other measures are what an individual perceives to be the ability. This has obvious differences due to the fact that a self-report of ability often varies wildly from a specifically measured ability and it is not always the case that one is more accurate than the other. Likewise, just because the measures are of slightly different precepts, they can still be complementary to one another.

It has been argued that, as EI scores as measured by ratings such as MEIS and MSCEIT are not objective, rather formed on a basis of group consensus, that EI is therefore not an intelligence at all (Roberts, Zeidner & Matthews 2001). However this is refuted by the research team behind those measures, who claim that, as

specific objective answers *are* possible, then EI must be an intelligence (Mayer et al. 2001).

A new method of measuring EI via self-report is known as the Brain Resource Inventory for Emotional intelligence Factors (BRIEF). BRIEF assesses the perception of emotion in self and others. When measured using BRIEF females perform better than males and the activity in the frontal lobes was strongly correlated with performance. In particular low left frontal lobe theta waves combined with raised frontal beta waves were correlated with higher EI measures. This is in accordance with findings that high theta / low beta measures are found in those with emotional difficulties including attention hyperactivity deficit disorder (Kemp et al. 2005).

Impairments to EI

The inability to make appropriate personal judgments when decision-making is associated with ventromedial cortex lesions and occurs in individuals who are otherwise intelligent. The deficit appears to be solely related to the ability to relate to other people (Bar-On et al. 2003).

There are also individuals who appear to be unable to identify emotions, either in themselves or others. This may manifest in an inability to categories emotional expressions in others, through to a failure to adequately express their own emotions via facial expressions (Salovey, Mayer 1994).

It has been found that EQ-i measures are affected by damage to the amygdala, insula and ventromedial cortex (Kemp et al. 2005). These areas are associated with all aspects of the somatic state – from its development through to the memory of the actions undertaken. It is known that somatic markers are important in guiding human behaviour, particularly in context of inter-personal relationships, so any damage to the ability to form or recollect these markers would logically have an impact upon those aspects of EI which relate to relationships. It is the ability to judge what the somatic markers are relaying in terms of relationships with other people that is an important aspect of the decision making processes of EI.

Individuals with deficits to their somatic marker circuitry (but no general intelligence deficits) were found to make disadvantageous decisions when compared to a control group (Bar-On et al. 2003). This was primarily manifest within a setting assessing gambling, but also with measures relating to more general emotional and social intelligence.

Individuals with damage to somatic marker circuitry often suffer from anosognosia, which is an inability to be self aware of any acquired impairments (Bar-On et al. 2003). As a number of the measures for EI are based around self-reporting, this would obviously bias results against these individuals as they would not be aware

that they had any deficits, even though these might be glaringly obvious to other people.

Some models suggest that a low EI is consistent with alexithymia, but this is not always the case (Taylor 2000).

EI as related to other models of behaviour and intelligence

EI does overlap with several other models of intelligence, perhaps due to the broad scope of facets covered by EI (Roberts, Zeidner & Matthews 2001).

The structure of intellect model suggests that intellect is comprised of many different facets based around operations, content and products (Roberts, Zeidner & Matthews 2001). There is some overlap between the concepts of EI and the structure of intellect model in that both cover behavioural aspects outlined within the content facet. However the EI model does not address the products facets and some of those within operations.

Likewise the somatic marker theory, as outlined above, is highly consistent with many of the findings from EI studies, particularly relating to the biological basis.

Conclusion and challenges

Not all researchers agree on the term emotional intelligence. Claude Steiner coined the term emotional literacy, which he describes as comprising the ability to listen to other people, understand and express emotions (Steiner, Perry 1999 p11). However it can be seen that in fact these are the same concepts as those outlined by the main theorists of EI. Similarly, for all the disputes that there have been since the initial description of the term, there remains close agreement on the essential basics.

Emotional Intelligence is a measure of the understanding that an individual has about their own emotions and how these can be modulated in order to achieve success in interpersonal relationships. EI also involves understanding of the emotions of others, including how these can be influenced.

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TEACHING DECISION MAKING TO STUDENTS WITH LEARNING DISABILITIES BY PROMOTING SELF-DETERMINATION

The ability to make effective choices and decisions is one of the most important competencies students, including those with learning disabilities, need to be successful in life after high school. Promoting student self-determination provides an excellent framework within which to teach students how to make effective choices and decisions. Effective choices are those that the student will see as beneficial, and these models of self-determination can be used to teach students to make choices and decisions that (a) are consistent with what is most important to them and (b) enable them to achieve more positive adult outcomes. A general overview of best practices in promoting and enhancing self-determination can be found in a previous ERIC digest (Wehmeyer, 2002). This digest specifically examines how instructional practices to promote self-determination can be used to help students with learning disabilities make effective choices and decisions.

How is self-determination linked to learning how to make good choices and decisions?

Self-determination is "a combination of skills, knowledge, and beliefs that enable a person to engage in goal-directed, self-regulated, autonomous behavior. An understanding of one's strengths and limitations together with a belief in oneself as capable and effective are essential to self-determination. When acting on the basis of these skills and attitudes, individuals have greater ability to take control of their lives and assume the role of successful adults in our society" (Field, Martin, Miller, Ward, & Wehmeyer, 1998, p.2). Thus, self-determination involves assessing one's own strengths, weaknesses, needs, and preferences. Field and Hoffman (1994) describe five steps to enhanced self-determination. The five steps are:

- Know yourself
- Value yourself
- Plan
- Act
- Experience outcomes and learn.

Making choices and decisions is central to each of the five steps. For example, one sub-component of the step "Plan" is to set goals. To set a goal, a decision must be made. A sub-component of "Know Yourself" is to decide what is important to you. A key goal of instruction to promote self-determination is to enable students to make choices and decisions based on a foundation of knowing about and valuing

themselves (Field & Hoffman, 1994). If we support students in becoming more self-determined, we are, in essence, enabling them to learn how to make choices and decisions that are based on what they most value.

What barriers do students with learning disabilities face in learning how to make effective choices and decisions?

Students with learning disabilities face some unique barriers to becoming self-determined, which are identified below:

- Because learning disabilities are generally hidden disabilities, and because in our culture having a disability is often viewed as stigmatizing, many students with learning disabilities do not acknowledge their disabilities. Not acknowledging their disabilities diminishes their available resources, as most resources for adults in postsecondary education or employment require disclosure of the disability in order to obtain the resource. If students choose to disclose their hidden learning disabilities, they must then deal with the perceptions and misperceptions that others may have about them.

- An understanding of one's strengths and weaknesses and acceptance of self form the foundation for making effective choices and decisions (Field & Hoffman, 1994). The stigma attached to learning disabilities encourages many students to hide their disabilities, inhibiting the development of self-awareness and belief in themselves.

- Learned helplessness and self-deprecating attributions among students with learning disabilities have been widely documented (Bos & Vaughn, 2002). Learned helplessness is the effect of failure, where the belief exists that past failure predicts future failures. An accurate assessment of one's strengths, weaknesses, needs, and preferences along with confidence in one's abilities is fundamental to effective choice and decision-making. Lack of a positive, realistic self-concept is frequently identified in the literature as a difficulty for persons with learning disabilities (Price, 2002). This inaccurate assessment of one's own traits may inhibit a student's ability to make effective choices and decisions.

- Inappropriate or ineffective socialization skills are frequently cited in the literature as issues for individuals with learning disabilities (Price, 2002). Positive relationships (which rely on strong social skills) are fundamental to self-determination and making effective choices (Ryan & Deci, 2000).

Many persons with learning disabilities face difficulty in executive functioning skills, such as organizational and planning abilities, mental flexibility, and task initiation. These executive functioning skills are fundamental to making effective decisions and choices. For example, mental flexibility is critical to being able to examine an array of options, before choosing or deciding on one. Students need to be aware of multiple options from which to choose before they are able to make an informed

choice. Planning and task initiation are critical to acting on a choice or decision once it has been made.

Where does instruction to promote self-determination and more effective choice and decision-making skills fit into the curriculum for students with learning disabilities? The majority of students with learning disabilities are served in general education classrooms. This is good news for many reasons, since instruction to promote self-determination is important for all students, including students with and without disabilities. In addition, the delivery of instruction to enhance self-determination in general education classes provides an entry point to the general curriculum. Many of the skills related to learning to make effective decisions and choices are easily linked to state standards and benchmarks as well as to standards developed by such entities as the American Counseling Association, the Secretary's Commission on Acquiring Necessary Skills (SCANS), and the Character Education Partnership.

Instruction to enable students to learn how to make effective choices and decisions can be infused into school counseling programs, academic classes (e.g., Language Arts, Social Studies, Creative Writing), academic support classes (e.g., resource rooms, study skills), career preparation classes, and extra-curricular activities. Such instruction should not be an "add-on"; it should be infused throughout the school day so that students are able to see the practical application of the instruction.

Some areas of instruction related to effective choice and decision-making may best be provided in settings where issues specifically related to disabilities can be addressed. For example, developing an understanding of one's learning disability, the ramifications of the disability and whether or not to disclose the disability is a critical area of instruction and support for students to help them make effective choices and decisions. In addition, the Individualized Education Program (IEP) process provides an excellent vehicle through which choice and decision-making skills can be taught. These disability-specific areas can be addressed in special education classrooms or through individual tutoring, coaching, or counseling sessions.

What are the school or programmatic factors that support or inhibit self-determination instruction?

If students with learning disabilities are to learn how to make effective decisions and choices, they need opportunities to (a) acquire skills such as identifying options, anticipating potential consequences, and accessing resources and information, (b) practice the skills, and (c) reflect on and learn from their experiences. The optimal way to provide opportunities for students to learn how to make good decisions and choices is to infuse instruction related to self-determination at the school or program level as well as the classroom level. Field and Hoffman (2002) identified nine quality indicators for self-determination instruction:

1. Knowledge, skills, and attitudes promoting enhanced self-determination are addressed in the curriculum, in family support programs, and in staff development.

2. Students, parents, and professionals are equal partners in individualized educational decision-making and planning.
3. Students, family members, and educators are provided with opportunities for making choices.
4. Students, family members, and educators are encouraged to take appropriate risks.
5. Supportive relationships are encouraged.
6. Accommodations and supports to address unique student learning needs are provided.
7. Students, family members, and educators have the opportunity to express themselves and be understood.
8. Consequences for actions are predictable.
9. Self-determined behavior is modeled throughout the school environment.

What resources are available to promote self-determination and teach choice and decision-making?

A number of instructional methods, materials, and strategies have been developed to enable educators to teach students the knowledge, skills, and beliefs that lead to self-determination. They include resources that can be used to teach choice and decision-making through self-determination. Examples of strategies include

- Teaching students to use a mnemonic device to remember steps in choice and decision-making as it relates to the IEP is recommended by VanDeusen, Bos, Schumaker, and Deshler (1994). They use a strategy called IPLAN, which stands for Inventory. Provide your inventory information, Listen and respond, Ask questions, and Name your goals to help students learn to make and present choices in their IEPs.
- Helping individuals with learning disabilities to develop greater self-awareness about their disabilities is important for effective choice and decision-making. Counseling can assist students with learning disabilities to develop greater awareness of their disability, understand their need for supports, recognize the type of supports that are most effective, access those supports, and understand how they have adapted and adjusted to their limitations and strengths.
- Using specific instructional programs to teach component skills of choice and decision-making through self-determination (e.g., awareness of options, knowledge of individual strengths, weaknesses, needs, and preferences, and evaluating outcomes of choices).

Applying coaching strategies to provide individualized support for students with learning disabilities to help them make choices and achieve the results they want (Byron & Parker, 2002).

Information about a variety of materials and strategies to support choice and decision-making through self-determination is available through the University of North Carolina Self-Determination Synthesis Project website (www.uncc.edu/sdsp).

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THE SOCIAL PROBLEMS

7

ERIKSON'S PSYCHOSOCIAL DEVELOPMENT THEORY

Erik Erikson's Psychosocial Crisis Life Cycle Model - The Eight Stages Of Human Development

Erikson's model of psychosocial development is a very significant, highly regarded and meaningful concept.

Life is a series of lessons and challenges which help us to grow. Erikson's wonderful theory helps to tell us why.

The theory is helpful for child development, and adults too.

For the 'lite' version, here's a [quick diagram and summary](#). Extra details follow the initial overview.

For more information than appears on this page, read Erikson's books; he was an award-winning writer and this review does not convey the richness of Erikson's own explanations. It's also interesting to see how his ideas develop over time, perhaps aided by his own journey through the 'psychosocial crisis' stages model that underpinned his work.

Erik Erikson first published his eight stage theory of human development in his 1950 book *Childhood and Society*. The chapter featuring the model was titled 'The Eight Ages of Man'. He expanded and refined his theory in later books and revisions, notably: *Identity and the Life Cycle* (1959); *Insight and Responsibility* (1964); *The Life Cycle Completed: A Review* (1982, revised 1996 by Joan Erikson); and *Vital Involvement in Old Age* (1989). [Erikson's biography](#) lists more books.

Various terms are used to describe Erikson's model, for example Erikson's biopsychosocial or bio-psycho-social theory (bio refers to biological, which in this context means life); Erikson's human development cycle or life cycle, and variations of these. All refer to the same eight stages psychosocial theory, it being Erikson's most distinct work and remarkable model.

The word 'psychosocial' is Erikson's term, effectively from the words psychological (mind) and social (relationships).

Erikson believed that his psychosocial principle is genetically inevitable in shaping human development. It occurs in all people.

He also referred to his theory as 'epigenesis' and the 'epigenetic principle', which signified the concept's relevance to evolution (past and future) and genetics.

Erikson explained his use of the word 'epigenesis' thus: "...epi can mean 'above' in space as well as 'before' in time, and in connection with genesis can well represent the space-time nature of all development..." (from *Vital Involvement in Old Age*, 1989).

In Erikson's theory, Epigenetic therefore does not refer to individual genetic make-up and its influence on individual development. This was not central to Erikson's ideas.

Erikson, like Freud, was largely concerned with how personality and behaviour is influenced after birth - not before birth - and especially during childhood. In the 'nature v nurture' (genes v experience) debate, Erikson was firmly focused on nurture and experience.

Erik Erikson's Eight Stages Of Psychosocial Development

Like other seminal concepts, Erikson's model is simple and elegant, yet very sophisticated. The theory is a basis for broad or complex discussion and analysis of personality and behaviour, and also for understanding and for facilitating personal development - of self and others.

The main elements of the theory covered in this explanation are:

- Erikson theory overview - a diagram and concise explanation of the main features of model.
- The Freudian stages of psychosexual development, which influenced Erikson's approach to the psychosocial model.
- Erikson's 'psychosocial crises' (or crisis stages) - meanings and interpretations.
- 'Basic virtues' (basic strengths) - the potential positive outcomes arising from each of the crisis stages.
- 'Maladaptations' and 'Malignancies' - potential negative outcomes (one or the other) arising from each crisis stage.
- Erikson terminology - variations and refinements to names and headings, etc.
- Erik Erikson biography (briefly)

N.B. This summary occasionally uses the terms 'positive' and 'negative' to identify the first or second factors in each crisis (e.g., Trust = positive; Mistrust = negative) however no crisis factor (disposition or emotional force - whatever you choose to call them - descriptions are quite tricky as even Erikson found) is actually wholly positive or wholly negative. Healthy personality development is based on a sensible balance

between 'positive' and 'negative' dispositions at each crisis stage. Erikson didn't use the words positive and negative in this sense. He tended to use 'syntonic' and 'dystonic' to differentiate between the two sides of each crisis, which is why I occasionally use the more recognisable 'positive' and 'negative' terms, despite them being potentially misleading. You should also qualify your use of these terms if using them in relation to the crisis stages.

ERIKSON'S PSYCHOSOCIAL THEORY - SUMMARY DIAGRAM

Here's a broad introduction to the main features of Erikson's model. Various people have produced different interpretations like this grid below. Erikson produced a few charts of his own too, from different perspectives, but he seems never to have produced a fully definitive matrix. To aid explanation and use of his theory he produced several perspectives in grid format, some of which he advocated be used as worksheets. He viewed his concept as an evolving work in progress. This summary attempts to show the main points of the Erikson psychosocial crisis theory of human development. More detail follows this overview.

Erikson's psychosocial crisis stages (syntonic v dystonic)	Freudian psycho-sexual stages	life stage / relationships / issues	basic virtue and second named strength (potential positive outcomes from each crisis)	maladaptation / malignancy (potential negative outcome - one or the other - from unhelpful experience during each crisis)
1. Trust v Mistrust	Oral	infant / mother / feeding and being comforted, teething, sleeping	Hope and Drive	Sensory Distortion / Withdrawal
2. Autonomy v Shame & Doubt	Anal	toddler / parents / bodily functions, toilet training, muscular control, walking	Willpower and Self-Control	Impulsivity / Compulsion
3. Initiative v Guilt	Phallic	preschool / family / exploration and discovery, adventure and play	Purpose and Direction	Ruthlessness / Inhibition
4. Industry v Inferiority	Latency	schoolchild / school, teachers, friends, neighbourhood / achievement and accomplishment	Competence and Method	Narrow Virtuosity / Inertia
5. Identity v Role Confusion	Puberty and Genitality	adolescent / peers, groups, influences / resolving identity and direction,	Fidelity and Devotion	Fanaticism / Repudiation

		becoming a grown-up		
6. Intimacy v Isolation	(Genitality)	young adult / lovers, friends, work connections / intimate relationships, work and social life	Love and Affiliation	Promiscuity / Exclusivity
7. Generativity v Stagnation	n/a	mid-adult / children, community / 'giving back', helping, contributing	Care and Production	Overextension / Rejection
8. Integrity v Despair	n/a	late adult / society, the world, life / meaning and purpose, life achievements	Wisdom and Renunciation	Presumption / Disdain

The colours are merely to help presentation and do not signify any relationships between factors. This chart attempts to capture and present concisely the major elements of Erikson's theory, drawn from various Erikson books, diagrams and other references, including *Childhood and Society* (1950); *Identity and the Life Cycle* (1959); *The Life Cycle Completed: A Review* (1982, revised 1996 by Joan Erikson); and *Vital Involvement in Old Age* (1989). Erikson later suggested psychosexual stages 7 and 8, but they are not typically part of Freud's scheme which extended only to Puberty/Genitality. See [Freud's psychosexual stages](#) below.

Erik Erikson's Psychosocial Theory Overview

Erikson's psychosocial theory is widely and highly regarded. As with any concept there are critics, but generally Erikson's theory is considered fundamentally significant. Erikson was a psychoanalyst and also a humanitarian. So his theory is useful far beyond psychoanalysis - it's useful for any application involving personal awareness and development - of oneself or others.

There is a strong, but not essential, Freudian element in Erikson's work and model. Fans of Freud will find the influence useful. People who disagree with Freud, and especially his psychosexual theory, can ignore the Freudian aspect and still find Erikson's ideas useful. Erikson's theory stands alone and does not depend on Freud for its robustness and relevance.

Aside from Freudian psychoanalysis, Erikson developed his theory mainly from his extensive practical field research, initially with Native American communities, and then also from his clinical therapy work attached to leading mental health centres and universities. He actively pioneered psychoanalytical development from the late 1940's until the 1990's.

Erikson's concept crucially incorporated **cultural and social aspects** into [Freud's biological and sexually oriented theory](#).

Erikson was able to do this because of his strong interest and compassion for people, especially young people, and also because his research was carried out among human societies far removed from the more inward-looking world of the psychoanalyst's couch, which was essentially Freud's approach.

This helps Erikson's eight stages theory to be a tremendously powerful model: it is very accessible and obviously relevant to modern life, from several different perspectives, for understanding and explaining how personality and behaviour develops in people. As such Erikson's theory is useful for teaching, parenting, self-awareness, managing and coaching, dealing with conflict, and generally for understanding self and others.

Both Erikson and his wife Joan, who collaborated as psychoanalysts and writers, were passionately interested in childhood development, and its effects on adult society. Erikson's work is as relevant today as when he first outlined his original theory, in fact given the modern pressures on society, family and relationships - and the quest for personal development and fulfillment - his ideas are probably more relevant now than ever.

Erikson's psychosocial theory basically asserts that people experience eight 'psychosocial crisis stages' which significantly affect each person's development and personality. Joan Erikson described a 'ninth' stage after Erik's death, but the eight stage model is most commonly referenced and is regarded as the standard. (Joan Erikson's work on the 'ninth stage' appears in her 1996 revisions to *The Life Cycle Completed: A Review*, and will in the future be summarized on this page.)

Erikson's theory refers to 'psychosocial crisis' (or psychosocial crises, being the plural). This term is an extension of Sigmund Freud's use of the word 'crisis', which represents internal emotional conflict. You might also describe this sort of crisis as an internal struggle or challenge which a person must negotiate and deal with in order to grow and develop.

Erikson's 'psychosocial' term is derived from the two source words - namely **psychological** (or the root, 'psycho' relating to the mind, brain, personality, etc) and **social** (external relationships and environment), both at the heart of Erikson's theory. Occasionally you'll see the term extended to biopsychosocial, in which bio refers to life, as in **biological**.

Each stage involves a crisis of two opposing emotional forces. A helpful term used by Erikson for these opposing forces is 'contrary dispositions'. Each crisis stage relates to a corresponding life stage and its inherent challenges. Erikson used the words 'syntonic' for the first-listed 'positive' disposition in each crisis (e.g., Trust) and 'dystonic' for the second-listed 'negative' disposition (e.g., Mistrust). To signify the opposing or conflicting relationship between each pair of forces or dispositions Erikson connected them with the word 'versus', which he abbreviated to 'v'. (Versus is Latin, meaning turned towards or against.) The actual definitions of the syntonic

and dystonic words (see [Erikson's terminology](#) below) are mainly irrelevant unless you have a passion for the detailed history of Erikson's ideas.

Successfully passing through each crisis involves 'achieving' a **healthy ratio or balance** between the two opposing dispositions that represent each crisis. For example a healthy balance at crisis stage stage one (Trust v Mistrust) might be described as experiencing and growing through the crisis 'Trust' (of people, life and one's future development) and also experiencing and growing a suitable capacity for 'Mistrust' where appropriate, so as not to be hopelessly unrealistic or gullible, nor to be mistrustful of everything. Or experiencing and growing through stage two (Autonomy v Shame & Doubt) to be essentially 'Autonomous' (to be one's own person and not a mindless or quivering follower) but to have sufficient capacity for 'Shame and Doubt', so as to be free-thinking and independent, while also being ethical and considerate and responsible, etc.

Erikson called these successful balanced outcomes 'Basic Virtues' or 'Basic Strengths'. He identified one particular word to represent the fundamental strength gained at each stage, which appear commonly in Erikson's diagrams and written theory, and other explanations of his work. Erikson also identified a second supporting 'strength' word at each stage, which along with the basic virtue emphasized the main healthy outcome at each stage, and helped convey simple meaning in summaries and charts. Examples of basic virtues and supporting strengths words are 'Hope and Drive' (from stage one, Trust v Mistrust) and 'Willpower and Self-Control' (from stage two, Autonomy v Shame & Doubt). It's very useful however to gain a more detailed understanding of the meaning behind these words because although Erikson's choice these words is very clever, and the words are very symbolic, using just one or two words alone is not adequate for truly conveying the depth of the theory, and particularly the emotional and behavioural strengths that arise from healthy progression through each crisis. More detail about basic virtues and strengths is in the [Basic Virtues](#) section.

Erikson was sparing in his use of the word 'achieve' in the context of successful outcomes, because it implied gaining something clear-cut and permanent. Psychosocial development is not clear-cut and is not irreversible: any previous crisis can effectively revisit anyone, albeit in a different guise, with successful or unsuccessful results. This perhaps helps explain how 'high achievers' can fall from grace, and how 'hopeless failures' can ultimately achieve great things. No-one should become complacent, and there is hope for us all.

Later in his life Erikson was keen to warn against interpreting his theory into an 'achievement scale', in which the crisis stages represent single safe achievement or target of the extreme 'positive' option, secured once and for ever. Erikson said (in Identity and the Life Cycle):

"...What the child acquires at a given stage is a certain **ratio** between the positive and negative, which if the balance is toward the positive, will help him to meet later crises with a better chance for unimpaired total development..."

He continued (in rather complicated language, hence paraphrasing) that at no stage can a 'goodness' be achieved which is impervious to new conflicts, and that to believe so is dangerous and inept.

The crisis stages are not sharply defined steps. Elements tend to overlap and mingle from one stage to the next and to the preceding stages. It's a broad framework and concept, not a mathematical formula which replicates precisely across all people and situations.

Erikson was keen to point out that the transition between stages is 'overlapping'. Crisis stages connect with each other like inter-laced fingers, not like a series of neatly stacked boxes. People don't suddenly wake up one morning and be in a new life stage. Changes don't happen in regimented clear-cut steps. Changes are graduated, mixed-together and organic. In this respect the 'feel' of the model is similar to other flexible human development frameworks (for example, [Elisabeth Kübler-Ross's 'Grief Cycle'](#), and [Maslow's Hierarchy of Needs](#)).

Where a person passes **unsuccessfully** through a psychosocial crisis stage they develop a tendency towards one or other of the opposing forces (either to the syntonic or the dystonic, in Erikson's language), which then becomes a behavioural tendency, or even a mental problem. In crude terms we might call this 'baggage' or a 'hang-up', although perhaps avoid such terms in serious work. I use them here to illustrate that Erikson's ideas are very much related to real life and the way ordinary people think and wonder about things.

Erikson called an extreme tendency towards the syntonic (first disposition) a 'maladapation', and he identified specific words to represent the maladapation at each stage. He called an extreme tendency towards the dystonic (second disposition) a 'malignancy', and again he identified specific words to represent the malignancy at each stage. More under ['Maladapations' and 'Malignancies'](#).

Erikson emphasised the significance of and 'mutuality' and 'generativity' in his theory. The terms are linked. Mutuality reflects the effect of generations on each other, especially among families, and particularly between parents and children and grandchildren. Everyone potentially affects everyone else's experiences as they pass through the different crisis stages. Generativity, actually a named disposition within one of the crisis stages (Generativity v Stagnation, stage seven), reflects the significant relationship between adults and the best interests of children - one's own children, and in a way everyone else's children - the next generation, and all following generations.

Generations affect each other. A parent obviously affects the child's psychosocial development, but in turn the parent's psychosocial development is affected by their experience of dealing with the child and the pressures produced. Same for grandparents. Again this helps explain why as parents (or teachers or siblings or grandparents) we can often struggle to deal well with a young person when it's as much as we can do to deal with our own emotional challenges.

In some ways the development actually peaks at stage seven, since stage eight is more about taking stock and coming to terms with how one has made use of life, and ideally preparing to leave it feeling at peace. The perspective of giving and making a positive difference for future generations echoes Erikson's humanitarian philosophy, and it's this perhaps more than anything else that enabled him to develop such a powerful concept.

Erikson's Psychosocial Theory In More Detail

Freud's Influence On Erikson's Theory

Erikson's psychosocial theory of the 'eight stages of human development' drew from and extended the ideas of Sigmund Freud and Freud's daughter Anna Freud, and particularly the four (or five, depending on interpretation) Freudian stages of development, known as Freud's psychosexual stages or Freud's sexual theory. These concepts are fundamental to Freudian thinking and are outlined below in basic terms relating to Erikson's psychosocial stages.

Freud's concepts, while influential on Erikson, are not however fundamental to Erikson's theory, which stands up perfectly well in its own right.

It is not necessary therefore to understand or agree with Freud's ideas in order to appreciate and use Erikson's theory. If you naturally relate to Freud's ideas fine, otherwise leave them to one side.

Part of Erikson's appeal is that he built on Freud's ideas in a socially meaningful and accessible way - and in a way that did not wholly rely on adherence to fundamental Freudian thinking. Some of Freud's theories by their nature tend attract a lot of attention and criticism - sex, breasts, genitals, and bodily functions generally do - and if you are distracted or put off by these references then ignore them, because they are not crucial for understanding and using Erikson's model.

FREUD'S PSYCHOSEXUAL STAGES - OVERVIEW

Age guide is a broad approximation, hence the overlaps. The stages happen in this sequence, but not to a fixed timetable.

Freudian psychosexual stages - overview	Erikson's psychosocial crisis stages	age guide
<p>1. Oral Stage - Feeding, crying, teething, biting, thumb-sucking, weaning - the mouth and the breast are the centre of all experience. The infant's actual experiences and attachments to mum (or maternal equivalent) through this stage have a fundamental effect on the unconscious mind and thereby on deeply rooted feelings, which along with the next two stages affect all sorts of behaviours and (sexually powered) drives and aims - Freud's 'libido' - and preferences in later life.</p>	<p>1. Trust v Mistrust</p>	<p>0-1½ yrs, baby, birth to walking</p>
<p>2. Anal Stage - It's a lot to do with pooh - 'holding on' or 'letting go' - the pleasure and control. Is it dirty? Is it okay? Bodily expulsions are the centre of the world, and the pivot around which early character is formed. Am I pleasing my mum and dad? Are they making me feel good or bad about my bottom? Am I okay or naughty? Again the young child's actual experiences through this stage have a deep effect on the unconscious and behaviours and preferences in later life.</p>	<p>2. Autonomy v Shame and Doubt</p>	<p>1-3 yrs, toddler, toilet training</p>
<p>3. Phallic Stage - Phallic is not restricted to boys. This stage is focused on resolving reproductive issues. This is a sort of dry run before the real game starts in adolescence. Where do babies come from? Can I have a baby? Why has dad got a willy and I've not? Why have I got a willy and mum hasn't? Why do they tell me off for touching my bits and pieces down there? (Boys) I'm going to marry mum (and maybe kill dad). (Girls) I'm in love with my dad. Oedipus Complex, Penis envy, Castration Anxiety, etc. "If you touch yourself down there it'll fall off/heal up.."</p>	<p>3. Initiative v Guilt</p>	<p>3-6 yrs, pre-school, nursery</p>

<p>Inevitably once more, experiences in this stage have a profound effect on feelings and behaviour and libido in later life. If you want to know more about all this I recommend you read about Freud, not Erikson, and I repeat that understanding Freud's psychosexual theory is not required for understanding and using Erikson's concepts.</p>		
<p>4. Latency Stage - Sexual dormancy or repression. The focus is on learning, skills, schoolwork. This is actually not a psychosexual stage because basically normally nothing formative happens sexually. Experiences, fears and conditioning from the previous stages have already shaped many of the child's feelings and attitudes and these will re-surface in the next stage.</p>	<p>4. Industry v Inferiority</p>	<p>5-12 yrs, early school</p>
<p>5. Genital stage - Puberty in other words. Glandular, hormonal, and physical changes in the adolescent child's body cause a resurgence of sexual thoughts, feelings and behaviours. Boys start treating their mothers like woman-servants and challenge their fathers (Freud's 'Oedipus'). Girls flirt with their fathers and argue with their mums (Freud's 'Electra'). All become highly agitated if away from a mirror for more than half an hour (Freud's Narcissus or Narcissism). Dating and fondling quickly push schoolwork and sports (and anything else encouraged by parents and figures of authority) into second place. Basically everyone is in turmoil and it's mostly to do with growing up, which entails more sexual undercurrents than parents would ever believe, even though these same parents went through exactly the same struggles themselves just a few years before. It's a wonder anyone ever makes it to adulthood, but of course they do, and mostly it's all perfectly normal.</p>	<p>5. Identity v Role Confusion</p>	<p>11-18 yrs, puberty, teens</p> <p>earlier for girls</p>

<p>This is the final Freudian psychosexual stage. Erikson's model, which from the start offers a different and more socially oriented perspective, continues through to old age, and re-interprets Freudian sexual theory into the adult life stages equating to Erikson's crisis stages. This incorporation of Freudian sexual stages into the adult crisis stages is not especially significant.</p>		
<p>Arguably no direct equivalent Freudian stage, although as from Identity and the Life Cycle (1969) Erikson clearly separated Puberty and Genitality (Freud's Genital stage) , and related each respectively to Identity v Role Confusion, and Intimacy v Isolation.</p>	<p>6. Intimacy v Isolation</p>	<p>18-40, courting, early parenthood</p>
<p>No direct equivalent Freudian stage, although Erikson later interpreted this as being a psychosexual stage of 'Procreativity'.</p>	<p>7. Generativity v Stagnation</p>	<p>30-65, middle age, parenting</p>
<p>Again no direct equivalent Freudian stage. Erikson later called this the psychosexual stage of 'Generalization of Sensual Modes'.</p>	<p>8. Integrity v Despair</p>	<p>50+, old age, grandparents</p>

N.B. This is a quick light overview of Freud's sexual theory and where it equates to Erikson's crisis stages. It's not meant to be a serious detailed analysis of Freud's psychosexual ideas. That said, I'm open to suggestions from any Freud experts out there who would like to offer improved (quick, easy, down-to-earth) pointers to the Freudian psychosexual theory.

Erikson's Eight Psychosocial Crisis Stages

Here's a more detailed interpretation of Erikson's psychosocial crisis stages.

Remember age range is just a very rough guide, especially through the later levels when parenthood timing and influences vary. Hence the overlap between the age ranges in the interpretation below. Interpretations of age range vary among writers and academics. Erikson intentionally did not stipulate clear fixed age stages, and it's impossible for anyone to do so.

Below is a reminder of the crisis stages, using the crisis terminology of the original 1950 model aside from the shorter terminology that Erikson later preferred for stages one and eight. The 'Life Stage' names were suggested in later writings by Erikson and did not appear so clearly in the 1950 model. Age range and other descriptions are general interpretations and were not shown specifically like this by Erikson. [Erikson's main terminology changes](#) are explained below.

Crisis stages are driven by physical and sexual growth, which then prompts the life issues which create the crises. The crises are therefore not driven by age precisely. Erikson never showed precise ages, and I prefer to state wider age ranges than many other common interpretations. The final three (adult) stages happen at particularly variable ages.

It's worth noting also that these days there's a lot more 'life' and complexity in the final (old age) stage than when the eight stages were originally outlined, which no doubt fuelled Joan Erikson's ideas on a 'ninth stage' after Erik's death.

ERIKSON'S EIGHT PSYCHOSOCIAL STAGES

Psychosocial Crisis Stage	Life Stage	age range, other descriptions
1. Trust v Mistrust	Infancy	0-1½ yrs, baby, birth to walking
2. Autonomy v Shame and Doubt	Early Childhood	1-3 yrs, toddler, toilet training
3. Initiative v Guilt	Play Age	3-6 yrs, pre-school, nursery
4. Industry v Inferiority	School Age	5-12 yrs, early school
5. Identity v Role Confusion	Adolescence	9-18 yrs, puberty, teens*
6. Intimacy v Isolation	Young Adult	18-40, courting, early parenthood
7. Generativity v Stagnation	Adulthood	30-65, middle age, parenting
8. Integrity v Despair	Mature Age	50+, old age, grandparents

* Other interpretations of the Adolescence stage commonly suggest stage 5 begins around 12 years of age. This is reasonable for most boys, but given that Erikson and Freud cite the onset of puberty as the start of this stage, stage 5 can begin for girls as early as age nine.

Erikson's psychosocial theory essentially states that each person experiences eight '**psychosocial crises**' (internal conflicts linked to life's key stages) which help to define his or her growth and personality.

People experience these 'psychosocial crisis' stages in a fixed sequence, but timings vary according to people and circumstances.

This is why the stages and the model are represented primarily by the names of the crises or emotional conflicts themselves (e.g., Trust v Mistrust) rather than strict age or life stage definitions. Age and life stages do feature in the model, but as related rather than pivotal factors, and age ranges are increasingly variable as the stages unfold.

Each of the eight 'psychosocial crises' is characterized by a conflict between two opposing positions or attitudes (or dispositions or emotional forces). Erikson never really settled on a firm recognizable description for the two components of each crisis, although in later works the first disposition is formally referred to as the 'Adaptive Strength'. He also used the terms 'syntonic' and 'dystonic' for respectively the first and second dispositions in each crisis, but not surprisingly these esoteric words never featured strongly in interpretations of [Erikson's terminology](#), and their usual meanings are not very helpful in understanding what Erikson meant in this context.

The difficulty in 'labeling' the first and second dispositions in each crisis is a reflection that neither is actually wholly good or bad, or wholly positive or negative. The first disposition is certainly the preferable tendency, but an ideal outcome is achieved only when it is counter-balanced with a degree of the second disposition.

Successful development through each crisis requires a balance and ratio between the two dispositions, not total adoption of the apparent 'positive' disposition, which if happens can produce almost as much difficulty as a strong or undiluted tendency towards the second 'negative' disposition.

Some of the crisis stages are easier to understand than others. Each stage contains far more meaning than can be conveyed in just two or three words. Crisis stage one is 'Trust versus Mistrust', which is easier to understand than some of the others. Stage four 'Industry versus Inferiority' is a little trickier. You could say instead 'usefulness versus uselessness' in more modern common language. Erikson later refined 'Industry' to 'Industriousness', which probably conveys a fuller meaning. See the more detailed [crisis stages descriptions](#) below for a clearer understanding.

Successful passage through each stage is dependent on **striking the right balance between the conflicting extremes** rather than entirely focusing on (or being guided towards) the 'ideal' or 'preferable' extreme in each crisis. In this respect Erikson's theory goes a long way to explaining why too much of anything is not helpful for developing a well-balanced personality.

A well-balanced positive experience during each stage develops a corresponding '**basic virtue**' (or 'basic strength - a helpful personality development), each of which enables a range of other related emotional and psychological strengths. For example passing successfully through the Industry versus Inferiority crisis (stage four, between 6-12 years of age for most people) produces the 'basic psychosocial virtue' of 'competence' (plus related strengths such as 'method', skills, techniques, ability to work with processes and collaborations, etc). More detail is under ['Basic virtues'](#).

Where passage through a crisis stage is less successful (in other words not well-balanced, or worse still, psychologically damaging) then to a varying extent the personality acquires an unhelpful emotional or psychological tendency, which corresponds to one of the two opposite extremes of the crisis concerned.

Neglect and failure at any stage is is problematical, but so is too much emphasis on the apparent 'good' extreme.

For example unsuccessful experiences during the Industry versus Inferiority crisis would produce a tendency towards being overly focused on learning and work, or the opposite tendency towards uselessness and apathy. Describing these unhelpful outcomes, Erikson later introduced the terms '**maladaptation**' (overly adopting 'positive' extreme) and '**malignancy**' (adopting the 'negative' extreme). More detail is under ['Maladaptations' and 'Malignancies'](#). In the most extreme cases the tendency can amount to serious mental problems.

Here is each crisis stage in more detail.

Erikson's Psychosocial Crisis Stages - Meanings And Interpretations

Erikson used particular words to represent each psychosocial crisis. As ever, single words can be misleading and rarely convey much meaning. Here is more explanation of what lies behind these terms.

Erikson reinforced these crisis explanations with a perspective called 'psychosocial modalities', which in the earlier stages reflect Freudian theory, and which are paraphrased below. They are not crucial to the model, but they do provide a useful additional viewpoint.

<p>'psychosocial crisis' / 'psychosocial modality'</p>	<p>meaning and interpretation</p>
<p>1. Trust v Mistrust</p> <p>'To get'</p> <p>'To give in return'</p> <p>(To receive and to give in return. Trust is reciprocal - maybe karma even..)</p>	<p>The infant will develop a healthy balance between trust and mistrust if fed and cared for and not over-indulged or over-protected. Abuse or neglect or cruelty will destroy trust and foster mistrust. Mistrust increases a person's resistance to risk-exposure and exploration. "Once bitten twice shy" is an apt analogy. On the other hand, if the infant is insulated from all and any feelings of surprise and normality, or unfailingly indulged, this will create a false sense of trust amounting to sensory distortion, in other words a failure to appreciate reality. Infants who grow up to trust are more able to hope and have faith that 'things will generally be okay'. This crisis stage incorporates Freud's psychosexual Oral stage, in which the infant's crucial relationships and experiences are defined by oral matters, notably feeding and relationship with mum. Erikson later shortened 'Basic Trust v Basic Mistrust' to simply Trust v Mistrust, especially in tables and headings.</p>
<p>2. Autonomy v Shame & Doubt</p> <p>'To hold on'</p> <p>'To let go'</p> <p>(To direct behaviour outward or be retentive. Of course very Freudian...)</p>	<p>Autonomy means self-reliance. This is independence of thought, and a basic confidence to think and act for oneself. Shame and Doubt mean what they say, and obviously inhibit self-expression and developing one's own ideas, opinions and sense of self. Toilet and potty training is a significant part of this crisis, as in Freud's psychosexual Anal stage, where parental reactions, encouragement and patience play an important role in shaping the young child's experience and successful progression through this period. The significance of parental reaction is not limited to bottoms and pooh - it concerns all aspects of toddler exploration and discovery while small children struggle to find their feet - almost literally - as little people in their own right. The 'terrible twos' and 'toddler tantrums' are a couple of obvious analogies which represent these internal struggles and parental battles. The parental balancing act is a challenging one, especially since parents themselves are having to deal with their own particular psychosocial crisis, and of course deal with the influence of their own emotional triggers</p>

	<p>which were conditioned when they themselves passed through earlier formative crisis stages. What are the odds that whenever a parent berates a child, "That's dirty.." it will be an echo from their own past experience at this very stage?</p>
<p>3. Initiative v Guilt</p> <p>'To make (= going after)'</p> <p>'To "make like" (= playing)'</p> <p>(To make and complete things, and to make things together. To pursue ideas, plans)</p>	<p>Initiative is the capability to devise actions or projects, and a confidence and belief that it is okay to do so, even with a risk of failure or making mistakes. Guilt means what it says, and in this context is the feeling that it is wrong or inappropriate to instigate something of one's own design. Guilt results from being admonished or believing that something is wrong or likely to attract disapproval. Initiative flourishes when adventure and game-playing is encouraged, irrespective of how daft and silly it seems to the grown-up in charge. Suppressing adventure and experimentation, or preventing young children doing things for themselves because of time, mess or a bit of risk will inhibit the development of confidence to initiate, replacing it instead with an unhelpful fear of being wrong or unapproved. The fear of being admonished or accused of being stupid becomes a part of the personality. "If I don't initiate or stick my neck out I'll be safe.." (from feeling guilty and bad). Parents, careers and older siblings have a challenge to get the balance right between giving young children enough space and encouragement so as to foster a sense of purpose and confidence, but to protect against danger, and also to enable a sensible exposure to trail and error, and to the consequences of mistakes, without which an irresponsible or reckless tendency can develop.</p> <p>This crisis stage correlates with Freud's psychosexual Phallic stage, characterized by a perfectly natural interest in genitals, where babies come from, and as Freud asserted, an attachment to the opposite sex parent, and the murky mysteries of the Oedipus Complex, Penis Envy and Castration Anxiety, about which further explanation and understanding is not critical to appreciating Erikson's theory.</p> <p>What's more essential is to recognize that children of this age are not wicked or bad or naughty, they are exploring and</p>

4. Industry v Inferiority

'To make (= going after)'

'To "make like" and complete things, and to make things together'

(To initiate projects or ideas, and to collaborate and cooperate with others to produce something.)

Industry here refers to purposeful or meaningful activity. It's the development of competence and skills, and a confidence to use a 'method', and is a crucial aspect of school years experience. Erikson described this stage as a sort of 'entrance to life'. This correlates with Freud's psychosexual Latency stage, when sexual motives and concerns are largely repressed while the young person concentrates on work and skills development. A child who experiences the satisfaction of achievement - of anything positive - will move towards successful negotiation of this crisis stage. A child who experiences failure at school tasks and work, or worse still who is denied the opportunity to discover and develop their own capabilities and strengths and unique potential, quite naturally is prone to feeling inferior and useless. Engaging with others and using tools or technology are also important aspects of this stage. It is like a rehearsal for being productive and being valued at work in later life. Inferiority is feeling useless; unable to contribute, unable to cooperate or work in a team to create something, with the low self-esteem that accompanies such feelings.

Erikson knew this over fifty years ago. How is it that the people in charge of children's education still fail to realize this? Develop the child from within. Help them to find and excel at what they are naturally good at, and then they will achieve the sense of purpose and industry on which everything else can then be built.

5. Identity v Role Confusion

'To be oneself (or not to be)'

'To share being oneself'

(To be yourself and to share this with others. Affirmation or otherwise of how you see yourself.)

Identity means essentially how a person sees themselves in relation to their world. It's a sense of self or individuality in the context of life and what lies ahead. Role Confusion is the negative perspective - an absence of identity - meaning that the person cannot see clearly or at all who they are and how they can relate positively with their environment. This stage coincides with puberty or adolescence, and the reawakening of the sexual urge whose dormancy typically characterises the previous stage.

Young people struggle to belong and to be accepted and affirmed, and yet also to become individuals. In itself this is a big dilemma, aside from all the other distractions and confusions experienced at this life stage.

	<p>Erikson later replaced the term 'Role Confusion' with 'Identity Diffusion'. In essence they mean the same.</p>
<p>6. Intimacy v Isolation</p> <p>'To lose and find oneself in another'</p> <p>(Reciprocal love for and with another person.)</p>	<p>Intimacy means the process of achieving relationships with family and marital or mating partner(s). Erikson explained this stage also in terms of sexual mutuality - the giving and receiving of physical and emotional connection, support, love, comfort, trust, and all the other elements that we would typically associate with healthy adult relationships conducive to mating and child-rearing. There is a strong reciprocal feature in the intimacy experienced during this stage - giving and receiving - especially between sexual or marital partners.</p> <p>Isolation conversely means being and feeling excluded from the usual life experiences of dating and mating and mutually loving relationships. This logically is characterized by feelings of loneliness, alienation, social withdrawal or non-participation.</p> <p>Erikson also later correlated this stage with the Freudian Genitality sexual stage, which illustrates the difficulty in equating Freudian psychosexual theory precisely to Erikson's model. There is a correlation but it is not an exact fit.</p>
<p>7. Generativity v Stagnation</p> <p>'To make be'</p> <p>'To take care of'</p> <p>(Unconditional, non-reciprocating care of one's children, or other altruistic outlets)</p>	<p>Generativity derives from the word generation, as in parents and children, and specifically the unconditional giving that characterises positive parental love and care for their offspring. Erikson acknowledged that this stage also extends to other productive activities - work and creativity for example - but given his focus on childhood development, and probably the influence of Freudian theory, Erikson's analysis of this stage was strongly oriented towards parenting. Generativity potentially extends beyond one's own children, and also to all future generations, which gives the model ultimately a very modern globally responsible perspective.</p> <p>Positive outcomes from this crisis stage depend on contributing positively and unconditionally. We might also see this as an end of self-interest. Having children is not a</p>

	<p>prerequisite for Generativity, just as being a parent is no guarantee that Generativity will be achieved. Caring for children is the common Generativity scenario, but success at this stage actually depends on giving and caring - putting something back into life, to the best of one's capabilities.</p> <p>Stagnation is an extension of intimacy which turns inward in the form of self-interest and self-absorption. It's the disposition that represents feelings of selfishness, self-indulgence, greed, lack of interest in young people and future generations, and the wider world.</p> <p>Erikson later used the term 'Self-Absorption' instead of 'Stagnation' and then seems to have settled in later work with the original 'Stagnation'.</p> <p>Stagnation and/or Self-Absorption result from not having an outlet or opportunity for contributing to the good or growth of children and others, and potentially to the wider world.</p>
<p>8. Integrity v Despair</p> <p>'To be, through having been</p> <p>To face not being'</p> <p>(To be peaceful and satisfied with one's life and efforts, and to be accepting that life will end.)</p>	<p>This is a review and closing stage. The previous stage is actually a culmination of one's achievement and contribution to descendents, and potentially future generations everywhere.</p> <p>Later Erikson dropped the word 'Ego' (from 'Ego Integrity') and extended the whole term to 'Integrity v Disgust and Despair'. He also continued to use the shorter form 'Integrity v Despair'.</p> <p>Integrity means feeling at peace with oneself and the world. No regrets or recriminations. The linking between the stages is perhaps clearer here than anywhere: people are more likely to look back on their lives positively and happily if they have left the world a better place than they found it - in whatever way, to whatever extent. There lies Integrity and acceptance.</p> <p>Despair and/or 'Disgust' (i.e., rejective denial, or 'sour grapes' feeling towards what life might have been) represent the opposite disposition: feelings of wasted</p>

	<p>opportunities, regrets, wishing to be able to turn back the clock and have a second chance.</p> <p>This stage is a powerful lens through which to view one's life - even before old age is reached. To bring this idea to life look at the <u>'obituaries' exercise</u>.</p> <p>Erikson had a profound interest in humanity and society's well-being in general. This crisis stage highlights the issue very meaningfully.</p> <p>Happily these days for many people it's often possible to put something back, even in the depths of despair. When this happens people are effectively rebuilding wreckage from the previous stage, which is fine.</p>
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Erikson's Basic Psychosocial Virtues Or Strengths (Positive Outcomes)

The chart below identifies the **'basic psychosocial virtues'** - and related strengths - which result from successfully passing through each crisis. Erikson described success as a 'favourable ratio' (between the two extremes) at each crisis stage.

A basic virtue is not the result of simply achieving the positive extreme of each crisis. Basic virtue is attained by a helpful balance, albeit towards the 'positive', between the two extremes. Helpfully balanced experience leads to positive growth.

Chief life stage issues and relationships are also re-stated as a reminder as to when things happen.

'Basic psychological virtue' and 'basic virtue' (same thing), are Erikson's terminology.

Erikson identified one **basic virtue**, plus another virtue (described below a 'secondary virtue') for each stage. At times he referred to 'basic virtues' as 'basic strengths'.

A bit confusing, but the main point is that based on what observed for each stage he identified one clear basic virtue and one secondary virtue. From this he was able to (and we can too - he encouraged people to do so) extrapolate other related strengths.

Bear in mind also that the first disposition in each crisis is also inevitably a related strength that comes from successfully experiencing each stage.

Erikson recognized this by later referring to the first disposition (e.g., Trust, Autonomy, etc) as an 'Adaptive Strength'.

BASIC VIRTUES AND OTHER STRENGTHS

crisis including adaptive strength	basic virtue & secondary virtue (and related strengths)	life stage / relationships / issues
1. Trust v Mistrust	Hope & Drive (faith, inner calm, grounding, basic feeling that everything will be okay - enabling exposure to risk, a trust in life and self and others, inner resolve and strength in the face of uncertainty and risk)	infant / mother / feeding and being comforted, teething, sleeping
2. Autonomy v Shame & Doubt	Willpower & Self-Control (self-determination, self-belief, self-reliance, confidence in self to decide things, having a voice, being one's own person, persistence, self-discipline, independence of thought, responsibility, judgement)	toddler / parents / bodily functions, toilet training, muscular control, walking
3. Initiative v Guilt	Purpose & Direction (sense of purpose, decision-making, working with and leading others, initiating projects and ideas, courage to instigate, ability to define personal direction and aims and goals, able to take initiative and appropriate risks)	preschool / family / exploration and discovery, adventure and play
4. Industry v Inferiority	Competence & Method (making things, producing results, applying skills and processes productively, feeling valued and capable of contributing, ability to apply method and process in pursuit of ideas or objectives, confidence to seek and respond to challenge and learning, active busy productive outlook)	schoolchild / school, teachers, friends, neighbourhood / achievement and accomplishment

<p>5. Identity v Role Confusion</p>	<p>Fidelity & Devotion (self-confidence and self-esteem necessary to freely associate with people and ideas based on merit, loyalty, social and interpersonal integrity, discretion, personal standards and dignity, pride and personal identity, seeing useful personal role(s) and purpose(s) in life)</p>	<p>adolescent / peers, groups, influences / resolving identity and direction, becoming a grown-up</p>
<p>6. Intimacy v Isolation</p>	<p>Love & Affiliation (capacity to give and receive love - emotionally and physically, connectivity with others, socially and interpersonally comfortable, ability to form honest reciprocating relationships and friendships, capacity to bond and commit with others for mutual satisfaction - for work and personal life, reciprocity - give and take - towards good)</p>	<p>young adult / lovers, friends, work connections / intimate relationships, work and social life</p>
<p>7. Generativity v Stagnation</p>	<p>Care & Production (giving unconditionally in support of children and/or for others, community, society and the wider world where possible and applicable, altruism, contributing for the greater good, making a positive difference, building a good legacy, helping others through their own crisis stages)</p>	<p>mid-adult / children, community / 'giving back', helping, contributing</p>
<p>8. Integrity v Despair</p>	<p>Wisdom & Renunciation (calmness, tolerance, appropriate emotional detachment - non-projection, no regrets, peace of mind, non-judgmental, spiritual or universal reconciliation, acceptance of inevitably departing)</p>	<p>late adult / society, the world, life / meaning and purpose, life achievements, acceptance</p>

Erikson and Maslow Correlations?

As an aside, there are significant parallels between the growth outcomes of the Erikson psychosocial model, and the growth aspects [Maslow's Hierarchy of Needs](#). It's not a precise fit obviously because the Erikson and Maslow perspectives are different, but the correlations are clear and fascinating. Erikson separately listed a series of 'Related Elements of Social Order' within his psychosocial model, which although quite obscure in this context, might aid the comparison. You might have your own views on this. For what it's worth here's mine:

life stage / relationships / issues	crisis	virtue outcomes	Erikson's 'related elements of social order'	Maslow Hierarchy of Needs stage - primary correlation
infant / mother / feeding and being comforted, teething, sleeping	1. Trust v Mistrust	Hope & Drive	'cosmic order'	biological & physiological
toddler / parents / bodily functions, toilet training, muscular control, walking	2. Autonomy v Shame & Doubt	Willpower & Self-Control	'law and order'	safety
preschool / family / exploration and discovery, adventure and play	3. Initiative v Guilt	Purpose & Direction	'ideal prototypes'	belongingness & love
schoolchild / school, teachers, friends, neighbourhood / achievement and accomplishment	4. Industry v Inferiority	Competence & Method	'technological elements'	esteem
adolescent / peers, groups, influences / resolving identity and	5. Identity v Role Confusion	Fidelity & Devotion	'ideological perspectives'	esteem

direction, becoming a grown-up				
young adult / lovers, friends, work connections / intimate relationships, work and social life	6. Intimacy v Isolation	Love & Affiliation	'patterns of cooperation and competition'	esteem
mid-adult / children, community / 'giving back', helping, contributing	7. Generativity v Stagnation	Care & Production	'currents of education and training'	self- actualization
late adult / society, the world, life / meaning and purpose, life achievements, acceptance	8. Integrity v Despair	Wisdom & Renunciation	'wisdom'	self- actualization

N.B. I'm not suggesting a direct fit between Erikson's and Maslow's models. Rather, this simply puts the two perspectives alongside each other to show how similar aspects could inter-relate. Judge for yourself.

We might also use the Erikson model to help explain what happens in Maslow's theory when a particular trauma sweeps away a part of someone's life (perhaps due to redundancy, divorce, social exclusion, bankruptcy, homelessness), which causes the person to revisit certain needs and internal conflicts (crises) which were once satisfied earlier but are no longer met. According to both Erikson's and Maslow's theories, anyone can find themselves revisiting and having to resolve needs (or crisis feelings or experiences) from earlier years.

Further thoughts and suggestions about correlations between Maslow and Erikson are welcome.

Erikson's Model - Maladaptations And Malignancies (Negative Outcomes)

Later Erikson developed clearer ideas and terminology - notably 'Maladaptations' and 'Malignancies' - to represent the negative outcomes arising from an unhelpful experience through each of the crisis stages.

In crude modern terms these negative outcomes might be referred to as 'baggage', which although somewhat unscientific, is actually a very apt metaphor, since people tend to carry with them through life the psychological outcomes of previously unhelpful experiences. Psychoanalysis, the particular therapeutic science from which Erikson approached these issues, is a way to help people understand where the baggage came from, and thereby to assist the process of dumping it.

To an extent these negative outcomes can also arise from repeating or revisiting a crisis, or more realistically the essential aspects of a crisis, since we don't actually regress to a younger age, instead we revisit the experiences and feelings associated with earlier life.

This chart is laid out with the crisis in the centre to aid appreciation that 'maladaptations' develop from tending towards the extreme of the first ('positive') disposition in each crisis, and 'malignancies' develop from tending towards the extreme of the second ('negative') disposition in each crisis.

A maladaptation could be seen as 'too much of a good thing'. A malignancy could be seen as not enough.

In later writings malignancies were also referred to as 'antipathies'.

MALADAPTATIONS AND MALIGNANCIES

Maladaptation	Crisis	Malignancy
Sensory Distortion (later Sensory Maladjustment)	Trust v Mistrust	Withdrawal
Impulsivity (later Shameless Willfulness)	Autonomy v Shame/Doubt	Compulsion
Ruthlessness	Initiative v Guilt	Inhibition
Narrow Virtuosity	Industry v Inferiority	Inertia
Fanaticism	Identity v Role Confusion	Repudiation
Promiscuity	Intimacy v Isolation	Exclusivity
Overextension	Generativity v Stagnation	Rejectivity
Presumption	Integrity v Despair	Disdain

Erikson was careful to choose words for the maladaptations and malignancies which convey a lot of meaning and are very symbolic of the emotional outcomes that are relevant to each stage.

In each case the maladaptation or malignancy corresponds to an extreme extension of the relevant crisis disposition (for example, 'Withdrawal' results from an extreme extension of 'Mistrust'). Thinking about this helps to understand what these outcomes entail, and interestingly helps to identify the traits in people - or oneself - when you encounter the behavioural tendency concerned.

Malignancies and maladaptations can manifest in various ways. Here are examples, using more modern and common language, to help understand and interpret the meaning and possible attitudes, tendencies, behaviours, etc., within the various malignancies and maladaptations. In each case the examples can manifest as more extreme mental difficulties, in which case the terms would be more extreme too. These examples are open to additional interpretation and are intended to be a guide, not scientific certainties. Neither do these examples suggest that anyone experiencing any of these behavioural tendencies is suffering from mental problems. Erikson never established any absolute measurement of emotional difficulty or tendency as to be defined as a malignancy or maladaptation.

In truth each of us is subject to emotional feelings and extremes of various sorts, and it is always a matter of opinion as to what actually constitutes a problem. All people possess a degree of maladaptation or malignancy from each crisis experience. Not to do so would not be human, since none of us is perfect. It's always a question of degree. It's also a matter of understanding our weaknesses, maybe understanding where they come from too, and thereby better understanding how we might become stronger, more productive and happier.

MALADAPTATIONS AND MALIGNANCIES - EXAMPLES AND INTERPRETATIONS

examples	maladaptation	crisis	malignancy	examples
unrealistic, spoilt, deluded	Sensory Distortion	Trust v Mistrust	Withdrawal	neurotic, depressive, afraid
reckless, inconsiderate, thoughtless	Impulsivity	Autonomy v Shame/Doubt	Compulsion	anal, constrained, self-limiting
exploitative, uncaring, dispassionate	Ruthlessness	Initiative v Guilt	Inhibition	risk-averse, unadventurous
workaholic, obsessive specialist	Narrow Virtuosity	Industry v Inferiority	Inertia	lazy, apathetic, purposeless

self-important, extremist	Fanaticism	Identity v Role Confusion	Repudiation	socially disconnected, cut-off
sexually needy, vulnerable	Promiscuity	Intimacy v Isolation	Exclusivity	loner, cold, self-contained
do-gooder, busy-body, meddling	Overextension	Generativity v Stagnation	Rejectivity	disinterested, cynical
conceited, pompous, arrogant	Presumption	Integrity v Despair	Disdain	miserable, unfulfilled, blaming

Erikson's Terminology

This section explains how some of the model's terminology altered as Erikson developed his theory, and is not crucial to understanding the model at a simple level.

Erikson was continually refining and re-evaluating his psychosocial theory, and he encouraged his readers and followers to do likewise. This developmental approach enabled the useful extension of the model to its current format. Some of what is summarized here did not initially appear clearly in *Childhood and Society* in 1950, which marked the establishment of the basic theory, not its completion. Several aspects of Erikson's theory were clarified in subsequent books decades later, including work focusing on old age by Joan Erikson, Erik's wife and collaborator, notably in the 1996 revised edition of *The Life Cycle Completed: A Review*.

The Eriksons' refinements also involved alterations - some would say complications - to the terminology, which (although presumably aiming for scientific precision) do not necessarily aid understanding, especially at a basic working level.

For clarity therefore this page sticks mostly with Erikson's original 1950 and other commonly used terminology. Basic Trust v Basic Mistrust (1950) is however shortened here to Trust v Mistrust, and Ego Integrity (1950) is shortened to Integrity, because these seem to be more consistent Erikson preferences. The terms used on this page are perfectly adequate, and perhaps easier too, for grasping what the theory means and making use of it.

Here are the main examples of alternative terminology that Erikson used in later works to describe the crisis stages and other aspects, which will help you recognise and understand their meaning if you see them elsewhere.

- Erikson used the terms 'syntonic' and 'dystonic' to describe the contrary dispositions and effects within each crisis stage - 'syntonic' being the 'positive' first-listed factor (e.g., Trust) and 'dystonic' being the 'negative' second-listed word (e.g., Mistrust). Again realise that a balance between syntonic and dystonic tendencies is required for healthy outcomes. Extreme tendency in

either direction is not helpful. Syntonic extremes equate to maladaptations. Dystonic extremes equate to malignancies. The words syntonic and dystonic outside of Erikson's theory have quite specific scientific medical meanings which are not easy to equate to Erikson's essential ideas. Syntonic conventionally refers to a high degree of emotional response to one's environment; dystonic conventionally refers to abnormal muscular responsiveness. See what I mean?.. neither literal definition particularly aids understanding of Erikson's theory and as such they are not very helpful in using the model.

- Erikson later used 'Adaptive Strength' as a firm description of the first disposition in each crisis, e.g., Trust, Autonomy, Initiative. He used the description loosely early in his work but seems to have settled on it as a firm heading in later work, (notably in *Vital Involvement in Old Age*, 1986).
- 'Basic Virtues' Erikson also called 'Basic Strengths' (the word 'basic' generally identified the single main virtue or strength that potentially arose from each crisis, which would be accompanied by various other related strengths).
- Erikson (or maybe Joan Erikson) later used the term 'Antipathy' as an alternative for 'Malignancy' (being the negative tendency towards the second resulting from unsuccessful experience during a crisis stage).
- 'Sensory Distortion' was later referred to as 'Sensory Maladjustment', being the maladaptive tendency arising at stage one (Trust v Mistrust).
- 'Impulsivity' he later changed to 'Shameless Willfulness', being the maladaptive tendency arising at stage two (Autonomy v Shame & Doubt)
- Erikson generally used the simpler 'Trust v Mistrust' instead of 'Basic Trust v Basic Mistrust' which first appeared in the 1950 model.
- Erikson later refined 'Industry' to 'Industriousness'.
- Erikson later referred to 'Role Confusion' as 'Identity Diffusion' and 'Identity Confusion'.
- He later referred to 'Intimacy' also as 'Intimacy and Distantiation'. (Distantiation means the ability to bring objectivity - emotional detachment - to personal decision-making.)
- 'Ego Integrity' he also simplified at times to simply 'Integrity'.
- 'Stagnation' was later shown alternatively as 'Self-Absorption', and later still reverted to 'Stagnation'.
- At times he extended 'Despair' to 'Despair and Disgust' (Disgust here being a sort of 'sour grapes' reaction or rejective denial).

In Conclusion

Erikson's psychosocial theory very powerful for self-awareness and improvement, and for teaching and helping others.

While Erikson's model emphasises the sequential significance of the eight character-forming crisis stages, the concept also asserts that humans continue to change and develop throughout their lives, and that personality is not exclusively formed during early childhood years. This is a helpful and optimistic idea, and many believe it is

realistic too. It is certainly a view that greatly assists encouraging oneself and others to see the future as an opportunity for positive change and development, instead of looking back with blame and regret.

The better that people come through each crisis, the better they will tend to deal with what lies ahead, but this is not to say that all is lost and never to be recovered if a person has had a negative experience during any particular crisis stage. Lessons can be revisited successfully when they recur, if we recognize and welcome them.

Everyone can change and grow, no matter what has gone before. And as ever, understanding why we are like we are - gaining meaningful self-awareness - is always a useful and important step forward. Erikson's theory, along with many other concepts featured on this website, helps to enable this meaningful understanding and personal growth.

Erikson's psychosocial theory should be taught to everyone - especially to school children, teachers and parents - it's certainly accessible enough, and would greatly assist all people of all ages to understand the connections between life experiences and human behaviour - and particularly how grown-ups can help rather than hinder children's development into rounded emotionally mature people.

Erikson was keen to improve the way children and young people are taught and nurtured, and it would be appropriate for his ideas to be more widely known and used in day-to-day life, beyond the clinical and counselling professions.

Hopefully this page explains Erikson's psychosocial theory in reasonable simple terms. I'm always open to suggestions of improvements, especially for a challenging and potent area like this one.

I recommend for more detail you see the wonderful materials created by Professor George Boeree of the Shippensburg (Pennsylvania) University Psychology Department, and specifically [George Boeree's Erikson theory explanation](#).

Or read any of Erikson's books - they are very accessible and rich in ideas, and they do have a strong resonance with much of what we face in modern life.

Erik Erikson - Biography

Erik Homburger Erikson (1902-94) was born in Frankfurt-am-Main Germany on 15 June 1902 to a young Danish Jewish woman, Karla Abrahamsen. His natural father departed before the birth, and his mother subsequently married Dr Theodor Homberger, Erik's paediatrician. Erik changed his surname later in life, seemingly on becoming an American citizen.

A degree of uncertainty about personal identity and direction apparently characterized Erik's childhood and early adult years - not surprisingly given his circumstances - which reflected and perhaps helped inspire his life work.

After wandering and working around Europe as an artist, Erikson came to psychoanalysis almost by accident. Around 1927 aged 25 he took a teaching job at an experimental school for American children in Vienna run by psychoanalyst Dorothy Burlingham (daughter of New York jeweller Charles Tiffany incidentally - she initially came to Vienna for psychoanalysis). This appointment was pivotal: it introduced Erikson to Montessori education methods, to psychoanalysis, to Anna Freud (lifelong friend and collaborator of Dorothy Burlingham), and also to the Vienna Psychoanalytic Society, Sigmund Freud's centre of psychoanalytical excellence. The work and teachings of Sigmund Freud and daughter Anna were to prove hugely significant in the development of Erikson's own ideas and direction, and all from an inconspicuous teaching appointment.

Erikson's early specialization was child analysis, in which his interest and research grew following his emigration to the USA in 1933, where he also engaged in clinical work and teaching at Harvard, Yale, and later Berkeley California.

Erik Erikson's early work focused chiefly on testing and extending Freudian theory in relation to the effect of social and cultural factors upon human psychology, with a strong emphasis on how society affects childhood and development. This research entailed detailed anthropological studies of children in societies, notably conducted in 1938 with the Oglala Lakota (Sioux) and Yurok Native American people. These experiences especially helped Erikson to realize that Freudian ideas lacked vital social dimensions, and provided a key for his 'biopsychosocial' perspective.

He subsequently moved to the University of California, continuing his focus on child welfare, and also practiced at the San Francisco Veterans Hospital treating trauma and mental illness. When McCarthy demanded California academics sign the 'loyalty oath' in 1950, Erikson moved to Massachusetts, where he taught and worked for ten years until moving to Harvard. He retired from clinical practice, but not from research and writing, in 1970, back to Massachusetts, and died in 1994.

Erik's Canadian wife Joan M Erikson, whom he met and married in Vienna, was also keenly interested and expert in the life stages theory and its application to childhood development and psychoanalysis. She collaborated in Erikson's clinical and teaching work and in the development and writing of his ideas too. She died in 1997, three years after her husband. They had two sons and a daughter.

Erikson's first and arguably most important book, *Childhood and Society*, was published in 1950, in which he first explained his eight stage theory of human development, and incidentally also established the concept of the 'identity crisis' in adolescence.

Later books reflected his interest in humanistic and society perspectives and his own passage through later life stages, and included *Young Man Luther* (1958), *Identity and the Life Cycle* (1959), *Insight and Responsibility* (1964), *Identity: Youth and Crisis* (1968), *Gandhi's Truth* (1970) - which won the Pulitzer Prize, and *Dimensions of a New Identity* (1974).

Erickson's book *The Life Cycle Completed: A Review* (1982) was revised in 1996 by Joan Erikson in which she extended the stages of old age within the life cycle model. The book *Vital Involvement in Old Age* (1989), which revisited people and life stages first studied forty years earlier, was jointly written with Joan Erikson and Helen Kivnik.

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[**Emotional Intelligence theories - Daniel Goleman's EQ concepts**](http://www.businessballs.com/eq.htm)

DIAGNOSING COMMUNICATION DISORDERS IN CULTURALLY AND LINGUISTICALLY DIVERSE STUDENTS

The disproportionate referral of bilingual and culturally diverse students to special education and related services is a pressing challenge in public school systems. Not only are unnecessary services a drain on resources, but they are harmful to children, taking them away from the classroom and inevitably stigmatizing them. In addition, an incorrect diagnosis may mean that a child does not receive the services he or she does need.

Accurate assessment of culturally and linguistically diverse students is difficult in any area. Assessing the speech and language skills of these students is even more challenging. The evaluator must make the crucial differential diagnosis between a communication disorder and something else. This "something else" could have a cultural basis, such as a mismatch between demands of school and home, or a linguistic basis, such as evidence of the normal process of second language acquisition or speaking a non-standard dialect of English. This digest describes the current preferred practice in the assessment of communication disorders in culturally and linguistically diverse students.

What qualifies as a communication disorder?

For any student, communication skills are disordered if they deviate sufficiently from the norms and expectations of the student's speech community.

The challenge with culturally and linguistically diverse students is that many of the traditional assessment tools and benchmarks are not based upon their speech communities. Instead, they generally are based upon the "mainstream" or "standard" dialect of American English, known as "Standard American English" (SAE). (This dialect is often identified as the one spoken by newscasters or in educational settings.) While it is critical that students acquire this dialect, evaluators cannot identify students with a communication disorder because they speak a different dialect.

Why not use test scores to identify a communication disorder?

The limitations of speech and language tests in accurately discriminating typical and impaired language speakers of SAE are widely known (McCauley & Swisher, 1984). So, before reporting any test scores, the evaluator analyzes the test's quality and applicability. To do this, the evaluator considers:

- Construct validity. How accurate is the test in distinguishing typically

- developing students from students with communication disorders?
- Content validity. Do the test items make sense?
- Normative sample. Did significant numbers of the subjects used to norm the test have similar linguistic and cultural backgrounds as the student being evaluated?
- Reliability. Are the test results consistent for a student even if the test is given again or given by a different evaluator?

An analysis of the quality and applicability of currently available tests reveals that none meets acceptable standards (McCauley & Swisher, 1984). The use of scores derived from such tests causes inaccurate identification of students with communication disorders, which has "serious" "social consequences" (Plante & Vance, 1994, p. 21).

With English language learners, the use of translated versions of speech and language tests pose even greater problems. For example, many translations provide word-for-word translations which do not account for a lack of equivalent linguistic forms in the second language. Additionally, translated tests do not consider the effects of second language acquisition on a student's performance. As a result, scores from these translated versions should not be used to diagnose a communication disorder.

How does the evaluator determine whether a student has a communication disorder?

Before deciding whether a communication disorder exists, the evaluator first accumulates a good deal of information about the student's communication skills. The evaluator approaches this phase as both an anthropologist and a detective. Critical information includes:

- Comprehensive data concerning the student's significant current and past exposure to particular languages and dialects, and consideration of the student's proficiencies in those languages and dialects.
- Data about the student's speech and language skills in a number of settings and covering different types of language, such as social language and more demanding uses such as for comparison, synthesis, and problem solving. This can be gathered by direct observation and elicitation, by interviewing people who can provide that information, and by reviewing historical information on the student's speech and language skills.
- Parent/long-time caregiver reports (this may be the most valuable information) including:
 - Developmental history and significant medical history;
 - Information on the parent's education and;
 - The parent's judgment as to:
 1. how the student's speech and language development compares to his/her siblings at the same age, or to the

- student's peers in his/her speech community;
 - 2. whether there is a history of speech-language problems in the student's family and/or;
 - 3. whether there is a history of academic problems in the student's family (Dale, 1996; Restrepo, 1998).
- Teacher interviews and portfolio reviews on overall school performance, both currently and historically.
- Tasks designed to probe particular areas of speech and language, whether using standardized or nonstandardized tools, including:
 - Grammatical development compared to the norms of the student's speech community;
 - Ability to comprehend and integrate information the student hears and reads in his/her school and community;
 - Ability to organize and integrate ideas and information so the student can express himself/herself when participating in classroom discussions and in written work;
 - Development of curriculum-based language skills such as phonological awareness, language-based memory skills, vocabulary development, and language-based literacy and math skills.
- Information on the student's ability to learn, generally elicited through dynamic assessment methods, to aid in determining whether the student's incorrect response was due to a lack of prior exposure to the test's task requirement or content, or a true communication disorder.

How does the evaluator analyze the information?

After all the critical information is gathered, the evaluator analyzes a number of factors to determine whether any apparent difficulties are due to a true communication disorder or to something else—such as a communication difference or a lack of prior exposure. To make this differential diagnosis, the evaluator applies available research on the norms of a student's speech community. Often the research is limited. The evaluator applies his/her own knowledge base, and may enlist the help of someone who knows the student's linguistic and cultural background and who can, with proper training, provide valuable information on these critical factors:

- Sociolinguistics. The evaluator considers how social and cultural factors might have influenced the quality and quantity of information gathered. For example, a student might be reticent to talk 1) with an adult she/he does not know, 2) about something the student is not interested in, or 3) in an unfamiliar setting. The evaluator also considers how the particular information-gathering tasks might be culturally unfamiliar to the student. Depending on the student's speech community, examples of unfamiliar tasks might include tasks requiring that the student 1) answer questions that the evaluator already knows the answers for; 2) tell stories if the student did not have experience telling or hearing stories; or 3) label objects when that is not

- commonly done at home (Heath, 1982).
- Prior educational experiences. The evaluator distinguishes between the effect of poor educational experiences and a true communication disorder. Substandard school instruction may impact many aspects including the fund of general knowledge, vocabulary skills, problem solving skills, literacy skills, and, of course, success in meeting curriculum standards.
 - Linguistics. The evaluator adjusts his/her linguistic criteria based upon characteristics of second language learning; amount and quality of exposure to various dialects the student produces; and variations as to when certain developmental benchmarks are met in different languages and dialects. This linguistic knowledge also enables the evaluator to distinguish an accent from an articulation or phonological delay.

In the end, the evaluator analyzes the data to determine

- whether the student has a communication disorder, and
- if so, the level of severity of that disorder.

The written report contains sufficient information, including quoting and describing actual speech and language performance data, to enable a reader to understand how the evaluator forms his/her clinical judgment, based upon an analysis of all the accumulated information.

Terminology

Culturally diverse: Describes an individual or group that is exposed to, and/or immersed in, more than one set of cultural beliefs, values, and attitudes.

Dialect: Describes a variety of a language. Dialects are seen as applicable to all languages and all speakers. All languages are analyzed into a range of dialects, which reflect the regional and social background of their speakers.

Linguistically diverse: Describes an individual or group that is exposed to, and/or immersed in, more than one language or dialect.

Speech community: A group of people who share at least one speech variety in common. Members of bilingual/bidialectal communities often have access to more than one speech variety. The selection of the specific variety depends upon such variables as the participants, the topic, the function, and the location of the speech event.

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MULTIRACIAL STUDENTS: WHAT SCHOOL COUNSELORS NEED TO KNOW

Multiracial individuals represent an expanding population of America's diverse society. Results from Census 2000 showed that of the total 281.4 million people in the United States, 6.8 million or 2.4% of the population indicated their background consisted of more than just one race. Ninety-three percent of the multiracial population reported belonging to two racial groups, 6% reported belonging to three racial groups and the remaining 1% reported belonging to more than four races. Nearly 3 million, or 42% of respondents within the two or more races population were under the age of 18 (U.S. Bureau of Census, 2001), and it is safe to assume that many are students in our public school systems.

This digest provides school counselors with basic information necessary to gain a better understanding of students from multiracial backgrounds. It also will address stereotypes commonly associated with multiracial students, their unique needs, and how school counselors can better respond to this growing population.

Stereotypes And Myths Regarding Multiracial Individuals

Historically, multiracial individuals have been stereotyped as socially inept individuals

who lack culture and are destined to have social and psychological problems associated with racial identity (Stonequist, 1937), thus leading a confused life because they will never fit in or gain acceptance to any racial group (Nakashima, 1992). Too often we hear cliches such as, "I have nothing against interracial marriages, I just feel sorry for the children because they will not be accepted or know who to identify with."

According to Brown (1990), to automatically suggest that multiracial individuals will likely have identity problems as a result of their background typically refers to the view that these individuals do not fit neatly into socially defined racial categories and as a result they have trouble determining their position, role, and status in society. It is important for school counselors to treat multiracial students as individuals first and avoid making false assumptions about them based upon characteristics associated with multiracial group membership.

Another stereotype associated with multiracial individuals is the belief that they are more accepted in the minority community and should therefore identify with the parent of color (Kerwin & Ponterotto, 1995). This perspective is associated with elements of the "one drop rule," which originated from the belief that each race had its own specific blood type and just one drop of "Negro blood" provided enough

evidence to classify that person as black, regardless of their physical appearance (Valentine, 1995). The ultimate goal behind the "one drop rule" was to promote segregation and discourage social interaction between blacks and whites. However, when multiracial individuals do not culturally identify with both parents, Sebring (1985) contends this may cause them to experience feelings of disloyalty and enormous guilt over their rejection of one parent for the other. Therefore it is crucial for multiracial children to assume a multiracial identity.

Finally, some believe that multiracial individuals do not like to discuss their racial heritage. On the contrary, Kerwin and Ponterotto (1995) indicated that when multiracial individuals are approached in a genuine and caring manner, they do not mind such inquiries and may associate this interest with acceptance and support.

How School Counselors Should Respond

School counselors should first develop an awareness of their own personal feelings toward multiracial individuals and multiracial families (Nishimura, 1995; Wardle, 1992). If erroneous or preconceived notions exist about multiracial children or multiracial families, they must be confronted and emotionally resolved if school counselors are to maximize their effectiveness. School counselors should also strive to educate themselves about the emotional needs of multiracial children by reading literature, attending workshops, and talking with multiracial families.

The American Academy of Child and Adolescent Psychiatry (AACAP, 1999) reports that research focusing multiracial individuals has shown that: 1) multiracial children have similar self-esteem levels and experience psychiatric problems at no greater rate when compared to other children; 2) the racial identity of children from the same multiracial family can vary because identity is influenced by factors including family attachments, family support, experiences with diverse racial and ethnic groups, and individual physical features; 3) multiracial children may develop a public identity with the minority race yet also hold a private multiracial identity with family and friends as a way to cope with societal prejudice; 4) multiracial children may encounter obstacles that make it more difficult for them to accept and value the culture of both parents when parents divorce; and 5) multiracial individuals who possess a true multiracial identity are raised in an environment incorporating the values and beliefs of both racial groups and are generally happier than multiracial individuals who identify with the race of only one parent (AACAP, 1999).

Multiracial individuals, because of their unique developmental history, will typically possess more insight and sensitivity to both racial groups than single race children because they have the opportunity to personally experience what the racial identity of each implies.

Racial Identity Development For Multiracial Individuals

School counselors should become knowledgeable about the different developmental aspects of racial identity for multiracial individuals. Models developed by Poston (1990) and Kerwin and Ponterotto (1995) are helpful resources to school counselors as they learn about this population of students. Learning how to promote the racial identity development of multiracial children is also a common issue for parents. Parents tend to:

- (1) deny or minimize the significance of race as an important factor in identity development,
- (2) incorporate the identity of only one parent by immersing the family solely in that parent's particular community, or
- (3) encourage multiracial children to embrace all aspects of their multiracial heritage.

McRoy and Zurcher (1983) identified a number of significant factors that help facilitate the positive development of racial identity of multiracial children:

- * Multiracial children should be encouraged to acknowledge and discuss their racial heritage with their parents, extended family members, and other important individuals in their lives.
- * Parents must be able to perceive their child's racial heritage as being different from their own. They should be willing to make changes that will contribute to the development of a positive racial identity in the child.
- * Multiracial children should be given the opportunity to develop relationships with people from culturally diverse backgrounds. This can be accomplished by attending a culturally diverse school and by living in a culturally diverse neighborhood.
- * The family should form an identity as a multiracial unit.

These factors are significant because even though societal attitudes towards multiracial families and multiracial individuals have improved, stereotypes and prejudice are still likely to be confronted. Harris (2002) found that school counselors validated this perspective. They strongly believed that schools are a microcosm of a society that does not genuinely accept multiracial children, thus the question follows: how genuinely are multiracial children accepted in schools?

The multiracial population in the school setting will continue to increase as our nation's population becomes more diverse. Therefore it is important for school

counselors to have an accurate understanding of multiracial individuals and their families. School counselors should work to create a cultural environment in their school setting that embraces diversity because, as Harris (2002) found:

- * School counselors who were employed in schools that actively promoted cultural diversity and awareness programs held more accurate perceptions of multiracial children.

- * School counselors who were in schools that did not actively promote cultural diversity and awareness programs were more likely to inaccurately: 1) believe that racial identity issues were the major cause of emotional problems for multiracial children, 2) support the perception that multiracial children should identify primarily with the minority parent, and 3) categorize multiracial children with the minority parent.

- * School counselors in school settings that actively promoted cultural diversity and awareness programs believed living in a racially diverse neighborhood was helpful in facilitating positive development of racial identity for multiracial children.

Conclusion

This digest has introduced some of the issues that multiracial students face. The school counselor can help to create a positive environment for these students by promoting cultural diversity and awareness programs that debunk myths associated with multiracial individuals. Further, school counselors should be aware of differences between multiracial students and treat them as individuals first. Finally, school counselors should recognize the unique heritage of multiracial individuals and some of the problems they may encounter as a result of their heritage. Multiracial individuals need to feel genuinely valued, supported, and understood and school counselors can play an influential role in helping to communicate this message.

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DEVELOPMENT AND VALIDATION OF A REVISED MEASURE OF ADLERIAN SOCIAL INTEREST

The Social Interest Index (SII; Greever, Tseng, & Friedland, 1973) is the most frequently used measure of Adler's (1964) most important personality trait, and recent research has suggested that it may be the most valid among social interest measures available to researchers and therapists (Bass, Curlette, Kern, & McWilliams, 2002). Nevertheless, the SII has been criticized for key aspects of its construct validity (i.e., content validity and factorial validity). It was the purpose of this research to offer researchers a dramatically shortened version of the SII by eliminating poor items and yet without a loss in reliability or criterion validity. Several studies resulted in an 11-item short form of the SII that retains the scale's desirable psychometric qualities.

Keywords: social interest, SII, life tasks, Adler.

Adler's (1964) concept of social interest is one of the cornerstones of his personality theory and was his cardinal personality trait. Social interest involves a sense of social feeling toward all humankind, and the essence of social interest is the valuing of something outside the self without ulterior motives: a true absence of self-centeredness. Social interest is based on one's identification with others and a transcendence of self-interest that results in a genuine concern with, and striving for, community and human welfare. Social interest is manifested in the life tasks of friendship, love, and work. Successful coping with these major and pervasive challenges of life (life tasks) is based on the intersection of one's lifestyle and social interest.

Research has established that individuals with relatively high levels of social interest possess personality traits congruent with the construct of social interest, such as friendliness, empathy, cooperation, tolerance, nurturance, and constructive independence (e.g., Bubbenzer, Zarski, & Walter, 1991; Crandall, 1981; Leak, Millard, Perry, & Williams, 1985; Watkins, 1994). Such individuals have lower levels of alienation from self and others (Leak & Williams, 1989) and fewer symptoms of neuroticism, such as anxiety, hostility, and depression (cited in Watkins).

THE MEASUREMENT OF SOCIAL INTEREST

Within the past three decades, at least six self-report measures of social interest have been developed (some unpublished). One of the oldest and most frequently used measures is the Social Interest Index (SII; Greever, Tseng, & Friedland, 1973). This social interest instrument is divided into four subscales of eight items each, and it is designed to measure one's level of social interest in the four life tasks of friendship,

love, work, and self-significance. Prior research (Watkins, 1994) and a recent meta-analysis (Bass, Curlette, Kern, & McWilliams, 2002) have presented evidence supporting the validity of the SII.

Despite the recent analysis indicating that the SII may be the most promising measure of social interest based on effect sizes (Bass et al., 2002), the SII has received several criticisms. The area of greatest potential weakness concerns its muddled and difficult to replicate factor structure (Leak, 1982; Watkins, 1994). Citing several studies, Watkins stated that several factor-analytic studies have identified factorally weak items as well as problems with the factor structure of the scale itself. Not surprisingly, then, the subscales are plagued by low internal consistencies (alphas range from .35 to .64). Crandall (1981) has even questioned the theoretical relevance of the Self-significance subscale, while Zarski, Bubbenzer, and West's (1983) empirical work prompted them to question the usefulness of distinguishing among the life tasks as operationalized in the SII, and they support the view that social interest is best viewed as a global concept.

PURPOSE OF THE PRESENT STUDY

The purpose of the present research was to develop (Study 1 and 2) and then validate (Study 3) a short form of the Social Interest Index. This research focused on the SII because of its record as one of the most frequently used and valid assessment devices for the measurement of social interest (Bass et al., 2002). There are several reasons why a short form would be beneficial for researchers and clinicians. A short form would allow for the elimination of conceptually flawed items (i.e., poor content validity, such as "I enjoy music and literature"), as well as statistically flawed items (i.e., low factor loadings, and/or low item total correlations). Finally, a short form of the SII might encourage researchers in personality assessment, clinical psychology, and the positive psychology movement to incorporate social interest in their research if it could be assessed quickly but without a loss of validity. Clinicians might also appreciate a brief version of the SII given the wide variety of applications of social interest in the clinical literature (e.g., Miranda & Fiorello, 2002; Mozdierz & Semyck, 1981).

This research reports on efforts across several studies to construct a valid and reliable short form of the SII. Studies 1 and 2 report on an internal structure analysis (Jackson & Paunonen, 1980) of the SII that was designed to eliminate those items with poor factor loadings (Study IA) and contribute to low internal consistency (Study IB). Study 2 used an external criterion in the form of correlations with peer ratings to validate the provisional scale developed in Study 1. Finally, Study 3 reported on the trait (i.e., substantive) validity of the short form of the SII developed in the prior studies. Study 3 establishes the validity of the short form of the SII through correlations with measures of positive intrapersonal and interpersonal functioning.

STUDY 1: DEVELOPMENT OF SII SHORT FORM-VERSION 1

The Social Interest Index has questionable content validity, and clearly some items seem alien to the concept of social interest (e.g., "I feel rules are unnecessary" on the Friendship subscale [not reverse scored], and "Finishing a job is a real challenge to me" [does agreement with this indicate persistence or incompetence?]). To eliminate items with poor content saturation (Jackson, 1973), items were eliminated that failed to load on any factor in a factor analysis of the SII (i.e., a "factorial validity" approach). A factor analysis should enhance scale reliability and identify for elimination those items that do not share common variance with the core of the SII (and thus, presumably, with the construct of social interest). Study 1 utilized archival data from two published studies with large and diverse samples as the basis for item elimination. The objectives of this study were to enhance the factorial validity of the SII as well as to abbreviate the scale.

METHOD

We selected for analysis the only two reported factor analyses of the SII that used an adequate sample size. Sample 1 was composed of 428 undergraduate students at a Jesuit university who were recruited from Introductory, Developmental and Personal Growth psychology classes (Leak, 1982). Sample 2 was composed of 318 Master's level students from the behavioral sciences, engineering, business, and education (Zarski, West, & Bubenzer, 1981). Both studies employed principal axis analysis with Varimax rotation, (details of the participants and analytic procedures can be found in the original articles and, for brevity, will not be presented here.) Sample 1 found four factors using the scree test that accounted for 37% of the variance, while Sample 2 set the factor analysis to yield five factors, and they accounted for 43% of the variance.

RESULTS

We decided to select items that loaded substantially ($> .40$) on at least one factor in both studies. This should serve to eliminate items: (a) without variance in common with the putative social interest factors and/or (b) those that lack generalizability across samples. Using this requirement, 16 of 32 items were deleted from the original SII. This procedure created the first short form of the SII (SII-SF-Version 1) that emphasized common variance among items.

STUDY 2: DEVELOPMENT OF THE SHORT FORM-VERSION 2

Study 2 was designed to further reduce the number of items in the SII-SFVersion 1 using item analysis procedures.

METHOD

A heterogeneous sample of 115 students recruited from Introductory Psychology, Personality Psychology (junior and senior psychology majors), and Personal Growth (freshmen through to senior Arts and Sciences students) classes at a Jesuit university completed the SII.

RESULTS

The full (original) SII The internal consistency of the 32-item SII, estimated by coefficient alpha, was .76 in this sample and is consistent with earlier research. The interitem correlations ranged from an amazing $-.27$ to $+.57$ (mean = $.10$). The corrected item-total correlations ranged from $-.05$ to $.46$. These results are congruent with those from the earlier factor analysis that indicated that the SII is composed of very heterogeneous items.

Comparison of the original SII with the SII-SF-VI The SII-SF-VI from Study 1 had an alpha of $.67$ in this sample, lower than the original due to the significant reduction in number of items from 32 to 16. The interitem correlations ranged from $-.21$ to $+.57$ (mean = $.13$). The corrected item-total correlations ranged from $-.07$ to $.50$.

Development of the SII-SF-Version 2 To shorten the SII-SF further, and eliminate the most unreliable items, 2 items were deleted based on low item-total correlations (r^2_{it})

STUDY 3: DEVELOPMENT OF THE FINAL VERSION OF THE SII-SHORT FORM

The SII-SF-Version 2 possessed acceptable internal consistency reliability; however, the issue of validity still needed to be addressed. Study 3 was designed as an important phase in the Short Form's validation process. In this study an external criterion strategy was used to assess the construct validity of the short form of the SII. Specifically, the SII-SF-V2 scale and its items were evaluated for their association with peer ratings of social interest. The rationale for relying on peer ratings is that valid scale items should correlate with a knowledgeable person's ratings of the subject on those same qualities. Some consider peer ratings the best strategy for establishing validity (e.g., Funder, 1995; Kolar, Funder, & Colvin, 1996) and they are a crucial part of the validation process of widely used and highly respected scales (e.g., the NEO; Costa & McCrae, 1985).

METHOD

The participants were 47 students and their selected peers in three diverse psychology classes: (a) Personality, (b) Personal Growth, and (c) a small, heterogeneous summer section of Introductory Psychology. The students completed the 32-item SII and were also asked to have someone who knew them extremely well

complete a modified, peer-rating version of the SII (sample self-report item: "I have many friends" and corresponding peer-rating item: "He/she has many friends"). It was stressed that the peer rating must be done by someone who knew the subject very well and that the subject should not be present when it was completed. A postage-paid envelope was included so the subject would not be expected to see the peer rating after it was completed. The return rate was 75%.

RESULTS

The correlation between the subjects' responses on the original 32-item SII and the sum of the SII peer-rating items was significant ($r = .44$, p

Three items in the SII-SF-V2 had negative but nonsignificant correlations with the sum of the 14-item peer rating form. To enhance validity and reduce scale length, those 3 items were deleted. This process yielded the final version of the Social Interest Index (labeled simply SII-SF) with 11 items. (A copy of the SII-SF is available from the author.)

DISCUSSION

Study 1 and 2 reduced the length of the SII and improved its factorial validity without harming its reliability despite a large reduction in the number of items from 32 to 14. In fact, the average correlation among items - the essence of internal consistency reliability - increased in the short form from .10 to .17.

Study 3 offered support for the validity of the SII-SF as a measure of Adlerian social interest through the use of a peer-rating methodology. Especially remarkable is the size of the correlation between the SII-SF and peer ratings of social interest ($r = .50$). The outcome is remarkable for two reasons. First, this correlation squared (.25) is considered a "strong" effect size, and secondly because self-peer correlations were based on different methods of assessment (self-report vs. peer ratings, and labeled hetero-method in the multitrait-multimethod matrix approach to validity). Thus, the size and significance of the correlation cannot be attributed to shared method variance (which is a common criticism in the validation of self-report scales) and instead is likely to reflect trait variance in the SII-SF. Also, the magnitude of the correlation was not inflated through a correction for attenuation in the peer ratings, that were likely to have suffered from lowered reliability inherent in using one rater per participant (Kolar, Funder, & Colvin, 1996). The SII-SF peer-rating correlation is also important because some have argued persuasively that the key criterion for test validity and the most valid source for personality judgments is information derived from knowledgeable others (Funder, 1995; Kolar et al.).

There is one potential problem inherent in the SII-SF and that is the lack of subscale information. However, research with the SII has utilized only the total scale score in the assessment of social interest, and the subscales have been documented to possess

poor discriminant validity (Leak, 1982). The 11 items in the SII-SF come from three of the four original subscales and thus offer at least a modest range of item content.

In summary, this research did not demonstrate that the SII-SF is in some sense psychometrically better than the original SII. Instead, it demonstrated, using an esteemed method of assessment, that the SII-SF is as valid as the original SII, but with a dramatic reduction in scale length and the elimination of items that had, at best, only a marginal connection with the concept of social interest. A recent meta-analysis strongly suggests that the SII is the most valid measure of social interest (Bass, Curlette, Kern, & McWilliams, 2002), and thus a briefer version of this scale should have appeal for those psychologists who wish to include the variable of social interest in their work, but with a minimal number of items. Further research should be devoted to further establishing the validity of the SII-SF through known-group differences or correlations with criteria of social interest.

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GARY K. LEAK

Creighton University, Omaha, NE, USA

Gary K. Leak, PhD, Department of Psychology, Creighton University, Omaha, NE, USA.

Appreciation is due to reviewers including: Guy Manaster, PhD, University of Texas at Austin, Austin, TX, USA 78712. Email: guy.manaster@mail.utexas.edu

Please address correspondence and reprint requests to: Gary K. Leak, PhD, Department of Psychology, Creighton University, Omaha, NE 68178, USA. Phone: +01-402-280-2821; Fax: +01-402-2804748; Email: GARYLEAK@creighton.edu

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