

## Four Primary Existential Themes *In Heart-Centered Therapies*

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*Abstract:* In order to “achieve” personal transformation or self-actualization, it is necessary to look at the reasons why one is here on earth at this time, to understand what the lessons are that one is supposed to be learning, and the ways in which one sabotages learning them. Resistance is a fundamental stance toward life, prompted by deep prenatal anxiety over the existential predicament; access to it is provided by working through the entrenched defensive patterns elaborated here. One’s resistance provides the benefit of pinpointing what intrapsychic areas would be most fruitfully explored to produce growthful change, as well as the magnitude of the challenge needed to overcome it. Powerlessness is a second stance which sabotages full participation in life. Authentic, personal power is the healthy alternative. Confusion about one’s identity is a third fundamental obstacle to self-actualization. The personal transformation process in mature adulthood must address the individual’s need for identity re-evaluation and re-formulation. Unworthiness is a fourth stance in life which undermines effective fulfillment in life. The single most effective defense in our resistance to life, in denying our personal power, in confusing our true identity, and in promoting our unworthiness is the concealment of inner resources from oneself. The single most effective antidote to these entrenched defensive patterns is openness to experience.

In order to “achieve” personal transformation or self-actualization, it is necessary to look at the reasons why you are here on earth at this time, to understand what the lessons are that you are supposed to be learning, and the ways in which you resist learning them. The higher your awareness of these issues, the sooner in life you can live in fulfillment of your true purpose. The discovery of who you really are is probably the most exciting aspect of being alive. Without this insight, life often seems meaningless, laborious and boring.

Based on considerable experience, we propose four primary existential themes with which people go through life. Most people are engaged in all four categories, of course, but find that one of them seems to be predominant and overriding consistently through their life span. Bugental (1965) referred to this concept as the “dominant emotional theme” that runs through an individual’s experience, and around which the therapist’s interventions need to be organized. He referred to the theme as more immediate, an expression of the individual’s “being-in-the-world” at the moment he is talking. His experience was that interventions offered apart from the individual’s dominant emotional theme would usually be rejected,

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dealt with superficially, or accepted only rationally. “Interventions designed to make the dominant emotional theme both conscious and explicit are in most instances essential to other therapist activity” (p. 112). Following is a discussion of our proposed four primary existential positions, thematic expressions in the moment that are in fact expressions of a lifelong legacy.

These dominant emotional themes, or existential issues, are perhaps most readily observed in one’s relationships. The closer the relationship, the more the individual’s “guard” is down and the more obvious are his/her patterns. The same may be said of going to earlier experiences in one’s life. The earlier in life the experience, the more primal and psychically simple it is. Each of us would do well to look carefully at our earliest memories, at what we react to most intensely, and at our most intimate relationships for clues in identifying our core themes.

All of the examples offered here of existential themes might be considered as *entrenched defensive patterns* in that they are habitual, automated responses employed unconsciously to lessen anxiety, and involve an element of self-deception, a “blind spot.”

If we were to pick one psychological trait to best serve as antidote to all four existential themes it would be “openness to experience.” It is operationalized as non-defensiveness, willingness to share experiences, openness to the unknown and unknowable, to emotions, ideas and spirituality, and to seeming incompatibilities. We will review later how openness is related to each of the four existential themes.

### **Resistance to Life/Receptivity**

The first existential theme is *Resistance to Life* (“I don’t want to be here” or “I don’t want to do this”) or *Receptivity* (“I welcome and am grateful for every experience”). It is necessarily an internal dynamic, although it is usually manifested outwardly, toward the world, characterized by feelings of not wanting to be here, an attitude that gets projected onto almost every situation in one’s life. One may have grown up with the feeling of not wanting to be in one’s birth family, of one’s race or gender, or in one’s marriage. If the existential belief is that you shouldn’t be or don’t want to be here on earth, then you would continue to attract unpleasant people and situations which would reinforce that belief and prompt you to resist.

Resistance is a universal reality among humans. We are all resistant to some things, at some times. For some people it is actually the predominant

theme in their life. Whether it is a major or minor factor for a given individual, understanding resistance can create ease and efficiency where struggle and impediment have prevailed.

The general usage of the word “resistance” conjures several implications. One is “oppositional,” connoting a tendency to conflict with or oppose, e.g., “your idea of a destination for our vacation met with resistance.” A special case of this usage is *defensive* opposition, relevant to opposition to disease in the body, e.g., “fortunately I have a resistance to that strain of influenza.” Another is an organized underground sabotage to thwart the authorities, e.g., “the French resistance in World War II.” Another is a point at which a financial or social trend meets nullifying forces, e.g., “the Dow Jones average met resistance at 10,000.” Each of these usages helps to elucidate the meaning of the term as we propose it here. “Resistance to life” is a well-organized underground effort to oppose and thwart an individual’s stated intentions in life, the point of contact between the person’s highest intended potential and his/her self-limiting or self-destructive nullifying forces.

We might define resistance to life as the use of entrenched defenses under the stress of existential anxiety. This concept is the expansion to a meta-level of the traditional concept of resistance in psychotherapy. Freud defined that approach in his lecture on *Resistance and Repression* (1916-17, p. 292): “Resistance of neurotics to the removal of their symptoms became the basis of our dynamic view of the neuroses.” That is, working through the resistances is the means of access to resolving the underlying problems in psychoanalysis. The concept being offered here is that resistance is a fundamental stance toward life, an entrenched set of defenses, prompted by deep prenatal and early childhood anxiety over the existential predicament, and that access to it is provided by working through the defensive patterns to be elaborated here.

We might look at resistance as part of a larger process of living and dying. Noyes (1972) analyzes the experiences of people who have nearly died, searching for clues to the experience of dying itself. He identifies three phases in the dying process: resistance, life review, and transcendence. Resistance is characterized by recognition of the danger, fear, struggle, and acceptance of the inevitable. At the point of acceptance, the life review phase begins with a rapid succession of pictures from one’s life. The final phase, transcendence, includes feelings of freedom from space and time limits, submission to the inevitable, total truth, and intense emotionality. Extrapolating this model to life itself (life as a dying process), we might view resistance as a necessary first step toward the

healing resolution of transcendent surrender. The mediating phase of life review, or therapeutic transformation (especially with the fourth-dimensional benefit of age regression in hypnotic trance) brings the undesired consequences of resistance into awareness.

One way to observe and understand resistance is through the concepts of primary and secondary gain. The primary gain of using defense mechanisms, such as repression, denial, or rationalization, is that intrapsychic conflict and tension are reduced (Kaplan & Sadock, 1991). Those defense mechanisms can also take the form of physical symptoms, such as somataform disorders or hypochondria. One example of defense is resistance. The primary gain of resistance is reducing the fear of failure and/or success, of death anxiety or the fear of annihilation, of despair and separation anxiety, of the fear of intimacy or engulfment and the deep longing for connection underlying it.

Secondary gain occurs when the individual has used the defense, and discovers an additional “benefit,” such as receiving attention or avoiding responsibility. The secondary gain of using resistance (and the resulting hardships and isolation) can be to avoid challenge, intimacy or connection. It can be having one’s expectation that “life is always a struggle” reinforced one more time, justifying feeling stuck or claustrophobic in relationships. Another secondary gain is maintaining unchallenged the identity that one has developed which incorporates the defensive traits. The more “embedded” the trait, i.e., the closer the linkage of the trait to one’s self-concept, the more anxiety-provoking is any change in that trait. If one defines oneself as “a person who doesn’t need other people,” changing that attitude generates defense against the threat to the ego’s existence, the existence of the ‘I’ that I have identified myself to be, in the same biased manner that people defend against unfavorable feedback about the self from others.

The term *resistance* connotes protest and defiance against an opposing pressure or force. The resistant individual experiences one “opposing pressure” after another in a never-ending struggle. Resistance exists on a continuum, ranging from (1) actual *resistance* to (2) *avoidance* (overt or covert non-confrontation) to (3) *grudging compliance* (from meager and unenthusiastic participation to sabotage). While each of these forms has unique qualities, all are nonetheless deliberate resistance.

Resistance creates overt obstacles to full participation in life, while avoidance circumvents the confrontation or opportunity. Compliance is a strategic acceptance in order to gain specific rewards and/or avoid punishments, but falls far short of internalized acceptance of something as

congruent with one's values and beliefs (O'Reilly & Chatman, 1986). The compliant individual generally builds resentments, which in turn self-sabotage any intended course of action.

The resistant individual usually, of course, denies any personal responsibility for the obstacles in his/her life, (hence covert or "passive resistance" in the same sense as "passive aggression"). One way to conceptualize overt or covert resistance is through the use of "negative assertive" (too rigid) or "negative yielding" (too passive) modes of control (Astin & Shapiro, 1997). Negative assertive control is the attempt to make certain things happen, which is based on a fundamental lack of trust in one's environment and non-acceptance of those things that are "beyond our control." The negative yielding mode of control is a strategy of helplessness. An alternative to these two extremes is a balanced use of both positive assertive and positive yielding modes of control. Comparing the difference between negative assertive control (non-acceptance) and positive yielding control (acceptance), researchers have documented the effects on psychosocial adjustment even for cancer patients (Astin, et al, 1999). Their findings suggest that balanced use of active and yielding control efforts may lead to optimal psychosocial adjustment and quality of life even in the face of life-threatening illnesses.

Shapiro, in the Shapiro Control Inventory (SCI) (Shapiro, 1994), identifies four distinct modes or characteristic ways of gaining a sense of control:

- *Positive assertive*: active instrumental control, in which one attempts to alter oneself or the environment, resulting in being effective and competent with decision-making authority
- *Positive yielding*: acceptance, in which one is able to let go of active control efforts and accept the situation or oneself without resignation or helplessness, while feeling in control, sensitive, and nurturing of others
- *Negative assertive*: over-controlling approach, uncontained aggressive self-sufficiency, in which one uses active control efforts excessively or inappropriately, resulting in constriction, dominance and possessiveness in relationships and being unable to express or let go of certain emotions within oneself
- *Negative yielding*: passivity, in which one fails to use active control efforts when they can or should be used, resulting in denial of self and feeling fatalistic, dependent, manipulated, reactive or helpless

Resistance, avoidance and grudging compliance can all be accomplished through overt or covert means. Generally, the overt forms of

resistance utilize a negative assertive mode of control, and the covert forms of resistance utilize a negative yielding mode.

***Various Forms of “Resistance to Life”***

	<i>Overt (active) expression</i>	<i>Covert (passive) expression</i>
	<i>Negative assertive control mode</i>	<i>Negative yielding control mode</i>
Resistance	<ol style="list-style-type: none"> <li>1. Suicidal ideation or attempts</li> <li>2. Hypervigilance</li> <li>3. Counterdependence (defiant)</li> <li>4. Authority issues (rebellious)</li> <li>5. Self-sabotage behavior (struggle with hardships)</li> <li>6. Oppositional (negative attitude, closed to anything new)</li> <li>7. Withholding</li> <li>8. Stubbornness</li> </ol>	<ol style="list-style-type: none"> <li>1. “Microsuicidal” behaviors</li> <li>2. Shut down spontaneity (rigidity)</li> <li>3. Overwhelm (feeling stuck)</li> <li>4. Reactive (conditioned responses)</li> <li>5. Exhausted (“I’m too tired”)</li> <li>6. Fear of annihilation (“Don’t be”)</li> <li>7. Alienation (isolation, loneliness, despair and separation anxiety)</li> <li>8. Boredom</li> <li>9. Impatience</li> </ol>
Avoidance	<ol style="list-style-type: none"> <li>1. Excessive busyness</li> <li>2. Self-medication (addictions)</li> <li>3. Irresponsible (not following through on commitments)</li> </ol>	<ol style="list-style-type: none"> <li>1. Resignation (“I can’t do it right, so why even do it at all?”)</li> <li>2. Difficulty in committing</li> <li>3. Timidity (fear of risk)</li> <li>4. Indecision (terror of abandonment)</li> <li>5. Longing (escape into wishful thinking)</li> <li>6. Lack of trust (“I would, but there’s not enough . . .”)</li> <li>7. Procrastination</li> <li>8. Dissociation (numbness, disconnection)</li> </ol>
Grudging compliance	<ol style="list-style-type: none"> <li>1. Sabotage (“shoddy” work)</li> <li>2. Done with resentment</li> <li>3. Authority issues (rage)</li> <li>4. Super-responsibility</li> <li>5. Arrogance</li> </ol>	<ol style="list-style-type: none"> <li>1. Martyr</li> <li>2. Habitual failure</li> <li>3. Authority issues (passive aggression)</li> <li>4. Done only through obligation</li> <li>5. Confusion (“lost”)</li> </ol>

### Overt resistance

*Suicidal ideation or attempts.* Suicide and suicide attempts and gestures are clear statements of resistance to living life, of wanting “out.” Suicide may often serve the purposes of revenge, punishment, flight from a persecutor, or reunion with the mother of early infancy, and is often accompanied by fantasies of escape and rebirth (Maltsberger & Buie, 1980). Suicide is the ultimate resignation to defeat in life.

*Hypervigilance.* Individuals who have a history of trauma and experience anxiety about their safety are always “waiting for the next shoe to drop.” They are holding back from full participation in their life, anticipating re-traumatization. Research (Toren et al, 2000) shows that heightened anxiety in children and adolescents is associated with lowered cognitive flexibility, an important ingredient of psychological openness.

*Counterdependence.* People who have been shamed for having and expressing needs as children, or whose needs were routinely unmet, develop an aversion to being assisted or supported by others. They go far out of their way to maintain strict independence, losing all intimacy in the process and limiting the scope of what can be accomplished to that which they can do alone. Counterdependence is an exaggerated and perverted attempt at self-reliance, i.e., a self-reliance strategy in which persons distance themselves from others. Brende (1983) refers to counterdependence as “omnipotent survival behavior” and considers it to be a defense against any possible emergence of the person’s long-denied victim introject.

An example of counterdependence is a young woman who had been diagnosed with terminal breast cancer. Although she had a husband, grown children and many friends, she refused to ask anyone for help or even emotional support. On the day she was to have her breast removed she packed her bags and drove herself to the hospital, intending to get through the surgery without anyone finding out.

*Authority issues (rebellious).* Some people who have been abused by authority figures vow to never become vulnerable to authorities again, and the rebelliousness is an overcompensation for this attempt at self-protection, because it is applied indiscriminately against everyone who is perceived as an authority. It may take the form of arguing, nitpicking, delay, selective amnesia or outright insurgency. For example, a young woman who is a Social Worker found herself resisting completing the required “paperwork.” She had stacks of insurance forms to fill out as well as progress notes to complete. She couldn’t understand why she could not make herself do this work until she began to get in touch with her anger at

authority figures. She realized she was angry at her parents for some very abusive parenting. The real issue, however, went back to prenatal anger at God and not wanting to be born. This is the genesis of her existential issue of resistance to life.

*Self-sabotage behavior.* We have all known someone who seems to be their own worst enemy. At every turn, this person makes choices that are destructive of their own highest good. In particular here we focus on people who constantly struggle with hardship, privation, obstacles and barriers. Keeping one's focus on the blockages to progress is an effective way of resisting that progress. Refer to the comments on self-sabotage in the section of this article on Powerlessness, page X\*.

For example, a single mother found herself in 'overwhelm' on a daily basis, always late for airplanes, struggling to find babysitters and dealing with abusive, unpredictable men in her life. She realized, through regressive therapy, that she was recreating her birth issue. Her mother had been told by the nurses to "keep your legs together until the doctor arrives." Our client, the baby, struggled for an extra hour to get out while her mother held her back. Since working through this self-sabotage, this single mother goes through her life with ease. She no longer needs to recreate her struggle to survive. It is amazing that once she has changed her perspective, babysitters are abundant, she has plenty of time to catch airplanes and she now attracts much healthier men in her life.

*Oppositional (negative attitude).* Some people seem to always respond to suggestions, invitations or opportunities with the answer 'no'. Individuals who are oppositional are adamantly opposed to any experimentation or variation on "the way things have always been done," are fearful that life's surprises will result in their needs not being met, and are trying to protect themselves. "Expect the worst, and you won't be disappointed" is their motto.

The glass is always half empty for these people who overlook the blessings in life, intentionally whether conscious or unconscious. These people tend to have dissatisfaction with their life experiences, anxiety and stress, and grief over "what might have been." Research (Geurts et al, 1998) documents that negative attitudes, especially when communicated with others, strengthen a perception of inequity, which in turn results in two forms of withdrawal: intention to leave (i.e., "behavioral" withdrawal) and emotional exhaustion, resulting in feelings of depersonalization ("psychological" withdrawal). Thoughts about leaving an affiliation or relationship are directly triggered by negative discussions. Negativistic

behavior is particularly common in children in the latency stage, age 7 to 12 years (Tyson, 1994).

*Withholding.* A person with unresolved and unaccepted anger may choose to express it in relationships through withholding attention. One ramification of doing so is that the pattern becomes generalized and the person eventually begins to unconsciously withhold attention in his relationship with himself, in other words to become emotionally unavailable to himself as well as others.

*Stubbornness.* Sometimes people dig in their heels and become obstinate as a way of asserting control over their life. Approaching all transactions in life this way is an effective way to resist actually experiencing what happens to arise, because being in control is more important than allowing oneself to be open and receptive to an unplanned experience. There is usually a connection between stubbornness and hostility: people who score high in hostility on the Rorschach tend to be covertly hostile, independent, and stubborn (Singh & Sehgal, 1979).

### Covert resistance

*“Microsuicidal” behaviors.* The surreptitious ways people have of endangering or threatening their lives mask an unconscious disregard for life and resistance to it. These behaviors could include smoking tobacco, drug abuse, or high-risk sports (Firestone, 1985, 1987). Firestone & Seiden (1987) define microsuicide as behaviors, communications, attitudes, or life-styles that are self-induced and threatening to one’s physical health, emotional well-being, or personal goals. Progressive self-denial, withdrawal, withholding, destructive dependency, and physically harmful life-styles function as defenses against separation and death anxieties. Rather than considering suicide and suicidal ideation as subclasses of mental illness, mental illness is conceptualized as a form of suicide.

For example, a young woman who has a family history of MS feels hopeless and fears the worst. Instead of living her life to the fullest while she is healthy, she has engaged in severe drug and alcohol usage which has led to several car accidents. Although this behavior is not a direct suicide attempt, it certainly can have the same effect. Another example is a gay man who reports participating in unprotected sex, taking the risk of developing HIV. In his sessions he has gotten in touch with being unwanted by his mother and thus having a sub-conscious desire to die.

*Shutting down spontaneity.* The individual who lives by a rigid set of rules and schedule is resisting the joy and passion of “real” life by living in an insulated cocoon of predictability. “Spontaneity-creativity is the

problem of psychology; indeed, it is the problem of the universe. Spontaneity is defined as the degree of adequate response to novel situations. . . Creativity is related to the ‘act’ itself; spontaneity is related to the ‘readiness’ of the act” (Moreno, 1956, p. 361).

*Overwhelm.* Some people feel the burdensome helplessness of too much to do and too little time to do it in. Because their set of tasks is a “concrete embodiment of a core identity” (Ehrlich, 1998), these people are unable to prioritize, to let go of anything, or to tolerate the ambiguity of many partially-completed projects since to do so would put the continued truthfulness of their core identity into question. They are resisting a nearly identical, life-embracing outlook: *appreciation* for a multitude of opportunities: “So many books, so little time,” or what Tart (1986, p. 189) refers to as an attitude of “Wow! Another day! I wonder what interesting things will happen today!”

*Reactive.* The more people respond to events in their everyday life with “knee-jerk” reflexes, such as immediate counterattack or complaining or denial, the more they are resisting life. This is similar to but more subtle than shutting down spontaneity. This approach to living keeps people captive to their conditioning. For example, one might always get defensive when challenged, and always blame it on another: “If it weren’t for you, I’d . . .” More of most people’s lives are conditioned, or automatized than they are aware of. Indeed, “we can be lost for long periods – a lifetime in the most extreme cases – in continuously automated living” (Tart, 1986, p. 33). Reactance is a motivational state that emerges in response to perceived threats to behavioral freedoms and that triggers efforts to defend or restore the threatened freedoms. The behavioral manifestation of high levels of reactance is resistance (Johnson & Buboltz, 2000).

Seibel & Dowd (1999) document that reactance is positively associated with a set of oppositional-type interpersonal distancing behaviors they have labeled Boundary Augmentation. These behaviors include being argumentative, distancing, and limit-setting. Another strategy associated with reactance, although more weakly, is Boundary Reduction. Boundary reducing behaviors in relationships may be seen as attempts to affiliate or ingratiate oneself with the other, and are observed more in people with dependence-independence conflicts.

*Exhausted.* Being too tired to live, dragging oneself through each day, is a highly effective way to resist a full and vibrant life. This can be accomplished through disease, physical pain, over-committing, or taking on impossible tasks (rescuing others, rebelling against authority, etc.). Emotional exhaustion, as reported by Geurts et al (1998), results in feelings

of depersonalization (“psychological” withdrawal). Research (Van Diest & Appels, 1991) is documenting a unique “state of vital exhaustion,” reflected in excess fatigue, hopelessness, listlessness, loss of libido, increased irritability, and problems with sleep. Vital exhaustion represents a distinct set of symptoms from depression, and is a greater health hazard, especially regarding risk of heart attack.

*Fear of annihilation.* Some people resist the fullness of life as a protection from the terror of losing life itself. Annihilation fear is defined as the fear of one’s impending psychic or physical destruction, fear of being overwhelmed, or fear of the disintegration of the ego and of the self. It leads to “psychic numbing” and excessive use of the denial defense mechanism (Wear, 1987). Key factors that increase the likelihood of annihilation fear are traumatic experiences, ego weaknesses, and threats to self-cohesion (Hurvich, 1989).

*Alienation.* Despair and separation anxiety motivate individuals to distrust and isolate from others and avoid relationships. Alienation is characterized by a sense of distrust, a lack of intimacy with others, loneliness and an aversion to self-knowledge. This condition often results in overconformity, apathy, and depressed aspirations (Braun, 1976).

*Boredom.* A simple way to resist actively living one’s life is to be preoccupied with boredom. It may be based on meaninglessness or self-directed aggression. An absence of the struggle for authenticity, manifested by a lack of purpose or meaning in life, creates a condition named by Victor Frankl the “existential vacuum.” This condition may be manifested through boredom, depression and/or aggressive behaviors (Jeffries, 1996). Individuals plagued with “life-boredom” (Bargdill, 1999), that is boredom generalized beyond situational boredom, adopt passive and avoidant stances toward their lives, which leads to an identity crisis because they are no longer working toward a projected future.

*Impatience.* Impatience is experienced as an unforeseen struggle against time. When a person is chronically impatient, time becomes an enemy to struggle against, leading to judgments about others’ apathetic or malevolent intentions and judgments about one’s own personal inadequacies. Aware of time passing relentlessly while goals remain beyond reach, the impatient person insistently projects him/herself into the future. Pursuing closure, the impatient person attempts to avoid the tedious steps required to reach his or her destination. The person’s growing tension and fatigue lead to missed opportunities to achieve, and to distracting preoccupation on the passing of time itself (Coufal, 1998).

### Overt avoidance

*Excessive busyness.* A lack of time (too busy) is the most common reason one hears people give for not participating in aspects of their life that they *say* they want. Called the narcoticization/distraction defense by Tart (1986), this strategy devotes equal energy and attention to everything, thus failing to emphasize what is essential. The busyness can further lead to being tired much of the time; the tiredness dulls one's perception so that he/she cannot see what is missing in life.

*Self-medication (addictions).* People comfort themselves with compulsive behaviors - with drugs, alcohol, food, sex, gambling or any excessive behavior - to assuage deep anxieties, and in the process miss out on (avoid) vital life experiences. These addictions then subsequently create the trauma of shame, rage and further compulsive behaviors (Dayton, 2000).

*Irresponsible.* One effective way to avoid events in life is to say 'yes' and act 'no', to renege on or not follow through on commitments. An individual thus abdicates a responsible role to others, and yet exercises a power of influence and control over them through behaviors that impact the others' lives. This individual often exhibits repressed hostility and a need for excessive control, expressed passive-aggressively. He/she is also often self-absorbed and exercises defiant denial about the destructive nature of the behavior pattern. The irresponsibility may be closely associated with obsessive-compulsive tendencies (Gelfman, 1970).

### Covert avoidance

*Resignation.* People may decide not to enter into opportunities because of a fatalistic outlook or apathy. The belief that no matter what one does, the outcome will be the same, is a disincentive to take action. For example, Karen Horney's "resigned" personality type describes an individual who experiences habitual boredom, feels empty and apathetic, and sees any action as futile because it would inevitably lead to boredom (Bargdill, 1999).

*Difficulty in committing.* Some people are so fearful of committing to the wrong choice that they incessantly delay making any choice at all, especially people who have felt betrayed by someone or circumstance in the past. This usually is connected with claustrophobia and suffocation issues, deriving from fetal and birth trauma.

*Timidity.* An individual may be so timid, overly cautious and fearful of risk that he/she chronically avoids engaging in life events: "I would do it, but it's too . . ." The risk may be of failure, rejection, success, loss, or pain,

but the timid person avoids it because of a tendency to overgeneralize and personalize the negative implications of any failed attempt in life (Brown & Dutton, 1995). Research (Huttunen, 1989) documents that maternal psychological stress during pregnancy (especially during months 3 to 6 of pregnancy) contributes to timidity in the newborn child. Another study (Hadders-Algra et al, 1988) showed the major perinatal determinant for dysfunctionally timid behavior in later life is family adversity.

*Indecision.* “Decisional procrastination,” putting off decisions or choices, is a common way to avoid and therefore resist life. To “be unwilling to choose is a choice in fact – for death. Life hangs in the air, un-lived” (Ulanov, 1996, p. 163). Underlying this paralyzing behavior is often a fear that a better option, not yet known, may be available, a deep unconscious demand for certainty and absoluteness. Indecisiveness is thus a means of avoiding closure on the impossible demand that every choice be guaranteed to result in the best possible outcome (Salzman, 1979). Indecision may be a means of putting off the terror of abandonment. Obsessions are significantly related to decisional procrastination, and compulsions are significantly related to both decisional and avoidant procrastination (Ferrari & McCown, 1994).

*Longing (wishful thinking).* One form of resistance through avoidance is longing for something other than what actually is. Longing is a dynamic state of consciousness punctuated by fluctuations in focus on awareness of phenomena experienced as existing in the world and of experiences regarded as products of fantasy or imagination. It shifts among the themes of “reaching for a desired object,” “barriers to having it” and the “bittersweet feelings” of tension between the two (Ravicz, 1999). Experiencing longing in life to the degree that it is distracting one from engaging with what is real in his/her life is a form of avoidance.

*Lack of trust.* Opting not to participate in an attractive life event is often blamed on scarcity of needed resources (“I would do it, but there’s not enough . . .”). One doesn’t trust his/her own abilities, support from others, necessary raw materials, or good will on the part of others. Trust (or mistrust) of self affects self-esteem directly and consistently from adolescence to senescence (Amagai, 1997).

*Procrastination.* Task avoidant procrastination, defined as avoidance of the implementation of an intention, frustrates an individual’s stated purposes by simply putting it off until it’s too late or nearly too late. The high threshold for certainty needed before acting on a choice leads to taking longer to complete the task and to seeking more information about alternatives (Ferrari & Dovidio, 2000). Watson (2001) posited these

antecedents of procrastination: fear of failure, aversiveness of task, risk taking, rebellion against control, dependency, and difficulty making decisions. Procrastination correlates with low need for cognition, low self-esteem as a decision maker, high hypervigilance, and high buck-passing (Sarmany-Schuller, 1999).

*Dissociation.* This is the easiest way to escape an unwanted experience and avoid life, and the most accessible to anyone without power such as a child. It can be seen as compartmentalization, keeping threatening, incompatible or unacceptable experiences in a special compartment within the mind that has special rules for when and how they can be consciously experienced. One thus loses conscious awareness of life experience. This individual is disconnected from his/her emotions, and thus is emotionally unavailable to others *or to self*.

### *Overt grudging compliance*

*Sabotage.* People sometimes say they will do something, and then do it with a twist. What they've twisted is the knife in another's back. It may be in the form of "shoddy work" or incomplete work. In the process the saboteur has missed out on creating what they *say* they want in life.

*Done with resentment.* Doing something while resenting the fact that one is doing it is a surefire way to avoid and therefore resist life. The husband who quits smoking to "please" his wife, or the wife who takes up bowling to "please" her husband may be setting a course for resentment. The presence of resentment is always the criteria for identifying the difference between codependent rescuing and healthy altruistic behavior.

*Authority issues (rage).* When an individual is grudgingly acting in compliance with an authority figure, anger is an expected biproduct. That anger, combined with the ongoing impotence of "forced" compliance, can turn to rage. Rage easily becomes an overpowering distraction from being fully present in one's life, and to intimate relationships.

*Super-responsibility.* Some people learn early that if their needs are going to be met, they must be the one to meet them. In fact, they may extrapolate that if *anyone's* needs in their home are going to be met, they must be the one to do so. Such a person automatically assumes responsibility for everything, believing that no one else is trustworthy or capable of accomplishing the task. Rather than living one's own life fully, this individual over-commits, performing as "building superintendent" in every situation. The exaggerated sense of responsibility usually derives from 'parentification,' defined as an on-going family interactional pattern in which a child is excessively and inappropriately assigned roles and

responsibilities normally reserved for adults, i.e., taking care of adults and/or siblings. Parentification requires a premature identification with the parent(s)' expectations and needs, at the expense of the development of the child's true talents and gifts, often leaving the child feeling ashamed of the true self's unrewarded striving (Wells & Jones, 2000). The parentification style of parenting one's parent typically leads to overprotectiveness, while the parentification style of parenting one's siblings typically leads to submissiveness and dependence (Marx, 1999).

*Arrogance (untested superiority).* One method of resisting life is to constantly derive emotional satisfaction from recognizing how superior one is to others, without taking the risk of disappointment that might result from testing it out. This individual always has a better way of doing things, a brilliant idea to replace the status quo. However, "Reality is nasty: it may not work according to your wonderful idea, so it's best to stay with the wonderful feeling of brilliance in your mind . . . Better to continually dream about wonderful, brilliant improvements in the world than deal with the world itself. So you continue working the old way, which may not be very efficient, but have a little smile on your face, knowing how brilliant you are" (Tart, 1986, p. 60).

#### *Covert grudging compliance*

*Martyr.* The martyr has the best of both worlds: he/she can accept the benefits and acclaim that goes with accomplishing something, and can get additional mileage out of the sympathy or admiration from those who have been made responsible for it ("Okay, I did it for you, at great personal cost, and I hope you are happy now"). Research by McIntyre & Augusto (1999) describes two phases of the martyr adaptation syndrome: a supercoping phase and a collapse phase. Central to the collapse phase is a pervasive loss of sense of self because the focus of attention is so completely on the other(s).

*Habitual failure.* The inadequate individual also has two benefits: fulfilling the social contract to try to do something, and proving once again their own unworthiness ("I tried my best, but it's not good enough"). This approach to life can lead to frustrated heroic effort or, more often to apathetic resignation. Kahn (1989) attributes habitual failure to an early childhood adaptation, in which the immature, dependent child, making repeated unsuccessful attempts to satisfy unrealistic or pathological parental demands, fears that his/her inadequacies will result in abandonment by the parents. Repeated cycles of attempted compliance and failure are internalized and become a life pattern.

*Authority issues (passive aggression).* This is the child who responded to abusive authority with an outward show of subjugation and an inward vow of revenge. As an adult, he/she projects the abusive authority onto almost everyone, and complies with life's requirements much as the saboteur. In this case, the motive for sabotage is revenge, and the method is antagonism or derogation. Of course, the cost of resistance is the sweetness of living life innocently.

*Done only through obligation.* People may live life as though they carry a heavy burden of duty to fulfill. The obligation is experienced as compulsion, and life is a series of "to do's" to be crossed off the list of mandatory tasks. Missing is any sense of choice in life.

*Confusion.* Another way of resisting through complying grudgingly is to be so befuddled and confused that you can hardly be held accountable for your results: "I was on my way there, but I got lost." This serves as an undeniable excuse for failure, the "guilty by reason of confusion" defense.

#### *Death urge or death anxiety*

The Resistance to Life existential theme may reflect an unconscious *death urge or death anxiety*. Existential anxiety correlates with anxiety of death, and with identity confusion (Westman, 1992). People's experience of near-death situations, most likely at or around birth, left a profound impression on the organism, a vague feeling that one's life is in danger, an imprint that we could call "death anxiety." In Primal Therapy terminology, these are called "first line traumas." Many individuals, in therapies that allow access to very early traumas, have relived near-death situations like suffocating at birth (anoxia) or being strangled by the umbilical cord, in the form of "body memories." Existential despair may result from the trauma of leaving the uroboric world of the uterus, which parallels the preconception journey of leaving the idyllic spiritual world for the suffering of earthly existence at the time of conception (Emerson, 1994).

#### *Fromm's four basic needs*

Erich Fromm (1959) concluded that there exist four basic needs that must be met for man to be fully human: rootedness, identity, transcendence, and relation. The Resistance to Life existential theme is related to Fromm's concept of rootedness. The underlying question in either is, "Do I belong here?" Fromm suggested that the "antidote" for the unmet need for rootedness, or belonging, is faith. That is precisely the transition step from resistance to receptivity.

### *Receptivity, or Openness to Experience*

#### *Embracing resistance*

The beginning of any successful encounter with resistance, whether it be that of your client or yourself, is to avoid struggle with it. Resistance invites struggle. Struggle strengthens resistance. Milton Erickson emphasized the importance of initial acceptance and ready cooperation with the client's presenting behavior, including resistance, though not necessarily agreeing with it (Erickson, 1967). He refers to the process as *utilization*. Haley quotes Erickson: "resistance should be openly accepted, in fact graciously accepted, since it is a vitally important communication of a part of their problems and often can be used as an opening into their defenses" (p. 536).

Resistance provides a valuable benefit to the individual experiencing the inner conflict: the pinpointing of what intrapsychic areas would be most fruitfully explored to produce growthful change (Yurk, 1994). It is an existential Geiger counter locating the deepest veins of buried treasure, the areas of psychic pain and anxiety that are best defended and therefore most central to profound healing. The resistance Geiger counter also quantifies the magnitude of the challenge needed to uncover and overcome it, i.e., the greater the resistance, the greater the opportunity for deep healing.

There is great energy in resistance, although it is being misapplied by the individual. Windle and Samko (1992) liken resistance in life to resistance in the Aikido form of martial arts. "In both cases, the practitioner views resistance not as a problem one wishes would go away, but rather as essential 'raw energy' that can lead to ultimate solutions" (p. 267). In Aikido, the energy of an opponent's attack is never resisted or rejected. Rather it is welcomed as an opportunity to restore the disturbed harmony which resistance represents. The attacker's (resistant individual's) energy is accepted with flexibility and without struggle, and redirected away from the point of attack. The attacker can find nothing to push back or resist against. To challenge resistance with rigid rejection only limits the range of potential responses and strengthens the other's resistance. To welcome resistance with flexibility invites cooperation that can't be resisted.

The "centered stance" utilized by practitioners of Aikido gives valuable clues about the "stance" in life one might practice in an attitude of receptivity and openness. Windle & Samko (1992, pp. 263-264) suggest that the attributes of the Aikido state of centering include:

- Physical relaxation, combined with a balanced posture (not rigid, not limp).

- Loose shoulders and a general absence of excess muscle tension.
- Loss of startle reflex.
- “Soft” eyes (simultaneous use of focus and peripheral vision, which allows one to observe everything while being preoccupied with nothing).
- Slow, diaphragmatic breathing into the abdominal section of the body.
- Increased awareness of energies flowing into and out of the body.
- Perception of self and others non-judgmentally and simultaneously.
- Increased ability to detect minimal psychophysiological cues from others.
- Slowing or absence of internal dialogue.
- Spontaneously and subconsciously/intuitively generated associations, ideas, or understandings about others.

Current brain research (Crawford, 1994) sheds light on the topic as well. The literature suggests four main attentional dimensions: (a) focused and sustained attention (the ability to focus and sustain attention over time without distraction); (b) selective attention (the ability to select and discriminate between stimuli); (c) divided or dual attention (the ability to divide attention between two tasks, often one primary and the other secondary); and (d) ambient attention (the ability to attend to one task but also to have diffuse attention in preparation to respond to other stimuli). Ambient attention is that state which, while taking care of the business at hand, keeps open to other interpretations, including those which may be mutually exclusive. It combines *focal* and *diffuse* attention, and is also related to *cognitive flexibility*, a primary ingredient of the trait “openness to experience.”

John Welwood (2000) describes how focal attention screens out wholes in favor of differentiated parts, becoming preoccupied with the foreground content, e.g., with the waitress’ inattention or the performance anxiety preceding a lecture or the discomfort of being in a crowded elevator. Focal attention is a telephoto lens through which to concentrate on selective details. It is very useful, but over-reliance on it leads to obsessive mentation, narrow-mindedness, and disconnection from purpose and meaning in life. Diffuse attention is receptive, alive, a wide angle lens through which to experience the whole context all at once. The two forms of attention represent thought (focal, the contents of consciousness) and awareness (diffuse, consciousness itself).

Cognitive flexibility permits expanded awareness through simultaneous consideration of opposite poles of bipolar meaning structures (e.g., life – death, intimacy – isolation, purpose – meaninglessness, abdication – responsibility) (Slife & Barnard, 1988). In other words, cognitive flexibility permits one to accommodate multiple solutions, even mutually exclusive ones. It carries the ability to shift cognitive strategies and states of awareness, shifting from details (attending to selected content and disattending to other content and to the context) to a holistic view (attending to both content and context) and back again. Complex, novel or unpredictable events are appraised as opportunities for growth rather than as personal threats requiring reflexive response.

For the individual whose theme in life is resistance, the temptation arises upon discovery of the pattern to fight against it, push back, reject and resist it. Of course; that *is* the pattern. Such a person would do well to emulate the Aikido master and welcome the resistance itself, to play with it, give in to it while remaining alert to ways of redirecting the energy.

### *Ego receptivity and openness to experience*

Faced with existential anxiety, avoidance through neurotic defense is not the *only* option, of course. A second existential choice is self-rejection, to judge, attack or punish oneself for being the person one has become. One of the most heart-rending experiences as therapist can be to observe an adult in an age regression experience confronting the child they once were with blame, revulsion, rejection and hatred. A third existential choice is to remain open and non-defensive in the face of our deepest anxieties. “The crossroads of life, existentially speaking, lie at the point of the confrontation of existential anxiety” (Bugental, 1965, p. 286).

In the receptive, passive state, one allows oneself to be acted upon by internal forces beyond one’s conscious control, neither demanding nor expecting to be enlightened or gratified in any predetermined way; one simply opens up to the experience of the moment (Bassoff, 1984, p. 269).

If the opposite of resistance is surrender, one way of conceptualizing the “opposite” of resistance to life is ego receptivity or openness to experience. Receptivity implies a yielding of control, less prejudging of thought, and an increased depth of emotional involvement with internal experiencing (Goodman & Holroyd, 1992). The construct of openness to experience has its roots in the psychoanalytic and humanistic approaches to personality, and represents tolerance for the unfamiliar, interest in ideas and problems, and appreciation of experiences involving actions, fantasy,

values, feelings and aesthetics (Tesch & Cameron, 1987). Schachtel (1959) proposed the concept of openness to experience, derived from the concept of regression in service of the ego, to mean a loosening of fixed anticipations so that one approaches the objects of his/her experience in different ways, from different angles.

Openness to experience was first empirically applied by Fitzgerald (1966), who found that college students scoring high in openness were low in repression on the MMPI. He depicted the following aspects as components of openness to experience (derived from the concept of regression in service of the ego):

- Tolerance for regressive experiences (affects, childishness, fantasy, daydreaming, etc.)
- Tolerance for logical inconsistencies (seeming impossibilities or bizarre implications)
- Constructive use of regression (uses fantasies in a creative way)
- Altered states (inspirational experiences with relative breakdowns of reality orientation)
- Peak experiences (seeks experiences which are overwhelming, enrapturing, and thrilling)
- Capacity for regressive experiences (inquisitive into the unusual, with rich imagination, and not bound by conventional categories of thought)
- Tolerance for the irrational (acceptance of things which violate common sense or science)

Fitzgerald, based on his research, concluded that openness to experience has a somewhat different meaning for males and females. Males who are open to experience are open to *inner* (controlled) experience; females who are open to experience are open to *outer* (expressive) experience.

Coan (1972) observed that people vary considerably in the range and types of experience to which they are open, and also that a given individual can be very open in one area of experience while being very closed in another area. He also noted that women tend to be more open in the realm of feeling and thought, while men tend to be more open in the realm of action.

Openness to experience is a basic and stable aspect of personality that can be detected and quantified (McCrae & Costa, 1982; Tesch & Cameron, 1987). They operationalized openness to experience as non-defensiveness, willingness to share experiences, openness to the unknown and unknowable, to emotions, ideas and spirituality, and to seeming incompatibilities. Operating in such a space, one finds understanding.

“Understanding is not an act of the will. It is an *event*. *Understanding happens to man in the openness of the existential encounter*” (Hora, 1960, p. 498). Recent research documents the correlation between openness and that deep level of understanding, or wisdom. Indeed, “openness to experience is the most frequent predictor of wisdom” (Kramer, 2000, p. 83).

*Openness Traits: Antidote to Resistance to Life*

1. Expect nothing. Be ready for anything.
2. Observe everything while being preoccupied with nothing.
3. Openness to the unknown and unknowable, to incompatibilities and paradox
4. Spontaneity – saying yes to life
5. Less judging and prejudging
6. Non-defensiveness

*Expect nothing. Be ready for anything.* This famous samurai chant expresses an ageless wisdom. When people expect a stressful event, they subsequently experience more stress and evidence psychophysiological signs of anxiety (Walden & Forsyth, 1981). Giving up the limitations of expectation, one opens to all the possibilities. The Japanese term used in Aikido for this way of living is *zanshin*, or “continuing awareness.” One remains continually alert, aware of everything in the environment, ready for the unexpected in any direction. It’s not a matter of constantly and compulsively looking around, but rather remaining aware of one’s surroundings in an appropriate way. *Zanshin* isn’t merely a technique, it’s a way of being alert and fully alive in the world, it is the future but it is also now (Leonard, 1999).

*Observe everything while being preoccupied with nothing.* In Aikido, one endeavors to live in a centered state of mind/body, which includes seeing with an unfocused gaze. In other words, one uses both focus and peripheral vision simultaneously, or enters into a state of ambient attention.

*Openness to the unknown and unknowable, to incompatibilities and paradox.* An open approach to life makes ample use of diffuse attention, the receptive, alive form of mental activity. The open individual is cognitively flexible, permitting expanded awareness of multiple solutions, even mutually exclusive ones, and the accommodation of complex, novel or unpredictable events.

*Spontaneity – saying yes to life.* Centering, the foundation of Aikido, is saying yes to life. It is a secure place from which one may venture forth

and to which one will always return. As the Aikido master says, “I have no doubt whatsoever that ‘yes’ is the signpost I want to follow into the future. Even in my lowest moments, I’ve never lost that faith. Just as a certain naïveté is the prerequisite to all learning, a certain optimism is the prerequisite to all action” (Leonard, 1999, p. 159).

Psychiatrist Jacob Moreno, creator of psychodrama, considered playfulness, creativity, innocence, and spontaneity to be the central ingredient of healthy living, recognizing that

there tends to be an element of surrender in spontaneity, as well as innocence, and this results in an expansion of consciousness. To do this in the present moment involves relinquishing excessive censorship in the mind's functioning, and it requires a corresponding opening to the inner impulses, intuitions, and inspirations. . . .

Developing more spontaneity and creativity grows out of a basic relationship to the unconscious that is one of respect, openness, and delighted curiosity. The unconscious is not seen as a source of antisocial impulses but rather as a wellspring of insight, clues, hunches, images - in short, the reservoir of creativity (Blatner & Blatner, 1988, pp. 64-65).

*Less judging and prejudging.* An open stance toward life includes looking at any situation with new eyes, without prejudgment. An example of the problems with prejudging is perceptual defense in proofreading (Tart, 1986). When one proofreads copy for errors, especially for something one has written oneself, there is a tendency to miss errors because the individual knows what should be there and perceives the expectation instead of what’s actually there. This same process is often at play in our lives, wreaking havoc and making *real* reality-testing difficult. Without the prejudging, the perceptual defense is eliminated, and perception returns to being openly defenseless.

*Non-defensive.* The more unexamined one’s commitment to one’s position (that is, certainty: “I can’t imagine ever changing my mind”), the more it leads to selective judgment and attitude polarization (Pomerantz et al, 1995). When one is capable of letting go of the need to defend an image or a position, many new possibilities become obvious that otherwise remain unnoticed. In Aikido, one looks at every situation *from the attacker’s viewpoint* and without giving up one’s own viewpoint, thus without being caught up in a “struggle.” “When confronted by any attack or problematic incoming energy, the aikidoist doesn’t strike, push back, pull, or dodge, but rather *enters* and *blends*. That is, he or she moves *toward* the incoming energy and then, at the last instant, slightly off the line of attack, turning so as to look momentarily at the situation *from the attacker’s viewpoint*. From this position, many possibilities exist, including

a good chance of reconciliation” (Leonard, 1999, p. 15). Thus, “Aikido is nonresistance. As it is nonresistance, it is always victorious” (p. 153).

### **Powerlessness/Personal Power**

The next primary existential theme is *Powerlessness* (the extent to which I experience external locus of control: “I am at the mercy of forces beyond my control”) or *Personal Power* (the extent to which I have agency and meaningful choice in my life: “I am accountable for my experience in my life”). Personal power may be understood as “an existential experience of living in harmony with the world and its inhabitants” (Stensrud, 1979). It is not only the ability to act, it is also the “personal feeling of appropriateness, health, or competence derived from *how* we act” (Stensrud & Stensrud, 1981). Personal power is characterized by autonomy, self-trust, ability to decide and make choices (self-direction), effectiveness, determination, nurturance, connectedness, responsibility, and the recognition of powerlessness in the sense that personal power is experienced as not powerless. Self-affirmation, relationship to others, temporality, and synthesis of opposites are the structures of personal power (Stratman, 1990).

One might view the negative manifestation of this basic existential issue as powerlessness, and the resulting choice to use force, control or manipulation to regain a sense of power. We define powerlessness as generalized helplessness, a denial of one’s ability to impact his/her environment (learned helplessness) and the need for an outside force to intercede (external locus of control). Derived from social learning theory, the concept of locus of control defines an individual’s belief about who or what is responsible for outcomes in their life. People with an internal locus of control believe that what happens to them is a consequence of their own actions and is within their control. Those with an external locus of control believe that what happens to them is related to external events, powerful others and chance, and thus beyond their control (Lefcourt, 1983).

Based on learned helplessness theory (Abramson et al, 1978), there are four distinct categories of helplessness experiences. A person will feel *personal powerlessness* if: (1) the attributed cause of inability to act effectively is internal and stable (“There is nothing I can do”), or (2) it is internal and unstable (“I did not try hard enough”). A person will feel *universal helplessness* if: (1) the attributed cause is external and stable (“This task is impossible to do”), or (2) it is external and unstable (“I cannot succeed when I am unlucky”).

One might view an individual's powerlessness in the Jungian framework as an autonomous complex. A particularly strong complex, and perhaps the easiest one to observe, is the victim ("I am here only to be victimized by [rescue] [persecute] others"), which fights back when attempts are made to release it. An example is a woman who did some powerful personal work on taking back her power, only to find herself hours later flat on her back and helpless after falling on a slippery floor. It looked as if "the victim" complex was literally threatened by her healing attempts and proceeded to let her know who was in charge. She appeared to be possessed by the victim. Such a soul often was 'pulled' into this life because of a past-life agreement to "always take care of someone else" or "be taken care of" or "get revenge" or a promise that "I will never leave you. We will always be together." Often a soul makes last minute agreements or promises with other souls just before death, or bargains with God. Of course, these are not consciously remembered. Past life work is very helpful in determining what agreements one may have previously made and may wish to change. The existential issue here is, in fact, "I am here to complete something unresolved, or to fulfill a contract."

Relevant to personal power is the concept of *ego activity* and *ego passivity*. Rapaport (1958, 1961) proposed an important psychoanalytic theory that differentiated between active (autonomous) or passive *behavior* on one hand and *ego activity* (autonomy) or passivity on the other. The ego is active, or autonomous, when the individual can make a choice from "free will;" the ego is passive, or lacks autonomy, when a person is overwhelmed either by unconscious instinctual demands or by environmental demands (Fromm, 1972). The ego lacks autonomy, for example, when the individual's behavioral choice is compulsive or when it is impulsive. The ego has autonomy to the extent that the individual copes effectively with the demands of the outside world, such as fight / flight / freeze reactions. The Jungian goal is unification of the opposites, decreasing tension between the extremes. The result of integrating the opposites of activity / passivity is not an average between them, but rather the ability to spontaneously and freely use either pole or any combination in the service of the entire personality (Hall, 1986).

Incidentally, the *ego can be active* (autonomous) when making a *passive behavioral choice* (e.g., Ghandi's choice of passive resistance, or one may choose to respond to the incessant demands of another by quietly ignoring them). Here the ego remains active in the sense of refraining from being *reactive*. The question to answer in analyzing the activity or passivity of the ego in a given situation is, to what extent is the behavior experienced

as a conscious, deliberate, non-habitual choice, i.e., to what extent is the locus of control internal rather than external? Important to note here is that for the ego to actively make a passive behavioral choice requires a strong ego. In contrast, a weak ego passively makes a passive behavioral choice, for example, succumbing to performance anxiety by “freezing up,” or becoming immobilized in the face of another’s abuse, or the ego’s decompensation into psychosis. Actively making a passive behavioral choice would be, for example, following Hora’s (1960, p. 496) admonition that “a therapeutic process cannot be conducted, intended, managed; it must be *allowed to occur*.”

Confronted by the conclusion that “I am helpless and powerless,” the individual develops deep existential anxiety. A passive (negative yielding) response is to withdraw from participation in life; an unhealthy active (negative assertive) response is to become overwhelmingly active in the belief that being busy is the cure for powerlessness (refer to the comments on “busyness” in the section on Resistance to Life, page X\*). Bugental (1965, p. 299) called it “valuing of action for its own sake. This amounts to an effort to hide from the dread of powerlessness by making so much ‘noise’ about doing that one can not hear the hollow echo” of the fear, “and the point of the doing is utterly lost.” We will discuss under the topic of Identity the fact that an experience of formlessness and comfortable solitude (a positive yielding response) is necessary in the development of a healthy self-identity.

Personal power lies at the opposite end of the spectrum from abusive or manipulative power. It is defined as power *within the self* rather than power *over others* (Madsen, 1987). It is an expression of self and not domination over another or others. To develop personal power, children must have their thoughts and words validated, and be free to participate in intellectual curiosity and questioning. Developing personal power requires secure connection and attachment with parents coupled with healthy separation-individuation (Josselson, 1988; Ryan & Lynch, 1989). Incidentally, as we shall discuss in the section on Identity, achieving identity is facilitated by the same balanced expressions of parental connectedness and individuality (Grotevant & Cooper, 1985). Too often, children are disempowered and silenced through educational systems, family, and mass culture that ignore the authenticity and creativity of children (Tucker, 1997).

The existential theme of Powerlessness is based on the premise of limited or nonexistent choice (“They’re doing it to me”). It is related to Fromm’s basic need for transcendence, for rising above the status of object

with no choice, to reign as subject in his/her experience, capable of creating meaningful choice in life. The antidote for the unmet need of transcendence is creativity. "Powerlessness may be the same as having no control, but this does not make it the opposite of having control. We do not need to feel they we are in control as much as we need to feel that we are integral parts of what is occurring around us; that we are involved intimately in our lived experiences" (Stensrud & Stensrud, 1981, p. 304).

A high degree of personal power correlates with greater general happiness and less manifested anxiety (Gavrilides, 1981). Not surprisingly, personal power serves as an important activator of leadership (Lesmeister, 1996).

### ***Various Forms of "Powerlessness"***

#### *Personal Powerlessness*

<i>attributed cause</i>	<i>resulting behavior</i>
Internal and stable ("There is nothing I can do")	1. Self-destructiveness, self-sabotage, or self-hatred 2. Deep sense of shame or feeling judged 3. Indecisive, difficulty making choices
Internal and unstable ("I did not try hard enough")	1. Self-pity 2. Compulsive or addictive patterns 3. Authority issues (rivalry, competitive to gain authority)

#### *Universal Helplessness*

<i>attributed cause</i>	<i>resulting behavior</i>
External and stable ("This task is impossible to do")	1. Blaming others for problems or failures 2. Injustice ("Life isn't fair") 3. Authority issues (intimidated) 4. Overwhelm
External and unstable ("I cannot succeed when I am unlucky")	1. Authority issues (vengeful) 2. Authority issues (rebellious) 3. Entitlement ("the world owes me") 4. Abusive or manipulative power over others

#### *Internal and stable powerlessness*

*Self-destructiveness, self-sabotage, or self-hatred.* When people feel that the cause of their experienced powerlessness is within themselves, they often turn the resulting anger toward themselves and then retribution and punishment follow. Research (Pappo, 1983) shows that people who

proactively (although usually unconsciously) sabotage their effectiveness suffer from fear of success, low self-esteem, preoccupation with the evaluative aspects of situations, a competitive orientation, and repudiation of their own competence. Post (1988) identified six prevalent types of self-sabotage among women: perfectionism, overcommitment, procrastination, excessive modesty, avoidance of confrontation, and putting others' needs ahead of one's own.

*Deep sense of shame or feeling judged.* Recognizing oneself as the cause of one's own misery and limitation can lead to a deep sense of shame ("I am defective") and to the assumption that everyone else sees the defect and agrees with one's own judgment. If shame is present, suppressed anger is high, whereas the control of anger is low (Schwartz, 2000), leading to further experiences of powerlessness. Schwartz also found that the higher an individual's shame, the more he/she utilizes the defenses of retroreflection, deflection, egotism, projection, and introjection.

*Indecisive, difficulty in making choices.* Accepting that "There is nothing I can do" may lead an individual to avoid even attempting to do anything. Research (Sedik et al, 1993) applied the cognitive exhaustion model of helplessness to decision making, predicting people would withdraw from constructive effort after experiencing uncontrollability in a situation. They discovered that people exposed to uncontrollability *focus* attention for an easy decision but *diffuse* attention for a difficult decision. The more out of control people feel, the fewer internal resources they bring to making difficult decisions.

### Internal and unstable powerlessness

*Self-pity.* Believing one's powerlessness to be self-inflicted, but capricious, may lead to self-pity. In this event there is no way to withdraw from the source of pain (oneself) except dissociation or self-medication. The genesis of self-pity may begin with an early significant trauma, a narcissistic wound viewed by the child as unjust. Because the individual has an intolerance for guilt feelings, self-pity becomes an unconscious self-comforting regression in which the individual retreats to the early experience of maternal comforting (Milrod, 1972). Thus, the locus of control is an introjected external force.

*Compulsive or addictive patterns.* Seeing oneself as pitifully powerless, an individual may take refuge in the *apparent* structure and "control" his/her compulsive behaviors create. Once the addiction is active in full force, the addict's attention can focus on the activity of the behavior (craving it, scoring it, using it, life in the subculture of choice), and on the

*struggle* with the “demon rum” (or cocaine or sex, etc.). The power struggle consists of feeling victimized by the craving, “in control” in satisfying it, and then self-persecution based on the guilt and shame of being “out of control” with the compulsive craving again.

*Authority issues (rivalry, competitive to gain authority)*. If, in fact, “I am to blame for my failure because I did not try hard enough,” then I must try harder to increase my sphere of influence, my authority. One genesis of this pattern is aggravated sibling rivalry dating from early childhood, which can lead to a lifetime of re-enacting the self-sabotaging behavior (Neborsky, 1997).

### External and stable helplessness

*Blaming others for problems or failures*. Perceiving that one’s powerlessness is caused by others, and that it occurs consistently so, leads some people to blame. It seems rational, since outside forces are the cause, that I not be held accountable for the results in my life. Alicke (2000) delineates the following model for how individuals assign blame to others. Evidence concerning harmful events is scrutinized to determine its contribution to personal control, and spontaneously evaluated for its favorableness or unfavorableness. These spontaneous evaluations decide which involved person or persons evoke the most negative affect or whose behavior confirms unfavorable expectations, and then ascribes blame to them.

*Injustice (“Life isn’t fair”)*. If the world, or God, consistently treats me badly despite my best efforts, then it just isn’t fair. People react to injustice differently, however. Among the most direct determinants of the intensity of people’s reactions to injustice (usually anger and retaliation) are their perception that they have been disrespected (Miller, 2000).

*Authority issues (intimidated)*. Rather than blaming others overtly in this situation, one might surrender to the fear of the “inevitable” poor treatment to be expected from those who wield the power and require the “impossible.” Research (Belle, 1970) indicates that those who chronically perceive themselves as oppressed put a high price on suffering as a means of atoning for their own *fantasized* criminality. These self-proclaimed victims are further immobilized because of their reverence for authority, whom they believe to be omnipotent. This person (a) hopes to play the magical role once he/she has replaced authority, and (b) accepts punishment as something that will “purify” him and free him to continue to satisfy his “forbidden” desires. Thus, this individual’s behavior is governed

simultaneously by strong needs to express him/herself and to be punished: confession and punishment.

*Overwhelm.* It is easy to become overwhelmed with the burden of having no control over one's life, and either give up or struggle nobly under the weight of that burden. There is a stressful world in which people are "trapped in the present," feeling like the helpless center of a whirlwind of tasks which they worry may not be adequately completable (Ehrlich, 1998). They continue to live out this stressful existence because these daily tasks are a concrete embodiment of a core identity. To relax their expectations of self would call into question this core identity. Maintaining the identity is also important for acceptance by others. Thus, as people are disappointed in their own ability to complete tasks adequately, they may (projectively) believe important others are angry at and disappointed in them as well, providing additional pressure to produce.

#### *External and unstable helplessness*

*Authority issues (vengeful).* Believing that outside forces are capriciously controlling one's experience can lead to a desire for revenge, to the constant need to "avenge" the arbitrary and fickle vicissitudes of life (Don Quixote tilting at windmills). Research (Stuckless, 1998) has found that the stronger the vengeful feelings people have, the less comprehensible, manageable, and meaningful their experience of life. McCullough et al (2001) corroborate these findings, noting that vengefulness is positively correlated with (1) being less forgiving, (2) greater rumination about the offense, (3) higher negative affectivity, and (4) lower life satisfaction.

Vengeance is related to the phenomenon of spite, i.e., "cutting off your nose to spite your face." Out of a sense of shame, powerlessness, and fatalism, the spiteful individual embarks on a life of reactive passivity rather than one of straightforward self-assertion. Spite becomes a struggle to recapture one's individual dignity through opposition to a power by which one feels entrapped, and ironically on which one depends (Shabad, 2000).

*Authority issues (rebellious).* One might respond to the above situation with a desire to overthrow the blamed forces, to conspire against those who thwart one's will with their arbitrary use of power. The person with an "authority complex" experiences all power as outside himself and all weakness and inferiority as inside himself (Wilke, 1977). This individual is projecting his/her unconscious demands for authority and prestige onto those identified as authorities. Since all projected authority in fact reflects

the person's own "shadow" aspects of weakness and inferiority, he/she always resists the "legitimacy" of their power and authority over him/her.

*Entitlement* ("the world owes me"). If one's perception is that outside forces hold all the power, then one potential response may be to expect those forces to "pay up" and deliver what one orders off the menu. Stark (1995) refers to the "defense of relentless entitlement," and the individual's need to work through the disillusionment and disappointment of discovering the fact that his/her needs will not always be gratified. The process is described by Shabad (1993) as follows: individuals repress their impossible-to-fulfill wishes, in defensive reaction to the psychic injury of those wishes going unfulfilled, only to find those wishes eventually reborn or reframed as 'needs' which continue to be unmet, resulting in indignation and resentment. Meyer (1991) refers to the opposite of this excessive entitlement as 'restricted entitlement,' the deeply internalized conviction that one deserves very little or nothing. In either case, attitudes of entitlement are contributed to by past trauma, deprivation, or abuse (Coen, 1988).

*Abusive or manipulative power over others.* For some people, the best defense against feeling powerless is an offensive attempt to wield power over others. Not feeling truly personally powerful, this individual overcompensates, exaggerating the expression of power over others.

### ***Openness to experience and personal power***

The connection between openness and personal power is that one either invests power in force (e.g., negative assertive control), or in loving acceptance (e.g., positive yielding control). Openness is expressed in personal power, for example, in the Aikido principle of *protecting the attacker*. One uses only the degree of force needed to bring resolution to conflict with the least damage (physical and emotional) to all involved. While it is referred to as using control techniques, this form of controlling the attacker is a protective, although strict, love. Because violence begets violence and attempts to control beget more of the same, an individual with personal power refrains from any attempt to defeat or devastate another person. Aikido's founder said, "True victory is not defeating an enemy. True victory gives love and changes the enemy's heart." Offering love to all, even one's enemies, requires an openness of spirit and vulnerability borne in self-confidence and therefore in non-defensiveness.

*Openness Traits: Antidote to Powerlessness*

1. Surrender
2. Relaxation, absence of excess tension
3. Vulnerability – loss of reactivity
4. Certainty in one’s intuition
5. Letting go of attachments

*Surrender.* Recent research indicates that, perhaps paradoxically, an experience of ego surrender tends to *increase* the individual’s internal locus of control (Reinert, 1997), and “control is simultaneously enhanced through the process of letting go” (Cole & Pargament, 1999, p. 179).

*Relaxation, absence of excess tension.* Opening oneself to raw experience, unprotected by pretense, denial and guardedness, is liberating. Letting go of the futile attempt to control life allows the tension to give way to relaxation. Research (Hoehn-Saric & McLeod, 2000) indicates that most individuals with chronic anxiety disorders exhibit increased muscle tension when at rest, and tend to react with less physiological flexibility than non-anxious individuals under everyday stress. However, they overreact subjectively and physiologically to stimuli that are anxiety-provoking.

*Vulnerability – loss of reactivity.* We might view the process of expanding one’s personal power as stepping from defensiveness into vulnerability. The ego is generally on alert to maintain the persona of acceptable qualities and to keep repressed the shadow of unacceptable or unattainable qualities. Continually having to maintain this hypervigilance, to be always on guard, leaves us fragile, indeed brittle, and weary. Fear of discovery is the driving motivation; shame and force (negative assertive control) are the primary vehicles.

*Certainty in one’s intuition.* Inspiration is transpersonal knowing, knowing with certainty based on inner experience which one has learned to trust. Inspiration occurs as a particular shift in awareness and is characterized by contact and connection, opening, clarity, and energy (Hart, 2000). Epstein (2000) writes about the Buddhist principle of a *luminous knowing*, sometimes called the clear light of mind, that comes through experiences of openness and surrender in meditation and therapy.

*Letting go of attachments.* While what is referred to here could be attachment to anything, it may be instructive to study the research on attachment in relationships. Three styles of coping with attachment are: to be secure, preoccupied, or dismissing-avoidant (Fishtein et al, 1999). Individuals preoccupied with attachment chronically desire a high level of

intimacy and responsiveness from relationship partners; they are “sticky” and “needy.” Individuals fearful of attachment are dismissing-avoidant in relationships; they are “disdainful” or “emotionally unavailable.” Successful rapprochement, at age two and later in adolescence, creates both the starting point for intimacy (*attachment* arises out of a secure base) and the capacity for healthy leaving (*detachment* is the basis of autonomy). From a mature and healthy synthesis of the two, *nonattachment*, comes the capacity to value the other without grasping, to reflect on oneself and so to disidentify with any aspect of the whole self that no longer serves one’s highest good. These attachment styles could apply to one’s spirituality (relationship with God or Higher Power) or to one’s materiality (relationship with money, material wealth, and prosperity).

### Identity/Diffuse Identity

The third primary existential theme is *Identity* (in which identity is internally defined: “I know who I am”) or *Diffuse Identity* (in which identity is externally defined: “You tell me who I am”). Formation of ego identity is a lifelong process that leads to a sense of continuity with one’s past, of competence and meaning in the present, and confidence in one’s future direction (Erikson, 1959). Fromm believed that “this need for a sense of identity is so vital and imperative that man could not remain sane if he did not find some way of satisfying it” (1959, p. 157). Of course, the identity created to satisfy the need may be authentic or inauthentic, depending on the individual’s developmental maturity. Kaufman (1974) expresses the concept well:

“The search for true relatedness with others and for answers to the question ‘Who am I?’ is central to our experience as human beings. The need for a secure, self-affirming identity that provides both continuity and meaning to the paths we travel lies at the core of each of us. Identity is a sense of self, of who one is and who one is not, and of where one belongs. It is a sense of inner centeredness and valuing.

All too frequently the search for identity becomes embattled and may lead a person to struggle on hopelessly, to assume a partial identity, or to give up entirely.

. . . Who we are internally is a deeply private experience. Risking exposure of self can leave us feeling enlarged or lessened, stronger or self-doubting and on the path either toward a self-affirming identity or toward a shameful one (pp. 568-569).

Winnicott (1945, 1962) refers to the early acquisition of a state of awareness he calls “personalization,” the acceptance of a self bounded from the world. Contrast *personalization* with the defense *depersonalization* – the uncanny sense of estrangement from or feeling of unreality about the bodily or mental self. We might think of the awareness

of “personalization” as a comfortable lucidity. If the identity formation is unresolved, the individuals act *as-if* they knew their identity, Winnicott’s “false self” (1960), and the Soul feels incomplete, disconnected, and self-conscious. Existential anxiety correlates highly with identity confusion (Westman, 1992).

This existential theme is related to the third and fourth developmental stages (from 18 months to 7 years), focused on identity and power, initiative vs. guilt, separating fantasy from reality, and belonging. The task at hand is to separate from others (including God) and be welcomed back with love (*rapprochement*), and to give up narcissistic beliefs in being the center of the universe. It also relates to the fifth and sixth developmental stages (from 7 years to 18 years), focused on industry and identity. The task at hand is to explore and define an identity, to learn expression/repression of the true self and to achieve independence.

Being born into human life carries an indwelling *anlage*, a biological developmental striving toward adult existence as a separate, self-sustaining individual (von Broembsen, 1989b). Other related strivings are toward fulfilling one’s potential, and the need for agency, i.e., the individual’s experience that he freely chooses his actions according to the dictates of his own intrinsic needs and strivings (von Broembsen, 1989a). A vital aspect of that developmental striving is identity formation.

A key issue in the formation of identity is the location of its *referent*, that is the degree to which the definition of self is established for the sake of the self or for the benefit of another. An ego identity that is fully developed correlates highly with autonomy and a high internal locus of control (Rothman, 1978; Tan et al, 1977; Waterman et al, 1970). If the infant develops normally, his/her sense of identity first manifests in the discovery of the body self. As natural exploration of the body and environment progresses from random to purposeful, self identity begins to include the concept of inside (“I”) and outside (“not-I”), as well as the experience of purpose. This progression of identity formation occurs within the first three developmental stages (conception to age three): the highly complex neonatal phase of accepting that needs will (or won’t) be met; the exploratory stage of differentiating between I and not-I in which a primitive sense of group identity is formed (the child *gestalt*) and the referent is internal but not individual; and the separation or individuation stage of shifting the referent for definition of self from gestalt identity to individual identity.

The shift to individual identity is largely a function of the primary caregivers’ capacity or willingness to allow it. Since the ability to reflect

on our own experience does not fully develop until the early teenage years during the stage that Piaget termed “formal operations,” the young child’s self-identity forms through identification. Thus, unable to reflect on itself, the child internalizes the caregivers’ reflections and regards itself in terms of how it appears to others. For example, if the caretaking adult’s needs become the referent for the definition of the child, the result is formation of an other-centered identity before self identity has consolidated. Personality develops in such an individual on the ego and superego levels without access to the self, and thus the referent for definition of self is external. If this identity formation by identification continues through adolescence, it becomes what Marcia (1966) calls a foreclosed identity. The power to validate the self lies in the hands of others, leading to (co)dependence and ultimately to a sense of futility, meaninglessness, and existential despair. The need for approval from others leads to a betrayal of one’s true self-expression and the adoption of many masks: “Only when we can stop trying to be all things do we become free to be who we are” (Kaufman, 1974, p. 573).

Erikson posited the developmental task in the fifth psychosocial stage to be the adolescent creating a separate identity. When an adolescent fails to do so, Erikson named the maladaptive developmental outcome *identity diffusion* (1950, 1968). Erikson linked the maturing ego with openness: a more mature ego becomes more capable of “a greater tolerance of tension and diversity” while a less mature ego resorts to “totalities and conformities [which] help preserve a sense of security” (1968, p. 82). He discussed four main features of identity diffusion:

- Problems of intimacy (the danger of further loss of an already tenuous identity results in a reduced capacity for abandonment);
- Diffusion of time perception (a troubling sense of lack of progress toward goals due to time “flying by”);
- Problems of diffusion of industry (a cognitive deficiency revealed by poor concentration); and
- Formulation of negative identity (1956) (selected roles presented by parents or community as preferred or acceptable are rebelliously rejected – “my identity is defined by what I am not”).

Elaborating on Erikson’s theories of identity formation, Marcia (1966) noted that part of the process of separating from parents and establishing an identity involves relinquishing lingering infantile fantasies of omnipotence, choosing from among alternatives, and making a commitment. He viewed commitments to goals, values, and beliefs in the areas of occupational choice and of religious and political ideology as central to the process of

establishing an adult identity. He later added sexual ideology as an important contributing factor (Schenkel & Marcia, 1972). Most of the research over the past 35 years on identity status has been focused on adolescents, although Whitbourne (1980) expanded the content of interviews on interpersonal issues for use with adults.

The term *crisis* is used to refer to a period of struggle or active questioning in arriving at a set of beliefs and decisions. Some suggest substituting the term *exploration* instead of crisis to avoid conveying the concept of identity formation as a static, one-time event rather than as a continuous, integrative process (Matteson, 1977). Psychological openness may determine the degree, frequency and duration of exploration entered into by an individual. The term *commitment* is defined as a firm, unwavering decision. Using these criteria of crisis and commitment, Marcia defined four “identity statuses” as follows.

### 1. *Identity-achieved* status

An individual in the identity-achieved status is one who has had an “identity crisis” during which he or she seriously examined alternatives and then made a free choice commitment to an identity. It implies an acceptance and comfort level with one’s self (physical, emotional, mental, spiritual), and a sense of direction in life that results in the ability to make decisions. Identity achievers have significantly higher senses of relationship to God, satisfaction with life, relationship to others, and sense of existential well-being than non-achievers (Marigliani, 1997).

Individuals who remain committed to their adolescent identity achievement, without further exploration into alternatives, may in adulthood become rigid and inflexible, similar to the foreclosure category. Indeed, Erikson (1976) warned against the restrictions of an “over-formulated” adult identity.

The final result of successful ego development is an eighth Eriksonian psychosocial stage of ego integrity and wisdom, characterized by self-acceptance, tolerance of others’ choices, decisive in defense of their own modes of living, and happy and satisfied with their lives. Unresolved development in this stage results in despair, characterized by bitterness, the attitude that life treated them unjustly, alarm that they have too little time left to achieve their personal goals, and fear of death.

### 2. *Moratorium* status

A person in the moratorium status is one who is currently in crisis, “trying on” potential identities, and is struggling to make commitments,

but has not yet achieved a clear and satisfying self-definition. The person is actively searching and exploring what he or she wants to become but has not yet committed to a particular set of goals, values, or beliefs. These individuals are the most creative, insightful, and the most active interpersonally, but have difficulty in making commitments to others (Donovan, 1975).

### 3. *Identity-foreclosed* status

Someone in the identity-foreclosed status is distinguished by having made commitments to an identity without an exploration of alternatives (or a period of “identity crisis”) and on the basis of identification with others’ values, for example, one who arrives at an identity by embracing his/her parents’ values. Such people tend to hold more authoritarian attitudes and have self-esteem that is more vulnerable to change than identity-achievers (Marcia, 1967). Identity-foreclosed individuals experience difficulty by restricting their initiative and enforcing strict self-imposed limitations (Donovan, 1975).

### 4. *Identity-diffusion* status

A person in the identity-diffusion status is one who may or may not have had an “identity crisis” but has not made commitments. Identity diffusion implies doubts or discomfort about one’s self (physical, emotional, mental, spiritual), an inability to make decisions and commitments because of doubts, and a lack of a sense of continuity of the self over time. Identity diffusion individuals have little trust in themselves or the world (Donovan, 1975). Individuals with diffused identity reported a lower sense of positive relationship to God than all of the other identity groups (Marigliani, 1997).

Kroger (2000, p. 146) summarizes the existing research on identity statuses as the four possible resolutions to the formation of identity in adolescence:

Generally, those in the more mature identity statuses (moratorium and achievement) have shown higher levels of moral reasoning (Skoe & Marcia, 1991), intimacy (e.g. Orlofsky, Marcia & Lesser, 1976), ego development, self-esteem, and personal autonomy (e.g. Adams & Shea, 1979), and more adaptive defense mechanisms (e.g. Cramer, 1995). Moratorium adolescents have consistently shown the highest levels of anxiety and openness to new experience compared to those in other identity statuses, whereas foreclosures have evidenced the highest levels of authoritarianism, use of an external locus of control, and normative approaches to personal problem solving and decision making compared with other identity groups (e.g. Berzonsky & Neimyer, 1994; Cramer, 1995; Marcia, 1966, 1967; Tesch & Camerson, 1987). Diffusion adolescents have relied more on nonadaptive defense

mechanisms and have shown low levels of intimacy, self-esteem, personal autonomy, and ego development (Adams & Shea, 1979; Marcia, 1966, 1967; Orlofsky et al., 1976).

***Various Forms of “Disordered Identity”***

	<i>resulting behavior</i>
“Over-formulated” <i>Identity-achieved</i> status (commitment without continuing exploration)	1. Rigid and inflexible, static
<i>Moratorium</i> status (exploring and struggling to make commitment)	1. Difficulty in making commitments to others 2. Fear of abandonment and/or engulfment 3. Estrangement
<i>Identity-foreclosed</i> status (committed without first exploring)	1. Lack of intimacy 2. Authoritarianism 3. Inhibition, strict self-imposed limitations 4. Projection
<i>Identity-diffusion</i> status (uncommitted and perhaps exploring)	1. Anxiety 2. Fear of loss of identity in intimacy 3. Self-criticism 4. Self-doubt and mistrust of knowing 5. “Imposter” syndrome 6. Indecisive 7. Lack of trust in self or the world 8. Difficulty maintaining spiritual connection 9. Despair

“Over-formulated” identity-achieved status

*Rigid and inflexible.* This individual has explored alternatives and established an identity, but has stopped any further exploration and become rigidly attached to the established identity, Erikson’s “over-formulated” adult identity. Through automatization and habit, the “groove” once found has become a “rut.” For some, the inflexibility is mediated by rigid standards or norms, which increase the likelihood of negative evaluations of one’s own thinking or performance (Aardema et al, 1997), and thus presumably decrease the likelihood of continued identity exploration.

Moratorium status

*Difficulty in making commitments to others.* The person who is actively exploring what he/she wants to become but has not yet committed to an identity generally finds difficulty in committing in relationships (Donovan, 1975). This person is likely to question the value of relationships, and therefore may have tenuous incentive to commit to them. The reluctance to

commit is the clinical feature most frequently observed among intimacy avoiders. This reluctance or fear to commit is associated with anxiety (Ingram, 1986), and is often transformed unconsciously into an insistence on freedom or counterdependence.

*Fear of abandonment and/or engulfment.* Individuals who are still struggling to commit to an identity are, in general, in denial of the importance of interpersonal relationships and anxious about the self being overwhelmed in a close relationship (Papini et al, 1989).

*Estrangement.* The moratorium status individual is most likely of the four categories to feel socially excluded or isolated (i.e., "I don't belong"). According to the sociometer model of self-esteem (Leary et al, 1995) the individual's self-esteem system constantly monitors others' reactions and alerts the individual to the possibility of social exclusion. Individuals' self-esteem parallels their assumptions about whether a given event would lead others to accept or reject them. How included people feel in social situations correlates highly with their self-esteem feelings. Thus, the individual who feels estranged from others experiences lowered self-esteem.

#### *Identity-foreclosed status*

*Lack of intimacy.* When the identity is prematurely defined before full exploration and development is complete, one casualty is the loss of intimacy in relationships. A primary belief that may hinder the development of intimacy is the dysfunctional belief that intimacy leads to the loss of personal control and power in a relationship (Kayser & Himle, 1994), a threat of particular concern to someone whose very identity has been established by an outside authority. They "remain fearful of the pain, the vulnerability, and perhaps most important, the loss of self" (Lutwak, 1985, pp. 19-20).

*Authoritarianism.* The authoritarian personality structure expresses itself chiefly in oversubmissiveness to superiors and a latent sadism against inferiors (Wilke, 1977). The person with foreclosed identity projects unconscious demands for authority and prestige, having identified power as outside himself, thus requiring identification with it. Punitive and harsh parenting styles tend to create in the grown child a legacy of unresolved negative emotions (such as fear, anger, and helplessness) and punitive, authoritarian adult attitudes (Milburn & Conrad, 1996).

*Inhibition, strict self-imposed limitations.* The message that caused this individual to stop short of establishing his/her own identity was, "Don't be me. I am not to be trusted to simply do what comes naturally. Rather I

must follow the lead of a more trustworthy person who knows better than I who I *should* be.” This individual has become cautious, calculating each next move to insure that it fits the prescribed formula.

*Projection.* People sometimes project onto others their own unacceptable thoughts or traits rather than “own” them. Because the feelings or desires are judged to be negative, the other upon whom they are projected is seen as bad. People may also project onto others their own unattainable (incompatibly positive) aspects rather than acknowledge them, threatening a poor self-image. In either case, of course, the person is rejecting an integral part of his/her identity.

### Identity-diffusion status

*Anxiety.* Individuals in the diffused identity status have the highest level of anxiety (Marcia & Friedman, 1970). The six somatic symptoms associated with generalized anxiety disorder (DSM-IV) are (1) restlessness, (2) easily fatigued, (3) difficulty concentrating, (4) irritability, (5) muscle tension, and (6) sleep disturbance. All are distractions from a clear experience of self in one’s life.

*Fear of loss of identity in intimacy.* One can experience losing identity through role engulfment in relationship with another, i.e., constricting oneself to a narrow role definition with lack of social roles outside that narrow definition. Such a loss of self is associated with lower self-esteem and mastery and with greater depressive symptomatology (Skaff & Pearlin, 1992). Lutwak (1985) found that individuals with a high fear of intimacy tended to exhibit:

- A high resistance to risk taking
- A high need for safety and security
- A high need to appear self-contained and emotionally independent
- A profound sense of insecurity about the consequences of caring
- A general belief that marriage is a deception or a trap
- An inability to deal with feelings of any intensity, particularly anger
- A feeling of being unlovable
- A strong need to defend against financial dependency

*Self-criticism.* Some people devote a great deal of energy to self-criticism, which requires self-conscious attention and harsh judgment. The individual may fault his/her performance by imposing an unrealistically high standard, or by contrast, may reaffirm, through self-blame, a neurotically low standard. Either self-critical approach protects the person against the “threat” of dramatic successes. A person may develop “pride in failure,” boasting in reverse by engaging in severe self-condemnation and

denouncing him/herself as exceptionally unworthy. Self-criticism may actually safeguard the limited self-esteem of a diffusely identified person by reducing challenges to the identity (Grayson, 1983). Memory research (Schacter, 2000) shows that memories involving regret, trauma and other potent negative emotions tend to persist over time, to be written in memory with indelible ink, and that it is especially true if the memory reinforces one's self-image. If you think of yourself as a screw-up, you'll have a hard time erasing the memory of the time you spilled wine all over your boss. For that reason, the self-reinforcing cycle of self-criticism is a powerful impediment to gaining a positive sense of self.

Baron (1990) examined the effectiveness of countering the negative impact of destructive criticism. Interventions involving a direct apology from the source of criticism or information attributing the criticism to causes other than the critic's harmful intentions were most effective. In contrast, an intervention involving the opportunity to express irritation toward the critic actually increased negative reactions to destructive criticism. Clearly, this also explains how the self-critical individual, who then feels irritated at his/her self-criticism, reinforces the negative cycle.

*Self-doubt and mistrust of knowing.* An individual's disbelief in or dismissal of the validity of their feelings, needs or interpretations of experience reflects a diffused identity. Portnow (1997) identifies two types of self-doubt. One, labeled 'developmental doubt,' reflects doubt about biographical, historical and thematic issues and is linked to questions of identity formation. Individuals expressing this type of doubt have overall positive self-esteem and describe themselves as having received parental support for their knowing, but as having lost confidence in their needs, thoughts or feelings. The second type, labeled 'dispositional doubt,' is related to individuals' long-standing negative orientation to their knowing, automatically devaluing or suppressing needs and feelings. Men and women with this type of doubt frequently depict themselves as outsiders, have low self-esteem and experienced little, if any, family support for their sense-making. Lynch (1999) identifies two strategies of coping with self-doubt to create an image of competence for others: self-handicapping and overachievement. Self-handicapping involves the creation of obstacles or the withdrawal of effort on a task, allowing its user to maintain the appearance of competence in spite of failure. Overachievement involves an excessive expenditure of effort to guarantee a successful outcome.

*"Imposter" syndrome.* Some people have the experience in virtually every facet of their life that they are "faking it" and that nobody knows, but that they are only one miscalculation or mistake away from exposing

themselves for the fraud they really are. They are generally perfectionists, discounting any effort that falls short of the unattainable “perfection.” Depression is associated with both perfectionism and imposterism (Street & Lester, 2000). Impostor feelings are shown to be associated with such characteristics as introversion, trait anxiety, a need to look smart to others, a propensity to shame, and a conflictual and nonsupportive family background (Langford & Clance, 1993). These people live their life in a straitjacket of premeditation and fear of exposure, avoiding real intimacy, real emotion, and real life.

A constituent behavior is self-monitoring, a person’s motivation to alter his/her self-presentation to fit perceived social requirements, to project an intended image. The social behavior of those high in self-monitoring seems to be guided by situational factors (the anticipated response of others), whereas that of those low in self-monitoring seems to be guided by their internal states (Dieterich, 2000).

*Indecisive.* People with more diffuse identity demonstrate an inability to make decisions due to self-doubt. Refer to the comments on indecision in the section on Covert Avoidance, page X\*.

*Lack of trust in the world.* People with more diffuse identity demonstrate a lack of belief in the trustworthiness of others (Protinsky et al, 1982). Further, research documents that lack of trust in others contributes to fear of intimacy, i.e., people whose parents taught them not to trust strangers during childhood have greater fear of intimacy as adults (Terrell et al, 2000).

*Difficulty finding and maintaining spiritual connection.* Individuals with diffused identity report a lower sense of positive relationship to God than all of the other identity groups (Marigliani, 1997). Lack of trust in the world (God) and fear of intimacy obviously contribute to the difficulty in creating a close positive relationship to God or a Higher Power.

*Despair.* An individual whose self-identity incorporates despair usually feels isolated and limited (“I am alone” and “I’ll never accomplish my goals”). Despair originates as an infant experience of being forced to relinquish its expectations of gain from the primal caregiver, and thus to acquire the unconscious belief that help in the real world does not exist (Alexander, 1997).

### ***Openness to experience and identity***

As previously stated, psychological openness may determine the degree, frequency and duration of identity exploration entered into by an

individual. Openness is a central personality “constant” that affects ego development and identity formation (Tesch & Cameron, 1987):

The relationship between openness to experience and identity formation observed in the present study supports Rogers’s (1961) theory regarding the importance of openness for positive personality growth. In addition, these results may help to unify some seemingly unrelated findings in the literature on ego identity. In composite sketches of each identity status, Donovan (1975) described the moratorium status as energetic, curious, and restless, whereas the foreclosure status was lacking curiosity and self-awareness. Somewhat similarly, Read et al (1984) reported that of all the identity statuses, foreclosure was the least analytical and philosophical. As discussed earlier, openness to experience may be the underlying aspect of personality structure accounting for the links between identity formation and curiosity, self-awareness, philosophical bent, poetry writing, and cultural sophistication. That is, openness to experience may lead to both exploration of alternative identities and to introspective and expressive behaviors, thus creating indirect associations between identity formation and various behavioral manifestations of openness to experience.

. . . a tendency toward psychological openness may facilitate exploration of identity which in turn leads to greater self-awareness and openness to experience. Conversely, a person who is less open to experience may not become aware of identity alternatives, and the premature foreclosure of identity might further depress the level of openness (pp. 627-628).

The resolution of identity formation often extends beyond adolescence (Cramer, 1998; Josselson, 1973, 1996; Kroger & Haslett, 1991; Marcia, 1976; Orlofsky et al, 1976; Tesch & Cameron, 1987; Waterman et al, 1974). Over time, one’s identity status in adolescence may progress to a more mature and self-directed status, remain stable, or regress to a less mature status. For example, some adolescents may have foreclosed their formation of identity only as a sequential step toward engaging in an exploration of alternatives and actually reaching achieved status. Others may lock into the identifications of their foreclosed status as a lifelong identity. Kroger (1995) refers to these two cases as “developmental” and “firm” foreclosure identity status, respectively. We might extend the concept and terminology to the other statuses as well. Many individuals in the moratorium group will move into the achieved status, while some will remain developmentally arrested in the struggle for a lifetime. Some adolescents in the diffused identity status will no doubt continue their growth process and resolve their struggle for identity, while others will not. To be successful, the personal transformation process in mature adulthood must address the individual’s need for identity re-evaluation and re-formulation through continuing openness to identity exploration.

One aspect of the reflected identity that is rampant in most modern cultures is that of identifying oneself with *doing*, *having* and *achieving* at the expense of simply *being*. Many people learned very early to suppress

tendencies to unstructured and unproductive thought or activity, considering them to be unacceptable and wasteful deficiencies, the inability to be good enough, the failure to measure up. They repressed that part of themselves into the shadow. Pediatrician and psychoanalyst D. W. Winnicott stressed the importance for young children of having time in unstructured states of being (Greenberg & Mitchell, 1983). The experience of formlessness and comfortable solitude is necessary in the development of a healthy self-identity. If the child is repeatedly interrupted in these experiences by a demanding caregiver, he/she becomes prematurely and compulsively attuned to the demands of others. This child loses awareness of its own spontaneous needs and develops a false sense of self based on compliance and performance. Therefore, Winnicott defined two essential elements of parenting in early childhood: sustained emotional bonding, and space to be and rest in unstructured being, called "going-on-being."

The final progression toward identity consolidation brings a self-referenced (internal and individual referent) self-definition. Let us call it *existential identity*. Existential identity is the ultimate expression of agency, of experiencing everything as choice, expressed as "I choose my experience" or "I am 100% accountable for my experience." It is a sense of sovereignty of the self. Such an individual avoids the narcissistic beliefs in being the center of the universe, however, through a clear need for relatedness with nature, with others, and with his/her own conception of God. Existential identity is defined to be, then, the ultimate achievement of balance between the seemingly incompatible needs of autonomous separation from others and intimate affiliation with others (including the spiritual connection), without feeling threatened and without narcissism.

Three factors are crucial in developing existential identity (von Broembsen, 1989b). One is the understanding that I am not defined by the roles I enact, whether self-oriented or other-centered, nor by the response I get from others, whether supportive or critical. Two is the recognition that every experience chosen serves some intrinsic need or striving of my own, whether it be healthy or pathological. And three is the acknowledgement of an indwelling lucidity for making conscious choices that are congruent with supporting and expanding the healthy aspects of the self and extinguishing any maladaptive conditioning.

Identity is essentially connected to conscious awareness and, alternatively, to dissociation. Indeed, identity confusion and identity alteration are two of the five symptom areas of dissociation, along with amnesia, depersonalization, and derealization (Benjamin et al, 1998).

*Openness Traits: Antidote to Disordered Identity*

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| <ol style="list-style-type: none"> <li>1. Continuity of self</li> <li>2. Non-judgmental perception of self and others</li> <li>3. Integrity of spirituality</li> <li>4. Nonattachment to role, image, or identity</li> <li>5. Increased awareness of subtle energies inside and outside of the body.</li> </ol> |
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*Continuity of self.* The psyche has a capacity to experience a fixed point of reference to which one may return so that he/she can assimilate new experiences without loss of identity. An example of an unhealthy method of creating that continuity of self is the individual whose relationship with his/her obsessions provides the necessary sense of identity within the “closed system” of addiction (Smith, 1986). An example of an open, healthy method of creating that continuity of self is one’s ability to maintain “sacred space” in his/her life. The need for home, a safe holding environment, is satisfied by an inner psychological dimension not limited to and dependent on geographic location or personal identity. Creating sacred space is an archetypal intention to invest kinship libido in people, animals and objects that are within the boundaries of a known world, beyond those of the personal self (Hill, 1996).

*Non-judgmental perception of self and others.* Acceptance and nonjudgment of oneself, i.e. trust in oneself, affects self-esteem consistently throughout life, from adolescence to senescence (Amagai, 1997). Usually, people are more judgmental toward themselves than anyone else; overt criticism of others belies an even more harsh internal critic. Those incessant judgments of oneself invariably erode self-esteem, whereas an open and accepting internal voice enhances self-esteem.

*Integrity of spirituality.* Openness leads to the integration of one’s spirituality with every other aspect of his/her life. We might define spirituality as the human capacity to ask ultimate questions about the meaning of life and to experience simultaneously the seamless connection between all individuals and the world (Wolman, 2001).

*Nonattachment to role, image, or identity.* The normal adolescent developmental stage from age 12 to 18 is focused on clarifying the distinction between one’s roles and identity. However, that process is an ongoing one for most people. When an individual identifies with an image or an identity, he/she “takes on” the accoutrements associated with it. For example, identification with an addiction may lead to increased

involvement in the addictive activity, whereas identification with behaviors incompatible with an addiction may lead to reduced involvement in the addictive activity (Walters, 1996).

*Increased awareness of subtle energies inside and outside of the body.* Stress (unresolved issues of anger and fear) chokes the human spirit, the life force of human energy, which ultimately affects the physical body (Seaward, 2000). From the perspectives of both physics and metaphysics, stress is a disruption in the state of coherence between the layers of consciousness in the human energy field. Openness reunites mind, body, and spirit, treating health as a function of coherence among the energy levels of these components.

### **Worthiness/Unworthiness**

The final primary existential theme is *Worthiness* (the degree to which “I accept myself and embrace life fully”) or *Unworthiness* (“I am not worthy to exist”). This soul is struggling with God for justification of its existence. Am I significant? Am I worthy to express my true feelings? to enjoy abundance in life? to move through life with ease rather than struggle? to have an intimate relationship with God? Ultimately, am I worthy to exist? Unworthiness is ego-centric, manifested either as inferiority or as grandiosity. They are one-in-the-same.

Here let us discuss shame, which is inevitably bound up with the process of reinforcing a sense of unworthiness. Kaufman’s (1974) analysis of the genesis of shame goes as follows: a child’s needs for recognition and acknowledgement are ridiculed or ignored by the primary caregiver (parent). For example, a child runs up to her father as he walks in the door after a difficult day of work, expectantly wanting approval for something she accomplished that day. Dad is too tired to attend and fails to respond, or says, “You always pester me just when I get home!” or “When are you going to grow up and stop asking me to look at everything you do?” The child sees the parent as infallible, and so interprets the parent’s rejection as unworthiness: “If I’m not bad, then my need would have been met,” or “If there wasn’t something wrong with my need, it would have been responded to.” The child, feeling exposed and defective, protects him/herself from the possibility of additional hurt by withdrawing and vowing to keep any future weakness (need) hidden. Concluding that he/she is trapped in feelings of inadequacy and shame, a common response is rage. Rage insulates the child from experiencing the unbearable inner feelings of hurt, guilt and self-loathing. Rage also protects against further

experiences of shame by masking one's vulnerability and keeping others away. The rage may be inner-directed (self-blame and self-hatred) or other-directed (which is then projected onto anyone attempting to create intimacy).

There are three progressive stages in the development of a sense of worthiness. Initially, the central concern is belonging. Building on the base of **belonging**, one develops a sense of **uniqueness** of personal identity, and finally **worthiness**. This progression can be observed in the womb, in the infant, in the child, and in the adolescent. For example, developmental studies have identified the progression of these three stages in adolescence as: *belonging* in early adolescence, ages 11-13; *uniqueness* in middle adolescence, ages 14-16; and *worthiness* in later adolescence, ages 17-19 (Barrett, 1996).

The existential theme of worthiness relates to Fromm's basic need for relatedness, demanded in response to one's existential separateness and isolation. We need to be connected with others, and may concentrate that connection around intimacy, or various alternatives to intimacy, such as comparison, competition, avoidance, or emotional detachment. We also need connection with a spiritual source, and may structure that relationship around a sense of grace, or struggle, longing, blame, abandonment, or confusion. We need to believe that our life is significant, that we have some purpose for living, and may experience that purpose as a boon or a burden, as clear or inscrutable.

### *Various Forms of "Unworthiness"*

<i>Shame-based behavior</i>
1. Perfectionism ("I'm never good enough")
2. Living in the past or future, or in the chaotic present
3. Lack of clarity regarding one's purpose in life
4. Fear of intimacy
5. Self-absorption
6. Spiritual struggles (not worthy of God's love)
7. Authority issues with God (blaming God)
8. Shame
9. Unmanageable responsibility ("It is too much for me")
10. Abandonment by God (" <i>spiritual exile</i> ")

*Perfectionism.* Perfectionism is the attitude of negative self-talk which maintains one's focus on any flaw at the expense of not appreciating all that is not flawed. Aspects of perfectionism are concern over mistakes, doubts over performance, and perfectionist self-presentation (i.e., an

unwillingness to disclose imperfection to others). When people experience a discrepancy between their personal standards and their actual performance, their depression levels increase and self-esteem decreases (Accordino et al, 2000).

*Living in the past or future, or in the chaotic present.* Preoccupation with what the future holds in store (worry), or ruminations about what cannot be changed (in the past) manifest one's unworthiness to fully experience this present moment. Worry has substantial correlations with procrastination and perfectionism, particularly with perfectionist concern over mistakes and doubts. Moreover, adult worry is related to having experienced parental criticism and excessive expectations in childhood.

Two extremes on a continuum of life experience might be characterized as *rigid* and *chaotic* (Ausloos, 1986). In families with a rigid culture, time is arrested in the sense that an original standard of behavior is established and then remains unchallenged and unchanging. The past dictates the present and the future through the traditions that become rooted as mythically ordained. In families with a chaotic culture, events tumble from one to the next, incessantly creating disarray. Time is carved up, fragmented, and constantly interrupted. The past is forgotten as rapidly as it happens, and since no stable pattern can be observed, no real plans for the future can be made. Unfortunately, living in this chaotic present is really closer to living in a never-realized but ever-anticipated future.

*Lack of clarity regarding one's purpose in life.* Acknowledging that I have a purpose, let alone assuming the prospect of implementing it, is daunting. Brende (1983) identifies difficulties in experiencing a life purpose and meaning, along with difficulties sustaining relationships and expressing emotion, as borderline and narcissistic characteristics which may result in self-defeating behaviors.

*Fear of intimacy.* It is clear that defenses formed in childhood act as a barrier to closeness in adulthood (Firestone & Catlett, 1999), and that fear of intimacy goes hand-in-hand with loneliness (Descutner & Thelen, 1991). Other traits or states related to fear of intimacy are high resistance to risk taking, strong need for safety and security, strong need to appear and behave as if emotionally independent, strong fear of getting hurt in an emotional relationship, general belief that marriage is a trap, inability to deal with intense feelings, feeling unlovable, and strong need to defend against financial dependence (Lutwak, 1985). Lutwak quotes Greenson (1962) in discussing "counterfeit emotional involvement" where individuals can be together physically yet never take the risk of allowing themselves to be emotionally touched for fear of getting hurt. Two people,

both of whom are fearful of intimacy, may attract each other and form an unspoken, perhaps unconscious, agreement to have a counterfeit emotional involvement. One or both of them may even lament that intimacy is missing in the relationship, perhaps blaming the other as emotionally unavailable.

*Self-absorption.* Self-absorption is a state of rigid and enduring self-focus. Research (McKenzie, 1998) documents that self-absorption is positively related to depression, self-consciousness, social anxiety, rumination, and personal distress. It is negatively related to extraversion, social desirability, self-esteem, and self-efficacy. "Clinicians have long noted the links between excessive self-focus and a broad range of psychological symptoms, including anxiety, depression, social phobias, and so forth. . . . Even in the area of physical health, some research suggests that excessive self-focus is a risk factor for coronary heart disease (Scherwitz & Canick, 1988)" (Tangney, 2000, p. 79). In the extreme, self-absorption becomes Narcissism.

*Spiritual struggles.* A basic dilemma exists regarding acceptance of God's loving embrace: because I am an imperfect human being, I do not deserve it, I am not worthy of God's love or acceptance. Therefore, I must accept it as grace, or struggle to deserve it. An individual who has not experienced unconditional love from a caregiver or significant role model cannot surrender to God's loving embrace as grace, and therefore struggles futilely with the spiritual relationship.

*Authority issues with God.* The individual experiencing authority issues with God, who blames God, is dismissing-avoidant among the three styles of coping with attachment discussed by Fishtein et al (1999). Being dismissing-avoidant in relationship with God is the consequence of fear of attachment in the spiritual relationship.

*Shame.* Because the need for connection is so basic, experiences of disconnection or isolation can be devastating. Shame involves a profound sense of longing for connection and feeling *unworthy* to be in connection (Jordan, 1997).

*Unmanageable responsibility.* The individual who feels overwhelmed with obligations and responsible for everything, believing that others are incapable of doing anything adequately, is bound to feel inadequate and unworthy. The expectations of oneself are impossible to meet, leaving the individual constantly feeling "It is too much for me," or "I am not enough for the challenge."

*Abandonment by God ("spiritual exile").* The experience of an individual feeling separate from God is deeply painful, and results in some

form of attempted self-soothing. Carl Jung told Bill W., the founder of Alcoholics Anonymous, that “craving for alcohol was the equivalent, on a low level, of the spiritual thirst of our being for wholeness” (Jung, 1987, p. 20). The root cause of the feeling of separation from God is unworthiness, and it becomes a vicious cycle when the feeling of separation results in additional feelings of unworthiness.

### *Openness to experience and worthiness*

Belonging, uniqueness and self-worth grow naturally from humility, forgiveness, completion and compassion. The result is a sense of sacredness in everyday life.

#### *Openness Traits: Antidote to Unworthiness*

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| <ol style="list-style-type: none"> <li>1. Humility</li> <li>2. Forgiveness</li> <li>3. Completion (no unfinished business)</li> <li>4. Compassion and selfless service</li> <li>5. Sacredness of everyday experience</li> </ol> |
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*Humility.* A sense of self-worth is based on honest assessments of one’s own being and contribution, not on exaggerations of either one’s strengths or weaknesses. Research (Tangney, 2000) identifies the key elements of humility to include:

- accurate assessment of one’s abilities and achievements (not unduly favorable or unfavorable)
- ability to acknowledge one’s mistakes, imperfections, gaps in knowledge, and limitations
- openness to new ideas, contradictory information, and advice
- keeping of one’s abilities and accomplishments – one’s place in the world – in perspective
- relatively low self-focus, a “forgetting of the self”
- appreciation of the value of all things, as well as the many different ways that people and things can contribute to our world

*Forgiveness.* Witvliet et al (2001) compared the results of two ways of dealing with interpersonal offenses: preoccupation with hurtful memories and nursing grudges (i.e., unforgiving) or cultivating an empathic perspective of granting forgiveness toward the offender(s). Forgiving thoughts prompted greater perceived control and lower physiological stress responses than an unforgiving preoccupation. The results confirm the

psychophysiology literature, and suggest that chronic unforgiving responses may erode health (mental and physical) whereas forgiving responses may enhance it.

*Completion (no unfinished business).* For most people, the past is alive in the present in the form of unfinished business and uncompleted developmental tasks. As what was left unfinished is resolved and completed, the person opens to the immediacy of the present moment, reducing reactivity and increasing self-esteem. The healthy person asks, “Is there anything that I need to say or clear up that I haven’t?” and then sets out to establish completion where it is needed. Completion allows one to live fully, prepared to meet the uncertainty of each moment without regrets.

*Compassion and selfless service.* Deep acceptance and compassion for oneself and others can lead only to heartfelt service. Abraham Maslow spoke to this point:

Self-actualizing people are, without one single exception, involved in a cause outside their own skin, in something outside of themselves. They are devoted, working at something, something which is very precious to them – some calling or vocation in the old sense, the priestly sense. They are working at something which fate has called them to somehow and which they work at and which they love, so that the work-joy dichotomy in them disappears (1967, p. 280-281).

The experience of feeling “grace” while in selfless service to others is characterized as a transpersonal, transcendent, and mystical experience that dissolves the boundaries of one’s ego-self, expanding the context of life to incorporate the sacredness of everyday experience. Research has documented seven themes associated with the experience of grace: feeling present in the moment, often with heightened awareness; feeling oneness or connection, often without fear; feeling blessed and/or loved; feeling energized; feeling guided; feeling peace; feeling joy (Gowack, 1998).

*Sacredness of everyday experience.* Satisfaction with life is one outcome of an individual’s receptivity to experience. The tendency to find sacred meaning in daily experiences is positively associated with Satisfaction with Life and with Purpose in Life (Byrd et al, 2000). Emmons (2000) considers the ability to invest everyday activities, events, and relationships with a sense of the sacred or divine to be one of the core components of spiritual intelligence, the set of skills and abilities associated with spirituality that are relevant to everyday problem solving. Adams (1996) defines the core of experiencing the sacred as revelation and awareness of an essential, interpermeating communion between self and world.

## **Wisdom: Reclaiming Inner Resources**

In transformational healing work, we heal the wounds and reclaim the lost resources. The single most effective defense in our resistance to life, in denying our personal power, in confusing our true identity, and in promoting our unworthiness is the concealment of inner resources from oneself. Such concealment, repression and denial are the primary dynamic underlying self arrest of development, self-limitation and ultimately self-destruction.

Positive resources may be repressed, and the subconscious may be the dwelling place of the positive forces that are arrested and unfulfilled. Socialization processes in the family and in society may create a barrier against the use of personal potentials, distance one from one's true self, and encourage obedience and adaptation (Erickson et al, 1976). This approach expands the concept of the subconscious: it is not only the place of forbidden wishes and destructive drives, but also of abilities that have been forbidden. Therapy based on this approach helps the patient to know his resources, and acknowledge his ownership of them (Berman, 1999, p. 212).

Let us look carefully at the concept of wisdom for clues about the nature of reclaiming inner resources, of replacing the old dysfunctional entrenched defensive patterns with traits of spontaneous and open nondefense.

Research (Kramer, 2000) documents that people who are generally considered wise share the following attributes:

- openness to experience
- promotion of their own personal development and enjoyment of learning
- enrichment of relationships
- critical awareness and tolerance of ambiguity and complexity
- self-clarity including a critical stance toward oneself
- capability of finding purpose and meaning in life's turbulence and using their negative emotional experiences as catalysts for emotional growth, enriched understanding, and exploration of deeper meanings of human experience
- ability to see patterns in their experience and life choices, and to use the insights gained to help themselves and others
- concern for others' welfare and a lack of self-absorption
- acceptance of, indeed embracing of their own negative and positive characteristics for greater wholeness in the self

Wise people have learned to view the positive and negative and synthesize them to create a more human, more integrated sense of self, in all its frailty and vulnerability. This allows for openness, nondefensiveness and less judgmentalism, as well as a catalyzing influence of negative emotions. As Joan Erickson (1988) points out, for the virtue of wisdom to develop in later life, one must balance ego integrity with its opposite, despair (Kramer, 2000, p. 94).

Erik Erikson (1979) suggests that wisdom is the ego strength of the final developmental stage. He defined wisdom as “the detached and yet active concern with life itself in the face of death itself, and that it maintains and conveys the integrity of experience in spite of the disdain over human failing and the dread of ultimate nonbeing” (p. 60). He believed that an individual fulfilled his/her life cycle “finding terminal clarity,” and that a final “existential identity” emerges from the culmination of one’s psychosocial development (Hall, 1983).

The description of a wise person bears a marked resemblance to the concept of *existential identity*, explored earlier in this article, and to the sum of the openness traits described above. The resolution for inauthentic life patterns is to openly face the basic life issues, awakening in each experienced moment to the spontaneous, the magical, the real, the sacred. Indeed, “awareness of existential issues is a prerequisite for personal adjustment and authentic existence” (Stevens, 1992, p. 32).

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