

Chapter 2

Life Transitions and Stress in the Context of Psychosocial Development

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I was discussing a movie, “The Eternal Sunshine of the Spotless Mind” with a group of clinical psychology students – psychotherapists-in-training. As we were musing about the relationship between suffering and growth, one fresh-faced student remarked that he thought that just as much growth issued from positive experiences as from negative ones and that, perhaps, negative ones weren’t necessary at all for personal growth. From the perspective of 70 years, 40 of which have been spent doing psychotherapy, I was speechless, gasping inwardly at such breathtaking naivete. Then I recalled being a fresh-faced psychotherapist-in-training myself and a graduate school friend, older than I by at least 10 years, told me that he was reluctant to talk with me about his marital problems because, as he said, “You just don’t have the experience necessary to understand.” He was right, but I was hurt by his response. That I still remember it is important. It was a negative experience; I felt badly; and I learned from it.

Although generally optimistic, I confess to a “tragic view of life.” I believe that all growth involves change, that change means loss (of a previous position, of a certain view of oneself and the world), and that loss is painful. Undergoing disequilibrium and subsequent accommodation (change) is not a pleasant experience; that is why so many avoid it, preferring assimilation (remaining the same) instead. But meaningful change and growth inevitably entail some suffering. So, although this article is not intended to celebrate pain, it does recognize the necessity of some suffering as one transits life stages and stretches oneself to adapt to stressful situations.

The effects of life stressors and the impact of life transitions occur within the context of overall lifespan development. In order to understand the meaning of such potentially disruptive events for the individual, it is important to understand what the general course of adult development looks like. The only developmental psychological theorist to lay out a course of expectable life cycle development is Erik Erikson (1980). He has outlined eight psychosocial developmental periods extending from birth to old age. Each period is framed by descriptors such as “young adult,” “middle age,” etc. As the human life span has increased, the boundaries of these chronological

periods have become increasingly elastic; however, they do provide a rough guideline as to average expectable development over the individual's life course (Marcia 1998a, 2002, 2004).

The basis for these stages of growth lies in body changes, social expectations concerning these changes, and social/cultural institutions within which the resolution of the crises involved in each of these stages takes place. For example, at adolescence, the individual is undergoing significant physiological, sexual, and cognitive changes. Social institutions within which these changes are more or less accommodated and supported are schools, peer groups, vocational preparation, armed forces training, religious rites of passage, etc. Such social institutions have evolved with reference to individual needs and abilities and, in the best cases, make reasonable demands and provide appropriate rewards. In Erikson's terms, there is a kind of "cog-wheeling" between the individual and the social context. Because social changes sometimes occur at a glacial pace and because individuals do differ in their needs and abilities, these institutions tend to function on a lowest common denominator basis. Hence, while many find their social context confirming, a significant number of others are discontented with the contexts furnished by their particular civilizations.

It is not just external events that impact individual growth and development, but built-in conflicts. Each Eriksonian stage consists of alternative possibilities, indicated by the term "versus" (e.g., identity vs. identity diffusion, intimacy vs. isolation, etc.) Hence, each developmental stage is a **crisis** wherein the individual may move forward, backward, or remain stuck. Below is a simple eight-stage version of Erikson's developmental scheme. Approximate chronological periods are indicated on the left perpendicular; stages of ego growth are located along the diagonal (Fig. 2-1). The resolution of each stage

CHRONOLOGICAL AGE							
OLD AGE							Integrity vs Despair
ADULTHOOD						Generativity vs Stagnation Self-absorption	
YOUNG ADULTHOOD					Intimacy vs Isolation		
ADOLESCENCE				Identity vs Identity Diffusion			
SCHOOL AGE			Industry vs Inferiority				
PLAY AGE		Initiative vs Guilt					
EARLY CHILDHOOD		Autonomy vs Shame, Doubt					
INFANCY	Basic Trust vs Basic Mistrust						

Fig. 2-1. Simplified Eriksonian Developmental Chart

is assumed to be a necessary condition for the resolution of a succeeding stage. For example, a sense of intimacy at young adulthood is assumed to be necessary for the development of generativity at middle age; successful generativity is necessary for genuine Integrity at old age.

While this seems simple enough, the picture of adult development is more complex – just as individual human development is more complex than could be conveyed by any chart. The resolutions of stages beyond adolescence are not simple “either-or” matters. These stage resolutions take the form more of a dialectical synthesis in which the “positive” pole of a crisis becomes a thesis, the “negative” pole an antithesis, and the individual’s resolution his or her own particular synthesis. Furthermore, this synthesis incorporates some elements of **both** the positive and negative elements. There is no real generativity without elements of stagnation and self-absorption and no Integrity without an abiding sense of despair. Nevertheless, the emphasis on the new integration remains on the positive pole.

In order to flesh out the meaning of these stages, I shall describe the stage content extending from adolescence through old age. I begin with adolescence because that is the time – especially late adolescence – when the most important of the post-childhood stage resolutions, identity versus identity diffusion occurs. This is the most important resolution because identity is the only truly structural component of Erikson’s theory. The identity structure formed for the first time at late adolescence is a crucial component of development throughout the adult life cycle. The earlier childhood stage resolutions provide the necessary scaffolding for identity development in adolescence – especially the formation of basic trust at infancy. However, this article concerns mainly adult development, so my focus is only on psychosocial stages beginning with adolescence.

Psychosocial Stages from Adolescence Through Adulthood

Identity

The beginning of childhood’s end in early adolescence sees the young person hopefully having accrued all of the psychosocial raw material needed for achieving Freud’s vision of optimum development: the ability to love (basic trust, autonomy) and to work (initiative, industry). Identity formation becomes paramount during this life-cycle era because the individual is required to make a transition both physically and socially from child to adult, from receiver to provider. Until this time, the young person has made a number of part-identifications: that is, he or she has identified with some aspects of other people and with some aspects of the self, and has been generally content with playing different roles at different times without much concern for integration. The changes that are attendant upon puberty and subsequent adolescence have two effects: they disequilibrate the fairly structured life of the latency-aged child; and they require an accommodation in the form of a new integration of physique, sexuality, ideology, abilities, personal needs, and perceived social demands. Having traversed the early adolescent periods of de-structuring and re-structuring, the individual arrives at late adolescence with an identity that has become consolidated for the first time and is to be tried out in the world.

Our research (Marcia et al. 1993) indicates that two processes are important for identity formation: the *exploration* of alternative beliefs, values, and occupational goals; and a subsequent *commitment* to a selected set of alternatives. On the basis of these criteria, we have indicated four modes of identity resolution called the **identity statuses**: *identity achievement* (has undergone exploration and made commitments); *moratorium* (is currently exploring alternatives with commitments only vague); *foreclosure* (committed, but with no exploration); and *identity diffusion* (uncommitted with little genuine exploration). Described briefly, *achievements* are solid, directed, and open to identity-relevant information; *moratoriums* are struggling, interpersonally engaging (sometimes exhausting) and, usually, moving toward the commitments that will constitute an identity; *foreclosures* appear superficially content, but they maintain this through cognitive rigidity and endorse authoritarian values; and *diffusions* are scattered, without direction – at best, they are insouciant and at worst, they feel depressed and empty. More will be said about these statuses when discussing further adult development.

Intimacy

Having determined who one is, and is to be, during the previous adolescent period, the young adult now faces the task of sharing this newly minted identity with at least one other person. Intimacy refers to a relationship characterized by depth of expression of feeling, care, and concern for the other, and commitment. The risk is that in sharing oneself deeply with another, one can lose oneself unless one's new identity is sufficiently strongly flexible to permit it to be temporarily lost in merger and then recovered.

Recalling the previous statement about Eriksonian stages having a somatic basis, the prototypical situation for intimacy is sexual intercourse. This provides the occasion for merging deeply and caringly, “losing oneself in the other.” It then constitutes the model for a psychological relationship in which one can suspend temporarily self-concern and self-protection, and attend to another. Clearly, sexual intercourse is neither a necessary or sufficient condition for intimacy. In fact, the most technically proficient intercourse, if it is merely “performed” can be one of life's more isolating experiences. Rather, intimacy refers to a psychological relationship, which usually does – but may not – have a physical component.

The lyrics from a now somewhat dated Simon and Garfunkel song, “I am a rock, I am an island... I touch no one and no one touches me,” describe the position of the *isolate*. In the best psychosocial outcome, intimacy is integrated with isolation so that one develops one's own style of being both intimate and isolate, maintaining a sense of separate self while cherishing the mutuality of deep contact with another person.

There are two intermediate intimacy-isolation patterns that have been defined by research (Orlofsky et al. 1973; Orlofsky, in Marcia et al. 1993). One of the most common is the *pseudo-intimate* in which the individual is in a societally recognized context for intimacy, say marriage, but the content of the relationship is superficial and routine, devoid of deep contact. Commitment is superimposed on the relationship rather than emerging organically from it.

An example of pseudo-intimacy is the relationship of a man whom I am currently seeing in psychotherapy. He and his wife of 30-plus years are also

in couples therapy. At ages 19 and 17, he was the quarterback and she was the cheerleader. This pattern was more or less functional as he succeeded in business and she made a home for him and their two, now adult, children. Recently, he met someone who he felt truly “listened” to him, who came to know him from the inside. He is now struggling to get his wife to “hear” him in the same way. For whatever defensive reasons, she seems unable to do this, and, in search of a deeper intimacy, he may be leaving the relationship. Not for another woman – he may likely choose to be alone for awhile – but for a level of understanding that he has felt lacking. Within the past several years, I have seen at least three men whose wives have left them, seeking the same thing. The issue is not gender-specific, nor is it about “sex”; it is about intimacy.

Two other intimacy patterns, or statuses, intermediate between *intimate* and *isolate* are the *pre-intimate* and the *stereotyped*. *Pre-intimate* individuals are similar to *intimate* ones except that, at young adulthood, they do not currently find themselves in a relationship in which their values and capacities can be realized. They are rather like the *moratorium* identity status: they are on the threshold of intimacy and are searching for the “right” relationship. *Stereotyped* persons are involved in superficial dating relationships and have no particular interest in either depth or longevity of contacts with others.

Generativity

Middle age sees the development of a predominant concern with caring for the life cycles of others. The prototypical situation for this is the generation of one’s own children. Yet, *generativity* applies as well to care for any of one’s valued creations, to one’s relationship to the next generation as a mentor, and to contributions to one’s community by establishing contexts for the growth of others. In addition, one finds one’s caring directed to those older than oneself, frequently to one’s own parents as they become less capable of caring for themselves. The alternative of *stagnation* suggests a kind of lying fallow, which if continued too long, becomes sterility. *Self-absorption*, the other “negative” alternative, involves treating oneself as one’s one and only beloved child. Recalling earlier comments on the integration of positive and negative poles, generativity involves not just a balance but an **integration** of care for the other and care for oneself. The generative trap is that the better one becomes at it, the greater the expectations of others, and of oneself, for continued self-giving. Hence, an important aspect of authentic generativity is a generative approach to oneself as well as to others. Clearly, this involves an element of self-absorption; otherwise, continued uni-directional generativity can degenerate into drivenness and “burnout.” Thus, periods of stagnation may be important in leading to a renewed generativity.

Our research (Bradley 1997; Bradley and Marcia 1998) has suggested that there are three styles of generativity intermediate between *generativity* and *stagnation*, *self-absorption*. These are based upon criteria of inclusivity and involvement. Inclusivity refers to the band width of one’s care: Who qualifies? Just one’s “own kind” or a broader spectrum of the next generation? Involvement refers to the extent of investment one makes in care-giving activity. Two styles of *pseudo-generativity* are *agentic* and *communal*. The agentic person is engaged in fostering the growth of others, but only so long as they are instrumental in aiding the agentic person in the attainment of his/her personal goals.

The communal individual is involved in the nurturance of others, but the continuance of this activity is contingent upon fairly regular expressions of gratitude on the part of the object of care. In both types of pseudo-generativity, the ultimate focus of the generative activity is more on the giver than on the recipient; and the care ceases when the giver is no longer the central beneficiary. The third intermediate generativity style is the *conventional* who restrict the scope of their caring to just those others who behave and believe consistently with the *conventional* person's own values. When others stray from these values, they are disqualified from care.

Generativity, in its most highly developed form, is independent of immediate results. Generative activity is predicated upon the benefits for generations to come, on the concern for life cycles of "children" not yet born. The generative individual is engaged presently and for the future with "growing" things: persons, projects, and communities.

Integrity

Erikson's theory is unique (save for Jung's) among psychodynamic approaches in that it posits a stage of ego growth even at the end of the life cycle. Again, the body is involved, but in a more minor key. The physical issue now is the experience of physical decline, and what this means as an omen of dying and death. The individual stands at the terminal phase of his/her one and only life cycle. Pain and loss vie with psychological strength and wisdom. *Integrity* implies a sense of wholeness and completeness even – especially – in the face of physical dis-integration. Only when the whole of the life cycle has been completed, when each stage has been resolved satisfactorily, can the developed parts be fit together in an integral way. This involves some withdrawal from the generative preoccupations of the previous period, some ceasing to "do," in order to "be," and to reflect on the meaning of what one has done.

Integrity, while referring somewhat to authenticity, has more to do with wholeness. Can the parts fit together? Is there too much missing? Are there too many risks untaken? In understanding *despair*, the words of Ibsen, interpreted as the inner self-reproaches of an aging Peer Gynt (Marcia 1998b) come to mind:

We are thoughts, you should have formed us....
 We are watchwords, you should have proclaimed us...
 We are tears that were never shed; we might have
 melted the ice spears that wounded you... We are
 deeds, you should have performed us; doubts
 that strangle have crippled and bent us; a thousand
 times you curbed and suppressed us. In the depths
 of your heart we have lain and waited.... We were
 never called forth – now we are poison in your
 throat (Ibsen 1966).

Yet, there is no possibility of *integrity* without an awareness of *despair*. We have tried to capture this in our research (Hearn et al. in preparation) that outlines different patterns of Integrity resolution based upon commitment (to values and beliefs), continuity (from beliefs to actions), and comprehensiveness (solidarity with humankind). One of these patterns, called *pseudo-integrated* refers to persons who maintain a cheerful, but brittle, façade by means

of “uplifting” slogans and bromides. Another pattern, *non-exploratory*, is composed of individuals who simply go on being who they have always been with little or no reflection on the history of their lives or the meanings of those lives in other than familiar and unexamined terms. Interestingly, we found integrity resolution to be related to identity resolution. Perhaps this is because integrity depends on the continued development of the identity structure formed for the first time at adolescence, and because both integrity and identity refer to an integration of previously developed parts into a new whole.

An important shift to universality occurs with integrity development, a shift that has been going on at least since adolescence. This is reflected in the change of referent for the pronoun “we” – from “those-similar-to-me” at adolescence, to “you-and-me” at young adulthood, to “our family” at middle age, to “all-of-humankind” (past, present, and future) at old age.

Generational Mutuality

The foregoing description of the psychosocial stages of development focuses on the individual moving through the life cycle. But, in fact, the psychosocial stages reflect interpersonal interdependency (Marcia 1993). While young children and adolescents require “good enough” parental figures in order to resolve positively their ego growth issues, parents, likewise, depend upon those for whom they care for the confirmation of their generativity. For example, a teacher, engaged in promoting a sense of industry in her/his students, looks to their confirmatory responses for her/his sense of identity and generativity. The partner looks to the significant other for confirmation of intimacy. The elder looks to the culture and to significant people in her/his life cycle for some validation (and sometimes forgiveness) for her/his life cycle commitments to persons, ideas, and achievements.

Hope and the Complete Eriksonian Chart

The simple developmental chart presented at the beginning of this article tells only a limited story of the possibilities for growth inherent in Erikson’s theory. It would appear from this outline that if a stage resolution is missed, the individual is doomed to a subsequent flawed life cycle. No identity resolution, therefore, no intimacy; no intimacy, no generativity, etc. But a more complete, and, admittedly, complex view dispels this rather pessimistic outlook. There are 64, not just 8, squares in the complete diagram (Fig. 2-2). While the diagonal remains the main feature, it is important to note that every stage occurs at every other stage. For example, there is an intimacy issue at identity, and an identity issue at integrity. The vertical in this diagram represents the prefiguring of succeeding stages by preceding ones. For example, even though identity is the central issue at adolescence, it has been in development ever since infancy. The horizontal illustrates each stage’s occurrence at every other stage. For example, when the central issue is intimacy at young adulthood, issues of trust, autonomy, initiative, industry, identity, generativity, and integrity are also present – all occurring within the context of young adulthood Intimacy. And, of course, the diagonal refers to the ego strength accrued from previous stages: for example, the strength of intimate connection that is so necessary to the output of care required by generativity.

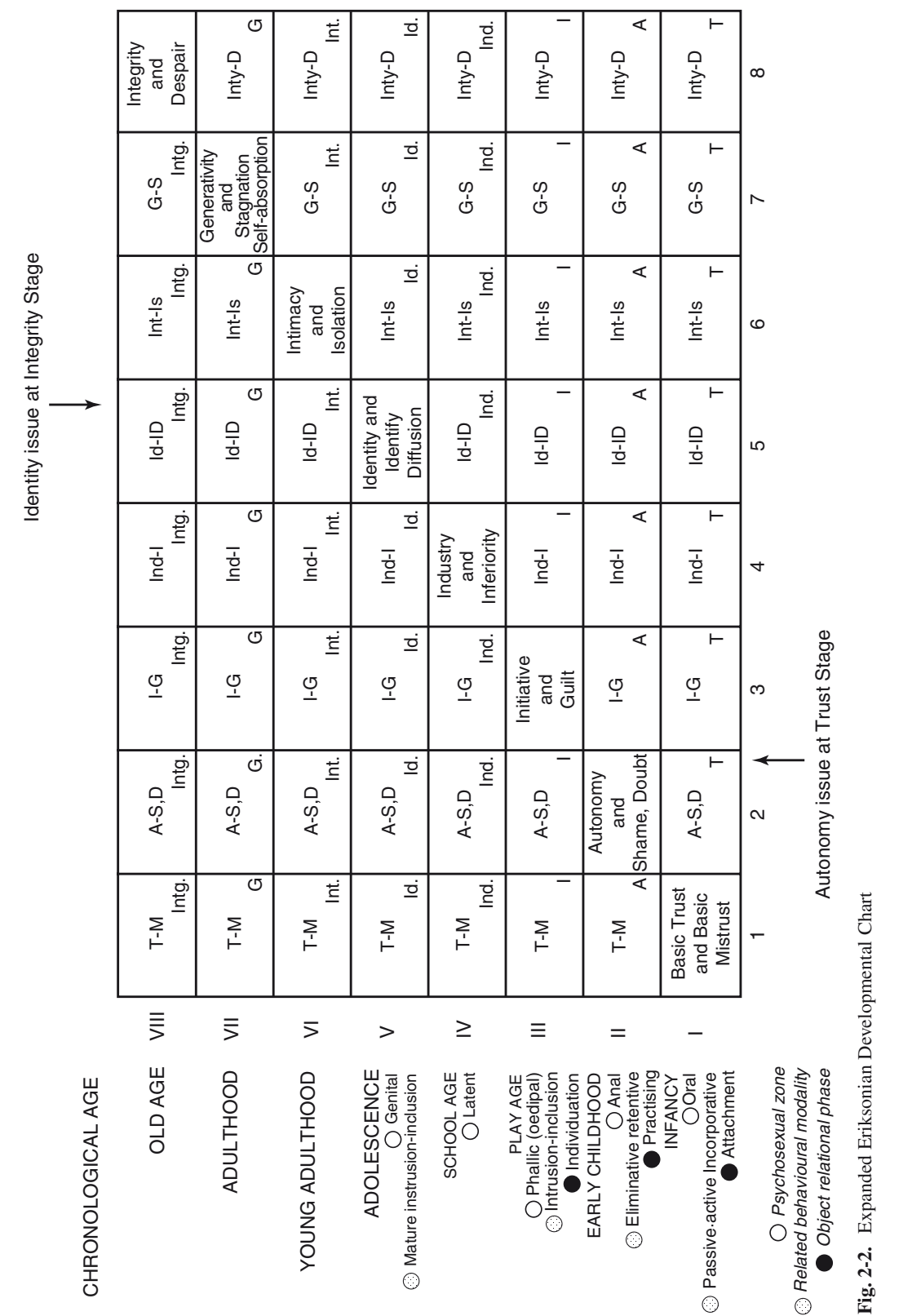


Fig. 2-2. Expanded Eriksonian Developmental Chart

For counselors and psychotherapists, this more complete diagram has special significance. It allows for both the remediation of uncompleted stages and the precocious resolution of normally unexpected ones. If an individual arrives at intimacy unprepared with a solid identity, the possibility for identity resolution still exists, albeit now in the context of intimacy. The challenge for the clinician is to handle the resolution of two (or more) psychosocial stages simultaneously. And, of course, the more incompletely resolved the previous stages are, and the earlier these stages are, the more difficult the therapeutic task becomes. But hope resides in the assumption that because each stage re-emerges in some form at every other stage, the possibility for previous stage remediation is always present – however challenging.

Similarly, the presence of each stage in nascent form before its primary period of emergence allows for premature resolution of stages. Consider the adolescent who finds herself pregnant. She must deal with identity, the “normal” adolescent task, as well as intimacy (her relationship with the baby’s father), and generativity (what is the most “caring” thing to do for both the baby and herself). It is a heavy burden, indeed. But, the form of the chart suggests the possibility for some kind of precocious resolution of these future life cycle issues in the present.

Identity Throughout the Adult Life Cycle

The first identity, formed at late adolescence, is constructed both consciously and unconsciously from the part-identifications of childhood as they are experienced by the individual in his or her socialization contexts and imagined future (Erikson 1980). Because there is no organized childhood identity to deconstruct, this initial identity formation process is largely a matter of construction: of decision-making and eventual synthesis of chosen parts. However, after that first identity is formed, succeeding ones follow the disequilibrations of that and subsequent identity structures (see also Whitbourne et al. 1992).

Normal expectable disequilibrating events are associated with each of the succeeding adult life cycle stages. Each stage involves a re-formulation of identity as one responds to the demands and rewards of each developmental era. Of course, this is true only if the individual were identity achieved at late adolescence, thus remaining open to future change. If he/she is too anxious or fearful to undergo change (as in foreclosure) preferring to ignore disconfirming information or just assimilating to an existing identity structure, then a kind of psychological stasis ensues. In order to maintain un-reconstructed the identity elements based solely upon childhood identifications the individual must be selectively inattentive (Sullivan) to identity disconfirming information (Berzonsky 1989). One way of accomplishing this is to remain in a social context similar to that of one’s childhood – a context that would pose little challenge to the foreclosed identity. That is a difficult task given our shifting and information-saturated world. Still, some persons are able to navigate themselves, unchanged (foreclosed), through late adolescence, young adulthood (pseudo-intimate), middle age (conventional), and old age (non-exploratory). Psychosocial stasis is a kind of death. Change or die is true both evolutionarily and psychologically.

The *expectable* changes in identity throughout the adult life cycle after late adolescence involve moving into partnership and friendship at young adulthood, mentorship at middle age, and eldership at old age. As one enters each of these psychosocial stages, an identity reconstruction can be expected. These changes in psychosocial position are not restricted in scope to one's immediate family. They refer broadly to the human family. Hence, — being a partner or a friend, a mentor or a parent, or an elder — all are descriptors referring to the quality of one's self-awareness and psychosocial stance in the world as one moves through the ages of young adulthood, middle age, and old age.

In most of our lives, there are disequilibrating circumstances *in addition* to the expectable psychosocial stage issues. These could be life events such as divorce, falling in love (sometimes with the “wrong” person), job loss, job promotion, positive and negative reversals in fortune, retirement, spiritual crises, and the loss of loved ones. As with attempts to define stress, one has to look at what is disequilibrating for the particular *individual*. Not all divorces, job promotions, and so forth are disequilibrating for all people. We must take an individual-by-individual approach. In the case of foreclosed adults, we are dealing with people who have developed a personality structure whose purpose is to prevent change. When previously foreclosed individuals do experience disequilibrium in adulthood, it is likely to be a shattering experience for them. Identity diffusion individuals cannot disequilibrate because they have no solid identity structure to begin with (Kroger 2007).

The identity reconstruction process that occurs during adulthood is presented in the following hypothetical model, on the basis of the identity statuses. The figure illustrates the cycle of identity statuses one might traverse as one undergoes identity reconstruction throughout the life cycle stages of adulthood (Fig. 2-3). Identity is expected to undergo cyclical re-formulation *at least* three times following adolescence, and likely more often as the individual is confronted with identity-challenging events. These re-formulation periods are what we have referred to as moratorium-achievement-moratorium-achievement (MAMA) cycles (Stephen et al. 1992). Even though only three cycles are shown in the diagram, one would expect a new cycle every time a significant identity-challenging event occurred.

During each of these cycles, the individual may regress to earlier identity modes (Bilsker and Marcia 1990). For example, one may experience brief periods of diffusion when the current identity structure is being challenged. The person may feel confused and scattered, behave impulsively, look for support in inappropriate places, or become “irresponsible,” “unreliable,” and “unpredictable.” This may be sufficiently distressing that the individual enters counseling or psychotherapy. However, this is regression with a purpose: to permit the previous structure to fall apart so that a new structure can emerge. So-called “*midlife crises*” ought not to be taken lightly or dismissed. They can be important developmental steps, necessary to be taken in the service of identity reconstruction.

In addition to experiencing a period of diffusion, the person may also return to previous identity contents, even to periods of preemptive commitment to them. In other words, the individual may cycle briefly through a foreclosure phase. Again, this is part of the regressive process. Ultimately, if the de-constructed identity occurred within a previously identity-achieved context, the person would be expected to enter an actively searching moratorium period wherein

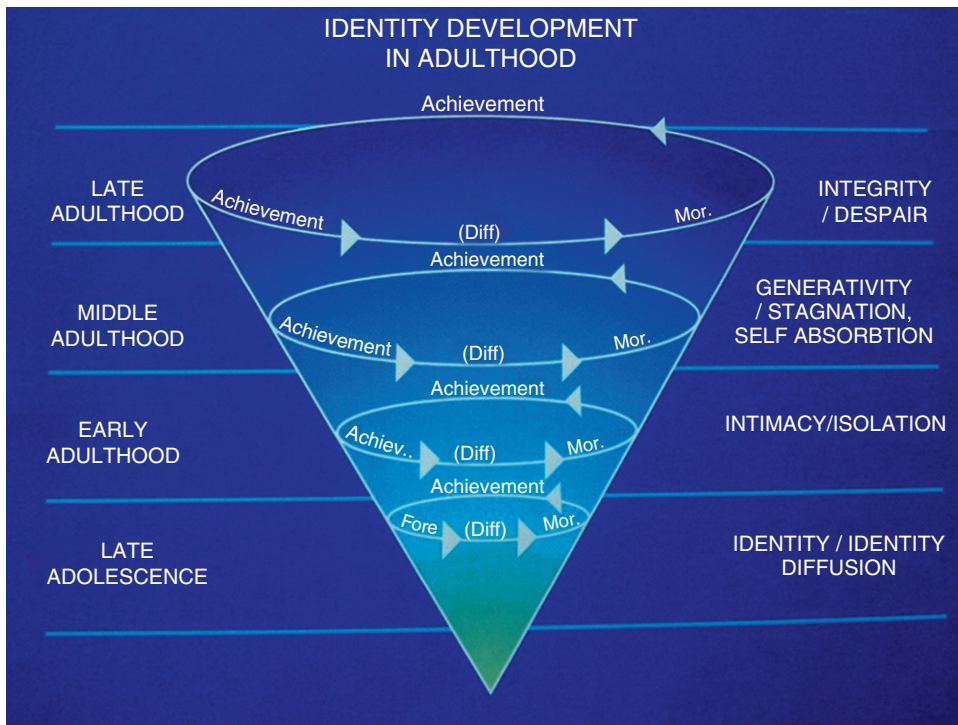


Fig. 2-3. Identity re-formulation (MAMA) cycles

she or he would begin to explore alternatives and make tentative commitments, eventuating in a new identity structure (identity achievement).

The length of these MAMA cycles may differ according to the individual and the surrounding social context. They could be as short as 6 months or as long as 10 years. Perhaps as one gets older, the cycles might be longer. One does not relinquish a hard-won identity easily. Also, there are external pressures from friends, family, and colleagues, as well as internal pressures from one's expectations of oneself, to remain the same, to be consistent. It requires more courage to re-formulate an identity when one is 40 or 60 than when one is 25.

Although the re-formulated identity is to some extent a new one, it is also continuous with, and has qualities similar to, the identity that preceded it. "Transformation" may be possible for a few individuals, but for most of us, identity change looks more like a gradual evolution of previous forms (see Flum 1990). Consistent with a cognitive developmental perspective (Kegan 1982; Piaget 1954), each reconstructed identity structure accommodates a wider range of the individual's experiences than did the previous one. Identities become broader and more inclusive. Thus, the cone shape of the diagram represents the increasingly wider range of experiences subsumed by the new identity structure (Kelly 1955). With the passage of life-time and experience, identities become deeper and richer. This is represented in the diagram by both the increase in the volume of the figure and deepening of the shading. The individual becomes more and more who she or he truly is as previous undeveloped elements of the personality are realized and new ones added.

This is similar to the processes of individuation and transcendence described by Carl Jung (1959). It is noteworthy that in one of his last articles, Erikson (1996) uses various forms of the word *numinous*, a frequently used Jungian concept, in describing the individual's sense of "I".

Psychosocial Developmental Theory and Psychotherapy

One of the most immediately apparent aspects of Erikson's theory is its basis in, and transcendence of, classical psychoanalytic theory. Its relationship to standard psychoanalytic theory is its emphasis on somatic aspects of development: there is an especially close correspondence between Erikson's first three stages of basic trust, autonomy, and initiative with Freud's oral, anal, and phallic/clitoral psychosexual stages. What Erikson added to these stages were both the ego developmental aspects and the importance of the social/cultural milieu within which these developmental issues are to be resolved.

What is the difference if a psychotherapist operates within Erikson's psychosocial developmental framework rather than within a more orthodox analytic one? It is more a question of frame of mind, of a general outlook on the human condition, than it is of particular therapeutic techniques. However, there are some technical implications. The social context is considered to be truly meaningful; a broad and multiple network of "causes" is taken into account; and past psychological determinants (e.g., physical make-up, cultural background, family dynamics, reinforcement history, etc.) are explored within the context of individual construction. Hence, a questioning technique that is more active than the interpretation of free associations is required. Psychotherapy within this framework resembles more a mutual dialogue, a special kind of conversation, than it does a patient's production of associational material responded to with an analyst's interpretations.

Psychotherapists informed by Erikson tend to look more to issues of adaptation (see Hartmann 1964) than to repetition of early conflicts. The past is important, but of equal importance is the current level and style of coping with predominant life cycle challenges as well as the pursuit of future goals. Conflict is still important, as it is within any psychodynamic approach, but the stage on which the conflicts are played out is much expanded. Conflicts are not just internal, but between alternative ways of being in the world, of being with oneself, and of being with others. Also, the conflicts within the individual often mirror the conflicts of the culture (Erikson, 1958; 1969). Although this perspective can be derived from classical theory, it is at the heart of the Eriksonian approach, which directs the practitioner's attention to the social/cultural contexts within which an individual's development takes place. Erikson's approach *broadens* one's therapeutic perspective and techniques. If one uses Erikson's scheme as a *theoretical* developmental outline with which to formulate a patient's dynamics one may employ *techniques* borrowed from non-psychodynamic orientations (e.g., cognitive-behavioral, gestalt, client-centered, etc.) These may be used singly or in combination to further psychosocial developmental growth. While this approach may be eclectic in *technique*, it is singular in *theory*.

As discussed previously, the possibilities for the remediation of previously inadequately resolved developmental crises in ego growth, as well as the possibilities for the precocious resolution of later stages, add a note of hopefulness

to the outlook of the therapist practicing within an Eriksonian framework. The social/cultural milieu is seen not solely as something against which the individual must struggle (Freud 1930) but also as the necessary matrix within which psychosocial growth takes place. That said, the earlier the difficulty lies (e.g., Basic Trust), the more difficult the therapeutic task, because subsequent stages are also likely to be flawed. Hence, the clinician is dealing not just with an age-specific issue, but all of the previously unresolved issues as well. It is difficult to expect a young adult to attain a sense of intimacy when he/she is confronting such a foundational issue as basic trust. But the possibility of doing this is suggested by the theory, and the theory also gives the practitioner some sense of direction for the level of intervention.

Another difficulty the practitioner faces within psychosocial-oriented psychotherapy is that the conditions, both individual and social, that were present when a stage was normally expected to be resolved no longer exist. Each chronological age has associated social institutions more or less keyed to individual's needs at that age. These are the "average expectable conditions" which Erikson and the ego psychologists have said are necessary for optimal crisis resolution. There are no such institutions available for, say, a middle-aged adult who, in addition to dealing with generativity and intimacy, may be confronting earlier autonomy issues. The world is not geared to provide the same kinds of supports and forgiveness for a "responsible" adult as it is for cute toddlers. The challenge facing the psychotherapist is how to deal with a toddler-age issue in the grown-up context of a middle-aged adult, without either neglecting the child-based nature of the issue, on one hand, or of infantilizing the adult patient on the other. However, because the autonomy issue exists at *every* age, one can expect to be able to help the individual to resolve autonomy (and subsequent childhood issues) within that person's adult context.

Erikson's theory is not a prescriptive theory of psychotherapy. It is a theory of ego development. It does not tell a practitioner what to do. Erikson, himself, was content to let standard psychoanalytic theory inform his clinical practice. What it does provide the practitioner is a kind of roadmap of development, of what can be reasonably expected, of where, developmentally, to intervene. The theory gives the psychotherapist a broad and reasonably optimistic framework through which to regard and to treat patients.

A Case Study: Duane (Pseudonym)

A thin, bespectacled 58 year old man faced me for his first session and said, "I think you should know that I'm planning to kill myself. What are your views on suicide?" He looked haggard as he peered up at me from underneath his large glasses, his pants' belt in its last loop. However, there was something strong and youthful in his face and he wore new, good hiking boots. While he complained of a lack of concentration, he maintained good contact with me as we spoke and displayed a "wicked," albeit self-deprecating, sense of humor. He had been referred to me by his psychotherapist who was on a 3-month leave.

Duane described his mother as depressed and "whiny." His childhood job was to listen to and comfort her. His stated main issue was with his father whom he described as distant, disapproving, and disparaging (Our research [Marcia et al. 1993] has shown a consistent relationship between identity

diffusion and a lack of approval from a non-emulatable parent of the same sex). He described himself as a fat and unlovely child.

In terms of identity, he decided in college to become a social worker – in his words, “to be the opposite of his father.” He said that he constructed an “upbeat, well-dressed, warm, and caring” persona. However, he was fired from his first social work job for “standing up for his principles.” This unjust event was sufficient to discourage him from ever being a social worker again (One of his favorite sayings is: “You get only one chance with Duane!”).

He went to an encounter group following this, which served to further confront and shatter his identity facade. However, it left him with no viable identity – a warning about the dangers of disequilibrium *alone* without a fairly long period of working through the consequences. He then traversed a series of “jobs,” comprising a kind of downward socio-economic spiral: computer tech assistant, fiberglass worker, machine shop operator, and, finally, security guard. In all but one of these jobs, he quit over issues of “principle.”

His one major relationship, around age 45, was with a foreign-born woman. This ended when she had to return to her native country to care for her seriously ill son. She never returned and subsequently married someone else. More recently, he met and fell in love with a 33-year-old woman (25 years his junior) in his depression group. While she maintained a friendly relationship with Duane, she was in love with another man in the group, and is currently living with him – much to Duane’s anger and sorrow.

Duane’s current social context is a depression group in which he is a central figure, providing support and care for other members. A major part of his current identity is as a “depressed person.” Much of his time is spent in seeing his GP and a psychiatrist for monitoring and regulating his medications, and two psychotherapists – myself and my colleague who has since returned from his absence. Another current identity is as a “helper” in the depression group. Others there see him as a good and caring listener. However, there is a very angry edge to him that emerges in his precipitous rejection of others (“you only get one chance with Duane”) and in his dreams, many of which have to do with crime, others’ incompetence, threats, assaults, and combat.

Our relationship is generally good. He seems to trust me, he has a good sense of humor, and he takes notes on sessions and seems to use these insights to at least consider making changes in his very solitary life. However, he is far too grateful, sometimes wanting to pay me extra for sessions that run a bit overtime. I’m suspicious that, at some time, the goodwill will diminish, and *my* “one chance” will get used up. However, the suicidal talk has decreased significantly.

The current challenges for us as I see them are as follows:

1. Can we loosen up his rigid ethical sense to help him to construct a more flexible and serviceable sense of values? For the psychoanalytically oriented, this is a matter of easing the superego pressures originating from his incorporated punitive, judgmental father. The task is not to shatter the superego, but to supplant it with a more flexible ethical guide.
2. Can we pick up the threads of his “social worker” identity, as currently manifested in his helper role in the depression group, to weave a new identity that would situate him generatively within the world of work?
3. Identity, intimacy, and generativity are only, at best, partially resolved. He does operate generatively within his group. But, currently, he has no really

intimate relationship. And his identity as “a depressed person” is probably not the most serviceable one. All of this raises the question of the possibility for the resolution of identity and intimacy development at a late middle age generativity period. And what are the chances for integrity resolution in the absence of these?

4. Basic Trust has been, and remains, an important issue. One way I’ve addressed this is to ask him to send me his dreams via email. He does this faithfully. And I, just as faithfully, acknowledge the receipt of each dream. Our sessions are also reliably accompanied by a cup of tea. As importantly as these concrete actions, I try to remain as reliably constant from session to session as I can – realistically supportive, gently challenging, and occasionally interpretive.
5. The broader theoretical/therapeutic question is to what extent a structure, identity, whose optimal time for formation has passed, can be formed? The theory suggests that it can be, but the roots of this failure go so far back developmentally that it will constitute a major effort on both our parts. It may be the case that external support will be necessary for the rest of his life: external structure provided in the absence of internal structure.

Many published case studies conclude with a happy ending. I cannot furnish one at present. We’re still in the middle of the work. Some positive signs are a decrease in his suicidal talk, his willingness to participate actively in the therapeutic work, and his use of insights to re-consider his life. One of the more recent ideas he’s found useful is that whenever he becomes self-destructive, or resists being self-constructive, “his father has won.”

Conclusion

With respect to the theme of this book concerning life stress and life span transitions, I have tried to provide a workable theoretical outline describing normal, expectable adult life-span psychosocial issues. It is against this background that I think specific stressful events are to be considered. As contributors to this book are aware, not all stressful events are negative. Stressful events are inevitable, and built-in as part of ego development. Without them, there is no growth, only stasis. Recent research (Waterman 2007) suggests that those who undergo, and successfully resolve, identity crises have a greater sense of personal well-being than those who do not. If it is true, as I believe, that suffering, stress, and struggle are the conditions for growth, then the North American (and enlightenment) idea that all problems can be resolved or “fixed” is naïve. These “negative” events are the “night-soil” out of which we grow to become fully human. What is important for us as practitioners, social planners, and educators is to provide for ourselves and for others those *confirming contexts* which acknowledge and support crises in ego growth. After all, we’re all in this together.

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