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ABSTRACT

Whether one is working with clients in a clinic or students in school, it is useful to have a psychological framework within which behavioral observations and diagnostic considerations can be integrated and understood. One such approach begins with the assumption that each person has: (1) a self (a sense of personal existence); (2) a self-concept (an idea of personal identity); (3) a certain level of self-esteem (feelings of personal worth); and (4) an ego (one's personal gauge of psychological and emotional strength). In assessing positive and negative ego resolution, the behaviors under consideration can be examined in terms of appropriateness for the situation and the person's age, intensity of the behavior, and duration of the behavior. Awareness of clients' strengths and weaknesses in the self's development can facilitate the counselor's diagnostic efforts by helping him/her to recognize psychosocial stages where negative ego qualities are most dominant and plan treatment with these needs in mind. Individuals may need counseling treatment to understand the self-as-object (physical, social, emotional, and intellectual attributes) and the self-as-doer (perceiving, performing, thinking, and remembering functions). Diagnosis of self-concept strengths and weaknesses are useful in designing effective treatment programs and counseling approaches. (ABL)

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When the Self's Development Goes Awry: Diagnosis and Treatment

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This psychic entity we call the self is the outgrowth of a slow and complex evolution from an undifferentiated mass of vulnerable potential to a highly differentiated and tightly defended sense of personal identity. Evolving slowly through stages of increasing interpersonal and cognitive complexity, the self simultaneously develops as the "Me" that has certain recognizable physical, social, emotional, and intellectual attributes (i.e., the self-as-object idea), and the "I" that carries out certain perceiving, thinking, performing, and remembering functions (i.e., the self-as-doer idea).

Whether one is working with clients in a clinic or students in school, it is useful to have a psychological framework within which behavioral observations and diagnostic considerations can be integrated and understood. One such approach is to operate from a self-concept frame of reference, a theoretical-developmental position that begins with the assumption that each person has (a) a self (a sense of personal existence), (b) a self-concept (an idea of personal identity), (c) a certain level of self-esteem (feelings of personal worth), (d) and an ego (one's personal gauge of psychological and emotional strength).

Inasmuch as a self-concept point of view acknowledges change in both the expression and capacity for physical, social, emotional, and intellectual functioning along a continuum of behavioral possibilities, it provides a helpful frame of reference for understanding psychological growth at any given point in time. For example, the way that lower elementary age youth express their physical energies, satisfy their social and emotional needs, and function intellectually is quite different from what we would expect of high school youth on those same dimensions. If we were to observe a group of second-graders functioning quite well at Piaget's concrete operational stage, or see that their gross-motor, large nuscle skills

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were well-developed, and, in addition, that their social relationships were highly activity-oriented, we could conclude that their psycho-physical growth and self-concept development was probably headed in a positive direction. In other words, during each major stage or psychological and physical growth, there is a complex mix of observable interpersonal skills and cognitive tasks to master, which, depending on one's success in accomplishing them, can dramatically affect self-concept development for better or worse.

An Overview of the Self's Development

Figure 1 shows how the beginnings of the self occur through four primary input channels: auditory cues, physical sensations, body image cues, and personal memories (Hamachek, 1985). These input channels provide the psycho-physical medium that allows the self to grow along the lines of Cooley's (1902) "looking-glass self," within the framework of Mead's (1934) "socially formed self," or in the context of the interpersonal framework of Sullivan's (1947) "reflected appraisals."

[Figure . about here]

Self-awareness develops when young children begin to recognize the distinction between self and not-self, between their bodies and the remainder of their visible environment. Mahler's (1979) research, for example, has shown that infants initially go through a stage of differentiation, when they slowly separate (differentiate) themselves from parents, and then, roughly between 24 and 30 months of age, move through a final phase of separation when a "consolidation of individuality" usually occurs. It is no coincidence that this is about the time when infants usually discover the words, "No" and "Mine." Self-awareness and eventually self-image are very much associated with body image cues and body sensations, a process documented carefully by Fisher and Cleveland (1968) and L'Ecuyer (1981).

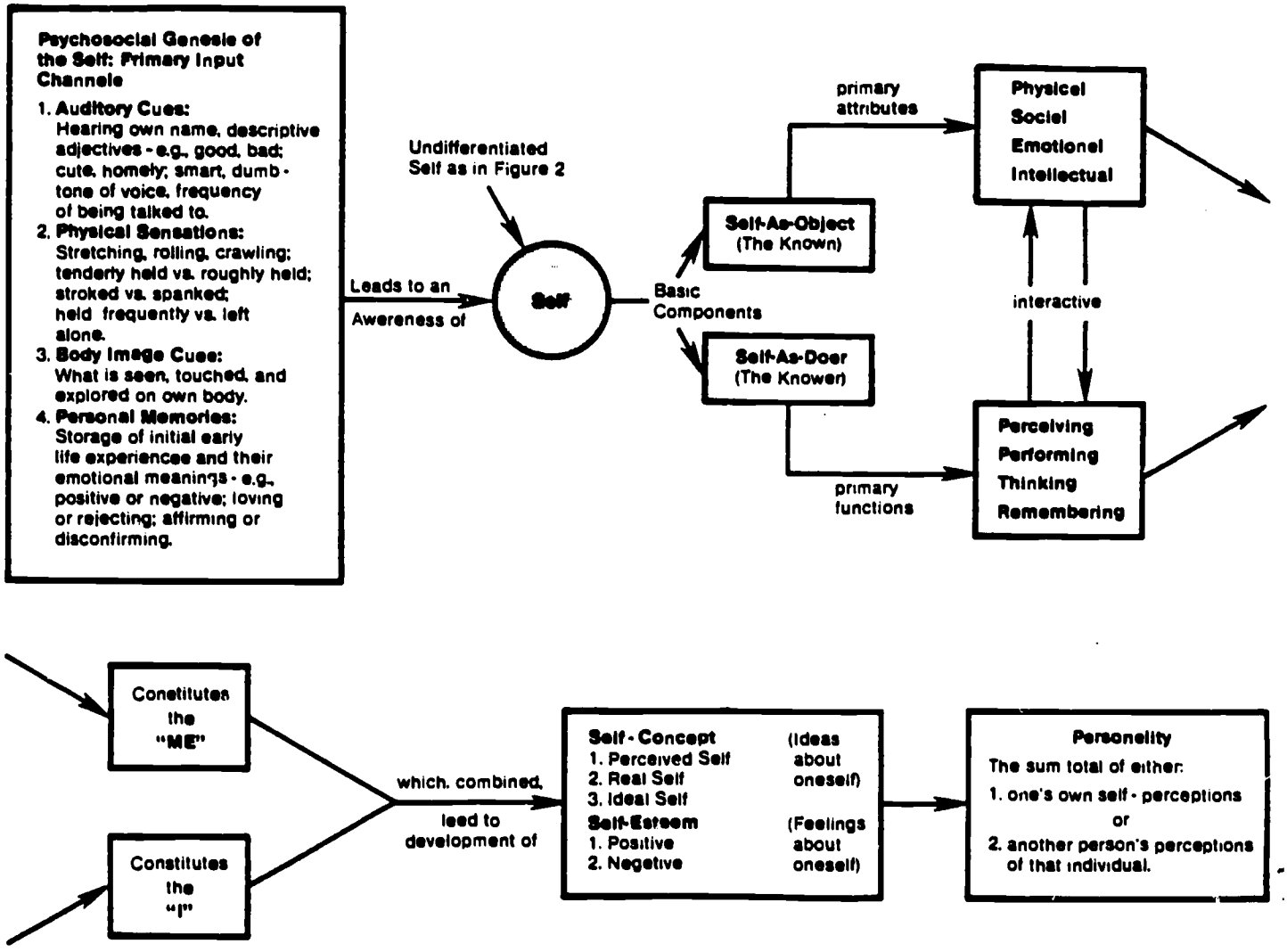

FIGURE 1
Schematic Overview of the Self's Development

As personal experience broadens and intellectual capacities develop, the self grows increasingly more complex as one gains increased abilities to understand the outside world (to be the "knower" or "doer") and to see oneself as an object in the outside world (to be the "known"). The self-as-object involves attributes that are physical (how one looks), social (how one relates), emotional (how one expresses and experiences feelings), and intellectual (how one thinks). These attributes interact with the perceiving, performing, thinking, and remembering functions of that component of the self referred to as the knower and doer. That part of the self which is the "knower" constitutes the "I" or the "agent of experience," while that aspect of the self which is the "known" represents the "me" or the "content of experience."

The interactive mix of these attributes and functions leads to the development of two essential aspects of the self, namely, self-concept (ideas about the self) and self-esteem (feelings and evaluations about the self). Self-concept can be more specifically differentiated into the "perceived" self (the way people see themselves) and into what Horney (1950) referred to as the "real" self (the way a person really is, as measured more objectively through tests or clinical assessments), and the "ideal" self (the way a person would like to be). Thus, if we begin with the psychosocial genesis of the self in Figure 1 and follow its development, we can see that what emerges from this interacting mixture of experiences, and functions, and attributes, and self-perceptions is what might be called personality, which, depending on who is describing it, can either be the sum total of (a) one's own internal self-perceptions, or (b) another person's external perceptions of that individual.

Psychosocial Stages As Related to the Self's Development

According to Erikson (1963, 1980), each individual passes through a succession of eight psychosocial stages, beginning at birth and ending during the retirement years. Erikson's first five psychosocial stages (Figure 2) are emphasized in this

paper as key periods through which the self's development must pass because each stage reflects both self-as-object components (in the sense of having certain physical, social, emotional, and intellectual attributes) and self-as-doer elements (in the sense that certain perceiving, performing, thinking, and remembering functions need to be performed). For example, as seen in Figure 2, Stages One and Two involve the formation of basic attitudes such as trust or mistrust, autonomy or guilt and doubt (social and emotional attributes of the self, as shown in Figure 1). In Stages Three and Four, when initiative or guilt, industry or inferiority, develop, continued involvement of social and emotional attributes is necessary, along with a heightened involvement of those attributes that are more physical and intellectual in nature. At the same time, the self's performing and thinking functions grow more sophisticated as children progress through Piaget's (1952, 1966) preoperational and concrete operation stages of intellectual development. Stage Five, reflecting the accumulative outcome of the interactive effects between the self's functions and attributes during the four prior stages, results in identity or identity confusion.

[Figure 2 about here]

As can be seen in Figure 2, each stage of the self's growth is rimmed by what might be termed "differentiated rings of ego growth and self-concept development," each of these rings representing ego qualities that may influence self-concept for better or worse. Each psychosocial stage has its own particular strength and vulnerability, as, for example, in the case of Stage One, trust or mistrust, or Stage Two, autonomy or shame and guilt. Positive ego qualities are associated with the strength of each stage, while negative ego qualities are linked to the vulnerability of each stage. For the sake of simplicity, the rings of ego growth and self-concept development in Figure 2 have been drawn equidistant from each

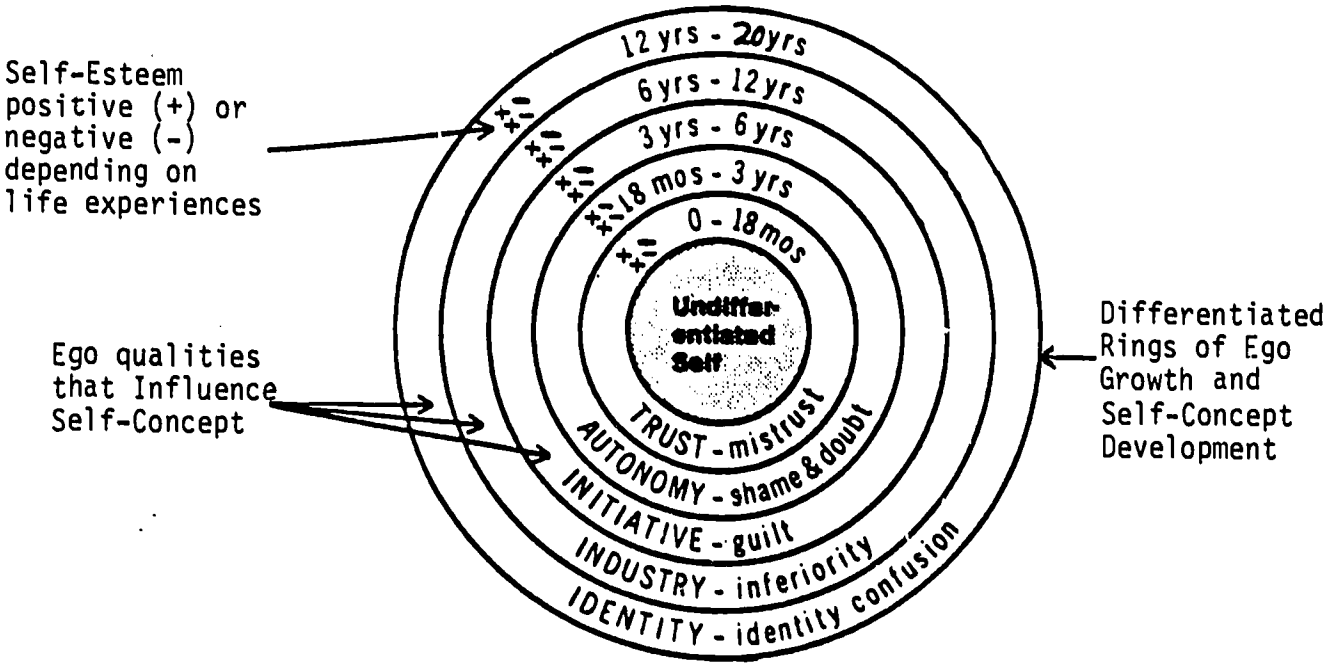

Figure 2

Ego Qualities from Erikson's first five Psychosocial Stages That Are Associated With the Self's Differentiation in Positive and/or Negative Ways

other to illustrate what the self's growth might look like under ideal conditions. In this example, a sense of trust, autonomy, initiative, industry, and personal identity have developed equally and fully, leading to a positive and clear delineation of self-concept and self-esteem.

Erikson has observed that each stage represents a "psychsocial crisis" or turning point when both potential and vulnerability are greatly increased, so that, depending on one's life experiences, things may go either well or badly. Positive and negative ego qualities are not "achieved" once and for all during these stages, but, rather, individuals acquire a certain ratio between the positive and negative qualities associated with each stage, which, if the balance s toward the positive, will help them cope successfully with later crises.

The idea of acquiring a certain ratio between positive and negative ego qualities is an important one, but one that sometimes gets left by the wayside when the focus is almost wholly on only the positive outcomes of each psychosocial stage. In defense of his own case, Erikson (Evans, 1981) has put it in the following way:

> . . . When these stages are quoted, people often take away mistrust and doubt and shame and all of these not so nice, "negative" things and try to make an Eriksonian achievement scale out of it all, according to which in the first stage trust is "achieved." Actually, a certain ratio of trust and mistrust in our basic social attitude is the critical factor. When we enter a situation, we must be able to differentiate how much we can trust and how much we must mistrust, and I use mistrust in the sense of a readiness for danger and an anticipation of discomfort. (p. 15)

Although we would hope for a heavier weighting on the side of positive ego qualities, if that is all we looked for and took into account when assessing the overall health of the self's development, it would be easy enough to overlook the benefits of a certain degree of identification with negative ego qualities. For example, a certain amount of mistrust helps people to be less gullible and more cautious; a certain readiness to feel shame and doubt helps people to assertively

pursue goals that are important to them; the capacity to feel guilt helps people make correct moral judgments and behave responsibly toward others; being in touch with what it is like to feel inferior helps people stay motivated and to do their best; and a certain degree of identity confusion helps people readjust and sharpen their self-perceptions in light of new experiences and shifting life circumstances.

Although the order of the stages is fixed, their timetable is not. That is, given individuals may pass through these stages at either a faster or slower pace. The age ranges in Figure 2 are approximations that interpreters of Erikson's work have typically associated with each psychosocial stage. Erikson himself has avoided indicating specific age periods because he was concerned that there would be those who would feel children must learn basic trust by their first birthday or that adolescents must have their identities resolved by the time they were 20.

Each stage builds upon the psychological outcomes of the previous stage(s). For example, when development proceeds normally with no outstanding traumatic events to derail its progress, the attitude of basic trust that develops during Stage One helps children feel safe enough to expand the range and diversity of their experiences and in the process develop an attitude of autonomy in Stage Two. Trusting their environment and feeling the necessary autonomy to move freely in it, children reinforce the attitude of initiative associated with Stage Three, which, as they experience increasing success in their fledgling efforts to do new things, encourages the industry of Stage Four, an attitude that emerges as children learn to control their lively imaginations and to apply themselves to formal education. With the basic groundwork laid - basic trust, autonomy, initiative, and indistry - youth are ready for the monumental challenge of Stage Five, establishing an identity, which is the sense of personal existence that integrates the physical, social, emotional, and intellectual attributes of the "Me" that is the known, with the perceiving, performing, thinking, and remembering functions of the "I" that is the knower. Out of all of this emerges an overall personality,

which, when things go well, houses an essentially positive self-concept.

Of course, there may be breakdowns at any point along the psychosocial continuum, happenings that predispose individuals to a greater likelihood of acquiring a higher ratio of any one or more negative ego qualities such as mistrust, shame and doubt, guilt, and inferiority, which then increases the probability of a greater degree of identity confusion.

I have chosen to focus on Erikson's first five stages, not because the remaining three stages in his framework are unimportant, but because these first five psychosocial periods are so fundamental to all that happens subsequently in one's life. Although the evidence is not unequivocal, there are considerable data to suggest that, all things being equal, one's psychological development continues in the direction in which it starts (Brim & Kagan, 1981; Eichorn, Clausen, Haan, Honzik, and Mussen, 1980; Mischel, 1984; Zanna, Higgens, and Herman, 1982).

Hence, the emphasis here is on those early years in an effort to identify behavioral manifestations associated with positive and negative ego resolution during each of the first five psychosocial stages. When we are able to more accurately diagnose the psychosocial stage or stages that has/have been most troublesome for a person, we are in a much better position to plan counseling or therapeutic programs that may prove most helpful in reversing ego deficits and encouraging positive self-concept development.

Behaviors and Attitudes Associated With Positive and Negative Ego Resolution in Each Psychosocial Stage

At any point along the psychosocial continuum, the self's development can be either weakened or strengthened, depending on the particular constellation of life events that one experiences. We do not always know what these experiences have been, but we can see some of the behavioral consequences of these experiences once we know what to look for.

Tables 1 - 5 are efforts to depict some of the characteristic behaviors and implicit attitudes that can be logically and clinically deduced from Erikson's (1950, 1963, 1980; Evans, 1981) discussions of the psychodynamics associated with each of the five psychosocial stages that are considered here. For example, in one of Erikson's (1980) discussions of the Stage One impairment of basic trust in adults, he observed that it " ... characterizes individuals who withdraw into themselves in particular ways when at odds with themselves and others" (p. 58). In regard to the autonomy versus shame and doubt conflict of Stage Two, Erikson (1980) has noted that this stage " ... can be decisive for the ratio between ... the freedom of self-expression and its suppression. From a sense of self-control without loss of self-esteem comes a lasting sense of autonomy and pride; from a sense of muscular and anal impotence, of loss of self-control, and of parental overcontrol comes a lasting sense of doubt and shame" (pp. 70-71). Included in Erikson's (1980) descriptive analysis of the identity versus identity confusion of Stage Five in his observation that the "sense of ego identity ... is the accrued confidence that one's ability to maintain inner sameness and continuity ... is matched by the sameness and continuity of one's meaning for others. Thus, self-esteem, confirmed at the end of each major crisis, grows to be a conviction that one is ... developing a defined personality within a social reality which one understands" (pp. 94-95).

These are a few illustrations of the intra- and interpersonal dynamics that Erikson associated with different psychosocial stages, which, along with my own observations of youth and adults in school and/or in counseling and therapy situations, served as guidelines for the development of behavioral and attitudinal clues that reflect positive and negative ego resolution during each of the five psychosocial stages being considered here. The behaviors and attitudes associated with positive and negative ego resolution and self-concept development are meant to be illustrative and suggestive, not exhaustive and exclusive.

When using the Behavioral Expressions tables for diagnostic and assessment purposes, it may be well to keep in mind that we are not likely to find many people who have either high trust or low trust or who have expressions of either autonomy or expressions of shame and doubt, and so on through the other growth phases. Rather than view these behavioral expressions as either/or possibilities, it would be better to see the behavioral expressions and implicit attitudes on the left of each Table and their counterparts on the right as representing a continuum of behaviors and attitudes, with an eye to being sensitive to the overall ratio of positive and negative ego resolution in each psychosocial phase. For example, in Table One, statement No. 1, some people may have trouble asking others for help or emotional support, which may be a sign of possible low trust, but they still go ahead and do it, although selectively and hesitantly. We would not conclude that trust is lacking altogether, but rather that it may tend toward the low side, particularly if we see other signs of this - e.g., behaving guardedly around others, focusing on the negative aspects of others' behavior, being overly pessimistic, and so on.

Thus, when assessing the behaviors and implicit attitudes associated with positive and negative ego resolution during each stage, the idea is to look for where the preponderance of behaviors fall on a continuum of possibilities. We might reasonably suspect that a person with more behaviors on the side of negative ego resolution during a particular psychosocial stage may have more intra- and interpersonal problems associated with the developmental demands of that stage.

In addition, it is important to keep in mind that the more signs of negative development we find linked to the early stages of the self's growth, the more likely it is that subsequent stages will be adversely affected. Thus, if life experiences are such that low trust is an outgrowth of Stage One, this may lead to a greater likelihood of shame and doubt overshadowing autonomy in Stage Two, which may ultimately cause a person to have problems developing a sense of industry

in Stage Three, and so on in domino fashion.

[Tables 1 - 5 about here]

AID - An Acronym for Diagnosing Where the Self Has Gone Awry

Along with using the differential behaviors in Tables One through Five as guides to assessing positive and negative ego resolution in each of the five psychosocial stages, I have found it helpful to look at the behaviors under consideration with a three-question overlay: (a) How appropriate is the behavior? (b) How intense is it? (c) What has been its duration? As an aid to diagnosis, the acronym becomes:

A - ppropriateness of the behavior in light of situation and person's age

I - ntensity of the behavior

D - uration of the behavior

Together, these questions can be useful for assessing the positive or negative quality of particular behaviors on the psychosocial continuum. For example, in Table One, statement five suggests that people with a high sense of basic trust tend to behave in a relatively disclosing and open manner around others. Assume that we observe a person who has a habit of going on and on in very revealing ways about himself with people he meets for the first time. He is disclosing himself, but is it appropriate given the length of time he has known his listeners? Do the intensity and duration of his disclosing statements suggest that he is basically a trusting person, or one whose social insecurities trigger massive displays of emotional exhibitionism? When we look more closely at his behavior, we may see that it is not so much a sign of positive ego resolution in the trust area as it is a sympton of negative ego resolution along the lines of shame and doubt in Stage Two and/or inferiority in Stage Four.

At first sight, any given behavior we are observing may seem appropriate enough, but its intensity across so many situations is so strong that we may have

Table 1
BEHAVIORAL EXPRESSIONS OF BASIC TRUST AND MISTRUST - STAGE ONE

Characteristic Behaviors of People With a High Sense of Basic Trust	Characteristic Behaviors of People With a Low Sense of Basic Trust
They:	They:
1. are able to ask others for help or emotional support without overdoing it.	1. tend to have trouble asking others for help or emotional support.
2. are inclined to believe that others will come through for them, unless there is good reason not to believe that.	2. are inclined to believe that others will not come through for them, even when there is no reason to believe that.
3. start with the assumption that people are generally good.	3. start with the assumption that people are generally bad or evil.
4. tend to focus on the positive aspects of others' behavior.	4. tend to focus on the negative aspects of others' behavior.
5. tend to behave in a relatively disclosing and open manner when around others.	5. tend to behave in a relatively guarded and closed manner when around others.
6. find it relatively easy to receive (favors, compliments, gifts, etc.) from other people, but prefer a balance of receiving and giving.	6. find it rather difficult to receive (favors, compliments, gifts, etc.) from other people, and find it easier to be the giver than the taker.
7. have no trouble sharing their possessions, the "things" in their lives with other people.	7. have problems sharing their possessions, the "things" in their lives with other people.
8. are not particularly fearful of disclosing themselves, even their more negative qualities, to other people.	8. are very hesitant about disclosing themselves, particularly their negative qualities, to other people.
9. tend to have a generally optimistic worldview without being Pollyannaish or unrealistic about it.	9. tend to have a generally pessimistic worldview even when things are going well and sometimes particularly when things are going well.
10. are inclined to believe that other people know what is best for themselves, even though they may privately feel differently about others' choices.	10. are inclined to believe that other people usually do not know what is best for themselves, and prefer to tell others what to do.
Implicit Attitude	Implicit Attitude
1. You're OK.	1. You're not OK.
2. Life is generally fair and good to me.	2. Life is generally unfair and unkind to me.
3. I'm willing to share what I have.	3. I'm not willing to share what I have.

Table 2

BEHAVIORAL EXPRESSIONS OF AUTONOMY, AND SHAME AND DOUBT - STAGE TWO

Characteristic Behaviors of People Exhibiting Autonomy	Characteristic Behaviors of People Exhibiting Shame and Doubt
They:	They:
1. like to make their own decisions, particularly about matters important to them.	1. prefer being told what to do rather than make their own decisions.
2. are able to say no to requests made of them without feeling guilty.	2. have problems saying no to requests made of them.
3. are inclined to express themselves in terms of what they "will" do or "want" to do.	3. are inclined to express themselves in terms of what they "should" do or "ought" to do.
4. tend to resist being dominated by people wanting to control them.	4. tend to allow themselves to be dominated by others, even though they may not like it.
5. are able to work well by themselves or with others, depending on situation.	5. are not comfortable working by themselves, particularly when they know work will be judged or evaluated.
6. are inclined to get on with what needs to be done and remain task-persistent until finished.	6. have trouble getting started with what needs to be done; procrastination may be a key feature of personality.
7. can work easily with either open-ended or structured work assignments, although they may prefer more open-endedness.	7. have problems working with open-ended work assignments, prefering more structure and direction.
8. are able to listen to their own inner feelings when deciding what is right or wrong, appropriate or inappropriate.	8. have difficulty listening to their own inner feelings when deciding what is right or wrong, appropriate or inappropriate.
9. tend to feel relatively unself-conscious and at ease when in group situations.	9. tend to feel uneasy and self-conscious, even embarrassed, when in group situations.
10. tend to want a certain amount of order and organization in their lives to reinforce feelings of personal control and self-approval.	10. tend to want things "just so" as one way of avoiding others' disapproval and criticism.
Implicit Attitude	Implicit Attitude
1. I think I can do it.	1. I don't think I can do it.
2. This is what needs to be done.	2. Tell me what needs to be done.
3. I have something of value to offer.	3. I have little of value to offer.

Table 3

BEHAVIORAL EXPRESSIONS OF INITIATIVE AND GUILT - STAGE THREE

Characteristic Behaviors of People Exhibiting Initiative	Characteristic Behaviors of People Exhibiting Guilt
They:	They:
1. prefer to get on with what needs to be done to put the show on the road.	1. tend to postpone, put off, put aside, and generally procrastinate starting.
2. like accepting new challenges now and then.	2. are inclined to resist new challenges.
3. tend to be fast self-starters.	3. tend to be slow self-starters.
4. tend to be effective leaders when in that position.	4. tend to be ineffective leaders when in that position.
5. tend to set goals and then set out to accomplish them.	5. may set goals but have problems getting them accomplished.
6. tend to have high energy levels.	6. tend to have low energy levels.
7. have a strong sense of personal adequacy.	7. have a weak sense of personal adequacy.
8. seem to enjoy "making things happen."	8. prefer to reamin in the background, preferring not to stir things up.
9. are able to emotionally appreciate the idea that initiative begins and ends with the person, not the production it generates.	9. may try to outrun their guilt with a tireless show of go-get-itiveness, feeling that efficient production may compensate for being a deficient person.
10. have a balanced sense of right and wrong without being overly moralistic.	10. tend to focus moralistically on those things in life that are "wrong."
Implicit Attitude	Implicit Attitude
1. I will start now.	1. I will start tomorrow.
2. I enjoy new challenges.	2. I prefer sticking with what I know.
3. This is what needs to be done and I will do it.	3. This is what needs to be done, but who will do it?

Table 4

BEHAVIORAL EXPRESSIONS OF INDUSTRY AND INFERIORITY - STAGE FOUR

Characteristic Behaviors of People Exhibiting Industry	Characteristic Behaviors of People Exhibiting Inferiority
They:	They:
1. enjoy learning about new things and ideas.	1. do not particularly enjoy learning about new things and ideas.
2. reflect a healthy balance between doing what they have to do and what they like to do.	2. tend to concentrate mostly on what they feel they have to do, neglecting what they like to do.
3. reflect strong curiosities about how and why things work the way they do.	3. are not terribly curious about why and how things work.
4. enjoy experimenting with new combinations, new ideas, and arriving at new syntheses.	4. prefer staying with what is known; new ways do not attract them so much as do proven ways.
5. are excited by the idea of being producers.	5. tend to be threatened, even guilty, about the idea of being producers.
6. like the recognition that producing things brings, which reinforces sense of industry.	6. would like the recognition that production brings, but sense of inferiority stands in the way.
7. develop a habit of work completion through steady attention and persevering diligence.	7. develop a habit of work delay by on-going procrastinations.
8. have a sense of pride in doing at least one thing well.	8. have problems taking pride in their work, feeling it is not worth it.
9. take criticism well and use it to improve their performance.	9. take criticism poorly and use it as a reason to stop trying.
10. have a strong sense of stick-to-itiveness.	10. have a weak sense of stick-to-itiveness.
Implicit Attitude	Implicit Attitude
1. I'm a pretty good learner.	1. I'm not a very good learner.
2. Being a producer excites me.	2. Being a producer frightens me.
3. I'll work hard to succeed.	3. I'll work hard to avoid failing.

Table 5

BEHAVIORAL EXPRESSIONS OF IDENTITY AND IDENTITY CONFUSION - STAGE FIVE

Characteristic Behaviors of People With A sense of Identity	Characteristic Behaviors of People With A Sense of Identity Confusion
They:	They:
1. have a stable self-concept that does not easily change.	1. tend to have an unstable self-concept marked by ups and downs.
2. are able to combine short-term goals with long-range plans.	2. tend to set short-term goals, but have trouble establishing long-range plans.
3. are less susceptible to the shifting whims of peer pressure influences.	3. are more susceptible to the shifting whims of peer pressure influences.
4. tend to have reasonably high levels of self-acceptance.	4. tend to have rather low levels of self-acceptance.
5. are able to make decisions without undue wavering and indecisiveness.	5. are apt to have trouble making decisions, fearing that the one made will be wrong.
6. tend to be optimistic about themselves, others, and life generally.	6. tend to have a somewhat cynical attitude about themselves, others, and life generally.
7. tend to believe that they are responsible for what happens to them, good or bad.	7. tend to believe that what happens to them is largely out of their hands, a matter of fate or breaks.
8. are able to seek self-acceptance directly by being their own person.	8. are inclined to seek self-acceptance indirectly by being what they feel others want them to be.
9. are able to be physically and/or emotionally close to another person without fearling a loss of self.	9. are inclined to have trouble being physically and emotionally close to another person without being either too clingy or too separate.
10. tend to be cognitively flexible; their sense of self does not depend on being "right."	10. tend to be cognitively inflexible; their sense of self resides heavily on being "right."
Implicit Attitude	Implicit Attitude
1. I am this kind of person ...	1. I am not sure who I am as a person.
2. I'm not perfect, but I'm still OK.	2. I should be much better/more than I am.
3. I can accept your shortcomings because I can accept my own.	3. I have trouble accepting your shortcomings just as I have trouble accepting my own.

reason to wonder if it is as appropriate as it originally seemed. In Table Two, for example, a possible sign of autonomy is that people tend to resist being dominated by others wishing to control them. Assume that we observe an 18-year-old girl resisting the authoritarian mandates of one of her teachers. Given the developmental stage she is in and the teacher's personality, we might view her behavior as appropriate for the situation and her age. But suppose we see her resist the reasonable requests of democratic teachers and constantly argue with peers and parents over trivial issues. In light of the undifferentiated intensity and consistency of her protestations, we may begin to suspect that the trigger for her resistance does not stem so much from positive ego resolution favoring autonomy in Stage Two, but more from negative ego resolutions related to the trust and identity issues of Stages One and Five.

Thus, application of the interacting criteria of appropriateness, intensity, and duration to the behavioral expressions found in Tables One through Five may be useful in helping one to arrive at reasonably accurate, reliable assessments of where and how much the self's development may have been weakened by negative ego resolutions on the psychosocial continuum.

Distinguishing Between the Self as Object and as Doer: Treatment Implications

As illustrated in Figure 1, the self, beginning as a mass of undifferentiated potential, develops both as an object (the "Me") with certain attributes and as a doer (the "I") capable of performing certain functions. When thinking about a treatment or counseling program that is best suited for particular clients, it may be helpful, for openers, to be sensitive to the strengths and weaknesses associated with the object and doer components of the self.

For example, some clients may be very much aware of themselves as objects, which is to say that they're aware that they have certain attributes such as being physically large (perhaps overweight), socially withdrawn (shy), and emotionally guarded (defensive), but they may be quite aware of themselves as doers, that is,

as people capable of using their perceiving, performing, thinking, and remembering functions to affect positive changes in their behavior by taking more active control of their lives. Sensing this, counselors could be of greatest help to clients with this imbalance by helping them to be more action oriented, to activate their thinking processes to generate solutions rather than symptoms, to use their performing functions positively, in order to experience success, rather than using them defensively, as a means of avoiding failure. Mental health professionals are not likely to be particularly effective if they spend long hours simply talking about weight problems or shyness or defensiveness (or whatever else might be viewed as a negative attribute of the self) with persons who already know that they have this particular problem. They would be more likely to be successful, however, if they helped people learn how to use their thinking, perceiving, performing, and remembering functions more constructively.

On the other hand, some clients are acutely aware of themselves as doers (being sensitive to the way they function behaviorally), but are less aware of themselves as objects (having certain physical, social, emotional, or intellectual attributes). Sensing a weakness in any one or more of these primary attributes, mental health professionals may be most effective with such clients by planning treatment programs that help them to be more introspective and sensitive to the ways that they project their physical, social, emotional, or intellectual selves to others. For example, persons with interpersonal problems caused by their aggressive or boorish or haughty behaviors may benefit enormously by being encouraged to stand back and look at themselves as others may see them. Role-playing or seeimg their behaviors mirrored or feedback in a group experience are helpful ways to get people in touch with themselves as persons with certain attributes that affect others.

Ego Deficits in Psychosocial Development: Treatment Implications

An awareness of the continuum of positive and negative ego qualities associated with each psychosocial stage, as in Figure 2 and Tables 1 - 5, may be

useful in helping counselors spot particular areas of strengths and weaknesses in the self's development. This awareness may facilitate counselors' diagnostic efforts by helping them to (a) recognize the psychosocial stage(s) where negative ego qualities are most dominant and (b) plan treatment approaches and counseling relationships that are individualized with the needs of particular clients in mind.

For example, if counselors observe clients manifesting a high frequency of the negative ego qualities associated with low trust in Stage One, then counselors can be alerted to the possibility that developing a relationship may take more time and that it will be tested in more ways. In addition, counselors can be more alert to the possibility that other psychosocial stages may have been negatively affected by negative ego resolutions, since healthy ego development during the trust-mistrust phase is so foundational to the self's subsequent growth. Realizing this, counselors can be sensitive to the necessity of remediating Stage One damage before expecting that a great deal can be done with later stages.

Suppose we observe certain clients exhibiting a high frequency of the negative ego qualities of shame and doubt associated with Stage Two. Recognizing that clients like this prefer to be told what to do and how to do it, counselors can now be aware that too much "telling the client what to do," although effective in the short run, may interfere with clients developing a greater sense of personal confidence and authonomy.

Clients ladened with Stage Three guilt may need some emotional support, but, even more, they need help in setting realistic goals and sticking with those goals to their completion. They may benefit by being given specific "homework" assignments so they can see for themselves that finishing tasks can lead to feelings of satisfaction and accomplishment, and that when they take the "initiative," positive feelings are the consequence.

If behavioral signs suggest that a client's growth has been blocked or inhibited during the industry-inferiority phase of Stage Four, then counselors know that they

are dealing with a person who has a high need for additional praise, validation, and emotional support. Clients whose ego-resolution is on the side of inferiority usually have a strong need for messages and experiences that tell them they are O.K., a necessary emotional requisite for incorporating the positive ego quality, industry.

Symptoms of identity confusion in Stage Five are, to some extent, normal expressions of adolescence. However, when we see identity confusion behaviors expressed by people in their twenties or thirties or even later, then we alerted to a psychosocial phase that was not resolved in favor of positive identity resolution. Identity issues usually begin early in a person's psychosocial history, and although there are clear earmarks of identity confusion problems, when we look more closely, we frequently find signs of negative ego resolution in one or more of the previous four stages. Identity issues are self-concept issues; they are issues that, like logs floating down a river, pile up in one consolidated log-jam when the normal flow of one's developmental current causes too many negative ego resolutions to come together at the same time. It is helpful to recognize this at a conceptual level if for no other reason than to appreciate why identity confusion is truly confusion. It is more than not just knowing who one is (identity), but is is not knowing for sure what one can do (initiative, industry), not knowing whether one can do what needs to be done (autonomy), and, in some instances, not knowing whether anyone can be counted on to help (trust).

Hence, treatment approaches with clients exhibiting identity confusion behaviors need to be established: (a) within a framework of caring and carry-through (to provide evidence of trust), (b) within an emotional medium of support and caring (to encourage autonomy), (c) with an attitude of positive, but realistic, expectations (to build a sense of initiative and industry), and (d) with a spirit of unconditional acceptatnce (for the exploration of positive identity).

Although I personally feel that a positive, constructive, growth-oriented group experience can work wonders for most people struggling with negative ego

resolutions, particularly when trust and/or identity issues are involved, there is no reason I am aware of, either from my personal experience or from the research literature, to suggest that individual counseling/therapy approaches would not work equally as well.

Psychotherapy and counseling literature houses a vast array of approaches and treatment possibilities from which mental health workers can choose (Baruth & Huber, 1985; Ewing, 1977; VanderKolk, 1985). In light of Smith and Glass' (1977), and Smith, Glass and Miller's (1980) analyses of hundreds of psychotherapy and counseling outcome studies showing that the typical therapy client is better off than 75% of untreated individuals, and that there are few important differences in effectiveness among quite different types of counseling and psychotherapy, I think we can be reasonably confident in concluding that the particular theoretical approach a counselor uses is, and should be, something dictated more by personal preference than by prescription.

Summary and Conclusion

The purpose of this paper is to conceptualize a framework for examining the self's development in order to see more clearly where and why problems may occur in its unfolding evolution.

As illustrated in Figure 1, the self has two basic components: (a) the self-as-object, (the "Me") made up of physical, social, emotional, and intellectual attributes, and (b) the self-as-doer, (the "I") consisting of perceiving, performing, thinking, and remembering functions. It is suggested here that the self and self-concept development of some individuals may go awry in one or both of these basic component areas for any number of reasons.

Individual A, for example, may be very aware of himself as an "object" with certain physical and social attributes, but is less in touch with how to make these attributes work for him; in other words, with how to be a "doer" who is capable of making things happen with his perceiving and performing functions.

Individual B, on the other hand, may be very much a "doer" and quite capable of using her performing and thinking functions to get what she wants, but she may be abysmally unaware of herself as a person with certain physical or social attributes that turn others off to her.

Then, too, there are any number of interactive permutations either within each the self-as-object and self-as-doer components, or between them. John, for instance, overplays the importance of physical or social attributes and overlooks the development of his emotional and intellectual possibilities. Betty is so concerned about her perceived lack of physical attractiveness and intellectual ability (attributes of the self) that it negatively affects her capacity for thinking and remembering (functions of the self). An awareness of the possible permutations within or between the self's two component parts is an important step toward accurately assessing and diagnosing problem areas in the self's development and self-concept formation.

Figure 2 represents a conceptual model of the self's beginnings as an undifferentiated mass of potential and its subsequent expansion as a series of differentiated rings of ego growth within Erikson's first five stages of psychosocial development. For the sake of simplicity, the model presumes ego rings of equal development, although in actuality these rings may vary in size and resiliancy depending on one's life experiences (Hamachek, 1985).

Tables 1 - 5 contain illustrative examples of characteristic behavioral expressions and implicit attitudes reflected in the positive and negative ego resolutions associated with Erikson's first five psychosocial stages. The intent is to provide a range of behavioral clues that may be helpful to mental health workers in their efforts to accurately assess possible problem areas of ego growth and self-concept development.

We already know that one's self-concept development can and does go awry. However, we are not always sure about how or where on the self's developmental

continuum that that happens. It is hoped that the developmental model presented here can serve as a useful conceptual framework for helping mental health workers diagnose self-concept strengths and weaknesses so that effective treatment programs and counseling approaches can be designed to fit both the person and the problem.

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