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The European Conference on Psychology & the Behavioral Sciences 2017

Official Conference Proceedings

ISSN: 2188-9627



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The International Academic Forum (IAFOR)
Sakae 1-16-26-201
Naka Ward, Nagoya, Aichi
Japan 460-0008
www.iafor.org

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Relationship between Diabetes Self-Care Management and Quality of Life of People with Type 2 Diabetes

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The European Conference on Psychology & the Behavioral Sciences 2017
Official Conference Proceedings

Abstract

Optimal quality of life in diabetes requires a specific set of self-care management behaviours. The purpose of this research was to study the relationship between diabetes self-care management and quality of life in patients with diabetes type II. 168 diabetes were recruited from extended out-patient department 1 at Phrae Hospital during January to June 2016. All participants completed three parts of questionnaires including: 1) demographic data and diabetes-specific characteristics; 2) the Diabetes Self-care Management Questionnaire (DSMQ); and 3) the Diabetes-39 (D-39), the modified instrument determining Quality Of Life (QOL) of diabetes patients. Pearson's Correlation coefficient analysis was conducted to determine the correlation between the DSMQ and QOL of diabetes patients. Results revealed that: 1) for diabetes self-management, overall score of the DSMQ indicated medium level (4.50 ± 0.25). The best subscore was managing "health care use" (5.28 ± 0.37), while the lowest self-management subscore was "dietary control" (3.92 ± 0.35). 2) For QOL, overall score of the D-39 indicated good level (6.58 ± 0.41), which meant that the participants were not affected by diabetes and its treatments. The highest subscore was "sexual functioning" (6.87 ± 0.51), while the lowest subscore was "energy and mobility" (6.47 ± 0.56); and 3) the DSMQ was positively correlated to QOL of diabetes patients significantly at low level ($r = 0.28$, $p < 0.001$). Conclusion and recommendations: Health care providers should promote diabetes self-management and self-care programs enhancing dietary control. Ultimate purposes covered effectiveness of diabetes self-care management and reduce and/or prevent diabetes-related complications.

Keywords: Diabetes Self-care management, the DSMQ, Quality of life, the D-39, Diabetes type II

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Introduction

Diabetes is a chronic disease affecting more than 415 million people world-wide in 2015 and it is estimated to rise by 55 percent or more, up to 642 million, with four out of five diabetic patients living in Southeast Asia. (International Diabetes Federation: IDF, 2015). In Thailand, according to the Health Statistics reported for period incidence of 2012-2014, 674,826; 698,720; and 670,664 patients (Crude incidence rates, CR per 100,000 residents were 1,050.05; 1,080.25; and 1,032.50 patients) respectively were hospitalised at outpatient clinics in Thailand government hospitals. Within this number, mortality rate was as high as 4,705; 5,480; and 6,114 (Specific Death Rate, SDR = 0.70, 0.78, and 0.91) respectively (Office of Policy and Strategy, Office of the Permanent Secretary of Ministry of Public Health, 2015).

In Phrae, it is reported that there was the highest incidence rate of diabetes with 37,267.01 amongst eight provinces in the upper north of Thailand, namely: Chiang Mai, Rumphun, Rumpang, Mae Hong Son, Chiang Rai, Pa-Yao, Phrae and Naan; while the lowest incidence rate was Chieng Mai (13,164.69). In 2012-2014, there were 1,166 patients, 1,351 and 1,669 diabetic patients respectively visiting outpatient clinics in Phrae Branch 1, Phrae Hospital (outpatient clinics in Phrae Branch 1, Phrae Hospital, 2016).

Diabetes contributes to the global burden of complications to vital organs such as coronary artery, eyes, kidney, peripheral nerves and feet (Diabetes Association of Thailand under the patronage of Her Royal Highness Princess Maha Chakri Sirindhorn. 2014: 33). These complications affected diabetes patients who were mostly sedentary, having unhealthy dietary practice, did not follow up the doctor's appointment, and did not take medication as prescribed by doctors (Co, et. al., 2015). In order to monitor blood sugar level and prevent complication, patients need to change their lifestyle, respect the effective medication and therapies recommended by specialists. Patients experienced barriers, such as a lack of diabetes information and lack of motivation (Mbuagbaw, Aronson , Walker, et. al., 2017). Tailoring these recommendations and adjusted them to their lifestyles. Some diabetic experienced mental and even poor quality of life (Seppala, Saxen, Kautiainen, Jarvenpaa, 2013: 225) as they felt irritated, stressed, burnout, anxious and depressed (Co. et. al., 2015: 378; Khader, Al-Khawadeh & Ajlouni, 2010: 84). Therefore, it is said that the necessary interventions for an optimal care for diabetes patients requires discipline and a set of self-management skills (Mbuagbaw, Aronson & Walker, et. al., 2017). The use of quality-of-life assessment in diabetes care affects the quality of life (Testa, 2000:29).

Self-manageability of diabetes that they actually implement in their everyday life could result in a good health-related quality of life. With the highest incidence rate and no related study of self-management and quality of life of type 2 diabetic patients living in Phrae, it was a need to examine how well participants in Phrae could self-manage, how their quality of life was, and what was the association between self-management and quality of life of such patients. Results from this study can be applied to implement a comprehensive intervention of diabetes self-management, their confidence in their diabetes management skills. This would show how prepare they are to implement behavioural changes. The optimal goal is the quality of life of type 2 diabetic patients.

Purposes

1. To study self-management behaviors and quality of life of type 2 diabetic patients.
2. To study the relationship between self-management behavior and quality of life of type 2 diabetic patients.

Hypothesis of research

Self-management behaviors correlated with quality of life in type 2 diabetic patients.

Research Frameworks

Two conceptual frameworks were applied to this study: 1) The Diabetes Self-care Management Questionnaire (DSMQ) originated by Andreas Schmitt (Schmitt et al 2013); and 2) The modified Quality of life (QOL) (Diabetes-39: D-39) of diabetes originated by Gregory Boyer (Boyer, et. al., 1997) and modified to fit the Thai context by Konika Songraksa and Sa-nguan Lerkiatbundit (2009).

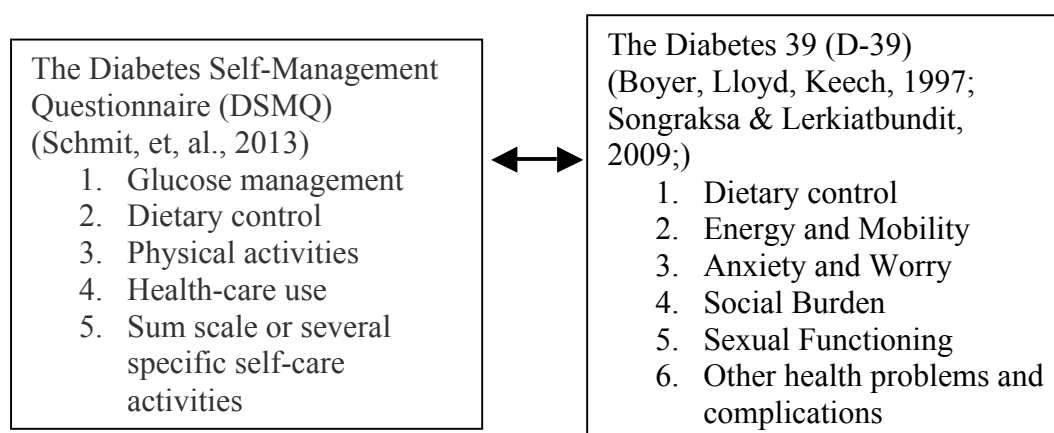


Figure 1: Conceptual framework

In this study, Diabetes Self-Management referred to a multi-dimensional construct comprising the individual's practice in order to assess self-care activities which can predict glycemic control. The DSMQ (Schmit, et. al., 2013) is a diabetes-specific self-care activity associated with glycaemic control. It covers five different aspects of diabetes self-management which are the patient's perceptive of their behaviour.

In this study, quality of life referred to the individual's subjective perception of physical, emotional and social well-being. The D-39 applied to this study was designed to determine the quality of life of participants diagnosed with diabetes type I and II. It also can be used on all diabetes patients regardless of demographic variables (Aguiar CCT, Vieira APGF, Carvalho AF, Montengro-Junior RM, 2008).

Methodology/Data Collection Procedure

A cross-section convenience sampling of 168 out-patients with type II diabetes who had been visiting out-patient department 1 at Phrae Hospital during January to June 2016 were recruited.

Sample size

G-power 3.0.10 (Faul, Erdfelder, Lang, & Buchner, 2007; Faul, Erdfelder, Buchner, & Lang, 2009) with t-test Correlation: Pierson product moment correlation coefficient (Cohen, 1988; Cohen, 1992) was used to calculate the sample size. The effect size index was 0.30 ($f^2 = 0.30$). The significance was at 0.05 ($\alpha = 0.05$). Power of test was 0.95 ($\beta = 0.95$). Initially, sample size was calculated at 134. Then, 25% of sample was added to prevent error of data collection. Therefore, the actual sample size was 168.

Inclusion criteria

Study participation was limited to adult patients who has the following inclusion criteria:

1. Participants with a clinical diagnosis of type 2 diabetes who had been visiting out-patient department 1 at Phrae Hospital during January to June 2016.
2. 18 years old or more
3. Presenting in good conscious and sufficient Thai language skill and written informed consent in Thai.
4. Providing informed consent to participate to this study.

Excluded criteria

Diabetes patients who has the following criteria were excluded from the study.

1. Terminal illness, late complication status and/or experienced DM shocks during questioned such as hypoglycemia, hyperglycemia and semi-coma.
2. Unable to share their experienced for the whole period of collecting data.

Instruments

Eligible out-patients for study were approached and informed about the possibility to participate. Patients who consented were assessed using questionnaires containing three parts: 1) Personal data of demographic and diabetes-specific characteristics were gained from the electronic patient records and fasting blood sugar (FBS) was analysed in the out-patient laboratory; 2) the DSMQ; and 3) the D-39.

Part I: Personal data of demographic and diabetes-specific characteristics.

Demographic data: sex, age, marital status, religion, occupation, educational level, and monthly income; and Diabetes-specific characteristics: BMI, diabetes duration, current FBS, and other illness.

Part II: The Diabetes Self-management Questionnaire (DSMQ) (Schmit, et. al., 2013) describes self-care activities related to the patient's diabetes in terms of how they took care of themselves over the last eight weeks. It consisted of five domains as follow:

- 1) Glucose management (GM) (5 items: 1+, 4+, 6+, 10-, 12-)
- 2) Dietary control (DC) (4 items: 2+, 5-, 9-, 13-)
- 3) Physical activities (PA) (3 items: 8+, 11-, 15-)
- 4) Health care use (HU) (3 items: 3+, 7-, 14+)
- 5) Sum scale or several specific self-care activities (SS) (1 items: 16-)

Seven items are formulated positively (no. 1, 2, 3, 4, 6, 8, 14) and nine inversely (no. 5, 7, 9, 10, 11, 12, 13, 15, 16). The rating scale was designed as a four-point Likert scale with the response options “applies to me very much” as three points as follows (Schmit, et. al., 2013):

Applies to me very much	= 3
Applies to me to a considerable degree	= 2
Applies to me to some degree	= 1
Does not apply to me	= 0

Schmitt, et. al. (2013: 138) described how to score the DMSQ that “the scores range from 0 to 10 (raw score/theoretical maximum score *10; for example, for the subscale “Glucose management” a raw score of 12 leads to a transformed score of $12/15 * 10 = 8$). A transformed score of ten thus represented the highest self-rating of the assessed behavior. If “not required as a part of my treatment” has been marked in an item, it was not used, and the scale score computation was adapted accordingly (by reducing the theoretical maximum score by three points). However, in case of more than half of the items of a scale missing, a scale score should not be computed”.

The cut-point of a transformed score was divided into three levels: well, medium and poor diabetes self-management as follows:

Average	Indicating
0.00 – 3.33	Poor diabetes self-management
3.34 – 6.66	Medium diabetes self-management
6.67 – 10.00	Well diabetes self-management

Part III: The D-39 applied to this study was a modification of the D-39 (Boyer & Lloyd & Keech, 1997; Songraksa. & Lerkiatbundit, 2009) in which Konika Songraksa and Sa-nguan Lerkiatbundit (2009) added two more items of “overall quality of life, and severity of DM” to fit to the Thai culture. The questionnaire was granted permission to reuse the D-39 from both Boyer and Songraksa. The D-39 is a self-report describing how much was the quality of life of the patient affected by diabetes and its treatments over the last four weeks. It consists of six subscales as follows:

- 1) Diabetes Control (DC) (12 items: 1, 4, 5, 14, 15, 17, 18, 24, 27, 28, 31, 39)
- 2) Energy and Mobility (EM) (15 items: 3, 7, 9, 10, 11, 12, 13, 16, 25, 29, 32, 33, 34, 35, 36)
- 3) Anxiety and Worry (AW) (4 items: 2, 6, 8, 22)
- 4) Social Burden (SB) (5 items: 19, 20, 26, 37, 38)
- 5) Sexual Functioning (SF) (3 items: 21, 23, 30)
- 6) Overall QOL and severity of DM (2 items)

The possible responses are 0-7 point scale, and range from “Not affected at all” (=1) to “Extremely affected” (=7). As score “1” indicates quality of life of the patient was not affected by diabetes and its treatments, therefore, it meant the patient had “a good quality of life”. For preventing confusion, after collecting data, scales were converted to the indication of good quality of life = 7 and poor quality of life = 1; while there was no score for Overall QOL and severity of DM.

The cut-point of D-39 score was calculated by summing the responses and then applying a linear transformation to a 0–1 scale as indicated as follows:

Average	Indicating
0.91 – 1.00	Extremely affected
0.71 – 0.90	Rather affected
0.51 – 0.70	Medium affected
0.31 - 0.50	Affected at some point
0.00 - 0.30	Not affected at all

Test of content validity

1. After the DSMQ was granted to be reused, it was translated into Thai using a standardised forward and backward translation procedure (Bradley, 1994). Three independent bilingual translators and diabetes specials performed the forward-translation until the back-translated and original questionnaires were matched. Then, the Thai version was finalised.
2. The D-39 was granted to be reused, which the Thai version of D-39 was translated into Thai language already with good content validity (0.94) Konika Songraksa and Sa-nguan Lerkiatbundit (2009).

Re-test of reliability

After 30 diabetes patients first completed the questionnaires, they were retested for reliability by Cronbach's Alpha Coefficient. Reliability of the DSMQ and the D-39 were 0.40 and 0.97 respectively. Then, questionnaires were developed by researcher team and were retested on five diabetes patients. Cronbach's Alpha Coefficient of reliability of the DSMQ and the D-39 were = 0.65 and 0.91 respectively after being answered by 168 participants.

Ethic

Data collection was approved by the Ethics Committee of the Phrae Hospital that File number was 3/2016, given on 22nd January 2016. Written informed consent was obtained before participation.

Analysis

Demographic data and diabetes-specific characteristics; for example sex, age, marital status, religion, occupation, study level, monthly income, BMI, diabetes duration, current FBS, other illness were analysis in mean and percentage.

The DSMQ and the D-39 were analysed in mean and standard deviation. The relationship between the DSMQ and the D-39 were analysed by Pearson product moment correlation coefficient.

Results

Table 1 describes demographic data of the participants. 168 participants answered 77 items of questionnaires. The mean age was 65.35 ± 10.45 years, more than half of the participants were female (61.31%). The majority were married ($n = 124$, 73.80%), Buddhists ($n = 166$, 98.80%) and graduated from primary school ($n = 123$, 73.20%). Forty-eight of them were unemployed (28.90%) and earned only 1,000 – 10,000 baht monthly.

Demographic data	Frequency (f)	Percentage (%)
Gender		
Male	65	38.70
Female	130	61.30
Age in years		
< 35	2	1.20
35 - 60	85	50.60
> 60	81	48.20
Marital status		
Single	7	4.20
Married	124	73.80
Divorced/widow/separated	37	22.00
Religion		
Buddhist	166	98.80
Christian	2	1.20
Occupation		
Employee	48	28.60
Agriculture	26	15.50
Business	28	16.70
Civil service officer	18	10.70
Unemployed	48	28.60
Educational level		
No schooling	3	1.80
Primary school	123	73.20
Secondary school	20	11.90
Associate degree/ graduate/ graduated	22	13.10
Under-graduate/ Post-graduate		
Monthly income		
< 1,000 baht	56	33.10
1,000 – 10,000 baht	80	47.30
> 10,000 baht	32	19.00

Table 1: Demographic data

Diabetes-specific characteristics of the participants are reported in Table 2. For Body mass index (BMI), 104 patients (60.90%) were rated at overweight (mean 25.02 ± 3.99). They were diagnosed with diabetes for 5-10 years ($n = 75$, 44.60%; mean 33.32 ± 5.08) with FBS of higher than 130 mg./dl. ($n = 88$, 52.40%; mean 142.46 ± 43.80).

Besides, diabetes, patients were also diagnosed with high blood pressure (n = 112, 66.70%), dyslipidemia (n = 101, 66.70%).

Diabetes-specific characteristics	Frequency (f)	Percentage (%)
BMI in kg/m ²		
< 18.50	3	1.80
18.50 – 23.49	61	36.30
23.50 – 30.00	102	60.70
> 30.01	2	1.20
Min-max = 15.81 – 38.46	Mean 25.02, SD 3.99	
FBS in mg./dl/		
70 – 110	80	47.60
> 110	88	52.40
Min-max = 65.00 – 291.00	Mean 60.35, SD 43.86	
Diabetes duration in years		
< 5	57	33.90
5 -10	75	44.60
> 10	36	21.46
Min-max = 1 – 22	Mean 42.44, SD 5.08	
Other diseases		
High blood pressure (HT)	112	66.70
Do not diagnosed with HT	56	33.30
Dyslipidemia	101	60.10
Do not diagnosed with Dyslipidemia	67	39.90
Kidney failure	12	7.10
Do not diagnosed with kidney failure	156	92.90

Table 2: Diabetes-specific characteristics

Table 3 illustrated that overall diabetes self-management of the participants were in medium level (4.50±0.25). The best self-management was “health care use” (5.28±0.37), followed by “sum scale or several specific self-care activities” (4.64±0.46). The poorest self-management was dietary control (3.92±0.35).

Diabetes self-management	Average (\bar{x})	Standard deviation (SD)	Indicating
1. Glucose management (GM)	4.40	0.37	Medium
2. Dietary control (DC)	3.92	0.35	Medium
3. Physical activities (PA)	4.28	0.65	Medium
4. Health care use (HU)	5.28	0.37	Medium
5. Sum scale (SS)	4.64	0.46	Medium

Table 3: Diabetes self-management

Table 4 reported a good quality of life of the participants (6.59 ± 0.41) which meant that diabetes and its treatments over the last four weeks did not affect the patients that much. The overall QOL and severity of diabetes showed the lowest score (6.34 ± 0.90).

Quality of Life (D-39)	Average (\bar{x})	Standard deviation (SD)	Indicating
1. Diabetes Control (DC)	6.65	0.44	Well
2. Energy and Mobility (EM)	6.47	0.56	Well
3. Anxiety and Worry (AW)	6.63	0.45	Well
4. Social Burden (SB)	6.52	0.49	Well
5. Sexual Functioning (SF)	6.87	0.51	Well
Overall score for D-39	6.58	0.41	Well
6. Overall QOL	5.51	0.96	Well
Severity of DM	1.34	1.02	Well

The final table-5 indicated that diabetes self-management was correlated positively with quality of life of the participants ($r = 0.28$, $p < 0.001$). Its positive correlation value was significantly at 0.05.

Variations	\bar{x}	r	p
Self-care management	2.32		
Quality of life	6.58	0.28	0.001*

* $p < 0.05$

Table 5: Correlation between diabetes self-management and quality of life

Conclusions

This study revealed that the self-management behaviour of participants was good. This result did not quite agree with the study of Sawangpon (2015), Leardwiriyanun (2015) and Raaijmaker, etl al., (2014) stated that the self-management behaviour of participants was at medium level. The subscale that participant could manage the best was “health care use” (2.64 ± 0.37) which meant the patients mostly followed the doctor’s appointment. This may be because most Thais respect the older, higher educational level and wealthier people. The subscale of self-management that they could hardly manage was “dietary control” (1.96 ± 0.35). This is associated with their high blood sugar (FBS>110 mg./dl.) (52.40%) and overweight (60.70%).

Reasons participants could hardly control their dietary pattern as recommended by health providers may be explained as follows. For Thais, food is a central part of social occasions and celebration. This is due to the nature of Thais who typically are friendly and sociable. It may also be because of the way in which food is ordered and eaten in Thailand. Thais share and enjoy side dishes together. When having meals, Thais do not combine various food on their plates. They rather have a spoon of food at the time. By this way, it is hardly measured the amount of food an individual has. Moreover, varies and delicious foods in Thailand are available almost everywhere along the roadside and almost all the time. Finally, sticky or glutinous rice, a higher calorie of rice, is preferable in the North and Northeast of Thailand as the staple food,

rather than non-glutinous rice. This may make it harder to have appropriate dietary pattern for diabetes patients living in these areas.

The overall score of quality of life of the participants indicated good level reflecting that they were not affected by diabetes and its treatments. The highest subscore was “sexual functioning” (6.58 ± 0.37). It is well-known that diabetes can affect nerve function and blood flow particularly genitals, however, the result of this study was reverse. This may be explained that Thais are typically shy to discuss or reveal about this issue. Further, just more than half of participants (52.40%) had high level of FBS. Almost half of them were older than 60 years old (48%). 44.60% were sick with diabetes for between 5 to 10 years, while those who have been sick for more than 10 years was 21.46%. In sum, the study results did not show individually how severe patients were affected in terms of sexual functioning.

The lowest score of quality of life of participants was energy and mobility (6.47 ± 0.56). This also could be explained that diabetes patients mostly develop peripheral neuropathy, vascular disease, muscle atrophy, balance and gait problems, postural instability and falls.

This finding of relationship between self-management and quality of life met the hypothesis of the study. That self-management behaviors were associated positively with quality of life ($r = 0.28$, $p < 0.001$). While minimizing glycemic goals of diabetes patients is focused on the treatment plan, health providers should also take care of patients as holistic, as a whole human. Once being diagnosed as diabetes-a chronic illness, patients are facing physical, emotional and social challenges to enhance safety and quality of life. Addressing the issues associated with diabetes self-management can significantly improve the quality of life. Thus, for individuals with poor diabetes self-management in particular, prepare and help them to have discipline and self-management skills individually are necessary.

Summary and suggestions

Health care providers should promote diabetes self-management and self-care programs enhancing dietary control. Ultimate purposes covered effectiveness of diabetes self-care management and reduce and/or prevent diabetes-related complications.

Acknowledgements

This work was supported by grants of “Praboromarajchanok Institute for Health Workforce Development (PBRI) funded by the Academic Clinical Department (file numbers PH. 0203.10/1059, 9th March 2015 and PH. 0203.10/498, 25th January 2017. 01GI0809, 01GI1107).

Parts of this work were oral presented at The European Conference on Psychology & the Behavioral Sciences 2017 (ECP2017) organised by The International Academic Forum (IAFOR) on 5th July 2017 at Jurys Inn Brighton Waterfront, Brighton, East Sussex, United Kingdom.

We acknowledge the valuable contributions of Dr. Roongrutai Mualprasitporn – Director of Praboromarajchanok Institute for Health Workforce Development (PBRI); Dr. Jureerat Kijsonporn Deputy-Director for Academic Clinical Research Department, PBRI; and Dr. Jiraporn Worawong Director of Boromarajonani College of Nursing, Udon Thani, Thailand.

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***Implicit Cognitions in Awareness:
Three Empirical Examples and Implications for Conscious Identity***

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The European Conference on Psychology & the Behavioral Sciences 2017
Official Conference Proceedings

Abstract

Across psychological science the prevailing view of mental events includes unconscious mental representations that result from a separate implicit system outside of awareness. Recently, scientific interest in consciousness of self and the widespread application of mindfulness practice have made necessary innovative methods of assessing awareness during cognitive tasks and validating those assessments wherever they are researched. Studies from three areas of psychology, self-esteem, sustainability thinking, and the learning of control systems questioned the unconscious status of implicit cognitions. The studies replicated published results using methods of investigating (a) unselective learning of a control task (b) implicit attitudes using IAT, and (c) the Name-letter effect. In addition, a common analytic method of awareness assessment and its validation was used. Study 1 demonstrated that learned control of a dynamic system was predicted by the validity of rules of control in awareness. In Study 2, verbal reports of hesitations and trial difficulty predicted IAT scores for 34 participants' environmental attitudes. In Study 3, the famous Name-letter effect was predicted by the validity of university students' reported awareness of letter preference reasons. The repeated finding that self-knowledge in awareness predicted what should be cognitions outside of awareness, according to the dual processing view, suggests an alternative model of implicit mental events in which associative relations evoke conscious symbolic representations. The analytic method of validating phenomenal reports will be discussed along with its potential contribution to research involving implicit cognitions.

Keywords: consciousness, implicit attitudes; implicit learning; implicit self-esteem

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Introduction

What thoughts are conscious and what are not? This question is fundamental to the meta-theoretical frameworks within which we understand mental events in psychology. The durability of the question is well illustrated by contrasting Freud's 1915 statement (translated, 1963) regarding his cornerstone unconscious, "We become obliged then to take up the position that it is both untenable and presumptuous to claim that whatever goes on in the mind must be known to consciousness" (p. 117) with William James' early mentalistic approach: "The unconscious is the sovereign means of believing whatever one likes in psychology and of turning what might become a science into a tumbling ground for whimsies." (James, 1890, p. 163). Since that time, and apparently long before (Wilson, 2016), psychology's posture has been to conflate ontological concerns of mind with an empirical science of consciousness, what explains it, and what it explains (Dulany, 2014). As a consequence, what is conscious has been largely ignored in today's theoretical networks as a slow, serial, resource-depleting part of the mind (Evans, 2008) that is an occasional "emergent" (Jackendoff, 1987) delayed in time with brain functioning (Libet, 1985).

In contrast, what is *not* conscious has dominated psychological theory to the present day. The standard dual-processing approach posits separate conscious (explicit) and unconscious (implicit) systems, or a divided self (e.g., Beattie, 2010), with a fast, automatic, and parallel processing implicit system. Under this view most cognitive operations really take place in the implicit unconscious system (Kihlstrom, 1987) where unconscious memories, implicit associations forming social attitudes, unconscious self-knowledge, rules for judgment and motor control, complex inferences, and temporary priming all explain a range of phenomena that apparently defy conscious explanation (e.g., Berry & Broadbent, 1988; Holender, 1986; Kihlstrom, 1999; Lewicki, 1986). In other words, there are mental representations of which we are unaware and unconscious cognitions that influence our thoughts and behaviors outside of our awareness (e.g., Dienes & Altmann, 1997; Grecco, Robbins, Bartoli, & Wolff, 2013; Meador, Dienes, & Scott, 2014). Evans (2008) summarized the distinction: "All these theories have in common the distinction between cognitive processes that are fast, automatic, and unconscious and those that are slow, deliberative, and conscious." (p. 255). Thus, for decades the metatheoretical climate of psychology has remained resistant to an agentive and explanatory cognitive conscious and instead has accepted that there are "covariations [that] can be detected, processed, and stored (i.e., acquired) without mediation of conscious awareness" (Lewicki, 1986, p. 29).

Recent practical interest in mindfulness has produced an increasing research focus on consciousness (e.g., Newell & Shanks, 2014; Wilson & Smith, 2017) and fostering self-awareness and its application (e.g., Bruin, van der Zwan, & Bögels, 2016; Kataria & Regner, 2015), of which only a simple review of most recent work is mentioned here. For example, theoretical models of individual awareness of self-related knowledge have been critically tested for associative access in the laboratory (e.g., Stein, Siebold, & van Zoest, 2016). In addition, measures of self-awareness in children have been created for clinical developmental research (Geurten, Catale, Geurten, Wansard, & Muelemans, 2016). Empirical examination of mindful attention (Keith, Blackwood, Mathew, & Lecci, 2016) has found strong relationships between

self-reported mindfulness levels and attention disorders, concentration, and mind-wandering. Furthermore, a recent increase in evidence-based mindfulness practice is clearly demonstrated by digital analysis: the term “mindfulness” was more frequently used in high-impact clinical psychology journal articles’ titles and abstracts than the term “unconscious” in recent years (Wilson, Hefferman, & McMahon, 2015). Nevertheless, to advance the empirical study of human awareness against the background of a marginalized consciousness in cognitive theory, innovative methods of awareness assessment and validation are required. And rather than ask participants to play theorists about their own minds when answering post-experimental questions, an analytic approach to consciousness assessment is required that considers the forms of conscious contents that may be in awareness. Fortunately, approaches have emerged to test empirical statements about conscious cognitions (e.g., Baumeister & Masicampo, 2010; Carlson, 2002; Perruchet & Vintner, 2002; Shanks et al., 2013) that emphasize the relevance and reliability of immediate conscious reports (Newell & Shanks, 2014).

What follows first is a brief description of an alternative conceptualization to the standard dual-process metatheory. A summary is then presented of empirical evidence from three studies across psychological domains that replicate a common analytic approach to awareness assessment and validation. In each case introspective access to task-related knowledge in awareness was achieved and the validity of conscious reports predicted the experimental task results. In all three cases individuals were surprisingly aware of knowledge that the standard view hypothesizes to be implicit and outside of awareness.

An Alternative to the Standard Dual-Process Approach

Let’s begin to challenge the long-standing computational dual-process view of human cognition using the visual metaphor of a three-layer cake. In the top layer are found all *explicit* cognitions that are *conscious*. These may be conscious states and contents in awareness that result from introspective attention, deliberative thinking, and hypothesis testing. Conscious cognition often produces knowledge that guides our plans and actions after some form of deliberation that takes attentional effort over a series of mental events. In the bottom layer of the cake are the underlying physical processes of the brain that underlay, give rise to, and correlate with, those conscious states and contents (Churchland, 2006). Note, therefore, that the bottom layer entails the analysis of physical systems rather than mental. Now consider, according to the standard dual-process metatheory, in between the conscious top and physiological bottom layers there exists a middle layer of mental representation in which are found *implicit* cognitions that are *unconscious*. These may be thoughts and recognitions outside of awareness that are abstracted from the covariations we experience (e.g., pairings, repetitive motor sequences, rules of input-output, grammars, event sequences). The middle layer of the metaphorical cake is particularly delicious because, according to the standard view, this is the system where implicit cognitions influence our behavior and we are quite unaware of it (Kihlstrom, 1999). It is the sub-personal mental system that produces “tacit knowledge” that cannot be articulated (Lewicki, Hill, & Bizot, 1988) but nevertheless guides much of our judgments and actions (e.g., Dienes & Altmann, 1997; Greenwald & Banaji, 1995; Reber, 1967).

Now, think for a moment of something that has happened in the last days that you attribute to your unconscious mind. Give it some time to come to you; think of something you would say happened unconsciously. For example, you may have wondered whether or how you locked that door or replaced the car's gas cap because you don't remember doing it. Or you may have been troubled by things in your day that you had not recognized until you poorly slept and dreams reflected these anxieties. Perhaps you left thinking on a problem for later only to have the solution pop into your mind when you did not expect it. The unconscious clearly explains how many mental episodes like these could happen without your awareness, but what is an alternative explanation for these unconscious influences on behavior? That is, do we really associate, abstract, search, and store unconscious symbolic representations such as a control algorithm we've learned (Hayes & Broadbent, 1988) or our implicit sub-personal self-esteem (Nuttin, 1985) of which we are unaware? Really? Ask yourself what is another way to understand your example of the unconscious. Could what happened be potentially described as taking place at a neurobiological level? Could the cognitive processing, rather than dropping down to a symbolic level "below" your awareness, drop out altogether from an analysis of mental representation?

Consider a cognitive architecture that effectively takes out the middle layer of the three-layer cake. An alternative "mentalistic" approach to cognition (Carlson & Dulany, 1988; Dulany, 2003; Dulany & Wilson, 1990) eliminates the postulate of an unconscious mental representation within an implicit system. In essence it says for psychological events there is a mental level of description and a physical level of description. In this approach, the distinction of what is conscious (explicit) and what is not (implicit) is determined not by separate mental systems but rather by two forms of conscious contents and the *non-conscious* interrelations that may be shown to empirically link them (Dulany, 1991). The mentalistic metatheory of cognition posits (a) that all symbolic mental representation is conscious and (b) that these representations can be either propositional (awareness *that* "this is X") or sub-propositional (awareness *of* "X") forms of mental events. The subjects and predicates of propositional contents are symbolic representations in consciousness, such as "Psychology + can be fascinating," and "This + is a book." By functional specification, these symbols may evoke other symbols, or contents, in awareness (e.g., Brighton *evokes* Conference) and related conscious associations. Propositional representations possess the feature of recursion in that the predicate of a proposition also can be a proposition in awareness. Sub-propositional contents are immediately evoked symbolic representations in awareness, such as the recognition of "heat" or "dim" before or after other evoked conscious representations interrelated with "heat" or "dim" whether they be thoughts to act, episodic memories, specific imagery, etc. Another example is awareness of any "perceptual pattern" normally accompanied with phenomenal (personal) awareness, also a conscious content if evoked, that immediately leads to the former kind, propositional representations, as a variety of running conscious contents (e.g., awareness *that* "I am aware" *that* "this is a book").

Without a separate implicit system, it is reasonable to assume that unconscious priming, implicit self and social attitudes, control algorithms, and other cognitions shown to be outside of awareness are, ultimately, the result of non-conscious operations. They are non-conscious in the sense of not existing within the set of objects of human awareness. For example, if the non-conscious functions outside of awareness are patterns of brain processes, such as neural networks that embody

presently inactive memories or biased social attitudes, then such physical events cannot be contents of conscious awareness (Dulany, 2014). At this point the interesting question becomes: To what sorts of contents might individuals have conscious access? The mentalistic approach to cognition addresses the question of what is conscious and what is not by recognizing two forms of conscious contents. These mental representations are the symbols by which we represent our cognitions to ourselves and they function within two types of mental events, either associative or deliberative. Associative cognitions involve sub-propositional contents in awareness, often fleeting, that evoke and are evoked by associative activation (e.g., one thought runs to another, a smell evokes a conscious memory or a feeling of comfort). Deliberative mental events are those conscious cognitive actions regarding propositional contents in awareness (e.g., Brighton is by the sea, Shall I shop in Brighton?) that constitute much of our conscious life.

So, then, what sort of empirical evidence would support the view that there is no need for the middle layer, i.e., an explanatory cognitive unconscious in a separate implicit mental system? Would it involve an analytic approach to conscious access within unconscious mental episodes? That is, it seems reasonable to confirm that the conscious top layer is where the symbolic representation happens. And would supporting evidence include the predictability of those conscious contents for the phenomena under investigation? Such evidence would eliminate the need for an unconscious explanation. The following three studies in automatic control learning, environmental attitudes, and implicit self-esteem took the same general analytic approach to assessing conscious awareness and predicting the phenomenon under examination.

An analytic approach to conscious awareness: Three examples

The first example was a replication study performed with Don Dulany (Dulany & Wilson, 1990) of the “person in the computer” paradigm used by Hayes and Broadbent (1988) to research dynamic systems control learning in either conscious and unconscious learning modes. Participants interacted with the computer by simple input-feedback exchanges with a computer along 12 levels of warmth including Very Rude, Cool, Indifferent, Friendly, and Loving. The learning objective was to keep the computer person responding in range of the level of Friendly. The computer’s programming made its reply to the participant’s input a few steps away from the level input, with a plus or minus 1 random element. In the unconscious learning condition the computer’s reply was to the input minus 1 trial, a feature of the algorithm participants could not articulate and yet they learned to control the computer all the same. To be sure, participants showed some procedural awareness of the task, but at the time the selective impairment of learning in the explicit, or “figure it out,” mode by a secondary resource-depleting task was widely cited as evidence for learning to control the computer without awareness. Soon thereafter, an attempt to replicate the evidence for superiority of the implicit learning in this task failed (Green & Shanks, 1993); however, whether learning to control a simple computer algorithm is more successful in either mode, these studies begged the fundamental question of unconscious mental representation with a non-analytic approach to consciousness.

Our replication provided insights into the status of the symbolic representations that are learned and used in performing the control task. In this case our analysis involved

interrupting the participants before the last block of 10 trials (of 30 or 50) to collect either retrospective or prospective reports regarding the levels of input that were or could be used to keep the computer on target. Using this constrained, task-related conscious report made possible the quantification each report's validity against those inputs that did constitute control by algorithm. That is, we created a metric of *how well the participants' conscious awareness reflected correct knowledge of the system*. As in the Hayes and Broadbent (1988) methodology our experimental conditions were manipulated by 0 and -1 trial algorithm and either with or without a challenging secondary task of random digit generation. Learning was found for both modes but the interaction with the secondary task did not replicate; there were equally fewer inputs on target in either learning mode when also performing a resource-depleting task.

What was of interest was participants' conscious awareness of what to do in the task. Remarkably, the validities of the reported rules equally predicted performance in all conditions, and without a statistically reliable under-prediction. To best understand the mental events involved, a model of deliberative strategy was developed and fitted performance on the task with increasing accuracy over learning trials and in all conditions. These findings indicated that learning the computer person task involves both deliberative and associative mental episodes with consciousness controlling inputs in both. When participants were deliberately error-correcting their inputs and when they were responding to input-output learned associations, they were aware of these products—they had introspective access to them. In conclusion, there was no evidence for mental representation of the learned algorithm, or the rules by which inputs connected computer replies, at an unconscious level. Furthermore, the analytic technique for conscious access proved effective for demonstrating participants were aware of what they learned and all symbolic mental representations required to explain performance of the computer control task were conscious.

The second example is a recent study reported by Wilson and Smith (2017) examining the unconscious status of implicit attitudes toward the environment. Research has shown that the common incongruity between what people say about global sustainability and what they do about the environment can be explained by the influence of implicit environmental attitudes (Beattie & McGuire, 2015). Like other forms of implicit associations (Greenwald & Banaji, 1995), the standard dual-processing metatheory understands the incongruity as the result of a separate implicit mental system that is capable of affecting behaviour outside of awareness. Thus, what one knows is socially acceptable to say is consciously entertained and stated; the implicit system betrays one's unrelated implicit attitude when measured by D-score on the implicit association test (IAT). Our study examined the operational adequacy of the commonly used IAT technique by directly asking participants to report their recognition of behavioral influences while they performed an IAT for environmental attitudes.

Our replication of the environmental IAT research involved interrupting the participants randomly between 3 and 5 times during the test for a conscious report. Again we asked for constrained task-related knowledge to which we might find conscious access, rather than asking for general awareness of the experimental conditions or hypothesis, thereby improving on the non-analytic consciousness questioning reported across the implicit cognition literature (see Dulany 2003). In this

case we asked participants to indicate on a 5-point scale the difficulty of the last trial and to estimate how many trials of the last 10 were hesitations. These reports made possible the quantification of validity against the trial-by-trial record, the configuration of the stimuli and the response latency recorded. That is, we created a metric of *how well the participants' conscious awareness reflected recognition of their own response bias*. Results revealed the IAT method to be inadequate as a measure of environmental attitudes that are implicit. We found participants were very aware of their IAT response latencies and accurately recognised IAT features that produced those latencies. The validity. Furthermore, the validity of trial difficulty in awareness predicted the IAT D-scores, challenging the claim to attitude effects of which individuals are unaware. In conclusion, there was no evidence for mental representation of environmental attitudes, whether biased or not, at an unconscious level. Furthermore, the analytic technique for conscious access proved effective for demonstrating participants were aware of the trials with difficulty and sufficient symbolic mental representations to explain performance of the environmental IAT were conscious.

The third and final example was a test of operational adequacy of the name-letter effect as a measure of implicit self-esteem (Boatright-Horowitz, 1995; Nuttin, 1985). Current theory regarding self-esteem follows the standard metatheory as well and in this case it questions how well individuals know themselves and their own identity. The name-letter effect is the well-known and ubiquitous finding that people like the letters in the own name more than other letters, they give name-letters higher average preference ratings and, when tested in a particular fashion, individuals remain unaware that there was any difference by name-letter or experimental Gestalt. The effect has been often replicated and used as a measure in applied and critical research, extending to methods of assessment and diverse theories of mental illness, development, and marketing (Wilson, 2016).

Yet is there really a mental representation of one's own self-esteem at an unconscious level of processing, a kind of self-knowledge about which we have no knowledge, no introspective access? The alternative mentalistic approach removes the unconscious representation system for theories of identity and self-knowledge, suggesting more parsimoniously that we have a set of conscious contents, over time, that determines our identity. They include a set of propositional contents with "I" and "me" as subject or predicate and sub-propositional contents such as a sense of "I" or "me." In the case of the Letter Preference Task, sub-propositional contents may come to awareness while judging preference for a name letter including "me" and "name." Often these content would be expected to produce associated propositional contents as well. For other preference judgments, a propositional content may be in awareness such as "This letter is mine/is in my name." Empirical evidence was therefore required to show letter ownership was the consciously controlling reason in awareness for preference ratings rather than unconscious self-esteem controlling the preference effect. Sampling participants from the United States and the United Kingdom, the hypothesis was that there is nothing explanatory about the theory of implicit self-esteem, at least as it is operationalized by the name-letter effect.

The study set out to replicate the standard NLE finding while carefully assessing awareness to identify and evaluate the nature of the mental representations that determine the effect. In the past the NLE was assumed unconscious from post-

experimental questioning and, more recently, from no awareness assessment at all (Wilson, 2016). In the evaluation study the analysis of awareness involved directly asking participants to report the reasons for their preference ratings for each letter of the alphabet. After rating random letters from the entire alphabet, English-speaking participants provided reasons for liking letters and then assigned those reasons to each letter. That is, participants simply reported their task-related motives for every judgment. A validity metric was then created of *how often the participants' conscious reason for preferring name-letters was their ownership of the letter*. Results demonstrated that individuals were surprisingly aware of their reasons for letter preferences and letter ownership was consistently the reason in awareness reported for name-letters, up to 84%. The awareness assessment made possible the quantification of report validity against the number of name-letters assigned to the ownership motive given. The validities of these conscious reports strongly predicted the NLE scores and left no evidence for mental representations of self-esteem at an unconscious implicit level. Not only do the findings call into question the operational adequacy of the NLE for applied personality research, the analytic technique for awareness assessment again proved effective for demonstrating participants were conscious of their reasons for preferring name-letters and the symbolic mental representations that predicted name-letter effect scores were conscious ones.

Conclusions

A principle tenet of the standard dual-processing cognitive metatheory is the assumption of a separate unconscious mental representation system the operations and influences of which are outside of conscious awareness (e.g., Meador et al., 2014). An alternative “mentalist” cognitive metatheory eliminates an explanatory unconscious and considers all forms of cognition to be conscious mental episodes of two types (Dulany, 1991; 2003). They may be deliberative mental events on propositional contents or associative cognitions in which sub-propositional contents are evoked. Three studies were summarized that investigated learning to control a dynamic system, social attitudes toward the environment, and self-knowledge, each with the intention to demonstrate awareness of implicit cognitions and the predictability of that awareness for measures of the construct. The findings in each case demonstrated that task-related knowledge in awareness predicted experimental performance. In each case, too, the uncovered contents in awareness must call into doubt the adequacy of the implicit test for that domain.

The analytic method of consciousness assessment common to these diverse studies achieved access to valid contents in awareness that the standard view predicts should be unconscious. Of course, any study has its limitations and the present findings certainly require replication. Advocates of dual-processing may detract by suggesting the conscious contents that participants reported in these studies were only emergents, or ad hoc surmising from memory, and certainly not controlling of behavior. Such criticism it seems will have to provide a corresponding explanation for the predictability of the conscious reports as well. Others in favor of a cognitive unconscious in some form may argue that there is still a theoretical role to play by implicit cognition, but such approaches will have to adequately assess awareness in the process. In the present studies the analysis involved the specification of knowledge related to the particular task that should be in awareness at the time of performance, the creation of a report (correct computer inputs, IAT trial difficulty,

and letter ownership respectively) that constrained responses to the specific conscious contents, the quantification of report validity against the knowledge required for the task demands at the time, and the predictive analysis of report validities and task performance.

Is an unconscious mental system a necessary postulate of human cognitive functioning? For the examined psychological domains presented here it appears to not be so. Might we learn more about consciousness using more thorough, analytic approaches to its scientific assessment? The repeated method summarized here appears promising. The analytic posture toward conscious report demonstrated a means of achieving introspective access to contents in awareness and quantifying them for analysis. With refinement, the general technique may be found effective for research in other domains such as self-awareness research (e.g., Stein et al., 2016) or clinical practice (Grecco et al., 2013). The analysis was driven by an alternative mentalistic view of human cognition that suggests wherever unconscious mental representation is claimed in psychological theory there are conscious contents to be uncovered that control the behavior. As psychological scientists continue investigating the powers of conscious identity and self-awareness, and develop new methods of mindfulness practice, the time has come to gather empirical evidence to make the traditional notion of a powerful unconscious mind obsolete.

Acknowledgements

The author extends deep appreciation to Hunter Smith and Prof. Donelson E. Dulany for their collaborative contributions to studies highlighted in this article.

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Identity, Religion and Intergroup Conflict: the Role of Religious-Secular Discourse in Self-Investigation

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IAFOR European Conference on Psychology & the Behavioral Sciences 2017
Official Conference Proceedings

Abstract

This paper explores the logic and implications of secular-religious discourse and group processes in exploration of individual and social identity. The theory argues that intergroup discourse can create a safe environment that encourages individuals to engage in self reflection and in discourse with 'the other'. Qualitative thematic content analysis was used to analyze the final papers of eight-three Jewish college students who participated in a semester-long dialogue course. Content analysis found that students came into the dialogue with low willingness to engage in self-exploration, and had difficulty discussing their personal identities. The majority of the students did not report on a change occurring during the dialogue, but rather engaged more in an attempt to settle their self-perceptions in comparison to the out-group members (Arad students). The contribution of this research lies in investigating how identities are shaped within a context of intergroup conflict and minority-majority relations. Moreover, the paper proposes several hypotheses and questions to advance research in this field.

Keywords: identity investigation, religion, intergroup conflict, secular, discourse, self-exploration

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Introduction

An individual's identity, which can be described in terms of the individual's self, develops in a continuous process of interactions among individuals and their surroundings (Erikson, 1963; 1968). The identity development occurs during teenage years, but continues all through life and is prone to social influences (Erikson, 1963; 1968). This process reflects two needs: the need to maintain personal uniqueness and the need to belong to a group (Brewer, 1991). Hence, identity formation is based on personal exploration and commitment. At first, a search and exploration of alternatives takes place, and, following extended exploration, the appropriate identity is finally attained (Marcia, 1980). On the other hand, according to Tajfel & Turner's social identity hypothesis (1986) the definition of self-identity relies on one's sense of belonging to a group and can only be fully defined in the presence of others, perhaps resulting from individuals' perceptions of themselves in a specific context (Beijaard, Meijer & Verlopop, 2004).

However, when it comes to the formation of a religious identity, it seems difficult to point out the existence of an orderly process. As it was proposed that self-exploration mostly occurs during early adulthood (age 18-25) (Arnett, 2002; 2006), the individual's worldview is explored and general questions are asked on the meaning of life, along with specific questions on religious values and beliefs. In most cases, the process includes an examination of whether their personal worldviews differ from those of their parents (Arnett, 2006) and in thought regarding their belief systems, and religious questions, even when the individual is not living in a religious home environment (Arnett & Jensen, 2002). Yet, the findings are unclear as to whether there are certain contexts or social processes in young adult lives that accelerate identity exploration, and thus these opportunities should be explored. In looking at these issues in more detail, this research aims to investigate self-exploration undertaken in a dialogue course among undergraduate students.

This research suggests a discourse dealing with intergroup religious conflict functions as an opportunity for both a meaningful process on a personal level and self-exploration. The literature points to two sets of processes within the intergroup dialogues: the psychological processes that occur within individuals (Dovidio, Gaertner, Stewart, Esses, ten Vargart, and Hodson, 2004), and the communication processes that occur among individuals (Nagda, 2006). Intergroup dialogues have been implemented in international, community and academic settings, and research indicates that positive results have emerged in all these settings (Dessel, Rogge & Garlington, 2006). Finally, and despite being their few in number, previous studies have indicated that intergroup dialogue is a framework in which participants are exposed to issues related to their identity, which encourages participants to explore and even reshape their identities (e.g. Shamo-Nir, 2017a).

According to Tajfel and Turner (1986), significant psychological processes can occur in social situations especially in situations of inter-group conflict. On the one hand, it was found that participants who were exposed to the content of the out-group showed negative attitudes towards them (Razpurker-Apfeld & Shamo-Nir, 2015). On the other hand, several studies support the positive impact of intergroup dialogue on communication and psychological processes (Gurin-Sabnds, Nagda & Osuna, 2012). It was found that groups with a history of conflict or tension can foster intergroup

communication, mutual learning and self exploration through participation in intergroup dialogue (Dessel & Rogge, 2008). Yet, there are very few studies in which identity exploration among students has been investigated. These higher education studies indicated that participating in intergroup dialogue encourages participants to understand their own and others' experiences in society (e.g. Nagda, 2006).

This research

The dialogue course that was examined in this article is greatly based on the contact hypothesis (Allport, 1954; Amir, 1969), and is facilitated by those knowledgeable on the Jewish secular-religious conflict (Shamoa-Nir & Hellinger, 2015) who were trained to lead the discussions (Miller & Donner, 2000). Moreover, the research was conducted in a unique context of inter-group relations that provides a scientific investigation – a multicultural college in which Arab and Jewish students study together and are engaged in academic and social activities on a daily basis (Shamoa-Nir, 2014). This particular research context was chosen because of its potential to clarify issues that are related to identity construction and that can be acknowledged only as a result of the discourse itself. In particular, confrontation with 'the other' (Jewish participants) while coping with the out-group members (Arab students), was considered to be a unique opportunity for learning regarding both personal and social identities.

The identity exploration processes which occurred during the discourse were investigated using a thematic content analysis. This paradigm was used because self-exploration processes may be difficult to study and qualitative data may be the best route for exploration. In a previous study, it was found that the presence of out-group members affects attitudes, contributing to the in-group and to the process of defining identities (Shamoa-Nir, 2017a). This issue will be examined again in this study: in particular, the difficulty of discussing identity issues and the role of this discourse in promoting Jewish identity construction and in revealing conflicts regarding the Arab out-group.

Method

Participants and procedure

Eighty-three undergraduate college students participated in the research (ninety-two students participated in the dialogue course, but 5 students did not submit a summary paper and 4 did not agree to participate in the research) of which fifty-four were women and twenty-nine were men. Seventy-eight were born in Israel. Twenty-three defined themselves as being secular, twenty-seven as being religious and thirty-three as traditional.

The distinction between the religious affiliations of the participants was based upon their self-definition. In general, religious and secular affiliations are not limited to Israeli society; however traditional affiliation requires an explanation. Traditional Jews see themselves as practicing some aspects of Jewish religion without strictly maintaining all of Judaic law. Typically, traditional Jews maintain traditional customs of Jewish law that are considered symbolic and significant, out of solidarity with the Jewish people.

A content analysis was undertaken on summary papers submitted by students. The final papers were written personally, as part of their obligations for course credit. The papers were submitted two months after the course ended, and included a description of student experiences during the course. All students were notified of the intention to use their work for research, and they were assured that a refusal to participate in the research would not affect their grades in any way. The students' identities remained confidential and all demographic information was deleted from the papers in order to protect student anonymity.

Dialogue course as research context

The Dialogue course lasted one semester (13–14 weekly encounters of 4 academic hours each), each group comprising between 18 and 23 students. All students participated voluntarily and underwent an acceptance interview. Acceptance criteria included: personal ability and motivation to take part in discourse (acceptance rate was 95%). The groups were heterogeneous and included Jewish students (religious, traditional and secular students). The Arab students at the college were offered participation in a dialogue course between Jews and Arabs.

The course comprised workshops in various subjects, based on three levels of content: 1. The first three encounters were devoted to getting to know one another and to group consolidation, and included discussions of the following issues: stereotypes, tolerance and pluralism, and relations with the 'other'. At the end of these encounters, the students participated in a weekend review for all dialogue groups, including group activities for the entire program, (running from Friday morning until Saturday night), as well as lectures, workshops and consolidation activities moderated by the students, and shared meals and prayers – for those students interested. It is important to state that the joint activities took place without violating the Sabbath (the Jewish Saturday), but in their free time, each student was free to act according to his/her own beliefs and path. 2. The middle portion of the course was devoted to discussion on Jewish-Israeli identity and relationships between religion and State, Judaism and democracy, relations with non-Jewish citizens, especially Arabs. At this stage, a meeting was held with a Haredi (ultra-orthodox) rabbi from Safed to provide exposure to the worldviews of ultra-Orthodox Jews and their attitude towards the state. 3. The third portion of the semester comprised workshops on significant personal, general and social issues (which are not necessarily related to religion), such as military ethics, relationships and marriage, the status of women and education.

Coding procedure and analysis

The final papers included participants' open answers to a number of questions on their experiences in the dialogue course. In the first stage, the author and a former facilitator analyzed an initial set of 9 final papers (3 secular, 3 religious and 3 traditional), in order to formulate themes and decide upon which ones to pursue (Interrater agreement- 93%). After deciding how to identify those themes in the students' papers, based on study and comparison of our notes, we developed a coding scheme for the major themes. We also coded the subthemes. This aspect of the coding process followed qualitative analysis procedures delineated by Bryman (2001). The coding scheme was used to analyze all the papers and the presence or absence of relevant themes in each paper was marked. Then, two research assistants' students

performed a separate blind coding and we compared the agreement of their codes with the author's codes. The coding results had high reliability (Interrater agreement ranged from 89% to 95%). The analysis reported in this research is based on the author coding.

Results

Most of the participants (92%) came to the dialogue course with high levels of willingness to participate in a discourse with other Jewish students, but these participants had low willingness to engage in self-exploration. Three themes emerged to explain how or why the participants expressed willingness to participate in the intergroup dialogue, but had difficulty discussing their personal identities.

Who is 'the other'?

The first theme is that most of the participants (90%) expressed confusion about who was 'the other' in the discourse. Throughout the papers it seemed that the participants had difficulty in dealing with conflicts with Jews, religious or secular, since, in the broader context of everyday reality in the college, the relations between Jews and Arabs are always present. In the context of strained relations between Jews and Arabs, the Jewish participants automatically referred to the Arab students as 'others', instead of referring to the other Jews in the dialogue group. This attribution made it difficult for the participants to divide into the different groups within the Jewish group of students, and as a result, the discourse in the workshops shifted from discussion of personal and Jewish identity to discussion on relations with Arabs. For example, Yael wrote:

"I joined the dialogue course in order to be in a group with only Jews since in all the other courses we study with Arab students. So it was really confusing when we were asked to divide into different groups according to our religiosity level: religious, secular and traditional. As a religious woman, I was not prepared to see the secular students as members of the opposition group because they are Jews like me, and therefore it seemed strange to expect us to conduct discussions about our identity in separate groups. After all, we are all in the same boat."

Indeed, most of the participants (among 87% of the participants) expressed a personal need to hold the dialogue within a homogeneous group that comprises only Jews. Yet few of the secular participants (15%) expressed disappointment at the unwillingness of the participants (especially the religious and traditional participants) to relate to 'the other', within Jewish society. Even though they recognized the need for a safe space for dialogue, these participants described the atmosphere in the workshops as "artificial homogeneity", which did not allow for an authentic discussion about the differences between the Jewish members to occur.

Aspects of self-exploration through the reflection of the intergroup conflict

The second theme centered on the implications of a broad social context on the discourse.

The workshops were held in a multicultural college in which Jewish-Arab relations are encountered on a daily basis. Even though some of the participants presented personal dilemmas, they focused on difficulties stemming from being part of a multicultural reality, and expressed a desire to use the dialogue framework to deal with these contents, as David wrote:

"I decided to join the dialogue course, after two years of studying in this college and after I got to know some Arabs. Now I am in a place of uncertainty. This is why I entered the dialogue course, mostly to sort out my head a little. This might be the right place and time to ask questions about relations between Jews and Arabs, questions that can be asked only in a group without the presence of Arabs."

It seems that not only the nature of the relationship between Jews and Arabs interfered with the internal dialogue among the Jews. The process of self-investigation was also impaired. Indeed, more than half of participants wrote that these conditions "make it difficult" for them to understand who they are and explore themselves. Moreover, the majority of the students did not report on a change occurring during the dialogue, but rather engaged more in an attempt to settle their self-perceptions in comparison to the out-group members (Arad students). Nonetheless, in a few papers the participants presented a situation or an event in which an intercultural conflict occurred, from which they learned something about themselves. For example, in Leon's paper:

"I know that not all of the Arabs are against Jews, but it is difficult for me to trust them or to be their friend. Only during the discussion on stereotypes, when we had to tell a personal story, did I realize that my opinions can change, and that I can be more tolerant towards Arabs. I know only now that in order to experience good relations with Arabs, I need to be more open to them and trust them."

Conditions that encourage self-investigation

The third theme is related to the conditions that contributed to the participants' self exploration during the dialogue course. Findings revealed that there were two main conditions which encouraged participants to persevere in their self-investigation process. The first is support outside the dialogue group; participants (30%) referred to social support and reinforcement from their families, which helped them cope with the discourse and helped them process personal contents that came up in the workshops. The second condition that contributed to the process was what the participants (20%) referred to themselves as "being in the middle of a process", that is, the dialogue process accompanied other personal, ongoing processes. These participants reported that they were in the midst of a life stage of indecision ("not sure about themselves"), as to worldviews and their desired values. Some of the participants wrote that the discourse was a fulfilling experience which encouraged them to learn more about themselves and about 'the other'. For example, Sara wrote:

"I believe that the discourse has given me a serious push forward towards my ongoing introspection because I am in a period in my life where I am in some sort of dialogue with myself. Participation in this course was a significant experience for me, and enriching, from both personal and social aspects. It came at just the right time for me."

I have always wanted to talk about my religion, beliefs and values, particularly in this stage in life, before I graduate from college and enter real life."

Discussion

This research investigated aspects of self exploration in a dialogue course which took place in a multicultural environment. A content analysis was used to analyze the final papers of Jewish college students who participated in a semester-long dialogue course. The findings revealed that even though the students expressed a high willingness to participate in the dialogue, they did not value opportunities for identity investigation through a discourse with 'the other'. It seems that above all, the participants were engaged more in an attempt to settle their self-perceptions in comparison to Arab students, although the discourse, in which they participated, was an internal dialogue for Jewish students. Hence, dealing with the Arab-Jewish intergroup conflict contributed to the difficulty of participants to engage in self-exploration. Moreover, it appears that the homogenous composition of the dialogue group (being only Jewish participants) and the supportive atmosphere among group members were not found to be encouraging conditions for identity investigations, but rather factors that inhibited exploration processes.

The above findings can be explained by the desire of participants for positive interpersonal contact and thus, throughout the discussions they were addressing and highlighting what they had in common. Moreover, it is possible that the homogeneity and consensus were viewed by participants as being necessary for the existence of a successful process, and they nurtured interpersonal relationships over a presentation of opposing views, even at the price of missing out on the potential for meaningful discourse on their identities. Moreover, the participants referred to their personal and social identities mainly through a comparison to the Arab out-group members, and this might be the explanation for participant reports on difficulties occurring during the dialogue. It appears that the participants were not striving for change from monolithic perceptions to seeing a complex identity, but rather engaged more in an attempt to settle their attitudes in the face of conflicts between Jews and Arabs.

Researchers argued that intergroup dialogues are an ideal context to study the mutual impact of multiple identities (Sanders & Mahalingam, 2012). Hence, it was expected that the discourse would focus on the identities of the secular and religious participants, particularly in the current setting and because religion plays a central role in individual and social identity in Israeli society. Surprisingly, the findings did support this hypothesis. It should be noted, however, that the desire of the participants to discuss the conflict between Jews and Arabs is consistent with the argument according to which interreligious group dialogue can provide a safe environment to voice insights that may be taboo outside the dialogue (Sanders & Mahalingam, 2012). Moreover, this pattern may be explained by Tajfel and Turner's model (1986), which emphasizes the centrality of group identity, and therefore the social identity of participants received much attention in the discourse.

In previous studies (Shamoa-Nir, 2017b) investigating how the presence of out-group members affects the attitudes among the in-group, it was found that the minority group in the dialogue (the religious participants) expressed more favoritism towards their group members; in this study, all the participants expressed favoritism towards

their own group, with no significant difference between religious, secular, and traditional leanings. The explanation for this finding may lie in the unique setting for this study. It is possible that the participants in this discourse did not relate 'the other' as being within the dialogue group, but rather the Arab students at the college, and thus they were affected more by the Jewish-Arab majority-minority relation in Israel instead of distinctions among the Jews. This also may explain why the finding that being aware of out-group members contributed to the process of defining identities (Shamo-Nir, 2017b) was not fully replicated. Hence, it is recommended that this issue continue to be studied in future.

This research may be limited in its ability to provide a comprehensive evaluation of the identity investigation process undergone by the students because it was based on an analysis of papers submitted at the end of the course, and did not include a methodical examination of the concept of identity through the use of designated tools, as has been done in other dialogues (e.g. Maoz, 2004). Furthermore, these processes should also be evaluated during a later stage in participants' lives (e.g. a longitudinal study).

Conclusion

This research provided a glimpse into a process that engages in exploring individual and social identity in a double intergroup context, within the in-group and with the out-group. The dialogue that was investigated has focused on recognizing the self-exploration benefit of analyzing the individual's relations towards 'the other' in a dialogue. However, the findings illustrated the complexity and challenges of identity research within a context of intergroup conflict and majority-minority relations.

Acknowledgements

The author thanks to the facilitators and students who participated in the dialogue course.

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Active Imagination and Identity- Self Concept

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Abstract

For Analytical Psychology, the *Self* is a borderline concept because it is not only the center of the psyche but also the whole circumference which embraces both conscious and unconscious; and this totality transcends our vision. It is a veritable *lapis invisibilitatis*. It is the center of this totality, just as the ego is the center of consciousness. We may be able to identify the limits of consciousness, but the unconscious is simply the unknown psyche and for that very reason, unlimited because it is undetermined. According to Jungian hypothesis, the unconscious possesses an etiological significance, and since dreams are the direct expression of unconscious psychic activity, the attempt to analyze and interpret dreams is theoretically justified from a scientific standpoint, as is Active Imagination. Both processes aim at assimilation, that is, the mutual penetration of the conscious and unconscious resulting in the birth of the unique and singular identity of the human being: the Self, which brings with it the realization of the divine in man. Our proposal with this article is to search for the origin and development of this highly unique human identity through the Active Imagination technique.

Keywords: Active imagination. Self. Identity. Analytical Psychology

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Introduction

Jung discovered active imagination during the years 1913-16. Following the break up with Freud (1912-13), he experienced a time of intense inner inquietation. "He decided to engage with impulses and images of the unconscious" (Jung, 1997, p. 1) and after a process of symbolic play, inevitably, the fantasies appeared as an incessant stream. "The fantasies seemed to personify his fears and other powerful emotions." (JUNG, 1997, p. 2). Jung says: "To the extent that I managed to translate the emotions into images – that is to say, to find the images which were concealed in the emotions – I was inwardly calmed and reassured" (JUNG, 1989, p. 177).

He comprehends that as he "lifted those images hidden in the emotions", it was possible having "been torn to pieces by them off" (JUNG, 1989, p. 177), but in that case he "would inexorably have fallen into a neurosis and so been ultimately destroyed by them anyhow" (JUNG, 1989, p. 177). Jung wrote down the fantasies as well as he could, and made an effort to analyze the psychic conditions under which they had arisen, and with this, one of the greatest difficulties for doing so lay in dealing with negative feelings. He was voluntarily submitting himself to emotions of which he could not really approve, and he was writing down fantasies which often struck him as nonsense, and toward which he had strong resistance.

The first registered Active Imagination of Jung

This is Jung's first active imagination among many others, which Jung wrote:

It was during Advent of the year 1913 - December 12, to be exact - that I resolved upon the decisive step. I was sitting at my desk once more, thinking over my fears. Then I let myself drop. Suddenly it was as though the ground literally gave way beneath my feet, and I plugged down into dark depths. I could not fend off a feeling of panic. But then, abruptly, at not too great a depth, I landed on my feet in a soft, sticky mass. I felt great relief, although I was apparently in complete darkness. After a while my eyes grew accustomed to the good, which was rather like a deep twilight. Before me was the entrance to a dark cave, in which stood a dwarf with leathery skin, as if he were mummified. I squeezed past him through the narrow entrance and waded knee deep through icy water to the other end of the cave where, on a projecting rock, I saw a glowing red crystal. I grasped the stone, lifted it, and discovered a hollow underneath. At first I could make out nothing, but then I saw that there was running water. In it a corpse floated by, a youth with blond hair and a wound on the head. He was followed by a gigantic black scarab and then by a red, newborn sun, rising up out of the depths of the water. Dazzled by the light, I wanted to replace the stone upon the opening, but then a fluid welled out. It was blood. A thick jet of it leaped up, and I felt nauseated. It seemed to me that the blood continued to spurt for an unendurably long time. At last it ceased, and the vision came to an end. (JUNG, 1989, p. 179).

This Active Imagination is the first of Jung's personal journey and points toward the fact that the images that appear in imagination are in fact symbolic images, representing deep interior parts of ourselves. It symbolizes the contents of the unconscious and for this reason, Jung considered Active Imagination as a more

effective path to the unconscious than dreams, because in active imagination the conscious mind stays awake. "It participates consciously in the events." (JOHNSON, 1986, p.139).

Approaching the Unconscious

In 1935, when Jung delivered the Tavistock Lectures, he used the term *active imagination* for the first time in public. After this he called this therapeutic method by many different names: "picture method, trancing, visioning, exercises, dialectical method, technique of differentiation, technique of introversion, introspection and technique of the descent" (CHODOROW, 1995, p. 3).

At the same time, there are "many forms of active imagination, perhaps he was open to the idea of having many names to describe it. Some of the terms suggest a specific meditative procedure and concentration on inner voices or images" (CHODOROW, 1995, p. 4). Active Imagination is a singular method, but it is expressed through many different forms, between them: sculpting, bodily movement, music, dialectic, dramatic, symbolic play or writing. But in Brazil, we especially work with the transformation of symptoms. For example:

Active Imagination technique for treatment of Sjögren's Syndrome is a study of a clinical case proposed as a prototype to, after this, proceed to new active imagination research in Brazil, which intends to gather between 10 to 30 patients, similar to what has already been done with Bruxism. In Germany, in 2013, our team presented (www.waset.org), the first piece of research ever conducted in Brazil and in the world, with 21 patients, making use of a single one hour session of active imagination, conducted by doctor Sonia Lyra, Analyst member of AJB/IAAP, previous and posteriorly evaluated by the Dentistry Specialists Daniela Boleta-Ceranto and Tânia Bremm Zaura. The project was approved by CONEP (National Ethics Commission for research in Human Beings) and presented the surprising result of effective symptom transformation to 66% of the patients subjected to the research. After 18 months the same patients were re-evaluated and it was noticed that the results were maintained. With this, other projects were proposed: Active Imagination for treatment of Autism, and Active Imagination for treatment of Psoriasis already approved by CONEP and in progress. A post-doctoral thesis at PUCSP has also been proposed and accepted: Active Imagination applied to post traumatic stress disorder due to urban violence, in progress. Before the perspectives of profound effective transformations that occur for the use of the technique developed by Jung and systematized by Robert Johnson, Lyra is, throughout many years giving light to its effectiveness, especially when focused on the symptom. For that, our proposal for this Conference is to share the advances that have been occurring on this clinical/scientific area and, with that, open the possibility of new debates" (LYRA, 2016, p. 307ss).

As is known, Jung's confrontation with the unconscious was lead by an inner necessity, but at the same time he conceived it as a scientific experiment. So, this problem is identical with the universal questions: How can one come to terms with the unconscious? For the unconscious "is not this thing or that" says Jung, but, "it is the Unknown as it immediately affects us" (CHODOROW, 1995, p. 42). With this,

“the method of active imagination, hereinafter described, is the most important auxiliary for the production of those contents of the unconscious which lie, as it were, immediately below the threshold of consciousness and, when intensified, are the most likely to irrupt spontaneously into the conscious mind. The method, therefore, is not without its dangers and should, if possible, not be employed except under expert supervision” (CHODOROW, 1995, p. 42). But today, these dangers threaten no more, as Robert Johnson has systematized the active imagination.

Steps to active imagination

Essentially, active imagination consists of a dialogue that you have with the different parts of yourself and which lives in the unconscious although it is a fully awakened and conscious experience while passing through it. In the imagination it is possible to begin to talk to the images and they answer back. But not all dialogue is verbal or spoken, says Johnson (1986). The images that appear in the imagination symbolize the contents of the unconscious and the essential aspect of this is the *conscious participation*. “This kind of imagination is active because the ego actually goes in to the inner world, walks and talks, confronts and argues, makes friends with or fights with the persons it finds there” (JOHNSON, 1986, p.140).

For Johnson, the first step of Active Imagination consists in inviting the unconscious to come up to the surface and make contact with us. For Lyra (Brazil), the first step is finding the access to the spontaneous image that unconscious produces. These ways can be: a dream, a symptom, a passive fantasy or simply waiting for the unconscious to send an image. The second step according to Lyra consists in enlarging the image and its whole field, and the third is to observe if the image knows that you are looking at it.

For Johnson the second step is the invitation. For Lyra the invitation is the fourth step, and the fifth step occurs when the dialogue begins. For Johnson, the two others steps are the Value and the Ritual. For both authors, the process of listening stands above all else.

The self identity

Though the Self has no definable aim and no visible purpose, Jung says “I may define “self” as the totality of the conscious and unconscious psyche, but this totality transcends our vision; it is a veritable *lapis invisibilitas*. In so far as the unconscious exists it is not definable; its existence is a mere postulate and nothing whatever can be predicated as to its possible contents” (JUNG, 2011, p. 256). Consequently the “self” is a “pure borderline concept similar to Kant’s *Ding an sich*” (JUNG, 2011, p.256). It is not necessary to set the limits of the “self” on the individual psyche as it is illimitable, but we are able to indicate the limits of consciousness. The unconscious is simply the unknown psyche and for that very reason it is illimitable because indeterminable and thus, its empirical manifestations contents bear all the marks of something illimitable, and though not determined by space and time.

For the exposed, in active imagination the events take place on the *imaginative* level, which is neither conscious nor unconscious but a meeting place which combines both

elements. But what does this technique and its procedures have in common with the idea of the Self as identity?

The Self, according to the Analytical Psychology, is in fact the original identity, albeit unconscious. Throughout life, it is possible to make a process of progressively becoming conscious of it, which is the assimilation of the unconscious by the consciousness. Jung called this process *individuation*. The Self existence can be empirically verified. This unconscious central archetype corresponds to the totality of human psyche and manifests itself spontaneously in dreams and in active imagination regardless of the conscious will. Such a central position allows approaching its reality to the *imago Dei*, bringing with it a whole symbology which has characteristics that can't be distinguished from the symbols of God. In this sense, says Jung, "the individuation is a religious occurrence that requires an appropriate religious attitude, which is, the ego should submit itself to divine will. (JUNG, 1999, p. 211). Jung, uses the term *individuation* "to denote the processes by which a person becomes a psychological 'in-dividual', that is, an unseparated, indivisible unity or 'whole' "(JUNG, 1989, p. 395).

The psychology stands in an unpleasant situation, says Jung, when compared to others natural sciences, because it lacks a basis that stands out against its object, since it can only be translated in its own language or by copying its own image, making the consciousness aware of the psychical process, but without offering further explanations of this process unless by the **own** vital process of psyche.

"Psychology is doomed to cancel itself out as a science and therein precisely it reaches its scientific goal. Every other science has, so to speak, an outside; not so psychology, whose **object/objective** is the inside subject of all science." (JUNG, 1984, p.228). In other words, Psychology culminates in the process of personality transformation even though the great difficulty lies in the way in which this transformation takes place and in adequately exposing the changes that occur in the subject under the influence of the individuation process, since these are more or less rare occurrences. It "[...] is experienced only by those who have gone through the wearisome but, if the unconscious is to be integrated, indispensable business of coming to terms with the unconscious components of the personality."

But the condition for such an integration of the contents of the unconscious into consciousness is that there is an ego capable of resisting the assaults of the unconscious, and "without its disfiguration loosening its context, assimilation may occur" (JUNG, 1984, p. 228). In this case, both the contents of the unconscious and those of the conscious are transformed. Even though the ego is capable of preserving its structure, it is as if it is wrenched from its central and dominant position, passing into the role of a passive observer and server since the will as available energy submits to a stronger factor, The Self. This process of transformation of the personality whose ultimate identity is a species of two in one, is psychically a limiting phenomenon that needs special conditions to become conscious. It is worth remembering that there is a huge difference between becoming conscious and realizing oneself. Individuation, Jung adds, "does not exclude the world, it encompasses it" (JUNG 1984, 230).

Conclusion

Through the exposed, the psyche is constituted of two identities, which are the ego and the Self. The four stages of this process can be synthesized in this way: a) unseparated in their origin (original unconscious identity as ego/Self); b) by the psyche's structure itself which should continuously separate one from another; c) such a separation should preferably occur in a conscious way; d) these identities (ego/Self) should culminate in one identity (returning to the original state of identity with consciousness).

In Analytic Psychology this continuous re-bonding followed by continuous separations can culminate in the process of individuation. In alchemy, it is the *solve et coagula*, realized infinite times, the process along which the philosophical stone or *filius filosoforum* is created and the goal of all development of the human identity.

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***Community, Identity and Elderly. The Belonging of Elderly:
What Happens When “Us” Enhances “Me”?***

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The European Conference on Psychology & the Behavioral Sciences 2017
Official Conference Proceedings

Abstract

We live in times where it is possible to observe three or four generations to coexist in the same family, but the members of the family are so busy and involved in their own activities, that there is no time to share experiences in daily life, and this is restricted to special dates, or occasional weekends. Authors have been studying the familiar cycle of life in some cultures, and noticed that the “empty nest” can have an impact on the family life. It is true that we may have to consider the individual stories of life, where we have multiple contexts, depending on the socio-cultural environment where the life develops, to understand how it affects the elderly. But we can clearly see that the counselling and practicing a variety of activities, including social ones, gives the seniors more interest in life, makes them feel connected again with something important, and be part of new projects in life. The wellbeing is associated with a high self- esteem, physical, psychological and mental health and it has characteristics that delay the time of the natural aging process. In addition, the physical autonomy and the financial independence are ingredients to enjoy freedom and to live life the way we desire. These facts can also create sometimes barriers in the family communication with elders, and we must give attention to the situation where we might treat elderly as if they were children, with no consideration to what they want, or how they feel. The objective of this study is to show the importance of the feeling of belonging to a community, and being part something in the elderly.

Keywords: Us and me in Elderly, Elderly and Community, Identity in the Elderly, Belonging and Identity in Elderly,

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Introduction

The Studies about Elderly show that people in many countries reach the longevity and it allows three or four generations to live together. However, this coexistence only happens in special dates or some weekends. People in developed countries have been getting older earlier than in the developing countries, and getting old shows itself as complex and heterogeneous matter.

Many different authors have studied the individual and familiar life cycles in several societies (MATTESSICH & HILL, 1987; FALICOV, 1991; CARTER & MCGOLDRICK, 1995; CERVENY, 1994, ERIKSON e ERIKSON, 1998; among others). Erikson (1994) studied the individual psychosocial development since the childhood until the complete maturity of the life cycle. Similarly, both familiar and individual life cycles show the phases that the Family and the individual person must complete in order to reach maturity in life, and this means for example, how to overcome the obstacles present inside these phases. When we talk about the family life, some societies may feel the “empty nest”-phenomenon that represents the moment when the children, already grown up, leave home, and they start another cycle away from the original one.

However, we have to note that the differences between Western and Eastern cultures are relevant, and such differences are particularly important when one is living life and getting older in these culturally different societies. Many authors agree that the social and the temporal views have an influence in the constructions of conceptions of elderly in society. These constructions have some ethical and contextual implications that are influenced the way of the elders are frequently seen and treated (Schneider e Irigaray, 2008; Tótor, 2008; e Uchoa, 2003; Helman, 2005; Hall, 1983; among others). There are two different ways are explain the cultural differences in life by the authors; one of them is the polychromic concept (the Asian's country societies), where the time is designed as a cyclic, a repetitive and an ascending spiral of human experience. In these societies, man believes in the concept of reincarnation, *samsara*, a complete cycle, which includes some births, deaths and rebirths¹. On the other hand, and totally different from the former, in the Western societies, the conception of time is linear, a *Christian Jewish time*, a monochronic and continuous time, in which the initial term is the creation; and the final term is the coming of Messiah. In this last concept, there are no repetitive performances. Helman (2005) says that these concepts impregnate the meaning of the elderly, so therefore, the social and temporal constructions we may see reflected in the behavior of the elders of these societies.

Bauman (2001) is an author, who alerts us about the time of the “liquid modernity”, where the youth is overvalued by the society, as if it would last forever; and the image associated with the elder is ugly and outdated. The values of this society are “to have” and “to consume”. In this concept, the feeling of “to be part of”, “the belonging”, or the importance on how other people can be a mirror of ourselves in the construction

¹ The conception of *samsara* is a belief from certain religious philosophies, like Buddhism and Hinduism, for example.

of who we are, is not important (Mucida, 2006, 2009; Winnicott, 2011). However, when we get old, these above matters have considerable importance, and they give sense to the elderly.

The advances in Sciences and Technology and the emergence of a new paradigm (Theory of Complexity), have affected our lives, because both families and society are seen as open systems. These effects are seen every day life in the organized: work, the family and the social life. Some events like migration, social and personal relationships, women entering the labor market and the control of sexuality and procreation have affected they family dynamics. The discovery of new drugs and methods that allow living the parenthood later in life have changed the decision to have (or not have) children, or the better time to have them. All these have caused changes in the structure of the family (Galano, 2001).

Elderly and Identity

Santos, Moreira & Cerveny (2016); Santos & Cerveny (2013); Marques (2009); Debert (2004); Mannheim (1982); Martinelli (1995); Toni (2011), Santos (2003); Cerveny (1994, 2000); Green (1993); and Bowen (1976, 1978) among others, are authors that have been studying the family under different subjects.

Bowen (1978) said that the family memories are under construction over generations. This gives us the memories, the sense of belonging, the family's values, the myths that we worship, the place where our identity is created and where we learn the language of the ancestors, and the respect given to them.

Cerveny (1994, 2010); and Green (1993) are authors who observed that in the elderly, the events that happened in the familiar life, have some impact in the longevity. They cite, for example, that the migrations is a shortage of the support network, and it gives a sense of uprooting (GREEN, 1993), and sometimes involuntarily distances us from the family origins.

Green (1993) says that the beginning of the construction of our identity starts before we are born by our parents, family, relatives and friends. They project and imagine good qualities, hopes, personality and certain phenotypes for the unborn child. Even the name chosen by them reflects a message or a blessing for the rest of our lives.

Cerveny (1994) studied the cycle of Family life and she refers to Elderly as its last phase. In it a lot of loses may happen, and sometimes it is also characterized by dependence and inverted roles in care. If lucky, the couples live the elderly together, but when only one of them survives, he or she has to manage the longevity alone, or depend on external care.

Identity and Belonging.

To be part of something may be difficult, when there are no opportunities available. Neri (2004) and Ferrigno (2009) think about the necessity of a process of regaining the subjectivity and the reconciliation of concepts in late life. These may assemble the social developing and the formation of new skills and allow the rare coexistence between generations to happen. Unfortunately, lack of communication in familiar life,

or in public spaces in the times of technological communication is visible. Castro (2015) also refers to *ageism*, in the field of Health attendance as a lack of respect given to elders.

When we research the subject of living alone or with relatives, Stuart- Hamilton & Veronese (2002) says that the elders living on their own or with the children, stay alone most part of the day, as the relatives are working or studying or busy with their activities and the contact with the exterior world is made through the television, an excellent social organizer. Fortes (2004) says that the elder's emotional stability only happens, when there are interchanges by familiar relationships and social activities. When these interchanges do not occur, the television may be the only "voice" during their days. The news reported by the media may cause insecurity and fear; or the seniors may easily adopt a very passive behavior in order to be accepted into our society. Even though to be accepted may promote the integration, but it also brings depression, which is not desired. We cannot forget that the importance of the integration is to keep the seniors safe from the risk of depression.

The World Health Organization (WHO, 2008) establishes the importance of the sensation of staying in movement, the well-being, and the affection on elderly. Waldinger & Schulz (2017) use neuroscience to show by tomographic images that the sensation of wellbeing and affection promote stimuli in the same cortical regions. This study proves that the emotions should be taken into account when talking about Elderly Care and their well-being.

It is fundamental to take part in group activities and meetings, where the elderly can share love, affectivity and care. Santos & Cerveny (2011) use a term *credential family* to express phenomenon, where the lonely elders find new friends with common interest to replace the lost relationships and they can even consider the most special ones as their new family.

In addition, Neri (2004) and Ferrigno (2009) refer that new friendships also stimulate the acquisition of new talents and the coexistence with new generations, which are necessary to the continuity of the subjectivity process in the elderly. Fortes (2004) states that the emotional stability and the real personal growth of the elder is possible only beyond the relationships that are constructed in the familiar and/or social daily life activities.

Methodology

This is a qualitative study based on one of the collaborative practices (White & Epston, 1993; White 2012), particularly the *definitional ceremony*². (Andersen, 2002, 2005)³ This study was held in a private school building with ten participants, one (1)

² Definitional ceremony is a term created by Myerhoff to describe forums held in the 70s , where the old-aged Jews and immigrants used to re-act and tell stories about the past events of their lives.

³ Tom Andersen (2002) talks about practices of collaboration; he believes that the inclusion of multiple voices is a practice of equality in the relationship. It is a propitious field to make reflexive process and to develop a collaborative work, with increase of sensibility to listen multiple realities. To participate in the ceremony this author recommends the adoption of an active listening, putting yourself in the other's

man and nine (9) women, between the ages of 70 to 94 years. All the women take part in a private Program of Education dedicated to elderly (Third Aged College)⁴ three times a week in this same location. The male participant was a guest to the program: he is married with one of the women and came to a birthday celebration that happened the same day. He expressed his wish to participate in this study.

All the participants are residents of the city of São Paulo, capital of the estate of São Paulo, Brazil. Ethical recommendation were followed as well as the agreement of privacy. Here are some of the narratives from the study:

“I am 82 years old and I think of myself as a happy person... I believe that I am what I am... I am independent...and I don't have financial problems at all... When my children had already left home and my husband died (we had been together for 44 years), I realized that my daughter and my daughter-in-law wanted to take care of me and my life... But I didn't want this, so I looked for a Third Age Educational Program ...I think that this is my life, the last phase, isn't it? ... It is good to be alive, to get old and it is important to be in peace...I don't want to depend on someone else. I made a promise to myself: I want to be happy, kind and every day I make an effort not to depend on anyone else.”

“I am 80 years old and I was born in the northeast of the country. I was a journalist and I made many good things in my life... To get old is good ... but I do not like the image reflected in the mirror... Elderly bring us a sensible way of seeing things. I have been in this college for 18 years...I feel like it is my new family ...It is a long time, and I am the oldest in this class. It is a great privilege to have this coexistence, share experiences, and do so many activities... This group has existed since 1999, for nineteen years already. I was abroad for two years, because I got ill, and I was glad to come back... Nowadays, living with this group is one of the best things in my life. We all get dressed up like dolls only to meet our colleges here, or somewhere in the city. The friendship is sincere, and here is a place where we feel well...I love each one of them...The kind of affinity we have moves me... I have learned a lot with this group and all achievements I keep in my heart! I don't want lose this coexistence that we have achieved...I want to keep this moving forward... Love, Friendship, Honesty, Family, Loyalty, Religiosity, Gratitude, Solidarity, all this we can find here.”

place: do not judge, do not theorize or give your opinion about what you heard. All contribution has the same weight, importance and value, and it represents the individual dimension of someone's world. It is an informal, comfortable and open space, free of prejudice, where we can feel affectivity stimulate the group's contribution, and this influences everyone recursively. It is an important practice to stimulate the connection of the group and the creation of new ideas, to deconstruct negative stories, which can destroy self-esteem and favor isolation and invisibility.

⁴ The Open University for the Elderly is a private initiative teaching institution that has as a mission: 1. To actualize the knowledge of the elder population; 2. To promote reflecting elderly as a process; 3. To make possible to project new targets of acting in life; 4. To promote integrated personal growing; 5. To exercise mental health; 6. To promote continuity of the elders social life.

Final Considerations

During this study, we could note that the elders are telling and retelling stories of how they understand that being old means to face themselves in life. They feel free to express what they feel, and are in peace with themselves. They are worried to cause too much work to the children and relatives, and they hope to have autonomy, independence and liberty to be happy each day of their remaining lives, to live as they wish to. They want to see the continuity of their lives in the seeds that they brought to existence: their children and their grandchildren, but they have a wish to pass away before any of them do.

After the *Definitional Ceremony* the ten participants realized that they are like a family, like a community of equals and they want to preserve and take care of the group. The ones, who enter in this family, do not want to leave it. It is as if each one has adopted one another and the valued moments of friendship, love, empathy, and solidarity are present to make all the members of the group stronger and happier than before. This shows that “us” can really enhance “me”. The participants also concluded that it is not only important to exercise your body, but also your mind. Affection, Love, Friendship and Belonging are ingredients that bring elderly health and wellbeing in this phase of life. The authors of this study noted that this was the best-unexpected discovery of the research.

Life time by Arlene Moreira

Kronos and Kairos are gods of time
Who shows us the leaves
On trees of life,
What is written on them.

So, white is the color
Of the baby's story
On the clean sheet of life.

But this sheet is
Also a receiver
Of the possible sceneries
That are waiting for the actors
to perform.

Time asks readers
And the papers sheets fly
With the wind
On the boundaries
Looking for different faces.

The actors on stage,
Act to create stories
Which will be written and read.
All these are like constellations
Of stars in the sky...

The planets, the galaxies
And the universe combine
The circles of evolution
In the lifetime.

This remain
On the human skin,
In the internal organs
And in the brain,
Printing the memories,
Like sinuous wrinkles
Around the eyes.

The performance
Creates the identities
And belonging
To exist and to make sense.

The time is the god
Who carries
What is remaining in life
And inscribes it
in our souls.

The Elders' Thoughts about the Participation on Definitional Ceremony:

“I loved to take part on this research. To be lucid and share information, I think that it is wonderful. I am 84 years old and, I realize that sometimes we say some foolish things. It was very nice. It is important for us to enjoy the present moment. There is no point to complain, we must stay well in this phase of life, and enjoy the moment...
“

“As I said to a friend of mine, I want to have a great end. It occurred to me, that we had great and beloved friends, and they are no longer with us; this is the worst part of life. I am the only old man here today and the ladies said many things ... I was happy to hear what I heard. My only discomfort is not doing, what they said that they are doing here in this Third Age College... Therefore, I am a heretic! All of them accepted me to participate and it was very good, indeed.”

“You can think that your time to learn is finished, but this is awful. When I used to be part of one group of mothers, if someone said that she was too old to learn something, I always disagreed. To learn is to exercise your mind. We are a bunch of nice people, but we are also boring ones, because no one is perfect. This type of experience is an opportunity to think some subjects that are inside us, but without a stimulus, maybe we would never think about...”

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The Development of Professional Identity in a Learning Community of Adult Students

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The European Conference on Psychology & the Behavioral Sciences 2017
Official Conference Proceedings

Abstract

This article is part of a larger research-based development process that focuses on a question “How to Use Learning Communities in Higher Education”. The target group is a group of adult students of social services at a University of Applied Sciences in Finland. The student group is very heterogeneous. The adult students coming to study have very differing educational backgrounds. Some of them have already completed their Master’s studies in some different subject and some students have taken lower-level vocational studies in social services. Some of these students have a lot of experience from the social field and some other students have none. These differences between the students can have an effect on the development of a student’s (professional) identity. The focus in this article is on students’ experiences: how do the students feel that they belong to their learning communities and what kind of aspects can they recognize enhancing or hindering their sense of belonging to their student group. This article presents the very first findings of the development process that will continue the next few years. This is not research but some research methods are used to bring out the voice of the participants.

Keywords: Professional Identity, Higher Education, Learning Community, Development

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Introduction

There are many aspects to consider when constructing a professional identity as a student of social services. After graduating as a Bachelor of Social Services, our students can work with various client groups. Students can also acquire competence in working as an early childhood educator. All these possibilities can make it complicated for the students to construct their own professional identity. There is also another aspect that makes the development of professional identity even more challenging. In Finland, we have a dual model in higher education; science universities and universities of applied sciences. In some professions, as in early childhood educator's, there is a continuous discussion about and comparison between the different qualifications, and the differences between those who have graduated from science universities and those who have graduated from universities of applied sciences, and these differences should be made clearer at work. This same phenomenon between the two competing qualifications sometimes arises in multi-professional work as well. Some students of social services can complete their practical training in health care organizations and in these working environments, they need to recognize the differences between the orientations of health care and social services professionals. This all means that it is very important for our students to have a strong professional identity so that they recognize and can use their own competences and capabilities in multi-professional cooperation.

Trede, Maclin and Bridges (2012) classify three aspects of professional identity that are based on Lawler's (2008) definition of 'identity'. The first aspect refers to the ways one becomes similar or identical to the others at the same work or in the same profession. According to the second, each person also becomes different from those who are not part of one's profession. In the third, one identifies him or herself as a member of his or her professional group. (Trede et al. 2012, 379-380.) If we compare this definition with the diversity of educations and professions described in the previous chapter, we can see how complicated it can be for the students of social services to construct their professional identity.

Trede et al. (2012) suggest that nowadays, professional identity development is not only about being in the world, but it must also be about being in a multiplicity of worlds or communities, and professional identity and its development is, thus, complex. In this article, I concentrate on one group of adult students and the way these students reflect their sense of affinity with their own study group and learning communities. At the end of this article, these findings are reflected compared with the larger picture of professional identity and professional communities.

The beginning of the research-oriented development process

The data described in this article is part of a larger research-oriented development process. The process started when we had the first big cohort of adult students beginning their studies in the beginning of year 2016. It is a global trend to have bigger student groups and fewer teachers. Our solution for this new situation was to divide the students in six learning communities, with ten students in each. There are plenty of studies showing that learning communities can foster learning in higher education (e.g. Anderson & McCune 2013; Hill & Haigh 2012). Trede et al. (2012) have reviewed higher education literature on the development of professional

identities. The authors conclude that amongst all articles they reviewed there is a shared understanding that collaborative and dialogic learning enables and facilitates professional identity development. They also suggest that the focus has mostly been on individuals and not on frames. The authors suggest that more attention should be given to observing how university teaching and learning facilitate the development of professional identity. (Trede et al. 2012, 378.) During our development process, we discovered that learning communities were important for the students in the beginning of their studies also because they gave an opportunity to get peer support for many different aspects. Some students were more capable of using virtual learning environments and some students were familiar with writing reports. One student even mentioned how peer support helped her to settle in Eastern Finland and in a new city. Many students told us how important it was for them to get both cognitive and emotional support from their peers in the beginning of their studies. These experiences are also important for the construction of identity; do I feel that I belong to this new group of students?

In our degree programme, we tend to interview all our students after the first study year and ask about their experiences of studies. This time we also asked about the students' experiences of their learning communities. After interviewing the total of 60 students, we found out that there were several types of good experiences of learning communities. However, there were also experiences that worried us. It is not surprising that group work does not always work in an ideal way, but experiences of a peer group hindering the learning is something that needs to be reflected more precisely by us teachers. After the interviews, we gathered together all student comments from learning communities and then, with the students' permissions, made thematic analysis for this data. Finally, the findings were presented to the students. I also wanted to have some more data on the subject and I asked the students to write a short essay with the theme "My experiences of belonging or not-belonging to a group". The students were free to define the concept of 'group'. Most students only reflected on their sense of affinity in their learning community, but some students also reflected on their belongingness within a larger student group:

"I feel I'm in the right field, I feel I belong to the group."

"Previously I have ended my studies because I felt that I did not belong to that study group."

"Sometimes I wonder whether I belong to the group as the others have more experience."

In their writings, many students referred to the diversity of the group. The diversity works as a mirror the students compare themselves to. As background information for the study, I asked the students whether they feel having none, a little, or a lot of experience in working in the field of social services, and these answers gave some more perspective for the other data. Amongst the answers, there were examples of both students who did not have any work experience and students who had a lot of experience in the social sector, and both experienced that it is important to see the others as a mirror for their own competence. However, the diversity did not always promote group work:

"I experienced that I did not become heard by other group members, because I did not have previous experience of social welfare work."

“I have thought that as we have different educational backgrounds in the group, do we respect each other.”

“I did not have the sense of affinity within the group in which all the other members were much younger than me.”

“A different life situation effects on how you experience your sense of affinity within the group.”

In the previous quotes, the students reflect on the diversity in form of differences in educational background, work experience, age, and life situation. Anderson and McCune (2013) present that one important issue is to reflect the power relations in the community: “Whose voices are heard and how mutual respect and equity of treatment can be fostered?” This is an especially important question in very heterogeneous groups. Our data also shows that some students were pondering these questions of power, although they did not use that exact word. According to the students’ descriptions of a good group, a good group makes you feel equal, accepts dissimilarities, allows a free atmosphere, and can also reflect its own group processes. If we want to support the development of (professional) identity, it is important that the group allows the participants to develop their agency. Anderson and McCune (2013, 285) suggest that another aspect of power, which is essential in university learning communities, involves students’ agency. In our data, the students also refer to the differences in agency as a learner:

“I don’t have the sense of belonging to the group. I have a different motivation than the others. I want to do the assignments as well as possible.”

“Because I belong to many groups, I sometimes feel being an outsider, but I think this is also an advantage.”

Some adult students are completing their studies faster if they have accredited some of their studies with their previous studies. In the last quote, a student feels it is also an advantage to belong to many groups. Anderson and McCune (2013, 290) suggest that there might be less teaching challenges if the students and teachers are working in the same community for a long time. Instead, Hughes (2007) suggests that “the risky experience of discomfort and conflict might be more of a learning experience than harmonious interaction”. Some of our students wrote that they have managed to complete the assignment successfully in spite of the problems in their group. They also wrote that this experience has taught them that they can also work in difficult teams. This is a very important discovery from the perspective of professional identity. Also, there were a few students who mentioned that being in the same group for a long time does not challenge them and that there is a danger to stay in the same role in all the assignments. These findings point it out how important it is to try to find a balance for the time the group works together and the changes made in one group.

Conclusions

The examples presented in this article have been obtained from a student group after their first study year. At this point, I would like to ask you, as a reader, to ponder if the quotes presented in this paper could also be examples from the world of work? I think they could. There are the same kind of aspects that both students and employees could reflect on their identity and the sense of affinity within a group. This makes me

think how important it is to recognize these phenomena during the study years and try to handle them so that the students can learn about these experiences, have a stronger identity and, perhaps, learn to handle some negative team work situations in their future jobs. The next question is; how could we enhance a student's stronger feeling of belonging to a group in higher education? Trede et al. (2012, 380) suggest that it is not enough to teach knowledge, skills, values and ways of being, but also to focus on building a student's sense of affinity in a professional community. It is also one strategic aim for universities of applied sciences that we create professional communities and learning communities where students, teachers and professionals can all participate and learn together.

There has also been debate about discipline versus generic professional identity development. Trede et al. (2012) argue that universities need to prepare graduates for global citizenship, leadership qualities and future practices. The authors remind that many people change their profession and there is the need for generic professional identity development formation. This claim is highly relevant for those social welfare students who also obtain the competence to work as early childhood educators. After their graduation, these students can choose not only the client group they work with, but whether to work in the field of social welfare or early childhood education. This paper has presented only a few and very first findings of a development process that will continue for the next few years. I am happy to welcome all comments and ideas that could help us to continue our development process.

Acknowledgements

Funding from Karelia University of Applied Sciences made this article and the development process possible. Lecturer Laura Väistö has proofread the language.

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The Evolution of Research on Organizational Compassion Capacity: A Systematic Review and Research Agenda

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The European Conference on Psychology & the Behavioral Sciences 2017
Official Conference Proceedings

Abstract

The study of compassion at the organizational context is gaining momentum as the need for other-serving behavior increases in today's global crises and social trauma environment. Compassion, which is commonly defined as a social process consisting of noticing, feeling, and responding to the suffering of others, is a concept that is as ancient as the history of humanity. Today, compassion is a promising and timely research area attracting researchers as well as practitioners from a wide range of disciplines including philosophy, psychology, neuropsychology, social policy, and health care. However, despite the awakening interest in compassion particularly after Frost's call in 1999 to bring a "compassion lens" to organizational studies, the importance of compassion is still underemphasized in organization research. Specifically the literature on organizational compassion capacity lacks a systematic and extended review which sheds lights on its roots, evolution, influential avenues and underexplored issues in order to build a platform for the future development of the field. Based on this, our purpose is 1) to provide a systematic and extensive literature review on compassion covering various research streams, 2) to conceptualize organizational capacity for compassion on the grounds of compassion theories from different disciplines, and 3) to provide a research agenda for future research avenues related to both theoretical and methodological issues. This systematic review provides valuable insight into the conceptualization and operationalization of organizational compassion as a collective, dynamic and interpersonal process, which in turn contributes highly to the agenda of organization studies.

Keywords: Compassion, Organizational Compassion Capacity, Literature Review, Evolution of Compassion Research

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Introduction

As Buddha says “pain is inevitable, suffering is optional”, we all unavoidably fall heartbroken several times for different traumas during our lives. Traumas may be caused by suffering from a serious disease, loss of a loved one, dismissal from a job, or getting materially or morally harmed as a result of an accident or a natural disaster. Grief, regardless of arising in which form, is unavoidable but its negative implications can become tolerable. This is the time when the concept of compassion comes into stage as a significant actor for helping us to overcome traumas we experience in our personal as well as professional lives.

The word compassion, originated from Latin roots *pati* (to suffer) and *com* (together with), has a meaning of “suffering together with another, participation in suffering” (Oxford English Dictionary, www.oed.com). Compassion, often named as *care* or *pity* in ancient studies, has a historical background as long as the history of humanity. It has religious and spiritual roots, notably involved in holy texts of major religions including Muslim, Christian, and Judaism and taking an important place in Buddhist philosophy. Compassion, called as care or pity interchangeably, is also frequently encountered in ancient Greek debates (Nussbaum, 1996).

As an academic research area, compassion has been studied in a wide range of research streams to date, from philosophy to nursing, with a particular focus in positive psychology area. Researchers from different disciplines have focused on different aspects of compassion. In psychology and medicine, researchers use different assessment tools for measuring compassion. Despite the predominant interest in compassion as a research area in a variety of research streams, systematic literature reviews to date are restricted within the boundaries of psychology area and there is a need for a capstone theoretical framework for compassion, integrating compassion theories explained by different disciplines. In addition, although compassion at the workplace has started to gain awakening interest in organization studies, particularly after Frost’s call in 1999 for organization researchers to bring a “compassion lens” to their studies, the number of organizational studies on compassion is very few and most of them are conceptual analyses.

This study provides a systematic and extended literature review, and demonstrates how an evolution the concept of compassion has had over time. On the grounds of compassion theories from different research streams, at the both individual and organizational level, we intend to conceptualize organizational capacity for compassion. In addition to providing a deeper understanding of organizational compassion, which is a dynamic process in which individuals in an organization collectively notice, feel, and respond to the suffering of others, this study also proposes a theoretical framework for future research to develop a reliable theoretical agenda for organizational compassion capacity.

Theoretical Framework

What Compassion Is

Compassion has been at the interest of researchers from a wide range of disciplines, including philosophy, sociology, politics, psychology, neuropsychology, nursing, and eventually management and organization studies, predominantly with the positive organizational scholarship movement. However, there is no common agreement among researchers on what compassion is. Also, literature lacks of a reliable and useful measurement scale for compassion (Strauss, Taylor, Gu, Kuyken, Baer, Jones, and Cavanagh, 2016). This study provides an extended literature review integrating compassion theories from the perspective of different disciplines.

According to the Buddhist philosophy, every person has an innate compassion capacity that can be developed over time. Dalai Lama defines compassion as “openness to the suffering of others with a commitment to relieve it” and highlights that the genuine compassion is based on an individual person’s explicit recognition that others also seek happiness as oneself and they deserve to overcome suffering. On this ground, the person has a kind of interest towards the well-being of others, regardless of how she/he is treated by other people. Even the person at the target of the interest is an enemy, this interest persists. Buddhists philosophy also emphasizes that genuine compassion is different from emotions like pity or mercy felt for the ones that are believed to be in inferior situations. Instead, a person feeling compassion sees others more important than oneself (Dalai Lama, 1995). On the other hand, Aristotle defines compassion as “a painful emotion directed at another person's misfortune or suffering” (Nussbaum, 1996).

Compassion is commonly defined generally as "being attuned and responsive to the suffering of others" in psychology (George, 2014). On the other hand, self-compassion, in psychology, is defined as "being open to and moved by one's own suffering, experiencing feelings of caring and kindness toward oneself, taking an understanding, nonjudgemental attitude toward one's inadequacies and failures, and recognizing that one's own experience is part of the common human experience" (Deniz et al., 2008). In nursing, compassionate care is defined as "respond empathetically to the needs and concerns of clients through comfort, aid, and advice while bringing about behavioral change and eliciting the cooperation of one's client" (Lilius, 2012).

Boyatzis et al. (2006, 2013) explain coaching with compassion from the perspectives of both the coach and the coachee. According to Boyatzis et al. (2013), compassion exists when the coach “empathetically responds to a coachee's a) need for the alleviation of pain or suffering; or b) desire to develop or grow” and when “a coachee perceives that the coach is expressing empathic concern in responding to his or her a) pain or suffering; or b) desire to develop or grow”.

Compassion is frequently associated with some emotions like sympathy, kindness, caring, tenderness, and love. For example, Sprecher and Fehr (2005) define compassionate love as “an attitude toward other(s), either close others or strangers or all of humanity; containing feelings, cognitions, and behaviors that are focused on caring, concern, tenderness, and an orientation toward supporting, helping, and

understanding the other(s), particularly when the other(s) is (are) perceived to be suffering or in need."

Following a similar methodology to Strauss et al. (2016), in Table 1 we examine a broader range of definitions of compassion at the individual level from different research areas, featuring the four common elements of individual compassion.

Table 1: Definitions for Individual Compassion

Definition	Recognizing suffering	Feeling (empathetic concern)	Sense-making	Act to alleviate suffering
"an empathetic action undertaken to alleviate another's pain" (Madden et al., 2012)		✓		✓
"multi-dimensional process of noticing another person's suffering, emphatically feeling that person's pain, and acting in a manner to ease the suffering" (Lilius et al., 2008)	✓	✓		✓
"an interpersonal process involving the noticing, feeling, sensemaking, and acting that alleviates the suffering of another person" (Dutton et al., 2014)	✓	✓	✓	✓
"the feeling that arises in witnessing another's suffering and motivates a subsequent desire to help" (Goetz, Keltner & Simon-Thomas, 2010 in George, 2014)	✓	✓		✓
"the meaning of compassion is that we understand something of what the other person is going through and want to help if possible" (Lazarus, 1999)	✓		✓	✓
"sympathetic consciousness of others' distress, together with a desire to alleviate it" (Merriam-Webster's Collegiate Dictionary)	✓	✓	✓	✓
"being sensitive to others' suffering, being aware of their grief, having a desire to ease their suffering, and having nonjudgemental understanding for people making mistakes" (Deniz et al., 2008)	✓	✓	✓	✓
"a three-part human experience that does not require a successful outcome. The necessary link is between one's noticing of suffering, feelings of concern, and attempts to help alleviate that suffering" (Frost et al., 2005)	✓	✓		✓
"a relational process that involves noticing another's pain, experiencing an emotional reaction to his or her pain, and acting in some way to help ease or alleviate the pain" (Dutton et al., 2005)	✓	✓		✓
"an empathetic emotional response to another person's pain or suffering that moves people to act in a way that will either ease the person's condition or make it more bearable" (Lilius et al., 2003)		✓		✓
"compassion involves "connection" to others (either cognitively through perspective taking or affectively through empathy) and "caring" for those others (often in communicative or behavioral ways) (Miller, 2007)		✓	✓	✓
"other oriented feelings that are most often congruent with the perceived welfare of the other person" (Batson, 1991)		✓	✓	

"the heart's response to the sorrow" (Kornfield, 1993)	✓	✓		
"an emotional presence by displaying warmth, affection, and kindness" (Kahn, 1993)		✓		✓
"some kind of concern about the welfare of others, irrespective of one's attitude to oneself" (The Dalai Lama, 1981).		✓	✓	
"concern for the well-being of others" (Cosley et al., 2010)		✓	✓	
"an emotion that facilitates intimate bonds with others" (Shiota, Keltner, & John, 2006)		✓		
"ability to feel for those less fortunate than oneself" (Solomon, 1998)		✓	✓	
"felt concern for another who is in some serious or grave condition" (Blum, 1980)		✓	✓	

To sum up, although there is no consensus on what compassion is, individual compassion is frequently defined in a variety of research streams, from philosophy to nursing, as a three-part process, in which the suffering of a person is recognized, empathetically felt, and a responsive action is taken towards the suffering person to alleviate his/her pain. Also, some researchers highlight making cognitive evaluations on the perceived welfare and conditions of the suffering person as a feature of compassion process, which we call as sense-making in Table 1.

Compassion in Management and Organization Studies

Previously, dealing with emotions at the workplace seemed to managers unprofessional and problematic. However, starting from the late 1990s, the role of emotions at the workplace started to be perceived as valuable for both the employees and the entire organization. For example, Solomon (1998), criticizing the management literature for considering caring at the workplace as “a luxurious perk for the employee but a dangerously expensive liability for the corporation”, argues that even though bringing emotions into organizational life seems to be unprofessional to managers, care helps a corporation to create “mutual dedication” and a “sense of security”. Additionally, increasing worldwide suffering within the last few decades due to wars, economic and political turbulences, natural disasters and so on, has led managers to deal with employee emotions. Also, with the positive organizational scholarship movement in the beginning of 2000s, management and organization researchers have taken an emotional lens in their studies, and concepts like justice, forgiveness, care, and compassion started to be named as organizational virtues.

Although compassion at the workplace has started to gain awakening interest in organization studies, particularly after Frost’s call in 1999 for organization researchers to bring a “compassion lens” to their studies, the roots of compassion is organizations actually rely on 1930s, as the Taylor’s strategic management conceptualization. September 9/11 crisis in the U.S. has caused compassion to be considered as an organizational virtue in response to employee traumas for a while but organizational compassion still preserved its underemphasized position in organization studies until *AMJ's Special Topic Forum on Understanding and Creating Caring and Compassionate Organizations* in 2012.

In management and organization studies, compassion is mainly considered as either individual responses to a workplace tragedy (Atkins & Parker, 2012) or collective responses to a single tragedy (Dutton et al., 2006) within a single unit of the organization (Lilius, et al., 2011) or through the entire organization (Lilius et al., 2008). Organizational compassion is commonly defined as a three-part dynamic, interrelated process in which individuals in an organization notice the suffering of a person, empathetically feel his/her pain, and act to alleviate that suffering in a collective manner. (Lilius et al., 2008; Frost, 2005; Dutton et al, 2005; Dutton et al., 2007). Dutton et al., (2014) emphasize sense-making is another sub process of compassion in which both the sufferer and the compassionate party try to recognize the painful situation and their roles in compassion process. Atkins & Parker (2010), in their study on the role of individual compassion process in organizations, also assert that awakening of emotions leading to compassion depends on individual's appraisals on the suffering person and the painful situation.

To sum up, in parallel with the individual compassion, organizational compassion is commonly defined as dynamic and interrelated process, consisting of sub-processes of noticing, feeling and responding. Recent studies, proposing a fourth sub-process which is called sense-making, also highlight that organizational compassion process also consists of a cognitive aspect. In the subsequent section, based on the compassion theories in the literature, both at the individual level and organizational level, we offer an evolutionary analysis of compassion concept starting from a mere emotional state at an individual level towards an organizational capacity.

Evolution of Compassion: From a Vicarious Emotion towards an Organizational Capacity

In their empirical-based literature review on compassion in psychology, Goeltz, Keltner, and Simon Thomas (2010) explain three compassion theories prevailing in psychology field and demonstrate the evolution of compassion towards a distinct emotion having a trait like tendency. First group of researchers conceptualize compassion as a "vicarious emotion" similar to empathic distress and argue that people respond to the suffering of others using their own experience of distress (Batson, 1991; Hoffman, 1981). Second group of researchers consider compassion as a "blend or variant of other emotions like sadness or love", rather than a distinct emotion (Post, 2002; Shaver et al., 1987; Sprecher & Fehr, 2005). Finally, the third group of researchers see compassion as an affective state distinct from other emotions (Batson, 1991,; Darwin, 1987, 2004; Lazarus, 1991; Trivers, 1971). Our aim is to expand this evolution of compassion by bringing together all compassion theories in psychology, medicine, and management and organization studies in order to provide an extended evolutionary analysis of compassion.

Earlier studies conceptualize compassion mainly as an emotional state. Batson (1991), for example, defines compassion as "other oriented feelings that are most often congruent with the perceived welfare of the other person". According to Kornfield (1993), compassion is "the heart's response to the sorrow". Similarly, Kahn (1993) argues that compassion is "an emotional presence by displaying warmth, affection, and kindness". On the other hand, Solomon (1998) does not see compassion as merely a "virtue in terms of tendencies and traits of characters", rather focuses on "concrete actions and feelings" as a result of being compassionate. Similarly, Frost (1999)

emphasize that compassion is more than empathy, evoking “helpful or merciful action.”

Further studies argue that compassion has also a cognitive aspect in addition to its emotional dimension. Nussbaum (1996, 2001) advocates that in order to talk about the existence of compassion, three conditions are required, and also sufficient. First of all, the person having compassion to another must be convinced that suffering is serious, not trivial (seriousness). Secondly, compassionate person must hold a belief that the suffering party is a victim, that is, the suffering is not caused by the sufferers own “culpable actions” (inculpableness). Finally, the compassionate person must believe that s/he has the same possibilities for being in a situation similar to the sufferer’s (commonness). Nussbaum explains how a compassionate person makes judgments about the sufferer and suffering situation, in satisfying these conditions. People may feel pity and other related emotions when they witness another person’s suffering but they also make personal judgments on how grave the sufferer’s sorrow is and whether the painful situation is caused by the sufferer’s own fault or by just misfortune. Also, for a person to be able to show compassion in face of a trauma it is important to recognize that s/he or a loved one could be in place of the victim, suffering from a similar sorrow. Eddington (2010) and Whitebrook (2002), arguing the limitations of Nussbaum’s discussion on the role of compassion in social policy, assert how compassion is an “intelligent emotion” and provides basis for justice in individuals’ perceptions.

Embracing both emotional and cognitive dimension of compassion, Neff (2003) and Deniz et al. (2008) state that compassion is a sequence of events consisting of being aware of and sensitive to the suffering of a person, being connected to and feeling the pain, and having a desire to alleviate the suffering. They also emphasize that compassion also involves “non-judgmental understanding for people making mistakes”.

Simpson, Clegg, and Pitsis (2014) criticize compassion studies to date for not going beyond covering the “implicit metaphorical grounding in religious roots” and neglecting the power dynamics inherent in compassion relations and they consider compassion not only a “psychological state” but also a “social construct embedded within power relations in which participants experience both positive and negative outcomes”. They also see the mostly accepted definition of organizational compassion as “individual or collective noticing of another’s suffering, feeling empathy for their pain, and responding to the suffering in some manner” (Dutton et al., 2007; Frost et al., 2006; Kanov et al., 2004; Lilius et al., 2008) as missing due to its “strong psychological framework in which compassion experience is seen as unidirectionally transactional, neglecting sociological and political dynamics”

In 2011, Lilius and her colleagues conceptualized organizational capability as "the reliable capacity of members of a collective to notice, feel and respond to suffering" while compassion organizing occurs "when individuals in organizations notice, feel, and respond to human pain in a coordinated way" (Dutton et al., 2007). On the other hand, Shzad and Muller (2016), adopting a sense-making framework, point out that both organizational compassion (and organizational justice) has dynamic processes involving both cognitive and emotional dimensions. They consider organizational compassion as having “emotional”, “cognitive”, and “social-contextual” elements.

Madden et al. (2012) define organizational compassion as "resources, knowledge, and processes used by the organization to achieve its unique mission" and extend the debate of individual and collective level of compassion at the workplace to a capacity view of organizational compassion. They argue that in order for an act to be organizational, an agent must incorporate it into a role, in which organizational norms and values are embedded, supporting organizational goals. Based on this, organizational capacity for compassion emerges as a result of organizational members' incorporating compassion into their roles as a whole. Stating that is a dynamic process in which organizational members learn the behaviors and emotions of each other in order to collectively notice and feel suffering, respectively, and learn how to coordinate their behaviors in order to collectively respond to the pain. From the complexity science perspective, they also explain how an organizational capacity for compassion can be built based on the study of Lilius et al., 2011.

Based on the studies on compassion, at the both individual and organizational level, we offer an evolutionary path for the concept of compassion from a vicarious emotion towards an organizational capacity as shown in Figure 1 below.



Figure 1: The Evolutionary Path of Compassion from a Vicarious Emotion towards an Organizational Capacity

Methodology

Data Collecting

Following the data collection method of Saggese et al. (2016), we reviewed articles published in international journals in English within the scope of databases EBSCO, EBSCOhost, EconLift, Emerald, Google Scholar, JSTOR, ProQuest, Sage, Science Direct, Scopus, SpringerLink, Taylor & Francis, and Wiley. Articles were collected by an Internet search for the word "compassion" and its variants, such as "compassionate" or "organizational compassion" in either topic, abstract or keywords of the articles. Since compassion, especially in the management and organization studies, is a relatively recent research topic, we did not make journal selection in order not to result in any literature loss. Instead, we selected articles by research areas refining and abstract reading. We focused on the articles, both conceptual and empirical, predominantly from areas of psychology, nursing, sociology, and management. For articles in each research stream, we selected the ones of which the primary purpose of the study is to investigate the concept of compassion. When necessary, also full texts of the articles were read. Additionally, references of the articles selected were examined and some of the cited articles were also selected based on the aforementioned selection criteria and the experience of the researchers.

Data Analyzing

In order to investigate influential research areas in which compassion is studied, a Boolean search for compassion-related articles was conducted covering the years 1945-2017 on the web of science database. For this, compassion* is written on the search engine. The search was resulted in 8,982 record, of which 6,229 were articles, having compassion or a related word was included in title, abstract or keywords. Then findings are refined by web of science categorization, including psychology general, social psychology, clinical sociology, nursing, sociology, political science, international relations, public administration, business and management. This refining resulted in 933 articles, majority of which are from psychology and nursing. Then, the articles of which primary purpose was to investigate compassion were determined by abstract, and when necessary, full-text reading. The final result was 193 articles published between 1993 and March 2017 from the research areas aforementioned. Table 2 and Table 3 below show the distribution of selected compassion publications by years and research areas, (web of science categorization) respectively, following the aforementioned searching and selecting procedure.

Table 2: Number and Percentage of Published Articles on Compassion by Years

Publication Years	Number of Articles on Compassion	Percentage (among 193 articles selected)
2017 (Jan-March)	4	2.073%
2016	34	17.617%
2015	33	17.098%
2014	26	13.472%
2013	24	12.435%
2012	15	7.772%
2011	13	6.736%
2010	7	3.627%
2009	5	2.591%
2008	4	2.073%
2007	5	2.591%
2006	2	1.036%
2005	2	1.036%
2003	2	1.036%
2002	3	1.554%
2001	2	1.036%
2000	3	1.554%
1993	2	1.036%

Table 3: Number and Percentage of Published Articles on Compassion by Research Streams

Research Stream (Web of Science Categorization)	Number of Articles on Compassion	Percentage (among 193 articles selected)
Psychology Social	71	36.788%
Nursing	66	34.197%
Psychology Clinical	27	13.990%
Management	19	9.845%
Business	13	6.736%
Political Science	8	4.145%
Sociology	4	2.073%
Psychology	3	1.554%

Concluding Remarks

Discussion

The concept of compassion, having a long historical background, has attracted a number of researchers from a wide range of research streams to date. Compassion is defined in various ways in different research areas and each compassion definition highlights different features of the concept. Although there is no common agreement among researchers on what compassion is, it is commonly accepted that compassion is an interrelated three-part process, including the recognizing the pain of the sufferer, empathetically feeling his/her pain, and responding to relieve or alleviate his/her pain. Recent studies have highlighted that compassion also has a cognitive aspect based on the compassionate person's personal judgments on suffering and the conditions of the sufferer, as well as its emotional dimension.

As a concept previously considered as an emotional state experienced at the individual level, compassion has had an evolution towards an organizational capacity over time. Previously, compassion was not considered as a distinct emotion, but rather a "vicarious emotion" similar to empathetic distress or a "variant of other emotions" like love or sadness. Later studies propose that compassion is a distant emotion, having a cognitive dimension. However, most definitions in the literature indicate that compassion is a three-part process in which individuals notice the suffering of others, feel empathetically what the sufferer feels, and act to ease or alleviate that suffering. Some definitions in the literature also imply a cognitive process, in terms of personal judgments and evaluations on the perceived suffering and sufferer's conditions, individuals pass through in their compassion experience.

Compassion has become an organizational phenomenon since 1999, with the Frost's call to researchers to take a "compassion lens" in their studies but actually, it has gained interest after *AMJ's Special Topic Forum on Understanding and Creating Caring and Compassionate Organizations* in 2012. Most researchers in management and organization studies agree that organizational compassion, like compassion at the individual level, consists of three dynamic, interrelated, and collective sub-processes, which are noticing, feeling, and responding. Few recent studies also highlight that sense-making also included in compassion process taken place at organizations, similar to compassion process experienced at the individual level. Later on, organizational compassion moved to a capability view referring to the collective

capacity of organizational members to collectively notice, feel, and respond to suffering. Recently, organizational compassion is conceptualized as an organizational capacity, enabling the members of an organization learn the behaviors and emotions of each other in order to collectively notice and feel suffering, respectively, and learn how to coordinate their behaviors in order to collectively respond to the pain. This capacity view states that members of an organization incorporate organizational contextual elements, which are organizational culture, structure, systems, practices, and routines, into their organizational roles so that an organizational capacity for compassion emerges.

Conceptual Implications, Limitations, and Future Research

Addressing to the particular gap in the literature, this conceptual study provides a comprehensive literature review on compassion, examining studies from different disciplines to provide a deeper understanding what compassion is. Extending the scope of the research conducted by Strauss et al. (2016) in psychology area, this study brings together a number of compassion definitions at the individual level from different research streams, including philosophy, medicine, and management and organization studies, featuring the common elements of the concept. Additionally, we provide an extended review on the phenomenon of organizational compassion, which is rarely addressed in the literature. Also, we reveal the most influential research streams in which compassion has been mostly concentrated as a primary research topic conducting a systematic research. However, perhaps the most important contribution of this study is to propose an evolutionary path, from an emotional state towards an organizational capacity, the concept has had over time.

However, despite a number of conceptual implications, this study also has some limitations. First of all, the extended review we provide may miss literature since the number of databases in which we search international articles in our data collection process is limited and we selected only articles published in English of which primary purpose is to investigate compassion. Based on this, future research should include other data sources, such as books, and should be conducted within more other databases. Second, our study to investigate the influential effect of studies should be extended. We point out influential research streams searching for articles indexed in Web of Science database and refining by particular web of science categorization. Future research may include more research streams and also investigate most influential articles within the Web of Science database, using citation reports of articles. Third, bringing a new view to the evolutionary path of the concept we offer, such as reviewing the evolution of compassion in sub-periods may be in future direction of researchers.

The concept of compassion, either in personal or professional life, has increasingly becoming attracting in today's world full of traumas. It is an appealing research topic for researchers and a workplace phenomenon having implications on practitioners. However, there is still a number of unexplored issues for the concept as an academic research area in general, as an organizational phenomenon in particular. As a result of our methodological research, we found that there is a very few number of studies on organizational compassion, majority of which are conceptual analyses. There is almost no empirical study investigating the antecedents and consequences of compassion. Although there are different measurement scales for individual

compassion, literature lacks of a reliable measurement scale for organizational capacity for compassion.

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***Interventive Psychodiagnosis in a University Clinical Practice in Brazil:
Managing Psychological Assessment and Intervention of Children in
Underserved Populations***

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The European Conference on Psychology & the Behavioral Sciences 2017
Official Conference Proceedings

Abstract

Childhood psychological problems and psychiatric disorders may impose long term care costs to individuals and society. In 2011, prevalence of one or more psychiatric disorders among children was 13.1% in Brazil. Considering that in 2015, there were 51653 children and adolescents enrolled in preschool and basic school in Santos, Brazil, there is an estimation of 6.766 children or adolescents that may present psychiatric disorders. According to the last demographic census carried out in 2010, 47,07% of Santos' population live on up to two minimum wage income, that is almost half the city population. Managing psychological assessment and intervention of children all in the same service and in a brief period of time, may reduce financial and time costs significantly. Universidade Paulista, a private university in Santos, requires Psychological students in their 6th and 7th terms to attend to a clinical practice internship, assessing and intervening in childhood psychological problems and psychiatric disorders. During each term, an average of 45 children and their parents are taken care of in the service. Interventive psychodiagnosis is adopted making use semi-structured interviews, diagnostic play sessions, questionnaires and projective, developmental and cognitive screening tests. Intervention is also developed since the active participation of children and families is taken into account for understanding and managing psychological issues. Orientation is also provided following the input provided by children and their parents. Interventive psychodiagnosis has been proved a useful tool for managing psychological assessment and intervention at a university clinical practice in Santos, Brazil, especially for underserved populations.

Keywords: Child Psychology, Psychodiagnosis, Healthcare Delivery

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Introduction

Childhood psychiatric disorders usually persist through adolescence and adult life, and produce harmful impact and longstanding costs to individuals and society. These childhood psychiatric disorders commonly include anxiety disorders, attention deficit hyperactivity disorder (ADHD), autism spectrum disorders, bipolar disorder, depression, eating disorders, and schizophrenia. Psychological problems include internalizing (withdrawn, somatic complaints without medical cause, emotionally reactive, anxious/depressed mood) and externalizing problems (attention problems, aggressive behavior) and other psychological difficulties (Achenbach & Rescorla, 2000).

Prevalence of psychiatric disorders and psychological problems in Brazil and in Santos

The Public Health System (SUS) in Brazil offers free treatment for children and adolescents with a psychiatric diagnosis through Center of Psychosocial Attention for the Child and Adolescent (CapsI). However, in Santos (seaside town in Brazil) there are four centers which provide treatment for about 2000 children and adolescents. In fact, these public centers receive all the families and their children with different kinds of psychological or psychiatric complaints and there is not a limitation on attendance. In 2011, prevalence of one or more psychiatric disorders among children was 13.1% in Brazil (Paula et al., 2015).

In 2015, there were 51653 children and adolescents enrolled in preschool and basic school in Santos (IBGE, 2015). Therefore there is an estimation of 6.766 children or adolescents that may present psychiatric disorders. Santos is a seaside city in the state of São Paulo with a population of 419.400 (IBGE, 2010). According to the last demographic census carried out in 2010, 47.07% of Santos' population live on up to two minimum wage income (IBGE, 2010).

In Brazil, accessible psychological assessment as well as treatment are challenges that must be overcome due to the prevalence of psychiatric disorders among children and adolescents and also high costs of treatment imposed to underserved populations. Managing psychological assessment and intervention of children all in the same service and in a brief period of time, may reduce financial and time costs significantly.

The experience of Universidade Paulista

Universidade Paulista, a private university in Santos, requires Psychological students in their 7th and 8th terms to attend to a clinical practice internship, assessing and intervening in childhood psychological problems and psychiatric disorders. This process involves the steps illustrated in Figure 1 as follows:

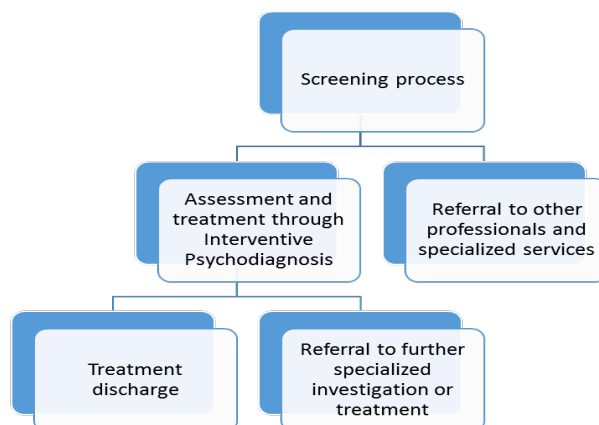


Figure 1: Steps of the interventive psychodiagnosis process at Universidade Paulista

In order to understand in which ways the Interventive Psychodiagnosis differentiates from the traditional model of Psychodiagnosis, it is important to compare those differences showed in Chart 1.

Chart 1: Differences between the two models of Psychodiagnosis

Traditional Psychodiagnosis	Interventive Psychodiagnosis
It has an investigative approach.	It is seen as a practice carried out by the psychologist in conjunction with children and their parents.
Use of psychological methods and techniques to understand problems , for assessing, classifying and predicting the course of the case.	Children and their caregivers participate actively throughout the process once information given by them is extremely important to construct possible hypotheses that can be modified along the way.
Predetermined steps are established and are followed for confirming or not confirming previous hypotheses.	The active collaboration of patients and psychologists to observe, learn and comprehend the phenomena throughout the process is the foundation of the work. The psychodiagnostic process becomes in this perspective a collaborative and shared practice.
It has the aim of getting a description and deep and complete understanding of the patient’s personality in order to explain the dynamics of the case based on the collected data (Barbieri et al., 2004).	It has the aim of providing a new understanding of what happens to the patient allowing him/her to have different, new and healthier ways of dealing with his difficulties.
It provides information which helps the psychiatrists on his/her decision on providing a diagnosis based on a ICD code. Therefore classification based on possible pathologies is pursued.	The psychologist–patient relationship is no longer a “vertical” one once the patient helps the psychologist to build a new understanding of his/her experiences (Ancona-Lopez, 2013).
The whole process is finished with the communication of the results given by the psychologist with no further discussion between psychologist and patient.	

Also, there are similarities and differences between the Traditional Psychodiagnosis and the Interventive one regarding how the assessment each one of the processes develops. In the traditional model, there is an initial interview with the patient in order to obtain information for the formulation of hypotheses for planning the use of a set of tests. Such hypotheses would be made through questions which direct the whole process. The procedures involve interviews, ludic observation, tests. Tests are used to investigate the previous hypotheses. They are used in a specific sequence, considering the aspect being evaluated by each one of them and also their anxiogenic-like effect. There is a feedback interview whose aim is to communicate to the patient what is going on with him/her in order to guide him/her on the best conduct to be followed. When referral is needed, there is the production of a comprehensive report sent to the next professional. In the Interventive model, there is not such a rigid set of steps to be followed, but instead, there are some aims that must be achieved using different techniques, some of them also used in the traditional proposal. Figure 2 shows the different moments of assessment in the Interventive psychodiagnosis that can be interchangeable except for the anamnesis and initial interviews with parents and children which must be the first moments of the whole process.



Figure 2: The interchangeable moments of the Interventive Psychodiagnosis

In the first interviews with parents and children, the psychologist collects data to identify the concerns of the parents and possible difficulties and symptoms of the children. In the initial interview with the children, a playful box is offered to the

children for them to choose any toy and play. During play, the psychologist ought to observe the choice of toys and plays, motricity, creativity, symbolic abilities, frustration tolerance, adequation with reality. The school and home visit are meant to provide understanding of the children's living circumstances. In children's sessions some techniques such as collages, tests, ludic observation are used for investigation as well as intervention. Along the process, it is possible to give the parents a partial feedback on what is being observed and this is also an opportunity for the parents to contribute with the understanding of the process. Two important final steps take place in this modality of psychodiagnosis: feedback to children and feedback to parents. The feedback to parents is the moment when the psychologist discusses with parents how the work was developed and all the observations and conclusions that were drawn. The feedback to children is a very important part of the process once it allows the children to understand their symptoms and feelings involved in them including the resources they may count on to deal with those difficulties. To achieve this goal, the psychologist creates a storybook or game/toy using metaphoric narrative as a feedback tool in which he/she presents a synthesis of the psychodiagnostic process to the children.

The storybook must contain the following elements in the metaphoric narrative: children and their families' story, symptom, search for psychological help and the relationship with the psychologist, elucidation of the identification character's feelings, integration of different aspects observed during playtime, tests, visits etc.

At Universidade Paulista, in Santos, there was an average of 45 families and their children taken care of in the service in the years of 2014, 2015 and 2016. Half of this population was discharged at the end of the process once there was significant symptoms improvement or the families were referred to specialized professionals for further assessment and/or treatment. This was possible due to the comprehensive assessment carried out in the interventive psychodiagnostic process. Discharges or referrals for deepening or specializing the assessment or treatment represent success cases once they were possible due to the interventive psychodiagnostic process. At the end of the process, most of the families reported they were satisfied with the results achieved. Nevertheless, the other half of the families dropped out for various possible reasons such as: lack of financial resources for transportation to go to the university's clinic, difficulties to take time off work to attend psychological appointments among others that ought to be figured out and investigated.

Conclusion

Interventive psychodiagnosis can be an alternative for assessing and treating children and adolescents whose families do not have financial resources for attending private clinics or who fail to get free treatment at the public health services. Experiences such as the one described in this paper can provide scientific evidence for the elaboration and implementation of possible health public policies in which alternative assessment and treatment could be offered to underserved populations.

However, further research is necessary for explaining which reasons may lead families to abandon assessment/treatment. These data should also be taken into account when planning and implementing a health public policy for children, adolescents and their families.

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