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Contents

Editorial

The present double issue of the Baltic Journal of Psychology includes reports of empirical research, as well as reports of particular relevance to practitioners. We were particularly pleased to receive two practitioner-oriented papers by Canadian authors that address issues that are of current concern in the Baltic countries.

The first paper, by Charles Chen and focusses on the difficulties encountered by immigrant women in entering the workforce in a foreign country. The issues are discussed in relation to counseling practices that aim to help immigrants adjust to the challenges that they have to face during the transition process. This discussion is relevant to counselors dealing both with new imigrants in search of work opportunities, as well as with potential emigres considering moving to other countries.

The second paper is by Teeya Scholten, a psychologist in private practice, who has developed a cost effective diagnostic tool for identifying the complexities of Attention Deficit Disorder in adult as well as in youth populations. Her approach to assessment and intervention is both novel and practical in that it offers a hopeful alternative to the drug oriented medical intervention.

Jeļena Koļesnikovas research on Social problem solving training in the rehabilitation of drug addicts has immediate relevance for practitioners dealing with the rapidly increasing drug addict population in the Baltic countries. This prevention oriented educational treatment model holds great promise for reducing the recidivism rate of addicts of all ages.

Juris Draguns' scholarly analysis of the topic of empathy presents a challenging viewpoint on the national, cultural and social barriers in a cross-cultural context. Draguns addresses the issues of empathy and stereotyping that face psychologists as therapists when they work with individuals, groups and communities in inter-cultural situations.

The two papers on identity issues, the first by Anita Pipere mapping researcher identity in the university context, and the second by Jeļena Ļubenko and Sandra Sebre addressing identity achievement in the family environment, contribute to our understanding of identity development from a person-situation perspective.

Finally, the paper by Maruta Ludāne and Kristīne Martinsone contributes to a relatively unexplored area pertaining to the role of spirituality, as God image perception in relation to crisis appraisal.

We invite our readers to contribute their suggestions and comments on the current issue and to contribute to the next issue of the Baltic Journal of Psychology.

Solveiga Miezītis,
Malgožata Rasčevska.

REPORTS OF EMPIRICAL STUDIES

Empathy across National, Cultural, and Social Barriers

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Empathy refers to the ability to vicariously experience the affects and thoughts of another person and to communicate and reflect these experiences. In this article, questions are raised about the problems encountered in extending empathy beyond the confines of the empathizer's cultural reference group. What obstacles are encountered in attempting to empathize with persons different in values, formative experiences, outlooks, and expectations, and how can such barriers be scaled and overcome? Stereotypes and lack of experience through contact are described as potentially obstructing the experience of empathy in clinical contexts, intergroup relations, and encounters with a new and different culture or in interacting with newcomers. Avenues for reducing or overcoming obstacles in empathetic communication and interaction are introduced and discussed.[1]

Keywords: empathy, barriers, communication.

Empathy Within and Beyond Cultures: An Introductory Statement

Empathy refers to "the capacity to understand and enter into another person's feelings and emotions or to experience something from the other person's point of view" (Colman, 2001, p. 241). So defined, empathy bridges the gulf between two human beings and may represent the ultimate in human capacity for knowing the other person. According to Boesch (2007), this task remains the greatest unmet challenge, both for psychology as a collective enterprise and for its individual practitioners in their encounters with what he called "the enigmatic other." Typically, empathy is attained and maintained in high intensity, intimate, one-to-one or I-thou (Buber, 1970) relationships, as between therapist and client, parent and child or between friends or lovers. Empathy then thrives in shared social contexts and is greatly fostered by the constancy of and familiarity with the setting and the interlocutor.

In this article, the question is raised about the experience and communication of empathy across and beyond cultures. Specifically, three objectives will be pursued: (1) to identify obstacles to realistic or "true" empathic understanding of culturally different individuals in the course of providing clinical and counseling services in both assessment and intervention, and to provide leads for overcoming them; (2) to explore the possible impact that the development and application of empathetic understanding and communication may have in mitigating and resolving interethnic conflicts, including

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those occurring at the numerous "hot spots" in various parts of the world; (3) to venture into new territory by inquiring about how empathy or lack thereof may affect contact with a new culture by a sojourner, immigrant, or ethnographer and how it may influence reactions to the newcomer by its established residents. Before however, these tasks can be tackled, empathy as a concept must be more elaborately described, its origins must be sketched, and some of the major impediments to its experience, communication, and impact must be identified.

Empathy: Its Origins, Development, and Differentiation

As so many other notions of psychology, empathy is both a new and an old concept. Identified and described principally in the context of experimental esthetics by Theodor Lipps (1903, 1905) as the English equivalent of German *Einfühlung* and considerably elaborated by Edward Bradford Titchener (1909), it was arguably foreshadowed by Aristotle's (1952) *Poetics* in his well known theory of pity and fear, or, perhaps better put, of compassion and awe, as the essential components of the emotional experience of tragedy (cf. Barricand, 1970). In the process, spectators experience the emotions of the hero as though they were their own.

As defined above, vicarious sharing of another person's affective experience constitutes the gist of contemporary meaning of empathy. Empathy, however, also encompasses cognitive and volitional components (Batson, Ahmad, Lishner, & Tsang, 2005; Bohart & Greenberg, 1997; Losoya & Eisenberg, 2001). Moreover, it may lead to behavioral consequences beyond feeling compassion, by communicating concern and extending help to the person toward whom empathy is directed (Eisenberg & Miller, 1987). Cognitive aspects of empathy overlap with adopting another person's perspective and tend to operate in tandem with the emotional ingredients of empathy (Batson et al., 2005; Eisenberg & Strayer, 1987; Losoya & Eisenberg, 2001; Omdahl, 1995). Perspective taking is centrally implicated in predictions or inferences based on empathy, i.e. in specifying a person's actions proceeding from vicariously sharing his or her subjective experiences (Batson et al., 2005; Ickes, 2001). In some cases, typically outside of counseling or psychotherapy contexts, cognitive aspects of empathy may be experienced with little or no empathic feeling or beneficent intent. Thus, a detective may successfully track a perpetrator by "entering his (or her) mind" or a Machiavellian person may abusively (mis)use his or her empathetic sensitivity for manipulative and extrinsic ends. For the most time, however, descriptions and formulations of empathy emphasize its affective, warm, friendly and benevolent, side. Empathy tends to be equated with optimal human sensitivity, employed for helpful or remedial purposes. It comes into play in those interpersonal encounters in which the empathizer in his or her perception accentuates affective closeness to the person with whom empathy is being experienced, as expressed in the saying, "there but for the grace of God go I." Psychoanalytic theorists emphasize the intimate link between empathizing with a human being and identifying with him or her at the very moment of therapeutic encounter (Bolognini, 2004; Clark, 2007).

Is genuine human sensitivity then confined to the person's familiar social context? How can human beings be perceptive and compassionate with persons far away whom they have never met and who operate within a very different cultural setting? To help toward the resolution of this dilemma, the related but distinct concept of sympathy must

be introduced. As described by Wispé (1986), sympathy involves both a heightened awareness of the suffering of another person and the strong intention to alleviate such suffering. As Clark (2007) pointed out, "the primary intent of empathy is to understand a person and the focus of sympathy is the well-being of the individual" (p. 13).

A somewhat different distinction is illustrated by Stewart (1981) in the following passage: "A police officer was called to investigate a citizen's threat to kill the president of the local draft board. The officer was informed that the citizen had just learned that his son, a draftee, was killed in Vietnam War. The officer responded by taking great pains to identify his own feelings as a young man and those of others he knew in Vietnam. This is *sympathy*…A second officer entered the house of a citizen, spotted a picture on the wall, began to talk about it, and engaged the man about the objects that both perceived. The officer did respond to the emotions of the citizen but did not use his own emotional identity to guide his responses. This is *empathy*." (p. 71). In these two vignettes, empathy is primarily receptive and sympathy, expressive. Clinical and research literature on empathy, in its broad and generic sense, has mushroomed. Outside of Wispé's (1986) original contribution, however, sympathy has been rather infrequently invoked as a theoretical concept nor has it been intensively investigated as a research variable (e.g., Wispé, 1986).

Empathy is widely recognized as an important component of therapeutic influence (Clark, 2007), and three theorists have accorded pivotal significance to it. Within his person-centered theory, Carl Rogers (1957) has included therapist's experiencing and communicating empathy among the several necessary and sufficient conditions for bringing about therapeutic personality change. Within the context of his psychoanalytic self- theory, Heinz Kohut (1959) concluded that narcissistic disorders stem from lack of the experience of empathy during childhood. Proceeding from this recognition, he assigned a key role to empathetic listening which enables analysts to offer interpretations within the patients' own experiential framework, thereby enhancing their impact and relevance (cf. Wolowitz, 2002). More recently, Alvin Mahrer (1997) has reconceptualized empathy as a special kind of alignment between the therapist and the client in which both parties to the therapy transaction share their focus of attention and „the therapist lives, exists, in the immediate world of the patient" (p. 188). Along similar lines, Michael Mahoney (1995) has maintained, in the context of constructivist psychotherapy, that the bond of trust between the therapist and his or her client emerges most pronouncedly „when the counselor is emotionally present and compassionately responsive to the client's struggles and suffering" (p. 388). Proceeding from this recognition, Mahoney (2005) has assigned a key role to compassion, which overlaps with empathy and sympathy, in psychotherapy process.

Sparked by these conceptualizations, empirical research on empathy has proliferated, and several kinds of research measures of empathy have been developed, validated, and have come to be widely used (Bohart & Greenberg,1997; Duan & Hill, 1996; Strayer & Eisenberg, 1987). They range from self-report scales of empathy as a relatively enduring personal characteristic (e.g., Mehrabian & Hill, 1972) through measures of an empathetic state experienced at a specific time (e.g., Barrett-Leonard, 1962) to observer ratings (e.g., Hill, Nutt, & Jackson, 1994) and physiological indicators of emotional arousal

(e.g., Eisenberg, Fabes, Bustamente, & Mathy, 1987). It should be emphasized, however, that empathy measures tend to be highly context-specific. Consequently, they should be creatively and flexibly adapted rather than hastily applied in a literal translation in a new and different cultural milieu. Not infrequently, new scales may need to be developed if they are to capture the gist of culturally mediated expression and experience of empathy in all of its subtlety and complexity.

On the basis of reviews by Bachellor and Horvath (1999) and Duan and Hill (1996), it can be concluded that empathy facilitates positive therapy outcome, although the extent and generality of this effect are not clear at this point. Rogers' (1957) claim, however, that empathy is necessary and sufficient for bringing about therapeutic personality change remains to be substantiated. However, Lafferty, Beutler, and Crago (1991) reported that client's ratings of their therapists' empathy are the strongest predictor of positive therapy outcome. Moreover, Orlinsky, Grawe, and Parks (1994) concluded that this relationship held true across nations and time. Yet, there are also a few studies that document harmful correlates of empathy, especially with hypersensitive, rebellious, and poorly or ambivalently motivated clients (Beutler, Crago, & Arismendi, 1986). In Latvia, Sebre, Gundare, and Pļaveniece (2004) found significant positive correlations between socially preoccupied attachment style, indicative of social insecurity, and scores on two empathy subscales.

Outside of therapy, the relationship between empathy and altruism has been solidly substantiated (Batson et al., 2005). In more specific terms, „results of over 25 experiments designed to test this hypothesis have proven remarkably supportive, leading to the tentative conclusion that feeling for a person in need does indeed evoke altruistic motivation to help that person" (Batson et al., 2005, p. 494). Thus, after 50 years of clinical observation and systematic research, knowledge about empathy, the conditions that facilitate or impede its experience and communication, and its impact and consequences has been substantially augmented. Empathy has transcended the theories within which it had originated and is now recognized as a major component of psychotherapy by psychologists of all or most theoretical orientations (Bohart & Greenberg, 1997).

Empathy: Specifications and Refinements

Sommers-Flanagan and Sommers-Flanagan (2003) have emphasized that it is not enough to acknowledge a person's distress in generic terms. Optimally, expressions of empathy should be accurate, specific, and individualized, and they should contain reflections of feelings and thoughts rather than inferences or interpretations. Pretending to understand another person when genuine understanding is in fact absent, does more harm than good. Across cultures, therapists' and counselors' expressions of empathy should be informed by the knowledge and comprehension of their clients' sociocultural and psychosocial histories and of their intertwining with biographical experience (Ridley & Udipi, 2002).

Breakdowns of empathic communication also occur when the complexity of the other person's experience is glossed over. Miró (1999) alerted psychotherapists to the limitations of the metaphor of mirroring, or seeing others as a mere reflection of oneself. More accurately, psychotherapy transaction can be represented as a maze of mirrors

through which a more realistic though complex image of the other human being is refracted rather than reflected. In the optimal case, the therapist succeeds in grasping the other person's unique and complex subjectivity and in communicating his or her affect and ideation as they are experienced.

Empathy Across Cultures and Across Contexts of Experience

The preceding sections were based for the most part on observations of therapy dyads of culturally homogeneous composition. Two questions may be posed at this point: (1) What changes, if any, do the experience and communication of empathy undergo when they are extended across culture lines? (2) Is empathy relevant to other topics of intercultural concern and activity?

Empathy Across Cultures in Clinical Contexts

Draguns (1973) contended that empathy does not travel well beyond the empathizer's accustomed sociocultural milieu. In his view, across the cultural barrier, the observer tends to view the patients as though he or she was looking at them from afar. Consequently, conspicuous or dramatic symptoms stand out while some of the subtler expressions of disorder tend not to be noticed. Empirically, these effects have been demonstrated to occur in multicultural environments, for example between a Caucasian interviewer and an African American interviewee in the United States. The clinician's prized tools, such as empathy and subtle sensitivity, may suffer impairment as they are applied outside of his or her cultural domain. As a consequence, the resulting observations run the risk of being distorted and simplified. Results by Abedimpe (1981) and De Hoyos and De Hoyos (1965) on African Americans and by Egeland, Hostetler, and Eshliman (1981) on the Amish in Pennsylvania, a small, self-contained, traditionalist, and anti-modern religious group, are consistent with the above expectations. Generally, schizophrenia tends to be overdiagnosed in these groups, visibly distinct from the American cultural mainstream, while affective disorders, especially depression, tends to be underdiagnosed. Good (1993) concluded that, in the United States, misdiagnosis is more prevalent among the ethnocultural minority clients than among their majority-group counterparts. In reference to psychotherapy in Great Britain, Pilgrim (1997) has reported generally compatible, though complex, findings for immigrants of various ethnic backgrounds. High termination rates at early stages of psychotherapy among members of ethnocultural minority groups in the United States, first noted by Sue (1977), may also be traceable in part to failures in establishing empathic interaction.

An even wider gulf of bewilderment, misapprehension, and confusion has stood in the way of establishing empathetic communication, especially in the early stages of psychotherapeutic contact, with recent immigrants from West Africa in Paris (Nathan, 1994) and Turkish guest workers in Germany (Pfeiffer, 1997). These obstacles have been overcome by the development of culturally appropriate techniques for building initial rapport and by expending effort in making therapy interventions culturally meaningful. Lack of rapport and empathy may lead to confounding unfamiliar modes of self-presentation and expressions of distress with psychopathology, a practice against which the current Diagnostic and Statistical Manual (DSM-1V) (American Psychiatric Association, 1994) as well as others (e.g., Draguns, 2002) have explicitly warned.

These observations are suggestive, but by no means conclusive. It is not clear what share of variance obstructions and impairments of empathy contribute to the total burden of difficulties in providing counseling and psychotherapy services to culturally distinctive clients. More specifically, the respective roles of experiencing, communicating, and perceiving empathy remain to be pinpointed, differentiated, and investigated. To this end, qualitative observational studies of actual therapy encounters should be initiated, to be eventually followed by explicitly designed complex research in both actual therapy and analogue situations.

Pending the realization of these plans, a preliminary hypothesis can be ventured that readily observable, dramatic, bizarre, and potentially dangerous symptoms are selectively, though probably unintentionally, attributed to culturally different and/or unfamiliar categories of patients. Conversely, symptoms referring to disturbances of personal and subjective experience, devoid of conspicuous manifestations, are likely to be overlooked or de-emphasized when presented in a different or unfamiliar way by clients of a distinctive cultural background. Is it a coincidence, one may ask, that in the course of the last century mental health professionals have been slow to recognize depression in children, old people, lower class individuals, African Americans in the United States, and populations of whole regions in Asia and Africa? The common denominator of all of these categories is that they are or were underrepresented among diagnosticians, interviewers, and therapists. Qualified mental health professionals are necessarily adults, most of them are below the retirement age, and their social background is preponderantly middle class. Until the last two decades, ethnic and racial minorities were sparsely represented in the mental health professions in North America and Western Europe. In Africa and elsewhere, diagnostic and treatment services were primarily provided by psychiatrists from European, mostly metropolitan, countries. Lack of empathy may contribute to these putative distortions in diagnostic practices. This expectation is consonant with Kohut's (1971) view that empathy is reduced as similarity between the observer and the observed declines.

Several approaches to the cultural empathy have been proposed, some of them designed for increasing generic cultural sensitivity and competence and others for preparing counselors and psychotherapists to deliver interventions to distinct culturally defined populations. Scott and Borodovsky (1990) recommend cultural role taking as a procedure for enhancing cultural empathy and overcoming obstacles based on language styles, distinctive ethnic identity, and discrepancies in values and worldviews. Ridley and Udipi (2002) have urged counselors to address and work through any prejudices and preconceptions they may have and to guard against stereotyping. Moreover, stereotyping should not be equated with prejudice. In Ridley's (1989) words, „prejudiced people stereotype, but people who stereotype are not necessarily prejudiced." (p. 59). In Ridley and Udipi's (2002) and Vargas and Koss-Chioino's (1992) view, cultural themes should be addressed in counseling as early as possible, and cultural schemas that organize personality, self, roles, and behavior sequences in a characteristic manner should be explored.

A culturally sophisticated counselor also recognizes that empathy is differently expressed across cultures. For example, the Korean folk concept of *jeong* represents a cultural distillate of helpful, concerned sensitivity that has evolved over centuries (Kim,

1993). The Chinese have evolved an elaborate and explicit system of tying together specific bodily complaints with modes of psychic distress, such as anxiety or sadness (Ots, 1982), and Chinese health professionals readily recognize such somatic complaints as expressions of adverse psychological states and, presumably, respond o them empathetically. The Japanese term, *omoyari,* describes increased sensitivity to signs of various affects, thoughts, wishes, and moods, even if they are only fleetingly and nonverbally expressed (Roland, 1988). Ham (1993) maintains that an empathic attitude is deeply embedded in several East Asian belief systems, such as Buddhism, Taoism, and Confucianism all of which emphasize social connectedness and nondemonstrative responsiveness. Now that these cultural patterns have been identified, they should be systematically investigated, first at the case level and then in more formal, comparative research studies. As yet, the incremental benefits of accommodating empathy to the client's culture have not been systematically tested nor conclusively demonstrated.

Empathy in Intergroup Relations

The relevance of empathy is not confined to therapy encounters. Innovative professionals have recognized and attempted to harness its potential to enhancing relationships and averting conflicts which have so dramatically erupted during the last decade in various parts of the world. Noteworthy among these efforts are the contributions of the political psychoanalyst, Volkan (1997, 1999), who, over several decades, has promoted ethnopolitical dialogues between groups at such foci of actual or potential ethnic conflict as Cyprus, Kosovo, Bosnia, Israel/Palestine, and Estonia. In all cases, the minimal objective was to start the antagonists talking with each other, or at least to get them to talk in each other's presence. The concrete goal was to change intergroup attitudes on the basis of prolonged and regular contact in a safe and neutral setting monitored by outside professional facilitators. Volkan's ultimate aspiration, realized to varying degrees at the several sites, was to harness this newly acquired willingness and ability to communicate and to cooperate into the implementation of needed community projects for the benefit of both, previously antagonistic groups. Volkan's ethnopolitical dialogues bear a strong resemblance to group therapy except that they are not designed to provide relief, improvement, or resolution of problems for individual participants. Rather, their focus is on the intergroup relationship within the discussion group and, on the basis of the anticipated ripple effect, in the communities at large. The concept of empathy does not loom large in the conceptualization or implementation of these group discussions, and it is not mentioned in the index of a key volume on this topic (Volkan, 1997). However, Volkan did state that „the task of the facilitating team is to absorb the outpouring of the parties' emotions through active listening, to avoid taking sides, and thus to become a model of empathic listening. When eventually the opposing groups begin to „hear" each other, more realistic discussions can ensue. Mutual recognition of one another's suffering creates a favourable atmosphere for progress in negotiation because underneath there is mutual verification of each other's group identity." (Volkan 1999, pp. 170-171). Specifically, three procedures incorporated into Volkan's psychopolitical dialogues constitute ways of promoting empathy across ethnic and political lines of division and conflict.

First, the external dialogue facilitators are immersed into intensive experiential training on site in order to familiarize them not with the academic and abstract aspects

of local history, but to confront them with the monuments, artefacts and witnesses that have a bearing on the conflict that is being experienced. In particular, through readings, interviews, and observations the conflictual ethnic groups' respective "chosen glories" and "chosen traumas" are identified. These two concepts refer to the historical memories of events that have left a particularly strong impact on the shared consciousness and affect of the groups in question. These memories, glorious or painful, are then implicitly and explicitly invoked, in connection with the current strife and conflict. As an example, in reference to the Israeli-Palestinian issue, the memory of pogroms and the Holocaust is undoubtedly the chosen trauma for many Israeli; the experience of flight and expulsion from their ancestral homes in 1948 would be very likely to rank as the chosen trauma for many Palestinians. Numerous Israelis turn to the Israeli War of Independence (1948–1949) as their chosen glory; Arabs in Palestine and elsewhere may invoke and glorify the reign of Saladdin and the expulsion of the Crusaders from Palestine in the late Middle Ages (cf. Volkan, 1997). Empathic appreciation for the role of these emotionally arousing, historic yet live, events enables the facilitators, who come from countries uninvolved in the conflict, to conduct the group meetings more sensitively and effectively. Second, the group process sets the stage for spontaneous expressions of empathy as long-term opponents detect common threads of humanity and reach out to one another. Participants recognize their shared suffering that transcends conflict and division and vicariously experience their interlocutors' joys and sorrows, anxieties and aspirations, and even their anger and rage. Third, empathetic understanding gradually reduces social distance, replaces group stereotypes with more differentiated and individualized social percepts, brings about attitude change, and promotes new patterns of social interaction.

As described by Volkan (1999) on the basis of several years of group discussions at three sites in Estonia, these cognitive-affective experiences lead to pragmatic cooperation in tackling festering economic and social community issues. Their impact may be multiplied beyond the group setting by community agents and leaders, and intergroup relations undergo a positive shift. In line with the psychoanalytic tradition of documentation, Volkan (1999) has factually described, but not quantified, these effects. Both outcome and process of ethnopolitical group discussions should be investigated by the methods akin to those applied to psychotherapy research, and the indications for and limitations of these procedures should be established on an empirical basis. Moreover, it should be kept in mind that discussions with persons of Estonian and Russian ethnicity were observed in a country where ethnopolitical problems are serious, but have so far led to minimal violence (Draguns, 2004). Other sites of ethnic conflict where extensive bloodshed has occurred may be worth studying comparatively in order to identify the active ingredients that promote nonviolent conflict management. Empathy-driven conflict resolution techniques should be incorporated into such investigations. A preliminary conclusion from Volkan's programs is that empathy has the potential for humanizing members of previously conflictual groups, for dispelling negative preconceptions, and for setting the stage for constructive and collaborative interaction.

Compatibly with these aspirations, Sebre et al. (2004) have investigated the relationship between empathy and tolerance in a sample of Latvian high school students and teachers of both genders. Their results substantiate the expected link between acceptance of persons of another ethnicity and scores on two subscales of an empathy scale

measuring empathic feeling and cognitive empathy, respectively (Davis, 1985). However, the pattern of significant correlations was not entirely consistent across gender and age groups. This line of research deserves to be pursued and extended in Latvia and elsewhere. It is also worth noting that the secure attachment style was associated with high empathy, which was expected. Somewhat counterintuitively, however, preoccupied attachment style was also found to be related to empathy, though only in female high-school students.

In the United States, Batson, Polycarpou, Harmon-Jones, Imhoff, Mitchener, Bednar, Klein, and Highberger (1997) endeavored to enhance both perspective taking and empathic feeling in order to foster the acceptance of stigmatized ethnic and other subgroups, and were able to obtain positive results. On the basis of investigating approaches to promoting conflict resolution and prevention of violence in India and elsewhere, McCauley and Bock (2004) concluded that fostering empathy had a role to play in these endeavours. Moreover, they agreed with the findings reviewed by Royzman and Kumar (2001) that empathy is more likely to be experienced in responding to suffering than to joy. In McCauley's and Bock's (2004) view, „positive empathy tends to occur only when the successful other is very close to the self, whereas negative empathy can occur when the suffering other is a stranger." (p. 282). The latter finding is relevant to empathy across cultures as empathic response to loss or pain are expected to transcend cultural barriers more easily than such reactions to pleasant or enjoyable events. Similarly, experiments with the Prisoner's Dilemma (Batson & Ahmed, 2001; Batson & Moran, 1999) have yielded findings that are consonant with the observations by Volkan (1999) in the less controlled group setting: empathy induction promotes cooperation, even in situations that are designed to foster competition, even when the partner continues to be competitive.

Empathy in Encountering a New Culture

Empathy may also have an impact in domains in which it has rarely been considered or mentioned, such as ethnographic culture description as well as in other instances of coming to grips with a new and unfamiliar environment. Classical ethnographers mainly relied on their rigorous training in objective observation and description as well as on their personal sensitivity in providing coherent and comprehensive accounts of hitherto unfamiliar cultural realities. In the process, they were greatly aided by informants as interpreters and guides, especially in gaining understanding of the less concrete and more implicit aspects of the culture. Inevitably, such an experience was emotionally taxing and personally demanding, but these human reactions have rarely been conveyed in the resulting ethnographies. Similarly, the ethnographers' emotional reactions to the individuals and groups in the culture have remained hidden from view. One can only surmise that some ethnographers remained distant and aloof, others became empathetic, and some may have developed negative reactions to several or numerous patterns of behavior that they encountered the cultures that they explored.

A possible case in point is *The people of Alor,* a classical, and in many ways admirable, ethnography of the culture-and-personality era by Du Bois (1946). Unlike many of her contemporaries, she took the trouble to cross-validate her psychodynamic inferences by means of an independent blind analysis of some of her collected data. Yet some

of the readers and critics of her volume, e.g. Vaillant (1992), have had lingering doubts, especially about Du Bois' composite portrait of the Alorese as emotionally scarred for a lifetime by an early, traumatic, yet culturally sanctioned separation experience and therefore allegedly incapable of intensive positive human relationships. Is this island culture in Indonesia doomed to perpetuate stultified and dysfunctional patterns of social behavior as well as its purportedly pathogenic socialization practices? What would the ethnographic account be like if it was written from the perspective of the people of Alor or if it was informed by a more intense emotional, and empathetic, link to their subjective and intimate experience? To answer this question, one would need to replicate Du Bois's thorough, systematic, and penetrating observations, but with an empathetic attitude added. Unfortunately, ethnographies tend only be done once so that such a proposal is impractical and unrealizable.

So far the potential role of empathy in the description of cultural experiences and practices appears to have been discussed rather rarely in the anthropological literature (e.g., Maso, 2001; Van Loon, 2001). Herzfeld (2001) has characterized the entire field of anthropology as hovering between the polarities of positivistic explanation and empathetic exploration. On the plane of specific, individual encounters with another person, empathic observation has the potential of enriching the information obtained about an individual both qualitatively and quantitatively (cf. Vanaerschot, 1997). It is also likely, although at this point undemonstrated, that observant and perceptive persons immersed in another culture may empathetically increase our store of knowledge, especially about the subjective aspects of living in a differently structured social world.

These considerations also apply to another topic that so far has been neglected in the social science literature, that of sojourners and immigrants apprehending a new culture. Some sojourners and immigrants spontaneously and intuitively "tune in" to their new cultural milieu. Others remain essentially shut out of their hosts' subjective culture or gain entry to it effortfully and gradually, over a protracted period of time. It would be interesting to explore the cultural and personal characteristics involved in the various modes of adaptation to their hosts' internalized and implicit culture. What role does empathy play in this process, as experienced and communicated both by the hosts and newcomers? Are the four acculturation strategies of assimilation, separation, integration, and marginalization, as described by Berry and Sam (1997), linked to the ease or difficulty with which empathetic contact is established between a new resident and persons within his or her host community? Are some individuals predisposed by a combination of personality and experience to gain access to the subtler aspects of a new cultural reality? Do host cultures differ in the extent to which they help newcomers gain a cognitive and affective grasp of the intricacies of a novel cultural maze? In the absence of relevant research data, only questions can be formulated at this time. Answers may gradually emerge, first on the basis of qualitative data in the form of phenomenological accounts and personal documents such as diaries, to be followed by more formal hypothesis-testing investigations by a variety of methods and from multiple points of views.

Stereotypes and Other Impediments to Intercultural Empathy

Even though relevant data are fragmentary, it is possible to propose a tentative model of those influences that promote or impede the experience and communication of empathy

across cultures. Stereotypes are seen as a major obstacle to empathy with individuals of a different cultural background, and contact and interaction in a variety of contexts and on an equal-to-equal basis, spontaneously and safely, constitute some of the facilitators of empathy.

As defined by Smith and Bond (1999), stereotypes refer to "a group of beliefs about members of a particular group" (p. 184). Stereotypes are harboured by individuals and may be idiosyncratic. Typically, however, they are widely shared and may sometimes attain the status of cultural beliefs. Stereotypes can be based on ethnicity, race, religion, gender, age, occupation, socioeconomic status, and a host of other social markers. Stereotypes often obtrude upon the perception of an individual and have the potential of overshadowing his or her distinctive characteristics. In the absence of contact or information, stereotypes fill the void. The paradox is that individuals may hold stereotypes of groups of individuals with whom they have had minimal interaction, if any. Bruner and Pearlmutter (1957) even demonstrated that stereotypes assume greater importance in the perception of individuals from remote and unfamiliar groups. Conversely, stereotypic attributions may be less likely to be assigned to members of cultures with which extensive and differentiated contact has been maintained (Amir, 1969). Stereotypes are not necessarily derogatory nor do they automatically impel to social rejection or aggression (Lee, Jussim, & McCauley, 1995). However, in emotionally arousing and cognitively demanding situations, such as psychotherapy and counseling, intergroup relations, and adaptation to new environments, stereotypes stand in the way of spontaneous, individualized, and open-ended social perception and interaction. If empathy is the royal road to apprehending another person's uniqueness, stereotypes constitute an important roadblock. They may obliterate nuances and overlook subtlety. Stereotypes tend to increase social distance between members of different ethnic and other social groups. At the same time, social distance due to lack of contact or information fosters stereotypes. Hostility, rejection, denigration, and threat-orientation engender and strengthen stereotypes. Historical and recent examples abound of dehumanizing and demonizing major social categories of people and thereby declaring them beyond the pale of empathy. Although stereotyping is particularly prevalent among prejudiced individuals, it is not limited to them. Indeed, it can be asserted that stereotyping is a ubiquitous cognitive process by means of which human beings make sense of the social world through categorization, attribution, and resulting simplification. Yet, persons differ in how readily they stereotype and how likely they are to proceed from stereotyping to action. Moreover, stereotypes are neither permanent nor unmodifiable. A major thrust of cultural empathy training (Ridley & Udipi, 2002) is in recognizing preexisting stereotypes, identifying their implications, and trying to overcome them, especially through intensive contact with members of the ethnic groups in question. Additionally, the four following general principles may be relevant in implementing training programs designed to reduce stereotyping: (1) Stereotypes should be regarded as probabilistic rather than absolute statements, and exceptions should always be expected and accommodated; (2) Stereotypes may be without any factual or empirical basis; (3) The relationship between stereotypes and specific behaviors is complex, and predictions and inferences based on stereotypes should be tentative, cautious, and preliminary, if they are made at all; (4) Stereotypes pertaining to narrow, specific, and neutral categories are more likely to have a degree of validity than

are imputations of broad and socially valued (or devalued) traits such as honesty, aggressiveness, or intelligence (Draguns, 2003).

Conclusions

The concept of empathy originated in aesthetics, has flourished in the context of psychotherapy, and is now being extended to wider domains of social interaction. In relation to the interplay between empathy and culture, a considerable amount of research-based information is available on psychotherapy, suggestive findings have accumulated pertaining to interethnic conflict reduction, and plausible expectations have been advanced about exploration of and adaptation to new cultures. At a more specific level, five conclusions are warranted. First, empathetic communication across social, ethnic, and cultural barriers is possible. Empathy across cultures is a demanding and difficult undertaking, yet it is practically attainable, and may sometimes be indispensable. Second, empathy assumes increased importance when an intense relationship must be established at the service of achieving important personal or social objectives. Third, a variety of promising approaches have been developed to that end, even though they must continue to be further investigated. Fourth, empathic feeling, though often considered to be the antithesis of objective detachment, may instead be a means of increasing both the richness and the veridicality of apprehending subjective experience beyond cultural boundaries. Fifth, stereotypes often interfere with empathy. As stereotypes decline or are called into question, empathy is more readily communicated and experienced.

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Mapping the Researcher's Identity in the University Context: Dimensions of Personal Constructs

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The article reflects upon the self-construction of researcher's essential, imposed and imagined identity in the social context of the university. The research questions involved the content of the essential researcher's identity, variations in researcher's identity as a result of research experience and status, as well as the attitude of participants towards the self as a researcher. Drawing on the Theory of Personal Constructs, master's students in Psychology (n=20) and Pedagogy (n=24), doctoral students in Pedagogy (n=14), and university researchers (n=12) were asked to fill out the repertory grid about themselves as researchers. The elements elicited, constructs and evaluations were subjected to content analysis with frequency counts, in combination with correlation analysis. The results revealed the externally, formally and intellectually oriented essential identity of researchers and showed that experience and status modify the imposed identity of the researcher, while imagined identity accords with essential and imposed forms of researcher's identity.[2]

Key words: researcher's identity, professional identity, personal constructs, master students, doctoral students, university academics.

In order to cope with the challenges of the contemporary world, professionals in any discipline need to develop strategies for sustaining a healthy and productive identity. Such identity is capable not only of adapting to the world and the demands of different roles and identifications but also of taking initiatives and contributing to positive individual, local, and global changes. Currently, the global call for the transformation of universities (Barnett, 2005; Jarvis, 2000) challenges them to provide a professional and educational environment or a social context favourable for the development of a researcher's identity that will lead to a qualitatively new kind of science serving the sustainability and coherence of interrelationships between the individual and the environment. The investigation described here focused on elucidating the self-construction of researcher's identity in the university context, using the repertory grid technique. The aim of this research in the context of the social constructivist paradigm was, for the first time, to discover the self-constructed content of researcher's identity in a university context or, in other words, the individuals' systems or networks of meaning in connection with being a researcher.

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Theoretical perspective on researcher's identity

The concept of 'researcher's identity' has so far aroused the interest of science education, sociology, gender studies and several cross-disciplinary fields, but only a few research articles elaborate the bases of this notion (for example, Lee & Roth, 2003; Reisetter et al., 2004).

Since the concept of 'researcher's identity' has not yet been elaborated in the field of social psychology, in order to embed this construct in its social and disciplinary context for the current study, the social identities dominating in the university context should first be recognized. This context inevitably requires constructing a professional identity involving choice of profession and behaviour in line with professional requirements, mainly manifested here as academic identity (Lee & Boud, 2003), which encompasses both researcher's and teacher's identity. Another salient identity in university settings is learners' identity (Wenger, 1998), although this is significant most of all, but not solely, for university students in study programs at different levels, and develops through participation in particular practices.

Groups of all sorts form the structure of society, and, at any one time, an individual may belong to different groups defined along ethnic, national and professional lines. While several identities may coexist simultaneously in an individual, one may be more salient than another at any one time, depending on the context (Turner, 1999). Furthermore, while an individual may belong to many groups, it is often the professional group that is among the most significant in an individual's life (cf. Pipere, 2003).

Referring to scientific identity, authors frequently emphasize its closeness to professional identity, which is tied to institutional affiliation, area of expertise, kind of work the individual does, educational background and training, membership in professional associations, and status and seniority in one's profession (Lamb & Davidson, 2005). These features are more aligned with sociological views on identity. From the psychological point of view, professional identities are considered to be a relatively stable and enduring constellation of attributes, beliefs, motives and experiences used by people to define themselves in a professional role (Schein, 1978). The idea of a professional identity implies an interaction between both person and context as individuals adopt and adapt professional characteristics depending on the necessities of their immediate context and the value they personally place upon these characteristics (Rhodes, 2006).

Bruss and Kopala (1993) understood professional identity as "the formation of an attitude of personal responsibility regarding one's role in the profession, a commitment to behave ethically and morally, and the development of feelings of pride for the profession" (p. 686). As Marcia (1980) contended, occupational identity is domain specific – related to instrumental rather than expressive activities that could imply the dominance of formal and prescriptional sets of activities over the axiological perspective on professional affairs. An earlier study (Pipere, 2007), concerning the beliefs of the researcher and involving both novices and full-fledged researchers, showed that researchers are conceived of more through their personal features than through formal research activities or knowledge and the cognitive sphere. Less emphasised were research motivation, needs, or social presentation of research results, and the least attention was paid to

research ethics. It seems likely that if the meaning of real self as a researcher differs from the idealized role, both individually and for distinctive experience and status groups, then this could create emotional distress (Higgins, 1987) or at least less positive acceptance of self.

The occupational field, which undoubtedly includes research, is mostly an academic or research position at a university or research institution (Jarvis, 2000), although recent developments in professional requirements for several professions such as, for instance, psychologist or teacher include the urgent need for research (Kincheloe, 2002; Lane & Corrie, 2006).

Obviously, researcher's identity can be viewed as a dynamic part of professional identity in the particular time and space context of an individual life. A researcher's identity involves an accepted self-reference to the social category of researcher, awareness of the interrelationships between this category and other categories of social identity, and continuous professional development (Pipere, 2007; Pipere & Salite, 2006). A researcher's identity involves status achieved as a result of decisions of the person, but the degree of choice is determined by the number of alternatives available and the degree to which these alternatives are optional (Scheibe, 1995, p. 93).

In university, under-graduate students, post-graduate students and university academics at least formally enjoy a relevant time and space context for their researcher's identity, since for them research nowadays is a must, leaving no other alternatives or options. Post-graduate students develop this identity through training and by doing their own research in this period of their life. For university academics research is part of their legal job requirements as long as they work in this field. However, as summarized by Sikes (2006), recent literature dealing with academic work emphasizes change, fragmentation (Rowlands, 2002, quoted in Sikes, 2006), conflict, competition, intensification, stress, pressure, work overload and widespread unhappiness. It is to be expected that self-evaluations of academics as researchers would, in a specific way, reflect these negative aspects of academic life.

A research identity evolves over the course of a person's studies and career, and is linked with individual needs and values, the extent to which this identity is supported within the organizational context, and the ways in which the person defines and owns that identity (Lane & Corrie, 2006, p. 212). For under-graduate students, in the institutional context this identity as researcher is closely tied to their identity as learner (Wenger, 1998), while post-graduate students are mostly trying to integrate this identity with their identity as learner and professional, but university academics should be able to perceive their researcher's identity as their professional identity – a smaller or larger segment of their academic identity.

For master's and doctoral students the researcher's identity should be a more peripheral identity which is dependent upon different contexts and circumstances, while for university academics this could be a pervasive, core identity enduring throughout or for a longer period of their lives. For these groups of researchers their researcher's identity could have a different salience in the hierarchical organization of social roles (Stryker & Serpe, 1982). It was expected that length of research experience and status of

individual could have a certain impact on the manifestations of researcher's identity in the university context.

Sandoval (2005) distinguished between formal and practical epistemologies – *formal* denotes students' conceptions about professional, formal science, and *practical* denotes how they see themselves doing science. These ideas are compatible with the notions of actual and designated identities adopted by Tucker-Raimond et al. (2007). The present study also compared the designated identities of researcher as revealed by their beliefs about the meaning of researcher established in previous research (Pipere, 2007) and actual identities of researcher constructed in the current investigation.

The three perspectives on identity suggested by van't Klooster, van Asselt and Koenis (2002) seemed to be appropriate in the context of this study, as they fit well with the general ethos of studies on researcher's identity and with the Personal Constructs Theory used as a research methodology in this study. Following the idea of construction and deconstruction of regional identity by 't Klooster at al. (2002) it is proposed that researcher's identity manifests itself in three different forms: 1) as an *essential identity* – a basic set of authentic properties persisting over time, which is based on a positivist idea about the unified identity or 'being'; 2) as an *imposed identity* which, according to the constructivist tradition, is about 'becoming' or, in other words, construction. This form of identity is a product of societal power relations and associated disciplinary forces, imposed on people through different legitimate authorities. To reach personal goals, people adopt and internalise these images and 3) as an *imagined identity* – people select among different values and norms that may correspond to deeper ideological convictions and presuppositions, thus constructing and maintaining social structures, which create an ideological division between the self and the other.

"These narratives of the self and the other, which are upheld by identities, can be understood as frames of understanding (mental maps) through which people act and interpret physical and social phenomena" (p.114, ibid.). Essential identity suggests the general permanent structure of elements and constructs held by research participants, imposed identity reveals itself in group variants of researcher's identity construction because of the different position of sample groups in societal power relations. Imagined identity could be observed in individual and group differences in selected values and self-evaluations. The idea of essential, imposed and imagined identity could also be applied to any other professional identity, as it effectively integrates both rationalistic and constructivist paradigms regarding identity as both a set of contents and a process.

Constructing the self as a researcher

In dealing with researcher's identity, Personal Constructs Theory (PCT) (Kelly, 1955), which uses the metaphor that all people are scientists and that each person interprets constructs based on the way he or she sees the world, seems appropriate. This theory is well known in the field of identity development, since it can easily be integrated into a model of self-concept development and is consistent with the ideas of authors who view the developing self as an entity that is constantly being modified on the basis of environmental experience (Humphrey & Mullins, 2002). A construct is a way of finding the similarities or differences between things, whether those things are people, events, items,

or any other objects. The constructs that each person develops are based on an organized system of thoughts, and are linked and interrelated to one another (Beail, 1985). PCT can be used as an attempt to understand how a person thinks or feels about a particular object based on his or her life experiences.

Kelly developed the repertory grid as a method for exploring personal constructs or, in other words, for understanding the way in which people interpret their experience. The repertory grid is a procedure designed to look at the configuration of personal meanings attributed to an area of inquiry. In the context of the present research, the personal meanings are attributed to the self as a researcher on the basis of the interpretation of previous interactions between each participant and his or her life environment. In addition, the researcher's identity as not traditional research object could be studied more successfully through qualitative methodology based self-construction activities which allows for deeper and more gradual self-reflection comparing with other pen-and-pencil type measures. The following research questions were asked:

1) What is the shared structure of self-construction as a researcher or the *essential identity* of a researcher?

2) What are the quantitative and qualitative variations in researcher's identity deriving from research experience and status, i.e., the *imposed identity* of the researcher?

3) What is the evaluation of elements of the constructs, i.e., the *imagined identity* of researchers in general and in the sample groups?

Method

Participants and procedure

The data were obtained in the Daugavpils University (Latvia) from master's students in Psychology (MPsy, *n*=20, research experience one or two years), Pedagogy (MPed, *n*=24, research experience three years), doctoral students in Pedagogy (DPed, *n*=14, research experience more than three years) and university academics with a doctoral degree (UA, *n*=12, research experience more than 10 years) in the autumn of 2006. All students were involved in part time studies combining studies with work. MPed and DPed worked mostly as teachers in schools or universities. University academics, beside their research activities, were involved in teaching and administrative work at university and they represented physics, entomology, history, linguistics, pedagogy, and psychology. Only six men were available for this research (two from MPed and four from UA). MPsy, MPed and DPed students represented the entire groups at the university and they were involved in the research during the different study courses delivered by the author of the article. Volunteering representatives of academic staff were introduced to the study individually. The grids were constructed in Latvian and statements cited here are translations into English by the author of article.

Detailed instructions were given to each group of participants before the task, and help in the form of additional technical explanations was available during the elicitation of elements and constructs. Small groups made the qualitative data collection and

analysis more convenient and clear. Participation in the research was anonymous while confidentiality and feedback on the results were promised.

To ascertain level of self-awareness and acceptance of the researcher's identity, participants evaluated themselves on an 11-point scale, and achieved an average score of 6.22 (*SD*=1.42). Although no statistically significant differences in quantitative self-evaluation as a researcher were found among the four groups of participants, the quantitative comparison showed that MPsy on average evaluated themselves lowest (5.80), while a higher evaluation was made by MPed (6.13) and DPed (6.40). University academics evaluated themselves highest as researchers (6.54).

Repertory Grid "Myself as a researcher"

The study applied the modification of Kelly's Repertory Grid applicable for issues in social psychology. The instructions suggested creating 10 elements regarding the topic "Myself as a researcher" and than grouping elements to create at least 5-6 constructs by choosing any three elements and asking in what way two of the three are similar to each other and different from the third. Afterwards, the participants were asked to locate each element on each construct, marking the element as connected to one or the other pole of the construct (Banister et al., 1994).

This technique allows people to assign meaning on their own terms, as opposed to the majority of techniques in which the researcher determines the specific elements and constructs (Kurz & Middleton, 2006). There is evidence that in describing themselves (a) individuals prefer to use their own constructs rather than those supplied to them from other sources, (b) they usually evaluate both themselves and others more definitely (i.e., extremely) on their own constructs, (c) individuals differentiate themselves from others to a greater extent on elicited constructs than on supplied ones, and (d) individuals' self-evaluations can be inferred from their behaviour by another person significantly more accurately in terms of constructs elicited from themselves than in terms of supplied constructs (Adams-Webber, 1998).

The elements were explored using the inductive qualitative content analysis approach (Hsieh & Shannon, 2005: 1278; Mayring, 2000) complemented by quantitative measures. Since Landfield's (1971) content analysis system for Repertory Grid data is used mostly for psychotherapy clients, the analysis of personal constructs was based on the Classification System for Personal Constructs (CSPC) created by Feixas, Geldschläger, and Neimeyer (2002) that allows for identification of the thematic areas of coded constructs, as well as those content areas for which no constructs are identified. The CSPC suggests the division of constructs into six basic areas (moral, emotional, relational, personal, intellectual/operational, and values/interests) and two supplemental areas: existential and concrete descriptors (Feixas et al., 2002). There is a significant reliability for the application of the expanded CSPC (t = 23.8, p < .01), the overall coefficient (Cohen's kappa) of inter-rater agreement is .74 (Neimeyer, Anderson, & Stockton, 2001). In this way, the elements of the repertory grid provided the structured background of real self as a researcher. Against this network the participants actualised and constructed the network of meanings for this self, using individual experience based on previous interactions with people and the environment.

After qualitative analysis of the results from four groups of research participants, the data were transformed into quantifiable form and correlation analysis was carried out in order to discover interrelationships among the elements and constructs elicited with these groups.

Results

Analysis of elements

The elements of the repertory grid reflect the content and structure of real self as a researcher. Table 1 depicts the number of elements obtained from the answer sheets. Reiteration of elements allowed the emergence of distinct categories of elements. The inductive qualitative analysis of these categories led to the 11 groups of categories (see Table 1).

Table 1. **Distribution of elements from four sample groups in category groups**

Title of item	DPed (n=14)	MPsy (n=20)	MPed (n=24)	UA (n=12)	Total (N=70)	Examples
Number of elements obtained	140	200	240	120	700	–
Distinct categories of elements	112 (80%)	96 (48%)	110 (45.8%)	110 (91.7%)	107 (66.4%)	–
Category groups					**M(SD)**	
1. Personal features	15.2	12.5	1.83	14.5	11.0 (6.22)	Laziness, flexibility, courage
2. Persons engaged	13.4	15.6	11.8	5.45	11.6 (4.36)	Professors, advisors, respondents
3. Cognitive sphere	11.6	5.21	4.55	20.0	10.3 (7.18)	Knowledge, generaliza-tion, intellectual facilities
4. Social/personal means	11.6	7.29	13.6	10.9	10.8 (2.63)	Time, health, contacts
5. Concrete things	9.82	6.25	16.4	4.55	9.26 (5.25)	Family, dog, weekends
6. Elements of research	9.82	29.2	23.6	19.1	20.4 (8.19)	Methodology, conclusions, research data
7. Activities of researcher	8.93	6.25	9.09	8.18	8.11 (1.30)	Public activities, work, studies
8. Logistics/re-sources	7.14	7.29	7.27	11.8	8.38 (2.28)	Money, laboratory, scientific literature
9. Affective sphere	6.25	3.13	5.45	4.55	4.85 (1.34)	Despair, joy, indifference
10. Research disciplines	3.57	0.00	1.82	0.00	1.35 (1.71)	Psychology, education, history
11. Places	2.68	7.29	4.55	0.91	3.86 (2.73)	University, auditorium, place in nature

The participants related to themselves not only the personal cognitive, affective, or behavioural (conative) categories, but also the range of categories that are connected with research performance as such (people, tools, places, conditions, etc.).

The largest group of distinct elements was observed for UA (91.7%) and DPed (80.0%). The master's students presented about half the number of distinct elements (48.0 and 45.8%). The distinctively largest group on average (for *N* = 70) was *elements of research* (20.4%) followed by five rather similar groups (*persons engaged* – 11.6%,

personal features – 11.0%, *social/personal means* – 10.8%, *cognitive sphere* – 10.3%, and *concrete things* – 9.26%). The smallest representation was for the research disciplines.

A Kruskal-Wallis test confirmed that there was no evidence of any significant difference in element group differentiation among the four sample groups ($p = .966; > 0.05$). However, qualitative comparison showed that for master's students the *elements of research* distinctively dominated in their self-elaboration, doctoral students perceived themselves as researchers through their *personal features* and *persons engaged*, but university academics related themselves to the *cognitive sphere* (20.0%) and *elements of research* (19.1%).

The Pearson correlation coefficient matrix shows significant correlations between the elements of MPsy and MPed ($r = .70, p < .05$), and between those of DPed and UA ($r = .61, p < .05$).

The most striking group differences for distinct groups of elements can be observed for: *personal features* (for MPed these features were mentioned much less than for all other sample groups), *concrete things* (for MPed these were observably more than for others), *persons engaged* (for UA they were much less important than for all other groups), *cognitive sphere* (for UA it was more prevalent than for other researchers). Whereas for DPed *elements of research* comprised 9.82% of all items, for MPsy they composed 29.2%.

The most frequent elements mentioned were observed for MPsy: they mentioned *respondents* 16 times, *researcher* 12 times and *research methods* 9 times. The other group of master's students (MPed) also mentioned several elements many times: *family* 11 times, *colleagues time* and *sources* 9 times each. Only for UA the frequency of elements was at a very low level: *computer* was mentioned by four respondents, *analysis, aim*, and *results* were each mentioned twice.

Analysis of constructs

The constructs of the repertory grid depict the network of meanings the participants in the study attributed to their real self as a researcher. In total, 434 pairs of constructs were obtained from the participants, with an average of 6.3 constructs. Of these, some pairs of constructs were not bipolar constructs and were omitted from further data analysis. Table 2 shows the data obtained from the qualitative and quantitative analysis of the constructs provided by all research participants.

The largest average number of constructs was observed for DPed (7.5) and MPsy (6.2). The master's students in Pedagogy and UA identified a smaller average number of constructs (5.7 and 5.8 respectively). There were two distinctively larger groups of constructs in the whole sample: one represented the *intellectual/operational* area (31.5%), the other was *concrete descriptions* (27.1%). These two areas were followed by three rather similarly represented areas: *emotional* – 10.8%, *relational* – 10.0%, and *personal* – 9.38%. Areas such as *moral, values and interests* and *existential* were represented by less than 5% each. More detailed analysis of the *concrete descriptions* area showed that for the total sample this area contained adjectives denoting the significance and duration of phenomena – 25.8%, elements and activities of research (22.6%), and education (6.45%). Other *concrete descriptions* (45.2%) were not connected with research, had rather diverse character and were hard to classify.

Table 2. **Distribution of constructs from four sample groups among the CSPC areas**

Title of item	DPed (n=14)	MPsy (n=20)	MPed (n=24)	UA (n=12)	Total
Pairs of constructs obtained	105	123	137	69	434
Selected pairs of constructs	86	92	118	56	352
Average number of constructs	7.5	6.2	5.7	5.8	6.3
Distribution among the areas (%)					*M(SD)*
1. Intellectual/operational	26.7	32.6	34.8	32.1	31.50 (3.44)
2. Concrete descriptions	25.6	44.6	18.6	19.6	27.11 (2.10)
3. Emotional	12.8	8.70	12.7	8.93	10.80 (2.27)
4. Relational	9.30	4.35	10.2	16.1	10.00 (4.82)
5. Personal	9.30	6.52	11.0	10.7	9.38 (2.05)
6. Moral	8.14	2.17	5.08	3.57	4.74 (2.56)
7. Values and interests	5.81	1.09	5.08	0.00	3.00 (2.88)
8. Existential	3.49	0.00	2.54	8.93	3.74 (3.76)

A Kruskal-Wallis test confirmed that there was no evidence of any significant difference in element groups' differentiation in the four groups studied ($p = .694, > .05$). The Pearson correlation coefficient matrix showed statistically significant interrelationships between the elements of MPsy, MPed, DPed and UA. Except for MPsy, for whom the *concrete descriptions* clearly dominated, all other sample groups provided the largest number of constructs in the *intellectual/operational* area. Constructs in the *moral, existential* area, as well as for *values and interests*, were present in the smallest number for all sample groups. For university academics, the *emotional* area was also among the less represented.

Analysing the differences in distinct areas for all sample groups, a striking dissimilarity is observable between MPsy and all other sample groups regarding the distribution of internally/axiological oriented areas (*existential, values and interests, moral, personal, relational, emotional*): for MPsy these areas taken together are significantly underrepresented compared with MPed, DPed and UA, thus emphasizing the meaning of the intellectual area and its concrete descriptions, which in their essence are formal and training-oriented.

Analysis of evaluation of elements on constructs

In analysing the evaluation of elements representing one's self as a researcher on the constructs provided, several pairs of bipolar constructs were omitted as they did not represent the positive and negative poles of the category but showed the different neutrally valued poles of some other category (e.g., individual responsibility/collective responsibility).

Table 3 shows the percentage of positive evaluations associated with the elements elicited by the participants, which means that the participants located the elements at the positive pole of the constructs.

To improve the validity of the study, groups containing fewer than three items (elements) were omitted from the table even though they met the requirements for evaluation.

Table 3. **Percentage of positive evaluations provided to elements of the repertory grid on the constructs elicited by four sample groups**

Title of item	DPed (%)	MPsy (%)	MPed (%)	UA (%)	Total
Omitted pairs of constructs	20	48	27	28	123
Selected pairs of constructs	66	44	91	28	229
Average of positive evaluation of elements	62.5	65.0	65.7	59.4	63.2
Category groups:					*M (SD)*
Elements of research	78.8	75.9	65.6	68.3	72.2 (6.22)
Activities of researcher	73.7	-	83.0	59.4	72.0 (11.9)
Persons engaged	67.0	73.7	63.3	78.3	70.6 (6.71)
Cognitive sphere	61.4	91.7	77.6	84.5	78.8 (12.9)
Concrete things	59.3	66.7	67.9	26.9	55.2 (19.2)
Affective sphere	58.5	85.7	53.1	36.0	58.3 (20.6)
Personal features	57.3	67.3	-	67.0	63.9 (5.69)
Social/personal means	53.3	44.7	62.0	61.0	55.3 (8.04)
Logistics/resources	53.1	40.0	62.5	52.8	52.1 (9.24)
Research disciplines	-	-	-	-	-
Places	-	38.9	56.3	-	47.6 (12.3)

On average 63.2% of all evaluations of elements on the constructs for all groups of respondents were positive. The master's students evaluated their elements the highest (65.0 and 65.7% of positive evaluations), while UA evaluated them least positively (59.4%). The single highest positive evaluation was given to *cognitive sphere* (78.8%). Three similarly valuated groups followed this group, namely, *elements of research* (72.2%), *activities of researcher* (72%), and *persons engaged* (70.6%). All other groups were evaluated much lower, and *places* (47.6%) occupied the lowest position.

DPed evaluated *elements of research* highest (78.8%), while MPsy and UA had the most positive attitude toward the *cognitive sphere* (91.7 and 84.5% respectively). MPed had the highest percentage of positive evaluations of elements relating to the *activities of researcher* (83.0%). In the case of the lowest evaluations, DPed had the most negative attitude toward *logistics/resources*, MPsy regarded *places* (38.9%) negatively, while MPed was fairly negative about the *affective sphere* (53.1%), but UA attributed a negative meaning to *concrete things* which do not relate to the sphere of research (26.9%).

The largest discrepancy in evaluation was found for the *affective sphere*, where the difference between the percentages of MPsy (highest) and UA (lowest) was 49.7%.

Discussion

Similarly to the study by Lamb and Davidson (2005), where most of the researchers had some difficulty answering when asked to identify themselves as scientists, the present research also demonstrated the challenge of self-identification as a researcher. These problems, though, could have been caused to some degree by the time consuming and intellectually sophisticated construction of the repertory grid, which was observed during the task and attested to in several brief post-task interviews about the features of individual performance.

This research is the first to attempt to examine researcher's identity using the PCT and the methodology of repertory grids. The study has answered some questions and

also raised questions to be examined in the future. The discussion will describe the features of essential, imposed and imagined identity of researchers in the university context, the relationships of these identities, and implications of the findings.

The shared structure of self-construction as a researcher or essential identity of researcher

Lamb and Davidson (2005) reported that researchers with the disciplinary background of natural sciences primarily described and differentiated themselves as scientists according to their domain of scientific expertise, the type of phenomena that are their focus of study, and their method of research. However, the current study shows a very weak focus on research discipline or type of phenomena studied, which could also be explained by the different research methods used. Discipline was also not foundational for the academic identity of university staff involved in Education (Sikes, 2006). Only methods of research are well represented in the current study, both among the elements (*elements of research*) and in the constructs (*intellectual/operational* area and area of *concrete descriptions*), and are evaluated highest as *elements of research*.

Comparison between the designated essential researcher's identity (Pipere, 2007) and authentic essential identity of the same respondents, constructed as elements of "Myself as a researcher", shows an obvious disparity. Whereas the designated researcher's identity mostly involves the internal/personal sphere (personal features, cognitive sphere, research motivation, needs, formal research activities), real identity contains conceptual groups in the internal/personal sphere and also the external/research sphere, as well as attesting to the larger diversity of these groups. *Concrete things* that designate the personally important objects intertwined with the research sphere complements the internal/personal sphere, while *research means*, *persons engaged*, *places, elements of research* and *research disciplines* expand the external/research sphere. This suggests that building of an authentic essential identity is coupled with the recognition of environmental context as a factor hindering or fostering the successful development of identity. In line with self-discrepancy theory (Higgins, 1987) it can be assumed that this disparity could be the reason for emotional distress or at least less positive acceptance of self.

Quantitative representation of internal and external features of researcher's identity differs considerably. The respondents identify themselves most strongly with the *elements of research*, less with *the persons engaged*, *characteristics of the researcher* and means for research. The three latter features are represented scarcely more than half as strongly as *elements of research*. The affective sphere is considerably underrepresented among the elements.

Referring to the constructs, the general picture shows that in describing the essential self researchers are oriented mostly to the **intellectual/operational features** and also a large number of concrete descriptions that contain numerous **elements of research**. The large diversity of concrete descriptions was hard to classify, and it also points to differences in respondents' age, gender, and individual background. As expected, these results coincide with the idea of Marcia (1980) about the instrumental rather than expressive character of occupational identity, and oppose the data from the study by Feixas et al. (2002), where the relational, personal, and emotional areas were coded most frequently

(20–25%), followed by the moral area with 15% frequency, and the remaining areas of values, interests, and intellectual/operational with approximately 5% frequency.

Quantitative and qualitative variations in imposed identity of researcher

If essential identity reveals itself as a structured set of permanent features, the imposed identity of researcher is better displayed through analysis of variations in researcher's identity in different sample groups. Differing research experience and status of these groups have undoubtedly been connected with qualitatively and quantitatively diverse social and power forces. Expecting the different character of these influences, it can be argued that the significant variations in the groups mentioned may demonstrate the relationships between essential and imposed identity of researcher.

At first, the evidence confirming this expectation will be provided. As the statistical analysis shows, the experience of researchers influences their self-identification as a researcher as it is reflected in the elements of the repertory grid. The groups of master's students showed the similarity not only statistically, but also qualitatively. This could be explained by their powerful and contextualized learning identity – regular studies in groups or "communities of practice" (Wenger, 1998). There is also a similarity, although to a lesser degree, between DPed and UA, and these groups are more similar in terms of research experience and diversity of identifications. In addition, the experience of researchers enhances the diversity of the repertory grid elements mentioned. The two most experienced groups (DPed and UA) showed almost twice as many distinct elements as the groups of master's students, confirming the learners' status of the latter groups.

Whereas for the DPed the *personal features* were the largest group of elements, for master's students the largest group was *elements of research* (distinctly larger than all other groups), while for UA the *cognitive sphere* and *elements of research* were the most important groups of elements. This permits the suggestion that differences may be due to experience, status and, possibly, research discipline. The considerably weaker representation of internal/axiological construct areas by the master's students in Psychology can be explained by their minimal experience of research work and considerably younger age.

The most frequent elements in each group of participants show the main issues among researchers: for those who are committed to research for a longer period of time or have no problems as yet with the collision of several important identity categories these issues are linked with internal issues of research, while for others the family and time becomes a real issue.

However, in the case of the constructs, for all groups, except for MPsy, the largest area was the **intellectual/operation** area. In addition, no statistically significant differences in the distribution of the groups of elements and constructs for the four groups of respondents were found, and the correlation matrix for the personal constructs shows statistically significant correlations between all four groups of respondents. This allows concluding that experience and status of research have more impact on the content and structure of real self than on the networked meanings of the self as a researcher.

Evaluation of elements on the constructs or imagined identity of researcher

Evaluation of elements defining the elicited constructs allowed participants in the research to create a mental map of researcher's identity, making a forced evaluation of the elements through selection of values and norms that usually stay unexplored and unevaluated. Also, this part of the rep-grid analysis proves the validity of research outcomes, since here too the *cognitive sphere* and the *elements of research* received the highest evaluations. High evaluation was also observed for the *activities of research* and *persons engaged*. The rather low evaluation of means for research and *affective sphere* testifies to the barriers to successful research work and, possibly, the negative feelings evoked by research activities.

A decline in positive attitude towards a constructed self as a researcher can be observed with the growth of research experience and status, thus confirming findings in the literature (Sikes, 2006) about lack of satisfaction with academic work. It can be assumed that master's students, who have the lowest status and the least experience in research, are more cautious in expressing negative attitudes towards their own recently selected activity, since this could mean self-denial and recognition of having made the wrong professional choice. Those with greater experience and higher status, have probably already encountered the more negative aspects of research work and are not afraid to admit it, as they feel more secure in their status.

The DPed evaluated the *elements of research* the highest, MPed – *activities of researcher*, but for MPsy and UA the *cognitive sphere* was the most important. These differences in evaluation suggest other factors besides the status and experience of researcher that could influence the attitude of respondents toward the groups of elements. These factors have to be studied in the future by designing research that controls the status and experience factors manipulating with age, research discipline, and, possibly, some other demographical variables. The largest disparity among the percentage of positive evaluations in four groups of respondents was shown for *affective sphere* and *concrete descriptions*. It could be understood that students in Psychology as the youngest, inexperienced and most self-reflectively oriented respondents have analysed their feelings toward research and found them positive. Besides, the MPsy had the better general attitude to research than university academics. Probably, the youngest researchers having the less diversified identities still do not believe that research has to be done in 'overtime', or rather in 'personal' time, and thereby impinges on, or into, other identities (Sikes, 2006).

In general, the research shows the applicability of PCT, CSPC and the three-perspective based approach to identity (essential, imposed, and imagined) for the studies of researcher's identity.

The results show the externally, formally and intellectually oriented frame of reference of constructed essential researchers' identity. The prevalence of instrumentality and formal elements in identity structure, related to the disciplinary background of participants, depicts the current situation in social sciences and is a warning sign for further development of professional research and professional carriers of participants so closely connected with the identities of their co-workers, their students, clients and whole community.

The findings suggest the complicated and context based relationships between the imposed and essential identity of researcher and between research experience, status and discipline that requires further investigation. The imagined identity of researcher testifies that researchers value highly the self-related phenomena that they have already legitimised, and that their deeper ideological convictions are very close to their essential and imposed identity – therefore, in general no conflict is seen here. However, the disparity between essential identity and imposed identity increases with the experience and status of researcher, something that also demands deeper studies.

There are several limitations to this research: the lack of gender balance raises the possibility that it is one-sided, while a more rigorous research design would require stricter control of age and discipline. However, because of the unbalanced distribution of gender and age in several science disciplines, such control would be rather hard to provide. Also, the size of sample and research methodology prescribes the cautious attitude toward the generalization of the results to the larger population of researchers.

The current study is a step further in investigation of researcher's identity using the theoretical and research means from the area of psychology. The results can encourage the further investigation in this field and indicate the potential relevance of repertory grid findings for university policy and practice.

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Adolescents' Identity Achievement, Attachment to Parents and Family Environment

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Associations between aspects of family environment, attachment to parents and adolescent identity achievement status were examined in a sample of 114 pupils of secondary schools in Latvia (46 males and 68 females) ages 17 through 19. They completed the following questionnaires: Extended Version of the Objective Measure of Ego Identity Status (EOMEIS-2), The Inventory of Parent and Peer Attachment (IPPA) and Family Environment Scale (FES). Achieved identity status ratings were associated with various aspects of family environment and relationships with parents. The achieved identity status of adolescent females was predicted by family cohesion, less family conflict, and family achievement orientation. The achieved identity status of adolescent males was predicted by family achievement orientation, family intellectual-cultural orientation and family control.[3]

Keywords: identity, attachment to parents, family environment.

Introduction

Adolescence is a period of human development associated with notable changes in behavioral, cognitive, emotional and ideological realms. It is a period of formative social and cognitive development whereby the ideas and concepts developed during this period greatly influence the individual's future life, playing an important role in the further formation of character and personality.

An important developmental task of adolescence concerns the increasing awareness of a sense of identity. Ego identity is a construct which involves a cohesive set of personal concepts and beliefs regarding one's career goals and future plans, relationships, political and religious values. Ego identity is considered to be a developed set of beliefs, but at the same time it is a dynamic construct which involves possibilities for changes within the sense of self as construed within a specific social context over time (Erikson, 1968). The theoretical framework of this research is based upon the exploration of ego identity as elaborated by Erikson within his theory of psychosocial development and Marcia's paradigm of ego identity status (Marcia, 1994). Based upon research findings Marcia elaborated a model involving four groups of differing identity status: identity achieved, diffusion, moratorium and foreclosure. This model helps explain how identity formation is resolved based on the presence or absence of personal exploration and commitment to a system of personal beliefs.

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The achievement of a stable ego identity during adolescence results in an integrated sense of self and contributes positively to future personal development and adjustment throughout life (Buboltz, Johnson & Seemann, 2003). The ability to achieve a stable ego identity helps one to establish continuous close relationships and achieve true intimacy with others (Erikson, 1968; Dunkel & Papini, 2005). Research findings indicate that stable ego identity is a base for effective functioning of personality. Therefore, the factors that influence ego identity positively or negatively are noteworthy for further exploration.

The theoretical literature and empirical findings suggest that the family context plays a significant role in the adolescent's ability to successfully negotiate important developmental tasks such as ego identity development. The family is a primary socialization context and therefore is considered to be a very important factor influencing child development (White & Matawie, 2004). A positive family climate and nonconflictual family processes provide an emotionally supportive environment that helps the adolescent to feel secure enough to express his or her opinion and to explore different values and beliefs concerning personal and professional identification leading to the development of a stable sense of identity (Pratt et. al., 2003).

Attachment and identity development

Drawing upon the parallels between attachment theory (Bowlby, 1988) and identity development theory (Erikson, 1968), one can suggest that security and trust form the basis for exploration that leads to healthy development of a person. The sense of security helps one to overcome anxiety concerning interpersonal and intrapersonal exploration and helps one to resolve uncertainty and to develop stable commitments that eventuate in effective resolution of the identity crisis.

In the framework of Erikson's theory of identity achievement (Erikson, 1968) and Marcia's paradigm of identity statuses (Marcia, 1994) it is possible to conclude that the adolescent's ability to investigate the outer world, and to explore his or her inner world and the world of relationships is a precondition for the development of stable ego identity. Active exploration is a basis for the development of commitments regarding personal values and beliefs, future plans and professional goals. Consequently the attachment theory authors, for example Bowlby (1988) and Ainsworth (1969), emphasize that appropriate exploration will not occur unless there has been developed the certainty of a secure home base from which one can further explore the external environment. It is possible to suggest that secure attachment enables adolescents to face the challenges of interpersonal and intrapersonal exploration, which is considered by Erikson to be the optimal pathway for the development of a stable ego identity. Erikson also notes that healthy identity development is dependent upon both closeness to parents and a family situation which allows for freedom in making decisions (Erikson, 1982).

Previous studies examining identity formation and the adolescent's attachment to mother and father indicate the importance of attachment to mother in regard to identity formation (Lapsley, Rice, & FitzGerald, 1990; Samuolis, Layburn, & Schiaffino, 2001; Zimmerman & Becker-Stoll, 2002). Secure attachment to mother is positively related to adolescents' identity achieved status and inversely related to moratorium and identity diffusion (Benson, Harris & Rogers, 1992). Similar results were found in a study concern-

ing identity, attachment and separation-individuation processes. Female adolescents who experienced secure attachment to their mothers, in conjunction with independence in their attitudes, were more likely to have identity achieved status (Palladino- Schultheiss, & Blustein, 1994). Thus, emotionally close and trustworthy relationships with parents in tandem with age appropriate psychological independence from parents are important conditions for the adolescent's exploration and commitment which engenders ego identity. Some studies have found associations between attachment and identity development for female college students, but not for male college students (Samuolis, Layburn, & Schiaffino, 2001).

Results of the empirical studies mentioned above correspond to the assumptions of Erikson's theory of identity development which indicates that healthy identity development in adolescence requires the establishment of relationships with parents that allow for individual freedom in making decisions while still maintaining some degree of closeness (Erikson, 1982).

Family environment and identity development

Family environment is a construct which enables one to conceptualize and study family systems and relationships. It includes such family characteristics as expressiveness, cohesion and level of conflict (Moos & Moos, 1976). Within this construct, expressiveness refers to whether family members feel free to express and discuss their feelings and emotions openly; cohesion refers to the extent to which family members are committed to the family unit; conflict refers to how often family interactions are angry and aggressive.

Previous studies examining the role of family environment in adolescent development indicate that family environment influences the adolescent's psychological adjustment and problem solving strategies (Aydin & Oztutuncu, 2001; Jarvis & Lohman, 2000), sense of well-being (DuBois, et. al., 1992), self confidence, and ability to set clear goals concerning one's personal and professional future (Strage, 1998), as well as the ability to develop stable commitments. Families with high cohesion and expressiveness, high levels of organization and low or medium levels of parental control tend to be associated with positive outcomes for adolescent development. In contrast, families that are high in conflict and control, low in cohesion and expressiveness are generally associated with more negative outcomes (Hamid, Leung, & Dong Yue, 2003).

These findings and conclusions provide indirect support for suggestions concerning possible associations between the characteristics of family environment and identity development in adolescence. Some related studies indicate that family environments characterized by positive relationships, low conflict level, ability to solve conflicts and expressiveness contribute to the development of stable identity in late adolescence. High family conflict level and negative emotional experiences in the family are associated with unclear or contradictory concepts about oneself and the future which results in identity diffusion (Nelson, Hughes, Handal, Katz, & Searight, 1993; Harvey & Byrd, 1998; Matheis & Adams, 2004; Aydin & Cakir, 2005).

Examination of the existing literature allows one to suggest that there are meaningful associations between family environment, attachment to parents and identity development in adolescence. Both the theoretical framework and empirical results indicate

that family environment and the attachment relationship to one's parents can provide a feeling of security which engenders the activities of exploration that further encourage identity achievement. However, most of the above mentioned studies have examined either family environment or attachment to parents in association with identity development, but have not looked at these social and psychological processes in tandem. Only some of the previous studies have examined the effects of attachment relationships in association with identity development for males and females separately, but those that have done so, have found different effects in regard to male and female identity development (Samuolis, Layburn, & Schiaffino, 2001).

The goal of this study was to examine the association of both family environment and attachment relationships with adolescent identity status, and to examine these associations separately for males and females. The following research questions were proposed: 1) What are the associations between family environment, attachment relationships and identity achieved status ratings for a sample of 17–19 years old adolescent males and females in Latvia? 2) Which of the family environment and attachment relationship ratings are predictive of identity achievement status ratings for males and females in that sample?

Method

Participants

The study sample consisted of 114 adolescents (46 males and 68 females) from the 11th and 12th forms of secondary schools in Latvia. The mean age of the participants was 17.7 years (range 17–19 years). In regard to family composition, 73% of the participants reported that their parents live together and 27% that their parents are living apart. Eighteen percents of the participants characterized the level of family income as high, 61% as fairly high, 19% as average, and 2% as low. With respect to parental education, 47% reported that at least one parent has completed higher education, 53% that both parents have completed secondary or vocational education.

Measures

Identity Status. To provide a continuous measure of ego identity status ratings the Extended Version of the Objective Measure of Ego Identity Status (EOMEIS-2; Adams, Bennion, & Hug, 1987) was used. The EOMEIS-2 is based on the theoretical framework of Marcia's paradigm of ego identity statuses. It is a self-report measure consisting of 64 statements that assess four identity statuses: identity diffusion, moratorium, foreclosure and identity achievement in two domains – interpersonal identity and ideological identity. Interpersonal identity items concern opinions regarding friendship, dating, gender roles, and recreational activities. Ideological identity items are about commitments regarding occupation, religion, politics, and lifestyle. The participant is asked to rate each item on a 6-point Likert-scale, ranging from "strongly disagree" to "strongly agree".

Psychometric characteristics of the original version indicate that the internal consistencies across the four scales of the ideological identity domain range from .62 to .75 and across the four scales of the interpersonal identity domain from .58 to .80. The

average test-retest reliability is .76 (Benson, Harris, & Rogers, 1992). The EOMEIS-2 has been translated to Latvian by Līga Liepiņa with forward-back translation (Liepiņa, 2006). The Latvian version scales show internal consistency levels from .62 to .77, similar to the consistency levels of the original English version, with the exception of the interpersonal identity diffusion scale with internal consistency of .52.

Attachment Relationships. To assess attachment between the adolescent and parents, the parent subscale of the Inventory of Parent and Peer Attachment Scale was used (IPPA; Armsden & Greenberg, 1987). The IPPA is based on the theoretical framework of attachment theory, and measures the affective and cognitive dimensions of adolescent's relationships with his or her parents. It is a self-report questionnaire with a 5-point Likert-scale response format, and consists of 25 items in each section – regarding relationship to mother and relationship to father. Three broad dimensions are assessed: degree of mutual trust; quality of communication; and extent of anger and alienation. Secure attachment is indicated by a combination of high ratings of trust and communication. A secure attachment score was derived from combined trust and communication ratings.

Psychometric characteristics reported for the original IPPA subscales indicate internal consistencies ranging from .87 to .89. The average test-retest reliability is .93. For purposes of this research the IPPA was translated to the Latvian language with forward-back translation. The internal consistencies across all the subscales of the Latvian version ranged from .75 to .88.

Family Environment. To assess different characteristics of adolescents' family psychological environment the Family Environment Scale (FES; Moos & Moos, 2002) was used. The FES contains 90 declarative statements which are rated true or false. The subscales of the FES are grouped into three dimensions: Relationships (Cohesion, Expressiveness, Conflict); Personal Growth (Independence, Achievement Orientation, Intellectual-Cultural Orientation, Active-Recreational Orientation, Moral-Religious Emphasis); and System Maintenance (Organization, Control).

Psychometric characteristics of the original version show that the internal consistencies across the subscales range from .61 to .78. In the framework of this research the FES was translated to the Latvian language with forward-back translation. Cohesion and Conflict subscales demonstrated acceptable levels of internal consistency from .73 to .74. The internal consistencies across the subscales Intellectual-Cultural Orientation, Active-Recreational Orientation, Moral-Religious Emphasis, Organization and Control, ranged from .60 to .70; subscales Expressiveness and Achievement Orientation ranged from .50 to .60. Since the internal consistency of the Independence subscale was very low, .31, this subtest was excluded from subsequent analysis.

Demographic information. Participants were also requested to answer social demographic questions about age, gender, family income, parent education, and parent marital status.

Procedure

The packets of questionnaires were distributed to secondary school pupils in Riga to groups of 15 to 20 pupils by a researcher during a home room period when the teacher was not present. The questionnaires were completed and returned to the researcher

during the same period. Informed consent was obtained. Participants were informed that the research is about adolescents' opinions concerning important life spheres: family, relationships with others, future career, values and beliefs. They were assured that participation was voluntary and anonymous.

Results

Comparison of the mean scores of attachment relationship ratings and identity status ratings of the males and females showed no significant differences. Correlational analysis was performed between ratings of attachment, family environment and identity achieved status ratings for each gender separately as presented in Table 1 and 2. The results show that for both males and females the ideological and interpersonal identity achieved ratings correlate significantly (p<.01) for males r (47) = .77 and for females r (68) = .39. The adolescent females ideological identity achieved ratings were negively correlated with family conflict ratings, r (68) = - .40, p<.01, and were associated with family moral-religious emphasis. Female interpersonal identity achieved ratings were positively correlated with family cohesion ratings, r (68) = .41, p<.05, and were associated with low family conflict, family achievement-orientation, intellectual-cultural orientation and moral-religious emphasis.

Table 1. **Pearson correlations of Family Environment, Attachment Relationship and Female Adolescent Identity Achieved Status Ratings (n = 68)**

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
1. Family cohesion	-									
2. Family expressiveness	..49**									
3. Family conflict	-.57**	-.30*								
4. Family achievement orientation	.15	.07	.11							
5. Family intellectual-cultural orientation	.45**	.28*	-.22	.28*						
6. Family religious-moral emphasis	.14	.11	-.11	.20	.27*					
7. Family control	.08	-.26*	.15	.32**	.18	.26*				
8. Secure attachment w/ mother	.50**	.41**	-.42**	-.02	.33**	.19	-.04			
9. Secure attachment w/ father	.56**	.16	-.49**	.10	.29*	.13	.04	.15		
10. Ideological identity achieved	.20	-.06	-.40**	.19	.06	.26*	.04	.13	.20	
11. Interpersonal identity achieved	.41**	.14	-.30*	.24*	.30*	.27*	.07	.17	.19	.39**

**p< .01; *p< .05

For the adolescent males ideological identity achieved ratings were associated with family achievement orientation, r (47) = − .31, p< .05, and also with intellectual-cultural orientation. Interpersonal identity achieved ratings for adolescent males were correlated with family achievement orientation ratings r (47) = .38, p< .01, and also with family control.

Several family environment subscale ratings were positively correlated with attachment relationship ratings, with positive association between family cohesion and secure attachment to mother, r(68) = .50, p < .01, and secure attachment to father, r(68) = .56, p < .01 within the adolescent female group, but also for adolescent males, as seen in Table 2.

Table 2. **Pearson correlations of Family Environment, Attachment Relationship and Male Adolescent Identity Achieved Status Ratings (n = 46)**

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
1. Family cohesion										
2. Family expressiveness	.25									
3. Family conflict	-.47**	-.21								
4. Family achievement orientation	.08	-.03	.14							
5. Family intellectual-cultural orientation	.46**	.19	-.19	.03						
6. Family religious-moral emphasis	.10	-.03	.24	.23	.25					
7. Family control	-.31*	-.41**	.38**	.28	.11	.24				
8. Secure attachment w/ mother	.39**	.26	-.17	.22	.21	.08	-.10			
9. Secure attachment w/ father	.38**	.27	-.27	.08	.31*	-.04	-.16	.54**		
10. Ideological identity achieved	.21	.05	.06	.31*	.30*	.22	.03	.14	.21	
11. Interpersonal identity achieved	-.04	-.03	.16	.38**	.28	.23	.37*	-.02	.13	.77**

**p< .01; *p< .05

A series of simultaneous multiple regression computations with identity achieved ratings entered as the dependent variable, with separate analyses for females and males were conducted, as presented in Tables 3 and 4, respectively. In the first regression analysis for females, ideological identity achieved was entered as the dependent variable and all of the family environment and attachment relationship variables were entered as independent variables. The regression was significantly different from zero, F (2, 65) = 9.28, p< .01. Family environment variables accounted for 22% of the variance: less family conflict accounted for 16% of the variance, and family achievement orientation accounted for an additional 6% of the variance. In the second regression analysis for females, interpersonal identity achieved was entered as the dependent variable and all of the family environment and attachment relationship variables were entered as independent variables. The regression was significantly different from zero, F (1, 66) = 13.13, p< .01. The family environment variable of family cohesion accounted for 17% of the variance.

Table 3. **Simultaneous Multiple Regression of Family Environment and Attachment Relationship Variables onto Female Adolescent Identity Status Ratings (n = 67)**

Variable	B	SE (B)	β	F	R^2
Identity achievement					
Ideological identity				9.28**	.22
Family conflict	-1.24	0.32	-0.43***		
Family achievement orientation	0.88	0.39	0.24*		
Interpersonal identity				13.13**	.17
Family cohesion	1.02	0.28	0.41**		

* p < .05; ** p < .01; *** p < .001

As seen in Table 4, for adolescent males the strongest predicting variables are family achievement orientation, family intellectual-cultural orientation and family control. In the first regression analysis for males, ideological identity achieved was entered as the dependent variable and all of the family environment and attachment relationship variables were entered as independent variables. The regression was significantly different from zero, F (2, 43) = 4.68, p< .05. Family achievement orientation accounted for 10%

of the variance, and family intellectual-cultural orientation accounted for an additional 8% of the variance. In the second regression analysis for males, interpersonal identity achieved was entered as the dependent variable and all of the family environment and attachment relationship variables were entered as independent variables. The regression was significantly different from zero, $F (2, 43) = 6.19$, $p< .01$. Family achievement orientation accounted for 15% of the variance, and family control accounted for an additional 7% of the variance.

Table 4. **Simultaneous Multiple Regression of Family Environment and Attachment Relationship Variables onto Male Adolescent Identity Status Ratings (n = 45)**

Variable	B	SE (B)	β	F	R²
Identity achievement					
Ideological identity				4.68*	.18
Family achievement orientation	1.21	0.56	0.30*		
Family intellectual-cultural orientation	0.90	0.43	0.29*		
Interpersonal identity				6.19**	.22
Family achievement orientation	1.18	0.55	0.30*		
Family control	0.92	0.45	0.29*		

* $p < .05$; ** $p < .01$; *** $p < .001$

Discussion

The results of this study showed that in a sample of 17–19 year old Latvian adolescents, achieved identity status is predicted by various aspects of family environment. Achieved identity status for female adolescents was mainly predicted by aspects of relationships within the family, such as family cohesion and low family conflict. Achieved identity status for male adolescents was mainly predicted by aspects of the family value orientation, especially family achievement orientation. The level of identity achieved ratings did not differ by gender, a finding also reported in previous studies with adolescents of a similar age period (Sartor & Youniss, 2002).

The association between female adolescent identity status and various aspects of close relationships within the family as indicated by the results of this study is in accord with the theoretical framework of identity development as conceptualized by Erikson (1982) and the importance of attachment relationships as elaborated by Bowlby (1988). From the theoretical framework of attachment theory we see that a secure attachment relationship facilitates a sense of security which enables and engenders the child's exploration of his or her environment. This implies that the sense of security also facilitates the exploration which is necessary for eventual identity commitment and achieved identity status. This emphasis on the association between a sense of security and exploration is similar to Erikson's emphasis on early development of trust in relationships as facilitative of further development. Both sense of security, trust in relationships, ability to engage in exploration, to seek the help of others when necessary, are facilitative of identity development according to these theorists and subsequent researchers (Benson, Harris, & Rogers, 1992; Palladino- Schultheiss & Blustein, 1994; Kenedy, 1999).

Although in this study the variables predictive of female adolescent identity achieved status are focused upon family relationships in general, rather than upon the specific at-

tachment to mother or father, it seems that these aspects are closely interrelated. As indicated above, there is a close correlation between the female adolescents' family cohesion and secure attachment with mother and father. Also, in examining the specifics of the family cohesion subscale items of the FES and the secure attachment items of the IPPA there is general similarity in that both scales emphasize positive parent-child relationships. However, the IPPA attachment scale items are actually primarily focused upon more cognitive aspects of the relationship – to what extent the parent understands and respects the child. The FES family cohesion subscale items, on the other hand, are focused upon both cognitive and emotional aspects of the family relationships – to what extent family members help and support each other, to what extent there is a "feeling of togetherness". It appears that these aspects may be crucial in regard to female adolescent identity development – the adolescent woman not only seeks to be understood, but also to experience emotional closeness and warmth within the family.

The importance of family cohesion in regard to adolescent identity development has also been noted in previous studies. It has been found to be associated with adolescent effective problem-solving strategies which facilitate identity development (Jarvis & Lohman, 2000; Matheis & Adams, 2004). It has also been shown that in families where there is low family cohesion and high family conflict there is greater insecurity in attachment to parents, which further encumbers the identity development process (Harvey & Byrd, 1998). Higher levels of family conflict in previous studies have been related to adolescent psychological difficulties, such as self-doubt, and subsequent difficulties in identity development (Dunkle, Fondacaro & Pathak, 1998; Nelson et. al., 1993).

The finding that this association between a close family relationship and identity achievement would be more prominent for adolescent women than young men is in accord with the theoretical framework of female psychosocial development, which indicates that female identity development is dependent to a greater extent upon a context of relationships characterized by connectedness (Gilligan, 1982). The findings from this study fit well with the theoretical model which elaborates upon the construct of female development as characterized by "self-in-relation", as opposed to a more individualistically oriented developmental course for males (Surrey, 1991). The theoretical framework of "self-in-relation" emphasizes that the initial close relationship and identification with mother as experienced by a young girl serves as the basis for a continual accent on close relationships which is critical for the young woman's development, in contrast to a more "separate" sense of self for development in young men. The findings from this study, which indicate that precisely the adolescent female identity development is most highly predicted by family cohesion and lack of family conflict, accentuate the importance of close relationships for young women's development. It must be noted, however, that this does not mean that adolescent men are not in need of family support. As seen in the correlational analysis, a positive association (which would be significant with a larger sample) is found between family cohesion and ideological identity achievement for males as well, but this association is not as strong for males as it is for females. The identity achievement of adolescent men in this study is most highly predicted by family achievement orientation. The family achievement subscale is concerned with the importance of working hard to succeed; an orientation which emphasizes that getting ahead in life is very important. Such messages within the family might well facilitate a situa-

tion whereby it would be more difficult for the adolescent male to not take steps with regard to educational or career planning, both or which are important aspects of identity achievement in the Marcia identity development paradigm (Marcia, 1980).

Family control is also shown to be an identity achievement facilitating factor for adolescent men in this study. This finding is similar to results from studies which have found that parent monitoring of adolescent activities are significant predictors of identity achievement (Sartor & Youniss, 2002). According to the developmental framework proposes by Barber (1996) parental behavior control (as opposed to psychological control which involves guilt-induction) serves a positive socialization function, which leads to self-regulation and encourages self-reflection. Positive parental control involves an appropriate degree of organization and structuring. It is an antidote to a chaotic developmental pathway, but according to most theorists and researchers, should be linked with parental warmth and acceptance (Barber, 1996).

The results from this study also imply that parental structuring should be balanced by positive family interactions and closeness. This is evidenced by the importance of the family intellectual-cultural orientation, which refers mainly to the importance of family discussion. It seems most probable that it is not the actual "intellectual" content of the discussions which is of primary importance, but rather the engagement and adolescent-parent communication and closeness which takes place during the interpersonal dynamics of the discussion. This interpretation reverts back to Erikson's initial emphasis upon the need for closeness as well as encouragement of autonomy, (Erickson, 1982). In terms of limitations, we must consider the effects of using only the adolescents' self-report questionnaire format, whereby the adolescents self-reported their achieved beliefs and commitments, attachment to parents and family environment. At the same it must be noted that the theoretical basis upon which this study rests is concerned with the adolescents' subjective experience. Even in terms of family environment, it is the adolescent's perception of the family environment which in all probability is most influential. Yet for future studies it could be proposed that evaluations of the family environment from several informants would be useful. A more important limitation concerns specific aspects of the measures used. In regard to the measurement of family environment, it is unfortunate that in this study the independence subscale items showed such low levels of consistency, that it was not appropriate to use the ratings from this subscale in the analysis. In further studies regarding identity achievement the issue of adolescent independence in association with identity development should be examined with a scale which is reliable and valid within the Latvian sociocultural context.

The research findings that family cohesion and family achievement orientation are important facilitating factors in adolescent identity achievement should be further explored in future studies. At present there is need for a broader-based study in Latvia looking at the percentage of 17–18 year old adolescents who have not yet developed the requisite level of exploration or commitment which is necessary to make an informed choice in terms of post-high-school direction. Professionals who conduct seminars on career planning with 11th and 12th grade pupils in Latvia indicate that there are many who have not yet even begun to seriously explore post-graduation career possibilities (Šmitiņa, 2007). Considering that the higher education system in Latvia usually requires

a choice of academic direction already beginning in the first year of university studies, such indecisiveness may be a serious obstacle and risk-factor for future healthy development in young adulthood. It seems that parents of adolescents in Latvia could be encouraged to provide a greater amount of family structuring and achievement orientation. The results from this study imply that both parental structuring and parental warmth together with family cohesiveness are linked to positive outcomes in adolescent identity development.

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Changes in Drug Addicts' Social Problem-Solving Abilities and Goal Achievement Orientations during Rehabilitation

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The aim was to investigate changes in drug addicts' social problem-solving abilities and goal achievement orientations in different phases of rehabilitation. A group of drug addicts undergoing treatment (*n*=29) was compared with a group of addicts not in treatment (*n*=25). Subjects were aged 18-27 years. Problem-solving abilities and goal achievement orientations were respectively assessed with the Social Problem-Solving Abilities Inventory - Revised (SPSI-R; D'Zurilla, Nezu, & Maydeu-Olivares, 2002) and the Goals Scale (Snyder, 1991). Scores on four of the five SPSI-R scales and both Goals Scale subscales changed significantly over a six-month period, with relative improvement in the group undergoing therapy compared with the no-treatment group. The results suggest that skills thought to be important in the rehabilitation of drug addicts can be acquired in a program that includes the teaching of such skills.[4]

Keywords: Drug addicts, rehabilitation, social problem-solving abilities, goals.

Introduction

Since Latvia regained its independence in 1991 the incidence of drug abuse has increased. Drug abuse has been identified in a population survey as one of the key risks to health (Goldmanis & Koroleva, 2003). One response to this problem in Latvia has been to establish two rehabilitation centres for adult drug addicts (Latvijā apstiprinātās narkoloģijas tehnoloģijas, 2005; Riga Drug Addict Rehabilitation Centre – RNSRC, 2006). Both centres offer a program that has physical, psychosocial and spiritual components (Kooyman, 1993). The psychosocial component is based on social learning theory and principles from cognitive-behavioural psychology (Marlatt & Kivlahan, 1988; West, 2006). The main aims of the rehabilitation program are to rebuild addicts' lives and to achieve normal functioning without feeling a need for drugs (Kooyman, 1993; RNSRC, 2006; Sabanovs & Stakelberga, 2001). More specific aims are to increase patients' understanding of their problems, their recognition that problems are a normal and inevitable part of life, their understanding that there are efficient ways of solving problems, and to develop greater emotional self-control. The last is achieved with relaxation techniques and classes about the recognition and expression of emotions. The program includes methods to help patients establish life goals and as well as plans to achieve more immediate objectives (Heppner & Baker, 1997; Snyder, 2000; Sirota & Jaltonskis, 1996; Herrick & Elliott, 2001).

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Drug addicts need strong discipline in their everyday life. A highly structured daily agenda has to be part of the therapeutic program (Kooyman, 1993; Sabanovs & Stakelberga, 2001; RNSRC, 2007). Key program rules include no drug or alcohol use during the program and no physical violence toward other program participants.

Specialists believe that addiction is often a symptom of underlying disturbances that are psychological, interpersonal or social in nature (Kooyman, 1993). Drug abuse is thought to often be an attempt to alleviate psychological distress and avoid the reality of problems confronting the person (Volkerts, 1999). As addiction develops, interest in other areas of life disappears. To address this, the treatment program used in rehabilitation centres in Latvia emphasises the development of social problem-solving skills. Studies have found that those who do well in recovery programs generally have better problem-solving skills (Appel, Keastner, 1979, as cited in Herrick & Elliott, 2001).

One of the most comprehensive models of social problem-solving is that presented by D'Zurilla (D'Zurilla, Chang, Nottingham, & Faccini, 1998). Social problem-solving is viewed as a cognitive behavioural process in which an individual explores alternative solutions and discovers efficient strategies for overcoming everyday life problems (McGuire, 2001). It is thought that these skills encourage growth of general social competency (Heppner & Baker, 1997) and, among addicts, prolong time in remission, reduce frequency of relapses, and foster social re-adaptation.

The social problem-solving process is determined by three components: a motivational component called problem orientation, a set of rational problem-solving skills, and behavioural styles. Problem orientation is a relatively stable cognitive-affective response set which is primarily based on past experience with life problems. It affects an individual's motivation in problem solving. The affective subcomponent of problem orientation is the group of emotions associated with problem solving. Emotions such as anxiety, anger, and depression can be negative, while emotions such as hope and enthusiasm are positive and can influence the effectiveness and willingness of a person to solve a problem. Rational problem-solving ability consists of components that are required in the problem-solving process, including problem definition, goal setting, generation of alternative solutions, and solution verification. Behavioural style describes the degree to which one tends to avoid problem solving and whether one is impulsive in problem solving. The avoidant and impulsive styles are common behavioural tendencies in ineffective problem solving (D'Zurilla, Chang, Nottingham, & Faccini, 1998).

Improvement in problem-solving ability is an important indicator of success in drug addict rehabilitation (Sirota & Jaltonskis, 1996; Herrick & Elliott, 2001). The principles of the social problem-solving model correspond to the key tasks of the rehabilitation program. Patients actively learn and develop skills for detecting problems, looking for possible solutions, and making and implementing decisions (Twerski, 1997). In addition to acquiring specific skills, a major aspect of the treatment process is to foster hope.

Hope is a key concept in positive psychology. Positive psychology strives to understand the positive, adaptive, creative, and emotionally fulfilling elements of human behaviour (Snyder, 2002). Hope is especially important in positive psychotherapy, which focuses on the development of positive emotions and adaptive coping strategies (Ingram & Snyder, 2006; Snyder, 2002). Many drug addicts report experiencing feelings of

hopelessness and being devoid of meaning in their lives. It is theorized that if people lack meaning in life, which in turn makes them unhappy, they may try to achieve happiness by using substances (Frankl, 1963).

Hope is a positive and optimistic attitude to life, people, and the world (Fromm, 1968). One of the most important elements of hope is people's motivation to pursue their goals. Hope theory views hope as the result of two processes, agency (goal-directed determination) and pathways (planning to meet goals) (Snyder, 2000). Agency is the belief that one can become motivated enough to pursue goals, while pathways is the belief that one can find ways to reach desired goals. Feelings of agency and knowledge of pathways have positive impacts on optimism, self-efficacy, self-esteem change, and behavioural self-regulation (Snyder, 2000).

Several research studies support the effectiveness of emphasizing the development of both social problem-solving abilities and hope. For example, longer remissions have been observed among patients who attended programs that paid attention to the ability to solve problems strategically. Some studies have found significant differences in both positive and negative problem orientations and in rational problem-solving in addicts undergoing rehabilitation compared to others not in treatment (Appel, 1987, as in Herrick & Elliott, 2001; Heppner & Baker, 1997). Reductions in avoidance style and feelings of hopelessness together with increases in agency have also been observed among drug addicts during rehabilitation (Bennett, 1991, as cited in Ho-Yee & Sheka, 2001; Sabanovs & Stakelberga, 2001).

In this study we explore the effectiveness of a drug rehabilitation program that emphasises social problem-solving and goal related agency and pathways. The program has been used for the past 16 years but its effectiveness has not to date been evaluated. This study will compare drug addicts in the rehabilitation program with a no-treatment drug addict control group and will investigate the following questions:

1) What are the differences in social problem-solving abilities between drug addicts in different phases of the rehabilitation program and a control group?

2) What are the differences in goals achievement orientations (pathways and agency) between drug addicts in different phases of the rehabilitation program and a control group?

Method

Participants

There were initially 69 participants in the study. The experimental group was selected from patients who commenced rehabilitation after undergoing detoxification. They all entered the program during the 6 months and all agreed to participate in the research. The control group was selected from the health centre's visitors (Dialog program) and 70% of them agreed to participate in the research. The loss of 6 subjects from the experimental group due to breaches of program rules and 9 subjects from the control group due to non-attendance at assessment sessions meant that data from all phases of the treatment period studied were available for 54 participants.

Unless otherwise stated, only results from respondents with complete longitudinal data are presented here. The experimental group consisted of 29 drug addicts (26 males, 3 females) aged 18–27 years (*M*=23.3 years, *SD*=2.7) who entered residential drug treatment programs at either the Riga Rehabilitation Centre or the Rindzele Rehabilitation Centre and who met either the DSM-IV or ICD-10 diagnostic criteria for drug dependence. Within this group 15 subjects had unfinished secondary education, 12 had completed secondary education and 2 had incomplete tertiary education. They reported commencing drug use at a mean age of 15.2 years. All participants had heroin dependence diagnoses, though most had also used other drugs (mainly amphetamine and cannabis). Heroin was the most commonly used substance (used by 100% of the participants). The no-treatment control group consisted of 25 drug addicts (24 males, 1 female) aged 18–27 years (*M*=23.6, *SD*=2.7) participating in a needle exchange program. Within this group, 13 had unfinished secondary education, 11 had completed secondary education and 1 had incomplete tertiary education. They commenced using drugs at a mean age of 14.8 years. The control group used a variety of drugs, including amphetamine, ecstasy and cannabis, though heroin was the most frequently used substance (used by 84% of the participants).

Procedure

The study took place during a 6-month period that spanned the first half of the rehabilitation program. There were 3 stages in the rehabilitation program. Stage one – *motivation phase*: issues dealt with here included the integration of each patient into the rehabilitation program. Testing during this stage was carried out from day 10 to 12 following enrolment. All treatment subjects had been drug free for at least 8 days at the time of testing. Stage two – *adaptation phase*: this began at about week 10 or 11. The primary issues were to unlearn negative and destructive behaviour, to get used to a clean and orderly lifestyle and to strengthen motivation not to use drugs. This included acceptance of both the rules of the rehabilitation program and socially acceptable norms of behaviour. Stage three – *active work phase*: this commenced at about week 26 or 27 and focused on developing a sense of responsibility. It included re-establishing positive relations with significant others. The social problem-solving and goals measures were repeated at stages 2 and 3.

At all assessment stages the participants were tested individually without a time limit. On average, respondents completed the tests within 25 minutes. Those from the treatment group were tested in the psychologist's office, whereas control group respondents were tested in either the psychologist's or the social worker's office. The treatment group participated with considerable interest while control group respondents were often intoxicated, which disturbed testing. Upon processing the tests, feedback about the results and their interpretation was offered to all interested respondents.

Measures

Social Problem-Solving Inventory – Revised (SPSI-R; D'Zurilla, Nezu, & Maydeu-Olivares, 2002). The SPSI-R is a multidimensional measure containing 52 statements that form five scales: Positive Problem Orientation; Rational Problem-Solving; Negative Problem Orientation; Avoidant Style; and Impulsivity/ Carelessness Style. Respondents rated the degree to which each statement characterized them on a 4-point Likert-type scale from

"not at all true of me" to "extremely true of me." Internal consistency coefficients (Chronbach's alphas) reported in the manual range from .80 to .94 for the individual scales. The author earlier piloted the use of the SPSI-R in Latvia. Internal consistencies (Cronbach's alphas) for the Positive Problem Orientation, Rational Problem-Solving, Negative Problem Orientation, Avoidance Style, and Impulsivity /Carelessness Style scales respectively were .83, .86, .83, .64, and .76.

Goals Scale (Snyder et al., 1991; adapted by Voitkāne & Miezīte, 2002). This measure contains 12 statements that form two subscales: Pathways and Agency. Participants rated the degree to which each statement characterized them on an 8-point Likert-type scale from "definitely false" to "definitely true." Internal consistency coefficients (Chronbach's alphas) reported in the manual range for the Agency scale was .80 and Pathway scale .76.

A social demographic questionnaire was developed to record age, occupation, marital status, drug abuse experience and previous rehabilitation attempts.

Results

Repeated measures ANOVAs were calculated to examine the effects of time (times 1 to 3), group membership (treatment versus non-treatment) and the interaction effects of time and group membership on the five SPSI-R scales and both Goals Scale subscales. The ANOVA results, together with descriptive statistics for the various scales, are presented in Table 1.

Table 1. **Descriptive statistics and repeated measures ANOVAs for experimental and control groups assessed at 3 times on the SPSI-R and Goals Scale**

Measure		Assessment time 1		Assessment time 2		Assessment time 3		Change time F(df1, df2)	Between groups F(df1, df2)	Time × group F(df1, df2)
		Exp. group n=29	Cont. group n=25	Exp. group n=29	Cont. group n=25	Exp. group n=29	Cont. group n=25			
SPSI-R scale										
PPO	M	11.55	11.40	11.41	11.72	13.07	9.92	0.22	1.14	7.52**
	(SD)	(5.04)	(3.92)	(4.00)	(3.97)	(4.33)	(3.23)	(1,52)	(2,104)	(2,102)
RPS	M	40.55	42.36	43.55	44.00	49.41	43.60	3.14	0.12	2.56
	(SD)	(14.92)	(16.92)	(13.95)	(16.18)	(15.47)	(12.76)	(1,52)	(2,104)	(2,102)
NPO	M	18.96	19.64	13.79	18.72	10.45	20.92	8.51**	6.70*	16.25**
	(SD)	(8.88)	(8.30)	(8.69)	(10.21)	(6.64)	(7.30)	(1,52)	(2,104)	(2,102)
AS	M	11.03	15.08	8.93	14.36	7.48	16.88	1.31	19.83**	7.84**
	(SD)	(6.48)	(6.97)	(5.25)	(7.77)	(5.13)	(5.82)	(1,52)	(2,104)	(2,102)
ICS	M	19.72	20.72	14.79	19.36	14.07	24.12	7.20**	9.95**	14.66**
	(SD)	(7.77)	(8.51)	(5.88)	(8.83)	(5.95)	(6.05)	(1,52)	(2,104)	(2,102)
Goals scale										
Pathways	M	23.48	22.92	23.86	22.20	26.83	22.24	3.32*	4.25*	4.86*
	(SD)	(5.57)	(4.84)	(6.05)	(3.84)	(4.31)	(4.24)	(1,52)	(2,104)	(2,102)
Agency	M	23.10	22.04	24.10	22.40	26.38	22.60	5.51**	3.42	3.25*
	(SD)	(5.37)	(6.25)	(5.63)	(4.63)	(4.03)	(3.86)	(1,52)	(2,104)	(2,102)

$p<0.05*$, $p<0.01*$

Note. PPO = Positive Problem Orientation; RPS = Rational Problem Solving; NPO = Negative Problem Orientation; AS = Avoidance Style; ICS = Impulsivity/Carelessness Style.

The main results of interest here are the time by group interaction effects. Inspection of Table 1 indicates that the mean scores of the treatment and control groups at Time 1

were quite similar on all the psychometric measures. The scores are seen to diverge over time so that at Time 3 there is a difference of one standard deviation or more on most of the measures. The ANOVA (time × group) *F* values for six of the seven measures (the exception being Rational Problem-Solving) indicate that the divergences in scores that occurred over time between the two groups are statistically significant. The Rational Problem-Solving scores followed a similar trend, but the score divergence at Time 3 was only about half a standard deviation and failed to reach significance.

Discussion

The present longitudinal study found significant differences in social problem-solving abilities scores between drug addicts in different phases of rehabilitation compared to a no-treatment control group. Positive Problem Orientation, Negative Problem Orientation, Avoidance Style and Impulsivity /Carelessness Style scores all changed significantly over the course of six months, with improvements among the patients undergoing therapy and deterioration or no improvement among the drug abusers not receiving therapy. The findings for Negative problem orientation and Impulsivity/Carelessness Style agree with similar findings reported by other researchers (Appel, 1987, as cited in Herrick & Elliott, 2001; Heppner & Baker, 1997; Sirota & Jaltonskis, 1996). Overall, the findings suggest that drug addicts, compared with those who continue abusing drugs, undergo broad changes in social problem-solving abilities during rehabilitation. Change on the Rational Problem-Solving measure, although in the same direction as observed for the other measures (i.e., improvement in the treatment group relative to the no-treatment group), failed to reach statistical significance. It is possible that this measure taps an aspect of social problem-solving that is either slower or more difficult to change. It is also possible that the observed change was real but the study lacked sufficient power, due to small group sizes, to confirm its statistical significance.

Based on the content of the scales, the findings indicate that patients in the rehabilitation program improved their abilities to recognize and formulate problems, to objectively interpret and analyse conditions associated with problems, and to find efficient ways to successfully solve problems. A 6-month period might be too short for subjects undergoing rehabilitation to acquire all the skills measured by the scales used here (Kooyman, 1993; RNSRC, 2006).

In the no-treatment control group, a decrease in Positive Problem Orientation and increases in both Avoidance and Impulsivity/Carelessness Style scores were noted. These findings may reflect deterioration in the control group due to continuing and prolonged substance abuse.

We conclude that the evaluation of social problem-solving abilities is an important indicator for tracking change among drug addict patients. We assume that improvement in these abilities will facilitate positive behavioural change. Similar conclusions about the importance of both including social problem-solving training in treatment programs and evaluating these skills have been reached by other researchers (Sirota & Jaltonskis, 1996; RNSRC, 2006). The present study found significant differences on a measure of goal achievement orientation between drug addict in different phases of rehabilitation

compared to the control group. The results indicated that both Agency and Pathways scores significantly improved over the six-month period in the group undergoing therapy while there was little change in the no-treatment group. These findings are in agreement with other studies (Bennett, 1991, as cited in Ho-Yee, & Shek, 2001) and support theoretical arguments (Frankl, 1963) that suggest that rehabilitation programs enhance drug addicts' abilities to more efficiently reach their goals and make decisions.

A weakness of the present study is the lack of either behavioural observations or tasks that more directly measure social problem-solving skills. Moreover, there was no control for the initial levels of motivation to change between the treatment and control groups. Different levels of motivation could influence the results. Future research should consider controlling this by either using a intend-to-treat waiting list group or a group that is undertaking an alternative treatment program.

In summary, this is the first evaluation study in Latvia of drug addict patients undergoing a rehabilitation program. Thus, the study results serve to initiate a scientific discussion about the program and useful indices for its evaluation. Additional drug addict rehabilitation research should be undertaken. In particular, evaluation of the program discussed here should continue into phase 3 and 4 with follow-up at the end of the rehabilitation program. Follow-up should include behavioural outcomes such as substance use frequency and important aspects of social adjustment, including criminality.

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Relationship of the Image of God to Crisis Appraisal among Individuals of Several Denominations

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The purpose of the study was to investigate differences in crisis appraisal and image of God among members of three denominations in Latvia. In all, 120 respondents aged between 18 and 25 participated in the study: 30 Lutherans, 30 Catholics, 30 Baptists, and 30 people not belonging to any denomination. The Lawrence God Image Scale was used to identify the image of God, and a cognitive appraisal checklist based on hypothetical crisis situations. Frequency of church attendance and self-evaluation of faith were also measured. One–way ANOVAs were carried out. There were significant differences between groups for all subscales of the God Image Scale. There were significant differences between groups in crisis appraisal involving factors such as Opportunity for Gain, Positive, Challenge, Controllable, and Meaningful. The results showed relationship with God to be a relatively important indicator of psychological adjustment to critical situations.[5]

Keywords: God image, belonging to denomination, crisis, crisis appraisal.

Introduction

In recent years, increased attention has been focused by psychological researchers on the relationship between religiosity and coping with crises (Harrison, Koening, & Pargament, 2001). Several investigators have suggested that a person's conception of God may be an important indicator of his or her ability to adapt to critical situations in life (McIntosh, 1993; Park & Cohen, 1993; Gall, 2000). However, belief in God is not uniform nor is it easily evaluated. There is a tremendous variety of religious beliefs, practices, rituals, as well as differences in perceiving and constructing a personal image of God. Only recently have researchers in psychology begun to turn away from the global question, "Is religion connected with mental health?" and to address the role of specific aspects of religiosity in personal adjustment (Osborne & Vandanberg, 2003). In light of these considerations, this study was designed to examine the contribution of both the subjective perception of God and of official religious conceptions of godhead in coping with personal crises.

Religion can become part of the elements of coping with crisis: cognitive appraisal, coping activities, and their outcomes (Pargament & Zinnbauer, 2003). Cognitive appraisal is regarded as crucial in crisis situations because, according to Lazarus cognitive theory (Lazarus, 1966), each incident has the potential for becoming an important

stressor if it is appraised as such; in the absence of such appraisal, an event can not become a stressor.

Psychodynamic and object relations perspectives provide a relevant framework for understanding different aspects of religion, especially perceived relations with God. According to this approach, the image of God can be characterized as a special transition object, which is created from primary objects' representations. It is transformed, especially in the course of crises that occur in a person's life, in such a way as to maintain meaningful relationships with oneself and others (Rizzuto, 1979). Rizzuto makes a distinction between the God image and the God concept, characterizing the God concept as an intellectual definition of the word "God", whereas the God image is an active internal working model, based on experience of individual that represents God as one imagines it (Rizzuto, 1979, Lawrence, 1997). The God Image Scale by Lawrence was developed on the basis of this distinction.

In the scientific literature (Pargament, 1997; Pargament & Park, 1995; Koenig, George, & Siegler, 1988; Gall, 2000) interpretation of a situation from a religious perspective is regarded as the most important determinant of the relationship between God image and crisis appraisal. This allows individuals to see their own and God's role in the world, engenders a feeling of control over unanticipated events and the emotions that they provoke, and fosters their self-esteem. There are just a few studies in psychology that have attempted to relate differences across denominations to psychological adjustment. Research in this area is difficult because of the lack of established psychological methods and criteria. For the most part, Christian denominations are differentiated on the basis of their level of fundamentalism versus liberalism.

The present study is focused on investigating three of the principal Christian denominations in Latvia. Because insufficient psychological studies of Orthodox beliefs are available, it was decided to exclude this denomination from the study and concentrate on Lutherans, Baptists and (Roman) Catholics, three denominations that have been fairly thoroughly investigated, mostly in the United States. As it was not possible to determine the level of liberalism/fundamentalism of each denomination in this study, the distinction between them was based on classifications used in earlier research (Hettler, & Cohen, 1998; Noffke & McFaden, 2001). On the basis of theological principles and Bible interpretation, Protestants are generally considered more liberal than Roman Catholics (Catholics further in the text), and Lutherans more liberal than Baptists. However, it is important to keep in mind that theological principles are not always uniform within a denomination. Moreover, there may also be differences across nations, and a classification developed in North America may not be readily applicable in Latvia.

Differences across denominations in the God image have been found to be related to the levels of participation in congregational life and religious activity (Noffke & McFaden, 2001). According to the literature (Pargament, 1991; Osborne, & Vandenberg, 2003) differences in crisis appraisal across denominations are traceable to varied participation in congregational life, distinct religious orientation (intrinsic vs. extrinsic), and diversity in religious interpretation systems, i.e. religious schemes (Ganzevoort, 1998) which provide explanations of crises and thereby help or hinder adaptive appraisal.

On the basis of these considerations, the purpose of the study was to investigate differences in crisis appraisal and in God image between people differing in denominational affiliation. Two main research questions were posed:

- What differences in God image are there between of several denominations?
- What differences in crisis situation appraisal are there between people of these denominations?

Method

Participants

A total of 154 respondents participated in the study. All potential respondents were asked to fill out questionnaires whose aim is to investigate subjective perception of God. The nationality of respondents was not determined, but the questionnaire was given to respondents who spoke fluent Latvian and could read and write Latvian. Respondents with denominational affiliation came from specific churches or were university students. All respondents without denominational affiliation were from university settings. From the obtained questionnaires, 120 were selected to yield a sample containing 30 Lutherans, 30 Catholics, 30 Baptists and 30 persons not belonging to any denomination, each group consisting of 15 males and 15 females. Only persons with higher education or still studying and from 18 to 25 years of age were selected. In the subsamples of persons belonging to the dominations, only respondents who answered "Strongly agree" or "Agree" to the question whether they believed the tenets of their respective faith were included. Respondents who gave the answers of "Strongly disagree" or "Disagree" to the above question and who reported no denominational affiliation were included in the group of persons not belonging to any denomination.

Instruments

The God Image Scale (GIS) consists of 72 items grouped into six subscales that explore the issues of belonging (Presence and Challenge scales), goodness (Acceptance and Benevolence scales) and control (Influence and Providence scales).The Presence scale ("I sometimes feel cradled in God's arms") assesses belonging issues, the Challenge scale ("God wants me to achieve all I can in life") inquires into the person's interaction with the world; the Acceptance scale ("God's love for me is unconditional") assesses self-acceptance, Benevolence scale ("Even if my beliefs about God were wrong , God would still love me") concerns the nature of God; the Influence scale ("I know what to do to get God listen to me") describes individual's ability to influence God; and the Providence scale ("I often feel that I am in the hands of God") pertains to God's control over the individual. GIS was designed on the basis of Rizzuto's (1970; 1979) theory about the God Image and distinction between the God concept and the God image. Four–point Likert scale was used.

Lawrence investigated the validity and reliability of the GIS and reported Cronbach's alphas for the six subscales as follows: Presence (α= .95); Challenge (α= .81); Acceptance (α= .83); Benevolence (α= .84); Influence (α= .89); Providence (α= .89). The correlation between GIS and other religiosity measurements (Internal religious orienta-

tion, church attendance) was tested and Presence scale emerges as the best predictor of other religious measures (Lawrence, 1997). Correlations between GIS and Bella Object Relation Inquiry (BORI) was also tested by Knapp (1993) and results showed significant correlations between GIS and BORI scales.

In preparing the Latvian version of GIS, three parallel translations into Latvian were performed, because of the big challenge to maintain the same emotional meaning of the statements while providinga precise translation. All discrepencies were discussed and a consensus was agreed upon. In some statements the perfect accuracy was sacrificed to make them more perceptible (For instance, "God asks me to keep growing as a person." or "God never challenges me."). Pilot study was conducted and items were found to be culturally appropriate.

To measure internal reliability, Cronbach's alphas (n=80) for each scale was computed as follows. : Benevolence (α= .69); Challenge (α= .75); Acceptance (α= .69); Influence (α= .86); Providence (α= .79); Presence (α= .90).

Four descriptions of hypothetical crisis situations were selected as stimulus materials from a total of 12 such descriptions in the course of a pilot study. The situations contained themes of threat, challenge, and loss, and they were deliberately made sufficiently ambiguous so as to provoke a variety of appraisals. To minimize the risk that a situation could be subjectively more familiar to a specific group of respondents, persons described in the situations were varied in gender, age, and family status. Cognitive appraisal was measured with the Cognitive Appraisal Checklist (Gall, 2000), which describes various dimensions of stressors (Undesirable; Threat; Incurring Some loss; Positive; Opportunity for Gain; Potential for Positive; Important/Meaningful; Controllable; Challenge). Respondents were asked to evaluate each statement on a six-point Likert scale.

Additionally, participants were asked to agree or disagree with the statement, "In my view I am a religious person", by answering *Strongly agree / Agree/ Disagree/ Strongly disagree*. These answers were coded on a four-point scale. Respondents were also asked to report their frequency of church attendance: once a week or often (3), at least once a month (2), a few times a year (1), never (0).

Procedure

Data were gathered in small groups without time restrictions. They were collected during meetings of the participants' congregations and in university study-rooms during lecture-free periods. All respondents started out by completing the GIS, followed by the CAC. Filling out questionnaires took 15-25 minutes. All of the respondents were asked if they have about 20 minutes time to participate in a study in which the subjective perception of God was investigated. Some of the potential respondents without any denominational affiliation first had doubts weather they should participate since they did not believe in God. They were told that it did not matter and were asked:" If you imagine God, what would he be like?" This question was also included in the written instructions.

Results

Table 1 contains the means and standard deviations for Situation Appraisal and GIS in the four groups. Table 2 presents t-tests for GIS scales and Situation Appraisals for the two genders; none of the differences between the means for man and women were found to be significant.

Table 1. **Descriptive Statistics of God Image and Situation appraisal of different denominations**

Variable	Lutherans (n=30)		Catholic (n=30)		Baptists (n=30)		Not belong. to denom.(n=30)	
	M	**SD**	**M**	**SD**	**M**	**SD**	**M**	**SD**
Situation appraisal								
Undesirable	17.80	4.67	19.17	3.77	18.50	4.07	19.43	3.63
Threat	13.41	4.24	13.93	4.62	13.87	5.16	15.50	5.15
Incurring some loss	17.57	3.53	17.73	3.16	18.20	3.69	18.40	3.82
Positive	11.50	2.87	10.30	3.27	11.67	4.88	9.27	3.67
Opportunity for gain	16.37	2.93	15.67	2.92	17.03	4.44	13.23	4.89
Potential for positive	16.97	2.91	15.77	3.78	17.77	3.98	13.63	4.50
Important/meaningful	18.70	4.04	17.67	4.05	19.93	3.12	13.90	5.56
Controllable	15.10	3.177	16.40	4.32	16.93	3.55	14.30	2.91
Challenge	18.93	3.832	17.53	4.67	20.87	2.84	16.43	5.38
God image perception								
Benevolence	41.27	7.36	38.90	5.45	42.97	2.20	33.73	7.41
Challenge	38.57	4.43	39.23	5.81	42.67	2.70	28.83	6.56
Acceptance	40.03	5.08	38.20	5.81	42.70	4.69	31.40	7.26
Influence	37.00	4.87	37.27	5.17	39.77	3.84	24.77	6.41
Providence	29.20	7.07	29.60	6.09	35.87	4.12	20.60	5.08
Presence	38.47	6.60	38.57	6.96	42.63	3.41	24.53	8.14

Table 2. **T-test of Situation Appraisal and God Image for Male and Female groups**

Variable	Females		Males		t	Sig. (2-tailed)
	M	**SD**	**M**	**SD**		
Situation appraisal						
Undesirable	18.95	4.26	18.50	3.87	0.61	.55
Threat	13.39	5.08	14.97	4.46	-1.80	.07
Incurring some loss	17.48	3.52	18.47	3.50	-1.53	.13
Positive	1.98	3.75	1.38	3.91	0.86	.39
Opportunity for gain	16.12	4.02	15.03	4.17	1.45	.15
Potential for positive	16.53	4.31	15.53	3.85	1.34	.18
Important/meaningful	18.08	4.77	17.02	4.80	1.22	.22
Controllable	16.12	3.71	15.25	3.54	1.31	.19
Challenge	18.50	4.64	18.38	4.50	0.14	.89
God Image						
Benevolence	39.77	7.41	38.67	6.30	0.88	.38
Challenge	38.28	7.36	36.37	6.99	1.46	.15
Acceptance	38.62	6.68	37.55	7.50	0.82	.41
Influence	34.93	8.63	34.47	6.86	0.33	.74
Providence	29.00	8.41	28.63	7.29	0.26	.80
Presence	36.43	1.15	35.67	8.71	0.44	.66

To evaluate the influence of other potentially relevant variables, one-way ANOVAs were carried out. There were no significant differences between groups in age (F (3. 116) = 1.24, p< .05). There were significant differences between groups in frequency of church attendance (F (3. 116) = 64.65, p< .05) and in self-evaluation of faith (F (3. 116) = 185.02, p< .05). On the basis of a post-hoc (LSD) test presented in Table 3, it was found that people not belonging to any denomination attend church significantly less than people belonging to a denomination. Baptists attend church significantly more often than Lutherans and Catholics. There are significant differences between all of the groups in self-evaluation of their faith. The highest evaluation was for Baptists, followed by Catholics, Lutherans and persons not belonging to any denomination.

Table 3. **Differences between Groups in Faith Self-Evaluation and Church Attendance Frequency Post-Hoc (LSD) Test Results**

Denomination (I)	Denomination (J)	Mean Difference (I-J)	
		Faith self-evaluation	Church attendance
Lutherans	Catholic	-0.33*	-0.37
	Baptists	-0.60*	-1.17*
	Not belong. to denom.	1.77*	1.42*
Catholic	Lutherans	0.33*	0.37
	Baptists	-0.27*	-0.80*
	Not belong. to denom.	2.10*	1.79*
Baptists	Lutherans	0.60*	1.17*
	Catholic	0.27*	0.80*
	Not belong. to denom.	2.37*	2.59*

* p<.05

To investigate differences in God image across the four groups a series of one-way ANOVAs was conducted. Results showed that there were significant group effects on all subscales of the GIS: Benevolence – F (3, 116) = 13.47, p< .05, Challenge – F (3, 116) = 40.76, p< .05, Acceptance – F (3, 116) = 20.76, p< .05, Influence – F (3, 116) = 51.16, p< .05, Providence – F (3, 116) = 36.27, p< .05, Presence – F (3, 116) = 44.27, p< .05. These effects were further investigated by means of Post-hoc (LSD) tests presented in Table 4.

Table 4. **Differences between Groups in Image of God, Post-Hoc (LSD) Test**

Denomina-tion (I)	Denomination (J)	Mean Difference (I-J)					
		Benevolence	Challenge	Acceptance	Influence	Providence	Presence
Lutherans	Catholic	2.37	-0.67	1.83	-0.27	-0.40	-0.10
	Baptists	-1.70	-4.10*	-2.67	-2.77*	-6.67*	-4.17*
	Not belong. to denom.	7.53*	9.73*	8.63*	12.23*	8.60*	13.93*
Catholic	Lutherans	-2.37	0.67	-1.83	0.27	0.40	0.10
	Baptists	-4.07*	-3.43*	-4.50*	-2.50	-6.27*	-4.07*
	Not belong. to denom	5.17*	10.40*	6.80*	12.50*	9.00*	14.03*
Baptists	Lutherans	1.70	4.10*	2.67	2.77*	6.67*	4.17*
	Catholic	4.07*	3.43*	4.50*	2.50	6.27*	4.07*
	Not belong. to denom.	9.23*	13.83*	11.30*	15.00*	15.27*	18.10*

In the groups of respondents belonging to denominations, mean scores on all scales were significantly higher than for the group with respondents not belonging to any denomination. On the Benevolence and Acceptance subscales Baptists had significantly higher mean scores than Catholics. On the Challenge, Providence and Presence

subscales Baptists obtained significantly higher mean scores than Catholics and Lutherans. On the subscale Influence Baptists had a statistically higher mean score than Lutherans.

To investigate differences between groups in crisis situation, one-way ANOVAs were performed. There were significant differences between groups in crisis appraisal in Opportunity for Gain – F (3, 116) = 5.42, p< .05, Positive – F (3, 116) = 2. 69, p< .05, Challenge – F (3, 116) = 5.97, p< .05, Controllable – F (3, 116) = 3.47, p< .05), and Meaningful – F (3, 116) = 11.09, p< .05.

Evaluation with post-hoc (LSD) tests in Table 5 showed that all denominationally affiliated groups had significantly higher mean scores in situation appraisal on Opportunity for Gain, Potential for Positive and Meaningful compared with the group of respondents not belonging to any denomination. Lutherans and Baptists had significantly higher mean scores than unaffiliated respondents in appraising situations as positive. In appraising situations as controllable, Baptists had significantly higher means than Lutherans. Baptists had significantly higher means than Catholics in appraising situations as challenging.

Table 5. **Differences between Groups in Crisis Situation Appraisal Post-Hoc (LSD) Test Results**

Denomination (I)	Denomination (J)	Mean Difference (I-J)					
		Positive	*Opportunity for gain*	*Potential for positive*	*Meaningful*	*Controllable*	*Challenge*
Lutherans	Catholic	1.20	0.70	1.20	1.03	-1.30	1.40
	Baptists	-0.17	-0.67	-0.80	-1.23	-1.83*	-1.93
	Not belong. to denom.	2.23*	3.13*	3.33*	4.80*	0.80	2.50*
Catholic	Lutherans	-1.20	-0.70	-1.20	-1.03	1.30	-1.40
	Baptists	-1.37	-1.37	-2.00*	-2.27*	-.53	-3.33*
	Not belong. to denom.	1.03	2.43*	2.13*	3.77*	2.10*	1.10
Baptists	Lutherans	0.17	0.67	.80	1.23	1.83*	1.93
	Catholic	1.37	1.37	2.00*	2.27*	0.53	3.33*
	Not belong. to denom.	2.40*	3.80*	4.13*	6.03*	2.63*	4.43*

* p< .05

Discussion

In reference to the first research question, it was found that persons not belonging to any denomination had the lowest scores on all God image subscales, significantly differing from other groups. These results correspond to other studies, where belonging to a religious denomination is associated with having a more loving and friendly God image (Lawrence, 1997; DeRoos, Iedama, & Miedama, 2003).

Results showed that Baptists had the highest scores on all God image subscales. This could be connected with the fact that they have the highest self-evaluation of faith as well as highest church attendance, since higher religious activity has been found to be associated with closer relations with God (Noffke & McFaden, 2001). It is possible

that these results are linked to Baptists' theological principles about consciously turning to faith, and to their belief that every person has the right to approach God personally (Oboļevičs, 2005).

On the GIS Challenge, Influence, Providence and Presence subscales, differences between groups were proportionate to frequency of church attendance and self-evaluation of faith, with higher scores for Baptists, followed by Catholics, Lutherans and persons not belonging to any denomination.

Differences between denominations can not be reduced simply to differences in religious activity, because Catholics, who are in second place according to these variables, have the lowest results in Benevolence and Acceptance among the groups belonging to denominations. This could be explained by their different theological views, where Catholics' doubts about their goodness could be associated with a feeling of insecurity, i.e. whether they have earned the compassion of God through their behavior, whereas Protestants believe salvation comes through faith alone (Priede, 1975). These results are consistent with Lawrence's findings of Protestants obtaining higher scores on all GIS subscales.

The results show that there are differences in subjective perception of God between different religious perspectives. One conclusion that can be derived from these results is that viewing religious affiliation from the perspective of the God image is more helpful to endeavors to understand the role of religion in enhancing psychological well-being of individuals than relying upon an exclusively sociological classification of religious denominations.

Thus, Protestants as compared to Catholics see God as more benevolent and accepting. Baptists' God image is characterized by the recognition that an individual is active in his life. Baptists feel more ability to influence God and believe that God has more control over their lives than do individuals of other denomination. Further research is needed in order to develop such a classification grounded in the God image that is preferred by individuals of a specific religious affiliation.

With respect to the second research question, there were significant differences between groups in situation appraisal as Positive, Opportunity for Gain, Potential for Positive, Controllable and Challenge. In general, people belonging to denominations appraise situations as more Positive, Offering an Opportunity for Gain, Meaningful, and Controllable than people not belonging to any denomination. This can be explained through the system of faith shared by religious communities, which helps members to see the meaning and positive gain in a situation; as well through the safe environment and mutual support they enjoy, which allows them to feel more control over situations (Meisendhelder, 2002; McGuire, 1992).

In appraising a situation as having the potential for positive, meaningful, and challenge, Baptists have significantly higher scores than Catholics. These results are similar to those of other studies, where Protestants have lower level of distress and more positive appraisal of a situation than Catholics (Muldoon, 2003). If beliefs are too explicit, rigorous, and restrictive, conflict may occur between an individual's interpretation of personal experience and the meaning provided by the religious system (Ganzevoort, 1998).

In situation appraisal as controllable, Baptists had significantly higher scores than Lutherans. First, Baptists' more conservative theological views may provide a stronger feeling of control. Second, awareness of faith and more frequent church attendance, which is higher for Baptists, may work as a buffer against psychological distress at critical moments (Kendler, Gardner, Prescott, 1997).

Summarizing the above findings, it can be concluded that there are differences between denominations in crisis appraisal and that these differences are related to characteristic perceptions of the image of God for each denomination. For instance, Protestants tend to regard God is more benevolent and accepting and may be able to see crises in a more meaningful and positive way. More specifically, Baptists, who feel more able to influence God and God's control over their life than do members of other denominations, may appraise crisis situations as more controllable. However, further research is needed to explore how much of the variation in crisis appraisal between denominations can be explained by differences in God image.

To evaluate the significance of the present study and to look at potential future research directions, it is important to asses the limitations of the study. Clearly the present study pertains only to the population of 18-25 year old students and university graduates. The stimulus materials used in measuring cognitive appraisal may further restrict external validity, because they may lead to different appraisals from those that would occur in real life situations. It should, however, be pointed out that the results of the present study are very similar to those of Gall's (2000) study in which respondents made their appraisals based on their real experience.

The results of the present study justify the conclusion that individual God image and affiliation to a religious denomination provide incremental information relevant to coping with potential crisis situations. Potentially, this information may prove to be of diagnostic and therapeutic utility in helping individuals to find their best way of enhancing meaning in life and increasing control over stressful situations.

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REPORTS RELATED TO PRACTICE

Vocational Psychology of Immigrant Women: Special issues and Practical Implications

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Female immigrant workers encounter unique challenges in their worklife transition to the host-country environment, centring on factors such as ethnicity, gender, and cross-cultural adjustment. When these factors interact and intertwine with other social, economic, and cultural norms and demands in the host environment, immigrant women often find themselves confronted by additional difficulties and barriers that go beyond those faced by male immigrant workers as well as local working women. When assisting immigrant women to deal with their career problems, occupational psychologists and career counsellors need an understanding of such factors and their implications for developing more effective helping methods that are culturally appropriate, gender sensitive, and person-centred.[6]
Keywords: ethnicity, gender, cross-cultural adjustment, career counseling.

Introduction

Labour migration is now a well-established world-wide phenomenon that is being experienced in many countries in different regions of the world, including North America, Europe, and Australia. While the majority of new immigrants encounter some adjustment problems, immigrant women face additional challenges in their adjustment to the host country environment (Mojab, 1999; Wong, 2000; Phillion, 2003; Read, 2004). Among these, establishing themselves in vocational life is of major importance.

In the last decade in Canada, for instance, although new immigrant women have often outnumbered their male counterparts (Warner & Ambrose, 2003; Man, 2004), new immigrant men continue to fare better than immigrant women in the labour market. New immigrant women often find themselves at a disadvantage in labour market competition with Canadian-born women. As a result, the employment rate gap between female immigrants and Canadian-born women continues to increase, in favour of the latter (Statistics Canada, 2001). New female immigrants often have to work much harder and surmount much tougher barriers in order to gain entry to the workforce and establish themselves there. Thus, while being exposed to the general challenges experienced by everybody in the job market, immigrant women may also experience special psychological and sociological difficulties, and may therefore need to be better prepared

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to understand their own special needs and to develop skills for effective coping in their worklife. This article will draw upon vocational and career psychology to propose career counselling guidelines for working with new immigrant women.

Downward mobility

Immigrant women often experience downward mobility, as Djao and Ng (1987) demonstrated in Canada. The vocational trend indicates a decline in entry to professional and managerial positions, while many of them have to settle into the low-paid and underemployed sectors such as service and manual labour industries, regardless of their previous work experience, professional qualification, and educational credentials. Such peripheral occupations may include sewing workers in textile factories, chambermaids in hotels, tellers in supermarkets and stores, waitress in restaurants, clerks in fast-food outlets, domestic workers in kitchens, and the like (Boyd, 1986; Gannage, 1986). Recent evidence in Canada (Statistics Canada, 2001) supports the view that immigrant women are still over-represented in the services sector and peripheral job market. Table 1 shows how immigrant women experience under-employment in Canada.

Table 1. **Immigrant Women's Occupational Fields before and after Coming to Canada**

Occupational Fields	*Before Arriving (%)*	*After Arriving (%)*	*Difference (%)*
Management occupation	8.0	2.6	-5.4
Occupations in business, finance and administration	25.3	17.9	-7.4
Natural & Applied Sciences	16.8	6.8	-10.0
Occupations in Social Sciences, Education, etc	17.6	6.2	-11.4
Sales & Service occupations	12.6	37.3	+25.2
Occupations unique to processing, manufacturing & utilities	4.4	17.9	+13.5

(Source: Statistics Canada, 2001)

The Impact of Personal and Cross-cultural Adjustment

Personal and career issues are intertwined. The personal adjustment experiences of immigrant women therefore have direct bearing on their career adjustment and vice versa. Besides, as Krau (1991) has rightly argued, immigrants' task of coping with their vocational problem is not an isolated situation, but one that affects all facets of their life. Most immigrant women experience culture shock due to loss of friends, social interactions, customs, and cultural environment (Yost & Lucas, 2002). They have to adjust to changes in various aspects of their personal and social life, including but not limited to aspects such as social support networks, norms of family and parenting, and other interpersonal relationships (Berger, 2004). Women from countries with patriarchal structures face even greater challenges (Wong, 2000). A women immigrant in this kind of situation might have to negotiate new autonomy, deciding on whether to disregard the traditional restrictions on her role in the family and on work outside the home. Negotiating role change may engender psychological stress (Drachman & Halberstadt, 1992). It is in this context of complex personal, socioeconomic, and cross-cultural adjustment processes that immigrant women explore their vocational aspirations and worklife options in the labour market of the host country.

Vocational Exploration Experiences

Access to educational, vocational and other related opportunities goes a long way towards make immigration meaningful to immigrants (Li, 2003). Immigrant women's experience of vocational exploration is no exception in this regard. Most female immigrant workers do so with the expectation of "working hard, earning a good income and accumulating wealth" (Wong, 2000, p. 8). Finding employment is therefore the key to establishing a new life. There is evidence, however, that due to systemic and institutional barriers few immigrant women achieve the level of prosperity they expect (Sarawasti, 2000; Sorenson, 1995; Read, 2004; Giles, 2003). *Among the barriers for many female immigrant workers is limited command of the language of the host country. This* creates an impression of incompetence in the perception of prospective employers (Lee & Westwood 1996; Yost & Lucas, 2002), and it may also limit access to sources of information about jobs (Westwood & Ishyiyama, 1991). A further problem is non-recognition or lack of acceptance of foreign credentials, which has been a major barrier for new immigrant workers. Assessment of their prior professional status can often be a great source of anxiety, and thus lead to missed opportunities in the host labour market. For the professional and skilled female immigrants, this situation may introduce a process of de-skilling (Man, 2004; Mojab, 1999).

Accreditation does not guarantee access to a job, even when it is achieved. The relationship between immigrant women's educational attainment and employability is further constrained by other critical constraints such as ethnicity and gender obstacles in the general society (Giles, 2003; Mojab, 1999; Preston & Man, 1995). Lack of an employment history in the host country may marginalize immigrant women in a competitive job market. The experience of either joblessness or underemployment can have cyclical and long-lasting effects: If making a career is a process of self-realization (Chen, 2003) then this barrier blocks this process, because the individual's freedom to choose is extremely limited. Lack of recognition of qualifications and lack of occupational choice can result in dissatisfaction, self-doubt, or even severe mental health issues such as depression.

Implications for Counselling

Career counselling that aims at promoting the wellbeing of immigrant female workers thus has to take into account the interaction between vocational status and the psychological, sociocultural, and practical adjustment experiences of the members of this group. The terms "career counselling" and "counselling" used in the following discussion refer to a general psychological and professional helping process that may consist of an array of contextual career development interventions such as vocational consultation, job search training, work awareness and skill training, employment counselling, career education and guidance, and career counselling.

Rebuilding and Amplifying Self-concept

The significant role of self-concept in individuals' career development is articulated and underscored in vocational and career psychology. Within a person's total self-concept system, vocational self-concept or self-identity plays a pivotal role that interacts with other psychological components, maintaining the total mental wellbeing of an individual (Gottfredson, 2002; Super, 1990). Self-concept develops over time as

individuals continue to interact with their environment, an environment that is full of external influences such as gender, socioeconomic conditions, and other similar factors. In this sense, the evolution of self-concept and vocational self-identity reflects a dynamic and complex interplay of intrapersonal, interpersonal and social processes. This is to say that the formation and re-formation of a person's self-concept in general, and vocational self-concept in particular, is a process of socialization (Gottfredson, 2002).

Immigrant women clients may go through a process of desocialization and resocialization (Krau, 1991) while trying to rebuild their vocational self in the host country. Leaving behind their country of origin with the role of worker and its associated social networks and experiences makes her desocialized from her prior vocational self. Yet, the difficulties and barriers in the resocialization that is necessary to rebuild her career self in the host country may cause dissonance to a confused, fragile, or even crippled self-concept. The rebuilding of a vocational self-identity is not a single-ended and linear directional task, but rather, an integral effort that takes account of an array of interactive factors that compose a complex experience of cross-cultural transition (Chen, 2006). Career counselling should help the client address and deal with these factors in light of their impact on identifying and reshaping the client's career self in the host country environment.

Counselling may often need to help the client tackle worklife issues along with other issues in her social and personal life adjustment (Betz & Corning, 1993: Chen, 2001). This is because rebuilding her vocational self is an inseparable part of the client's process of exploration and trial in forming her total self-identity in the host environment. For example, language and work experience barriers can hamper the client's prospects of obtaining more desirable career objectives, leading to a negative self-perception that affects her sense of self in other aspects of life. Similarly, possession of a fragile self-concept when faced with general life adjustment in the host country can make the client less comfortable and confident in worklife pursuits, triggering a demoralized vocational self-concept. Thus, helping the client regain a vocational self goes hand-in-hand with the rebuilding of her total self-concept.

While encouraging and helping the client to be open and inclusive in this search for increased self-awareness, the counsellor may draw particular attention to the special influences involved in immigrant women clients' vocational experiences such as the role of culture and gender in the clients' worklife. Under the influence of gender, the client may make vocational decisions with a heavy emphasis on relationships and connectedness. This relational tendency might often make her give priority to the needs of others, especially significant others such as family, over her own needs (Crozier, 1999; Gilligan, 1993). A client's cultural identity rooted in her ethnic self can also influence her intention and action in rebuilding her vocational identity. She may use her culturally acceptable criteria to define her career choice or perceive her worker role in her ethnic enclave (Fouad, 2003; Read, 2004). In view of this, the counsellor should be sensitive and skilful in assisting the client to explore the role of gender within her specific cultural and ethnic background. This exploration aims at helping the client see the influences of culture, gender, and other life issues in relation to understanding and forming her true voice YUK in worklife in the host environment.

Gaining and Increasing Coping Skills

Helping immigrant women clients rebuild their self-concept seeks to provide the psychological foundation upon which more effective coping mechanisms can be built and used in promoting the quality of their vocational life and career development in the host country. To address the unique issues and challenges these clients encounter, career counselling may need to focus on how to help clients gain more effective skills in their coping with the new dynamics in their worklife adjustment. Thus, a strengthened self-concept can be translated into effective actions that will make positive changes occur in the client's life (Chen, 2002), leading to improvement and progress in her vocational wellbeing.

The counsellor helps the client identify barriers that currently hinder her career development. By inviting the client to share her thoughts and experiences in connection with her job search and worklife adjustment, critical issues of gender and racial prejudice, familial and cultural influences, and other influencing variables are addressed and examined. Of critical importance is that counselling should take a situational approach to focus on each client's particular individual context (Young, Valach, & Collin, 2002). In doing this, the counsellor and the client work together to understand how such barriers have affected the client in her unique situation. Counselling should provide the client with room for an in-depth exploration that facilitates the client making sense of the interplay of the factors influencing her intention to rebuild a viable vocational life and self-concept. Focusing on context in the helping intervention necessitates a counsellor-client combined effort that serves to benefit an effective career exploration and decision-making process. The counsellor is constantly reminded to keep an open mind so that each client's career problems are addressed and dealt with in a sensitive manner, truly reflecting the intra-personal, interpersonal, and extra-personal factors in the client's particular context. In the meantime, with the help of the counsellor, the client increases her contextual awareness on issues such as gender, culture, and family relationship that interact in her behaviour for coping with the career problem in the host environment.

Following a contextual and situational principle, career counselling with immigrant female workers should concentrate on generating a series of proactive intervention strategies that will help clients increase their capacity and skills in effectively coping with the practical issues they encounter in the host world of work.

Clarifying self-efficacy

The level of self-efficacy can have a significant impact on the goals and outcome expectations in all aspects of individuals' life-career development (Bandura, 1986, 2001; Lent, Brown, & Hackett, 2002). The significance of self-efficacy on women's vocational psychology has been amply documented. It is suggested that women's career self-efficacy is particularly influenced by gender role socialization and its related socioeconomic, familial, relational, and other variables (Betz, 2001; Betz & Fitzgerald, 1987). In addition to these influences, immigrant women's self-efficacy can be affected by other factors such as ethnicity, cultural background, and other barriers such as those discussed above. Career counselling must be particularly sensitive to the role of these special issues in the client's self-efficacy pertaining to her worklife adjustment. To integrate these contextual

influence variables into career counselling, the counsellor can help the client clarify her self-efficacy beliefs in her present coping experiences. Helping the client take an in-depth look at her perceived strengths and weaknesses in worklife situations may foster heightened awareness of her own self-efficacy. Consequently, the client gains a more accurate understanding of her true ability in executing tasks in life and career situations. An accurate and well-founded self-efficacy belief will help the client not only in the area of cognitive functioning but also to take effective action during her vocational exploration and career decision-making.

Enhancing competency

Effective action is the ultimate requirement for an effective coping experience that will bring positive change to immigrant women's worklife in the host country. To take action, it is imperative that career counselling truly helps the client obtain and enhance competency while rebuilding her career identity and vocational life (Mak, Westwood, & Ishiyama, 1994). This competency encompasses skill attainment and improvement in both psychological and tangible domains. Compounded with various adjustment issues in personal and social life, the client may experience various psychological difficulties such as disappointment, frustration, anxiety, worry, and distress. Thus, career counselling may often need to help the client learn and deal with such psychological issues when addressing her career problems and needs. In addition to positive self-talk and other self-helping mechanisms, the client may also seek other external resources, such as support groups, in dealing with her cross-cultural vocational adjustment.

In the meantime, career counselling must help the client develop a practical learning plan that will improve her vocational wellbeing in a concrete manner (Law, 1996; Mitchell & Krumboltz, 1996). In other words, the counselling process should help the client to learn and practise an array of skills that will increase her coping competency in the real world of work. Familiarity with mainstream cultural norms may also help with interpersonal relationship and communication in the workplace. Improved assertiveness and negotiation skills may be helpful in situations involving job search and interaction with others in worklife. Building and expanding social networks and finding appropriate mentorship may lead to potential career opportunities. Planning and participating in relevant educational and skill training programs or volunteer work may substantially upgrade personal capacity such as language ability, work experiences, and other necessary qualifications for competing in the host environment.

An essential point worthy of attention in counselling is the challenging and demanding nature of this skill leaning and attainment process. The client comes to realize that many conflicts may occur in her learning effort given the cross-cultural context and other personal and external circumstances surrounding learning experiences. For example, being assertive and negotiating with a strong attitude could be extremely difficult because this is not positively regarded in the value system rooted in her ethnic and cultural identity. Despite this dilemma, the client realizes that the learning task is most often not so much a personal choice but, rather, a necessity for overcoming or minimizing hindrances to her vocational development in the host environment. Thus, she has to learn how to use these skills as a pragmatic means for effectively coping with the overt and covert demands that shape the reality of the worklife culture in the host country.

The better the attainment and practice of these skills, the more advantageous for her vocational prospects and career wellbeing.

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A Descriptive Study of Clients with AD/HD Served by Empowerment Plus

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AD/HD (Attention Deficit/Hyperactivity Disorder) is the most common psychiatric disorder of childhood. It is often accompanied by a high incidence of comorbid conditions that can be a challenge to diagnose and treat in both children and adults. Despite a desire to improve services to this population, there is a paucity of trained practitioners who feel qualified to assess and treat this disorder and a lack of diagnostic and treatment guidelines applicable to adolescents and adults. In this paper, the Empowerment Plus+ model is introduced as a method for dealing with AD/HD in an integrated, cost-effective manner. The characteristics of 60 clients who took advantage of the Empowerment Plus+ method are used to examine some of the currently-held beliefs about AD/HD, to identify areas in need of further research and to illustrate the potential promise of this approach. [7]

Keywords: Attention deficit, hyperactivity disorder, Empowerment Plus+

Introduction

The purpose of the present article is to report on the characteristics of people who sought help from a psychologist in private practice who used the Empowerment Plus+ (EP+) method. EP+ is an innovative, integrated[8] approach to the diagnosis and treatment of Attention Deficit/ Hyperactivity Disorder (AD/HD). By way of providing the context for this report, a brief overview of AD/HD will be presented along with current sub-types, age and gender distribution. This will be followed by some of the challenges in the diagnosis and treatment of this disorder, including high medical and societal costs that the EP+ model addresses. A description of the EP+ model will be followed by a summary of some of the characteristics of the clientele served to date. The potential cost-effectiveness of this approach will also be illustrated. The paper will conclude with a discussion of the results of this study and recommendations for areas in need of further research.

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[8]   The term "integrated" refers to the integration of conventional, and complementary and alternative health care options to address well-being, health promotion, and the healing process. Integrative health focuses on the body, mind and spirit and recognizes inter-relationships among physical, mental, social, environmental, and spiritual dimensions of health and well-being. It allows for and considers multiple disciplines and modalities, requiring inter-disciplinary and inter-professional working relationships among practitioners (Mount Royal College, 2007).

Who is affected by AD/HD?

AD/HD is the most common psychiatric condition of childhood and it is now recognized to exist in adults, as well (Biederman, 2006; Kates, 2005). There are three subtypes: Predominantly Inattentive (PI), Hyperactive-Impulsive (HI) and Combined (C). In the literature, the most commonly-reported sub–type is that of Combined Type, with PI being second and HI, the least frequently seen. Overall prevalence rates range from 4 to 8% of all children across cultures, with half of these continuing to have symptoms as adults. Gender differences have been reported in the clinical population with a 10:1 ratio of boys to girls. However, experts feel that the actual ratio is more likely 3:1 for males to females with many girls currently being under diagnosed (Biederman, 2006; Kates, 2005; Kollins, 2007; Pelham, Fabiano, & Massetti, 2005).

The "Comorbidity Challenge" of AD/HD

The high incidence of co-occurring or comorbid conditions complicates the process of diagnosis and treatment of AD/HD. Hershorin (2006) has estimated that there are comorbid conditions in 3 of every 4 clients[9] with AD/HD. Table 1 below lists the most common conditions mentioned by Biederman (2006).

Table 1. **Common Clinical Conditions Comorbid[10] with AD/HD**

Clinical Conditions
Learning Disabilities (LD)
Substance Abuse (SA)
Psychosis (e.g., Schizophrenia)

Internalizing Conditions:
     Depression - From Dysthymia to Major Depressive Disorder
     Anxiety
     Post-Traumatic Stress Disorder (PTSD)
     Eating Disorder

Externalizing Conditions:
     Oppositional Defiant Disorder (ODD)
     Conduct Disorder (CD)
     Anti-Social Personality Disorder

Hershorin (2006) cites current research on children with AD/HD which suggests that Oppositional Defiant Disorder (ODD) co-occurs 70% of the time, while 60% have Learning Disorders. About 30% have CD (Conduct Disorder), Mood Disorder, Anxiety and Substance Use. A single client may have one or a combination of comorbid conditions.

Biederman (2006) states that as a result of the high rate of comorbid conditions, practitioners must typically evaluate for mood disorders (major depression, bipolar dis-

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9   The word "client" is used to refer to any recipient of mental health services, while "practitioner" is used to refer to psychologists, pediatricians, psychiatrists, family physicians, psychiatric social workers and any mental health personnel trained to diagnose and treat AD/HD and comorbid conditions. Where possible, the word "condition" will be used instead of "disorder" in order to reflect the EP+ principle of depathologizing when possible.

10   It is assumed that the reader has knowledge of AD/HD, its various subtypes and the diagnostic criteria for a variety of common psychiatric comorbidities. For a complete explanation, see Hershorin (2006).

order and dysthymia), anxiety, substance abuse, personality disorders, anti-social behavior and learning disabilities (LD). Since comorbid conditions are associated with greater cognitive, social and psychological impairment, "early and vigorous intervention…is warranted" (p. 8) in the treatment of AD/HD and all comorbid conditions. He also goes on to say that if AD/HD is not recognized in childhood, it can be easily overlooked in adolescence as well as in adulthood.

The High Cost of AD/HD

AD/HD is traditionally associated with a wide range of long-term adverse outcomes, including criminality, lower occupational status, substance abuse, lesser academic achievement, more driving accidents and a greater incidence of divorce (Kollins, 2007). Moreover the public health impact of this condition and its burden to the health care system are significant. Hakkart-van Roijen, Zwirs & Bouwmans (2007) reported that direct medical costs, for children alone, are around 1173 (Euros) or about $1600 Canadian/US per year per child with AD/HD, with a total annual cost of upwards of $40 billion in the United States alone. There also are significant indirect psychosocial costs, including elevated rates of work absenteeism, reduced efficiency and impaired quality of life (Pelham, Foster and Robb, 2007).

The high health care costs and the negative impact on quality of life for those affected by AD/HD, have resulted in a call (EURO, 2004; Kates, 2005) from health care professionals to build the capacity of frontline staff so that "early and vigorous intervention" (Biederman, 2006, p. 8) can be accomplished. However, there are a multitude of barriers to achieving this laudable goal.

Multiple Barriers to Early Identification and Intervention

One of the many barriers to early identification and intervention with AD/HD and its comorbid conditions is the fact that it is unlikely for any one practitioner to have all of the skills necessary to treat the variety of comorbid conditions that need to be addressed. Even among professionals in the same field, there is large variability in levels of expertise as well as in their willingness to address many of factors affecting the client's functioning (Mann, 2007). If AD/HD is not detected in childhood, there are currently no accepted guidelines for the diagnosis and treatment in adolescence and adulthood (Biederman, 2006; Kates, 2005). These factors make it difficult to develop broadly accepted standards of care for all practitioners to apply to all clients presenting with attentional symptoms.

Another challenge arises in how to access information from specialists as well as how to work in a collaborative, cost-effective manner with other professionals (Pauzé, 2007). At present, models for accomplishing this inter-professional collaboration seem limited to "shared care" or formal referral to specialists (CPA & CFPC, 2000). However, current billing practices may inhibit the process of receiving needed support in cost-effective ways (Mann, 2007).

Another barrier to effective treatment is the growing controversy over the use of pharmaceutical intervention modalities. Medication is still recommended as the first line of treatment (Kates, 2005; Multimodal Treatment Study Group (MTA), 1999; Pliszka, Crisman & Hughes, 2006); but its efficacy rate is about 70%. Medication is

often accompanied by side effects such as appetite suppression and/or difficulty sleeping which negatively impact on quality of life and client compliance (Hakkart-van Roijen, Zwirs & Bouwmans, 2007). In choosing directions for treatment, it is the experience of the present practitioner that consumers are increasingly hesitant to use medication as the first option for themselves or for their children diagnosed with AD/HD. While more clients are expressing an interest in CAM (Complementary and Alternative Medicine), they often do not know where to begin. There is an absence of protocols for responsible, cost-effective integration of CAM with traditional medicine. This adds to the client's financial and psychosocial costs in a search for "alternative" practitioners. For professionals, polarization in the field undermines the development of accepted protocols that could permit a cost-effective, integrated approach to AD/HD.

Lastly, there is a growing desire to act in a collaborative manner within a family-centered framework. This respects the opinions, values and expertise of the client and honors the levels of competence of the practitioners involved. Currently, very few guidelines exist on how to accomplish this (Pauzé, 2007).

The study results presented below will illustrate that the Empowerment Plus+ (EP+) model shows promise in addressing many of these concerns and offers a responsible guideline for the healing journey when faced with the multi-faceted challenge of addressing AD/HD in clients of all ages.

Overview of the Empowerment Plus+ (EP+) Model[11]

The model is described in terms of referral sources, the EP+ process and the assessment instruments used in the evaluation of clients.

A. Referral Sources

Clients were referred for EP+ services through a variety of means. Some heard the practitioner speak at an one hour Information Session about the model and referred themselves. School principals, teachers and resource personnel, social workers, psychologists, family physicians and psychiatrists who were familiar with this approach, referred others.

B. Empowerment Plus+ (EP+) Process

When contacting the service provider by telephone or email, the three-phase EP+ process begins. It can be summarized as follows:

Phase 1: Informed Consent

Phase 2: A Basic Empowerment Plus+ Evaluation

Phase 3: Other interventions, if needed

Phase 1: Informed Consent

Giving "*informed consent*" is an important aspect of a family-centered approach. Prospective clients, who have not been to an Information Session, are encouraged to find

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[11] Readers interested in further detail about the EP+ model, including case studies, may wish to refer to Scholten (2003) in Cole and Siegel's book, *Effective Consultation in School Psychology* or visit www.empowermentplus.org.

out about the model (through a telephone consult or visit to the empowermentplus.org website), to decide whether or not they wish to participate in this type of service and to decide whom they are going to bring to participate in the process. For children, the collateral was one or both parents. For adults, it was their partner or a friend.

Phase 2: A Basic Empowerment Plus+ Evaluation

The Basic EP+ Evaluation follows a detailed *manualized protocol* that presents a script to be followed. Four appointments are usually required to cover the material outlined in Session #1, #2, #3 and a Follow-up. Session length and number can be modified according to the needs of those involved. The instructions specify the areas to be examined, materials needed and decision trees to be followed in terms of intervention strategies and when clients need to be referred to other practitioners (e.g., for assessment of visual functioning, spinal alignment and/or allergy treatment).

At the first appointment (Session #1), immediately following the completion of basic documentation and authorization, the client and collaterals are asked the following question: "How will you know if this process was worth your time, energy and financial investment?" They are helped to generate five wishes or goals. This process is a powerful one for utilizing the depth of knowledge in the family system for setting priorities, for establishing hope and for enlisting the entire family system in moving towards positive outcomes (McConkey, 2002). Examples of some goals generated by clients are:

– I achieve my potential.

– I am happy.

– I get along with others.

– I can understand what I read.

– I can focus.

Clients are asked to rate their current functioning out of 10, "Where are you now, out of 10, if 10 out of 10 is where you want to be?" Collaterals are asked to give an alternate number if their opinion is two points different from the rater. These scores are used to measure client functioning and response to intervention strategies. After the goal setting, consultative methodology and client ratings are used to explore functioning in several areas that include Attention, Learning Discrepancies (LD) and Depression. Three screening checklists are administered: Screening Checklist for Attention (SC/A), Symptom and Food Diary (SFD) and Screening Checklist for Depression (SC/D). These one-page checklists are easy to complete, can be accessed from the empowermentplus. org website. They are explained in detail in the section on Assessment Instruments.

In the LD area, the practitioner describes "Classic LD" patterns to the client. The developer of the EP+ model observed these patterns during 20 years of practice as psychologist working with children and adults in the fields of education and mental health. If the client and the collateral recognize the LD pattern, simple interventions are suggested: for example, if a client shows symptoms of a Visual Spatial LD (where verbal skills are high and visual-spatial skills such as neatness of handwriting and knowledge of basic math facts are lower), the client is advised to do all written work on a computer. In the practitioner's professional experience, a formal diagnosis of a Learning Disability is not

always needed, nor is a formal psycho educational assessment. This is because "Classic LD" patterns can be easily recognized in many cases and appropriate "by-pass strategies" immediately implemented in the classroom or work environment. These simple bypass strategies often result in observable academic improvement within a few weeks of their implementation.

Clinical and personal experience over many years has shown that diet can have a significant impact on attention (Scholten, 2006; Smith, 1984, 2008). A unique element of the EP+ process is the removal of certain highly allergic foods from the client's diet for one week. Choice of food depends on client symptomatology. For instance, *milk* products are removed if there is a history of frequent colds, ear infections, flu, eczema or asthma, *wheat* for bad moods and *corn and sugar* if there is a craving for these substances or a history of diabetes or alcoholism. Menus are generated with the client, so that they know what they can eat and to ensure an accurate understanding of the guidelines.

At the end of the first session, clients are given the *Levine Information Processing Questionnaire* (Levine, 2002) and the *Barkley Semi-Structured Interview Guide* (Barkley 2005), to be completed at home and brought back to the following session. They also fill out a *Symptom and Food Diary* every day of their weeklong food experiment between the first and second appointment.

At the second appointment (Session #2), the results of the food experiment on client functioning are measured. Each of the three screening checklists (i.e., SC/A, SFD and SC/D) are readministered; and the goals are re-measured. At this point, a review of the diagnostic criteria for AD/HD takes place and, if the client meets the criteria, a tentative diagnosis is given. This is followed by a review of treatment options to be considered for the following appointment.

Depending on client needs and preferences, arrangements are made to treat comorbidities such as Post-Traumatic Stress Disorder. If the client wishes to "try everything possible before medication", other interventions may be suggested by the practitioner (e.g., communication skills, behavior management and/or nutriceutical supplements). Clients may be referred to other professionals to provide these services if the EP+ practitioner does not have the mandate, desire or skill set to intervene in these areas.

In Session #3, how the AD/HD brain works and ways to manage stress levels are explained. A choice is made of intervention strategies and they are implemented. If medication is chosen, the Farrelly Protocol for a Medication Trial is reviewed and a diagnostic letter is sent to the family physician so that medication can be prescribed.

In the Follow-up session, client goals, three screening checklists and a final written evaluation are given to the client and collateral to measure progress, client satisfaction with the services provided and to determine if other services are needed. In terms of goal setting, most clients begin with an average score around 3 to 4 out of 10. They are told at the first appointment that once they reach an average score of 7 or more on their goals, services are usually terminated. If the client has additional needs or something that might be helpful to address in the future, areas are noted in a termination letter given at the last appointment.

Phase 3: Other interventions, if needed

Additional services are arranged and/or referrals made to other professionals depending on the desires of the clients and the skills of the EP+ practitioner.

C. Assessment Instruments

Both formal and informal assessment instruments are used. Informal measures include the three screening checklists (i.e., SC/A, SFD, SC/D), two paper and pencil question- naires: The *Levine Information Processing Questionnaire*[12] (Levine, 2002) and the *Barkley Semi-Structured Interview Guide*[13] (2005) and a final written evaluation. Direct observa- tion also takes place on the part of the practitioner, client and collateral. Any diagnoses (i.e., of AD/HD and/or any other comorbidities still present after the dietary interven- tion) use DSM-IV criteria (APA, 1994). When diagnosing AD/HD in both children and adults, the client and collateral are always asked to consider how s/he functions when doing non-academic activities in which they are not interested (e.g., chores or other non-academic tasks). These ratings are taken during the time period when the client has been on the dietary experiment from 5 to 7 days. When a full psycho educational assess- ment is required, formal assessment instruments such as standardized IQ and achieve- ment testing are used.

Examples of the three screening checklists, items and scoring criteria are outlined in Table 2 below. The developer of EP+ constructed items for the SC/A and SC/D from the DSM-IV criteria for AD/HD and Major Depressive Disorder, respectively. The EP+ developer has conducted preliminary correlational studies of the SC/D with the Beck Depression Inventory (BDI) in order to generate categories on severity of depression.

The three screening checklists generate quantitative data in the form of global scores, which are used to measure changes in functioning following dietary intervention and medication or nutriceutical supplementation. Data from these checklists along with scaling questions from goal setting are used to generate the evaluative data, such as that used in this retrospective study.

The *Levine Information Processing Questionnaire* (Levine, 2002) was adapted with permission by the EP+ developer. It contains 48 items that assess how attentional con- cerns impact the 12 areas of functioning identified by Levine. These include:

A: Input of Information	B: Output of Information
Maintaining Consistent Alertness	Preview of Outcomes
Depth of Taking in Information Deeply Enough	Behavioral Control
	Pacing of Activities
Passive or Active Processing	Consistency of Effort
Determining the Importance of Information	Self-Monitoring
Filtering Out Distractions	Learning from Experience
Ability to Satisfy Oneself	

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[12] The three screening checklists (SC/A, SFD and SC/D) and Levine Information Processing Questionnaire are all available at no cost on the empowermentplus.org website.

[13] The author wishes to express gratitude for the generosity of Drs. Langdon, Barkley, Levine and Farrelly in allowing their material to be used in the EP+ protocol.

Table 2. **Three screening checklists used in EP+, items, type of scoring and respondent**

Name of Instrument[14]	Items	Type of Scoring	Respondent
SC/A – Screening Checklist for Attention	1. Difficulty with details – makes careless mistakes 2. Difficulty sustaining attention to current task 3. Does not **seem** to listen or sustain attention to discussions, may ask for questions/statements to be repeated 4. Difficulty following through on instructions 5. Difficulty starting/finishing tasks 6. Loses things necessary for tasks or activities 7. Easily distracted by noises or other surrounding activities 8. Fidgets or doodles 9. Uncomfortable staying seated for periods of time or leaves seat frequently 10. Talks excessively or dominates conversations inappropriately 11. Blurts out answers before questions have been completed 12. Interrupts others inappropriately 13. Daydreams	Put a checkmark in one of 4 columns reflecting Not at All, Just a Little, Pretty Much and Very Much. Each mark in these columns is given the value of 0, 1, 2, 3 respectively. This generates a single total score per participant to reflect functioning under two conditions: when Interested in an activity and when Not Interested in an activity.	Client (if over age 12) and collateral separately
SFD – Symptom and Food Diary	Tired Or Drowsy Irritable Overactive Headache Respiratory (Stuffy Nose, Cough) Digestive (Nausea, Bellyache) Urinary (Frequent Or Wetting) Other (Pls Specify)	Put a number in each box reflecting symptoms (0-None, 1-Mild, 2-Moderate and 3-Severe,) experienced at four times of the day (before breakfast, after breakfast, after lunch and after supper). The numbers are totaled to yield one score.	Client or Parent
SC/D – Screening Checklist for Depression	1. Feeling sad, empty, angry or tearful 2. Not getting pleasure out of anything 3. Losing or gaining significant amounts of weight, without trying 4. Can't sleep or sleeping all the time 5. Marked increase or decrease in activity level 6. Fatigue or loss of energy 7. Feeling worthless 8. Feeling excessively (or inappropriately) guilty 9. Difficulty concentrating and making decisions 10. Wanting to die	Put a checkmark in one of 4 columns reflecting Not at All, Just a Little, Pretty Much and Very Much. Each mark in these columns is given the value of 0, 1, 2, 3 respectively. This generates a single total score per participant.	Client or Parent

Clients fill out the *Levine Information Processing Questionnaire* at home in about 15 or 20 minutes and bring it back to the second session. Usually, four or five of the twelve areas listed above are affected most. Once the areas are identified, clients are given the handout, *Strategies for Improving Attention*, with the specific areas marked. They are also advised to put away the strategies until after the EP+ evaluation is finished. At that point, they will see which areas have been taken care of and which still need intervention.

The *Barkley Semi-Structured Interview Guide* (Barkley, 2005) is used to explore developmental, family and medical history, substance use and to rule out any other possible causes of the attentional symptoms. It is usually completed in about 15-30 minutes at home and brought back to the second session for further exploration.

The Retrospective Study: A Description of EP+ Clientele

Method

Descriptive statistics were gathered and correlational analyses were performed on 17 variables[14] collected on clients from an EP+ practitioner who is a psychologist in private practice in Calgary, Alberta, Canada. To date, she has used this model with over 500 clients served during the last 13 years. Clients were selected from 100 consecutive files if they met the inclusion criteria: they were included if they presented with attentional concerns and they had completed the basic EP+ evaluation. Files were excluded for the following reasons: clients were referred for issues other than attention (such as marital counseling, behavior management or trauma treatment), clients were members of the same family, or the client did not complete the evaluation process. Sixty clients met the criteria for inclusion.

Results and Conclusions

Of the seventeen variables, only a selected number will be reported in this paper. These variables include:

a) Gender and Age;
b) Types of Comorbid Conditions (Mood Disorders, Learning Disabilities (LD);
c) AD/HD subtypes.

Gender and Age

Table 3 presents data on the percentage of clients by gender and age category. Tables 3 indicates that in the group of clients as a whole, there was relatively equal representation in gender and age, with slightly more males (57%) than females (43%). When examined in relation to age groupings, Table 4 below shows that there were slightly more children ages 0–18 years of age (27 + 30 = 57%) than adults (43%). Highest representations were in male adults, male children and female adolescents, respectively.

Table 3. **Percentage of Clients by Age Category and Gender**

Age Category in years n=60	*Total Percentage*	*Percentage of Males (n=34)*	*Percentage of Females (n=26)*
Children (0-12 yrs.), n=16	27%	20%	7%
Adolescents (13- 17 yrs.) n=18	30%	12%	18%
Adults (18 years plus), n=26	43%	25%	18%
Total (N=60)	100%	57%	43%

Types of Cormorbid Conditions

Table 4 shows that the clients who presented with attentional concerns also showed symptoms of many comorbid conditions. Any one client may have one or more of these comorbid conditions.

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[14] Following Useful Links to two PowerPoint presentations on Empowerment Plus+ – "A Retrospective Evaluation" and "Meeting the LD Challenge" will allow the reader a more in-depth view of the data (Scholten, 2004; 2007).

Table 4. **Percentage of Clients with Cormorbid Conditions by Gender**

Cormorbid Condition	Overall (N=60)	Males (n=34)	Females (n=26)
Learning Dis (n= 47)	78%	42%	36%
Mood (n=36)	60%	35%	25%
Substance Use (n=26)	43%	27%	16%
Anxiety (n=4)	7%	2%	5%
PTSD (n=1)	2%	2%	0
ODD (n=2)	3%	2%	1%
CD (n=1)	2%	2%	0

Learning Disabilities (LD) (78%) were the highest comorbidity, followed by Mood Disorders (60%). Thirty-three percent (43%) of clients reported Substance Use, with males reporting almost double the amount as females (27% as compared to 16%). In addition to Mood Disorders, other Internalizing conditions included Anxiety (7%) and Post-Traumatic Stress Disorder (2%); while the Externalizing conditions were Oppositional Defiant Disorder (3%) and Conduct Disorder (2%).

Mood Disorders and LD were the two most frequently occurring comorbidities in the current study in both genders. These will be examined in relation to age and gender and presented below in greater depth.

Mood Disorders

The client's score on the Screening Checklist for Depression (SC/D), as shown in Table 5, determined levels of depression. A score of 0–6 was considered None or Minimal, 7–11 as Mild, 12–15 as Moderate and 16–30 as Severe. The category of Unstable Moods was assigned based on the goals set by the client at the first appointment.

Table 5. **Percentage of Clients Reporting Type of Mood Disorder by Gender**

Type of Mood Disorder N=60	Source of Data	Clients (%)	Males (n=34)	Females (n=26)
Mild Depression (n=11)	7-11 on SC/D*	18%	12%	6%
Moderate Depression (n=7)	12-15 on SC/D	12%	8%	4%
Severe Depression (n=10)	16-30 on SC/D	17%	5%	12%
Unstable Moods (n=8)	Self-report on goals	13%	12%	1%
Total % Depressed	-	60%	37%	23%
None/ Minimal (n=18)	0-6 on SC/D	30%	18%	12%
Not Available (7)(n=6)	n/a**	10%	5%	5%
Total sample	-	100%	60%	40%

* SC/D – Screening Checklist for Depression (see Table 2 above)
**n/a - data not available

Table 6 illustrates that almost 20% of all clients had Mild or Severe Depression, while slightly less had Moderate levels. Twice as many males as females had Mild or Moderate Depression, while this trend was reversed for Severe Depression. A much higher frequency in Unstable Moods was reported for males. Levels of Depression were further analyzed by age category and gender and are summarized in Table 6.

Table 6. **Percentage of Clients Reporting Mild, Moderate and Severe Depression and Unstable Mood by Age Category and Gender**

Age group	Total	Level of Depression							
		Males (n=22)				Females (n=14)			
		Mild n=7	Mod n=5	Sev n=3	Unst n=7	Mild n=4	Mod n=2	Sev n=7	Unst n=1
Children (0-12 yrs.), n=10	17%	7%	0%	3%	5%	1%	0%	0%	0%
Adolescents (13- 17 yrs.), n=9	15%	2%	0%	0%	2%	0%	3%	7%	2%
Adults (18 years and over) n=17	28%	3%	8%	2%	5%	5%	0%	5%	0%
Total in each category by gender. n=36	60%	12%	8%	5%	12%	6%	3%	12%	2%
Total (n=36 out of 60)	60%	n= 22 out of 60 (37%)				n= 14 out of 60 (23 %)			

Thirty-seven percent (12+8+5+12=37%) of the males in the total sample reported Mood Disorders; whereas 23% (6+3+12+2=23%) of the females did so. The highest categories of depression were Moderate levels for male adults, Mild levels for male children and Severe levels for adolescent girls.

Learning Disabilities (LD)

LD was the highest comorbidity experienced by clients in the present study. Consultative methodology was used to determine whether or not the client was experiencing "Classic LD" patterns (see Table 7).

Table 7. **Percentage of Clients with AD/HD Showing LD Concerns**

Client LD Characteristic N= 60	Percentage of Clients
No LD concerns reported, n= 10	17%
"Classic LD" pattern reported, n= 42	70%
Unclear LD pattern n=5	8%
n/a*=3	5%
Total	100%

*n/a - data not available

In this study, a total 78% (70+8=78%) showed learning concerns; while almost 20% did not. Of those who showed learning concerns, 70% fit "Classic LD" patterns that were readily identifiable and led directly to recommendations for simple accommodations for the classroom or work situation. The 8% with an unclear pattern needed an in-depth psychoeducational assessment in order to understand these clients' learning needs.

Table 8 shows an analysis of the type of LD pattern by gender. The three "Classic LD" patterns are Visual-Spatial LD (VSLD), Language LD (LLD) and Disorder of Written Expression. Readers who are interested in the presentation of "Classic LD" patterns and the suggested accommodations are referred to empowermentplus.org.

Table 8. **Percentage of Clients with LD**

Client Characteristic N= 60	Type of LD	Percentage of Clients	Males n=34	Females n=26
No LD concerns reported, n=10	-	17%	12%	5%
"Classic LD" pattern reported n= 42	VSLD n=32	53%	29%	24%
	LLD n=9	15%	5%	10%
	DWE n=1	2%	2%	0
Total % with "Classic LD"		70%	36%	34%
Unclear LD pattern, n=5		8%	6%	2%
n/a* n=3		5%	3%	2%
Total		100%	57%	43%

*n/a – data not available

In this client sample, over half reported symptoms consistent with a VSLD, while less than one-fifth reported LLD. Very few reported DWE. There was a fairly even distribution of males and females for VSLD and DWE, while more females reported LLD than males. More males than females had unclear LD patterns or reported no learning concerns at all.

The data on "Classic LD" patterns were further examined according to gender and age category and are summarized in Table 10. This table includes the 70% of clients (n=42) who showed "Classic LD" patterns; while it excludes the 8% of clients (n=5) who had learning concerns, but for which there was no clear pattern. The percentages shown in Table 9 are based on frequency of occurrence in the full client group (N=60).

Table 9. **Percentage of clients with "Classic LD" (70% of sample) by age and gender**

Age Category	Total n=42 (70% of N=60)	Type of "Classic LD"					
		VSLD Visual-Spatial LD n=32 (53%)		LLD Language LD n=9 (15%)		DWE Dis. of Written Exp n=1 (2%)	
		Male n=17	Female n=15	Male n=3	Female n=6	Male n=1	Female n=0
Children (0-12 yr s.), n=10	17%	12%	2%	0	0	2%	0
Adolescents (13- 17 yrs.), n=14	23%	5%	15%	2%	2%	0	0
Adults (18 years & over), n=18	30%	12%	7%	3%	8%	0	0
Total of each gender	-	29%	24%	5%	10%	2%	0%

Table 9 shows that VSLD rates were highest for male children, male adults and female adolescents. Adult females were equally represented in the VSLD (7%) and LLD (8%) groups. DWE occurred very rarely in this client group with no gender or age trends emerging.

c) AD/HD Sub-types

Table 10 presents the percentage of clients who were diagnosed with one of three types of AD/HD. This group of clients includes those with and without LD concerns; however, it excludes all clients (8/60=13.3%) whose attentional symptoms no longer presented after the dietary intervention.

Table 10. **Percentage of clients by AD/HD subtype, age and gender**

Age Category	Total, n=52 (60% of total sample N=60)	Predominantly Inattentive (PI) n=35 (58%)		Hyperactive Impulsive (HI) n=2 (4%)		Combined (C) n=15 (25%)	
		Male n=17	Female N=18	Male n=0	Female N=2	Male N=12	Female N=3
Children (0-12 yrs.), n=13	25%	10%	3%	0%	0%	7%	2%
Adolescents (13-17 yrs.), n=15	29%	4%	13%	0%	2%	3%	3%
Adults (18 years + over), n=24	46%	15%	13%	0%	2%	10%	0%
Total of each gender		29%	29%	0%	4%	20%	5%

Table 10 shows that AD/HD: Predominantly Inattentive Type was the most frequent diagnosis (58%), followed by Combined Type (25%) and lastly Hyperactive-Impulsive type (4%). In the AD/HD: Predominantly Inattentive Type there were many more male than female children with this diagnosis and more adolescent girls than boys. In the adults, the frequency was similar across genders, as was the total for this diagnostic category. In AD/HD: Combined Type, there were more males than females in the children and adults and equal numbers in the adolescent group. The number of clients in the Hyperactive-Impulsive group is too small to draw any conclusions.

Discussion and Recommendations

This section discusses trends in the findings and then limitations of the current study. In terms of the trends, how EP+ clients compare to the AD/HD profile typically presented in the literature will be followed by implications for the EP+ model in addressing some current concerns in the field. Finally, recommendations will be offered which may contribute to the development of the field.

Trends, Comparisons, Implications and Recommendations

Gender and Age: In general, the descriptive data in the current study present a client profile very different from that expressed in AD/HD literature. First of all, in terms of the gender and age ratio seen in the EP+ clients, there was approximately a 60-40 split in terms of males to females and children to adults. This is not consistent with the ratio of 3:1 male to female nor with the 2:1 children to adults with AD/HD reported in the literature (Biederman, 2006; Kates, 2005; Kollins, 2007; Pelham, Fabiano and Massetti, 2005). Although there are protocols for the assessment and treatment of AD/HD in children, Biederman (2006) indicated that none are currently available for adolescents or adults. The fact that the EP+ protocol was applied successfully to all ages and both genders suggests that it may hold promise in meeting this need.

Recommendation #1: Further study is needed to determine if the EP+ protocol can be applied by other practitioners to clients of all ages with attentional concerns.

Types of Comorbid Conditions: The profile of comorbid conditions of EP+ clients was similar in some ways to that found by Hershorin (2006). LD are one of the most frequent in both populations. However, for other conditions, the frequencies are different. Table 11 shows the comorbid conditions listed by Biederman (2006) and inserts the frequency rates described by Hershorin (2006). These rates are compared to the EP+ clientele.

Table 11. **Percentage of clients showing comorbidities in the literature and in EP+ clients**

Condition Comorbid with AD/HD	Frequency in Literture Hershorin (2006)	Frequency in EP+ Study N=60
Learning Disorders (LD) (Language 32%+Learning 28% = 60%)	60%	78%
Substance Use	31%	43%
Psychosis	n/a*	0%
Internalizing Conditions		
Mood Disorder	20%	60%
Anxiety	28%	7%
Post-Traumatic Stress Disorder (PTSD)	n/a	2%
Eating Disorders	n/a	0%
Externalizing Conditions		
Oppositional Defiant Disorder (ODD)	70%	3%
Conduct Disorder (CD)	20%	2%

*n/a= data not available

Oppositional Defiant Disorder (ODD) was the highest comorbidity (70%) reported in the literature, followed by Learning Disorders (60%) and then Substance Use (31%). In this study, LD (78%) was the highest comorbidity, followed by Mood Disorders (60%) and then Substance Use (43%); while ODD and Conduct Disorder (CD) were the lowest comorbidities at around 3% and 2%, respectively. In the literature, there is a significantly higher incidence of Externalizing comorbid conditions, such as ODD and CD; while in our study, there is a significantly higher incidence of the Internalizing conditions such as Mood Disorders. The AD/HD client profile, which has emerged in this study, is different from that shown in the literature.

Recommendation #2: Further research is needed on clients with all types of AD/HD in order to describe the characteristics of two distinct presentations: those with a high incidence of Externalizing conditions (such as ODD and CD) and those having a high incidence of Internalizing conditions (such as Mood Disorders).

Mood Disorders, while reported to occur in only 20% of clients with AD/HD (Hershorin, 2006), was reported in 60% of our clientele. Table 7 showed that the highest incidence of depression was seen in young boys with Mild Depression, adult males with Moderate Depression and adolescent girls with Severe Depression.

If severity of depression were considered a risk factor for suicide, then this research would suggest that adolescent and adult females with AD/HD are high-risk groups. The levels of *moderate depression seen in adult males, while not necessarily at high risk of suicide, is important to consider in terms of impact on quality of life, relationships and job performance.*

Because all ages and both genders experienced depression, it is considered imperative that clinicians screen for depression in all clients reporting concerns with attention. The *Screening Checklist for Depression* (SC/D) shows promise in offering a quick and easy screening tool that could be used in clinical practice. In the practitioner's experience, clients find the SC/D faster and less stressful to complete than the *Beck Depression Inventory (BDI)*. To date, a large scale study has not been completed to determine the concurrent validity of the SC/D with the BDI and its test-retest reliability.

Recommendation #3: Given the high incidence of comorbid depression, all clients being assessed for AD/HD should be screened for depression.

Recommendation #4: Further study is needed to verify the validity and reliability of the Screening Checklist for Depression (SC/D) as a practical tool for identifying depression and for tracking the results of intervention strategies in clients of all ages.

Learning Disabilities (LD) were one of the two highest comorbidities in the literature as well as in the EP+ clientele. It is imperative that LD be considered in all clients being assessed for AD/HD. One of the difficulties with implementing this practice is the lack of expertise in LD possessed by family physicians and other Primary Health Care providers. The consultative approach to LD holds promise, in that 70% of clients reported symptoms of "Classic LD" patterns that can be easily detected within 10-15 minutes, by describing the symptoms to the client. Once a "Classic LD" pattern is identified, practical intervention strategies and academic accommodations can be suggested, without having the expense and the wait for a complete psychoeducational assessment. Instead of referring all clients with learning concerns, the results of the current study suggest that only 8% of clients with learning concerns showed an unclear pattern and might be appropriate for referral for an in-depth LD assessment. This type of referral should be made after a Basic EP+ Evaluation. This guideline is contrary to that recommended by Hershorin (2006), when he says "generally a complete psycho educational assessment is necessary to obtain a complete picture of the…academic strengths and weaknesses and to design an academic plan that addresses specific needs and allows the necessary accommodations to maximize performance" (p.61). In the practitioner's experience, if AD/HD is diagnosed and treated with medication, it may be that the learning concerns are no longer present. Hershorin supports this observation, saying, "treating the AD/HD will make a large difference in their academic performance, but does not alter the underlying learning difficulties" (p.61). It seems to the present author that if learning concerns are no longer present, a full psycho educational assessment may not really be necessary. By following the EP+ protocol, the ability of any practitioner to address "Classic LD" patterns is strengthened, without having to be an expert in this area. This contributes to early intervention and the cost-effectiveness of this approach.

Recommendation #5: All Primary Health Care providers dealing with AD/HD should screen for "Classic LD" patterns in clients of all ages and suggest appropriate intervention strategies.

Recommendation #6: Only clients not having "Classic LD" patterns should be referred for a psycho educational assessment to determine learning needs after the Basic EP+ Evaluation has been completed.

Hershorin (2006) reported that learning concerns were primarily in reading and language. However, the Visual-Spatial Learning Discrepancy (VSLD) was, at 53%, the most frequent "Classic LD" pattern seen in EP+ clientele, occurring in all age groups and both genders. In the VSLD pattern, language and usually reading ability are strengths, while penmanship and basic math facts are areas of need. It is the LLD population that usually has difficulty with language and reading. In our study, only 15% of our clients showed an LLD pattern. The differences with the EP+ clients may be due to the fact that they did well enough in school to have a good job with the extended health benefits that

would pay for a private psychologist. Perhaps children in the clinical population who are seen by pediatricians and psychiatrists have parents with fewer financial resources. These may be people who themselves have language and learning issues, lower paying jobs and must, therefore, use the public health care system.

Recommendation #7: Further study is needed on the characteristics of clients with AD/HD who may have been more successful academically, but who may still be suffering from the effects of undetected AD/HD, LD and/or depression.

AD/HD Subtypes: In our study, the most frequently seen AD/HD Subtype was Predominantly Inattentive Type at 58%, followed by Combined Type at 25%, while 4% had Hyperactive-Impulsive Type. In contrast, Hershorin (2006) indicated that the Combined Type is most common, reported to occur in 47% of clients with AD/HD. The only consistent finding between the two sample groups was that purely Hyperactive/Impulsive (HI) Type was the least frequently occurring. Table 12 illustrates the differences in rates of occurrence.

Table 12. **Comparative Rates of AD/HD Diagnosis from the Literature and in EP+ study**

Type of AD/HD	Frequency reported by Hershorin (2006)	Frequency in EP+ Study
Predominantly Inattentive (PI)	33%	58%
Hyperactive-Impulsive (HI)	10–20%	4%
Combined (C.)	47%	25%

If one were to summarize the overall typical client profile in the clinical literature as opposed to the one which emerged in the present study, very different patterns emerge, as summarized in Table 13.

Table 13. **Summary of typical profiles in the clinical literature and EP+ populations**

Client Characteristic	Clinical Population	EP+ Population
Gender	Male (3:1 male to female)	Male or female (60:40 male to female)
Age	Children (2:1 child to adult)	All ages (60:40 child to adult)
Highest Comorbidity	Oppositional Defiant Dis.	Learning Disability
Second Highest Comorbidity	Learning Disability	Mood Disorder
LD Pattern	Language Learning Dis. LLD	Visual Spatial Learning Dis. VSLD
AD/HD Type	Combined	Predominantly Inattentive

Recommendation #8: Research is needed to determine if clients with Externalizing disorders tend to have a greater likelihood of AD/HD: Combined Type with LLD pattern, while those with Internalizing disorders have a greater likelihood of AD/HD: Predominantly Inattentive Type with a VSLD pattern.

A matrix, as illustrated in Table 14, may be of benefit in organizing and describing data on the co-occurrence of LD types with AD/HD types.

Table 14. **Matrix of AD/HD subtype and comorbid "Classic LD" pattern**

Type of "Classic LD"	Presentation	Type of AD/HD Diagnosis		
		Predominantly Inattentive (PI)	Hyperactive-Impulsive (HI)	Combined (C)
		Busy Mind	Busy Body	Busy Mind and Busy Body
Visual-Spatial (VSLD)	Higher verbal, Lower non-verbal	1	2	3
Language Learning (LLD)	Lower verbal, higher non-verbal	4	5	6
Disorder of Written Expression (DWE)	Higher verbal, lower writing and spelling	7	8	9

The typical clinical profile as reported in the literature falls into Category 6 – AD/HD: Combined Type with a Language Learning Disability; while the client profile for EP+ study falls into Category 1 – AD/HD: Predominantly Inattentive Type with Visual-Spatial Learning Disability.

Recommendation #9: Further research is needed to determine if patterns of presentation have implications for differential standards of care for various combinations of LD and AD/HD Subtypes or if one protocol such as the EP+ method would be appropriate for any client presenting with attentional concerns.

Limitations

Limitations of the current study relate primarily to the fact that the sample size was small and the data were collected and analyzed by the present author who was the practitioner who developed and implemented the EP+ protocol. The author exercised great caution in order to avoid experimenter bias and involved others in the data collection and analysis in order to ensure accuracy and objectivity. The clients were taken from a private practice rather than public health setting so this may explain some of the differences in the client characteristics. It may also reduce one's ability to generalize the findings of the current study to all settings where clients with AD/HD are assessed and treated.

Conclusion

There continue to be a number of challenges in the successful identification, assessment and treatment of AD/HD (Attention Deficit/Hyperactivity Condition). A major concern is the high incidence of comorbid conditions and the need to understand and address these in cost-effective ways. The results of the current descriptive study shows how the EP+ protocol holds great promise in guiding practitioners in the identification and treatment of AD/HD and common comorbid conditions in clients of both genders and all ages. EP+ offers a unique protocol for children that can be applied with equal ease to adolescents and adults. The EP+ protocol also addresses many of the barriers to effective assessment and treatment of AD/HD mentioned in this article.

EP+ offers a number of attractive features, including:
- – well-defined manualized protocol
- – involvement of clients in a collaborative and respectful way

- simple screening tools that allow for the identification and intervention with the most common comorbid conditions

- clear guidelines for when and how to involve other professionals, based on the desires, differential levels of expertise and organizational mandates of the EP+ practitioners.

- clear and responsible ways to integrate aspects of CAM with traditional approaches to medication.

Therefore, the EP+ protocol shows promise as a guideline for the standard of care for all sub-types of AD/HD and all ages of male and female clients. It also lends itself to being used in urban or rural settings, as practitioners can guide clients through the Basic EP+ Evaluation in person or at a distance using the telephone or face-to-face Internet contact. Email and the empowermentplus.org website allow for easy access to information and evaluative materials. When making a formal diagnosis of AD/HD direct contact with the client is still considered to be essential.

Although the sample size was small in the retrospective study, the results have highlighted trends that are worthy of further investigation. As practitioners adopt the EP+ protocol, there should be a significant reduction in medical and societal costs for those who are impacted by AD/HD. When we are able to achieve the "early and vigorous intervention" recommended by Biederman (2006, p.8), the result should be an enhanced quality of life for all concerned.

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