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THE ROOTS OF CONTEMPORARY ADOLESCENT MENTAL HEALTH
AN ERIKSON PERSPECTIVE

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ABSTRACT

This theoretical thesis was inspired by this social workers desire to have a better understanding of the increase in self-harming behaviours, including suicidal ideation, depression, and anxiety among today's youth. Why all these complex and multi systemic breakdowns.

The approached was interdisciplinary in nature which included biological, social, philosophical, anthropological, psychological, and developmental aspects of the individual. When considering a platform, the decision was made to use Erikson's theory of psychosocial developmental as it provided the broad contextual framework in understanding the fundamental requirements of acquiring a healthy identity through various psychosocial stages.

The research analyzed an array of factors such as family structure, parenting styles, relationships, culture, practices, self-determination, materialism/consumerism along with other social determinants and how all of them having some degree of influence on an adolescent's inability to achieve a healthy identity formation.

The intent is not to provide the reader with any direct approaches or strategies to reducing adolescent mental health issues but offers a critical and comprehensive understanding of the multitude of elements that contribute to an adolescent's state of disequilibrium and potential avenues to explore in therapy.

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INTRODUCTION

According to the website of Children's Mental Health Ontario, one in five (1/5) children required mental health services in 2014, which represents roughly 530,000 children across Ontario. The increase in referrals to children's mental health services is a growing concern for those who work in the field. Models such as crisis intervention are considered to be only brief therapeutic responses. The primary objective is the stabilisation of the individuals psychological disequilibrium, and while the goal is improving coping and adaptation skills for the child/youth and family over the long term, these brief therapeutic strategies are also intended to alleviate the extremely long waiting lists for children's mental health.

My research expands on 19 years of clinical work experience as a registered social worker in the fields of child protection and children's mental health — and particularly on the last 15 years working directly with youth and children. These children suffer from complex and multi-systemic breakdowns resulting from poor coping and adaptation skills, as well as from pathologies such as anxiety, depression, eating disorders, and attention deficit disorders. Probably the most significant problem encountered, and the motivation behind this research, is the increase in self-harming behaviours, including suicidal ideation among today's youth. The motivation for this research is to seek further understanding of the causes of this growing crisis among today's youth.

Within the network of children's mental health agencies, we are seeing children as young as 7 threatening some form of self-harm or expressing the desire to die. Most of the cases of suicidal thoughts and gestures are found among teens aged 12 to 18 years. This study will not focus on suicide alone, but instead considers

suicide as one among many symptoms of today's adolescents' inability to resolve or complete their identity process. The goal is to understand today's youth and their apparent inability to transition or resolve the natural and expected stages of development.

The challenge in reflecting on this problem is to focus on what questions need answering or further exploration. It is doubtful that there is an absolute or definitive response to this problem. The journey of exploration will allow us broaden the perspective on such issues, and to provide some guidance and insight that may enhance social work understanding and practice in the field of children's mental health. This study began as the exploration of influences that may have triggered a decrease in the mental health of children and adolescents. It was evident that this broad path could easily appear unfocused. In order to be more grounded, it was decided to use Erik Erikson's theory of psychosocial development as the framework for understanding the roots of the contemporary adolescent mental health crisis.

Erikson's theory provides a simple but comprehensive look at the many factors involved in personality development of the individual, including biological, cognitive, cultural, and historical variables. It also considers the transitions between stages and the inner conflicts within identity formation throughout one's lifespan. Perhaps the most important reasons for choosing Erikson's theory is his philosophical understanding of human development and behaviour based on his clinical practice and social observations. Paralleling this social worker's experience, Erikson's approach lends more credence to making the connection from theory to practice.

Part one of this research will provide a brief summary of Erik Erikson's theory. It will introduce the reader to Erikson's psychosocial development theory, which describes eight stages of psychosocial development and the crises that arise and that demand resolution in a lifetime. Erikson defines adolescence as a period of identity formation, which is deemed to be the most significant conflict a person must face, full of trials and tribulations.

In part two, this study will demonstrate the influence of family transitions and social constructs, and their potential consequences for the adolescent's ability to form a self-identity, drawing upon Erikson's stages of psychosocial development. In other words, this part explores how changes we are seeing within the family structure and within the larger society have encouraged gaps in the normal psychosocial developmental stages. As a consequence, the display of self-harming behaviours may represent a higher number of unresolved and identity crises among today's youth.

In using the Eriksonian perspective, the goal is to consider numerous hypotheses regarding the current struggles of adolescents around identity formation. In addition to the role that the ambiguous transformations within the familial, social and cultural roles in the last or more years. Some questions we seek to explore are:

- What might Erikson tell us about the underdeveloped elements in children's existing developmental pathways that compromise their ability to self-regulate and cause them to have a poor self-concept?
- What impact do today's family structure and social factors have on adolescents' sense of self-concept and identity, and what long-term effects can this have on children's mental health?
- What are the different challenges adolescents are facing today that have them accessing crisis services so frequently?

CHAPTER I

ERIKSON'S PSYCHOSOCIAL DEVELOPMENT THEORY:

1.1 Biography

Erik Erikson was born in June 1902 in Frankfurt, Germany, to a Jewish divorcée, Karla Abrahamsen. Erikson never knew his biological father as he was the result of an extramarital affair. Erikson's mother married pediatrician Dr. Theodore Homberger when Erikson was three. Homberger adopted the boy, and it was not until much later that Erikson discovered the truth about his biological identity. This turning point in his life is said to be the root of his lifelong research on identity crisis (Engler, 2009).

Erikson was very artistic, and he spent most of his early adulthood roaming Europe and living an artist's lifestyle. When he was 25, a fellow artist suggested that Erikson apply for a teaching position at an experimental school for American students run by a friend of Anna Freud. While teaching, Erikson was able to obtain certificates in several subjects, including Montessori education and Viennese psychoanalysis. This experience marked the beginning of his inspiration and the foundation of his life-long passion for childhood development. While he was studying psychoanalysis, Erikson was psychoanalyzed by Anna Freud, which led to relationships with both Sigmund and Anna Freud (the founders of psychoanalysis). Erikson's psychosocial theory is influenced partly by Freudian concepts (Boeree, 2006).

In 1933, Erikson immigrated to the United States with his wife and children. It was at this time that he legally changed his name to Erikson and shortened his official name to Erik H. Erikson (Boeree, 2006). In 1936, he was offered a position at Yale University's Institute of Human Relations. He befriended many world-renowned psychologists (Henry Murray and Kurt Lewin) and anthropologists (Ruth Benedict, Margaret Mead, and Gregory Bateson), all of whom had much influence on his theory of psychosocial development. In 1938, Erikson had the opportunity to study

the child-rearing methods of the Sioux in South Dakota. He was able to see firsthand the impact of society and its customs, and how events in childhood are moulded by such factors (Engler, 2009).

In 1950, Erik Erikson wrote his first book, entitled *Childhood and Society*, which is a compilation of his studies among Native Americans and an analysis of Maxim Gorky and Adolph Hitler. He focused on the American personality and the basic outline of his interpretation of Freudian theory. Erikson would go on to write several more books related to the effect of culture on well-known persons, especially historical figures such as Gandhi; the latter won a Pulitzer Prize. The most significant contribution of *Childhood and Society* is that it provides an introduction to Erikson's interpretation of human development through his stages of psychosocial development (Boeree, 2006).

1.2 Psychosocial Concepts and Theory

Psychosocial theory is based on and influenced by Freud's concepts of the structure and topography of personality. Erikson's theory is the first to acknowledge that we develop our sense of identity until we die and, therefore, he is considered to be the first real theorist of lifespan development. His ground-breaking work on psychosocial development opened the door to future research on the subject of child development, including that of theorists Jean Piaget (cognitive development theory), John Bowlby (attachment theory), and Albert Bandura (social learning theory). Erikson is credited with a thought-provoking breakthrough in the initial understanding of human development from a psychological and social perspective. Today there is a branch in the field of psychology called "developmental psychology" dedicated to understanding what "development" means. Its purpose is to study how people grow and change over the course of a lifetime. Developmental psychologists not only study the physical changes that occur in individuals throughout their lives, but also their social, emotional and cognitive development.

Erikson believed that things that happened in childhood influence our development, but that there are also many things that occur in adulthood that also require resolution for the individual to grow (Erikson 1963). Erikson remains widely respected and has made significant contributions to the field of personality and psychology. The basis of Erikson's theory is the belief that our biology and our psychology, including our environment, are equal factors in creating who we are (Freud, 1924; Erikson, 1968). His argument is that each aspect of the individual, including biology, psychology, the way one thinks and proceeds, and the environment (which includes culture), all influence the outcome of the individual's personality.¹ The term culture will refer to the sociological meaning which references the individual's values, belief system, rules, norms, morals, language, organizations, and institutions (Macionis & Gerber, 2010).

Although Erikson recognizes the difference between men's and women's biology, and the changes within our psychology (how we perceive things), he believes that neither gender is more important or more important than the other. He believes that it is different cultures that emphasize the importance of men versus women, and he found this to be detrimental to both gender and society (Erikson, 1963).

Erikson is believed to be the first "ego psychologist."² The ego is the part of the personality that organizes our experiences in the conscious mind, our awareness of everything, and how we classify these experiences in our memory. Erikson refers to this process as the formulation of our identity; therefore, our experiences influence our identity. There are two components to the ego. First is the "I," which is aware of all of our experiences and our psyche or psychological awareness; this is where we house all of our memories and our experiences. The second component is the concept of the "I" as the body, the physical self. The resulting ego for Erikson is the

¹ As such, our conceptual framework will be characterized as being intersectional.

² An ego psychologist is usually defined as a psychoanalyst whose work is rooted in Sigmund Freud's structural id-ego-superego model of the mind.

inseparable entwinement of the mind and body. The ego is the ability to be self-aware through the ego function of our memories and perceptions, enabling individuals to view past personal experiences and to self-reflect on their experiences (Erikson, 1963, pp. 414-415).

Despite being known as a Freudian, Erikson demonstrates a clearer vision of the interconnectedness of society and culture in the developmental process³, a vision that is more in line with anthropology (one of his interests and influences). The social component plays a huge part in his theory, as he believed that individuals developed through their relationships with others: hence the name of his theory, “psychosocial development.”

1.2.1 The Epigenetic Principle

Erikson’s epigenetic principle is the core of his theory. He believes that the personality is created by a series of predetermined stages, an approach that distinguishes him as a stage theorist. He argues that all human development follows predetermined, set stages, and these stages are considered to be universal in nature. They are seen in all cultures, although not necessarily at the same age range: “anything that grows has a ground plan, and out of this ground plan, the parts arise, each part having its time of special ascendancy, until all parts have risen to form a functional whole” (Erikson, 1968, p. 92). All stages are present in each stage; in other words, one element takes the foreground but all other stages are present. For example,

³ Similarly Freud attempted to show in his titled work *Civilization and Its Discontents* (1930a) *Das Unbehagen in der Kultur*, Vienna. [Trans.: *Civilization and its Discontents*, New York, 1961; London, 1963; Standard Ed.]

in the stage of trust and mistrust, elements of independence and shame take a backseat to the primary elements of trust and mistrust but remain potentially there in the background.⁴

How we experience a given stage, and how well we succeed in transitioning from one stage to the next, will influence our experiences in the next stage. For Erikson, each stage must build upon the previous stage to have a full or beneficial outcome. Each stage has an optimal time frame for its ascendance and each task within each stage has its own time. We can also say that later stages reflect how well we have developed in the earlier stages because they are mutually influential. As in the unfolding of a rose bud, each petal opens up at a certain time, in a certain order, which nature, through genetics, has determined. If we interfere in the natural order of the development by pulling a petal forward prematurely or out of order, we ruin the development of the entire flower (Boeree, 2006, p. 2).

1.3 The Concept of Crisis

A crisis or conflict is present at every stage of development. A crisis is defined as an important turning point in our relationships and each stage of our lives. Erikson believes that each crisis or turning point needs to be resolved to progress effectively to the next stage. Each stage must be resolved, one way or another, positively or negatively, which influences the development of the next stage. If the individual turns in a positive direction, and the crisis or conflict is resolved, the results are a greater ego functioning, which means more positive experiences and self-awareness. The

⁴ Erikson states in *Childhood and Society*: “Each comes to its ascendance, meets its crisis, and finds its lasting solution during the stage indicated. But they all must exist from the beginning in some form, for every act calls for an integration of all” (Erikson, 1963, p. 171). It seems more plausible to understand this in that all stages are there « as potentials », even when they are not yet dominant.

individual is then capable of handling or managing what life has to offer, which ties into one's ability to be flexible and adaptive, currently known as being resilient⁵: “we do not consider all development a series of crises: we claim only that psychosocial development proceeds by critical steps — “critical” being a characteristic of turning points, of moments of decision between progress and regression, integration, and retardation” (Erikson, 1963, p. 270). The following table summarizes Erikson's eight stages of psychosocial development.

Table 1.1 Erikson's stages of psychosocial development

Stages	Ages	Ego Identities/ <i>Virtues</i>
Trust versus mistrust	0 to 12 months	I am what <i>hope</i> I have and give
Autonomy versus shame and doubt	1 to 3 years	I am what I can <i>will</i> freely
Initiative versus guilt	3 to 6 years	I am what I can image I will be / <i>Purpose</i>
Industry versus inferiority	6 to 12 years	I am what I can learn to make work / <i>competence</i>
Identity versus confusion	12 to 19 years	“I” (who am I), (where am I going), and (who am I becoming) / <i>fidelity</i>
Intimacy versus isolation	20 to 25 years	We are what we <i>love</i>
Generativity versus stagnation	26 to 64 years	belief in the species / <i>care</i>
Integrity versus despair	65 years to death	I am what survives me / <i>wisdom</i>

(Erikson, 1963, 1968)

⁵ one's ability to bounce back from a negative experience with "competent functioning"
Werner, E. E. (1989). *Vulnerable but invincible: a longitudinal study of resilient children and youth*.
New York: McGraw-Hill

This model of development proceeding by critical steps, of “moments of decision between progress and regression,” can be applied to adolescents: for example, their not wanting the responsibility for actions such as obtaining food or shelter, but at the same time wanting to be independent and make their own choices. Resolving this so-called crisis strengthens the ego⁶ function. The individual deemed to have ego strength has a personality that is more adaptive, which enables a person to function at optimal levels. In contrast, the inability to resolve the conflict or crisis results in a weakened ego. The individual is less able to cope with life circumstances, including relationships (Erikson, 1968, pp.70-74).

Although it is important to resolve conflict on the positive side, there needs to be an element of the negative. A balance is required to function optimally. As previously noted, Erikson was profoundly influenced by Freud. The Neo-Freudian concept fundamental to human experience is conflict, the belief that individuals will never be okay; at best, we will engage in sublimation,⁷ trying to deal with the conflict in our nature. For example, we want to live, which is Eros, and we also do not wish to live, which is Thanatos. The belief is that elements of the negative make the positive more positive.

An essential component of Erikson’s theory is the social part of an individual’s personality, which is the development of identity. Identity cannot occur without being in relationship. The individual is always in relationship with the environment, culture, and the self. Erikson’s notion is that biology is destiny, which creates who we are, our personality, and our psychology, particularly in the context of a cultural environment. Everyone lives in a majority culture (for example, Canadian culture). We also have subcultures, such as religious, sexual, linguistic or racial cultures. We also find other subcultures within subcultures, such as families, sports, hobbies and practices to name a few. Those cultures and many subcultures have an

⁶ This term is not to be confused with current society’s definition of “ego,” meaning someone who is conceited and self-absorbed but rather a component of who we are, our personality.

⁷ The socially acceptable expression of a hidden desire.

influence on who we are psychologically and biologically. They provide ways to satisfy (or fail to satisfy) our psychological and biological needs by establishing ritualizations. Erikson states that ritualizations are patterns established by cultures on how things are done: “here’s the way to do this.” For example, marriage is a ritualization that is present in every culture; it is universal as in the general sense, of its recognition as the reproductive unit, but particularly in its empirical sense. It is explored extensively in Erikson’s book *Childhood and Society*. A key question to consider at this point would be whether historical ritualization still work for today’s issues, and whether these ritualizations are still valued and valuable in today’s society? Many cultures have ritualisms that are different from ritualization. Ritualisms⁸ are rigid methods that may or may not meet individual needs and are deemed inadequate.

Perhaps the best description of ritualism is found within the stage of adolescence. It is at this stage that teens usually seek out gangs as a means of trying to assert their identity rather than through culturally open forms of attaining identity such as taking part in a youth group. The adolescent who seeks culturally open forms of identity is taking on an etiology or philosophy. Each member’s differences are accepted within the group, and this leads to a deep general set of beliefs that help guide the adolescent through his or her life stages. This method of seeking identity is considered flexible. Alternatively, seeking identity through gangs can be a rigid, non-flexible philosophy: the individual is either in the group or out, and any differences within the gang’s culture are not tolerated. The so-called set of beliefs held by these gangs will not nurture or guide the adolescent in a positive manner through his or her life. In reviewing ritualism, we see that most teens will grow out of such practices / phases as pop culture, fashion, and regional sayings.

⁸ I wish to clarify: ritualism is a spin or an exaggeration, a distorted perception and an inappropriate ritual that can harm the individual (i.e., cults and gangs).

1.4 Psychosocial Stages

In explaining his stages, Erikson recognizes that the original age range for each stage is an approximate range. He asserts that each culture will dictate or determine how people at each age will experience the relationships that they have. Some cultures do not have the stage of adolescence, only childhood and adulthood; therefore, the stages will be seen at different ages than what is considered standard in North America (Erikson, 1963, p. 250).

We can best describe Erikson's stages of psychosocial development with the following analogy. Life is like a work of art: the result depends on the individual. When people are going through the stages and resolving them (negatively or positively), people are adding to their work of art. When they get to the last stage, they look back at what they have created, that work of art called life review and reflection. It is important to remember that the psychosocial is what we experience in the context of an interpersonal relationship. We are always in interaction and relationship with others despite thinking or believing we may be alone. This notion will become clearer below.

a) *Trust versus Mistrust—Virtues: Drive and Hope*

This first stage of psychosocial development is from birth to approximately one and half years old. Infants⁹ are dependent on the adults around them to provide and meet their basic needs to survive. The infant is seeking someone who will create a safe and warm environment. To the infant, this translates to a meaning of protection and safety. The need to be loved, demonstrated through various actions such as being held, cuddled with physical touch, and being present, establishes for the infant the basic concept of trust (Erikson, 1963, 1968). Exploring variations of expressions of love and affection Greenspan and Shanker (2004) affirm the importance of the development of language through communication. It is through our communication

⁹ It may be appropriate to recall the infant is from latin *infantem*, « he who does not speak ».

with the infant that we also demonstrate and express our presence in our affection: “Through emotional signaling, we clarify what we mean, intend, desire and feel. A child begins to understand and perform these acts long before he can begin to speak” (p. 165).

Once the infant’s needs are met consistently and responsively by his caregivers, the child can conclude that these caregivers are trustworthy and that he or she can learn and grow. This process creates a trusting learning environment for the child. He or she can then generalize the basic notion of trust to others in future relationships. The infant has a model of what trust should look and feel like. Erikson denotes that one must have all three elements — protection from the environment, nourishment, and the expression of the caregiver’s presence and love — to resolve that stage of crisis and establish a sense of trust. A child who is nourished and has protection from the environment but does not get that expression of love or presence can and most likely will develop mistrust, as seen with children who are physically and emotionally abused. The infant who does not establish or resolve the conflict will have mistrust in future relationships. That child will come to the realization that no one is there to respond to his or her basic needs, and will generalize that other and future relationships also cannot be trusted. Erikson adds, however, “let it be said here that the amount of trust derived from earliest infantile experience does not seem to depend on absolute quantities of food or demonstrations of love, but rather on the quality of the maternal relationship” (Erikson, 1963, p. 249). It is to be noted that, this relationship is not necessarily with the said biological mother, but can be with any appropriate and attentive caregiver such as a father, grandparent, aunt, uncle, adoptive parent among many potential caregivers.

As previously discussed, Erikson emphasizes that to find proper resolution there needs to be internal conflict; therefore, for the stage to be successfully resolved, we must also accept some negativity. For example, in this stage of trust versus mistrust, the infant must have some sense of mistrust to develop boundaries within

relationships. It is important to note that despite parents' best intentions, they cannot provide 100% of what the child wants or respond 100% of the time to all needs of the infant. The parent who responds 80% of the time is therefore demonstrating a willingness to establish that relationship of trust with the infant. In this instance, the infant learns that not everyone can meet his needs 100% of the time, which results in good adaptability on the infant's part. The parent becomes a good enough parent. The child builds trust, knowing that his or her parents try hard, and also learns to try to meet his or her own needs.

If the stage of trust and mistrust is left unresolved, the infant will thus develop a sense of mistrust towards others, the environment, and him or herself. All current and future relationships will be affected, and so will all subsequent stages of psychosocial development.

b) Autonomy versus Shame and Doubt—Virtues: Self-control and Willpower

This stage occurs during early childhood between 18 months and roughly 3 years old. At this stage, children learn how to do things on their own. They are learning to talk, walk, use toilets, eat on their own, and do things for themselves. Self-control and self-confidence begin to develop at this stage. The goal for parents is to allow children to explore with independence and self-efficacy within certain boundaries and limits that respect safety and appropriateness for the child.

A positive resolution of this stage means that the child has learned to assert his or her will and engage in behaviours without too much guidance. Once again, the guidance is within appropriate boundaries. If the child feels encouraged to use initiative and reassured when he or she makes mistakes, then the child will develop the confidence needed to cope and manage future situations that require choice, control, and independence.

Should there be non-resolution of the crisis, where the parents are extremely controlling and don't allow the child to explore and to do things on his her own without major interference, then the child will develop doubt. The child will question everything and will not have a sense of autonomy. Furthermore, if the child meets with disapproval and criticism, he or she will develop the feeling of shame. Even if, in the previous stage, trust has been established, shame and doubt will bring forth the sense of mistrust in oneself and possibly the world around the child:

Shame is early expressed in an impulse to bury one's face, or to sink, right then and there, into the ground. But this, I think, is essentially rage turned against the self. He who is ashamed would like to force the world not to look at him, not to notice his exposure. He would like to destroy their eyes of the world. Instead he must wish for his own invisibility. (Erikson, 1963, pp. 252-253)

Once again, to have a positive resolution towards autonomy the child needs to have a balance: there should be some shame or doubt. Some level of shame or doubt enhances the child's independence. Within proper boundaries, this allows the child to develop the ability to think before acting. For example, a sense of shame might discourage the child from picking his nose so that he does not do it in public. Just enough shame is needed to help him think prior to doing, but not so much so that he or she second-guesses every action.

c) *Initiative versus Guilt—Virtues: Direction and Purpose*

This third stage is believed to occur during what Erikson calls the “play age” or later preschool years, from approximately three to five years old. At this stage, children seek to take more initiative, meaning that they are given more choices and are asked for what they want. When caregivers ask children, “what do you want” or “what will you do next,” this encourages a sense of children's responsibility for their choices and increases their ability to plan. This process helps children to take the

initiative to think before they act: “if I do this, this is what will happen.” At this stage, children also have a new-found sense of power and control as they have developed their motor skills and have become more engaged in social interactions with others.

The challenge then becomes finding the balance between the excitement and desire to be more adventurous and responsible, on the one hand, and the need to learn to control impulses and self-indulgent ways of being, on the other. A proper resolution of this stage encourages the child to feel some sense of freedom in making individual choices. These choices are always in the context of appropriate boundaries, but still offer enough freedom that the child can develop a sense of initiative. If the child is not given an opportunity to explore, and if everything he or she does has a sense of guilt, then the child begins to fear being independent and will become “clingy.” However, a child provided with too much freedom can demonstrate too much initiative. At this point, the child’s ability to apply critical thinking before doing is hindered. The lack of boundaries can lead to the creation of a more impulsive child. This is when the child feels little to no guilt and has little sense of responsibility for his or her choices or actions (Erikson, 1963).

Throughout this work, we will continue to emphasize Erikson’s sense of balance between the positive and the negative, or “the yin and yang,” of each crisis.

d) Industry versus Inferiority—Virtues: Method and Competence

At this stage, children have educational requirements and learn how to produce for citizenship (contribute to society). This is known as the school-age stage, as the child is required to attend an educational institution by the age of six. Children learn to make things, use tools, and acquire the skills to be a worker or a provider (Erikson, 1963, p. 258). They make the transition from the home environment to the school environment, “a world of peers.” Now their world consists of entering into a

relationship with others, such as school teachers and peers, creating a whole new set of dynamics. Erikson observes that “school seems to be a culture all by itself, with its own goals and limits, its achievements and disappointment” (Erikson, 1963, p. 259).

“Industry” is the ability to produce things of value within our culture; for example, what is valued within academics is the curriculum of reading, writing, and so forth. It is what we produce of value towards our culture of citizenship. Children need to be encouraged during this stage of production so that they see the value of industry. For example, the teacher may say, “well, this is nice penmanship,” or “good work.” At this stage, when children do not feel encouraged, they develop a sense of inadequacy and inferiority. No matter what they do or produce, it is not enough and it is not valued. They feel inferior to the rest of their classmates. Erikson describes this as too much power in authority, which results in a weak ego that feels “I can’t do anything,” or “I’m no good,” decreasing self-esteem and leading to a “no-can-do attitude” (Erikson, 1968, p. 125).

What is important to remember is that the child does need to have some sense of inferiority. In other words, the teacher should not accept any work that is less than the child’s ability, but must have sensible expectations of the child’s abilities and only accept quality work for the child’s level. The result encourages the child’s production and motivation, and helps him or her to establish a positive work ethic. The goal is to encourage people to produce something that they can be proud of, and thus motivate them to want to create even more: “I produce things that are valuable in my culture.” The schoolchild begins to see that it is not just his or her desire to achieve that accounts for his or her social worth. Other factors, like skin colour, family background, economic status, and the clothes the child wears will determine social value. Thus, the child’s sense of identity begins to develop: “I am what I can learn to make work ... the majority of men have always consolidated their identity needs around their technical and occupational capacities” (Erikson, 1968, p. 127).

e) *Identity versus Identity Diffusion—Virtues: Devotion and Fidelity*

The fifth stage is probably the most crucial one of all the psychosocial stages of development. It is defined as the stage of adolescence, occurring between the ages of 11 and 20 years old. At this stage, the concepts of “identity moratorium” and “self-definition” take place. Adolescents try on different identities until they get the one that they want: the identity of a jock, the identity of Goth, the identity of preppy, and so forth. Caregivers and peers need to keep an open mind and open environments, allowing the teen to explore this identity moratorium. Should a young person feel that the environment tries to deprive him or her too radically of all the forms of expression that might permit development and integration of the next step, he or she may resist with the wild strength encountered in animals who are suddenly forced to defend their lives. For indeed, in the social jungle of human existence there is no feeling of being alive without a sense of identity (Erikson, 1963, p. 130). Peers take front and centre stage at this time, and they are most likely very involved in their own identity moratorium as well. Most teens will choose their group of peers based on similar identities. Within the educational system, the exploration of the identity moratorium may occur through career training (for Erikson, an important component of citizenship). Teens begin to question themselves at this time about what kind of friends they have or want, and what kind of friend they will be to others. They consider things such as similar interests and values, and start exploring what’s important to them. The concept of self-discovery truly begins. For the teen to find resolution at this stage, boundaries for safety and appropriateness must be presented by the caregivers. If the adolescent is successful in his or her identity moratorium within proper boundaries and limits, he or she will have found resolution in this stage of identity.

Alternatively, if peers force an identity on the teen or influence an identity too early, the teen will remain in crisis. The teen will only develop part of his or her identity, or this identity will not fit or resonate with the teen's true identity or self-concept. The teen's true identity will be foreclosed. People who explore too much get lost and end up with the philosophy that "anything goes." The adolescent needs a good sense of self to be able to share in the stage of intimacy that will follow this stage. In today's culture, one's identity can still be explored in the early twenties if not sometimes into the thirties (Erikson, 1968; Blatterer, 2007). The continued or re-exploration of a career identity in later stages of identity development is acceptable as long as the previous stages were achieved: for example, Erikson observes that George Bernard Shaw "granted himself a prolongation of the interval between youth and adulthood, which we will call a 'psychosocial moratorium'" (Erikson, 1968, p. 143). One must consider the fluidity of identity and change. The self needs to be solidified but flexible to change and to reevaluate things, with everything in balance:

this process of acknowledgment is one of mutuality. It is neither a matter of crossing a threshold or passing a rite of passage once and for all nor a one-way trajectory of gradual adaptation. Rather, it is a dynamic, intersubjective process of social recognition in which collectivities and individuals are inescapably implicated. (Blatterer, 2007, p. 2)

In a nutshell, Erikson strives to explain the inner disequilibrium we all face throughout our life span and attempt to increase our capacity for self-perception versus self-deception.

f) Intimacy versus Isolation—Virtues: Affiliation and Love

Erikson characterizes this stage as occurring within one's twenties and/or thirties. One is looking for intimate connections to last throughout adulthood: Whom do I want to spend my life with? Whom do I wish to have within my inner circle? When considering intimate relationships, Erikson describes the profound knowledge of knowing someone on a psychological level, knowing their likes and dislikes, and

being able to have equal self-disclosure. The individual at this stage experiences the overall eagerness to merge one's identity with someone else's (Erikson, 1963, p. 263). The relationships need to be mutual for resolution of this conflict. Only when there is a mutually satisfying deep relationship with someone can the individual complete this stage. Once again, Erikson's concept of intimacy is a broader representation of intimacy and is not necessarily sexual in nature, although he does describe the social importance of mutual genitality.¹⁰ We can elaborate on Erikson's concept that this deep sense of connectedness is experienced despite gender identity, sexual orientation or sexual preference. When one has mutually deep satisfying relationships, one has a buffer from mental health issues. Independent studies confirm Erikson's belief (Olson, 2014).

Continuing with the concept of yin and yang, Erikson emphasizes that obtaining too much intimacy equals loss of the sense of self. He asserts that one needs some isolation to be able to engage in self-discovery, in order to in turn be able to self-disclose. What is clear here is that Erikson's stages flow into each other back and forth. They are not stagnant and progressive or unidirectional. Conversely, too much isolation has an adverse impact on one's mental health. As human beings we crave, and we need, intimate, profound psychological connections with other people. If we isolate ourselves, and we are not approaching others, we are not disclosing. No one knows who we are, and we may be too autonomous, which translates to not needing anybody. Therefore, we isolate ourselves from people and then we can not optimally function.

Recent studies (Olson, 2014) have indicated that people diagnosed with borderline personality disorders struggle with a sense of self. They have few boundaries, and therefore commit self-harm. When engaging in self-harming behaviour, at that moment they know who they are because they can feel the limits of

¹⁰ "The total fact of finding, via a climactic turmoil of the orgasm, a supreme experience of the mutual regulation of two beings in some way takes the edge off the hostilities and potential rages caused by the oppositeness of male and female, of fact and fancy, of love and hate" (Erikson, 1963, p. 265).

their body, but the perception is not permanent. Studies (Olson, 2014) of abnormal psychology suggest that other people are a real source of coping but also the biggest source of disturbances to one's identity. This affirms Freud's original idea of conflict in the human condition.

The success or failure of stage five — identity versus identity diffusion — establishes the tone for the subsequent stages of adulthood. It is also where the individual can see the accumulation of the influences of the previous stages on the impending relationships in adulthood, either through marriage, cohabitation, or even deep mutual friendships. If the individual has a fundamental sense of trust, he or she will be better at self-disclosure and experience more positive profound relationships. If abused or neglected, the individual will not disclose, but will rather keep a distance because of a distrust of what others may do with the information he or she self-discloses. If no initiative is established, then the individual will not approach people to engage in relationships. If there is no sense of autonomy, the individual will subsequently be unable to do anything without consulting others, and there will be no assertion of his or her own will. The equilibrium of knowing how to have enough isolation (but not too much) is the key to understanding who we are, and to determining our ability to share. If we do not know who we are, we cannot share. "Enough isolation," for each individual, involves knowing one's boundaries in order to be able to self-reflect (Erikson, 1968, pp. 136-137).

g) *Generativity versus Stagnation, Self-absorption—
Virtues: Production and Care*

This stage is said to occur between the ages of 40 and 50, although the age range varies from culture to culture as there are different life paths for different cultures. We would mainly see this age range in the majority population of Caucasians and westernized cultures. What we do or work at always exists in the context of relationships: this is the world of work. "Generativity," according to

Erikson (1963, p. 267), encompasses the idea of “belief in the species” guiding the development of next generation. Parents work towards building productive members of society. They invest in relationships with their children. Generativity applies not only to the creation of offspring, also to the concepts of productivity and creativity. It is investing in the future, the need to do so, to build our ego and practice our skills. It is a crucial stage in the psychosocial development of the individual. For example, teaching is generative and is investing in the future. The failure to achieve generativity is seen as a regression to a previous stage of self-absorption and self-love (p. 267). Self-absorption, or in Erikson’s words “stagnation,” is the idea of not providing or investing in the future. Individuals who isolate themselves, who mistrust, who feel guilt, will not produce for the future and, therefore, do not produce a positive ego function.

An individual’s ability to find balance in his or her level of productivity will only be reached if he or she can also take some time to establish a sense of self, which results in being generative.

h) Integrity versus Despair—Virtues: Renunciation and Wisdom

The eighth stage is characterized by Erikson as the elder stage, occurring from age 65 until death. In today’s society, we can see it happening later in life, anywhere from 70 to 90 years old, as most people live longer and work longer, thus remaining in the generative stage longer. At the elder stage of psychosocial development, people seek to review their lives and reflect back upon the past. If the reflection is satisfying, then people in the elder stage will pass their wisdom on to younger generations or subordinates. A satisfying life review has a positive outlook, creating the feeling that one did the best one could with what one had; one lived with integrity (Erikson, 1968, p. 139).

People who reflect back on their lives and present with despair at this stage are people who try to relive or are stuck reliving the past. Their behaviour is

inappropriate, as they are full of regrets and guilt, and they try too hard to make up for the past. Their current relationships are based on fear and are tainted by the past. An example could be the father who calls his son after 20 years of being absent, wanting to spend time with him, as he feels guilty for not doing so in the previous stage of generativity. Now his son says, "Sorry, dad, I am busy with my kids." When such issues are left unresolved, people at the elder stage can be left in despair; the reflection they see is ugly and filled with regret. They may focus on the negative, and try to change the past. Such people are wasting time, and not living well nor happily (Erikson 1968).

The positive outcome occurs when people at this stage live the remainder of their lives well; they have a good time and are satisfied in their relationships with peers and subordinates, feeling that "I am what survives me" (Erikson, 1968, p. 141). Elders are then able to pass on wisdom, which is generative and industrious. They can take the initiative to talk to people much younger than themselves; they do it on their own, demonstrating autonomy. They are able to trust people. They accept and integrate all the information and all the elements of all the previous stages. Individuals want a sense of integrity when they die; they want to die well with no fear of death, seeing it as the final chapter (p. 140).

1.5 Critique

Erikson's theory continues to contribute immensely to our understanding of complex human behaviour and provides a useful basis for organizing our thinking and our experiences. I would identify Erikson as a pioneer in the study of the inner connectedness of human and moral development throughout the lifespan. The core elements of his stages are still relevant in today's society. Notwithstanding a broad and general representation, Erikson did capture the essence of human social and moral development. Jane Kroger claims that Erikson's theories on development have inspired over 50 years of research studies, making Erikson an extremely relevant

figure in the field today: “much like forming an identity, reviewing the literature on this nebulous topic is no small task” (cited in Sokol, 2009, p. 1). I will not provide an all-inclusive critique of Erikson’s theory but rather outline the primary critiques and the most compelling evidence that supports the application of Erikson’s theory today.

Perhaps the most evident criticism of Erikson’s theory is his all-encompassing and ambiguous writing style, viewed as negative or positive depending on the reader’s perspective. James Fleming (2004) asserts that Erikson’s artistic and straightforward style may have inspired many, but its vagueness and subjectivity has also attracted criticism. Fleming emphasizes that “Grand Theorist[s]” like Erikson, Piaget, and Freud, who provided speculative models by pulling together research findings though observations, are no longer the norm (p. 21). Fleming also asserts that despite Erikson’s broad representation he did achieve in expanding on Freud’s theory and opening the door for future generations of researchers on the topics of identity crisis and psychosocial development (p. 21). Erikson (1956) responded to his critics by reminding them that his approach was philosophical in nature, and that narrow scientific methods would not be able to account for his findings nor would such methods be appropriate for the study of personality. He stressed that a broader approach that encompasses the biological, anthropological, and social needs of the individual was required from social scientists to reflect true personality development. Barbara Engler (2009) also supports Erikson’s contribution to the field. She notes that to do justice to Erikson’s theory, extensive (and expensive) longitudinal studies would be required. Engler reminds us that N.J. Smelser described Erikson as “the quintessential interdisciplinarian” (cited in Engler 2009, p. 145).

J.E. Marcia (1966) initially stated that the empirical evidence supports Erikson’s theory regarding human development. Marcia cites Erikson’s claims that those who form the most coherent self-concept in adolescence are those who are most able to make intimate attachments in early adulthood. Later, Marcia and Ruthellen Josselson (2013) asserted that Erikson has the most comprehensive and empirically

validated theory of development. They describe Erikson's theory as providing us with a descriptive language for discussing where the individual stands currently in his or her psychosocial development, including where the individual may be stuck in the past, and where he or she is heading in terms of developmental goals. Marcia seems highly influenced by Erikson's theory of psychosocial development and is perhaps his biggest fan. Marcia has continued to use Erikson's framework in his research on personality development. Probably the most noticeable is his recent research article with Josselson in the *Journal of Personality* entitled "Eriksonian Personality Research and Its Implications for Psychotherapy" (Marcia and Josselson 2013). In this article, Marcia and Josselson (2013) refer to the use of an Eriksonian framework approach in psychotherapy. They stress that Erikson's framework will not tell the therapist the "how" of an intervention but rather the "where": along which stages of psychosocial development the individual may not have adequately resolved his crisis. This approach may allow the therapist to assist the individual in re-exploring and resolving that crisis in a positive manner. Marcia and Josselson argue the usefulness of Erikson's theory as a framework for clinical assessment, case formulation, and therapeutic intervention.

Erikson does not appear to have presented himself as having all the answers. His writing is modest and faithful to his approach to life. He based his theory on what he observed in his clinical practice and his social observations. With these observations, he presented a framework for understanding the interconnectedness of biological, social, and historical factors of influence, making up the identity of the self within society.

Another recent development in the use of Erikson's theory as a framework for clinical intervention is outlined in the article "Psychosis and the Eriksonian Stages" (Olson, 2014). Olson claims that using a psychotherapeutic paradigm based on Erikson's stages can assist in a more comprehensive treatment platform when treating the mentally ill. The premise of this model is the understanding of schizophrenic

patients as those who have not adequately resolved the initial stages of trust versus mistrust and autonomy versus shame and guilt, as well as subsequent stages as required. Olson (2014, p. 2) argues that, “given that social involvement is helpful if not curative of serious mental illness such as schizophrenia, an emphasis on psychosocial development may ameliorate some of the psychopathological aspects of Schizophrenia.... That overshadows simple social skill training.” It should be noted that, in *Identity: Youth and Crisis*, Erikson (1968) discusses the many forms of identity confusion. He dedicates a section entitled “Pathographic: The Clinical Picture of Severe Identity Confusion” to understanding mental illness as identity confusion (p.166).

Additional critique of Erikson’s theory can be found in Macnow’s *MCAT Behavioral Sciences Review* (2014). The MCAT is the Medical College Admission Test, which every medical student must complete to become a physician. Modifications have been made to the MCAT, and as of January 2015, the MCAT now includes psychology and behavioural sciences. The claim is that students who aspire to have a career in medicine need to be alerted to the psychosocial and cultural aspects of the individual as much as the biological and physical sciences. This shift, to include psychology and behavioural science in the MCAT, supports the relevancy of Erikson’s theory in current times. The hope is that the new inclusion will indirectly help raise awareness that psychological science is a quintessential aspect of health care. The MCAT will focus on evaluating a potential physician’s knowledge and understanding of the socio-cultural, biological, and psychological behaviour of patients, as well as their social interactions. It will also measure medical students’ knowledge and understanding of people’s interactions, such as to how people process emotions and respond to stress. To demonstrate how a physician will need to relate to the real world, here is a sample statement from the MCAT:

The conflict of identity versus role confusion has some positive effects: teenagers identifying their interests, gravitating towards friends who share these interests and creating a sense of who they want to be. On the other hand, this conflict can lead to the formation of cliques, bullying, and significant peer pressure. The increase of online and in-person bullying among adolescents has led to a number of programs to ease this crisis such as StopBullying.gov, and the It Gets Better campaign (Macnow 2014).

In all my research on Erikson, one thing that is clear is that regardless of the area of discipline, Erikson is still referenced to this day and respected for his contribution to our understanding of the life cycle. Whether he is being referenced in a criticism attempting to disproving his theory or in research that points out its relevance to today's society, his work continues to make people talk and research the concepts outlined in his theory.

This is not to say that Erikson's theory of the psychosocial stages of development should be used without care. For example, his work draws upon concepts related to Freud's ideas of the oedipal complex that have been disproved. As a reader/researcher, one must reference his era and his contemporary reality. The reader must take away the larger concepts and ideas presented from an understanding of how we have come to be where we are. Without great thinkers and theorists like Erikson, would we be exploring human development? We need work like Erikson's to help us understand our past in order to improve our future. Erikson's theory, although not perfect, is broad enough that we can take the concepts and define them to current needs. I wonder if perhaps his vagueness was deliberate, not wanting to commit to a set, air-tight description, so that his work could be flexible and left to interpretation in moving forward.

Despite some criticism related to vagueness and a philosophical approach, Erikson's theory of psychosocial development has proven its staying power and relevance in today's society. Although it is broad-based, Erikson's theory can be explored and dissected, opening the door to further research on the construction of identity. Erikson's framework leaves us with important thoughts in understanding today's adolescent mental health crisis:

My use of this term [ego identity] reflected the dilemma of a psychoanalyst who was led to a new concept not by the theoretical preoccupation but rather through the expansion of his clinical awareness to other fields (social, anthropology and comparative education) and through the expectations that such expansion would, in turn, profit clinical work. (Erikson, 1956, p. 1)

CHAPTER II

Gaps in Psychosocial Transitions

The previous chapter provided the contextual framework, offering a brief overview of Erikson's eight stages of psychosocial development. This chapter will focus on demonstrating a contemporary perspective on Erikson's psychosocial stages and the consequences for adolescent mental health related to the formation of identity. As the motivation for this study is to understand adolescent mental health, only the first four psychosocial stages will be discussed, focussing on potential effects on the culminating stage, adolescent identity (that is, stage five, identity versus identity confusion). Various influences will be examined in relation to Erikson's first four stages of psychosocial development, including self-regulation and emotional dysregulation, parenting, family structure, and social factors.

2.1. Self-regulation / Emotional Dysregulation

Erikson (1968) discusses the infant and caregiver relationship during the initial stage of trust versus mistrust, a relationship characterized as one of giving and getting. It is at this initial stage that the infant learns to regulate his or her eagerness "to get" from the caregiver in the same manner that the caregiver learns "to give," to respond to the infant's needs. This relationship of giving and getting establishes the groundwork for the infant's identity to begin developing in establishing "trust." The infant whose biological, social, and psychological needs are met will develop a sense of trust with a sound foundation to pursue identity formation in the following stages. However, it is rare for biological, social, and psychological factors to all line up without incident. Every aspect of the infant's life will have an impact on identity development (Erikson, 1968, p. 100).

The initial stage of trust versus mistrust is achieved not only either positively or negatively but also at various levels of complexity. The infant could have very caring and responsive caregivers, but a biological disposition towards sensitivity may overshadow his or her caregivers' affection as the infant's natural state is to have low tolerance for frustration. Despite the proper nurturance, the infant may not effectively transition this stage of trust versus mistrust. What is more likely to occur is that the infant's biological disposition will affect his or her level of trust. The other factor to consider in this type of scenario is the caregivers' ability to respond to an infant predisposed to being sensitive and emotionally needy. This may result in a potential disturbance in how the infant perceives the world and his or her sense of self within that world.

Greenspan and Shanker's (2004) theory of emotional transformations seems to expand on Erikson's basic notion of self-regulation, characterized in the initial stage of trust versus mistrust. Greenspan and Shanker hypothesize that this initial phase of infancy, occurring from birth to approximately two and half years of age, is broken down into six stages of emotional transformations. They assert that this initial phase involves the infant or child's ability to interact and comprehend the world, and that the emotional transformations help the child develop his other developmental capacities. Unlike Erikson, who talks about the need for self-regulation but whose focus is narrowly concentrated on the psychosocial development of the individual, Greenspan and Shanker (2004) explore the intellectual and emotional transformations during the course of life. In addition to the initial six stages they also list ten more emotional transformations, which assist the individual to master higher levels of creative and reflective thinking throughout his or her life span. Despite some variances between Erikson's (1963) and Greenspan and Shanker's (2004) theories, both theories note the importance of establishing trust through emotionally responsive interactions between the caregiver and infant in the initial stage.

Greenspan and Shanker (2004) allow us to understand the complexity of the caregiver-infant relationship and the mastery of these initial six stages of functional, emotional development (see table 2.1). They assert that it is the back-and-forth symbolic interaction between the caregiver and infant that helps the child develop emotionally. The child develops the ability to think and understand his or her world and learn to live in it, and thus successfully achieves the ability to trust : “during this time of rapid improvement in back-and-forth emotional cueing and problem solving ... the pre-frontal cortex of the brain, the seat of our ability to sequence and plan actions and regulate emotions, is developing” (34). Contradictorily, it is the rupture in those interactions that interferes with the individual’s functional, emotional development, impairing his or her ability to interact in a positive manner with the world and leading to an inability to develop the appropriate social skills required, which creates mistrust.

Table 2.1 Stages of functional, emotional development

Stages	Functions of emotional development
One	Shared attention and regulation
Two	Engagement and relating
Three	Two-way intentional, emotional signaling, and communication
Four	Long chains of co-regulated emotional signaling, social problem solving, and the formation of a pre-symbolic self
Five	Creating representations, symbols, or ideas
Six	Building bridges between ideas: logical thinking
Greenspan and Shanker (2004)	

These emotional interactions are just as important for the parent as for the child, as it is through these interactions that the caregiver learns how to negotiate and navigate the needs of the child (Greenspan and Shanker, 2004). Greenspan and Shanker also raise the notion of the caregiver's availability as a key factor in these co-regulated emotional interactions. They assert that some of the problems being presented in self-regulation result from the caregiver's lack of direct time spent practising the skills of co-regulated emotional interactions (p. 35). They emphasize that this co-regulation becomes an opportunity for caregivers to practise how to respond affectionately and effectively to their infant's emotional needs. It is as much of a learning opportunity for the caregiver as it is for the infant. The successes become an intuitive pattern of helping the infant negotiate his or her emotional responses, such as anger or frustration (among other emotions). Greenspan and Shanker emphasize that today's caregivers have very busy schedules and if a caregiver is preoccupied, tired, or depressed, those co-regulated emotional interactions will be affected (limited), and the outcome will be an underdeveloped emotional regulation on the part of the child. Greenspan and Shanker assert that, when caregivers don't spend the appropriate amount of time co-regulating with their infant, caregivers may be at a loss as to how to respond affectionately, resulting in a pattern of dysregulation rather than regulation. Dysregulation in an infant then becomes a higher predictor for future attention, mood, and behavioural issues in childhood and beyond.

A behaviour that is frequently presented in modern children's mental health is the apparent difficulty for children to master self-regulation. According to Stuart G. Shanker (2012a, p. 2), developmental researchers such as S.W. Porges (2011), C. Lillas and J. Turnbull (2009), and B. McEwan (2002) define self-regulation as how efficiently and effectively a child deals with a stressor and then recovers. In a convincing argument, Shanker (2008) describes his perception of mentally healthy children and discusses the need to consider the role of self-regulation. He also affirms

that self-regulation is the key in achieving a positive mental health “as the mastery of self-regulation is a higher predictor of how well one does (functions) than his actual I.Q.” (Shanker 2009). Shanker (2009) states that the ruptures in the parent/child interactions, as seen in Erikson’s initial psychosocial stage of trust versus mistrust, appear to be at the root of many adolescents’ inability to adapt effectively to their environment and world, contributing to the maladjustment of those who internalize or externalize their anger.

In *Calm, Alert and Happy*, Shanker (2012a) asserts that babies are born with approximately 20-25% of their adult brain, and at this time their brains are growing at exponential rates, producing on average 700 new neurological connections every second. These new connections occur for the most part within the prefrontal cortex where executive functions are housed, such as self-regulation. In the past decade, neuroscientists have concluded that it is the effects of being regulated as an infant that assist in the neurological connections that contribute to development of self-regulation. From day one — birth — the tactile stimulation described by Greenspan and Shanker (2004) helps to regulate the infant, assisting in the formation of self-regulation:

The tactile stimulation that baby receives when you hold or stroke her releases neurohormones that are highly calming; through voice, your shining eyes, your smiling face, or gently rocking or bouncing your baby when she is fussy you are laying the foundation for good self-regulation. (Shanker, 2012a, p. 2)

The more parents / caregivers use calm and warm responses to their baby crying and the better the parent/caregiver is at responding to the cues of what the baby needs, the more the parent / caregiver is teaching the baby how to “up-regulate and “down-regulate” (p. 2). Teaching a child self-regulation becomes about helping the child understand when he or she needs to be alert at meal time and play time (up-regulation) and when to calm down (down-regulation), for instance, when going to sleep (p. 2).

Macklem (2008) cites a number of studies on the subject of emotional regulation and the impact on school-aged children's mental health: "Emotional regulation appears to be a key component of resilience and competence" (p. 8). Known as emotional dysregulation, poor emotional management can lead to the manifestation of either internalized or externalized behaviors (Macklem 2008). Emotional dysregulation would appear to have an impact on the contemporary physiological, biological, and psychological disorders presented in children's and adolescents' mental health. Internalizing behaviours associated with emotional dysregulation are mood disorders such as anxiety, depression, and withdrawal. Externalizing behaviours include poor anger control, disruptive behaviours, and oppositional and defiant disorders.

Macklem (2008) also implicates specific childhood and adolescent disorders found in the *Diagnostic and Statistical Manual of the American Psychiatric Association* (DSM) in the inability or poor ability to emotionally self-regulate. The disorders are listed here for the purpose of illustration but not discussed: Borderline Personality Disorder, Autism Spectrum Disorder, Bipolar Disorder, Attention-Deficit Hyperactivity Disorder, Conduct and Oppositional Disorders (also known as aggressive behaviours), Tourette Syndrome, Generalized Anxiety Disorder and Depressive Disorders.

In practical terms, most referrals for mental health services within the elementary school sector are identified with poor emotional and self-regulation. The initial concerns reported include the following: the child displays aggressive behaviours towards peers and adults; the child struggles during transitions, non-structured times, and periods of change; the child displays frequent meltdowns or emotional outbursts; the child struggles to engage in positive peer interaction; child is easily distracted, impulsive, and reactive in class; the child displays low tolerance and frustration levels to simple request, commands, and tasks. According to Macklem,

Emotions can organize attention or interfere with attention, facilitate or disrupt problem solving, and build or damage relationships. These two-way interactions intensify the need to help children learn to regulate their emotions. We know that attentional controls, problem solving, and healthy relationships are vital for school success and for personal satisfaction. Emotion regulation is vital for positive functioning. At the same time, emotion regulation can compromise functioning. (Macklem, 2008, p. 8)

In summary, self-regulation would appear to play a significant part in the infant or child's ability to establish healthy and trusting relationships. Emotional regulation affects the who, what, how, and why of all interactions and appears to play a key role in the formation of one's identity : "A growing number of studies showing that self-regulation lays a foundation for a child's long-term physical, psychological, behavioural and educational well-being" (Shanker, 2012a, p. 1; see also Shanker, 2012b).

2.2 Parental Framework

Parenting is a key element in the sense of self and the formation of identity. The child's world and "savoir vivre" is directly dependent on the parental framework. The parental framework provides the key foundations for Erikson's first four psychosocial stages : trust versus mistrust, autonomy versus shame and doubt, initiative versus guilt, and industry versus inferiority. Throughout Erikson's work on psychosocial development, the importance of parents as helpers is clearly demonstrated, as they are the ones that assist the child in mastering the challenges of the stages of psychosocial development. Each stage that is resolved successfully leads to feelings of competency (Erikson 1963).

Parents then become essential partners in helping their children navigate and negotiate life's conflicts. Life is like an obstacle course ; parents and significant adults are responsible for providing the necessary skills development to assist the child to manoeuvre within that obstacle course with the least amount of damage to the child's sense of self. The skills acquired act as the child's protective gear, so when

the child falls off course the impact of the fall will be cushioned by the protective gear (skills). Hence a child missing the basic skills of emotional regulation and self-regulation presents with significant distress in navigating and negotiating life's conflicts; this results in the aforementioned internalizing and externalizing behaviours.

The theoretical construct of child rearing was first identified in the seventeenth century by philosophers John Locke and in the eighteenth century by Jean-Jacques Rousseau. In his book *Some Thoughts Concerning Education* (1693), John Locke discusses his views on education and states children should receive moral education rather than any other kind. For most of his book Locke argues countless principles in his theory on child rearing (SparkNotes Editors n.d.-b). In 1762, French philosopher Jean-Jacques Rousseau published *Émile; or On Education*, in which he offers readers the position that the education of children should happen in the child's interactions with the world (SparkNotes Editors (n.d.-a).

Research on the subject of child rearing is often expressed in terms of parenting. The construct of parenting in itself is catalogued into several parts: parenting practices, parenting styles, parenting skills, and parenting values. The combination of all parts encompasses the construct of parenting. Christopher Spera views parenting practices as the key behaviours assumed by a parent in socializing the child, such as providing support, being involved and warm, offering approval, being controlling, monitoring the child, and choosing appropriate punishment, to name a few (cited in "Parenting styles," n.d.).

"Parenting style" is defined as a psychological concept that groups parenting behaviours into specific categories. They are the "how": the ways that parents respond to and demand a response from their child. This is also called the emotional climate (Marsiglia, Walczyk, Buboltz, & Griffith-Ross, 2007). "Parenting skills" are the manners, abilities, and logistics by which the parent implements his or her

parenting style, for example, by using a calm tone, listening, communicating, and so on. Finally, “parenting values” are the parent’s belief system, which underlies what the parent believes is best for the child (e.g., higher education, honesty, independence, etc.). These values are highly influenced by one’s culture. As you can see, parenting is a complex and multifaceted construct that embodies several concepts.

In coming back to the original purpose of this research, I wish to discuss the concept of parenting styles in more detail. There has been significant research on parenting styles and what behaviours are considered favourable in child development, including work by Percival M. Symonds, Alfred Baldwin, E. S. Schaefer, and W. C. Becker, to name a few (“Diana Baumrind,” n.d.). However, it was actually Diana Baumrind’s research in the 1960s and early 1970s that laid the foundation for a typology of parenting styles. Her classification of parenting styles is based on two aspects of parenting that she found extremely important: “parental responsiveness,” which refers to the degree the parent responds to the child’s needs; and “parental demandingness,” which is the extent to which the parent expects more mature and responsible behaviour from a child. In using these two dimensions, Baumrind was able to establish a baseline recognizing three different parenting styles: authoritarian, permissive, and authoritative (“Diana Baumrind,” n.d.).

2.2.1 Baumrind’s Parenting Typologies

Authoritarian parents are characterized by their need to control, shape, and criticize their children’s behaviours according to a strict set of standards. They have high expectations of their children’s behaviour and abilities. Authoritarian parents also display a low tolerance for incompetence and inappropriate behaviour. These parents do not engage in meaningful give-and-take communication with their

children, and they discourage their children from voicing their opinions. These types of parents often live by the old philosophy that “children should be seen but not heard.” Authoritarian parents emphasize absolute obedience and respect for authority and often assert power that may include verbal and physical punishment when children misbehave. In a social context, authoritarian parents expect their children to follow their rules and regulations without question or reasons being provided. Authoritarian parents are high on demandingness and lower on responsiveness (Baumrind 1971).

The authoritative parent is characterized as being the middle ground between the two extremes of authoritarian and permissive parenting styles. Authoritative parents can recognize the rights of both the parent and child. They take the role of guide in their children’s activities, ensuring the balance between safety and autonomy. Authoritative parents have realistic expectations of their children and make realistic demands upon them, and these are asserted through a reciprocal verbal give-and-take. Authoritative parents use firm, clear, and concise rules. They seek to enhance their children’s independence but will request that their children conform to and respect norms. These parents step in and manage child behaviour as needed. Authoritative parents are deemed responsive in that they are supportive, loving, committed, and cognitively responsive to the needs of their children; they provide challenging and stimulating environments. In social situations, authoritative parents will often provide their children with the motivation or reasons for rules or actions (Baumrind 1971).

Permissive parents are characterized as less controlling. They are considered warm and liberal in allowing children to seek their own autonomy. Permissive parents make little to no demands on their children compared to other parents and they avoid the use of punishment. They are often seen as being “laissez faire” in that they allow their children to manage their own activities, behaviours, and self-regulation. These parents are described as having high tolerance for misbehaviour,

responding dismissively and making such comments as “children will be children.” Permissive parents are very responsive to their children’s desires, actions, and impulses. Permissive parents truly place themselves at the mercy of their children’s needs and wants, rather than assisting their children to be responsible for their own behaviour. In social situations, permissive parents do not show much concern for their child’s behaviour. Permissive parents demonstrate a significant lack of boundaries between the parent and child roles (Baumrind 1971).

E. E. Maccoby and J. Martin, regarding Baumrind’s parenting styles, argue that a differentiation should be made between a permissive parent being more “laissez faire,” which is Baumrind’s initial classification, and a permissive parent who is neglectful or uninvolved and lacks interest in parenting the child (dismissive), or one who is unable to parent due to his or her own needs (Vilcherrez Pizarro 2011). In doing so, Maccoby and Martin updated Baumrind’s parental styles to include a fourth typology, “neglecting parents” (Vilcherrez Pizarro 2011, p. 4).

Table 2.2 Parenting typologies

	Supportive	Unsupportive
Demanding	Authoritative parenting	Authoritarian parenting
Undemanding	Permissive parenting	Neglectful/Uninvolved parenting

Baumrind (1971), adapted by Maccoby and Martin (1983)

Cherryl Marsiglia, Jeffrey Walczyk, Walter Buboltz, and Diana Griffith-Ross (2007) reference Erikson’s stages of psychosocial development as providing an integrative framework for exploring the impact of family dynamics on the psychosocial success of emerging adults. J.J. Arnett describes emerging adults as the period of life extending from age 18 to 25 (cited in Marsiglia et al., 2007). Despite

the lack of extensive research on the role of parenting styles on the critical development of emerging adults, L. Steinberg, J. D. Elmen, and N. S. Mounts (1989) were able to make a correlation between parental styles with school achievement and with adolescents' psychosocial maturity. Marsiglia et al.'s (2007) examination of literature by Baumrind (1989), L. E. Berk (2004), Maccoby (1994), Maccoby and Martin (1983), and McClun and Merrell (1998) regarding the effects of parental styles on many childhood outcomes conveys the understanding that theoretically Erikson's theory on psychosocial development does provide insight into the connection between parenting styles and the emerging adult. In summary, Marsiglia et al.'s (2007) research confirms one of their hypotheses, that parents who have appropriate demands and high levels of responsiveness (authoritative parenting style) are able to assist their children to master the central developmental tasks past the stage of adolescence.

2.2.2. Erikson and Parenting

As noted above, Erikson's perspective on the parenting role is one where the parent helps the child master the challenges of each stage. Parents are essential partners in helping their children navigate and negotiate life's conflicts. Each stage that is resolved successfully leads to feelings of competency (Erikson 1963). Parenting is thus a key element in the sense of self and the formation of identity. The child's world and "savoir vivre" is directly dependant on the parental framework provided to him or her. "Parental framework" encompasses all elements of the construct of parenting, discussed above. Keeping in mind the research on parenting styles outlined above, Erikson's theory provides parents with key strategies for encouraging and facilitating the child's acquisition of vital psychosocial development during the first five stages.

In the first stage of trust versus mistrust, the infant relies on the parent / caregiver to provide the basic needs. A parent must be present and respond to a

child's needs for security, safety, and nutrition (Erikson 1963). Feeding a child when hungry, holding him close, picking her up when she cries in distress, or treating him kindly — all of these responses teach the child that he or she can depend on the parent. The child can then generalize from this specific experience to develop the sense of trust that the world is a safe place and that parents are dependable.

As human beings, we have an instinctual need for closeness, and it is this need that propels us into relationships with others. The first meaningful relationship the child will have will be with his or her parent / caregiver (Erikson 1950; Greenspan & Shanker 2004). This is the initial development of basic trust, but it continues to evolve and progress. As Erikson describes, each stage continues to be present in the following stages; all earlier stages are therefore considered the core building blocks for the subsequent stages (Erikson, 1963, p. 271). An infant can establish a basic sense of trust with his or her parent / caregiver, but the child will need to maintain that sense of basic trust.

As time goes by, this sense of trust will be affected by life events. In other words, the infant establishes the essence of the concept of trust at this stage, but will need to maintain it throughout his or her life span in future stages. One negative experience can decrease and even eradicate the initial sense of basic trust, where the world feels like a safe place. Events that seem to rock our core sense of basic trust are things like divorce, domestic violence, sexual abuse, betrayal, and abandonment, among many other life events.

The parental / caregiver role then is to assist the child in mastering the initial foundation of the first five stages so that the child can continue to navigate and negotiate the other three stages of the life cycle into adulthood. Psychosocial developmental theory provides parents with an explanation of their child's social behaviour at each stage and can assist parents / caregivers in helping their child resolve conflict in a positive manner and in enjoying their child. Parents who struggle

with basic guiding principles require more concrete models of how to implement the guiding principles with a more intensive parent training model, such as Triple P¹¹ a “positive parenting program” established as an evidence-based practice model.

In stage two, autonomy versus shame and doubt, the parents’ role is to respect their child’s developing need for independence. This stage requires the caregiver to balance support for independent activities with safety (e.g., allowing one’s son to dress himself or one’s daughter to get things for herself but not allowing them to engage in dangerous situations). Over-protective parents, also known as “helicopter parents” (Ungar, 2007, p. 13), and critical parents send the message to the child that he or she is inadequate, which results in self-doubt and shame. A parent would apply Erikson’s approach to this stage by ensuring a positive balance of autonomy. When a safety issue arises, the parent needs to reassure the child of the issue or the mistake and gently redirect the child in the proper manner of doing the activity (Erikson, 1968). This requires parents to support a sense of autonomy by giving the child simple choices about clothing, food, and so forth. A controlled sense of autonomy sends the message to the child that he or she can make decisions within a safe environment. It’s at this stage that the child begins to establish individuality. As skills are developed, children develop a sense of pride and confidence in their abilities as they begin establishing a positive sense of self-esteem. Alternatively, children with thwarted autonomy may develop a sense of guilt and lack confidence in their abilities; they may say things like “I can’t do this, I’m no good.” They question their ability, and therefore they forego even trying at times.

This is a stage when a lot of parents struggle as the child pulls away, wanting to do everything for him - or herself and not necessarily needing as much guidance from caregivers; the caregiver often worries that the child may be hurt by taking on a particular task. Let’s consider the example of a toddler who tries to walk. Parents

¹¹ Triple P is the acronym for “positive parenting program,” which is an evidence-based practice conceived by Professor Matt Saunders and colleagues from the Parenting and Family Support Centre at the University of Queensland, Australia, in 1992.

need to provide opportunities for the toddler to explore the environment safely (childproofing) in order to help the toddler to develop autonomy. The potential strength acquired is the determination of free will in the face of failure (shame and doubt). The toddler that falls trying to master walking will get back up, build his or her resiliency, and try again. However, when parents provide comfort and try to rescue the toddler who falls, by making comments like “bad floor” or “poor baby,” this unconsciously sends the message to the toddler that he or she is not responsible for his or her actions; such comments shift the blame from the child to an external element, the floor (Wong, 1998). To become a decision-maker, one must take responsibility for one’s actions and face the consequences of mistakes and failures. One must be persistent to try again and learn from making mistakes. This sense of responsibility and persistence begins at this early stage and must be nurtured by parents. They have to allow the child to fail.

We also see children demonstrating defiant behaviour. Toddlers quickly learn the word “no”. The word “no” is a manner by which the toddler is attempting to assert his or her independence through the desire to choose. A parent using Erikson’s approach would gently encourage the child to understand the difference between engaging in defiant behaviours and asserting oneself. Assertiveness is a skill that will serve the child well in future stages. Assertive behaviour will also be seen in the child’s interactions with peers and at the stage of adolescence, where it manifests as wilful defiance of parental authority (Wong 1998).

We also find at this second stage the emergence of creative play. Parents who take an active role in encouraging their child’s creative thinking and independence will assist their child in developing a stronger sense of personal initiative and provide a solid foundation for a strong and healthy sense of self, or identity.

In stage three, initiative versus guilt, the child’s language is more developed and the child has an increased sense of curiosity (Wong 1998). “Why” becomes the main question for everything. Parents who answer the “why” questions increase their

child's intellectual initiative. Contrarily, if the questions appear to be a nuisance to the parent, this may suppress the child's initiative and keep him or her dependant and ashamed to ask questions or to seek answers about the world. This type of parental response can hinder the child's self-expressiveness, crushing his or her curiosity about the world and diminishing his or her sense of self.

According to David Fernie (1988), imaginative play is considered to be the most important activity for children within this age group. This type of play provides children with the freedom to express themselves and the opportunity to increase their sense of initiative. Parents who minimize or criticize imaginative play as being silly can inadvertently cause their child to develop a sense of guilt for initiating activities. According to Catherine Garvey, pretend play, as one aspect of imaginative play, is a complex type of play (cited in Fernie, 1988): we see the child carry out action plans, take on a variety of roles, and transform objects as a means of expressing ideas and feelings about the surrounding social world. These action plans act as a blueprint for the ways in which actions and events are related and sequenced (Fernie, 1988)

Children tend to create action plans related to their own family themes. The roles they take on are identities (such as mommy or daddy, when playing house); children draw from their cultural experiences to act out their sense of family, whether it include a mommy, a daddy, and children, or another variety of family composition. Here children begin to understand the functions of various roles and identities within their own family unit. It is also at this stage that the play is often shared with peers at school or pre-school (Fernie, 1988). In order for children to maintain the pretend play among their peers, they must negotiate a shared meaning. Meanings are established through real world experiences and behaviours. In this negotiation of shared meaning, the conscience emerges between the sense of "right" and "wrong." Parents who allow their children to explore various levels of imaginative play assist their children to negotiate social meanings and rules with peers (Fernie, 1988).

Another key component for a child in the third stage of psychosocial development is establishing a healthy understanding of realistic expectations, as this encourages the process of initiative and learning from mistakes. Author Michael Ungar, in his book *Too Safe for Their Own Good* (2007), reveals how modern parenting strategies over-protect children and don't allow them opportunities to take risks and make mistakes; these strategies decrease children's mental health status and self-esteem, creating a generation of people who are afraid of trying and who say, "I can't." Although Ungar does not make direct reference to Erikson, his overall philosophy is in line with what Erikson describes as finding that balance between setting limits and boundaries, and allowing your child to develop his or her independence: "children need opportunities to fail, and to fail often enough to learn how to pick themselves back up. All our efforts to promote self-esteem are horribly misguided. Children need to know their limits and how to bounce back" (Ungar, 2007, p. 2).

It all comes back to Greenspan and Shanker (2004) and Macklem (2008), and the notion of positively assisting the child's mastery of self-regulation. Parents who have high and unrealistic expectations about their child's imaginative play and who implement severe consequences for mistakes can stifle the child's initiative, resulting in a child who keeps to him- or herself (oppressive parenting) and feels guilty for everything. The goal is to always use a firm and positive parenting approach that uses coaching techniques and establishes clear boundaries in a calm tone and consistent manner.

At stage four, industry versus inferiority (ages 6 to 12), a variety of new academic and social skills appear. In order to feel competent, the child requires encouragement and affirmation related to these skills and abilities. Patience, persistence, and perseverance are important skills to be developed. If in the previous stages the child has developed the sense of initiative and has learnt that making mistakes builds and adds to his or her character, then the child will transcend all

academic and social obstacles with a greater sense of self. Although parents are the main influence on a child's development in the first two stages, once the child enters the social and academic realms, he or she is at the mercy of peers and teachers. Therefore, if the initial two stages are not positively resolved, the child will display significant challenges in social and academic competency, or "industry" (Erikson, 1968, p. 123). If the child is left with mistrust, guilt, and shame, once he or she is asked to produce academically, the ripple effect will create inferiority. This decreasing sense of self and increasing self-doubt will result in either internalizing or externalizing behaviours.

Even if, at home, the child has built trust, autonomy, and initiative, his or her academic surroundings (such as a demanding, controlling, and intolerant teacher) could impede or derail the child's positive sense of self. Despite having initially mastered autonomy, independence, and initiative, life events such as an unsupportive and critical teacher with high expectations can hamper the psychosocial path or growth of a child. These formative years are extremely important in a child's sense of identity. Between the ages of 6 and 21 years of age, others play a huge role in our development. Society's influences can inadvertently stunt the psychosocial development of a child. The acquisition of the psychosocial concepts is ongoing and must continuously be re-explored (Erikson 1968).

Stage five, identity versus role confusion, occurs between the ages of 12 and 18 years, but modern researchers have expanded this stage called adolescence, locating it roughly from 11 to 25 years of age (Blatterer, 2007). At age 25, most individuals are finally done their post-secondary education and have entered the world of work, making them completely self-efficient from their parents.

The first four stages are the stepping stones that anchor the fifth stage of psychosocial development. If the first four stages are negotiated successfully, it will help the adolescent navigate this fifth stage with less turbulence. Parenting is still a key factor in this stage. Parents still need to encourage their teen's independence and

autonomy, and increase the teen's sense of competence and self-exploration, all within appropriate limits (Erikson, 1968). Despite being nearly adults, teens require just as much guidance as younger children. The parent who believes that his or her job is done once children reach adolescence is severely mistaken. A nudge here and there, supportive and encouraging words, are all part of helping adolescents navigate the tumultuous teen years' exploration of "who am I and where am I headed" in relation to their social environment.

Adolescents need to challenge adults in their world (parents, teachers, and other authorities) in order to develop an optimal emotional and cognitive health. Healthy rebellion assists youth in understanding boundaries, resulting in the acceptance of rules, responsibilities, and consequences (Nelson & Lott, 2000). Erikson (1963, p. 274) states that success in this stage equals the virtue of devotion and fidelity towards others that translates into a positive transition into adulthood.

In summary, although Erikson (1963) does not use the specific term "parenting" in his work, he paints a picture of how to parent and the qualities that a parent requires to assist his or her child in successfully transitioning each stage of psychosocial development in order to achieve a positive identity. The qualities Erikson lists are patience, calmness, and the ability to co-regulate and to be firm and supportive. This would seem to fall into what Baumrind (1971), later described and classified as the authoritative parenting style, a parent who has high responsiveness and high demandingness.

2.3. Family Structure and Social Construct

In this module, I will not go into depth regarding all the historical information related to family structure and social constructs as it is too lengthy for the purpose of this thesis. I will focus on specific historical information that I believe has had the most influence on today's adolescent identity.

Historically, the traditional family structure remained relatively stable and predictable for centuries (Dagenais, 2008). It wasn't until the emancipation of the individual that the family structure underwent significant changes. The emancipation of self-identity and individual rights made way for the modern era. Each individual needed to be recognized in his or her various roles, as employee, citizen, wife, father, and so on, as well as a free universal individual (p. 7). Instead of the traditional identity of a social being, modern men and women see themselves as individuals first and foremost. Modern relationships are characterized as a true commitment of sharing one's self-identity with another. Love is then the basis of all relationships (couples and children) and the purpose of marriage is to have children with the person we love and not to appropriate the parent's sense of social place and role.

From the fifteenth to the mid-twentieth century, the family gradually separated its identity from economic and political functions and built its premise entirely around the parent-child relationship, with the goal of creating individuals who would become independent and self-aware (Dagenais, 2008, p. 4). The modern family's role is the socialization of children. Education is the means by which the family assists children in attaining emancipation—that is, attaining the stage where they can leave the family home to pursue their own lives as “universal being[s]” (p. 56). This new way of perceiving one's child altered the parent-child relationship to an understanding of seeing the child through to parenthood. Society shows an extreme amount of interest in focusing on the needs and training of the child so he or she can “grow up.” Mothers' and fathers' roles are redefined as those of teachers who train and shape their child to be a person. Childhood and adulthood are now related through the determination of education and self-development:

In seeing that his parents play roles, in seeing that the differences between maternal and paternal roles is at the service of the same aim, and in seeing that society is not a large family, the child understands that all this prepares him for an adult life, and he understands that the affection and constant support will diminish as he becomes an independent individual. (Dagenais, 2008, p. 64)

The parent-child relationship dominates in this period, and child rearing is permissive in nature; children are indulged and undisciplined. Parents seem to have little to no control over their children, and children are seen as self-confident, independent, poised, and mature (Furstenberg, 1966).

In the modern era, identity is associated with the variety of roles a person plays within the public and private domains: this is one's "social identity." People are only partially recognized for what they do (parent, employee, etc.). One's occupation is not all-consuming as it is only a function, something that one has been instructed to do (Dagenais, 2008, p. 7), and not one's inner identity. Individuals see themselves as others do in order to regularly take stock of their personality and make projections about their future selves (for example, the parent might see him-or herself in the child).

Blatterer (2007, preface) provides an insightful and thought-provoking discussion of social and family transformations. He investigates emerging social trends rather than analyzing specific social situations. He is of the opinion that it is not necessarily the weakening of ties, a corrosion of loyalty, an acceleration of time, or an increasing emphasis on looking out for number one but rather a chronic self-absorption and self-obsession of the "me-generation" that contributes to today's sense of uncertainty among adults. We could elaborate on Blatterer's idea and argue that the chronic self-absorption and self-obsession is emphasized by the condition of the here and now, that personal drive for immediate gratification. Technology has provided that concept of virtual "reality" where everyone can find his or her own reflective image in the absence of community.

Blatterer acknowledges the complexity and vagueness of the social representations of adulthood. As Gerald Duveen has observed,

Social representations are almost tangible entities. They circulate, intersect and crystallize continuously, through a word, a gesture, or a meeting in our daily world. They impregnate most of our established social relations, the object we produce or consume, and the communications we exchange. We know that they correspond, on one hand, to the symbolic substance which enters into their elaboration, and on the other hand, to the practice which produces this substance, much as a science or myth corresponds to a scientific or mythical practice. (cited in Blatterer, 2007, p. 9)

Historically speaking, adulthood was a cultural condition that had specific practices, expectations, achievements, and competencies (Blatterer, 2007, p. 10). Before industrialization, in Western cultures, adulthood had no social significance: “you were either a man, a woman or a child” (p. 11), and the roles appeared to be clear cut and simple. What we find is that the previous practices or customs associated with adulthood that were established in the last two generations are now being replaced with new more liberal practices. These practices are individually founded, creating a more individualistic society.

The concept of adulthood emerged in the early twentieth century with the theory of psychological maturity. Blatterer explains how adulthood thus becomes a process of individualization: a process that was also mentioned by John Locke (1961). The individual is gradually freed from all his, or her preconditioned circumstances (e.g., family, class, and so forth.) or religious constraints; an adult is now responsible for all aspects of his or her life (Blatterer p. 11). In other words, the individual is liberated from his obligations with regards to previous and future generations, resulting in the ultimate goal of independence (Locke). By the end of the nineteenth and the beginning of the twentieth century, adulthood asserts its place in the life stages between adolescence and old age, resulting in adolescents anticipating their autonomy. People see adulthood as the ultimate goal of achievement, filled with promise and aspirations (Blatterer p.12). With the liberation from social obligations comes new practices of the adult framework, creating a sense of uncertainty as these new practices have no concrete construct of what it means to

be an adult. Each person establishes his or her own meaning of adulthood and there appears to be an increase in the sense of being detached or isolated from others- such as community.

The period between 1945 and 1965 marked the era of “Fordism” as a way of life. According to Nick Lee, Western society saw substantial economic growth, and this was the era to live in, for its recognition, promotions, predictability, guaranteed pensions, retirement opportunities, and job security:

Once adult and employed, one could expect to stay “the same” for the rest of one’s life in a range of ways; one’s identity was stabilized by sharing the work environment with more or less the same people throughout one’s working life; the geographical area one live in would remain the same since the organization one belonged to had set down firm roots in that area; and, even if one were dissatisfied with one’s job, one would not have to seek a position with another organization (in another place with different people) because time and effort would bring the reward of career progression. (cited in Blatterer, 2007, p. 14)

This predictability and stability made adulthood a walk in the park with distinct markers such as marriage, parenthood, and work. There was no confusion as to the process or time line, and therefore there was a high degree of fit between social norms and practices. The ideal family was the heterosexual nuclear family, and early marriage and family formation constituted the norm experienced by many adults (Blatterer, 2007).

The expanding nature of culture in the 1960s, called the “me” generation with its ideology of self-absorption and self-obsession, saw the enlightenment of the youth culture (Blatterer, 2007). This period demonstrates the growing individualism of the entitled individual, also known as narcissism, which is believed to be a major contributing factor in Western society’s current malaise. Hugh Mackay notes that children born during this period, known as “baby boomers,” lived the motto “we’re not here for a long time; we’re here for a good time” (cited in Blatterer, 2007, p. 15).

This attitude set forth the ideology of the significant transformation of youth that is still echoed to this day. Everyone in mainstream culture began to live in the moment and everything was related to one's immediate gratification.

This model was not necessarily experienced by all. It was mainly in the white, heterosexual middle class, defined as "mainstream culture." Dagenais (2008) explains that this is not the norm for rural communities: they are still influenced by the traditional values of family and culture due to their isolation from mainstream influences (p. 46).

During the 1950s and 1960s, the classic markers for adulthood became marriage, parenthood, work, and independent living. Family roles and adult responsibilities remained fairly unison. Most women married by age 21 and had their first child by 23 (Dagenais, 2000; Beaujot, 2005; Blatterer, 2007). For women, adulthood was reached once they were married and had children, while men were deemed adults once they married and were responsible for financially supporting a family.

As Blatterer (2007, p. 17) observes, these patterns continue today: "These classic markers of adulthood provide the social frame for the standard adulthood, a model that not only approximates many contemporary adult's lives, but that is the normative model par excellence." With this new construct of adulthood came the challenge of defining individuals who did not follow the prescribed course of marriage and so on; therefore, adulthood could not be associated with just the ability to procreate: "In the clear absence of explicit rites of passage, one immediate problem in society is the lack of empirical determinacy as to when adulthood begins" (p. 18).

Contemporary society is now faced with the consequences of the emancipation of the individual and the new social construct of adulthood, one such consequence being the struggle to pinpoint the beginning of adulthood and maturity. Historically, maturity was associated with competency. An individual who demonstrated a level of competency with regards to his role within the group or

community was given the rights and privileges associated with "adulthood". Today, adulthood is more arbitrary, with the division of the public and private spheres; we see the implementation of legislative authority (Dagenais, 2008). At present there are different laws for various aptitudes, which mark maturity at different points arbitrarily from a date on a calendar and not because we have acquired the recognized competencies related to these aptitudes (for example, at what age one can drive, give consent, be held criminally responsible, get married, etc.) (Blatterer, 2007). What is even more confusing is that these age determinants are not universal. Not only does each aptitude have a different age requirement, but those age requirements vary from state to state, and country to country, and even within different disciplines of the law, such as criminal law, family law, mental health law, and so on. Consider alcohol consumption and driving: the legal age for these activities varies from province to province, state to state, and country to country. These arbitrary dates are determined by law makers and have replaced social recognition. There are thus contradictions in the practical meaning of adulthood and its conceptuality. There are "neither official age grading nor the attribution of rights and obligations; neither biological characteristics nor psychological traits; neither formal nor informal age norms; neither fixed roles nor rites of passage" that universally determine when an individual has reached adulthood (Blatterer, 2007, p. 19). Everything becomes objective, for instance, norms of adulthood are personally determined or defined by various laws and dates on a calendar creating further divergence with prolonged adolescence and postponed adulthood. As each individual is supposed to decide what is best for him or her, we begin to see individuals in their twenties still living an adolescent lifestyle without no financial responsibilities, dependents, or stable employment, often returning to their parents' home with no clear plans for the future—almost as a protest to growing up. For some time, adolescence was deemed to be from 12 to 18 years old. When Erikson first established his fifth stage of psychosocial development, he was basing his theories on what was the human experience up until the mid-

twentieth century, although he also notes that age range is subjective, and he recognized that the gap was also growing. Erikson also describes the term “prolonged adolescence” in terms of a psychological moratorium, where the adolescent delays committing to adult responsibilities so that he or she may pursue leisure or engage in a period of foolishness or I prefer the saying “sowing wild oats.” The period is characterized by Erikson as one of selective permissiveness sanctioned by society:

This period can be viewed as a psychological moratorium during which the young adult through free role experimentation may find a niche or some section of his society, a niche which is firmly defined and yet seems to be uniquely made for him. (Erikson, 1968, p. 156)

It is to be noted that the concept of prolonged adolescence and delayed responsibility initially presented itself after the Second World War. The “how” society was doing business was fastly growing and becoming more complex. Adolescents were required to attend post-secondary education well into their mid to late twenties, in order to obtain new skills and abilities in response to new social demands. This social transformation may have preceded Erikson’s notion of prolonged adolescence.

Increasing individualization leads to an era of options, opening the door for baby boomers to choose among many possibilities and opportunities; more and more of them choose to return to their parents’ home, so they stay in school longer and take on part-time employment while completing their education. The media then begins to report on postponed adulthood and prolonged adolescence (Grossman, 2005; “Parlez-vous Twixter,” 2005), and we see an emerging trend under various descriptors or social representations, such as twixters, adultescents, kidults (in the US and Australia); boomerang kids (Canada); Nesthocker (Germany); mammone (Italy), and kippers, meaning kids in parents’ pockets eroding retirement savings (UK) (Blatterer, 2007, p. 20).

Blatterer (2007, p. 23) argues that Jeffrey Arnett, Frank Furstenberg, and other researchers make the connection between Western culture being individualized and the transition to adulthood being individually rather than socially defined. For instance, Arnett and Susan Taber observe that “[Adulthood] takes place subjectively, individually, internally, in an individual’s sense of having reached a state of self-sufficiency, emotional self-reliance, and behavioral self-control” (cited in Blatterer 2007, p. 22). James Côté agrees, claiming that “adulthood is now more a psychological state than a social status” (cited in Blatterer, 2007, p. 22).

This perceived freedom of endless possibilities and opportunities was short-lived, as now baby-boomers, the beneficiaries of this abundance, moved from adolescence into adulthood and parenthood. The mid-1970s saw several economic crises, such as the oil crisis and the energy crisis, and although jobs were still plentiful, a new generation emerged to live in the shadow of the baby-boomer era (Blatterer, 2007; Dagenais 2008).

A greater gap developed between the plentiful worlds of what was and what really is; but the dream of endless possibilities and opportunities continues to permeate contemporary media and youth culture. Another social representation, consumerism, has fed into this ideology and false sense of security, having a major impact on our way of life and on our sense of personal and cultural identity today.

Consumerism becomes a reflection of the “me” generation and the era of the child being “the centre of the universe”: “the market transforms the pursuit of self-interest into the common good” (Taylor, 2014, p. 2). We begin to see how the market transforms our practices, customs and our day to day operation of how we do things. Markets began to direct all advertising to two main streams of culture, those with the most influence and power: “the prolonged adolescent and the postponed adult” (Blatterer, 2007, p. 19). They had the desire and the money to buy what the markets wanted to sell. I will not go into extensive length on consumerism, but it is important to note that despite the inevitable economic decline, consumerism remains relatively

unchanged and has grown exponentially in the last 60 years. Contemporary consumer identity is founded on the acquisition of material things and not on traditional values of identity, it has replaced Erikson's "who am I?" (Woodward, 2011) with answers derived from aspirations, desires, needs, and how people see themselves in relation to the rest of society (consumers). The image of the 1960s white picket fence, house, new car, and summer vacation is still what most people aspire to achieve in the twenty-first century. People feel they deserve that ideal. The reality is that the gap between the 1% of the population that controls roughly 50% of the world's richest and the rest of the population is increasing. Consumer debt is at an extreme high and the cost of food, shelter, and basic needs (the cost of living) has increased, and yet there's a perception that "we" deserve that ideal lifestyle, despite not having the money for it. This ideal lifestyle is based on the principal that happiness is our new sense of self and identity and it is rooted in the accumulation of material possessions. One's identity is now associated with how much and what one owns such as what kind of house, a type of car, a vacation home and so forth.

Dual-income households are now a necessity rather than a luxury. In some cases, it's a combination of having an aspiration to improve one's potential with the reality of having no choice but to work to make ends meet.

The increase in consumerism is now part of our social practices, it increases the rhythm of life; everything becomes quicker: "speed is creating a new world that transforms what we do, what we value, and, more important, who we are, as acceleration accelerates, our very sense of reality morphs" (Taylor, 2014, p. 6). "Time" becomes part of a modern social construct. The influence that Fordism had is nothing compared to the influence of technology and its impact on social, cultural, economic, and personal growth. People now have access to unlimited resources at their fingertips, and this acceleration becomes the norm for success. With this acceleration of time come new challenges for individuals to keep up, adjust, and adapt: "My life is faster than my father's life, my children's life is faster than my life,

and the lives of their children, already hooked on iPhones and iPads, will be faster than theirs” (Taylor, 2014, p. 2). It is these new practices that contribute to the post-modern identity crisis. The research on family transitions and social constructs is immense, and I have barely scratched the surface here. Each element can and has in its own right been explored and researched. My goal here is to just bring enough information to the discussion of my ideas about how these major shifts in family and society have influenced adolescent identity today, and in particular have contributed to the experiences of adolescents with a more tumultuous psychosocial development, who are struggling to achieve good mental health.

2.4 Adolescence and Identity

Adolescence is considered a passage that all children must make in order to become an adult; adolescence could therefore be considered a rite of passage. Although characterized as a stage of crisis, the concept of adolescent crisis is not deemed to necessarily be one of misery and hardship:

It is not always easy to recall that in spite of the similarity of the adolescent “symptoms” and episodes to neurotic and psychotic symptoms and episodes, adolescence is not an affliction but a normative crisis, i.e., a normal phase of increased conflict characterized by a seeming fluctuation in ego strength as well as by a high growth potential. (Erikson, 1968, p. 163)

In most cases, puberty commences roughly at age 12, and sometimes earlier. The change in physical appearance, the increase in hormonal flux, changes in mood, and the need for social acceptance play a huge part in the transformation of a child into an adult. If you add family instability, poor social skills, and poor coping skills, you have a recipe for an extremely complex transition.

According to Françoise Rougeul (2006), a crisis is a climate of tension from one state of equilibrium to another. She states that the adolescent crisis can be viewed as being negative, natural, or accidental in nature. The “negative crisis” is where there is an inability of comprehension or a conflict that impedes the individual’s ability to

move towards change. The “natural crisis” is deemed to be a natural stage of development that cannot be avoided, which is part of the cycle of life (childhood to adolescence to adulthood). The so-called “accidental crisis” is described as an unforeseen event in one’s life that involves redistribution of the roles of everyone involved (e.g., a parent’s loss of a job and imminent financial difficulties).

In other words, the adolescent is in transition, and the crisis is described as a choice, a decision, or a change in the natural process. A crisis is not necessarily associated with any pathology unless it is accompanied by suicidal or aggressive behaviour: “La crise est caractérisé par un passage d’un état stable à un autre état stable qui peut être accompagné par une période de tension et de souffrance puisqu’un changement se déroule dans l’organisation des relations familiale” (Rougeul, 2006, p. 19). The exploration of one’s self is central in the development of adolescence. Identity formation can be seen as being tumultuous and complex in nature and presents with a disturbance in one’s perception of self.

Kidwell, Dunham, Bacho, Pastorino, and Portes (1995) describe Erikson’s earlier work in identity formation theory and conclude that a decrease in the self-concept equals a decline in the adolescent’s ability to adapt to his or her environment, a decrease in the ability to manage conflict and attain resolution, and an increase in adolescent stress. During the identity formation stage, the adolescent is more likely to manifest confusion, impulsivity, mood and affect variances, doubt, and somatic complaints. This period of transition is a vulnerable stage for the adolescent, and it is this vulnerability that subjects the adolescent to a state of disequilibrium in self and identity.

We can theorize that this decrease in the self-concept and disequilibrium is associated with the adolescent’s loss of subjectivity and sense of community in conjunction with how the practices have changed dramatically from a practice of doing to a practice of consuming. The adolescents that are referred to me for clinical reasons are not experiencing a “normal” crisis in transition. Rather, I am seeing a

more complex outcome relating to their inability to properly resolve the basic transitions of self-identity as described by Erikson. They are also experiencing serious periods of family instability, chaotic and or dysfunctional family relationships. Such added factors cause more complex and pathological crises that include symptoms of anxiety, depression, anger issues related to poor self-regulation, and self-harming behaviours.

Recent research claims that children and adolescents are experiencing five times more stress than their counterparts of the Great Depression. The challenge then becomes understanding what stress is; for this generation, stress is a more complex construct than it was in 1936 (Shanker, 2010). Stress is anything that the brain registers as a threat; therefore, the experience is uniquely perceived by the individual. Research demonstrates that there is too much stimulation occurring that interferes with the brain's ability to self-regulate. The brain is still having to process stress responses to things that we wouldn't even think as being stressful, such as modern urbanization with its increase in noise and sensory stimuli, with more people crammed in small areas; the changes in lifestyle, with longer work days, less sleep, and poor eating habits, social media, and technology all play a key role in how our brain functions (Shanker, 2010).

Young teens go through fundamental transitions in self-regulation; they suffer setbacks and regressions, and in times of acute stress it is not unusual to see a child or adolescent revert to the infant stage, needing a parental hug in order to calm down (Shanker, 2012a, p. 3). Since adolescence is a stage of change and confusion, it is easy to see why family issues or social pressures can strongly influence an adolescent's self-perception and create cognitive distortions. The self-image is associated with the contextual nature of the environment to which the individual is exposed.

According to Seth Schwartz (2008), the self can only be achieved when there is self-awareness. That awareness is associated with personal beliefs that are anchored in relationships with others, individual character traits, physical characteristics, abilities, values, and clear social roles. The key elements in an adolescent's world are his family, academics and peer relations. If an adolescent can achieve appropriate support through positive peer, familial, and academic interactions, this will increase his or her sense of identity and acceptance. The adolescent's perception of work will be positive and work will thus have positive influence on his or her concept of self. Those adolescents who experience a distracting home environment (Bandura, 2006) will struggle in the process of attaining an effective transition from adolescent to adulthood.

Although adolescents seem to define much of themselves according to their peer relations, in fact the family is an extremely important and initial influence on any adolescent. Schwartz (2008) describes how a well-functioning and cohesive family includes parents who are attentive and supportive, which is keeping in line with Erikson's (1963, 1968) and Baumrind's (1971) concept of appropriate parenting styles. Therefore, if an adolescent is to achieve a positive self-image and identity, emphasis must be on positive family interactions, positive academic performance, and positive body image along with peer acceptance.

This is true within the clinical setting; many adolescents will display a deficit in at least one of these areas, if not all. In order to elicit effective change, having a clear understanding of the adolescent's world is crucial in engaging him or her in the

work to make the transition into adulthood a healthy and productive one. However, should an adolescent experience conflict in either or all of these areas the outcome is most certainly a decrease in self-concept¹² and uncertainty in self-identity,¹³ and the most likely the end result is the presentation of defiant and negative behaviours such as those seen when entering crisis intervention services. The adolescent's inability to find resolution in his or her perceived world is felt to be catastrophic and insurmountable; therefore, a sense of hopelessness and despair develops, influencing the choices the adolescent in crisis makes in his or her interactions with the environment.

In the early 1900s, the concept of self-image was considered a natural process of development in which one was concerned with achieving the highest education level that would provide the opportunity to attain a healthy and modest economic status (Zeira & Dekel, 2005). Good parental and peer relations were also a must. The family played a key role in the concept of self. However, we find in the twenty-first century that, in order for the adolescent to achieve a healthy and sane transition into adulthood, it is more likely to occur with the assistance and guidance of a mental health professional than through natural processes or within the guidance of the family environment:

At the beginning of the new millennium, adolescents face the same old challenges of different life domains and social roles [...] but in the context of a rapidly changing society. The helping professions are obliged to guide adolescents through a successful transition into a content adulthood. (Zeira & Dekel, 2005, p. 1)

¹² Self-concept: a cognitive or descriptive component of one's self (e.g., "I am a fast runner") (Self-concept, n.d.).

¹³ Self-identity: a collection of beliefs about oneself that includes elements such as academic performance, gender roles, sexuality, and racial identity. Generally, self-concept embodies the answer to "Who Am I?" (Self-concept, n.d.).

I would also add that we see in this new millennium many parents who seek professional services regarding how to parent their children. I often meet with parents who are completely distraught about not knowing how to parent; they question their own parenting styles, skills, and values. These parents require more than Erikson's basic notions of parenting; they require a more extensive parenting model such as "Triple P" (mentioned above) in order to assist them in their role. Parents' lack of "industry" (Erikson, 1968, p. 123) related to their parenting styles, skills, and values has adverse effects on children's psychosocial development.

In moving forward in adolescence, the parent-child relationship continues to take centre stage. Davies (2008) describes two defining problems that adolescents are faced with. The first problem is one that youth have consistently encountered across the generations, which is the adolescent's search for independence in the parent-child relationship, resulting in power struggles. Adolescents strive to do things their way and on their own terms, while parents need to balance the art of letting go of some of the control while still maintaining an appropriate amount of control to ensure their child's safety. One could hypothesize that, if stage two of Erikson's psychosocial development, autonomy versus shame and doubt, is met successfully; adolescence may be less tumultuous as parents will already have the basic knowledge and skills to balance the adolescent's need for autonomy.

What role does the family play in a child's perception of self and identity? The parent / child relationship is extremely influential in child and adolescent development. M. D. Resnik et al.'s research on parent-child connectedness, discusses the link between family reciprocity and emotional distress, drug and alcohol consumption, suicidal behaviour, and premature sexual behaviour among youth (cited in Ackard, Neumark-Sztainer, Story, & Perry, 2006). Ackard, Neumark-Sztainer, Story, and Perry (2006) focus on maternal affection and the potential outcomes. They

indicate that female adolescents who acknowledged a lack of maternal affection were more likely to experience weight issues and suicidal behaviour, while male adolescents were also more prone to experiencing weight issues and suicidal behaviour, with the added component of drug and alcohol problems.

These results do not surprise me, as one of the key components in psychosocial assessment is looking at the relationships within the child's environment (peer and family). In most cases, both female and male adolescents who present with serious drug, alcohol or suicidal behaviour disclose having poor to mediocre relationships with either both or one parent. The parental framework is mostly permissive, or in some cases borderline neglectful. Parenting clearly affects how adolescents experience and manage the identity crisis:

Individuals who feel alienated from parents often remain diffuse and experience serious adjustment problems, whereas those who feel close to controlling parents often simply foreclose on identities that parents suggest or dictate to them and that may prove unsatisfying. Adolescents who forge healthy identities that suit them well typically have warm and accepting parents who encourage identity explorations and who permit their teens to take their own stands on issues and to become individuals in their own right (Shaffer, 2007, p. 5).

According to Ackard et al. (2006), one of the recommendations from Resnik et al.'s 1997 research is to encourage families to spend more quality time together, such as meal times. They claim that adolescents who have regular meal time with their parents are more inclined to feel supported and the parents become more influential in their decision making.

These ideas are not new or uncommon, but I believe that there needs to be consistency in the approach to adolescents and children: increase the positive and constructive dialogue within the family, assist families in appropriate conflict resolution that is respectful and avoids blaming, and increase the self-efficacy of the child or adolescent. As previously discussed, if the adolescent is to have a positive self-concept or identity, he or she must meet success in certain accomplishments.

Parents who allow their children to exercise the appropriate skills within their developmental stage will encourage a healthy self-identity and concept in their child or adolescent (Erikson, 1968; Baumrind, 1971; Ungar, 2007).

Delaunay, Purper-Ouakil, and Mouren's (2007) work on Oppositional and Defiant Disorder (ODD) and family tyranny suggests that 68% of families who experience ODD and family tyranny are professional working families. They conclude that families who have professional working parents are extremely busy, leaving less time for family time. The amount of parental stress is higher due to balancing a high demanding career and family responsibilities. It was also noted that the children of these families must tend to themselves most times and there is less parental attention to their child's emotional needs.

What about religion? What role does it play, if any, and is it significant? Historically, religion has played a tremendous role in terms of social control, guidance and a strong sense of common affiliation, although in the last half century the influence of religion on social control has dwindled. Religion has seen a decrease in its influence over the rules of society. Families still identify themselves with a specific religion (e.g., catholic, protestant, etc.), but the rituals associated with that specific religion may not be adhered to on a daily basis.

Richard Caputo's (2004) work on parental religiosity and family processes hypothesized that religion had little to no effect on adolescent behaviour. What he did find is that, in families that adopted a more serious approach to religion, the parents were more involved and there appeared to be positive family interactions and attitudes. Does this mean religion is the key? I don't believe so because religion in these cases seems to be a vehicle (a means). It does not seem to be the religion itself but rather the practices of the religion (e.g., rituals) that are important. In all religions, the ritual is the belief that there is something bigger than the self. A collective identity, families dedicate amounts of time spent engaging in activities together (i.e., families share a common prayer time, family meals are considered sacred, and they

attend church regular). The mere fact of taking part in these activities as a family, results in more and increased family time, which opens the door for more communication and positive relationships. In my opinion, families can achieve the same results if they only schedule special and quality time together as though they were committing to a religious practice.

Caputo (2004) further states that parental style seems to be more influential with an adolescent's behaviour outcome than perhaps the morality of religious beliefs. Caputo's argument is that parenting strictly from religious beliefs; seems to have little to no influence on an adolescent's behaviour outcome. Rather, he claims that it is the authoritative parenting approach that will have the utmost influence on adolescent behaviour outcomes. I would add to this argument by suggesting that the parent who shares religious practices and beliefs in a supportive parenting style will also have a positive influence on adolescent behaviour outcomes. He describes parental styles as follows: absent parents are permissive and give little to no support; authoritarian parents are strict and give little to no support; permissive parents are permissive and very supportive; authoritative parents are strict and very supportive. This representation is in keeping with the initial description of parenting styles by Baumrind (1971) and Maccoby and Martin (1983), discussed above.

According to Caputo (2004), adolescents who perceived their parents as authoritarian seemed to display more delinquent behaviours, and their peers seemed to be more influential in their decision making. The end result was that parents, who provided some support, whether permissive or authoritative, saw an increase in positive behaviours such as academic performance and overall sense of self. By increasing the family support system, the adolescent's mental health status was improved, even if the peer influence was stronger than the family influences, which leads us to conclude that social learning is more effective than social control.

Faber et al. (2003) reflect on the association between family structure, attachment, and identity formation in adolescents. Their research, based on the work of several theorists (e.g., Anderson & Fleming, 1986; Perosa, Perosa & Tam, 1996), suggests that supportive family processes are crucial to an adolescent's ability to achieve a positive and stable self-identity. The parental role, marital relationship, and family interactions are key elements discussed in the formation of adolescent identity.

Adolescents who have a secure attachment achieve a stage in which trust is established, and they are secure in exploring the environment and surroundings. The implementation of clear boundaries and limits also allows the adolescent to achieve self-efficacy, which is congruent with Erikson's theory (1963).

Among the factors that influence the adolescent's perspective on his or her environment is the marital relationship. According to Faber, Edwards, Bauer, and Wetchler (2003), if marital conflict is present without resolution, the adolescent seems to present with attachment issues, triangulation issues, and the increased risk of not being able to achieve an effective self-identity formation as there is no structure (security) to provide appropriate boundaries for the adolescent's exploration of his or her environment.

In most cases, marital discord is associated with a variety of stresses. Let's consider parental stress and how it impacts the adolescent's world. Morgan, Robinson, and Aldridge's (2002) research on parental stress and externalizing behaviours in children demonstrates the correlation between the parent's perceived level of stress and the child's level of externalizing behaviour. The level of perceived parental stress seemed to have an immense association with the level of behaviour experienced by the child. Parents who experienced the highest level of stress had children who exhibited the most severe externalizing behaviours. The rationale is that these parents did not see themselves as having any support or resources available to them and tended to have extremely negative thoughts about their child. This parental perception only increases the child's insecurity (lack of self-concept) and has the

child reacting in a manner he or she understands. A parent who doubts his or her ability, a parent who perceives the child in a negative manner, or a parent who is abusive is a dysfunctional parent. As previously discussed, the style of parenting makes all the difference as to whether this child or adolescent will be able to have a positive self-concept or identity.

The Carnegie Council on Adolescent Development (1989) proposes five characteristics of an efficient (functional) adolescent (cited in Martin and Martin, 2000, p. 786). Functional adolescents are intellectual and reflective in their cognitive development. They can express themselves verbally and in writing, and they understand the basic languages of mathematics and the sciences, and appreciate diverse cultures and languages. Functional adolescents demonstrate meaning and purpose in their work achievements, academic or otherwise. They have the ability to take responsibility in influencing their environment (world). They are caring, reflective in their thought process, and have good ethical reasoning — and most of all an understanding of the association between good physical and mental health (that is, between diet, exercise and positive self-image [body image]):

An optimal sense of identity, on the other hand, is experienced merely as a sense of psychosocial well-being. Its most often concomitants are a feeling of being at home in one's body, a sense of "knowing where one is going," and an inner assuredness of anticipated recognition from those who count. (Erikson, 1968, p. 165)

These would be the characteristics to encourage in a child's development, and in the end that's what most parents want for their child. At times parents don't have the appropriate parental framework to provide such structure and guidance, as their own behaviours and issues have impaired their mental health, with the result that they themselves question "who am I?"

A parent who did not achieve his or her own psychosocial development is nonetheless required to assist his or her child in doing so. Isn't this paradoxical? Often in children's mental health, professionals are providing the parent with some

therapy so that he or she may establish an appropriate parental framework as a means of resolving his or her child's mental health issues. If we take, for example, a referral from a parent who states that his or her child displays significant behavioural issues at home and/or school, generally speaking, the child is missing certain skills in self-regulation (Erikson, 1963; Greenspan & Shanker, 2004; Macklem, 2008).

The course of treatment in resolving these behaviours is teaching the child the unmet skills of self-regulation. It is common for clinicians to model the required skills to the parent, so that the parent may also master them, as in most cases the parent is also missing the skills to self-regulate. Only by learning these skills can the parent model and teach them to his or her child.

How do we teach parents to reflect on their own unmet childhood needs so that they can be more effective at assisting their child or adolescent through theirs? This is a vicious cycle that continues through many generations. The problem is that most of these parents require a significant amount of time to accomplish such achievement, which is not conducive to swift resolution of their child's/adolescent's current needs.

Peer relations is the other area identified by Davies (2006) that adolescents across the ages have problems with. Adolescents see themselves through the eyes of their world; that world is mostly spent surrounded by peers. The adolescent finds his or her identity through those peers. The peer relationship is considered problematic, as most adolescents will distance themselves from family, which can cause conflict as the parents feel that they may have little or no influence on their child's world during this time. As explained earlier, the adolescent, his personality, and his self-image have always been major factors in adolescent problems. A negative body image or psychological issue is a major contributing factor in an increase in negative identity construction and behaviours among teens.

Erikson (1968) indicated that in order for an adolescent to achieve his identity, he or she must be able to visualize and anticipate his own future. If the

adolescent can plan, aspire, and consider possible pitfalls that may have to be overcome, then self-identity can be achieved with minimal disruption to the self-concept. Marcia (1980) elaborates on Erikson's theory and concludes that an adolescent has achieved his or her identity when he or she can envision multiple possible futures. The variety of possibilities of the self allows the adolescent to regulate his or her behaviour since his or her thoughts and feelings are more sophisticated and refined.

The positive outcome of the identity crisis is dependent on the young person's willingness to accept his past and establish continuity with previous experiences. The adolescent must find an answer to these questions: Who am I? Where am I going? Who am I to become? According to Erikson (1968, p. 165), an "optimal sense of identity" includes feeling "at home in one's body" (accepting one's sexuality), feeling that one knows "where one is going" (being committed to a system of values, whether religious beliefs, vocational goals, a philosophy of life), and feeling an "inner assuredness of anticipated recognition from those who count." Only through the achievement of these aspects of ego-identity is it possible for the adolescent to move into adult maturity, achieving intimacy of the sexual and affection love, establish deep friendships, and achieve personal self-abandon without fear of loss of ego-identity (Muuss, 1975, p. 66).

The increasing problems faced by adolescents today could explain why they tend to exhibit extremely self-destructive behaviours such as self-harm and suicidal ideations.¹⁴ Adolescent suicide is one outcome when a series of conflicts are experienced, and suicide is seen as a possible way out of such conflict. The conflict occurs when there is a gap transitioning between two stages of psychosocial development. Suicide presents itself as an option, as the adolescent is caught jumping into the next stage without proper resolution of the preceding stage:

¹⁴ Although suicidal behaviour will be discussed here, it will be considered as a symptom or reaction, in the context of understanding how gaps in adolescent psychosocial development have potentially serious consequences and outcomes.

Le suicide à l'adolescence dénote la présence d'un malaise important, c'est un cri de souffrance, de désespoir et d'appel à l'aide. L'explication du suicide ne se trouve pas dans un facteur précipitant mais dans l'histoire passée, le vécu problématique, les conflits antérieurs. (Bouchard, 2006, p. 1)

Bouchard (2006) outlines the characteristics of a suicidal teen. He describes the sense of disorganization, self-doubt with respect to physical appearance (due to puberty changes), and confusion about self-concept and identity. On a psychological level, the adolescent is impulsive, hypersensitive, vulnerable, emotionally unstable, and impatient; he or she is in a constant state of conflict and disequilibrium, with the added sense of being alone. These factors are considered part of normal adolescent development, and other external stressors are the defining principles of teen suicide. During this time, the adolescent is seeking resolution or change, and the sense of powerlessness in making such change or the lack of ability to perceive a more positive future with the current problems resolved results in a belief that there is no way out besides suicide.

Pedro Portes, Daya Sandhu, and Robert Longwell-Grice (2002) consider Erikson's identity formation framework as the basis for describing adolescent suicidal behaviours. The theory implies that failure to master each stage in a positive manner will result in a rupture in the self-identity and increase the likelihood of suicidal behaviour. J. Bowlby (1988) postulates that failure to establish trust creates a sense of insecurity and poor adjustment to one's environment (cited in Portes, Sandhu, & Longwell-Grice, 2002, p. 3); the same is true when independence is not achieved as the individual has a sense of guilt, shame, and doubt in his or her abilities reinforcing a negative self-image, which is contrary to self-efficacy (Bandura 1990):

Self-Efficacy concerns the relationship between a person's beliefs in his or her ability to carry out certain actions in life and its contribution to actual achievement. Thus, the extent to which a person has a positive Self-Concept may shed light on possible future achievements. (Zeira & Dekel, 2005, p. 178)

These researchers' findings are all in line with Erikson's (1968) initial contribution, which states that the adolescent's inability to find resolution in his or her perceived failure to achieve identity is deemed to be catastrophic and insurmountable, resulting in hopelessness and despair as self-doubt, role diffusion, and role confusion set in and influence the choices the adolescent makes in his or her interactions with the environment; the adolescent finds him - or herself engaging in self-destructive behaviour. In the most severe cases, identity diffusion can lead to suicide or suicidal attempts. If the adolescent feels he or she is capable of resolving or achieving success, then no matter the obstacle, he will manage to find some resolution or at least come to the understanding that these feelings or situations are temporary in nature, and that they will not last forever (hope): "Suicide is not regrets of the past or the current situation but rather the inability to see hope in the future, a loss of hope that things will change or get better" (Shea 2015). This is what is meant by the inability to reach, see or finish the next stage, as it is not yet present, there is a lack of being able to see the horizon or perspective and suicide appears as a way out (Chandler, 2003)

An interesting perspective on suicide is found in *La fin de la famille moderne*, by Daniel Dagenais (2000), in which he proposes that adolescents and young adults (17-30 years) see suicide as a social context. Dagenais (2007b) describes the suicide as a death of an identity "meurtre d'une identité." He infers that the problem is not the act of killing oneself, but the inability to accept one's identity within humanity. Reiterating how one identity is over or no longer an option and the other identity not yet available to the individual. If we consider the social context of the young man who is unable to identify himself with his father as employment opportunities and family composition have changed. The young man may struggle with his identity as he is unable to fulfill his initial identity and the next is yet to be determined.

It would seem to be a failure for a youth or young adult to accept the sense of belonging to humanity or to refuse to assume the normal symbolic transitions from

childhood into adulthood. Dagenais (2007b) describes two very distinct conditions under which one will attempt to “murder his identity”: the first condition is a pathology in which the individual’s concept of adulthood requires perfection and the other is self-hatred in adolescence. Dagenais’s (2007a, 2007b) work on suicide and identity is a more complex discussion that will not be explored in depth here but is worth mentioning as it does bring an interesting sociological analysis to the subject.

Chandler, Lalonde, Sokol, and Hallet (2003) offer another perspective in line with Erikson’s initial theory, but provide a more advanced means of conceptualizing the role of suicide in adolescence. Chandler et al. (2003) describe their hypothesis in relation to the individual’s need to resolve “the paradox of the sameness in the change” (p. 1). The individual must find his sense of self — must remain who he or she is — while negotiating the various changes that occur in the world. These changes happen within both the family and the social structure. Chandler et al. state that suicide is the failure to secure an identity that encompasses those already acquired (past selves), while including the present self and envisioning future identity. The adolescent’s ability or inability to persevere during dramatic changes and transitions results either in a persistent and continuous transition to “self-continuity” or in a temporary loss of “self-continuity” (p. 2):

This monograph is about identity development and the paradox of personal and cultural persistence in the face of inevitable change.... But more than anything, it is about “continuities” (continuities of the self, of others, and even of whole communities), and how it is that young people—both Aboriginal and not—regularly work to understand themselves as surviving time in ways that guarantee a past and a future they can live with and count as their own. (p. 2)

In a nutshell, children have little to no control over their family or social environments, but they need to be able to adapt to changes in order to secure a positive identity. Erikson’s initial theory of identity is the basic framework, and other authors such as Dagenais (2000) and Chandler et al. (2003) provide elaborate perspectives on the concept of identity formation within the social and family

context. They emphasize the importance of creating a healthy identity and offer possible explanations of the consequences when identity is not achieved in a positive manner. The adolescent must be anchored in relation to his respective family and social environments.

2.5 Contemporary Case Examples

This section will present the reader with two case examples providing a contextual framework of Erikson's stages of psychosocial development in current identity crisis among today's adolescent struggles with mental health.

It also offers mental health professionals with potential approaches or avenues to explore in assisting the adolescent in finding resolution within his or her identity crisis.

2.5.1 Industry versus Inferiority

Tommy is a seven-year-old boy, in grade two. In the middle of the school year, a referral was made as Tommy displayed externalizing behaviours. In an initial consultation, the teacher described Tommy as very impulsive, highly reactive to adult instructions, easily angered, disruptive, and physically and verbally aggressive towards peers and adults at school; he had poor peer interactions and a low tolerance for frustration.

Academically, Tommy was bright, and when on task he would function at above average in most areas. It seemed clear that his behaviours were interfering with his academics. His escalating aggression created a hostile environment. Tommy was now stigmatized as a "bad apple" by teachers and peers. An immediate intervention was required to lessen the chaotic environment prior to a full assessment being completed. Tommy was removed from the regular classroom setting and provided an

area where he could be supervised vis-à-vis his behavioural issues and where he could receive some academic support. This created a dynamic where parents and child were reporting that things at home were good, and the issues were only school-related issues.

As part of my assessment and treatment phase, I took part in all school meetings, had scheduled sessions with the parents at their residence to provide parenting support, scheduled regular individual sessions with Tommy regarding his self-regulation, and provided ongoing clinical support to the school team with respect to helping Tommy with social skills.

As part of the assessment phase, questioning parents regarding their parenting styles and values provides insight into understanding dynamics and children's behaviour. Tommy is an only child, and his parents acknowledged that he receives a lot of their attention. They stated that Tommy doesn't have any friends in the neighbourhood. The mother expressed a lot of guilt and shame related to her son's escalation of extreme and aggressive behaviour, and she immediately questioned her parenting as she could not understand why her son was behaving in such a manner. The mother reported that her son did not display a fraction of those behaviours at home.

Tommy's mother's parenting style could be described as permissive as she displays high on responsiveness but low on demandingness. She disclosed that she has difficulty being consistent and that at times she is at a loss about how to address certain behaviours or give appropriate consequences. She admitted that her preferred method was talking and rationalizing things through with her son. Tommy's father, in contrast, demonstrated more of an authoritarian parenting style. Neither parent, despite their different parenting styles, utilized physical punishment as part of their parenting. The father's parenting, although authoritarian, did not have the parenting

value of physical punishment; his style was more focussed on teaching a lesson that at times bordered on “shaming” Erikson (1963) techniques as part his teaching methods, a kind of “see how it feels” parenting approach.

The clinical intervention presented consisted of regular and ongoing parent training and clinical support to school staff in helping Tommy self-regulate with appropriate social skills. This approach was based on reworking Erikson’s four first stages of psychosocial development. 1) Rebuild Tommy’s trust in all the adults (parents and school staff) in his life, so that he knows that they will meet his needs and that they can provide him the sense of security. 2) Increase Tommy’s autonomy by increasing the parents’ consistency regarding appropriate parental expectations, so as to assist Tommy with his poor impulse control by establishing clear limits and boundaries.

This strategy was also utilized at school to demonstrate consistency across the board. Another key element was having Tommy take part in social skills training at school, while parents were having Tommy attend the local YMCA so that he could have positive interaction with peers, almost re-initiating the toddler’s learning social behaviour “right” from “wrong” through play. 3) At home, establish opportunities for Tommy to meet success in following his parents’ expectations of being independent (mastering sleeping in his own bed). At school, Tommy was provided a motivational program that made him feel very supported, validated, and recognized by school staff, thus creating an environment for him to produce and demonstrate his industry.

In using a very detailed and collaborative approach, everyone was able to resolve the “malaise” being presented in Tommy’s psychosocial development and allow Tommy to continue to work through his stage of “industry” along the path of healthy identity formation.

2.5.2 Identity Diffusion

Sara is a 16-year-old girl who was referred to mental health services when her teachers noticed a significant decrease in her academic performance, attention, and concentration in class. Furthermore, her teachers noticed that she appeared tired, lacked energy, and appeared to lack motivation to complete tasks despite being provided with several extensions. In the initial session, Sara described not being able to sleep, feeling unfocused, and being unable to remain engaged in completing her academic tasks and assignments. Sara admitted to previously receiving mental health services and even being prescribed antidepressants. She claimed not to have seen any difference so had stopped the treatment prematurely.

In discussing her support system, Sara claimed that her biological parents have not been together for some time. She stated that her father is a recovering alcoholic. When asked regarding her relationship with him, she claimed that she physically saw him but she does not describe having a strong, connected relationship with him. She described her relationship with her father as “there” asserting that he does not demonstrate much affection or attention. When she is at his home, there is a roof over her head but nothing else is provided. She frequently mentioned not having enough food to eat, or having to make herself a lunch for school. She reported not asking him for anything (e.g., food) in fear of how he would respond. Sara is the second oldest of 4 children (her eldest sister and she share the same bio-parents) and the two younger siblings are a brother, aged 11, and a sister, aged 7; they are her mother’s children with her current partner. Sara described previously having a close relationship with her eldest sister, but several years ago her sister began displaying extremely aggressive behaviour (fits of anger, being argumentative, suicidal behaviour and attempts), which made the household a very chaotic place to be, so Sara moved in with her father (where there was no emotional support or connectedness, nor care regarding food). She acknowledged leaving a very externalizing situation for a very isolating (internalizing one).

Sara described being closer with her mother, but due to her sister's behaviour, her mother has become somewhat disengaged and withdrawn. She will drive Sara to appointments but will not invest emotionally in attending during the appointments. Sara's mother will allow her to stay with her (providing food, shelter, and some attention). Sara has said that she feels alone, that no one cares, that she needs to be careful what she says or does so as not to make anyone feel bad. Sara carries a lot of guilt related to her sister's externalizing behaviours; the fits of anger displayed by her sister made Sara retreat and internalize her feelings. As a result, she does not dare request anything from her mother for fear that it may overwhelm her mother: she has lost her voice. Sara has lost interest in all her activities (art, socializing); she has withdrawn and feeds her loneliness, which has resulted in a serious mental health impairment: a major depressive disorder and anxiety (panic attacks). We can clearly see two distinct parenting styles (Maccoby & Martin, 1983): the neglectful father with his addiction issues, who is not able to respond to Sara's needs, and the permissive and at times emotionally neglectful mother who is also unable to respond to Sara's needs.

Not having all the early childhood information but only what Sara has shared about her family dynamics and history, it would nonetheless be fair to say that Sara has most likely struggled through all the first four stages of psychosocial development. She has admitted to having trust issues and not having her basic needs met, and although she does have some level of trust in her relationship with her mother, she has often felt neglected regarding basic needs (food, shelter, security, and emotional comfort). Sara has indicated a significant amount of shame, doubt, and guilt related to her family dynamics and her current mental health; she admits to feeling like a burden, thinking she does not deserve to be helped, and so on. With the recent deterioration in her mental health, she has suffered the last blow of inferiority both academically and socially. Sara displays all the key signs of identity diffusion. She has lost all sense of purpose and interest in current and future activities, and she

has admitted to having no idea “who she is.” Sara was admitted to the children’s psychiatric hospital because she demonstrated no desire to live as she could not see her situation improving and had no hope for her future. Due to the complexity of her mental health treatment, she was referred to the local children’s mental health agency for services.

Despite not being able to implement my own clinical treatment and intervention with Sara, I believe her case to be a perfect example of the accumulative effects of unresolved previous psychosocial stages on Erikson’s fifth stage, identity and identity confusion. If Sara had remained my client, the treatment would have included helping Sara identify the gaps in her psychosocial development and assisting her towards creating her own biography regardless of her history. We would have worked at using her struggles as learning opportunities for growth rather than allowing her history to determine her identity.

This chapter provides an insightful perspective on the implementation of Erikson’s psychosocial stages in current society. It demonstrates the various factors, such as self-regulation, emotional regulation, parenting styles, family structure, and social construct, that influence an individual’s identity formation throughout the first three stages of psychosocial development that directly impact, positively or negatively, the fourth stage of adolescent identity. It offers practical parenting techniques and strategies to be utilized at each stage of psychosocial development ensuring positive outcomes in identity formation.

Furthermore, the two case examples demonstrate the key factors of identity through the individual’s psychosocial development. By contextualizing the individual’s struggles based on the stage of development, this study allows a clinical framework to meet the client in the stage where he or she is, and provides possible reframing to assist the client to go back and rework that stage so that he or she can progress more smoothly in the upcoming stages.

This chapter also provides insight into the individual's struggles, revealing the importance of Erikson's theories in providing the client with an opportunity for growth. We can see how effectively Erikson's psychosocial development theory can be used to assist an individual facing some form of struggle with his or her identity.

CONCLUSION

I began this journey wanting to understand what was happening to a growing number of today's youth, who are caught in webs of poor mental health and illness. I wanted to know what seems to be missing, what has changed, and what gaps in their psychosocial development might be interfering with their achievement of a healthy self-identity or self-construct. I knew from my professional experience that I was not going to find the answers within the boundaries of a single discipline. I do not, for example, restrict my approach to the field of psychology; as a clinical social worker I rather strive to understand the individual in his or her totality. Like Erikson (1950) and Côté (2005), I was not satisfied with the narrow, theoretical approaches of mainstream psychology. I wanted a broader and a more expansive approach to enhance my understanding of the mental health challenges faced by today's youth. This is why I considered an interdisciplinary approach that includes the biological, social, philosophical, anthropological, psychological, and developmental aspects of the individual.

Erikson's theory of psychosocial development has provided me with the broad contextual framework I was seeking to understand better the fundamental requirements for transitioning successfully from each stage of psychosocial development to the next. Erikson's critics would argue that his theory is flawed because it appears to be from the male perspective. Its approach to identity is narrow-minded, and of course it is based on the premise of heterosexual marriage. This is true, but I would argue in his defense that Erikson's interpretations and clinical observations are based on what he experienced as a psychoanalyst of his period. His theory was developed after the war, during the baby boomer era. As I have discussed, this was a period of change: economic growth, predictability, the emancipation of adulthood and adolescence, and the rise of the "me" generation (Blatterer, 2007). It is

to be expected that researchers of the time focused on the needs of the time and based their theories on that context. Erikson captured the essence of his epoch and attempted to provide a framework for the understanding of human development based on what existed then. Since that time, research has continued and expanded, providing more clarity and direction in our understanding of identity and human development, but this could not have happened without the help of Erikson's initial theory. We cannot forget that his theory made two major contributions: first, that identity is a central theme in human development; and second, that human development is a lifelong process (Scheibe, 2005). Erikson's theory may not fit today's society like a glove, but I would be hard-pressed to say that any single theory would. Erikson still offers an impressive universal idea of what is needed or required to establish a sense of identity. Human development is complex and cannot be viewed or explained in one theory, one approach, or one discipline.

Psychosocial development involves key concepts. Today's research (Greenspan & Shanker, 2004, among others) confirms that the basic sense of trust developed in the parent-child relationship is crucial in human development. Without naming a specific parenting style, Erikson describes at lengths what parents should do and how they can assist their children's psychosocial development towards a healthy identity. He makes us think about the normative state of adolescence and the impact of the sense of self on poor identity formation in situations of potential mental illness. Whether you like or dislike Erikson's theory, it opened the door to much more research on human development. It is my belief that if Erikson had lived in the present he would have expanded his framework to reflect the current reality.

The loosening of social norms and regulations has increased significantly during the past 20 years, due to a substantial liberal view of the self in relation to society. Liberalism posits that everyone is supposed to be relying on his or her own

strengths to manage his or her life in society. This view permeates all of society, and youth, in the quest for more freedom from parental authority, are quick to follow this trend and demand more liberties. These additional problems create more confusion and instability for youth and can potentially result in the attainment of a negative identity (Erikson 1968), as seen with alcohol or drug addictions. At a time when one is attempting to confirm one's self-identity, the impact of divorce is significant. The loss of stability and the sense of belonging is added to the already growing doubts that come with normal adolescent development. Divorce and the ever-changing composition of the family are just another added problem faced by today's adolescents and are not part of normal adolescent development.

The anthropological and sociological changes within the family structure and roles has been explored by authors such as Valois (1965-1966), Dagenais (2000), Gagnon (2001), Corbeil and Descarries (2003), Blatterer (2007), and Langevin (2008). They all identify these phenomena as having an influence on the issues presented in children's mental health with respect to self-identity. They provide a detailed picture of the transformation of the traditional family into the modern family, demonstrating how changes in the family structure and in society are considered to be a possible cause of the instability seen in today's family (for example, the increase in divorce, single-parent homes, reconstituted families, the desire for self-fulfillment, the conflict between individual and community, and the change in family roles). These factors, either in totality or individually, seem to have a correlation with the self and identity. These changes in family structure have consequences for the adolescent's ability to achieve self-identity and transition through stages of psychosocial development, such as those theorized by Erikson (1963, 1968) or Greenspan and Shanker (2004).

Regardless of the structure or composition of one's family, the most significant determinant of a family's health (well-being) is the interaction between all individuals within that family. Initially, I thought that the structure of the family itself determined whether the family was healthy or not, but this has proven to be an error on my part. Family structure is important and does play a substantial role. The interrelationships among family members play an even larger role but most importantly it is the parental framework that determines adolescent mental health. We can live in an ideal nuclear family but engage in extremely unhealthy relationships. Alternatively, we can live in a blended, divorced, or single-parent home and be well adjusted, productive, and healthy. Family composition is not the main issue. Has it played a role? As history demonstrates, every period has changed how we see family life and our sense of self within it (Blatterer, 2007; Dagenais, 2000).

The changes within the family structure have affected family roles and responsibilities, as seen with women's emancipation and entry into the workforce. Role distribution was challenged; each family member's role was forever redefined. Any change initially creates instability as things are not clear. The big question now is the work and family life balance. With more than 50% of women in the workforce, traditional family roles have changed. The concept of identity has come to mean many things and has continued to evolve. Each era has seen its own modifications, and each discipline contributes new understandings: identity remains a transient construct that is constantly in motion and redefinition.

Never has it been more confusing, difficult, and complex to be an individual. Individuals are faced with an abundance of options, and everyone is seeking his or her own self-determination and fulfillment at the speed of light. These types of pressures and stressors could explain the increase in anxiety, depression, and suicidal behaviour experienced by today's adolescents. Decisions often have to be made immediately, in unpredictable situations; one has to adapt quickly to change with the

best outcome being no hindrance to one's mental health. Are people able to be so flexible and adapt so rapidly? Greenspan and Shanker (2004) observe that it has taken millions of years to evolve. So can we be so adaptable in only a few decades? Is the cost of this progression of self-determinacy our own mental health?

The construct of identity seemed a lot clearer sixty or more years ago, despite some nuances. Life was relatively predictable, and we cannot say the same today. All the elements presented — family, parenting, self-regulation, social determinants — have seen major shifts in such a short period. The combination of it all leaves our children experiencing higher rates of stress and more uncertainty, and results in a diminished ability to manage and cope with it all. Society will not slow down, however: progression will continue, individualism will persist, and uncertainties will remain.

Contemporary research is not focused so much on removing the stressors but on assisting individuals to learn to navigate this confusion effectively. It is now our job to acquire the skill sets of self-regulation and to respond effectively to these various stressors and return to a state of equilibrium with the least amount of negative impact on our mental health. Self-regulation plays an important role in that ability to find that healthy balance. Erikson (1950) and Greenspan and Shanker (2004) emphasize the role and importance of self-regulation and co-regulation in infancy and childhood. Most recent research (Shanker, 2012a, 2012b, 2012c) is telling us that self-regulation is an important part of human development, and it is a lifelong process. An individual's inability to self-regulate can lead to severe mental health problems and illnesses such as attention deficit disorders, anxiety, depression, self-harming behaviours and suicide. Suicide becomes the end product of the individual's inability to see him- or herself able to manage or cope beyond the present day; such a person has no hope that the future will be any better.

My clinical work and interventions with children, youth, and parents in the last 19 years have focused on helping individuals establish that equilibrium. What is challenging, and echoed in present-day research (Shanker, 2012c), is that the process is individual. The stressors are individually lived and experienced, and there is no one-size-fits-all model, which supports my already eclectic and personalized approach to clinical social work and mental health issues. The disassociation of the self within the context of others has had a negative impact on the individual's sense of self. We live in relationships with others, we are not isolated, everything we do is within a relationship. The lack of that collective framework, shared values and beliefs leaves us trying to find our identity through materialism and through alternative realities such as virtual gaming. We need a sense of purpose bigger than ourselves, we have an innate need to belong, there is a disconnect happening that is causing significant distress among our youth.

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