

Ego Development as Experiential Framework in Psychotherapy

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Abstract

Introduction: *This paper offers a summary of research on ego development and psychotherapy and ego development and psychopathology. While there has been a great deal written on Loevinger's (1976) theory of ego development, very little of it focuses on the relation of ego identity and psychotherapy or ego development and psychopathology. The research that has been done is not systemic and covers a wide range of areas.*

Objectives: *The objectives of this paper are to review the available literature, seeking for patterns in both the relationship of ego development to psychotherapy and ego development to psychopathology. Secondly, we explore the relationship of a client's level of ego development to their experience in therapy and their ability to benefit from therapy.*

Methods: *The paper reviews Swensen's two-transition model of ego development for psychotherapy and illustrates how this may work, in two case summaries. The first case summary is of a person who transitioned from a pre-conventional stage to a conventional stage. The second case summary is of a person who transitioned from a conventional to post-conventional stage.*

Results: *While the two-transition model of ego development in psychotherapy is a start, our results suggest that we need a more systematic approach to researching the relationship of ego development to psychotherapy as well as psychopathology.*

Conclusions: *Our conclusions suggest future research projects and training in ego development for practicing therapists. While there is a great deal of promise in using ego development theory to increase the efficiency of psychotherapy interventions, there must be a more general, accessible training for therapists regarding how people at each stage see themselves and the world.*

Keywords: *ego development theory, psychotherapy, psychopathology*

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Introduction

Ego development has been colloquially referred to as the story that we tell ourselves concerning who we are and what our life is about (Cook-Gretuer, 1999). Loevinger (1976) wrote that ego development can connote the course of one’s character development. While Loevinger sometimes wished she had used the phrase “self-development”, when she began working in the field, the construct of “ego” was common, easily recognized and thus chosen. Loevinger (1979) conceded that “no term is really satisfactory” to cover such a complex process (p. 3). Loevinger & Knoll (1983) wrote that “the term used in some cases is ‘ego development’ but the topic is development of the self” (p. 197). She maintained that ego includes character, moral reasoning, and is driven by cognitive development. How might cognition drive ego development? If cognition determines what we can be aware of, then ego determines, of those things we are aware of, those with which we identify. We cannot identify with something we are not aware of. Ego development “stresses that the dimension of individual differences in adult life is the trace of a corresponding developmental sequence” (Loevinger, 1984, p. 63). Loevinger (1966) indeed made the case that ego is a master trait that describes the growth of the self-system, organizes and integrates other aspects of personality (Swenson, 1980).

Like Piaget, Loevinger’s stages unfold in an invariant order. People at later stages have a broader, deeper view of life than those at earlier stages. This broader, deeper view offers people more choices and in that sense can be an asset. While some have postulated that later ego identity would enhance well-being (Bauer et al., 2011), it is important to point out though that in no way does a later ego identity guarantee happiness and one’s life can still be a proverbial “train wreck” at later stages. Loevinger’s theory and research has been furthered most by Cook-Greuter (1990, 1999, 2011) and it is her labels for the stages that I will use in this paper. These stages are generally described in Table 1. It is important to note that there are variations on Loevinger’s theory in psychology, business and personal coaching. In many cases, each “user” of the theory has created their own labels to represent particular stages. Unfortunately, this has led to multiple names being used for the same stage. Table 1 summarizes the published labels for each stage. Note that some users do not identify each stage. In this paper, I will rely on the labels used by Cook-Greuter (2016).

Table 1. Labels used for Ego States and Corresponding Four-Tier Model Development Levels

Researcher	Loevinger (1976)	Cook-Greuter (1999)	Torbert et al., (2004)	Joiner & Joseph (2007)	Cook-Greuter (2016)
Level/ Stage					
Pre-conventional	Presocial	*	*	*	*
	Symbiotic	*	*	*	*
	Impulsive	Impulsive	*	*	Impulsive Self
	Self-Protective	Opportunist	Opportunist	*	Self-centric
Conventional	Conformist	Diplomat	Diplomat	*	Group-centric
	Self-Aware	Expert	Expert	Expert	Skill-centric
	Conscientious	Achiever	Achiever	Achiever	Self-determining
Post-conventional	Individualist	Pluralist	Individualist	Catalyst	Self-questioning
	Autonomous	Strategist	Strategist	Co-Creator	Self-actualizing
	Integrated	Magician	Alchemist	Synergist	Construct Aware
	*	Unitive	Ironist	*	Unitive Self

* means that the authors did not acknowledge the level. This occurs for various reasons, so one should consult the citations for those reasons.

Summary of the Stages

The stages begin with pre-conventional levels where one is not aware or does not care about the conventions of society. The only pre-conventional level encountered in psychotherapy is the Opportunist. At this stage, the person lives for the moment and sees others as people to be dominated or, if that is not possible, submitted to and gain favor with. Next are the conventional stages where one identifies with the conventions of society. Most people test in this tier. Group-Centric identity, as the label implies, is most concerned with how one fits in one’s group, be that family, tribe, or religion. These people will go to great effort to not stand out and rather to fit in. The Skill-Centric stage is where people begin to want to stand out from the group. They are more tactical in their thinking and not drawn to strategic goals. The last conventional stage is Self-Determining, which is typified by reliance on rational thinking and playing one’s advantage at all costs. Winning is important. While they cognitively understand people see life from different perspectives, they discount the knowledge as of little utility.

Finally, the stages go to post-conventional levels (also known as post-formal), where one is aware of society's conventions and realizes that sometimes one must think beyond those conventions. The first post-conventional stage is the Self-Questioning identity, where the person delights in seeing life from multiple perspectives and can fall into a trap of relativism where all perspectives are seen as equally "good". This relativism can lead to nihilism where one feels: if each perspective is as good as any other why bother? This nihilism is resolved in the next stage, Self-Actualizing. Here people can take in multiple perspectives and then choose one course of action depending on what the situation requires.

Cook-Greuter (1999) postulated that it was possible to reach post-post-conventional or ego-transcendent levels, where one is more likely to identify with the field of awareness than with things that arise in the field of awareness. This begins with the Construct-Aware stage, where one begins exploring who is the storyteller that is weaving the stories of self. This exploration can lead to disruption of one's equilibrium regarding self-sense. One moment one feels grounded in a story of self, as a being that arises in the field of awareness. In the next moment, they may be jolted out of that grounded feeling and identify more with the field of awareness than an entity arising in the field of awareness. At the last identified stage (Unitive) this is resolved, however the Unitive person must still navigate the "slings and arrows" of life and forgoes the comfort that can be found in the stores of the earlier stages.

As individuals move through later stages, they can experience a loss of self-agency and guilt about the responsibility to fulfill "their unique human promise", creating the basis for depression (Cook-Greuter, 1999). In addition, they may feel as though all things are possible, yet experience a sense of emptiness that can lead to anxiety. Cook-Greuter (2011) discussed this occurring in the post-conventional ego stages, where people have a desire to find truth through experience and question beliefs, all the while trying to authenticate identity. It is a complex undertaking compounded by the fact that there are few people around them who can identify with what they are experiencing.

Guidelines for Psychotherapists

Loevinger (1968, 1976) offered general guidelines on ego development for psychotherapists. First, she noted that patients' problems should be kept distinct from their level of ego development. She asserted "ego development is a dimension conceptually

distinct from the health-illness dimension" (1968, p. 170). She noted "a person of any ego level may become a patient, though there may be differences in the kind of pathology or presenting symptoms characteristic for different levels" (Loevinger, 1976, p. 427). While the process of psychotherapy can open one's ego to new growth, there is no systematic evidence exploring that idea. Loevinger suggested the appropriate kind of therapy could be related to the patient's ego level, with organic and behavioral therapies more appropriate at earlier levels and insight based therapies more appropriate at later levels. While this paper focuses on the relationship between the clients' level of ego development and psychotherapy, it is important to note that the therapist's level of ego development is also an important factor. There is evidence though that the degree to which a person succeeds in a curriculum designed to train therapists is more predictive of their ability than level of ego development (Borders & Fong, 1989). However, ego development theory would suggest that, at post-conventional stages, therapists would perform more fluidly across therapeutic modalities with less attachment to one approach (Lambie, Ieva, Mullen & Hayes, 2011).

Current Research on Psychotherapy and Ego Development

Unlike most theories of personality development, Loevinger's is based on a semi-projective sentence completion test. There are two primary versions clinicians can learn to use. Hy and Loevinger's (1996) revised Washington University Sentence Completion Test (WUSCT) and Cook-Greuter's (2011) Sentence Completion Test Integral (SCTi). As Cook-Greuter (1990) has written, "language not only 'reflects' human experience, but it also organizes and filters it [...] the premise that language is constitutive of experience is a cornerstone of ego-development theory" (p. 80). Cook-Greuter then sets forth the following assumptions that undergird our measuring of ego development with language but are also crucial in psychotherapy:

- All human life is governed by the same laws of nature and humans react to and discuss these with language.
- All human beings strive to fulfill their propensity for both individual differentiation and assimilation into systems like society and use language to describe these experiences.
- Humans are only humans proper within a social context and the primary means of socialization is language.

- Human beings can not only use language but become increasingly aware of how they are using language. Early in life, the stories about who we are come from caregivers and others in our environment via language. Later in life, we take increasing control over those narratives.
- Human beings are meaning-making creatures and once a “meaning scheme” or meaning map is in place, it acts as a filter for those things that do not fit that map. These filters are expressed in language and also reflect levels of ego development. These maps change as we grow in ego development to the point we can become aware of the stories we tell ourselves and even conceive of who we are beyond any stories.

The studies examining ego development and psychotherapy are dispersed across a wide array of variables examined. This short summary shows how much work we have to do to systematize the research. Dill and Noam (2015) found that patients at later stages of ego development were more likely to request insight-oriented therapies. Patients at earlier stages were more likely to request things like reality checks, and triage. Stackert and Bursik (2006) found evidence of Loevinger’s prediction that ego level affected therapy. In their study, the earlier the patients’ level of ego development, the more their goals were rehabilitative or behavioral. The later their ego identity, the more their goals were about personal relationships, insight and life satisfaction. Ego identity was also found to be correlated with predicting attrition in psychotherapy.

Taylor (2013) found that clients with earlier ego identities were correlated with clients discontinuing treatment before goals were met. Later ego identities were correlated with clients remaining in therapy, meeting goals, staying on and setting new goals. Cramer (1999) discovered that the use of denial and projection are inversely related to level of ego identity. Martin and Yeshiva (1981) found that in patients suffering phobias, the later their ego identity, the more fully they recovered. Finally, Kirshner (1988) pointed out that as time-limited therapies become more prevalent, therapists may be able to work more efficiently knowing their client’s level of ego identity. It is ironic that these studies point to the psychotherapy trope that the ideal client is young, attractive, verbal, intelligent, and successful – YAVIS (Ames, 1980).

Psychopathology and Ego Development

The relationship between psychopathology and ego development is far more complex and fraught with

“chicken-egg” questions. As Loevinger (1976) noted, we need to keep the patient’s ego identity separate from their presenting complaint. I have discussed elsewhere how to assess patients’ narratives and choose the most resourceful treatment approach, based on psychological, physiological, cultural and social factors (Ingersoll & Marquis, 2013). People can develop psychological problems at any stage. Further, more severe mental disorders that disturb or limit cognitive development would equally limit ego development, since cognition determines what we can be aware of to identify with (Loevinger, 1976). However, we do know that the later one’s level of ego development is, the higher one rates on the personality trait of openness to experience (McCrae & Costa, 1980), so it is logical to think that people with later ego identities may be more likely to seek out psychotherapy.

In general, we find that samples of clients suffering from mental disorders score earlier on ego development than so-called “normal” controls (Vincent & Vincent, 1979; Ribeiro & Hauser, 2009). This makes sense though as mental disorders can cause problems with both thought and language, so they may not allow a person to fully express themselves in responding to a sentence completion test. Some researchers have tried to correlate Personality Disorders with ego development, but the actual manifestation of many of the disorders (e.g., emotional dysregulation), likely interfered with an accurate measure of ego identity (Vincent & Castillo, 1984). Waugh and McCaulley (1981) found that ego development was not predictive of the type or severity of psychopathology as measured by the Minnesota Multiphasic Personality Inventory (MMPI). Other researchers (Ribeiro & Hauser, 2009) suggest that later ego development may play a protective role regarding the probability of developing psychopathology. Gil (1991) has also suggested that ego development growth during psychotherapy treatment is correlated with a decrease of psychological symptoms for clients in treatment.

It is also important to note that at any given stage a person is rated in ego development, they may be still stabilizing at that stage, fully living from that stage, or exiting that stage. In the case of stabilizing at or exiting, under stress, the person may function from the earlier of the two stages. So, for example, someone who experiences stress while stabilizing at Self-Determining may function in that moment from a Skill-Centric worldview. Someone exiting Self-Determining and entering Self-Questioning will likely function from Self-Determining when under duress. This has been reflected

in one study that found many people scored a stage earlier after the terror attacks in the United States on September 11, 2001, than they had when tested immediately before the attacks (Lanning, Colucci & Edwards, 2007).

Ausubel (1996) postulated that ego development would impact the way patients experienced their symptoms and that this could, in turn, affect the way that they were diagnosed. Again though, a pronounced language disorder could equally affect the manner in which the client is understood and diagnosed by a clinician. While there is a need for more research, Bonnett (2016) did find trending results that suggested people at later stages of ego development more often complained of loneliness among other symptoms they endorsed. This is congruent with Loevinger (later) and Cook-Greuter's data that the majority of people hold conventional ego identities. Therefore, the later one's identity, the harder it is to find others to affiliate with.

Finally, Noam (1998) postulated that ego complexity could be separated from ego maturity and this might help solve the "riddle" of the relation of mental health to ego development. For Noam, ego complexity is a more differentiated meaning system like having facility in formal operational and post-formal operation thinking. Ego maturity is having facility with more integrated ways to make sense of the world. With an increase of ego complexity but not maturity, Noam asserts that one can experience more complex problems with no easy solutions that may lead to psychological distress. With increases in ego maturity, one's complexity becomes more embodied and robust with experience and one learns how to better use the tools at one's disposal, to solve problems.

Ego Development as a General Model for Psychotherapy

Swensen (1980) postulated that ego development could be a general framework for psychotherapy. Beginning with Lewin's (1951) model that behavior is a function of the person and the environment, Swensen elaborated that deviant behavior is impacted by stress and supports that come from one's environment and assist the person develop effective coping habits to build on their own strengths. In that model, Swensen postulated two transition points in psychotherapy.

The first is the transition from behaving according to immediate rewards and punishments to behaving in accordance with conventional norms applicable to everyone. This is essentially the transition

from pre-conventional identity to conventional identity. Loevinger wrote that "how people liberate themselves from the dominion of external rewards and punishments is a central mystery of human development" (1976, p. 28). Psychotherapists know something of this mystery as it is often part of treatment outcomes.

The second transition point in Swensen's model is the transition from concern about rules and conventional norms to the internalization of rules that govern the roles one plays, the development of mutuality in relationships and what we might call psychological mindedness: "awareness of one's own internal feelings thoughts, and conflicts as well as other peoples' feelings thoughts and conflicts" (Swensen, 1980, p. 385). This is essentially the transition from conventional identity to post-conventional identity. It should be noted that "transitions from stage to stage are not of equal significance. What Swenson (1980) refers to as the second transition (from conventional to post-conventional identity) is more of a quantum leap in the development of consciousness and the experience of the self (Miller & Cook-Greuter, 1994).

Case Examples

An example of the first transition is the case of Helena, a 23-year-old Caucasian female dependent on opioids and in court-ordered treatment, who tested at the pre-conventional Opportunist stage of ego development. Helena's life had been one of abandonment and abuse. At age 22, she was arrested for possession of heroin and ordered to a diversion program where she was weaned off the opioids. Even after being successfully weaned for six months, Helena manifested what the Psychodynamic Diagnostic Manual (PDM Taskforce, 2006) describes as Anaclitic Depression. The origin of Anaclitic Depression lies in poor attachment, which Helena had. In the Dialectical Theory of Self (Blatt, 2004), Helena went into the world with poor attachment, exhibited low self-worth and low self-efficacy and these tended to move others away from her rather than closer to her. This interpersonal dynamic in turn, compounded feelings of abandonment and loneliness. When Helena developed a romantic relationship, her partners were off-put by her neediness and fear of making a mistake. This interpersonal style seemed directly related to her developing a relationship with her drug dealer who then coerced her to perform sexual favors for others as part of the relationship. Helena's first transition came as she became able to articulate that she was worth loving and experiment with setting healthy boundaries with others in treatment. This therapeutic accomplishment helped her increase her

dedication to sobriety and developing a healthy, conventional life. Two years later, Helena had tested out at the conventional Skill-Centric stage of ego development (a movement of two stages). In Helena's case, it appears that her inability to hold stable images of self or other was repressing her potential ego development. In Noam's (1998) terminology, Helena had developed ego maturity more in line with her ego complexity.

An example of Swensen's second transition is the case of Derek. Derek was a 30-year old biracial patient who identified as a transgender male. He had been on hormonal treatment for five years, had no cosmetic surgeries and felt far greater satisfaction living as a male. Derek's problem was that his family practiced a conservative Christian spirituality that had no room for transgender people. When he came to therapy, Derek tested at the post-conventional Self-Questioning stage. His psychological-mindedness was pronounced and a key tool in his treatment. Derek went through the second transition Swensen discussed when he was able to let go of his desire for his family's approval and love. This was a year-long psychological journey that included practicing contemplation and examining the family "scripts" he had grown up with. Regarding Derek, he had enormous ego complexity but still was finding his way to ego maturity. This was facilitated by immersing himself in supportive transgender communities as well as psychotherapy. The aim of the latter was making an object of awareness of his family scripts, his ambiguity about Christianity, and who he wanted to be presently.

Conclusion

Hopefully we have outlined the problem of reconciling ego development with mental health, provided an overview of the scattered literature on the topic as well as the relationship between psychopathology and ego development, and highlighted cases that illustrate how using ego development as a system for psychotherapy could lend organization to the plethora of research still to be done. This is a new area of research and it is time to systematize it, conduct peer-reviewed trials, and further our understanding of how ego development theory can be a resourceful framework for the practice of psychotherapy as well as understanding the relationship of ego development to psychopathology. Future research can also include basic training for psychotherapists in ego development theory so that they can identify pre-conventional, conventional, and post-conventional identities. This could increase the efficiency of choosing interventions, but, as with the other areas, this requires more research too.

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