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Interpersonal Relationships

Edited by Martha Peaslee Levine



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Meet the editor



Dr. Martha Peaslee Levine is an associate professor in Pediatrics, Psychiatry and Humanities at the Penn State College of Medicine. As a psychiatrist, she understands the importance of healthy relationships. She has also witnessed the impact of negative relationships on individuals' self-esteem. She is the Director of the Office for Professional Mental Health and helps students, residents, fellows, and faculty navigate the stresses of medicine and life. She is blessed to have great relationships with her two children and finds much value and meaning in life through her work with others.

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The Changing Concept of Self and Identity in Aging Working Women
from Shelter Homes: Case Studies on Rebuilding of Interpersonal
Relationships

by Nivedita Das

Preface

Relationships are a necessary part of life. From the earliest times, individuals have gathered together for safety and support. Loneliness is an evolutionary concept that demonstrates the vital nature of interpersonal relationships. As an emotion, loneliness developed to let individuals know when they were drifting away from or being excluded by the group. It was essential to their lives to get reconnected. Life was dangerous; the community was protective. We no longer have sabretooth tigers stalking us. However, connection with each other is still required for our emotional and physical health.

This book examines interpersonal relationships from many different angles.

Section One considers how internal and external factors impact connectedness. Chapter 1 examines intrapersonal characteristics that influence relationships. Using vignettes, the chapter looks at the complexity of personhood and connections. Chapter 2 examines role satisfaction in our daily lives and its impact on mental health. Chapter 3 dietary habits and relationships, especially in light of the stress of the COVID-19 pandemic. Chapter 4 examines the effect of space on interpersonal relationships. The author introduces the concept of “spatial empathy,” which examines how spatial order can affect our attitudes towards others.

Section Two looks at interpersonal relationships in youth. Chapter 5 suggests that even in early childhood, interpersonal interactions facilitate the acquisition of social skills and emotion regulation strategies. Chapter 6 examines how school is a microcosm of society. It helps us understand that conflict has negative as well as positive aspects. The chapter proposes skills that can help resolve conflict in a productive way. Chapters 7 and 8 consider ways that schools can become more inclusive to help prepare for the United Nations’ Agenda 2030 milestone, which aims at creating and sustaining workplaces that welcome individuals with all types of disabilities. Chapter 9 explores the explicit and implicit meanings of civic engagement among our youth. Participation in events is not enough; youth must feel that these activities add meaning to their lives.

Section Three delves into interpersonal relationships in the workplace. Chapter 10 discusses technology, with a focus on working from home, which has become widespread due to the pandemic, and the effect remote work has on work-life balance. Chapter 11 examines communities of practice in the arena of academia. These groups help foster engagement, connection, and validation in spheres of work that can, at times, be isolating. Chapter 12 delves into the challenges of teamwork in medicine as well as the benefits that can be achieved for patients, the community, and healthcare professionals. Chapter 13 looks more closely at the interpersonal relationships between physicians and their patients. It examines tools to ensure that physicians are listening to and communicating effectively with their patients.

Section Four addresses intimate interpersonal relationships, both the positive and negative aspects. Chapter 14 discusses the effects that family-of-origin interactions can have on interpersonal relationships even when we become adults. Chapter 15

looks at the complexity of “positive illusions” within interpersonal relationships. At times, we may see our partner in a more positive light, but this is not always beneficial. Chapter 16 presents cases of battered women and their abilities to form interpersonal relationships again after being victims of violence.

Interpersonal relationships are complex. They add richness to our lives but can, sometimes, be overwhelming and even damaging. We develop beliefs about ourselves and others from interpersonal relationships, especially lessons from our early life and family interactions. Environmental conditions influence our relationships, such as the tremendous impact of the pandemic on relationships in work and daily life. Yet, we find from these chapters that we can influence how we interact with others. We can work to find hope and improve our lives. We can develop connections that bring deep meaning to our lives.

I encourage you to find new ideas in this book and then practice the art of interpersonal relationships. Reach out to a colleague, a family member, or a friend. Talk about your relationships and the value that they bring to your life. Or consider your values and determine if they are currently included in your life. Do you need to engage more with the community or allow yourself to be more vulnerable with others? Is loneliness whispering in your ear or causing a deep and unfulfilled ache? That may be the hint that you need to look at the relationships in your life and consider if you need to pursue additional contacts. Don't drift away from your communities, both in work and your personal life. Work to discover and appreciate your own unique gifts as you develop connections with others.

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Section 1

**Internal and External
Influences on Interpersonal
Relationships**

Awareness, Groundedness, Embodiment: Intrapersonal Elements in Interpersonal Relationships

Emmanuel Villoria Hernani

Abstract

Human beings are inherently relational. To relate may mean to communicate, interact, transact, engage, involve and even just be with another person. It may imply fulfilling and satisfying the needs of one another. In a more altruistic tone, the relationship is giving and receiving. Others see a relationship as a social exchange. In contrast, others may see it as a social and ethical contract that ought to adhere. Others see a relationship as an instrument as a means to self-actualize or as a process of reaching the self-potential. There are many types of relationships. While others have a formal set of rules, there are interpersonal relationships that have loose code of affair. Among the dimensions of relationship, intimate interpersonal relationships are complicated. In contrast to business affair, marriage and in other intimate partnership, sanctions, roles and rules are not clearly defined. The ambiguity of interpersonal relationships reflects the dynamisms of its elements. Since its fluid, contextual and multi-faceted, there is no exact point of analysis. In this article, awareness, dialog, groundedness, embodiment are discussed in the light of intimate partner conflicts that are amplified using fictional case vignettes that are adopted from real cases of intimate conflict. This article concludes with the assertion that cultivation of relationships starts with the person.

Keywords: awareness, communication, embodiment, groundedness, dialog, relationship, Gestalt therapy

1. Introduction

Our capacity to relate is embedded in our neuro-mechanisms even before birth; Since the day an infant sees the light, and even while inside the womb, the fetus would already react to stimulus coming from the outside world. It would interact with the mother, forming a primal bond that bounded by physiochemical interactions—few of the primitive and primary interchanges between one entity to another [1]. Developmentally, even at the onset of existence, there is already a person and environment relationship [2].

As the child interacts with other individuals, and with the environment, the child begins to develop relational awareness. Confidence to the caregivers and to the environment that adequately nourish and nurture the needs of the child cultivates

trust to oneself and to the socio-environment which create a blueprint that the other person and environment are trustworthy entities [3]. Another important theoretical perspective posits that sense of trustworthiness, which would be imbibed in the form of affection and provision of basic security, effects secure attachment [4]. Researches on attachment suggest continuity of relationship patterns from infancy to adulthood and patterns have even shown to be present in intimate affairs [5–7]. Poor emotional attachment brought about by inadequate relationship in childhood, between the child and caregiver, contributes to mental deficiency which consequently affects the person's relational capacity later in life [8].

In an ideal situation, the person continually develops by assimilating supplies from the nurturing and nourishing field or environment [9, 10] However, in reality, the environment can not satisfy the expectations of the child at all times, therefore, it is imperative that the child learns to use the resources of the environment while at the same time relying on inner resources when needs are unmet and not satisfied. This is a form of organismic self-regulation and this works well if there is an awareness of the differentiation between self-support and environmental support [11]. The child would learn from experience. The child's relationship with other people and with the environment play significant contribution to how the child would relate with others and with the environment. Experiments and exploration, risk-taking form part of the child's developmental activities. Therefore, awareness is a crucial element for growth and development. As the child matures, the capacity to differentiate, distinguish and assimilate becomes part of the maturation process. Though there are introjected templates of relationship that are carried on in adulthood, the person is not constraint and bounded as if every affair is already predesigned and predestined to happen. Thus, it is important for the person to be reflective, to know the basis of one's action. With reflection, events would hopefully become part of the learning process.

Fortified with positive self-regard and worldview, and having a founded sense of trust and security, the person responds to the environment with full dynamism. This would be evident with how the person would deal with different challenges in relationship with other people and with the environment and this would not be possible without awareness. The persistent interaction between the person and the environment, or the organism and the field, confirms the continuing event exemplifies the dynamism of relationship with another human being or with the socio-environmental field.

Human beings are innately relational; Person and relationship are two inseparable units. The dictum that human beings cannot relate considers the idea that relating may mean the intrinsic connection of the person and the other. Other in this article connotes another person or group of person or the situation where the person is situated in a given time. Two strangers in a bus stop may not adequately fit into the common understanding of relationship but in deeper comprehension, the mere presence affects one another—there is a connection but perhaps no relationship if we are using the common belief. Feeling of relief that one has a companion that late night; The feeling of security may not be verbally implied but the physiologic mechanisms adherent to the feeling of ease and comfort is undeniably present. Or it could be the opposite, like a feeling of fear that you are alone on a bus late at night with a total stranger. Whether the emotion response is negative or positive, there is a relationship between persons and the situation.

Relatedness signifies the state, condition and quality of relating; Connectedness, involvement and engagement have distinctive qualities of relatedness. In two dimensional model, comprising of vertical and horizontal axis, and each axis represents respectively, the person and the situation, the mentioned qualities of relatedness are dependent to the person-environment dynamics. However, the often use measurements like degrees, levels, and scalar quantities are limited only to study of the

person, which is always presumed as the vector of interpersonal relationship. A person functions as a dynamic organism that integrates, adapts and engages with the environment. Every dimension of personhood is interconnected. Measuring behavior without looking at the context, and taking out the situation out of the picture when it is supposed to be part of the unit of relationship is not an evaluation of relationship but of the behavior variable alone. In the example of two stranded strangers in a bus stop, the situation, or the field, i.e. the silence that night, the empty street, lamp post, the steel bench and the shed in the locale, enhances the phenomenological dimension of the person [12]. If the situation was different, it was not a bus stop and it was not late at night, the field of experience of the two persons would not be the same. Thus, presence is an interplay between dimensions of experience and the field or situation. Notably, presence can be magnified by the situation and it can as well make the former profound. Take the case of charismatic individuals whose presence can fill in an auditorium. Call it charm, enchantment and inspiration—the person enhances the situation. Intrapersonal elements as embodied by the person's presence work well with the situation. Situation can also be manipulated. Dimmed light and sultry music can add romantic spice to dinner date. A quiet and secure room can add a sense of security to a border. In a relationship, situation is conflict factor. Milieu change can de-escalate tension and it can help manage conflict as well.

Presence is essential component in interpersonal relationship. To talk, communicate, interact, transact, and engage are but limited and narrow distinctions of engagement without the element of presence. Presence, can be, in its plain sense, is just being there with another person. But it is not just being there literally, but being sensed and felt by the other person. Space and time are not limiting elements to presence. Presence is felt and sensed. A person, who is not physically present, or one that crosses one's thoughts may elicit presence.

Being present is not the same as having presence. The two is at different relational level. One can be present but not fully present. Like a student who is physically in class but whose mind wanders out to the field outside. When one is fully immersed with one self, the person may be present but there is no presence. Thus, a person's presence can only be confirmed by another person. The validation might be in the form of a statement of appreciation, a reciprocation of a hug, or it can be an emotional reaction. Needless to say that authenticity of engagement during an interpersonal discourse depends on the presence of the persons involved.

Presence is subjective experiences that are anchored on the dimensions of personhood. In the interpersonal and intrapersonal dichotomy, presence is embedded in the former. Subjective, existential and ephemeral, short-lived as it is fluid and dynamic, presence, flows in the form of awareness continuum, absorbed, immersed and involved that is grounded on the situation, embodied that is experienced in the flesh and articulated, animated by miniscule and gross motoric activities in the form of emotion. The intentionality of personhood, to relate and commune with one another, cannot be fully achieved without presence in the dialogical process. Dialog is making the subjective, the unknown, known, the unseen, seen to another person. In commune with the other, presence is felt, sensed and witnessed that intersubjective experiences become a dialog of spoken language and speaking body and movement.

2. Intrapersonal elements, the person and relationship

2.1 Relational homeostasis and holism

Fulfilling relationship abides to the principle of homeostasis and holism. The principle of homeostasis asserts that people are continually striving toward balance;

a natural, self-regulating rhythm between organism and the environment that strives for equilibrium. When this organismic self-regulating tendencies are interfered, conflicts between parties may arise. This is in connection to holism, another relational principle which describes a person and the field as an integrated and inseparable unit. The person's mind, body and spirit has an interdependent relationship with the field, the biopsychosocial environment and culture is part of the field. The embodied phenomenology of Merleau-Ponty asserts that the mind body and behavior are interconnected [13]. There is no mere behavior but encapsulated experiencing of emotions and mental acts that interplays with the persons action. Kurt Lewin stated that a behavior is a product of person and environment in a given time, a situation [14]. Human behavior and situation interaction is dynamic, it is in this process that holistic qualities are achieved. In cases when there is disturbance of the process, the person primarily self-regulates and adjust to the situation to achieve homeostasis. While the person in a relationship is interdependent to the other person, the dynamics of the duo is inter-reliant to the situation. While the persons, granting that the relationship is functional and the parties are in optimal level, engages with the situation, symbiosis is imminent.

2.2 Human factors of interpersonal relationship

Among the dimensions of relationship, intimate interpersonal relationship is complicated. In contrast to other interpersonal relationships like a business affair, an intimate interpersonal relationship, and even marriage and in other intimate partnership, sanctions, roles and rules are not clearly defined. The ambiguity of interpersonal relationships reflect the dynamisms of its elements which are fluid, contextual and multi-faceted—noting the distinctive character of individuals, the dynamisms of relationships in the backdrop of the zeitgeist, there is no other point of analysis but to start with the examination on the person in a relationship.

Personhood is an important factor in a relationship. Personhood is the reflection of quality of organismic strivings in midst of different relational fields (e.g. domestic affairs, club membership, marriage, work, religious affiliation, gender role, hobbies, interests). The many myriads of personality theories exemplified these complexities. Regardless of the varying discourses, these different theories are anthropocentric—it emphasizes the person as the measure of all things.

Intrapersonal or inner dimensions of an individual are made visible through interpersonal activities. In essence, embedded in every interpersonal relationship are the intrapersonal qualities of a person. These qualities serve as working mechanisms, blueprint of how a person would response in a given situation. Every theory of personality in psychology has its own thesis about the person. Analytic theories focus on intrapsychic elements [15, 16]. Other construct emphasizes traits and skills. Type-A Type B behavior [17], locus of control [18], coping styles [19], resiliency [20, 21], and empathy [22]. are intra-personal constructs or qualities. Underlayers of these constructs are intrapersonal elements that hold the gamut of every relationship.

2.3 Human factors and quality of interpersonal relationships

Many variables amplify interpersonal relationship problems. Communication, boundary, role, and rule issues; On the personal level, it can be between relationship dissatisfaction and satisfaction [23, 24]; Unmeet needs can also be a factor [25, 26]. Therefore, satisfying the need-based elements are also crucial in a relationship. Undeniably, individual satisfaction is associated with the quality of an interpersonal relationship.

The association between psychological well-being and mental health to a relationship is apparent. Mentally healthy people are better marriage partners than people who suffer from some degree of mental illness [27]. Personality disorder, mental disorder, and substance abuse within marriage will likely contribute to an increased risk for relationship discord by increasing tensions in the relationship and detracting from either or both partner's relationship satisfaction [28, 29]. There are also reports that people with personality disorders indicate more relationship difficulties [30]. Further, there are associations between psychiatric disorders and relationship quality, and have found that psychiatric disorders are associated with significant marital discord [31]. Another study found some connections between post-traumatic stress disorder symptoms, intimate partner violence, and relationship functioning [32].

Married people have lower rates of alcoholism, substance dependency and sedentary and unhealthy lifestyles than the non-married [33]. Married people experience less depression, anxiety, and psychological distress than those who are single, cohabiting, divorced, or widowed [34, 35]. Suicide rates are lower for the married than the never-married [36]. Sexual satisfaction is also greater among married people compared to unmarried and cohabitating people. Some societies view and treat married couples differently from those that are unmarried. One reason is that partners support and monitor each other making spouses accountable for their health and behavior [37]. Though association between relationships and mental health is said to be bi-directional, improving relationships may have significant positive effects on mental health, but improving mental health may not improve relationships [38].

2.4 Interpersonal relationship in gestalt field perspective

Awareness, spontaneity, dialog, grounding or groundedness, and embodiment are important intrapersonal elements in interpersonal relationships that ought to be taken into consideration. These elements are typified as the inner qualities of a reflexive, responsible, responsive, and adaptive person. The absence and deficiency of these inner qualities would lead to dysfunction because the person cannot adequately engage the situation. For instance, low awareness may lead the person to give an off-tangent response that would trigger conflict and misunderstanding.

The configuration of the interpersonal relationship involves the situation, the person or persons, and their experiences. A person with cultivated intrapersonal elements is someone with a strong presence and dialogical skills. The person is very connected with his/her personhood. Thus, the person is grounded and embodied because the individual can situate through body sensations and feelings, aware of the organismic want and need. The person engages the situation in an appropriate manner.

In a phenomenological lens, the relationship is examined in situ, personal experience against the given situation's backdrop. Thus, relational domains of human activity are dependent on many existing fields-- the other person and the wide field where the person and the other are situated. Take the case of a perpetrator of domestic violence, for example. Male perpetrators of marital abuse are inadequate and full of insecurities and anxieties [39]. Men who grew up in abusive and violent households are likely to commit abuse in their marriage. At the same time, another study [40] points out that predictors of intimate violence appear to be similar in women and men [41]. Personal issues and developmental experiences are supervening fields that limit their capability of being a good spouse. However, culture, the more significant field, plays an essential role in relationships as well. As the community's formal and informal collective manifestations of the perceived, sensed

and interpreted experiences, culture has certain dictates to every facet of human activity. Patriarchy is often associated with male dominance and violence [42, 43]. Suppose this association is true to all-male perpetrators. In that case, the embedded patriarchy overarches every field, and every male behavior explicates this cultural introjects. Thus, looking only at the act of violence committed at home would be a form of myopia because the problem is not only on the act of aggression but also on the situation that permits the perpetrator to commit the act. Elements of patriarchy are embedded in religious scriptures, and some abusers used selected scriptures to rationalize their acts [44].

As the person involves another person or with the field, the person engages in self-regulation processes. Dynamic as it is, there are chances that two or more figures would exist in the person's ground. For instance, a person is confused about whether to go out and watch a movie or just stay and rest at home. For example, in marriage, the affectionate embrace of the husband may raise the suspicion of infidelity to the wife, whose set of friends inform her that affection and attention are the husbands' way of compensating their spousal guilt. In this example, varying figures exist in a given situation. The wife's doubting stance points out her two figural experiences against the husband, whose figure is purely physical affection. Another figure is the introject that has clouded the judgment of the wife. If this is derived from a cultural injunction, and not just from her set of friends, this is a dilemma that can hound their union because the wife can make it into a fixed field where she can anchor her judgment of her husband's behavior. Idiosyncratic and unique to every person, there are greater chances that two persons may experience a single stimulus in a very different manner in the case of an intimate relationship. In this light, conflict is seen as part of the dynamic individual process. In gestalt perspective, conflict arises when two different figures, worldviews, perceptions of reality, etc. occupy the same place at the same time [45]. Two or more figures in one field may exist in harmony or in conflict with each other depending on the figure's respective dynamics. Two or more persons in a conflict would try to stabilize different figures by prioritizing that which is salient. Thus, awareness of the needs and wants is a critical aspect of a healthy relationship. If awareness is the fulcrum of personal and relationship health, everything starts there and ends there.

2.5 Awareness and Groundedness

Awareness is a continuum of a moment to moment formation of experience in a situation. In awareness, the person brings one's attention to a moment to achieve a fuller experience. Experience is amplified and enriched by attention and focus on oneself, especially to sensation, body movement, and emotion. Gestalt recognizes awareness not just to a figure, experiences of the person, but also to the other person and the socio-environment, or the field. Interdependence between the situation and the experience is recognized. Thus, the person is not just mindful but also somatically aware and sensorially focus. Experiences are further enlivened by groundedness and spontaneity, while deliberateness deadens the process. Thus, in a relationship, activities are lived if the person engages with the other person's invitation to co-engage. Relational awareness, or attention to the person-environment boundary, enhances a person's engagement because the involvement is grounded in the situation's context. Thus, awareness is a component of functionality, and it separates a psychologically healthy response-able person from the dysfunctional individual. Disturbance of contact between the person and the environment may lead to personal dissatisfaction, arrested and stunted effect, unfinished business in the form of resentment and pathological guilt, and nagging relational conflict between persons [46].

Awareness can continue to flow even if the person holds on to a particular experience. There are instances when one needs to stop and pause, for a while, to ground. When the person starts to ground, the person initiates focus and attention, training one's awareness to a figure that would come out from the field. It is like a spotlight trailing an object moving from one place to another. However, focusing is spontaneous and contemporaneous to experience; it does not attach, discriminate one experience from the other as pleasant or unpleasant, or deliberate. Rumination may involve the same cognitive process, but unlike awareness, the person is stuck on the negative thought process rather than accommodating the other figures that would come into the person's consciousness. There is no grounding involved because the person fully immerses in the thought process while neglecting the other dimensions of experience. Needless to say that grounding puts an aimless awareness into a context' It is paradoxical because the person who grounds will be carried to the next experience, from the awareness of the body to the emotion, to the cognitive aspect and the visceral response and the given situation further on.

Groundedness is the fuller recognition of the experience in relation to the situation. This recognition connects the mind and the body. Furthermore, if this is total, authentic, and congruent, there is groundedness. To come into contact with the self is a groundedness. Being in touch with one's emotion is groundedness and being attuned with the other person is likewise groundedness. Thus, a person who is in situ, in the situation, is in contact with reality. Cognizance has been used in the legal context. It is said that it is more profound than awareness. A person can be aware of but not cognizant, but the person can be cognizant but not grounded. Thus, a person can be sharp and brilliant, but not in touch with the situation [47, 48].

To fully come into contact with what is in the awareness is grounding. A person who has a good grounding of the present is literally in the moment. However, being aware of the moment is not a guarantee that one is coherent and conjugating. The person might be in touch with his/her emotion. The person can articulate his/her experience in the given moment, but the emotion might not be tangent to the situation.

A grounded person can spontaneously explore, recognize, name, and get in touch with one's own body, action, feelings, and thoughts. Groundedness enhanced intimacy to the person as it would deepen the experience, especially to a sensation, body movement, and emotion. An individual's way of thinking, feeling, moving, and interacting in a present moment is not complete without recognizing the other experiential components. Adults tend to revert to the past or prior experience to address a problem [49]. We all have learnings from our past experience. Wisdom comes with accumulated insights from the past. When the debacle is overwhelming, grounding enhances the person's problem-solving process. Grounded on the situation, the person will not be lost and be engulfed with complexities. Without grounding, the person repeatedly utilizes patterns of behaviors that may no longer be effective or the person's response might not be concordant with the situation.

To help the person stay in touch with the moment, in temporal or corporeal, in somatic parlance, the person's awareness is enhanced by grounding the person first to the fixtures, ambience and the temperature of the room before the person attend to his/her personal experience and to the other person's dress, smell or usual demeanor such tone of voice or accent. Grounding enhances the genuineness of awareness. Grounding is like a river flowing with no left unturned stones; It sweeps everything in its midst, carrying the debris down to the sea. In our daily language, we hear the words backflow, counterflow, flow, and stuck-up. Grounding then would mean the person's awareness of experience is smooth, non-erratic, and in its natural course, and it has weight and substance following the context of the

situation. A grounded yet flexible and spontaneous person represents a person with a flow who appreciates the moments as they occur. This confirms that flow is a good predictor of how a person lives life [50].

2.6 Embodiment

Embodied experiences enrich the person's experiential field. By attending to the body, the tactile zone and the visceral zone, and the awareness of fantasy. Being embodied means the individual is aware of moment-to-mode and sensitive to the body while dynamically interacting with the environment. Thus, in a phenomenological sense, every experience is existential elements. Embodiment emphasizes actual present behavior, posture, breathing, mannerisms, gestures, voice, and facial expressions. These elements of experiences are attended to by the person and conveyed during dialog. Through the dialogical process, two or more person is involved in here and now experiencing. Their fantasies, the retrospective, and prospective memories are acted upon through dialog. Since the person would feel acknowledged, appreciated, and attended to, the dialogical process might facilitate closure, integration, breakthrough, catharsis, and insight.

The influence of social media and other information sources can also be embodied. After reading a tragedy, a person may become sullen and depressed, amplified by the person's gestures. A teenager might mimic the postural stance of his favorite movie character. Identification is echoing of postures, emulation of behaviors and tuning in of cognitive schema to the other person on the basis of his projection. Often see a changed man, changing his voice and gestures according to what he would want to impress—this familiar in spiritual transformation. In the domestic scene, modeling behaviors is an essential tool in children's learning. In the case of domestic violence, behavioral cues are an important identifier of impending abuse episode.

Sandra would stop arguing with her husband once she would see that Ronnie already sulk. Tim admitted that he would know when Martha is in the mood or not because of her actions. A battered woman would often report gestural indicators of pre-violent episodes.

Embodiment is bounded by a culture that is in itself evolving. Thus, it is not easy to outgrow habits that are a product of culture and tradition. Being patriarchal is cultural, and it is embodied not only by men but also by women. Patriarchy exists not in a vacuum. Just like machismo, it is embedded in the body of the person who grew with it.

Culture, which is part of the person's field, is embedded in interpersonal relationships in every intrapersonal expression. This is indicated by an everyday occurrence in daily affairs and transactions. Aside from the nuances and gestures that are often emphasized in movies and stage plays, micro behaviors can ruin the moment of a beautiful romantic evening. Jessa would get mad when Job, her husband, would just look at her when she became affectionate. The gaze irritates her that when she would withdraw her hand from the proximities of Job, she knows that quarrel would be on its way. Some mannerisms would be taken as preludes to fight. Withdrawing eye contact can be a pre-emptive way of disengagement. Dental click is a sign of disapproval to some culture, and it can demean the other spouse who would want appreciation and admiration.

2.7 Dialog

I and Thou philosophical axiom of Martin Buber reflect the essence of dialog [51]. This existential tenet asserted that human beings could understand the meaning of

existence in relationships. Dialog, as a relational process, allows persons to be fully involved with each other. Full involvement would require full attention to the other person's flow of awareness in the given moment. Involvement is also reflected in the person's ability to contact or connect the other person's worldview and the situation. This can be achieved when the person is grounded with the other person's experience while the dialogical process is going on.

Dialog is an essential ingredient in an interpersonal relationship since it would help manifest situational experience's liveliness. Relational conflict is an inevitable process in a relationship and dialog can be an intervening element against destructive and unproductive conflict. Because of awareness, the dialogical process in a conflict situation ought to be facilitated by another person, perhaps a therapist who can accompany the involved parties through the grounded dialog awareness process. In a dialog, the person might shuttle between different modes of awareness. Dialog becomes grounded if the person's verbal expressions are synched with the sense-perception concerning the situation. Having a grasp of the situation and self-awareness, the conflict may be managed by regulating emotions and behaviors. As noted, an emotional outburst is always animated by behavioral cues that the other party is already familiar with an intimate conflict situation. A grounded person can de-escalate the conflict tension by providing alternative behavioral expressions. This groundedness will only come if the person's experience is in contact with the situation.

Take the case of Veera, for example. Veera was full of resentment to Victor, who admitted that he once got involved in a night sexual escapade with his high school classmate during their 20th grand reunion. Every time she would argue with Victor, she would wander from one issue to another that Victor would call her demeaning names – a form of acting out of control common to men [52]. Victor admitted that he could not comprehend the layers of issues, especially her resentment that was already resolved by his admission and apology.

There is no theme in their argument, and the other spouse was clueless about what was confronted upon. Victor may not be clueless since he would want to conclude that his apology already closed the issue. Victor's name-calling is an attempt to give a name and a theme, which only worsened the problem because it failed to connect to what Veera would want to convey. There is no dialog because they respectively anchor their expressions to differing issues. Supposedly, to have a point of conversation, one of them should listen and connect to the other first. In this way, they can give meaning and theme to the issue at hand. Whether they would first tackle Veera's resentments or Victor's name-calling, they would likely tackle the same gist of the issue. Listening, an element of dialog, enhance the person's grounding on the issue. As stated, awareness comes with groundedness. As the dialogical process deepens, Veera and Victor could ground their individual experiences while they tackle an issue. Grounded, they could even address the unsaid elements, which can be evident in body expressions. Aside from verbalizing their feelings and thoughts and recognizing its context, in enhancing their communication process, one must see the configuration of the other's experience. In the dialogical process, a response is not contingent on the completeness of the other person's experiences. The ability of the other to articulate and find meaning and the closest translation is an excellent dialogical capacity. In this context, the dialogical process is described as reconfiguring the person's different domains through cognition, emotion, and behavior. Verbal articulation is secondary to gestures, actions, movements, and kinetics. Reception involves the somatic domain involving the body and the external viscera related to proxemics, tactile, haptic, spatial, and speed. Dialog is a process of response, reaction, engagement, involvement, and intercourse between the person, another person, and the socio-environment.

2.8 Awareness, grounding, embodiment and dialog

Grounding celebrates life's dynamism; it defines a person's spontaneity and ability to make a meaningful union and separation with each passing moment. It functions to synthesize the human need for union and separation. From grounding comes embodiment. Through sensation-perception functions of looking, listening, touching, moving, smelling, tasting-- these sensory experiences in the process are the best example of good grounding. When grounding is enriched by behavioral and emotional in the body, the person must relay the experience to the other to achieve full grounding. Hence, the other's reception enhances the dialog, and the process can continue on and on.

Despite the many abuse cases that she went through, Ellen stayed with Bob, her partner, for 20 years. There were many break-ups, and these were initiated by Bob, who would only come home after weeks of gallivanting. Ellen would take Bob back only to be demeaned and beaten again. Her case's outright clinical impression is Post-traumatic Stress Disorder since it is common for domestic violence survivors to stay in an abusive relationship. Learned helplessness and learned hopelessness seem to be the theoretical anchor. In the addiction field, Ellen can easily be labeled as a pathological co-dependent. A co-dependent or co-addict would do anything for the other person, even to die for the perpetrator. Taking the case from Ellen's perspective, one would surely empathize with her justifications. Bob would apologize and become nice during each reconciliation, and he would only beat her when she would nag and confront him of his behaviors.

Deflection is a common conflict strategy among couples. Humor, trivializing, and expressing emotions during an argument may taper the tension, but these strategies do not motivate the partners to change [53]. Clearly, in conflict resolution, parties must delve into the issue to effect some changes. Dilution of experience may alleviate the degree of discomfort because the person would no longer stay in touch with the emotion and even the conflict situation. On the other hand, engaging with the other person by directly confronting problems motivates change and successful resolution [54, 55].

Ellen and Bob bore four children in their union and these children. Because of Ellen's sense of hopelessness, she assumed that her children would be orphaned if Bob would be imprisoned because of domestic violence. For Ellen, it is a rational and practical decision for her to stay with Bob; She felt that she did not have a choice but to sacrifice herself for the sake of their four young children. While other abuse victims stay in an abusive relationship because of economic dependence on the perpetrator [56, 57], others stay because of their children whose welfare might be affected by the absence of the perpetrator [58].

Patience is a virtue and perseverance and compassion; These three virtues mark the character of Ellen, a kind woman, wife, and mother of three. Ellen learned these values or intrapersonal ideals when she was a young child in school. Some religious sects and other cultures look at women as objects or possessions [59, 60]. Ellen must have learned, modeled, or assimilated it somewhere in her childhood. Even if Ellen is well-educated, an active civic organization member, an advocate for gender equality and women empowerment, she has some problems with her embodied past, which she could not wean out of her psyche. Psychological and behavioral problems like learned helplessness, post-traumatic stress disorder, and personality disorders may compel the victim to stay in an abusive relationship. However, other dimensions, like religious and cultural injunctions, are must also be considered.

Bob was employed even before he met Ellen during a social gathering. Charming, eloquent, and stable, Ellen accepted his marriage proposal after six months of dating. He was excellent except for his drinking, which was not even alarming for Ellen

because he still could drive after having some drinks with friends after work. Bob claimed that Ellen would beg him to stay upon his return, and he would. However, Ellen would incessantly ask him to stay that he would feel irritated that he would beat her up. If not for her nagging, their marriage would have been all right, according to Bob. Bob used a common victim-blaming strategy—a manifestation of incognizance and ego-syntonia. He is comfortable with his behavior, that he brushed the blame on his spouse. He admitted that he would drink and gallivant, but he impressed that he did not abandon his responsibility as a father and husband. He supported his family and they even owned a house and vehicles. He also sent their children to school.

The gamut of incapacity is incognizance. In the case of Bob, his main problem is gallivanting and drinking. His wife saw the same. He was indeed responsible, he took care of his professional and marital obligations. Bob was incognizant, there is no awareness, acceptance and in depth self-knowledge of his behaviors. Cognitive wise, he is comfortable with his behaviors because these synched with his self-concept. Ego syntonia fits well to his case. This is the common reason spouses would not submit for treatment. They will not see themselves as the problem, and if they admit that they are at fault, it would always be because of the other party. Victim-blaming and psychological manipulations are common tricks and ploy that would make the other party believes in the offending spouse.

There are worse domestic abuse cases than Bob on the account of irresponsibility; Besides drinking, drug use and gambling are also involved and not serial infidelity. There are even cases that involved child abuse and prostitution. Analyzing Bob and Ellen's case, the interpersonal dimensions of rules, roles, and boundaries are violated. The unwritten commitment in marriage was breached along with a violation of spousal roles and personal boundaries. The couple is not only grounded in the situation, they were also not into the situation that they were in. The situation calls for practical remediation, especially that violence is involved. Grounded remediation includes the assertion of one's rights as a spouse. This is also a way of recognizing the problem of boundary. Rights involve boundary. Recognizing one's boundary is a form of groundedness. One crucial element of groundedness is the capacity to see one's limitations.

Being on the ground impresses that the person uses his senses rather than the cerebral component. Using one sense makes one connected to reality. The person sees the physical environment, feels the ambience and calibrate his/her motoric response according to the spatial dimension. Thus, other avoidance and walking away from trouble may be a form of calibration or it might be avoidance of emotional discomfort in situ or because of anticipated discomfort. Inability to control impulse such as violence infers poor grounding. Grounding as emphasized, is the ability to be in contact with one self in relation to the situation. One can fully connect to the self without respect to the situation. People would get carried away by their emotion and would do things without considering its aftermath. They are indeed grounded, but sadly to their intense emotion at that given moment. Thus, the ability to connect with one's emotion in relation to the situation is the ideal in interpersonal relationship. The answer to the question of whether one has the right to become angry is incomplete if the context is not recognized.

Histories from elders and even generational myths about the past generations are embodied in the person. This is vividly noted that a simple word can provoke the emotion of the other. In one event that I witnessed, a female counselor-trainee wriggled on the floor after hearing a word that was one of the many *verboden* in their family. It was not because of the word but the embodied dread and fear associated with it. There were instances when a client would vomit after saying a statement against her father that she harbored for years. She came to therapy because she wanted to stop her nagging issue that affected her marriage.

An individual, in any pleasant, stress-free and typical situation, attend to experiences with ease. In a distress situation, there is interruption and or blockage of awareness. Individuals who found difficulty in grounding can snap and act on impulse. The person would also experience some difficulties in connecting the cognitive element to the affective, somatic-sensory, behavioral, and relational domains that responses may be out in context. When there are unpleasant experiences, an individual who has the capacity for awareness can see angles and domains that he can self-regulate by either withdrawing or confronting the situation. In perpetrators of violence who are used in detaching and differentiating themselves from a stressful situation, aside from suppressing tension by non-recognition and displacing their anxieties to things, they dissociate their bodily experience from their mental faculty. Not knowing where the tension is in the body, the person would become overwhelmed even more. They would experience a tunnel-like vision that they could no longer see their behavior's appropriateness to the situation. Awareness is hijacked by an emergent figure that became fixed in a given time. Embodiment process is crucial in tension filled situation. This is evident in the case of a battered woman who killed his husband by incessantly batting the latter's head with a firewood. The woman claimed that she felt the surge of energy from her body going up to her head that she was not able to control herself. She admitted that her hand could no longer feel though it could still hold things. As noted, there was absence of corporeality. In another case example, a client admitted that she could not feel anything with her body that she would want her partner to physically abuse her. At least, pain can confirm her existence, she said. Contact precedes grounding. The contact to grounding process follows the mechanisms of recognition or attention to deconstruction/dissolution before assimilation.

Rona, a survivor of physical abuse, came for an interview. When she came into the room, she looked around before asking me if I was the psychologist assigned to her case. After that, she sat, and she began to cry while saying that it was the first time, since she was married to Ric, to be in one room with another guy (referring to me, a male psychologist). Her hands trembled while experiencing fear. She was drowned with the idea that Ric would barge into the room and hurt us. I instructed her to be aware of her breathing. Using a grounded breathing technique, she was asked to scan the room while trying to find her breathing rhythm. This is to let her ground using her senses with the situation, which was safe and secure than what she had imagined. Rona embodied fear and terror that every situation for her is the same experience back at home. Thus, she needs to anchor herself in the physical environment wherever she would be. In this way, she could differentiate her past and present milieus, which would overpower her after engulfing herself with the negative emotions associated with her experiences.

An individual with poor intrapersonal elements often encounters a problem with other persona because of poor dialogical skills, flight to fantasy (inadequate or absence of grounding), and proneness to misperceive because of depreciated awareness. Poor grounding and awareness block the person from experiencing the present fully. Resentment is a typical example of this concern. The person may erratically shuttle from past to present and future without fully grounded in the shifting experiences. Having awareness but with no grounding, the person would not fully know what is going on. The person would be like a kite hovering aimlessly without direction. Getting stuck up is the worst because the person would experience the past as if it is the present. If the person has no flow or has a little flow, then the person's awareness is different.

Optimal functioning is equated with a personal awareness of one's own body, action, feelings, and thoughts. From awareness, the recognition of our capacity to sense leads to the context of groundedness. The full assimilation of these

experiences into the corporeal realms is embodiment. Enhancing the person's awareness by grounding it to the situation and recognizing the somato-sensory components of the experience increases the capacity of the person for self-support [61]. Self-support is inherently a narcissistic process that is teleologically design to fulfill and nourish the other inherent quality, the relational self. The processes of awareness, grounding and embodiment exemplifies the need to cultivate the self to appropriately engage and involve with another person— to the achieve an authentic, in situation, dialogical process.

3. Conclusion

Individuals in relationships experience conflict. It is even said that a person who enters into an intimate relationship is marrying conflict. Indeed, the cultivation of relationships is a pressing human problem. The basic constitution of a relationship is the person. Decades of research provide different vignettes of relationship dynamics, problems, and resolutions. Studies on human factors provide glimpses of understanding. Even the other fields of study already contributed to the discourses on human beings and relationships. This article focuses on significant intrapersonal elements of personhood. The assertions provided are a somewhat radical shift from another thesis on relationships because this article focuses on what appears to be esoteric and ephemeral concepts like awareness, groundedness, embodiment, and dialog. Thus, this article identifies the important dimensions of relationships. Second, the three intrapersonal elements are expounded with case vignettes to give life to each discussion. Third, the article illustrates the benefits of the intrapersonal elements on relationships.


Understanding the different intrapersonal elements under study requires reflexivity. The vignettes provided demonstrated that incorporating these elements is crucial to grasp the nadirs of interpersonal relationships. Incorporating these elements challenged the common assumptions about interpersonal relationships. Indeed, this article reveals the depth of personhood and its association with interpersonal relationships.

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Rolefulness and Interpersonal Relationships

Daiki Kato and Mikie Suzuki

Abstract

We developed the new psychological concept of Rolefulness and it is defined as “the continuous sense of role satisfaction we have in our daily lives.” Rolefulness includes 2 sub factors of “social rolefulness” and “internal rolefulness.” Social rolefulness is role satisfaction based on social experiences such as interpersonal relationships. Internal rolefulness is a role satisfaction that is formed by internalizing social rolefulness and it includes identity and confidence. First, we introduce the theoretical background and developmental process of rolefulness. Second, the statistical study of relationship between rolefulness and maladjustment is shown. Then, the example of application in the area of education and art therapy is introduced. Finally, the future application of rolefulness for our social lives and social science studies is discussed.

Keywords: rolefulness, maladjustment, interpersonal relationships

1. Introduction

Rolefulness is a psychological concept defined as “the continuous sense of role satisfaction we have in our daily lives” (p. 258) [1]. Our roles in our respective social lives have become an important subject of psychological research. Studies have focused on specific social roles such as parenting, employment positions, and professions such as teaching and nursing. However, rolefulness does not depend on specific roles such as being parents and professionals; rather, it represents a general sense of role satisfaction and includes two subfactors: “social rolefulness” and “internal rolefulness.” Social rolefulness refers to one’s role satisfaction based on their social experiences such as interpersonal relationships. Meanwhile, internal rolefulness is the role satisfaction that a person forms by internalizing social rolefulness, and it includes identity and confidence. Rolefulness is a new psychological concept, and it is useful for promoting our interpersonal relationships and mental health.

First, we introduce the aspects of rolefulness; the next section discusses the theoretical background and developmental process. Second, we present a statistical study of the relation between rolefulness and maladjustment. We use Japanese adolescents’ data to investigate causal relations among rolefulness, social competence, and maladjustment. Then, we provide an example of how rolefulness is applied in education and art therapy. We conducted a group art expression workshop and examined its effect through the lens of rolefulness. Finally, we discuss the future application of rolefulness in our social lives and social science research.

2. The concept of rolefulness and its validity

2.1 Introduction

Rolefulness is a new psychological concept which includes both social and internal aspects. Therefore, it is necessary to develop the scale with validity to measure it. We developed the rolefulness scale and confirmed its validity [1] and this section shows the process of developing a rolefulness scale. Our sense of role affects our psychological state. Reid and Hardy [2] showed the relation between role quality and well-being, and Matud, Hernández, and Marrero [3] found that the most relevant indicator of well-being is one's satisfaction with their work roles. At the same time, role confusion and the lack of role satisfaction can be heavy stressors; Akgunduz [4] showed that role ambiguity and role conflict are negatively associated with job performance.

These research findings demonstrate the importance of one's sense of role satisfaction in their mental health and interpersonal relationships. Some studies have focused on an individual's role satisfaction in specific situations such as the nursing profession [5] or generational contexts [6]. While these findings are clearly important, it would also help to focus on a person's general role satisfaction, which does not depend on particular situations. People assume several roles in their daily lives, such as doing housework, taking care of children, participating in volunteer activities, and sharing interests or hobbies with others, which may increase their general role satisfaction. For children, going to school and playing, collaborating, and discussing with classmates are good opportunities to enhance their role satisfaction. Based on these viewpoints, we developed the concept of "rolefulness," which refers to an individual's continuous sense of role satisfaction in their daily lives. The main purpose of this study is to develop a scale to measure rolefulness and confirm its validity.

We hypothesized two rolefulness subfactors: "social rolefulness" and "internal rolefulness." Social rolefulness is the role satisfaction that an individual develops through their interpersonal relationships and social activities in their daily lives. Meanwhile, internal rolefulness refers to one's personality, identity, and confidence, and it is formed by internalizing one's social rolefulness.

Our behavior and cognition are affected by both the environment and our beliefs, and the effect of the outer and inner worlds has become another important research topic in psychology. For example, Riesman [7] introduced the concept of "inner-directed" and "other-directed" personalities. Inner-directed personality is guided by one's own conscience and values rather than their external environment while other-directed personality tends to be guided by one's values derived from external influences. The theory of locus of control [8] also provides us useful information; it includes "external" and "internal" groups. The former believes that their behavior and decisions are controlled by environmental factors while the latter believes that they can exercise such control themselves. This shows that rolefulness is also influenced by one's external environment and inner beliefs. These ideas are applied in both social rolefulness and internal rolefulness.

Another core psychological concept regarding rolefulness is the "Ibasho" theory. Ibasho is a Japanese word that means "whereabouts and a place of my own" [9, 10]. In adolescent psychology, an individual's sense of acceptance by others is a key concept for both communication and their ability to foster appropriate relationships [9, 10]. In psychology, besides the original literal meaning of the term, one's "sense of Ibasho" is used to mean their sense of being accepted by others. The sense of Ibasho scale, developed by Norisada [11], includes "the sense of authenticity,"

“the sense of perceived acceptance,” “the sense of relief,” and “the sense of role” as subfactors. As this evidence shows, one’s sense of role is an important component of interpersonal relationships. To develop the rolefulness scale, we examine its items with reference to these studies.

2.2 Method

The participants were 1029 Japanese high school students (484 men and 545 women, 15-18 year olds). After removing erroneous information, a total of 960 data points were analyzed.

The “social rolefulness” and “internal rolefulness” subfactors were hypothesized, and based on previous studies, five items were listed for each [9, 11]. The first version of the scale includes 10 total items and is rated on a five-point scale from 1 (disagree) to 5 (agree). Social rolefulness includes 5 items of “I am useful in society,” “I can apply my strong point for society,” “My role is necessary for other people,” “I have a role in the group I belong to,” and “I carry out a social role.” Internal rolefulness also includes 5 items of “I realize my individuality by my role,” “I am satisfied with my role,” “I gain confidence because of my role,” “My role brings out my individuality,” and “I have a role that is only mine.”

First, we investigated the rolefulness scale’s factor structure using exploratory factor analysis (EFA). Then, we examined the validity of the structure using confirmatory factor analysis (CFA) and evaluated the scale’s reliability using Cronbach’s alpha.

2.3 Results and discussion

The EFA results showed that the two-factor structure is adequate. Factor loading was between 0.699 and 0.851 for social rolefulness and between 0.432 and 0.885 for internal rolefulness. After removing the items with the lowest and highest loading in each factor, we analyzed seven items in the CFA.

CFA then confirmed the scale’s factor structure. In this model, social rolefulness includes four items, and internal rolefulness includes three (**Figure 1**). Fit indexes

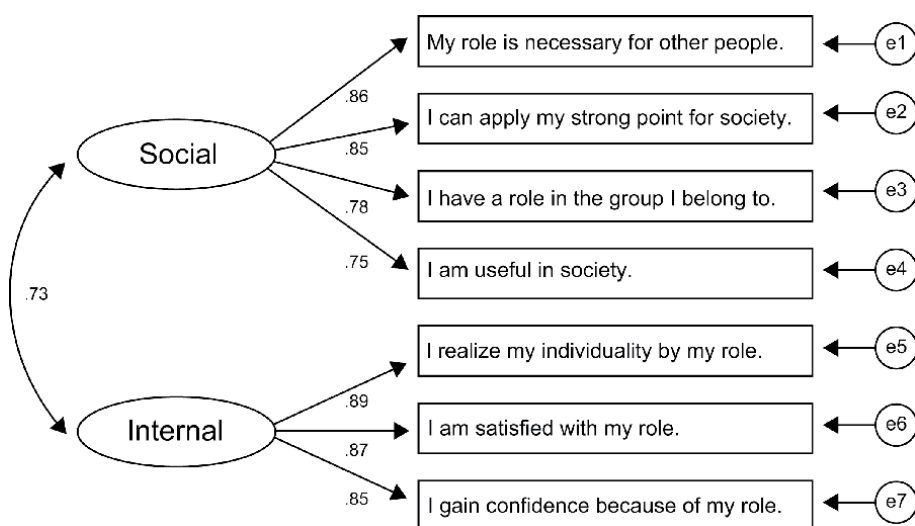


Figure 1.
 Factor structure of the rolefulness scale.

of the model were acceptable (CFI = 0.994, RMSEA = 0.045), and all paths for each item were significant ($p < 0.01$). The Cronbach's alpha values were 0.88 for social rolefulness and 0.90 for internal rolefulness.

Besides confirming the subscales' factor structure, the results also showed that social and internal rolefulness correlate positively with each other.

Social rolefulness includes items such as "My role is necessary for other people" or "I am useful in society" while internal rolefulness includes "I realize my individuality by my role" or "I gain confidence because of my role." These items show that social rolefulness pertains to our interpersonal relationships and our connection with the society we belong to. However, while social rolefulness is based on the social context, internal rolefulness consists of more authentic and personal aspects such as self-identity and confidence.

3. Rolefulness and relevant psychological factors

3.1 Introduction

Although the previous section confirmed the factor validity of the rolefulness scale, it will need to be verified from several viewpoints for future application. The main purpose of this study is to confirm the scale's criterion-related validity, in which the scale's validity is compared with those of other relevant scales, and investigate correlations among rolefulness and relevant psychological factors.

Social rolefulness is theoretically correlated with our social experiences; hence, interpersonal communication is especially important. We need to develop social and communication skills to establish and maintain good relationships with others. Therefore, we hypothesize that people with satisfactory social and communication skills can achieve adequate social rolefulness. In contrast, we form internal rolefulness based on social rolefulness, and it includes confidence and identity. Self-esteem is defined as one's belief and confidence in their own ability and value and is developed as a result of positive relationships with others. For instance, the experience of being accepted or valued by others facilitates self-esteem. According to Erikson's [12, 13] development theory, the establishment of one's identity is the main theme in adolescence. In this period, interpersonal relationships become more complex than those in earlier developmental stages and cause role confusion. In addition, the internal rolefulness scale we developed includes the item "I realize my individuality by my role." Therefore, the developmental process of identity and rolefulness affect each other, and significant correlations are expected among rolefulness, self-esteem, and identity. From the above, we investigate the correlation among rolefulness, social and communication skills, self-esteem, and identity to confirm the validity of the rolefulness scale.

3.2 Method

The data correction for the 1029 Japanese high school students (484 men and 545 women) was the same as that of the previous section; hence, 960 complete data points were analyzed. We compared communication skills, social skills, self-esteem, and identity. We used the lack of both the communication factor ($\alpha = .85$) and problem-solving skill factor ($\alpha = .85$) as the criteria for communication skills and social skills, respectively. Social skills include several aspects and problem-solving skill is one of the core factors of it. Therefore we adopted the problem-solving skill factor as an index of social skills. Both factors were included in the school maladaptive process scale [14]. For self-esteem, four items ($\alpha = .87$) were selected from

	Lack of communication	Lack of problem-solving	Self-esteem	Identity
Social	-0.318**	-0.437**	0.413**	0.399**
Internal	-0.243**	-0.345**	0.398**	0.383**

** $p < .01$.

Table 1.
Correlation among the rolefulness scale and other scales.

KINDLE [15, 16]. We then used the psychosocial identity factor ($\alpha = .83$) of the Multidimensional Ego Identity Scale [17] as the identity criterion.

3.3 Results and discussion

We found adequate positive correlations with self-esteem (social: $r = 0.413$, internal: $r = 0.398$) and psychosocial identity (social: $r = 0.399$, internal: $r = 0.383$). The lack of communication skills (social: $r = 0.318$, internal: $r = 0.243$) and problem-solving skills (social: $r = 0.437$, internal: $r = 0.345$) was more negatively correlated with social rolefulness than with internal rolefulness. **Table 1** shows the correlations among the rolefulness scale and other scales.

Both social and communication skills are significantly correlated with rolefulness. Also, the connection between these skills and social rolefulness is stronger than that between them and internal rolefulness. People develop social rolefulness through their interpersonal communication and social and communication skills; therefore, those who have these skills are also satisfied with their social rolefulness. Social and communication skills affect our behaviors and social attitudes. In contrast, self-esteem and identity are deeply connected with the deeper part of our mind, such as personality and motivation, and these psychological aspects take a long time to form. Internal rolefulness is also an inner aspect and needs a certain amount of time to develop. These points are common among self-esteem, identity, and internal rolefulness as the significant correlations show. This study's results show interrelationships but not necessarily prove causal relations among these factors. Therefore, future studies may benefit from examining such causal relations.

4. Rolefulness and maladjustment

4.1 Introduction

This section investigates the relation between rolefulness and school maladjustment with reference to Suzuki and Kato [18]. While many studies have been conducted on school maladjustment, they have found it difficult to arrive at a consensus on the concept of adjustment [19].

Harada and Takemoto [20] proposed two aspects of adjustment. One considers adjustment as a static state of harmony between internal motivation and the environment; the other sees internal motivation and the environment as engaged in a dynamic process. Majority of the previous studies are based on the former [21] while a few are based on the latter.

Suzuki and Morita [14] studied the dynamic process of school maladjustment and revealed that the lack of social competence reduced one's sense of being accepted by others and promoted school maladjustment. McAdams [22] argued that

characteristic adaptation is described in the context of time, place, and social role, and it includes motivation, interest, defense mechanism, and coping strategy. These studies may have demonstrated the relation between maladjustment and social roles, but statistical evidence of such an association is yet to be presented.

Rolefulness is significantly associated with social skills [1], and the lack of social skills is positively correlated with maladjustment [14]. Based on these findings, we hypothesize that a significant relation exists between rolefulness and maladjustment; therefore, this study intends to examine the causal relation between the two using longitudinal models.

4.2 Method

The survey participants were 293 Japanese high school students (130 males and 163 females). The survey was administered for a total of three times per participant. The first survey was held in October 2015 (T1), the second was in October 2016 (T2), and the third was in October 2017 (T3). Of the total participants, 282 (127 males and 155 females) took part in all three surveys, and their data were analyzed. We used the school maladaptive process scale for high school students [14] as a set of maladjustment criteria. It has three subscales: “maladjustment,” “lack of sense of acceptance,” and “lack of social competence.” Rolefulness was measured using the rolefulness scale [1], includes two subscales: “social rolefulness” and “internal rolefulness.” In addition, the model showed that lack of acceptance and maladjustment may negatively affect rolefulness. Therefore, the causal relation between rolefulness and maladjustment is not one way; rather, the two are interrelated.

4.3 Results and discussion

We used the cross-lagged effects model to analyze the causal relations among the T1, T2, and T3 data. **Figure 2** showed the causal relations between rolefulness and maladjustment, and the total fit indexes were acceptable (CFI = 0.98,

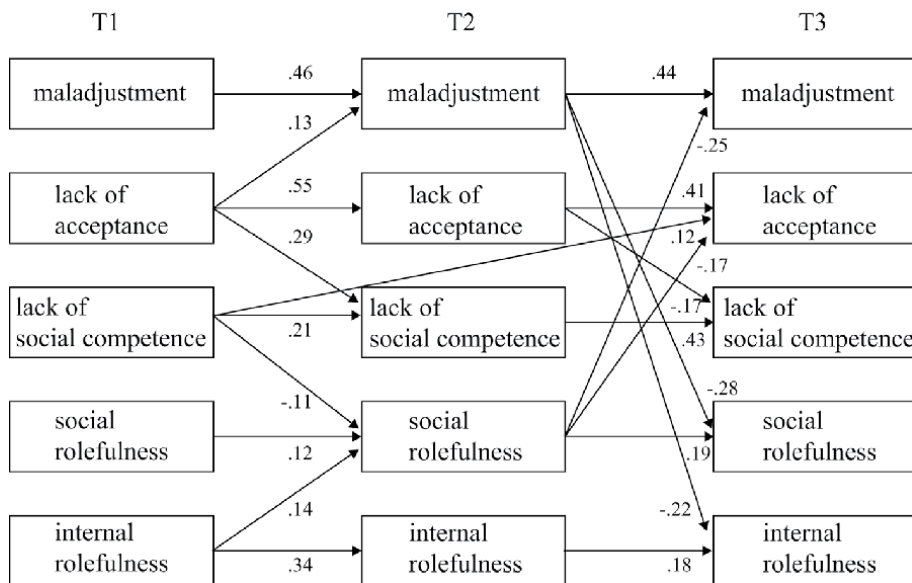


Figure 2. Causal relations between rolefulness and maladjustment.

RMSEA = 0.05). The covariances among exogenous variables and error variables were omitted from the figure.

The path model shows that lack of social competence in T1 affected social rolefulness in T2 and then influenced maladjustment and lack of acceptance in T3. It also indicates that lack of acceptance in T1 affected maladjustment in T2 and then influenced social and internal rolefulness in T3. Suzuki and Morita [14] stated that a lack of social competence reduces one's sense of acceptance and then affects maladjustment. This study's results revealed that social rolefulness also mediated these maladjustment formation processes, which supports McAdams's [22] assertion that characteristic adaptation should be described in the context of social roles. McAdams [22] also pointed out the importance of other factors such as motivation, defense mechanism, and coping strategy and the need to investigate the relation between rolefulness and maladjustment from these viewpoints.

5. Collaborative group session and rolefulness

5.1 Introduction

Rolefulness is also important in psychological support, such as psychotherapy and counseling. An individual who feels accepted by their counselor and who realizes their role in their daily life experiences positive effects in their mental health. In group art therapy, some expressive activities are conducted to facilitate interpersonal communication and role development. Here, we introduce the group session and examine its effect from the viewpoint of rolefulness based on Kato and Suzuki's study [23].

Group art therapy requires several materials that will be used as mediums of communication. An example here is Lego blocks, which are useful in individual art therapy and collaborative creation. Negative moods such as anxiety, fatigue, and confusion have been found to significantly decrease through block creation [24]. LeGoff [25] showed that collaborative block making increased the social skills of children with autism spectrum disorder (ASD).

Collaborative Lego play also has positive effects on children and adolescents with ASD and promotes their socialization [26], especially social engagement, frequency of social initiations, responses, and positive social behaviors [27, 28]. Using Lego blocks helps learners strengthen their role-playing and storytelling skills as well as build their confidence and imagination [28].

Kato, Hattori, Iwai, and Morita [29] designed a collaborative block creation task and examined its effect. They divided their participants into small groups of four or five, and the participants were asked to collaboratively express anything they desired using a variety of blocks and figures on a 50 cm green square base plate. The results showed that such a collaborative experience promoted their social skills and trust in others. Meanwhile, Kato, Asai, and Yoshie [30] reexamined the effects of collaborative work especially on interpersonal relationships and showed that one's sense of role significantly increased through the work. However, their study did not examine role satisfaction aspects in detail. Therefore, the main purpose of this study is to thoroughly investigate how collaborative block work affects rolefulness.

5.2 Method

Fifty-nine female Japanese university students (Mage = 20.7) participated in the survey, and they were randomly divided into small groups of three or four.

	Before		After		<i>t</i>	<i>d</i>
	Mean	SD	Mean	SD		
Social rolefulness	3.11	0.80	3.76	0.69	7.33**	0.87
Internal rolefulness	3.59	0.87	3.97	0.85	3.39**	0.44

***p* < .01.

Table 2.
Rolefulness scores before and after the collaborative block task.

The participants collaborated with their group members to express anything they wanted using Lego blocks and figures on the green plastic square plates (50 cm). They finished their creations in 60 minutes. They were also asked to answer the rolefulness scale before and after the collaborative work.

5.3 Results and discussion

The mean social rolefulness score was 3.11 (SD = 0.80) before the activity and 3.76 (SD = 0.69) after the activity. The mean internal rolefulness score was 3.59 (SD = 0.87) before the task and 3.97 (SD = 0.85) after the task. Both social ($t(58) = 7.33, p < .01, d = 0.87$) and internal rolefulness ($t(58) = 3.39, p < .01, d = 0.44$) increased significantly throughout the collaborative work. **Table 2** shows the rolefulness scores before and after the activity.

Kato et al. [30] showed that a small-group collaborative block creation task facilitated individuals' sense of role, and this study's results provided further evidence of this. LeGoff [25] introduced a systematic approach to using blocks for ASD children. The participants were assigned specific roles of "builder," "supplier," and "engineer" beforehand and then participated in a collaborative block creation task. In the present study, however, specific roles were not designated and instead were divided naturally throughout the creation task. Oztop, Katsikopoulos, and Gummerum [31] suggested that the closeness of group members and their perspective taking are important in group creativity. Cojocnean [28] also showed the importance of individual differences in fostering the creativity of a group. Role taking and perspective taking are also significant facilitators of creativity in group settings. This study's collaborative work facilitated verbal and nonverbal communication among group members and helped them notice one another's way of thinking and feeling. This is why such an activity promotes perspective taking, role taking, and rolefulness.

The effect size of the analysis showed a remarkable increase in social rolefulness. Social rolefulness is considered to undergo short-term changes more than internal rolefulness because it is associated with communication skills [1]. Participating in collaborative block work with others improved friendship building, social interactions, and social competence [32]. As these findings show, the main goal of social rolefulness improvement through collaborative work is to enrich social skills, social competence, and confidence.

6. Conclusion and future application

This chapter proposed the new psychological concept of rolefulness and confirmed its validity. The results of the studies here showed that social rolefulness is developed from realistic social experiences, which then form internal rolefulness. Rolefulness is deeply associated with mental health and decreases social

maladjustment. We also adopted the collaborative block creation activity and examined its effect. The result of the study showed that working together with others increased rolefulness. This section reviews the findings above and discusses how they can be applied in social relationships and future studies.

The results showed that social rolefulness buffered the association between lack of social competence and sense of acceptance. One's emotional connection with others and their sense of acceptance are important to improve their mental health. The recent rapid changes in nature and society have had an immense psychological impact on us. Disasters such as floods and earthquakes change our lives in a moment, and the social impact of COVID-19 is serious and long-lasting. Our social roles are also affected in these situations. All people may equally become victims of emergencies. Human service professionals such as medical workers help people with difficulties in peacetime, but they are not exempted from becoming victims of crises. In such situations, people may lose their social roles and experience role confusion, and the risk of the latter exists not only for medical professions but also for every worker. For example, office workers cannot visit their offices and communicate with colleagues as usual. Schools are also closed, and face-to-face education involving teachers and students is limited.

We are now facing serious difficulties in fulfilling our social roles. In rolefulness theory, having social roles is clearly an important factor in developing rolefulness. However, another important insight is that rolefulness is defined as our continuous sense of role satisfaction in our daily lives; it is a general role satisfaction that does not depend on any particular profession or job position. We argue that all people can increase their rolefulness throughout their daily lives. Establishing good relationships with family and community is a core factor of psychological empowerment [33]. These fundamental relationships are also essential causal factors for increasing rolefulness. We live in our own communities and have relationships with family members, relatives, and friends, which provide many chances to increase rolefulness in our daily lives. This does not refer to special activities; rather, ordinary ones such as greetings, conversations, and expressing gratitude to familiar people are important in developing rolefulness. However the findings of the present chapter comes from limited generations and specific activity such as collaborative block creation, investigating the effect of fundamental relationships with others on rolefulness is necessary in future studies.

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The Impact of Interpersonal Relationships on Dietary Habits

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Abstract

In recent times, there is significant level of evidence to suggest a transition in the eating pattern and dietary habits of people across the globe. Food, though a physiological necessity and required for good health and functionality, also contributes to the social, cultural, psychological and emotional well-being of our lives. There is no doubt that relationships contribute to how, what and when people eat. This chapter will review the impact of how different categories and levels of interpersonal relationships impact on the development of dietary habits among people. Additionally the chapter will explore how the advent of the novel corona virus, covid-19 has impacted on interpersonal relationships and consequently on dietary habits.

Keywords: interpersonal relationship, dietary habits, covid-19, nourishing relationship, inhibiting relationship

1. Introduction

There has been a shift in dietary behaviors in the past few decades. Dietary habits of people have metamorphosed from less refined, low caloric and high dietary fiber foods to more refined, high sugary and fatty foods. Undoubtedly, food is a physiological necessity without which human existence will be impacted greatly. Food also serves as a means by which people can be brought together and shapes how people relate to each other. As people relate to each other, they tend to develop like and dislike for certain foods. This leads to the development of particular dietary habits. This chapter discusses interpersonal relationships and dietary habits. It also, describes how interpersonal relationships with one another undeniably influences dietary habits. Furthermore, the emergence of Covid-19 has brought about untold hardships and more importantly affected the dynamics of how people relate to each other. The impact of Covid-19 on interpersonal relationships and people's dietary habits will be reviewed.

1.1 Interpersonal relationship

Relating to others as humans, gives us a feeling of interdependence. In our daily interactions with others (family, friends, colleagues and strangers), we tend to

associate and connect. This generates a good feeling, especially when we acknowledge each other. A relationship is established when two people feel comfortable and decide to be in the company of each other. Consequently, people who enter into an interpersonal relationship must share common interests and goals. But then, persons who enter into interpersonal relationships due to work or other reasons must agree on some common goals and ground rules in order to live in harmony with each other and achieve their purpose.

Interpersonal **relationship** is an intense, profound, or close connection between two or more individuals that may range from brief to permanent interaction [1, 2]. Similarly, Portner & Riggs [3] defined interpersonal relationship as a connection between two or more individuals that may be short-lived to permanent. Family, friendship and other social influences are some perspectives from which interpersonal relationships are established. These perspectives may vary depending on the family, friends, marriage, external relations, connections at work, clubs and with neighbors. The foundation of social groups and society are law, custom and mutual agreement, and these are the structures that govern interpersonal relationships. Besides legislation, custom or mutual agreement, interpersonal relationship rest on love, solidarity, regular interactions, and or social commitment.

Choi et al. [4] also shared that interpersonal relationships may be seen as a social connection with others. We experience a variety of interpersonal relationships daily with family, friends, significant others and people at our workplace. While every relationship is unique, some common themes influence the health and continuation of all relationships. Some of these influences are communication, compatibility, honesty, forgiveness and time [5, 6].

Interpersonal relationships are fashioned for more reasons other than just the nature of our beings. Therefore, one must benefit, given the amount of effort required to form and maintain these bonds. Formation of dietary habits maybe one of the benefits that could be acquired through these bonds. For most of us, these relationships allow both parties to help fulfill the emotional and physical needs of one another. People with strong, healthy interpersonal relationships tend to be healthier and experience less stress from life challenges. Thus, Pronina & Gerasimova [7] reported that interpersonal relationships are one of the strongest, most profound and beneficial parts of our lives. There is no doubt that people refer to a circle of interpersonal relationships as a support network. However, not all interpersonal relationships are the same.

1.2 Categories of interpersonal relationship

Social scientists identified two main categories or groups of interpersonal relationships, which mainly focus on primary and secondary groups. The primary group consists of a person's primary source of relationships and socialization, and the secondary group, those of less importance but still significant to the individual.

1.2.1 Primary groups

Primary groups are described as close, personal, intimate and often a small relationship that can be stable or may last for a lifetime [8]. These relationships are intimate, enduring, deeply personal and loaded with emotions. Members of the primary group are typically composed of the family, childhood friends, romantic partners, members of a religious group or club who meet regularly and engage in activities together. To enhance relationship in primary groups, loyalty, care, concern, love and support should be paramount. In support, Lindenberg [9] noted that extensive interactions and strong emotional ties characterize primary groups.

Individual's sense of self and identity are formed mainly due to the close association and connection characteristic of the primary group. People are also influential in the development of norms, morals, values, beliefs, and everyday behaviors and practices of all members of the group.

1.2.2 Secondary groups

Secondary groups are comparatively composed of impersonal and temporary affiliations. They are task-oriented and mostly found in education, employment or club settings [8]. Secondary groups are mainly operational groups tasked to achieve a goal. These groups are often organized with ranges of a task to be completed. Without these interests, these groups (secondary) would not exist. A distinct characteristic of secondary groups is that people join voluntarily out of shared interest with the others involved. Some examples of such groups are students, teachers and colleagues at work. Some secondary groups can be large, and others can be small, depending on the task of the group. Examples of large groups are students and employees in an organization or institution. Small groups can be few people in an organization or groups of students who have been mandated to perform a task or project together. Small secondary groups play a passive role after completion of a task. It would be added that the warmth and deep connections in primary groups are missing in both the small and large secondary groups [8, 9].

A significant distinction between secondary and primary groups is that the secondary groups are more organized in structure, rules are formal, and there are leaders or administrators who manage and engage members regarding projects involved in the group. On the contrary, primary groups, are usually informal, and there may or may not be rules governing it. Because of its informal nature, members do observe each other and live based on the like or dislike of the other party.

1.3 Types of interpersonal relationship

1.3.1 Family relationships

A family is composed of individuals related by blood or marriage. Brown [10], is of the view that any combination of affiliation or marital relationships that join two people directly or through a third party is said to be a family. Thus, a family relationship exists between members of the same family. It is also known as a biological relationship. It is the immediate interpersonal relationship we form just after we are born into a family. Though it is the immediate relationship we build, we may have differing degrees of association with the members of the family. The relationship an individual may have with the mother may vary from that of the father, siblings and the extended family. The complexity and the level of engagement we may have in our families regarding interpersonal relationship may also be dependent on culture and religion. The family is the most critical unit in life and has significant involvement in our lives.

1.3.2 Friendship relationships

Friendship is an open interpersonal relationship which is voluntarily formed by individuals. It is entered into by personal choice and will. Friendship, as understood by Brown [10] is a distinctively personal relationship grounded on the tenant that each party is concerned about the welfare of the other party and involves some degree of intimacy. It is known that friendship shares the same or higher level of intimacy, just as it is in a family. Yet, the significant difference is that friendship

is a voluntary bond rather than being formed as a biological by-product or out of compulsion. In this relationship, it is assumed that there are no formalities and both friends enjoy each other's presence beneficially and mutually [3, 7].

Undoubtedly, friendship is pivotal in our lives, given that, friends can shape who we are as persons. There are no bureaucracies in friendship, and individuals, without hitches can enjoy each other's presence. Brown [10] again, stressed that the entire relationship of friendship revolves around trust. Additionally, transparency is an essential factor for a stable friendship. No relationship can be one-sided and same with trust [3]. This type of relationship exists between people of the same or different genders.

Friends motivate individuals to become better versions of themselves; encouraging them to pursue higher goals and bringing them closer to enlightenment. According to Pronina and Gerasimova [7], friendship can also be termed a platonic friendship or relationship. The authors noted that platonic relationship is a bond between two individuals deprived of sexual desire for each other. In such a relationship, a man and a woman can be good friends and do not mix love with friendship.

1.3.3 Love/romantic relationships

Love or romantic relationship is characterized by passion, intimacy, trust and respect. In a romantic relationship, people involved are connected, and the bond they share is immense [11]. The love encompasses a range of robust and positive emotional and mental states. This ranges from the most inspirational virtue or good habit, the deepest interpersonal affection and to the simplest pleasure [3]. It is obvious to note that in this relationship, both partners must trust each other [6]. Mutual respect is paramount. Both parties must reciprocate the feelings of each other for the attraction and admiration to stay in the relationship for as long as the relationship will last.

1.3.4 Professional relationship (work relationship)

A professional relationship is when individuals work together in the same organization with a common goal. It is primarily known that a co-worker or colleague is the name given to people who share a professional relationship. Often, they may or may not like each other, but because of their common goal as an organization, they must work together to achieve their purpose. It is, therefore, beneficial for a company to possess a healthy interpersonal relationship. When there is connectivity and a sense of goodwill among colleagues, good work habits are formed, and work output is enhanced [7]. When co-workers are happy, productivity is enriched, and it improves livelihood. This is because more time is spent at the workplace compared to time spent at home. Mental health is also enhanced if one is part of a group of people, and obtain feedback from the group. Feedback is important and bring out the best abilities in others [7, 12].

2. Dietary habits

Habits are “actions that are triggered automatically in response to contextual cues that have been associated with their performance” [13]. Dietary habit is an example of a habit formation that is relevant to health and can be defined as the habitual decisions an individual or culture makes when choosing what foods to eat [13]. It is a habit that can be acquired as a result of repetitive act of behaviors [14]. Dietary habits are thought to typically develop from childhood and usually retained during

the period of adulthood; however they vary among individuals and nations [15]. According to Birch et al., children tend to develop these habits through experiences, observations and interactions or interpersonal relationships with people who are close to them [16]. The home environment undoubtedly shapes how dietary habits are formed [17]. Family relationships where parents form an integral part are important in the formation of dietary habits. Siblings also play integral role to contribute to the formation of dietary habits through their eating behaviors. Additionally friends/peers play an integral role in forming dietary habits through their beliefs about food, modeling attitudes, pressure and normative behaviors [18]. It has been postulated that parents influence dietary habits through their day to day activities such as making of food choices for the family, parenting style, eating behavior and serving as role models. They also tend to use feeding practices as a way to re-inforce eating pattern development [16].

Food choices are normally formed around what is available, abundant or accessible [19]. Meal patterns include snacking behavior, meal timings, portion sizes, skipping of meals, frequency of meal consumption and taste preferences. Different meal patterns and nutritional composition of meals make an impact on diet quality which helps in understanding diet–disease relationships in populations [20].

2.1 Factors that affect dietary habits

Apart from physiological needs many factors influence what people eat or accept as food. Social, cultural, religious, economic and psychological determinants are among a variety of factors that influences dietary habits.

2.1.1 Social influences

Social influences on food intake refer to the impact that one or more persons have on the eating behavior of others, either direct (buying food) or indirect (learn from peer's behavior), either conscious (transfer of beliefs) or subconscious [20]. Attitudes and habits develop through interpersonal relationships with family, peers, work and school colleagues [21].

2.1.1.1 Social support

The people we surround ourselves with have huge impact on our food choices. Studies show that people going through lifestyle transformation develop sustainable healthy habits and make healthier nutritional choices when they are surrounded by people who are supportive [22, 23]. Families and friends are widely recognized as being important in the shaping of healthy food choice decisions and eating practices. Eating family dinner has been associated with healthful dietary intake patterns, including the consumption of more fruit and vegetable, less fried foods and soda, less saturated and trans fat, lower glycaemic load, and high fiber and micro-nutrients intake [22, 23]. Family meals give parents the possibility to provide their adolescent children with nutritious and healthy foods, limit intake of calorically dense and junk foods, and to serve as role models for healthy eating behavior [24].

2.1.1.2 Social class

Social class also influences dietary habits. Diets of people within a higher social class may differ from diets of those in a lower social class. It is reported that higher socioeconomic groups have healthier diets because they often have higher educational levels, may be more health conscious and have healthier lifestyles.

Low-income groups have a greater tendency to consume unbalanced diets and in particular have low intakes of fruits [20, 21]. There is abundance of literature to show that dietary costs are associated with these differences in food choice. Less nutritious, energy-dense foods are often cheaper sources of calories [25, 26] and higher diet quality has been associated with higher diet cost [27, 28]. The emergence of food deserts in some Western countries has also affected food accessibility and food environment (supermarkets, grocery stores, and food retail establishments) which further impacts on shopping and dietary habits. Poor people are more likely to eat poor diets because fresh, healthy food is not accessible in areas where they tend to live. Furthermore, upper class groups may consume foods that signify exclusivity and access to rare goods; while lower class groups, on the other hand, consume foods that are readily available. Some authors in a review paper also reported that efforts to open full service in food deserts had little effect on shopping or eating habits [29, 30].

2.1.2 Cultural and religious influences

Combinations of culture and religions which have been around for a long time have helped to shape dietary habits in populations through the provision of guidelines. Religion-related food habits are among the most variable of culturally based food habits. Some religions have specific guidelines which lead to certain restrictions [31]. For instance, Hindus do not eat beef because the cow is considered sacred. Jews, Muslims and Seventh Day Adventists also prohibit the eating of pork because it is unclean [31]. Compliance with guidelines regarding acceptable foods, food combinations, eating pattern and behaviors creates a sense of identity and belonging to the group.

Evidence has also shown that traditions, beliefs and values have influenced tastes for certain foods, mode of food preparation and other eating practices such as 'family style eating', eating with hands as seen in some African and Asian countries, eating with chopsticks in certain parts of Asia and Western style cutlery use [32]. Cultural influences on food choices are amenable to change, especially if someone lives in a multicultural setting or moves to a region or country which has a different culture [33, 34].

2.1.3 Economic influences

The price of food is a principal determinant of food choice. Economic factors such as food price and income influence people's food choices. Food costs are a barrier for low income-families to make healthier food choices. Low-income groups generally have low intakes of fruit and vegetables and a greater tendency to consume unbalanced diets [33, 35]. Higher income groups may have increased access to choose from a wide range of foods. The price of a food, however, is not an indicator of a better diet quality [19]. Cost is a complex combination of availability, status, and demand.

2.1.4 Psychological influences

Food preferences including like and dislikes develop over time and are influenced by personal experiences, exposure to food, family customs and rituals, advertising and personal values [19]. Food also represents security from an earliest age so it can form an important support in times of stress or any form of emotional tension [36]. Food can change an individual's temperament and mood and influence food choice. On the other hand, an individual's temperament and mood such

as anxiety, depression and boredom may trigger changes in human behaviors that affect food choices [36, 37]. However, the effect of these psychological conditions on food choice is complex and individualistic [36]. While some people turn to food for comfort by consuming more food and making unhealthy food choices, others may find it extremely difficult to eat at all or eat less [37]. In this way people form a set of food habits which may be healthy or unhealthy. Some of these psychological influences if not treated may lead to eating disorders such as anorexia nervosa, bulimia nervosa and binge eating. Appropriate management and treatment of these underlying conditions by a multidisciplinary team including psychologists, physicians and a nutrition related professional can cure the eating disorder and improve dietary habits [30].

2.1.5 Changing dietary habits

Aging, globalization and urbanization affect how people interact with each other consequently causing significant changes in dietary habits and interpersonal relationship. Prominent among these changes are adulteration of traditional food habits, increased snacking and meals consumed away from home and, a shift toward increased consumption of fast food and high caloric sweetened beverages. Social media also influences dietary habits of people especially young persons. They promote a certain degree of ambiguity between modern foods that has a social identity appeal and traditional foods [38]. Additionally, advertising of foods can greatly impact upon dietary habits of individuals. The impact of advertisement particularly on children cannot be overemphasized. In a systematic review, Smith and colleagues [39] established the enormous influence of advertising on the dietary habits of children.

3. Influence of interpersonal relationships on dietary habits

Interpersonal relationship is captured largely within the psychological factors of the development of food habits [40]. Beyond the categories of interpersonal relationships earlier described in this chapter, the quality of interpersonal relationships can further be described as nourishing or inhibiting relationship styles [41]. Research has proposed a significant correlation between inhibiting relationship styles with eating disorders [41].

3.1 Nourishing relationship styles

The nourishing relationship style is characterized by protection, development of self-esteem, open and respectful communication [42]. Nourishing relationships can exist within both primary and secondary groups of interpersonal relationships. It creates a conducive environment that supports the basic mechanism of the development of dietary habits which are parental/caregiver role modeling, provision of healthy foods, and support for engaging in healthy eating behaviors.

A high percentage of children's preference for foods, which eventually contribute to their dietary habits, is developed very early in life (2 to 3 years), with little changes made in adult life [43]. A child's early experiences with food, eating, conditioning (whether positive or negative) and exposure, constitute key factors that determine food preference [44]. In nourishing relationships childhood experience is positive. Parents serve as role models for their children. Children develop preference for certain foods either directly, through observation of what parents actually eat or indirectly through transmission of eating-related attitudes.

Family meals are common in nourishing relationship styles and promote healthy dietary habits [45]. A positive relationship between frequent family meals and greater consumption of healthy foods has been reported [45]. For example, young adults who ate daily family meals during adolescence, ate more servings of fruits and vegetables daily as young adults than peers who never shared family meals in adolescence. Adolescents and children who join in fewer family meals consume more unhealthy foods [45]. Feeding practices on the other hand are devoid of coercion. Repeated exposure to initially disliked foods in an emotionally positive atmosphere increases preference and consumption of those foods [46].

Among adults, the atmosphere of respect, trust and protection entailed in nourishing relationship styles, enhances peer observation among family, work relations, friends etc. Men and women in a romantic relationship can adjust their own eating behaviors or feelings about their bodies in accordance with their partners. This is especially so in women than men [47].

3.2 Inhibiting relationships styles

Inhibiting relationship styles describe interpersonal relationships characterized by negative properties [41]. Individuals use various negative approaches to reach their expected aims in the relationship. It involves situations like ignoring, a sense of abandonment, disdainfulness, intimidation or humiliation [41]. Feelings of threats, loneliness and the absence of trust are common in such relationships. Relationships between family, friends, significant others and people at our workplace can equally be inhibiting.

In family relationships, especially between parents and children, an inhibiting relationship may affect parental role modeling and can promote unhealthy dietary habits such as overeating and a craving for sweet fatty foods as a means of self-comfort especially among adolescents [41]. Younger children may grow up disliking the foods they were forced to eat as children, or foods they were rewarded for eating, while liking the ones they were restricted from eating.

Common feeding practices used by parents/caregivers such as restricting foods (mostly foods considered as unhealthy), pressuring children to eat foods considered as healthy, or using foods as rewards, have been reported to inadvertently yield contrary results [41].

In romantic relationships, men and women may influence their partners' dietary habits. In particular, men appear to influence their romantic partners' weight concerns by placing a great deal of importance on women's body size and shape [47]. When these concerns are expressed continuously in an inhibiting relationship, women especially can adopt dietary regimens to alter their regular dietary habits, in an attempt to lose weight to please their male partners. For example, women may avoid carbohydrate foods altogether or reduce their intake, in what are termed the "ketogenic or low carb diets" respectively. When this avoidance is repeated over a period, it may become part of that individual's dietary habits.

4. Covid-19 and interpersonal relationship

In March 2020, the World Health Organization declared the Coronavirus disease 2019 (COVID-19) a global pandemic [48]. The unprecedented nature of the outbreak necessitated efforts by heads of states of countries all over the world to contain and control it. Among the measures recommended included staying at home, restricted movement of citizens except for essential services, specific health regulations, constraints, and social distancing. Governments imposed national

lockdowns and all individuals were encouraged to maintain strict social distancing from other people. While the right focus was to save lives, which are negatively affected by the virus and to limit the spread of the virus to reduce widespread mortality, it is equally important to address the profound impact of this virus on people's interpersonal relationships because of the strict protocols meant to prevent the spread of the virus.

The Covid-19 pandemic has restructured interpersonal relationships in exceptional ways, compelling people to stay further apart from others and to live closer with some people. In effect, social distancing has necessitated close and constant physical proximity with immediate family members, but isolated people from extended family members, friends and the wider communities. Schools were closed down, teachers and parents engaged in virtual teaching and home school for learners respectively, shops were closed, and employees run shifts. Eventually, the virus has been brought under control and life appeared to have returned to some degree of normalcy. But the pandemic has left some effects on interpersonal relationships.

Evolutionary approaches and attachment theory suggest that humans have a basic desire for interpersonal relationships that evolved in the interest of survival and reproduction, and that lack of social bonding is distressing because it runs counter to this basic need [47, 49]. For example, a study by Baumeister and Dwall demonstrated that a laboratory induced social exclusion is detrimental to cognitive ability, memory retrieval and logical reasoning [50]. Furthermore, the quality of interpersonal relationships can serve to promote or hinder physical and psychological wellbeing. For example, research suggest that interpersonal relationships that are characterized by responsive social support is associated with numerous health outcomes including lower mortality, healthier immune functioning and reduction in negative emotions. Negative emotions may be caused by stressors such as stress and anger [51, 52]. These jeopardize health and ruin positive emotional states such as love and belonging; the very variables that safeguard health [53]. Furthermore, Pietromonaco et al. [54] suggest that supportive close relationship promote health both by helping people cope with stress and by enabling them fulfill basic needs for social connection such as intimacy, love, companionship and security. On the other hand, a perceived lack of social support and lack of connectedness with others such as in the case of Covid-19, is related to mental health difficulties such as anxiety, depression and the development of various mood disorders [47, 55].

4.1 Covid-19 and interpersonal relationships within families

Within families, the duration of face to face interaction increased due to self-quarantine and social distancing measures which have both positive and negative effects. Positively, family members spend quality time together if it was absent during pre-Covid-19. Couples have opportunities to renew their relationships by learning new ways of handling conflicts as well as reinforcing the positive aspects of their relationship. Liu (2020) in a BBC report [56] revealed that in Wuhan, where the virus was alleged to have originated, there was an increase in marriage applications. This shows that the measures improved couple relationships to the extent that it resulted in their decision to take the next step to legalize their relationship. However, what is not known is whether these couples were living together or apart as this dynamic will have an impact on their decisions to tie the knot. Similarly, couples with children were able to make time for them, since previously, work and other commitments reduced the quality of time parents spent with their children. On the other hand, since the Covid-19 measures of isolation and self-quarantine (voluntary or mandatory) and social distancing was not by choice, it could have also exacerbated some underlying family tensions. Also, cases of domestic violence

spiked in a number of countries that went under lockdown [56]. For example, reports of domestic violence increased by a fifth in Spain, a third in France and similar trends in the UK, US, China and Hong Kong. The most vulnerable groups mostly affected were women and children although some men were also affected. Evidence suggests that confinement measures often lead to increased violence against women and children. Indeed, early reports from social service providers in China and some Organization for Economic Co-operation and Development (OECD) countries have shown an increase in domestic violence (DV) against women during the pandemic, as many women and children were trapped at home with their abusers [57]. Furthermore, the COVID-19 crisis placed women and children at further risk of violence as it restricted women's ability to put in place their usual safety mechanisms; for example, not being able to move in with relatives or send children out to play when the level of abuse was getting out of hand.

4.2 Covid 19 and interpersonal relationship with extended aged family members

Under confinement and social distancing measures, limited contacts were recommended for the aged as they were more vulnerable to contracting the virus than the younger population. The aged populations were usually physically and socially vulnerable and had reduced access to essential services and social support. Thus, Covid-19 presents significant effects on their social connectedness, as the measures to contain the disease prevented them from receiving the quality of support they need. Unfortunately, the aged are also the least likely to be able to make use of technology to connect with their loved ones and other support service. This is because they are less familiar with online communication technologies such as video conferencing and other social media applications. The aged are not the only ones with these challenges but their family members who are unable to visit may experience considerable distress for their inability to visit and more importantly dine with the elderly outside their home. These challenges have mental health implications in the aged as well as their loved ones who are unable to visit or connect with them.

4.3 Covid-19, interpersonal relationship and stigmatization of recovered patients

Stigma can be defined as a mark of disgrace that sets a person apart from others [58]. The fear and uncertainty as well as the misinformation about the virus has led to considerable stigmatization of individuals affected by the virus. For example, In Ghana, anecdotal reports in the media revealed that, some shop owners in communities where a Covid-19 survivor resides, refused to retail their wares to the survivors and members of their family because of Covid-19 stigmatization. One survivor mentioned that his house was referred to as "Covid-19 house" [59]. Similarly, healthcare workers' attitude and provision of service to infected persons has been less than expected. Ramaci, et al. [60] suggest that the stigma and fear of the disease hinder health workers of different roles and responsibilities from responding correctly. These negative attitudes have a negative impact on the interpersonal relationships between community members, healthcare workers and survivors of the disease. The resultant effect is mental health disorders such as depression, anxiety and stress.

The covid-19 pandemic has had considerable effect on the interpersonal relationship of couples, families, the elderly, infected/ recovered persons and healthcare workers. Klinenberg [61] suggest that the risks of social isolation and loneliness among the various affected groups for both physical and psychological wellbeing

is considerable and necessitates psychological intervention measures to be implemented globally since mental health implications are lifelong.

5. COVID-19 and dietary habits

Added to the impact of Covid-19 pandemic on health and mortality, there is a severe economic and social crisis. Many are now unemployed, under-employed, or working partially from home with pay cuts observed for some high-profile workers and pay checks frozen for some people. Thus, people are unable to purchase and consume food needed for their growth and development and this has affected their dietary habits.

The Covid-19 pandemic has influenced eating habits in two main ways. First, it has led to food insecurity due to food shortages, increase food prices and loss of income. This has led to acute changes in eating and dietary habits. Currently millions of children, adolescents and families are impacted by this global crisis and are at risk of acute food insecurity [62]. Many people in both developed and developing countries are affected equally by food insecurity due to the pandemic, and many are worried about the prolong impact of hunger on malnutrition [63]. The United Nations World Food Program has estimated that 265 million people could face acute food insecurity by the end of 2020, thus almost doubling the number of people under severe threat of food insecurity around the world [64]. The Global report on food crises has estimated that the number of acutely food-insecure people in need of urgent assistance in the world is rising [65].

In the United States for example, the loss of income and jobs due to COVID-19 has led to many families over relying on food system such as the food banks, food stamps, welfare centers and other benevolent societies such as the church and community groups [66, 67]. Reports have shown that since the COVID-19 pandemic, 37 million people rely on food stamps and government support [68]. In the USA, over 40 million people have filed for unemployment benefits, and the government is unable to satisfy this demand [69]. This has led to hunger and starvation among many people especially children and the elderly. The few who may have access to these benefits and food supplies may have to change their dietary habits to adapt to what is available to them by benevolent organizations and food systems. Children are unable to get the proper nourishment from the foods that they would normally consume in the absence of Covid-19. This has limited their access to nutritionally diverse diet as they consume what is available to them. This may continue to weaken the health and nutrition status of children living in food crises, with dire consequences for their development and long-term productivity. There is therefore a global call to make food security and healthy eating and behavior a priority during this pandemic.

Second, the lock down, work from home policies and confinement established by many countries to deal with this pandemic, changed daily habits including diet, social interactions or interpersonal relationships, and sporting activities. This limited movement has affected the lifestyle of many children and families around the world.

Many people working from home spend long hours behind the computer (teleworking). In the USA, for example, it is reported about 5 million employees work from home and about 46% of American employers have implemented work from home policies [70, 71]. Similarly, the screen time for children have increased, while their social interactions and outdoor play time and activities have decreased [72]. This has created physical inactivity for many adults and children. A French study reported that about 53% of people decreased physical activity while 63%

increased sedentary time during the lock down [73]. In addition, the proposed virtual learning for children in the coming school year will exacerbate the existing limited physical activity.

Again, the lockdown has led to children eating more than expected, and the choice of food has been unhealthy. The frequency of meals has increased and timing of meal have been disrupted due to the breakdown of daily routine and structure in the home because of the lock down [74]. Similarly, screen time of adolescents have also increased especially on their mobile phones [75]. Thus, the choice of unhealthy foods at home while on screens and the reduced physical activity has led to weight gain among children, adolescents, and adults over the past few months. An Italian study reported 39% of weight gain during the lockdown [76], while another study found an increase in “comfort food” consumption, notably chocolate, ice-cream, and desserts (42.5%) and salty snacks (23.5%) among people in lockdown [77]. Even though about 21.2% of responders increased their consumption of fresh fruit and vegetables, about half of the population indicated that fruits and vegetable were not appealing to them while in lock down [77]. Surprisingly, about 50% of the respondent did reduced their purchase of ready to eat food, a clear evidence of change in dietary habits. Furthermore, food accessibility may be impaired during confinement, which could easily affect the overall diet quality. Shortages in meat and poultry products may have led to decreased consumption of these foods, thus affecting food choices.

6. Mindful dietary choices and positive interpersonal relationships

Interpersonal relationships affects not only mental health and physical health but also health behavior and consequently mortality risk [78]. Interpersonal relationships play a vital role in the mindful dietary choices of an individual and could culminate into short- and long-term effects on health. To maintain healthy relationships, one should not only engage frequently in self-analysis and constant improvement of their personality, but also learn to accept individual differences and personality traits of others. Holding good interpersonal skills with people is essential for successful living in all life stages; personal, social and cooperate [79].

Positive relationships and interpersonal skills can be challenging for many individuals. Developing these skills takes determination, courage, a desire to cultivate strong personal and working relationships, and an understanding of the value and benefits of these skills. It demands practice, hard work, and a commitment to building cultures of trust, communication, kindness, and collaboration. The first and most important factor is communication. This requires in-person discussions about ones feelings, honesty and transparency. Beside these, it is also important for individuals to: Establish boundaries; be active listeners; show respect to others all the time; maintain a positive attitude; be open to constructive criticism and feedback without becoming emotional [79].

At some point in a relationship, conflict may arise. The ability to deal with the situation appropriately determines whether the conflict strengthens the relationship or not. For example, in certain situations of conflicts, rather than avoid the point of contention, it may be important that the individual learns to listen to the opposing point of view and talk it through [78].

Stress resulting from unhealthy relationships undermines health through behavioral, psychosocial, and physiological pathways. For example, stress in relationships contributes to poor life style choices in childhood, adolescence, and adulthood. Stress contributes to psychological distress and physiological arousal (e.g., increased heart rate and blood pressure) that can affect the body through cumulative wear

and tear on physiological systems, and can lead people of all ages to engage in unhealthy behaviors (e.g., poor dietary habits, heavy drinking, smoking etc.) in an effort to cope with stress and reduce the unpleasant arousal. In an instance where an individual is troubled about issues at work or school or encounters a problem with a friend, family member, or partner, it may be better for them to speak up or communicate wisely for a peaceful resolution than to harbor any negative feelings (hurt, pain, resentment, anger etc.) which could lead to stress [80]. In a recent study by Berber-Celik and Kaya [81] it was shown that interpersonal relationships played a role in unhealthy eating attitudes. Additionally the study revealed that nourishing relationship style is an explanatory variable for eating attitude. Kazemi et al. [82] also found that social support and the attitude toward nutrition are among the important and efficient factors in female adolescents' nutritional behavior.

Mindfulness is the capacity to bring full attention and awareness to one's experience, in the moment, without judgment [83]. It helps individuals become aware of their thoughts, feelings, and physical sensations related to eating, while reconnecting with innate wisdom about hunger and satiety. In essence, mindful eating entails being fully attentive to one's consumption of food, purchasing of food, preparation and serving of the meal as well as and the type and amount consumed [84].

In other words, it is very crucial to engage in mindfulness-based interactions, this can help promote positive interpersonal relationships and improve mindful eating in individuals [85]. Kalavana et al. [86] further indicated that family cohesion and peer approval of new eating habits were predictors of healthy eating, while family conflict, peer attitudes toward food and adaptation to the eating patterns of peers are significant predictors of unhealthy eating behavior. Learning to cope with family conflict, learning to resist peer influence regarding food and eating habits and increasing goal efficacy i.e. the self-confidence to attain a goal, seem to be important to reduce unhealthy eating. As family cohesion is a predictor of healthy eating, more attention should be given, especially to adolescents with a less cohesive family. Moreover, since both goal efficacy and goal ownership (self-confidence and self-determination) are positive predictors of good eating habits, they should be encouraged and supported to enhance healthy eating in individuals [86].

The individual's consciousness of personal physiologic needs and limitations when eating irrespective of social pressures is key in equipping them to make mindful dietary choices while engaging in positive interpersonal relationships. Eating should be seen as a chance for the body to be nourished and nurtured.

7. Conclusion

From the definitions given and the discussions raised, it would be reiterated that social interactions, associations or affiliations between two or more individuals underpin interpersonal relationship. Though there are connections and affiliations, the level of intimacy and sharing may differ depending on the kind of relationship that exists. Dietary habit formation as explained, are developed mainly as a result of relating to other people. Cultural, religious, social and economic factors have major influences on dietary habits. This effectively means that dietary habits are resistant to change but not static. Also, the emergence of the Covid-19 pandemic has brought about untold hardships affecting socio economic status of people and consequently affecting dietary choices. Many people have either lost their sources of income or have had pay cuts. This ultimately affects what food they can afford to buy for themselves and their families.

So the need to engage in positive interpersonal relationship is paramount in ensuring good dietary habits. Engaging in positive interpersonal relationships

ensures healthy relationships which improves self-worth, promotes self-confidence and control of ones' own affairs while avoiding choices that may be self-defeating or destructive. It is often devoid of pain and discomfort of stress, anxiety, and depression, but characterized by the individual's ability to effectively resolve conflicts and to make mindful general health and life choices as a whole. It involves making clear choices, removing the roadblocks, and transforming one's life for the better, enabling the individual to develop healthy dietary habits by making mindful dietary choices.

Conflict of interest

The authors declare no conflict of interest.

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Human Behaviour Induced by Spatial Order

Vaidehi Raiapat

Abstract

Space truly becomes a place not merely because of the built and the unbuilt that design it, but also because of the way its users use it, behave around it, interact with it, and interact with each other in it. Space that surrounds every individual, in which an individual exists, interacts and performs, is known as “Human Space”. Organization of the Built environment around the users within their ‘human space’ is known as “Spatial Order” which is the key to formulation of non-verbal communication. Non verbal communication refers to the body language an individual adopts in order to convey a message to the fellow users of the space. This Non-verbal language subsequently becomes the basis of verbal communication that lays the foundation of Human Behavior within a particular spatial order.

The spaces that we occupy, the things that we use, our perception of the built and unbuilt that surrounds us, and the defensible spaces that we develop around them, define our lives. Human perception of a space, their behavior in that space, and the relationships they develop in that space when put together formulate the essence of “Spatial Empathy”. It is the central emotion responsible for determining human-human interaction in a particular space. An in-depth analysis of an individual’s behavior in a particular ‘spatial order’ and his attitude towards his fellow humans in the same spatial order can be defined as ‘Spatial empathy.’ This concept can be analyzed to describe the nature of interpersonal relationships in a particular space.

With the help of elaborate examples and illustrations, this chapter uses qualitative methods to discuss and analyze the various aspects of Human Space, Spatial Order and Spatial Empathy in Urban Public areas. What are the various types of spatial orders in Urban Public areas? How does the spatial order influence Human Behavior? What is the impact of Spatial order on Interpersonal Relationships? These examples have been formulated using visual observation techniques that involve the analysis of an individual’s behavior towards another in different types of Urban public spaces. These examples aim to contribute to the detailed understanding of Spatial order and its impact on interpersonal relationships that develop in that space with the help of comprehending a Human’s perception of a particular space and its influence on their behavior.

Keywords: human space, spatial order, built environment, social empathy, interpersonal relationships

1. Introduction

In the current era of dynamism, Space is also one of the many products that humans consume, and hence just like any other product, space and its meaning is always in continuous transformation. Our attitude and behavior towards fellow humans extensively depends on our life's physical/material aspects that we value or bestow significance. The typology of our needs and wants determines the typology of our relationships with the people around us. What are the 'things/spaces' that set value in our lives? - is a question with a very dynamic answer that is always evolving- with every generation, every innovation, and society's ever-changing cultural values. These changing aspirations and lifestyles also change the expectations humans have from the built environment that they regularly occupy. Most designs and spatial research revolves around examination of built as singular entity responsible for driving the functions around it. Edward W Soja mentioned in his book 'The political organisation of space' that while human activity and behavior are analyzed as if they occur in a "spaceless environment devoid of terrestrial location, distance and directional relationships and other characteristics associated with a geographic context". All too often, traditionally induced behavior patterns become inherent part of an individual's lifestyle and play an important role in the way people interact with the spatial order that surrounds them and the fellow users of that space [1]. Hence, undoubtedly the Built environment plays an essential role in determining our behavior towards the people with whom we share this space, simultaneously the culturally induced behavior determines our relationship with the built environment. As a result, the meaning of human interactions and human relationships evolves with time, culture, and innovation, leading to the transformation of the typology or quality of the interpersonal relationships that exist in a particular space because of its spatial order.

2. Setting of the background

History has witnessed many transformations in its built environment which is responsible for a paradigm shift in human behavior and interpersonal relationships. As the agrarian society shifted into being an industrial society, our cities evolved into dense concrete forests of industries- polluting and yet looking down upon the rest of the less industrialized built environment. As humans invented lifts and cranes, the buildings started to grow taller, and as we invented faster modes of transport, the distances started seeming shorter yet growing larger. Humans started traveling more considerable distances to meet friends and move further away from family because of work and leisure. Narrow streets lined with short buildings were replaced with wide streets lined with tall structures, allowing vehicles to take over pedestrians and, steel and concrete to replace grasslands. As cities started to densify, both homes and families became smaller. In the 19th–20th century, the world experienced another shift, i.e., from the industrial society to a service society that commodified lifestyles and made our cities into nothing but a prominent market place. Every family dinner or a friendly get together was now incomplete without 'Dining out' hence upgrading food to a commodity of leisure and luxury from merely a necessity. Malls became the new hangout destination for friends, and shopping was rendered into a leisurely act, not something merely driven by necessity. Today, in a world before the pandemic, we would hang out with our friends and family in restaurants, malls, and shopping streets. We tend to connect with them over things we own and can afford, not over the nostalgia of the past or mere bonding of emotional

compatibility. This paradigm shift in perception of reality is because of the built infrastructure that our cities present us with, a spatial order that prioritizes ‘having’ over ‘being’. Streets are designed for vehicles to undermine pedestrians, establishing the superiority of car owners—making the concept of owning a car not a need-based act but rather a social symbol of superiority; this ultimately transformed into a necessity as our streets glorified the mechanical modes of transport.

Today, we find streets lined with large billboards displaying the hopes of having a better life by moving into a villa in the countryside which offers its residents an out of the world experience and lifestyle, with spaces more than adequate, amenities beyond usefulness. These elitist encounters of an individual, while navigating through the city in his day to day life, reinforce the concept of commodifying living. As physical distances increase, emotional attachment is converted into responsibility. Humans no longer make friends at a bus stop because we do not know what to expect from our fellow travelers - a warm smile or a cold stare? As people skills have degraded technological skills have taken over our spatial requirements and expectations. At an airport, we look for a seat closer to a charging point and not to a person who has shared with us a warm smile. Sometimes even co- travelers known to each other tend to sit apart if they need access to charging points located far away from each other. The above examples are not a judgment on the cultural change taken over our society, but an expression of acknowledgment of the transformations that drive our spatial needs today. Hence, to maintain healthy interpersonal relationships, today’s spatial designers must capture the need of the hour and design spaces with uninterrupted access to gadgets so that the co-travelers need not distance themselves from each other to remain virtually connected with the rest of the world. The ‘New Normal’ imposed by this unexpected COVID 19 does question, to an extent, the old social ways of gathering with friends and families in restaurants or other physical spaces. This has given birth to a new typology of virtual space, devoid of a spatial order which was public, and has rather driven humans to create cozy private corners that help them abide in a synchronous way with this virtual space.

Spatial organization’s power can be used to communicate both positive or negative attitudes by affirming or denying a particular language or behavior and facilitating the setting of the tone of a space or an organization. “Building design can influence language by how spaces are configured and how access to various locations determines who may speak to whom, when, and where. For example, simply by what it takes to gain access to certain spaces in a community, and whether they are designated as public or private (for example, a door marked “private“ clearly conveys the message that we are not to enter), residents and employees can feel a part of or left out of the various aspects of the community” [2]. Users must be wary of such messages in any place while using it. “Honouring the cues given by the built environment—such as where to have private conversations—can help keep everybody comfortable” [2]. Space that comprises many such messages of the prohibition or forbidden spaces leads to an undermined sense of community and hurts the residents’ social life. Navigating through our cities exposes us to various such messages, and for a better experience and a better understanding of the prevailing culture, designers need to make sure that these cues are easily readable and cater to the users’ social and privacy needs.

3. Human space

Cities are an expression of coexistence, an agglomeration of culture that continually evolves and continuously transforms lifestyle. Today’s cities illustrate a

dichotomy of the aspirations of 21st-century users and the conventional life processes that the city's built environment caters. Every place is designed by The space created around the building/physical entity placed in it, the use of the building itself, and the users who use it. The spatial order of the built environment imposes a specific behavior in its users. This behavior governs the relationships that the stakeholders/users of the space develop. The influence of spatial order on human relationships remains a lesser-explored parameter in the study of interpersonal relationships. This facet is strongly impacted by situational aspects of the era and its culturally induced behavior.

The most recent and widely experienced example of this pandemic is the utilization of public spaces. As "Social Distancing" is the principal motto for self-preservation today, sharing of benches in a park, which used to lead to casual chit-chat and sometimes a lifetime of friendship, is just a concept of the past. Today, people tend to walk past each other on streets without recognizing acquaintances- as people have half-hidden faces and have started maintaining large distances from each other. Redundancy of the street furniture has led to a transformation in establishing relationships with unknown people, and this is just a minor step towards the changing space. A paradigm shift in the design and placement of street furniture is needed to cater to interpersonal interaction needs when social predicaments dictate public space use. It is, therefore, safe to conclude that the built environment of a place dramatically impacts human behavior and most importantly the 'human to human' interaction, signifying that the relationships that people can establish on streets and any other private, public or semi-public space are greatly influenced by the specific spatial order that exists in that place. Another similar instance that reinforces this concept is the notion that supports the implication of urban design in achieving a socially sound city or a neighborhood. For instance, one can meet prospective business clients or develop deep, meaningful relationships by meeting strangers in a place of comfortable shade, but one can even miss-out on noticing an old friend while navigating through a very congested street that has uncontrolled light and noise levels.

Humans develop a cognitive relationship with the environment surrounding them, and this relationship dramatically impacts their behavior and attitude towards others around them. Psychologists refer to cognition as the mental activity of processing information and using that information in judgment [3]. Social cognition helps us perceive and predict the behavior of the people who surround us and our response to their actions. Spatial cognition involves the active interpretation of symbols and events happening in the space around us. This cognitive relationship can be at various levels- starting from the scale of a dwelling, to a neighborhood, to a city and even the burgeoning urban context. People's interaction with their physical space is a result of their cognitive abilities and expresses a lot about their desire or willingness to communicate with the others around them - this is known as immediacy. For example, most gathering spaces are designed as vast enclosed or semi-enclosed spaces clear of visual obstructions to ensure that every person in the room is put on display, so it becomes easier for the other to notice, meet and greet. An introvert would tend to stand in a corner, taking the support of a wall to display his lack of interest in interaction. This is a way of non verbally communicating with people surrounding him to convey his disinterest in mingling. On the other hand, an extrovert attending the event to network with more people will tend to be in the centre of the room occupying more space, hence non verbally communicating his desire to mingle (see **Figure 1**).

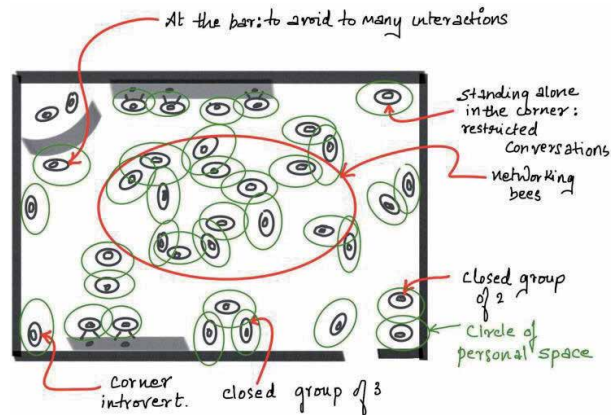


Figure 1.
Human response to spatial order, source: Author.

Humans tend to develop defensible spaces around themselves, and one of the City planner Oscar Newman developed the concept of 'defensible spaces.' He used this to define "how public and semi-public areas in public housing can be brought under the control of residents. The two major components of defensible space are surveillance and territoriality. Good surveillance is achieved by proper positioning of windows and video cameras. Residents' feelings of territoriality are enhanced by real and symbolic barriers that mark areas as belonging to particular buildings" [4]. "Territoriality is a pattern of behaviour and attitudes held by an individual or group that is based on perceived, attempted, or actual control of a definable physical space, object, or idea. It may involve habitual occupation, defence, personalisation, and marking of that space" [5]. A person sitting on a park bench is always more approachable to a stranger than someone sitting on their private porch. A classic display of territoriality can be seen in the street hawking zones where the hawkers tend to place their display to mark their business space and deflect encroachment from other hawkers and other stakeholders. It can be perceived as an individual's relationship with their physical space and their behavior with the fellow humans in that space. "Personal factors, physical and social aspects of situations, and culture can lead to territoriality. For example, males generally manifest more territoriality than females.

Defensible space theory argues that physical arrangements increase territoriality feelings and behavior and that this increase leads to a decline in territorial invasions. These physical arrangements may be at the block or neighborhood level (e.g., altering traffic flow) or at the house level (e.g., fences and plantings)" [5]. 'A house' is the most private space that any human owns, and hence he establishes space defenses around it to safeguard his privacy, and it is assumed that all human-human interactions in this space are personal or intimate. Bill Bryson, in his book 'At Home,' suggests that every small aspect in a home is intensely thought. He also talks about homes as spaces with a varied typology of built spaces but catering to the similar typology of relationships. "Houses are quite odd things. They have almost no universally defining qualities: they can be practically any shape, incorporate virtually any material, be of almost any size. However, wherever we go in the world, we know houses and recognize them domestically when we see them. This aura of homeliness is, it turns out, is extremely ancient" [6]. There are many privacy levels inside this personal space, and it can be defined by how the spaces inside the home are demarcated and circulation patterns between them are designed.

USING SPACESYNTAX FOR SPATIAL ANALYSIS, CIRCULATION AND PERMEABILITY

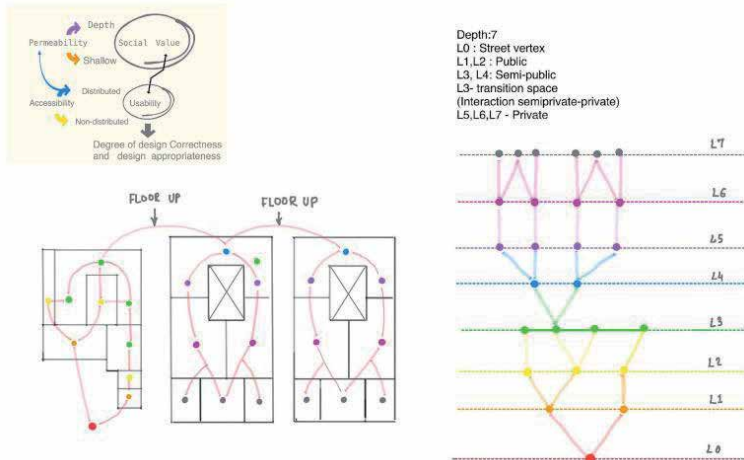


Figure 2. Spatial levels of permeability (privacy), source: Author.

Every human surrounds themselves with four levels of usable space, categorized based on the territoriality level that they intend to maintain in any given space (see **Figure 2**). Usable Human Space can be defined as the expanse surrounding an individual that can be used for communication and interaction. These can be categorized into 1. intimate space for close conversations, whispers, embraces, and touching, 2. Personal space is used for interaction with close friends and kins 3. Social space for group interactions among acquaintances or the once taking place in a standard setup, 4. Public space is the one that comes into the picture at large gatherings for public speaking. The generally built construct around us defines the category of human space that is being put into use by an individual, hence defining the typology of interaction that is expected to take place among them. “Culture is one factor contributing to people’s perception of how proxemics should be used. People from different cultures have different views on what proper personal space should be” [7]. The following **Figure 3** illustrates these hierarchies in the types of spaces.

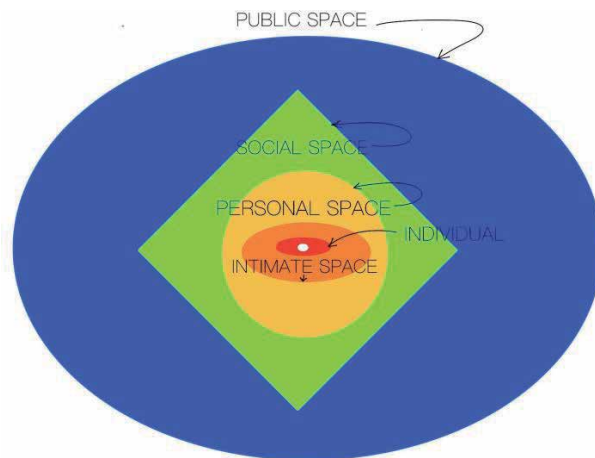


Figure 3. Types of space surrounding an individual, source: Author.

4. Spatial order

The pattern in which things are arranged or organized in a particular space is known as spatial order. “In composition, spatial order is an organizational structure in which details are presented as they are (or were) located in space—from left to right or top to bottom. Also known as a place or space structure, spatial order describes things as they appear when observed. In descriptions of places and objects, spatial order determines the perspective from which readers observe details” [8]. The spatial order of a built environment sends out messages to its users. These messages are perceived by the users in a way that they have culturally learned. The concepts of Spatial Semiotics can be used to read these messages. They evoke specific behavior among the users, and this behavior becomes the essence of the association that develops between two or more people in that space. For example, while walking down a street, a pedestrian never maintains the same pace; he tends to walk through an abandoned, dilapidated establishment at a much faster pace compared to a long shop frontage, which is engaging, involving, and buzzing. We can therefore conclude that “people usually feel differently in vast open spaces, in a cathedral, museum or palace, and have a different set of feelings in their former primary school, childhood home or living room” [2].

Spatial order can be inviting or intimidating, comfortable or uncomfortable, pleasing or apprehensive, and this is responsible for determining how users interact with their fellow users in the given spatial order. Spatial organization is responsible for transforming cultural patterns, which induce meaning to the space that eventually responds to users’ needs and fancies. User behavior and beliefs, in turn, impose onto the space around them a specific order which reformulates the spatial organization in such a way that space becomes more user friendly and dynamic.

Accompanying a friend to an art gallery, located in an enclosed building with air-conditioning, we unknowingly tend to maintain distance between each other, seldom interact to comment on an exhibit, and incline towards whispering in in case we need to communicate. However, visiting a street art festival with the same friend evokes a different standard of interaction. We tend to visit each exhibit together while indulging in rigorous discussions about the exhibits. In the above situation, the gallery’s spatial order - enclosed and controlled environment induces a controlled and proper behavior and relationship among the friends, as opposed to the open, free, and informal interaction imposed by the spatial order of the street art exhibition. Similarly, an art gallery ensures minimal interaction with the artist that includes formal complementarities; whereas, a street art exhibition will incline towards a more informal and cozy conversation with a friendly exchange of complementarities (see **Figure 4**).

In the above diagram, the Art gallery’s spatial order imposes a norm of maintaining a certain social distance level. Cross-referencing **Figure 3**, we can conclude that people marked in green inside the art gallery occupy each other’s social space only, while on the street, the art exhibition imposes a more cozy and informal interaction. Here, in most instances, visitors occupy each other’s intimate space and, in some instances, also share their personal space with the artist. Here the spatial order induces a behavior leading to non-verbal communication expressed using body language, and this nonverbal communication becomes the driving force for verbal communication. The verbal communication inside the gallery is limited to the exchange of whispers used to pass on short important messages but, in the street exhibition area, it extends to long discussions carried out in higher decibel levels.

Space and society are two independent concepts that function in total entanglement. When space becomes a place when its given a name. Henri Lefebvre in his book “The Production of Space” discusses how the meaning of space ‘historically’

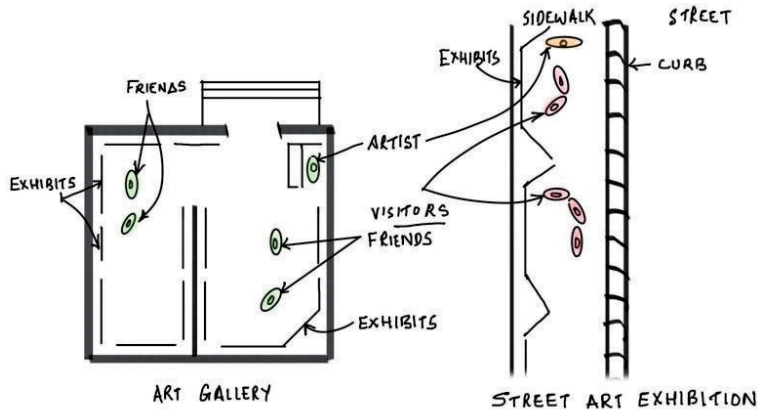


Figure 4.
Human interaction, source: Author.

was merely referring to an empty area and was a mathematical concept. Social space at that time was an unknown idea. With a strong backing of existentialism he argued that space as a concept wasn't absolute. Eventually, mathematicians tried to categorize the concept of space into various types or sets of spaces, but failing to do so with complete logic they abandoned this concept for the philosophers to overtake. As Leonardo da Vinci suggests, it became in no time 'a mental thing'. This 'mental thing' or better termed as 'the mental space' is the one which gives meaning to the real or physical space. The combination of mental space and physical space formulate the social space [7]. For instance, while planning an outing with friends in a nearby park we cannot refer to the park as 'just the park', it either needs a name or a point of reference. For example, let us meet at the park near my office, here 'my office' is the point of reference that gives a social meaning to the space. This recognition is never singular but always shared with a larger group, and in this act, the social dimension inevitably comes into the picture [1]. In an attempt to decode the relationship between spaces and human interaction, he states that; "the conjunction between space as a geometrical form, and society conceived generally as a bundle of relations, has been conceptualized in four ways: – organized spaces affect society (ecological approaches); – society molds spaces which become territories or organized spaces; – society and spaces are united in specific circumstances to form an indistinct whole (fusion or conflation approach); – space and society are circular: they are distinct but interactive, and produce a cumulative effect" [1]. An individual tends to establish a cognitive association with the space surrounding them, and this relationship is responsible for the user's behavior in a given space. This cognitive association is in the same hierarchy as the definition of types of space, intimate or personal is the house, social space construes the neighborhood while the city is a vast public space. An individual's relation to the surrounding urban context, as explained earlier, is also very much culture driven. The users can respond differently to the same spatial order, immediate (neighborhood) or enlarged (city) if they come from different cultural backgrounds.

5. Conclusion

This chapter is an attempt to develop a narrative that can provide a multi-dimensional overview of the diverse spatial order and its impact of the relationships that humans develop while navigating through these spaces. It is a fusion of spatial

and social studies which attempts to empower spatial design with social causes. An amalgamation which has been long due, this chapter intends to introduce the vast prospects of this fusion. As the society has started viewing 'Human Space' as a product, a consumer good which has an ever increasing value, it is very important to make sure that this product is capable of inducing behavior and relationships that are socially and culturally sound. This chapter aims to act as an aid of initiation for amalgamating social and spatial studies so that a user friendly and an inclusive built environment can be created.

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Conflict of interest


The author declares no conflict of interest.

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Section 2

Youth and Interpersonal
Relationships at Home, in
School, in the Community

Interpersonal Relationships in Early Childhood

*Catalina Morales-Murillo, Pau García-Grau
and Rosa Fernández-Valero*

Abstract

Child interactions with the environment (adults, peers, materials) constitute the engine for development and learning, especially in early stages of development. Emotionally secure, responsive, and contingent interactions with adults and peers promote emotional, cognitive, and social development. Interpersonal interactions facilitate the acquisition of social skills and emotion regulation strategies, which are learned through the observation of the behaviors of adults and peers and through the direct interactions with them. This chapter presents the theoretical foundations for considering interpersonal relations as engines of development, and synthesizes the latest results on the impact of interpersonal relationships on the development of children in natural environments (school, home, and the community).

Keywords: social relationships, learning, development, functional domains, natural environments

1. Introduction

The experiences of children in early stages of life contribute to establish the foundations for future learning and development [1]. Great amount of experiences is related to those interactions with adults and peers in the natural environments where children grow [2]. Research findings support the positive impact of warm and sensitive interpersonal relationships with adults and peers in natural environments, highlighting the positive outcomes at social, emotional, and cognitive levels [3]. Moreover, caregiver-closeness and autonomy support from the caregiver predicts the vocabulary acquisition and emotion regulation of the child [4]. Therefore, it is crucial to understand which are the styles of interaction and environmental characteristics that will support positive interpersonal interactions. This chapter aims to discuss (a) the theoretical foundations that underline the promotion of positive interpersonal interactions, (b) the functional domains of development that serve as a guide to understand the development of children from a holistic perspective and the importance of child interactions with peers and adults, and (c) the considerations to ensure positive interpersonal interactions of children with peers and adults in different natural environments.

2. Theoretical foundations

From the developmental science of normative development perspective, three types of family patterns of interaction are crucial for influencing children's

development (i.e., (1) parent-child interactions, (2) family-orchestrated child experiences and (3) health and safety provided by the family) [5]. The first one emphasizes as key aspects of effective parent-child interactions: reciprocal, sensitive, and affectively warm social exchanges, discourse-based interactions and avoidance of intrusiveness. The second pattern of interaction focuses on providing the child with developmentally appropriate materials, organizing activities compatible with the child's interests and needs, choosing quality child care, making the child part of family routines and organizing activities that facilitate child interactions with peers. The third pattern of interaction addresses the parents' responsibility for ensuring the child's well-being (e.g., immunizations, adequate nutrition, protection from harm) to promote child developmental outcomes [5]. These types of family patterns of interaction promote learning and development through positive children's experiences and by surrounding children with loving, secure and rich contexts. Nevertheless, to understand the link between development and experiences for positive developmental trajectories, the results of studies on epigenetics and development, and the bioecological model, can contribute to enlighten the reader about this linkage.

2.1 Epigenetics

The results of research efforts to better understand brain development, its functioning and linkage to behavior have pointed at the importance of the first years of life, which will support current and future development of brain structures and learning [6]. It is well documented how the size of the brain increases at a speedy rate in the first years of life. By age 7, the brain reaches 95% of the size of the adult brain in males and 93% in females [7]. In fact, once the child is born not all structures that support all senses and functions are fully developed and the experiences of the child during this early years can determine the outcome of this development [8]. Experiences can act as facilitators or inhibitors of positive expression of genes [9]. Also, interactions with the environment can contribute to minimize the effects of gene expression related to developmental difficulties or delays. Therefore, the environment can have an impact on the phenotypical expression of genes. *Epigenetics* represents the bridge between genome and environment, it is the chemical code through which the environment communicates with genes and the phenotype of the individual is modified [10].

Greater levels of brain neuroplasticity have been found in the first years of life [11, 12]. Interactions with family members and adults and peers in early childhood education and social contexts influence the way cognitive abilities and even personality is developed. By three years of life, the basic structure of the brain is fully developed, but other areas such as the prefrontal cortex (key structure for the recognition and expression of affection) or the visual cortex continue to develop [13]. Findings of studies with humans and animal models supported the influence of the environment in the development of the brain and the future behavior of individuals. The results of studies with monkey cubs provided evidence on the importance of the interaction with the mother after birth and the detrimental effects of isolation at this stage of life [14]. Monkey cubs which were deprived of the interaction with their mothers experienced significant negative effects such as malnutrition and alterations of the cognitive, affective and physical development, and such negative effects were irreversible [15].

The limbic system and the neocortex are responsible for the control of our emotions, which is directly related to the child's ability to establish and maintain social interactions. The development of the connections among these brain areas occurs in the late early childhood period and continues through adolescence. The experiences children have in those early stages of development will contribute to

the strengthening of synaptic connections between these areas facilitating a better functioning at the socioemotional level [16] and in other areas [9–15]. Interactions with adults who are responsive and procure emotional secure environments for children's learning and development have a huge impact in the formation of such connections from an epigenetic standpoint.

Positive interpersonal relations in early years, especially with main caregivers, are crucial. When the caregiver repeatedly pampers, feeds, cleans, talks, rocks, and cares for the child in a loving way, the developing brain is stimulated. These interactions modulate the behavioral patterns related to the early stimulation of brain areas (hypothalamus, amygdala, hippocampus, and nucleus accumbens) and neurohormonal substances (oxytocin, vasopressin and dopamine) directly related to early parental care [13]. Consistency in the interactions between the child and caregivers is most needed for optimal child development [16].

The Center on the Developing Child at Harvard University pointed at serve and return interactions as fundamental for nurturing child development. Serve and return interactions are understood as back-and-forth interactions between the child and the caregiver [17]. The child initiates an interaction by pointing at something, babbling, getting the adult's attention or crying. Then, the adult responds to the child in a sensitive and encouraging manner (i.e., through eye contact, words, or a hug). These responsive and contingent feedback from the adult contributes to the building of the child's brain structure. Serve and return interactions consist of 5-steps: (a) noticing the child's serve and sharing the child's focus of attention, (b) returning the serve by supporting and encouraging the child, (c) naming it, (d) taking turns and waiting keeping the interaction going back-and-forth, and (e) practicing endings and beginnings. For example, while being at the park, a child may point at a bird on a tree (i.e., a serve), the adult smiles and says: "Yeah! That's a beautiful bird!" The adult waits for the child's response. The child bounces looking at the adult and looking back at the bird. The adult, then, responds by picking the child up so the child can have a better view of the bird on the tree while saying: "Look Thomas, the bird is eating some of those red fruits". The adult observes the child's reaction and waits. The child loses interest on the bird and starts looking at some children climbing a slide steps. Then, the adult says: "Would you like to go to the slide?" This responsive, contingent, and encouraging interaction contributes to the child's learning of language and provides a secure and loving space for the child to explore his surroundings. Such a rich experience would contribute to the strengthening of brain structures, therefore, impacting the child's development.

When adults fail to respond to the child's serve in a reliable and appropriate manner, or when there is a lack of interaction the child development may be negatively compromised. Toxic stress due to neglect or abuse is related to detrimental effects on healthy brain development. As neglect or abuse continue over time, the alert system of the child states on, activating the release of the hormone cortisol [17, 18]. High levels of cortisol and stress are negatively related to child learning and development. Thus, for healthy children, who will be prepared for future learning, adults must ensure that the experiences and interactions of children are responsive and encouraging and stress is not prolonged for long periods of time.

2.2 Bioecological model

As Dr. Robin McWilliam, professor of The University of Alabama at Tuscaloosa, USA, and an expert on child development and developer of the Routines-Based Model [19], would say "When children are busy, children are learning!". Being busy is related to interactions with adults, peers, and materials [20, 21]. This idea of children's learning and development occurring through interactions with the

environment has been also supported by Bronfenbrenner [22]. Bronfenbrenner contributed to deepen the understanding of the influence of the context on the development of children through the development of the bioecological model [23]. This author describes development as a process of interaction between the person and his or her context [23–25]. Thus, child development is affected by four interacting elements, which are described in his Process-Person-Context-Time (PPCT) model.

According to Urie Bronfenbrenner, the engines of development are the *proximal processes* (first element of the PPCT model). Proximal processes represent the interactions of the person with the context [23]. The interactions a person has with peers and adults in the environment are determinants for the child's development.

The *characteristics of the person* (second element of the PPCT model) influence the proximal processes [23]. For example, the characteristics of the mother and the child can be related to the frequency and responsiveness of the mother in the dialectic interaction. If a child cries frequently or does not respond to the mother's attempts to gain his attention, the frequency of interactions between mother and child may decrease. As pointed by Hinde and Stevenson-Hinde [26] interpersonal relationships between caregivers and children are affected by the characteristics of the child and the caregiver and previous interactions can predict the frequency and quality of future interactions. In addition, the temperament of the child predicts the quality of social relationships in early childhood [27]. The findings of these authors suggested that child temperament accounted for 41% of the variance in Peer Relations, 40% of the variance in Self-Management, and 49% of the variance in Academic Behavior beyond the contribution of emotion regulation.

The best-known element of the bioecological model is the *context* [28], and how factors at different context levels interact and affect the proximal processes and, thus, the development course of the child [23, 25]. Bronfenbrenner described the context using the following levels: microsystem, mesosystem, macrosystem, and exosystem.

The first one, the *microsystem* represents the immediate context of the child. The child belongs to different microsystems such as the home, the school classroom, or the grandparents' house. In this microsystems, the majority of proximal processes or interpersonal relationships will take place. Second, the *mesosystem* results of the interaction of microsystems. For example, when the parents (home microsystem) and the classroom teacher (school microsystem) interact, this interaction creates a mesosystem. Third, the *exosystem* refers to the situations that occur in the microsystems of others, but end up indirectly affecting the child (e.g., if the company where the mother works closes down and the father is taking care of children at home, then the family microsystem may not have the means to cover essential needs such as food or housing, affecting the development of the child).

The fourth level is the *macrosystem*, which represents the policies and values of governments and societies that influence the child's development. If the child lives in a society that promotes healthy eating, and several stores with healthy products are available at accessible prices for the family to purchase, this will have a positive impact on the child's physical development, who will get the nutrients and vitamins necessary for an optimal development. In the same way, a culture which promotes values of consistent, sensitive, and responsive care for children, and at the government level funds are designated to develop effective positive upbringing programs to support parents and caregivers, this would have an impact on the caregiver-child interpersonal interactions. Therefore, there is an impact in the child's socioemotional, communicative, and cognitive development.

The last element of the PPCT model relates to the *time or the époque* in which the child was born. This is also known as the *chronosystem*. Bronfenbrenner explained that values and perceptions change with the passing of the years, and the conception

of education or marriage, for example, is not same now as it was 50 years ago. Such values and perceptions can shape government policies and society behaviors.

The most important component of Bronfenbrenner's model for the understanding the importance of interpersonal relationships, is the idea of development occurring through the interactions of the child with his or her environment. Such understanding of development goes along with the findings of epigenetic studies on the influence of experiences on the brain development in early years. Even though Bronfenbrenner does not explain child development from a neurobiological perspective, his model targets the engines of development (interactions with the environment). It is highlighted how positive proximal interactions or processes between the child characteristics and those of the surrounding environment, make possible to reach optimal developmental levels [28].

From this perspective, the vision of child development is seen as a constant process in which children acquire increasingly complex processes of thought, movement, affection, and social relationships through interactions with their context [19]. The child develops with the participation and engagement with his or her own environment, family, school, close people, culture, beliefs, and ideologies, among others [29].

3. Functional domains of development

McWilliam proposed the functional domains of development-engagement, independence, and social relations [19]. Engagement is understood as the cornerstone of development. The engagement of children in daily routines promotes their development and learning [21, 23]. When children are interacting with adults, peers, and materials have opportunities to practice and acquire skills. Receiving feedback from adults and peers while these interactions occur contributes to improve current abilities and crystalized previous learnings through practice. Engagement embeds social relationships and independence. A child who is capable of (1) communicating and relating with others in an adequate manner for the context and his or her age, and (2) carrying out actions to meet needs and meaningfully participate in everyday routines, where learning opportunities occur [30].

At the socioemotional level, interactions with caregivers and peers in early years mediate between internalizing problems and engagement levels [31], acting as protective factors against low engagement levels [32]. The effects of positive interactions remain strong even after controlling for variables like gender language proficiency of the child and the educational level of parents [32].

3.1 Engagement

Engagement is defined as the interaction of the child with the context (peers, adults, and materials) in an appropriate manner for the child's abilities and the demands of the context [22]. It consists of nine levels of complexity ranging from non-engagement to sophisticated engagement [33]. Each level represents an increase on the complexity of the behavior of the child. Lower levels of engagement relate to repetitive behaviors, passive paying attention, or engaging in activities with no differentiated behaviors, and higher levels of complexity, relates to children engaged in symbolic play and speech who persist in the activities while trying to solve problems or challenges [34].

For an infant or child to engage in a routine, there must be a fit between the child's skills, his or her interests, and the demands of the routine [35]. In a routine where the abilities and interest of the child fit the demands of the routine, there is an increment in the duration and/or complexity of the child behavior, reflected on higher levels of

sophistication engagement levels [34]. Adults in the natural environments who are responsive and skillful at identifying misfits between the child characteristics and the demands of the routines, are more likely to make the necessary adjustments to facilitate meaningful participation of the child in the routines, through their interactions. During adult-child interactions, adults can teach the child a skill so she or he can meet the demands of the routine, adjust the routine or make it more interesting -so it matches the abilities and interests of the child-, or decide that the fit between the child abilities and demands cannot be addressed by teaching the skill or adjusting the routine demands, therefore, it is better to let it be and focus on the learning and acquisition of other skills. Interpersonal relationships become relevant for promoting proximal processes. Positive and strong interpersonal relationships will facilitate more effective interactions (proximal processes) because feelings of trust and well-being are associated to the interpersonal interaction between the child and the adult or early childhood education peers [35].

3.2 Independence

Independence refers to the degree to which a child can act to meet its needs, in other words, how much help does a child need to engage in a task or activity and successfully complete it. This functional domain has been related with selfcare behaviors and the child been able to request help from adults when needed after trying several times to solve a problem and failing to solve it [35]. Sensitive and responsive adults, observe the behavior of the child and offer help to the degree it would allow the child accomplish the task, and as children are able to complete more steps of the task by themselves the adults can withdraw the support. Emotionally supportive environments that focus positive learning (acknowledging all steps the child takes to accomplish a task even though his or her performance is not perfect on the first trials) will have a better impact on children's skill acquisition than those environments where learning is based on trial and error, and error is emphasized after the child performance [36]. This does not mean the adult will not model adequate responses or provide prompts and supports to facilitate the success of the child when completing a task, but the adult does so by being empathic of the child's efforts and providing encouragement after the attempt or completion of a task.

3.3 Social relationships

This domain relates to the way children communicate (express and respond) with others (peers and adults). In this regard, research supports the importance of the interactions with adults and peers for acquiring semantic language (vocabulary), phonetical awareness, and the pragmatics of communication (syntax and nonverbal communication). Early years are crucial for the development and strengthening of the brain areas related to language acquisition and non-verbal forms of communication (imitating, understanding others no-verbal communication and using nonverbal communication) [37]. Adults model new words, offer feedback of children's use of words and through interactions strengthen those neural circuits related to understanding of non-verbal communication forms. Research results support that frequency of exposure to vocabulary is correlated to noun vocabulary acquisition [38]. In addition, parents who provide more input in their interactions with children have children whose early vocabulary grows more quickly [39, 40]. Moreover, children who have difficulties imitating behaviors or participating in joint attention are more likely to have difficulties on language acquisition and expressive and responsive communication, such is the case child who suffer neglect or are at risk of presenting or have Autism Spectrum Disorders [15, 37].

In addition, the social relationships domain is associated to the degree which the child is able to get along with others by been able to understand and communicate with others and regulate his or her emotions. Vicarious learning (modeling) is crucial for the child learning to understand situations, control his or her affective and emotional responses [13], behavioral responses [41], and language acquisition [42, 43]. Direct learning through child-directed speech interactions has also been related to increased vocabulary size [44, 45]. As discussed previously, executive functioning and emotion regulation are acquired at later stages of development in early childhood [13]. Adults who are mindful and responsive of children's emotional and communicative needs and model emotion regulation strategies and language can have an impact on the behavior of children when face with high emotional situations and children's communication skills.

4. Supporting interpersonal relationships in natural environments

Natural environments are understood as home, classroom, and community settings. Learning occurs in each of these environments, and adults can take advantage of learning opportunities through caregiver-child interactions. Through this chapter, it has been emphasized the relevance of the caregiver being consistent, responsive, and sensitive in his or her interactions with children to promote learning and development. It is also important to provide the child with feedback of their actions in a loving way, focusing in positive learning (i.e., acknowledging child steps towards the completion of a task) instead of highlighting the child errors (i.e., trial-error learning). Adults must offer children opportunities to reflect on their actions and performance and must highly effort before outcome. For example, before providing feedback to a child on a task, the adults can ask the child his or her perception on his or her work. In this manner, the adult helps the child to identify his or her strengths and difficulties. Such interactions prevent the child from getting frustrated and cultivate trusting and loving relationships between caregivers and children.

Environments that are interesting, with a variety of materials and toys, promote child engagement. Based on child interest, adults can use *incidental teaching* [46–48] or *scaffolding* [49] to promote learning. These are strategies that allow caregivers to interact with the child in a warm and encouraging manner, while providing feedback of their performance to reinforce the learning of skills or contents [50, 51].

4.1 Incidental teaching

Incidental teaching (IT) is a naturalistic strategy, first proposed by Hardy and Risley [46–48] for teaching communication skills during free-play routine. Then, it was adapted by McWilliam [52] to teach different abilities in daily routines. McWilliam's adaptation of IT includes four steps to guide the interaction of the adult with the child: (a) engaging (making sure the child is engage with an activity or introducing an activity to the child), (b) following (if the child is engage, the adult follows the child's interest), (c) eliciting (based on the activity the child is engaged, the interacts with the child to increase the time the child is engaged in the task or promoting more complex levels of behavior), and (d) reinforcing (the adult reinforces the child behavior, such reinforcement must be related to the activity itself).

For example, the caregiver sees the child (6 months old) looking at a toy (e.g., a bottle with water and yellow glitter), the adult ensures the child is engaged (i.e., he is looking at the bottle), then follows the child's interest (the caregiver takes the bottle and starts moving it), then elicits a behavior (the caregiver tries for the child to reach the bottle with yellow glitter, while bringing the bottle in his eye sight and moving it

slowly back and forth). As the child looks at the bottle and tries to reach it, the caregiver says: “Thomas, look how pretty is the yellow color”. The child giggles in response to the adult’s comments and movement of the bottle content. Then, the caregiver reinforces this joint attention interaction by moving the bottle so the glitter moves a little bit more, while bringing the bottle closer to the hands of the child and saying: “You like the yellow color, don’t you? Do you want to grab the bottle?”. It is important to highlight that the reinforcement in this interaction must be related to the activity itself, it will not be enough with just saying: “Good job, Thomas!” as Thomas looks at the bottle. The caregiver reinforces the interaction by repeating the name of the color of the glitter and moving the bottle back and forth to maintain the child’s interest in the activity and had him try to reach the bottle. The adult is teaching the child color names and stimulating his visual and motor responses by moving the bottle and trying for the child to grab it. To continue the interaction, the adult could use other bottles with other glitter colors or materials to stimulate the child’s sight or hearing. This example of interpersonal interaction could apply to the home context (being used by the parents or other family members) or at the nursery classroom (being used by the teacher).

4.2 Scaffolding

As for *scaffolding* [49], this strategy is used to support the child’s learning of skills which are in *Zone of Proximal Development (ZPD)*. Such skills are those the child has not mastered yet, but can perform with some help from the caregiver. For instance, Lucy is a 3-year old, who has not mastered going up the steps of the slight in the playground in her neighborhood. She can lift her legs, but struggles alternating the legs to go up the next step, mainly because is a little scare of heights. Her father supports her by using his hand to push a little bit the alternating leg, so Lucy can climb to the next step. While the father does so, he is encouraging Lucy by saying: “You are lifting your leg so well, I am so proud!” As Lucy gets stuck and does not want to go up because of the height, her father pushes up her leg gently and says: “You are okay Honey, daddy is standing right behind you!” As time passes, the father fades his help for lifting the leg to climb the next step, and once Lucy can alternate her legs by herself to climb the slight, the father starts stepping away from the slight to allow Lucy gain independence and to grow in her perceptions of self-confidence and self-competence.

These examples portrayed how *incidental teaching* [52] and *scaffolding* [49] can be used by family members and teachers to support children’s learning and development. This is attained through trusting, caring, sensitive, responsive, and consistent interpersonal interactions in their natural environments, and within their interpersonal relationships. These interactions are providing learning opportunities that are the basics for experiences that would affect the child’s early brain development and skill acquisition.

5. Conclusions

This chapter supported the importance of interpersonal relationships in early childhood. The important role of early experiences of children to impact their brain development was emphasized through the results of epigenetic studies. In the same line, Bronfenbrenner’s Bioecological model, contributed to the understanding of the interaction of different system levels, which can ultimate affect the interpersonal interactions of the child in their microsystem supporting of hindering their developmental trajectories. As well, the functional domains are introduced to guide the understanding of the child’s meaningful participation in natural environments form his or her level of engagement, independence, and social relationships. Adults and

peers in natural environments can support the acquisition of skills in those domains by providing sensitive, responsive, and contingent care. Finally, two strategies that could be used in different natural environments and during interpersonal relationships are introduced to support child development and learning in early childhood.

As stated by Bronfenbrenner and Evans [22], children's learning and development occurs within the interactions with the context through proximal processes. Also, supported by the results of epigenetic studies, is well documented the impact of early experiences on the brain structure and functioning. Interpersonal relationships are crucial for early childhood development and the impact of the interactions occurring within such interpersonal relations will transcend the early stages of life, affecting future learning and development at cognitive, communicative, socio-emotional and physical levels. Mindful caregivers who understand the importance of their interactions with the child in early years of life will provide care that spurs optimal developmental trajectories of the child promoting future optimal functioning and participation of this child in society.

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Conflict of interest

“The authors declare no conflict of interest.”

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School Conflicts: Causes and Management Strategies in Classroom Relationships

Sabina Valente, Abílio Afonso Lourenço and Zsolt Németh

Abstract

Conflicts cannot cease to exist, as they are intrinsic to human beings, forming an integral part of their moral and emotional growth. Likewise, they exist in all schools. The school is inserted in a space where the conflict manifests itself daily and assumes relevance, being the result of the multiple interpersonal relationships that occur in the school context. Thus, conflict is part of school life, which implies that teachers must have the skills to manage conflict constructively. Recognizing the diversity of school conflicts, this chapter aimed to present its causes, highlighting the main ones in the classroom, in the teacher-student relationship. It is important to conflict face and resolve it with skills to manage it properly and constructively, establishing cooperative relationships, and producing integrative solutions. Harmony and appreciation should coexist in a classroom environment and conflict should not interfere, negatively, in the teaching and learning process. This bibliography review underscore the need for during the teachers' initial training the conflict management skills development.

Keywords: school conflicts, classroom conflicts, school conflict management, teacher-student relationship

1. Introduction

One of the most striking characteristics of human beings is the diversities. Different ways of being, thinking and existing, different needs, world views, ethical positions mark the relationships between people. In this sense, interpersonal conflicts are understood as tension that involves different interests or positions, are inherent to human relationships, and are present in various social organizations, among them, the school.

The school as microcosms of society brings together different views of the world, different ways of being, thinking, and living, thus becoming a space for representing social differences and being a place where different conflicts occur daily. Dealing with this situation type requires learning and that is why teachers need training in conflict management so that they can correctly manage the classroom conflicts and educate also your students for conflict management.

Recognizing that the school is an organization that brings together social diversity and adopting as an assumption that interpersonal conflicts are inherent to human relationships, we define the school conflicts as this chapter theme. In this sense, this chapter addresses school conflicts with a focus on classroom conflicts

in the teacher-student relationship. In the first part, a brief reference is made to the conflict. This is followed by a review of the bibliography on school/classroom conflict causes.

Due to its intrinsic characteristics, school is a favorable medium for conflict situations development. So, the conflict in the education system can be seen from the dialectic between the macrostructure of the education system, the general policies oriented towards it, and the management processes that prevail in each school [1].

The conflict presents formative possibilities, since the perception of the differences existing between people/or groups and their needs, values, ideas, and different ways of living are essential to a democratic society [2]. In this sense, it is important to enhance positive conflict characteristics and reduce the negative ones. So, the difficulty in resolving conflicts is largely due to the difficulties existing between those involved in the conflict to be able to communicate effectively. Therefore, the constructive and educational potential of conflicts depends largely on the skills of those involved. Thus, knowing how to communicate, and respecting the rights of others and existing differences are essential for conflicts to revert to social and human development benefits.

The concern with improving coexistence in schools, centred on the conflict variable, is addressed in different studies, whose objectives mark both understanding the school conflict [3–6], as well as preventing its occurrence [7]. Since it is impossible to eliminate school conflicts, it is essential and urgent to reduce their intensity, duration, and severity, so that the teaching and learning process is not harmed. In this sense, this chapter addresses also the strategies used to manage classroom conflict, and some examples of programs that work these skills on teachers and students.

2. Conflict

The conflict is defined and classified from different perspectives, and its definition can differ, in context, process, intervention, and study areas [1, 8]. Conflict is a phenomenon of incompatibility between individuals or groups with irreconcilable ends and/or values between them, considering it a social process [1]. For this author, four elements are present and must be addressed in all conflicts: the causes that give rise to it; the conflict protagonists; the process and the way the protagonists face the conflict; and the context in which it occurs. In turn, Crispino [9] understands conflict as to any divergent opinion or a different way of seeing or interpreting an event, that is, the conflict originates in the difference of interests, desires, aspirations, or positions between individuals. He adds that conflicts can arise from difficulties in communication and assertiveness.

In this way, we can say that there is a conflict when two or more people interact with each other and perceive incompatible differences, or threats to their resources, needs, or values and when they respond according to what was perceived, then the ideal conditions for conflict are created. The conflict intensity, duration, or severity can then increase or decrease depending on the strategies used to resolve it. Regardless of the different conflict definitions, there is no conflict if the individuals involved are not aware of its existence. This conclusion is consensual to the majority of the definition proposals and to the attempts to conceptualize the conflict found in the specialized literature.

In addition to different conflict definitions, there are also different proposals for classifying it. Concerning the different conflict classification [8, 10, 11] the emphasis is placed on the theoretical proposals of [8, 11]. Conflicts can be classified into five different types: structural, value, relationship, interest, and data [11].

In structural conflicts, causes are associated with unequal control situations, possession or resource distribution, unequal power, and authority, geographical, physical, or environmental factors that prevent cooperation and time pressures. In value conflicts, it highlights situations of opposing ideas or behaviors, different ways of life, ideology, or religion. Relationship conflicts are caused by strong emotions, misperceptions or stereotypes, inadequate or deficient communication, and negative and/or repetitive behaviors. The causes of interest conflicts are perceived or real competition over fundamental interests (content), procedural interests, and psychological interests. Finally, about data conflicts, [11] highlights the lack of information or wrong information, different points of view on what is important, different data interpretations, and different assessment procedures.

In turn, Torrego [8] presents a typology that seems to reflect the type of school conflicts: relationship-communication conflicts; interest/needs conflicts; and preferences, values, and beliefs conflicts. As for the relationship-communication conflicts, it cannot be said that there is a concrete cause that justifies their appearance, however, it appears as a result of the relationship deterioration itself. As such, aggressions, struggles, offenses, defamations, rumors, humiliations, misunderstandings are part of this type of conflict, but also perception conflicts, because, despite the conflict reality being only one, this fact does not invalidate that those involved have their view of it. Interest or needs conflicts usually occur when one party considers that it will only be able to satisfy its needs/interests if the other gives in to theirs. This conflict type can include those that stem from disagreement about how to perform jobs or tasks and those that result from the need felt by one of the parties to own or be coerced into giving in: objects, time, space, or any type of appeal. Finally, preferences, values, and beliefs conflicts result when these systems are discordant or viewed as such by those involved in the conflict. However, this conflict type can be resolved if the parties identify higher values common to both.

It is important to say that the conflict constructive paradigm indicates that the conflict has positive and negative aspects, advantages, and disadvantages. This new model is opposed to the classic model and indicates that moderate levels of conflict are perceived as positive [12]. The conflict effects are positive, when they are well managed, to establish more cooperative relations and seek to reach an integrated solution, for the benefit of those involved in the conflict [10]. In any organization, the existence of low levels of conflict leaves the organization vulnerable to stagnation, to making impoverished decisions, even to the lack of effectiveness; on the other hand, having too much conflict leads the organization directly into chaos.

Given the above, we can say that conflicts are inherent to human relationships since human beings are characterized by diversity. The school, by bringing together people from different social groups with different values and worldviews, becomes a locus for conflicts.

3. School conflicts

The school is a society microsystem, in which are reflected constant changes. Thus, one of the most important school functions is to prepare students, teachers, and parents to live and overcome the difficulties of a world full of rapid changes and interpersonal conflicts, contributing to the development process of each individual. For being a society microsystem and bringing together different ways of life, thinking, feeling, relationship, constitutes a space conducive to interpersonal conflicts.

School conflict is defined as the disagreement between individuals or groups regarding ideas, interests, principles, and values within the school community, perceiving the parties their interests as excluded, although they may not be [13],

being that the most frequent school conflicts occur in the relations between student–student and between student-teacher [14].

Conflicts in the school can be classified according to their causes and those involved. For Martinez [15], the conflicts between teachers are mainly caused by lack of communication, personal interests, previous conflicts, issues of power, or political and ideological differences. This author indicates that conflicts between students and teachers, as they happen due to the lack of understanding of the teacher's explanation, due to arbitrary grades and divergence in the evaluation criteria, lack of didactic material, discrimination, disinterest in the study material, and because the students are ears. In turn, conflicts between students can arise due to misunderstandings, fights, the rivalry between groups, discrimination, bullying, use of spaces and assets, dating, sexual harassment, loss or damage of school assets, diverse elections, travel, and parties. Conflicts between parents, teachers, and administrators can arise due to aggressions that occurred between students and between teachers, due to the loss of work material, problems in the school canteen or similar, lack of teachers, lack of pedagogical assistance by teachers, evaluation, approval and disapproval criteria, failure to meet bureaucratic and administrative requirements of management [15].

From the literature review, it is possible to infer and highlight the different causes pointed to the school conflict. Participating teachers in the Göksoy and Argon [16] study indicate as causes for school conflict: the communication failures, personal, political/ideological, and organizational causes.

With a very similar rating, Jares [1] indicates four main causes: ideological-scientific, related to different pedagogical, ideological, and organizational options, and the type of school culture or cultures that coexist; power causes, related to organization control, professional promotion, access to resources and decision making; causes of structure, related to the ambiguity of objectives and functions, organizational fragility, organizational and variable contexts; and personal and interpersonal causes, related to self-esteem, security, professional dissatisfaction, and communication. Also, Burguet [17] points out as possible causes for the school conflict in the school's organizational structure.

In this sequence, and given the increase in school conflicts, Ibarra [18] recognizes as school conflict causes: the increase in compulsory schooling, the increase in the number of students per class, teachers perceive a progressive decline in their authority about students, and students are less likely to comply with certain rules and limits, which results in conflict situations. Regarding the increase in compulsory education, this leads to a greater number of unmotivated and undisciplined students, which implies an increase in school conflict. Likewise, the increase in the number of students per class, without increasing the facilities or associated conditions, increases the conflict occurrence, because of their negative changes in the physical and psychological environment, in overcrowded classrooms, with a lack of space for practical and collaborative activities.

In addressing interpersonal relationships in schools cannot neglect family background. When dealing with interpersonal relationships in the school context, it is necessary to take into account the family reality of each student, since the family interpersonal relationships have a strong connection with the school conflict [19]. Distinguished authors indicate that school conflict situations often have their genesis at the family level [17, 20] since they are the most deprived families, where alcoholism, domestic violence, and unemployment problems occur, being that all these violence and incivilities manifestations that arise in the students' lives are transported to school. Burguet [17] points the dismissal of families as educational agents. This author highlights the overprotection with a sense of guilt for not dedicating more time to children, the experience of fatherhood as a "burden" of

those who educate in aggressiveness, and the criticisms of parents, and society itself, to teachers, instigates conflicts. In other words, the role of the family often does not seem to offer a good foundation in the education of young people, which is reflected in their behavior in the processes of interaction at school. As Berkowitz [20] indicates, many of the interaction problems originate in the family, and the student reproduces the behaviors he learns with his parents.

It should be noted that the context experienced by the Covid-19 pandemic has a greater impact on students from poorer families. The situation of these most vulnerable students was a problem whose dimension grew with online classes, as they encountered immense barriers and lack of support for quality education during confinement. Thus, students who before the pandemic were unmotivated and presented conflicting behaviors at school should be the target of more support during this pandemic phase, to minimize the conflicting behaviors. It should also be noted that although family-school relationships are extremely important for students' learning and development, family participation in school is not always satisfactory.

So, the family and the school must go together to contribute to the conflict becoming part of a process of growth, acceptance of the other, and accountability. Learning to deal with school conflicts positively is essential for the development of healthy relationships.

Another cause of school conflicts is pointed to society and the values it conveys, Burguet [17] points to the example of social communication, which encourages violence through violent programs, broadcasting news with prejudiced and conflicting messages. All of these situations enhance the conflicting attitudes of children and young people, which are reflected in school behaviors.

3.1 Conflict in the classroom

The school builds a social interface favorable to involvement, where conflicts proliferate in the educational process complexity, being common and daily in classes. Thus, in the classroom different types of conflict occur, being a challenge for most teachers to know how to face, manage, and resolve these conflicts [7].

Teachers often perceive conflicts as indiscipline, violence, disrespect, and like all situations threatening his authority, and inexperienced and experienced teachers emphasize the teacher-student conflict as a frequent situation in difficult classes [21]. In this context, Silva and Flores [19] refer to the negative effect that these situations have on attainment and student motivation, so it is urgent to find solutions to avoid or mitigate such effects.

The classroom coexistence problems are mainly related to social and pedagogical changes [22]. In this sequence, there are several conflict situations that teachers can face during classes. Some of those indicated by the teachers are, namely: the student's presence that did not focus on activities; students with serious learning and communication difficulties; students groups who do classroom not work and maintain an aggressive and provocative attitude; students with destructive attitudes towards school material, theirs and/or colleagues, as well as aggressive and violent attitudes towards colleagues and teachers; apathetic students, who do not show classes enthusiasm; and in extreme situations, students who take and display instruments in the class that can be used as weapons, in an attitude of defiance to the teacher [23].

Given the increase in the classroom conflicts, multiple causes, which include a combination of external and internal factors in the school environment, are indicated, such as the increase in compulsory education, the increase in students per class, the progressive decline in the teacher's authority about students, and students

are less likely to comply with rules and limits, which results in conflict [18]. The increase in the year of schooling also leads to greater difficulties in living and learning in the classroom, and older age student's groups consider themselves inserted in an educational system that sometimes does not respond to their needs and some of them consider not be essential to your life. So, the increase in compulsory education leads to a greater number of dissatisfied, unmotivated, and undisciplined students. Likewise, the increase in students per class, without increasing the facilities or associated conditions, negatively affects the psychological environment in overcrowded classrooms, with a lack of space for practical and collaborative activities. In turn, the progressive decline in teacher authority in relation to students and students are less likely to comply with certain rules and limits, results in conflicts in the classroom.

Conflicts in the teacher-student relationship are recurrent in the classroom, and [17] indicates as causes generating conflict, not only concerning the expectations of the teacher-student but also the student towards the teacher. In this sequence, the authors highlight the following problems that cause conflict: discipline problems, adaptation to individual differences problems, and evaluation problems.

As for discipline problems, these are the result of provocation and contempt of the student towards the teacher, or the teacher towards the student, to exercise their authority. In turn, problems of adaptation to individual differences are related to heterogeneous behaviors and diminished personal relationships. As for the problems related to the evaluation, result mainly from the personal rhythms of each student and teacher.

Students' undisciplined classroom behavior can lead to conflicts that divert the teacher's attention to issues that blur him from his teaching function [19]. In this context, Pérez-de-Guzmán et al. [7] indicate disinterest, mainly academic, as the main source of classroom conflict, also mentioning that one of the conflicts that persist and continues to be common is the lack of study habits and the carrying out work, leading to a negative attitude during class. Also, the mandatory stay in the classroom, away from the interests and expectations of some students, is recurrent as a conflict cause.

There are many and diverse classroom conflict situations that disturb the class dynamics. And in situations where the conflict remains latent, the result of the diversity of class interests, if the teacher does not create a good environment, acting positively about communication, the use of legitimate authority, and the conflict management, he will see conflicts increase exponentially within the classes [24]. Thus, regardless of the classroom conflicts type, if they are not managed, they accumulate, which makes them more cohesive and complicated, triggering negative feelings in those involved, and negatively affecting the educational quality [24].

The causes of the aforementioned conflicts are linked to personal issues and interpersonal relationships. And, most of these conflicts reveal an undisciplined character and increase daily in the class context. In this way, the teacher in the absence of solid guidelines can develop discontent, insecurity, and dissatisfaction that are reflected in his conflict face performance. Another aspect to be highlighted is that related to the power or lack of it that, increasingly, the teacher presents, and that reveals itself in discontent. In short, there is a gap in society, between the values it promotes and demands the school and the lack of credibility that is given to the teacher, questioned before the disapproval of parents and society itself, which instigates an even greater student's conflict, in classes.

3.2 Positive and negative impacts of school conflicts

Conflict can inspire innovations and creative strategies in addressing challenging issues, as well as improving work, results, and encouraging organizations to

achieve higher levels of quality and achievement. In this context, Göksoy and Argon [16] argue that school conflicts have positive and negative impacts on psychological, social, and organizational results.

Negative psychological impacts include discomfort, insecurity, insignificance feelings, sadness, resentment, frustration, and stress. In turn, at the social level, results of hostility, intolerance, and violence are present [16]. As for the negative results within the institutions, the author highlights the existence of a tense environment, weakened cooperation, communication failures, poor performance, and an undisciplined environment. Inevitably, in this way, there is a decrease in education quality.

The conflicts traditional and negative view has implications for the training of students, as the current discourse in many schools is about how to avoid conflicts since their educational potential is sometimes not perceived by the school community. This discourse conceives the conflict by the violent consequences that result from its non-management.

Conflict is recognized as an engine of social development and its effects are positive when the conflict is managed well. Thus, about the positive impacts arising from the school conflict, these have various levels of benefits [16]. At a personal level, the conflict allows learning to be related to the perception of errors, and to develop new ideas. On the other hand, at the social level, it enables the reinforcement of communication, respect for others, and enhances commitment. Regarding the benefits at the organizational level, it makes it possible to understand problems, seek and develop new solutions, and develop a democratic and enriching environment in the school. Thus, conflicts can contribute to the construction of broader visions of certain situations and, at the same time, guarantee rights and opportunities for all, regardless of interpersonal differences.

4. Strategies for classroom conflict management

Teachers' perceptions of conflict indicate that they focus mainly on the conflicts' negative aspects [6, 25]. It is noteworthy that the methods most used at school, face of students conflicting behaviors, include warning, disapproval, summoning guardians, and in some cases, student suspension. Methodologies that provoke negative feelings and, later, originate new undesirable behaviors, being applied without taking into account the needs, personal conflicts, problems, and students expectations [26]. As indicated by Torrecilla et al. [22] if the teacher is not an effective conflict manager, he will project this lack of skill, resulting in negative learning for students.

As noted earlier, classroom conflict is an unavoidable reality. Thus, being inevitable, adequate strategies are needed to resolve it so that the conflict potential advantages are taken advantage of and its harmful effects are minimized or canceled out. Conflict management strategies are understood as the behavior types that are adopted in the conflict context, that is, they are basic strategies to manage a situation in which the parties consider their interests to be incompatible.

It is important to note that the choice between different conflict management strategies depends on the conflict level and the various situations that must be managed effectively [27], that is, to manage conflict functionally, it is important to recognize that one strategy may be more appropriate than another, depending on the conflict situation, being considered appropriate if its use leads to the effective formulation or resolution of the conflict [27]. So, strategies refer to specific patterns of behavior that are adopted in conflict situations. Following this approach, Rahim and Bonoma [28] established five conflict management strategies using

two dimensions “self-concern” and “others concern”. They are different strategies for conflict management and correspond to the attitudes to confront and conflict resolutions.

These five strategies for conflict management are [27]: (a) Avoiding: when conflicted parties show low levels of concern for others’ interests and a low level of concern for oneself. Strategy characterized by a low degree of assertiveness and a low degree of cooperation, where neither its interests nor those of its opponents are satisfied; (b) Dominating: reflecting the attempt to satisfy one’s interests without consideration of the interests of the other. Characterized by a high assertiveness and lack of cooperation, in which the acquisition of objectives is viewed with supremacy over the interests of the other party. Furthermore, it is often considered an aggressive strategy; (c) Obliging: tends to be adopted by those individuals who attempt to play down the differences and emphasizes commonalities to satisfy the concerns of the other party. Represents a conflict management strategy where the cooperation is high, and assertiveness is low; (d) Integrating: individuals who use this strategy manage conflicts directly and cooperatively, seeking to solve in collaboration with the other, is a strategy connected with problem-solving. The use of this involves openness, exchanging information, looking for alternatives, and examination of differences to reach an effective solution for everyone involved in the conflict. Is a strategy useful for effectively dealing with complex problems; and (e) Compromising: represents the attempt to satisfy, moderately and partially, the interests of all those involved in the conflict, and shares commonalities with all of the other four strategies. Is a strategy that requires compromise and assignment. Compromising is an intermediate strategy on assertiveness and cooperation, which implies a compromise in the search for an acceptable intermediate position for everyone involved in the conflict.

Among the variables that influence the choice of different conflict management strategies, the teachers’ emotional intelligence stands out. Valente and Lourenço [24] conclude that teachers who tend to have higher levels of emotional intelligence use more integration and commitment strategies, for conflict management in the classroom, and fewer strategies of consent, avoidance, and domination. Too, the findings of Aliasgari and Farzadnia [29] indicate that teachers prefer the integrating strategy over the other conflict management strategy. So, in the presence of classroom conflict, the teacher proposes alternatives, applies open lines of communication, makes concessions, accepts responsibility, maximizes similarities, and minimizes existing differences between self and student [24]. Therefore, the integrating strategy is connected with classroom problem-solving, the use of this strategy involves openness and exchanging information, being the ideal strategy in dealing with complex classroom problems [24]. When applying a commitment strategy, the teacher’s objective is an intermediate solution for conflict management, for this, he knows how to reduce differences with the student suggests an exchange of proposals with the student, and provides a quick solution to conflicts in the classroom [24]. This is an intermediate strategy on assertiveness and cooperation, which implies a compromise in the search for an acceptable intermediate position for everyone involved in the conflict [27]. In this way, teachers’ emotional intelligence allows for better conflict management, which supports the development of interpersonal relationships in the classroom and enables a favorable environment for teaching and learning.

So, conflicts involve, in addition to interpersonal skills such as availability for dialog, emotional intelligence skills, which require the perception and recognition of the affective dimension, and the feelings of those involved. In this sense, we can say that the evolution of interpersonal relationships has not kept pace with scientific and technological developments. We were not educated to know how to interpret

the language of emotions, just as we did not learn to solve conflict situations. We do not learn to perceive and manage emotions. Thus, the emotions that emerge from conflicts must be the target of attention and discussion, so that teachers and students are aware of their emotions and know how to deal with them.

The concern with improving coexistence in schools, namely about conflict, is mentioned in several studies, whose objectives refer to the understanding of school conflicts, as well as preventing their occurrence through programs aimed at teachers and students [4, 5]. Thus, the school community must develop effective skills for conflict management, increasing self-awareness, and understanding of conflict through formal education sessions.

The manage conflict ability is not innate, so it must be learned through educational interventions. There are different programs that work these skills in the educational context, of which they stand: Recognizing, Understanding, Labeling, Expressing, Regulating (RULER), Social and Emotional Learning (SEL), and the Collaborative for Academic, Social and Emotional Learning (CASEL).

RULER program was created based on the emotional intelligence Mayer-Salovey's model [30]. This training program focuses on emotional intelligence development and involving the students, parents, teachers, and the entire educational community [31]. RULER focuses on learning skills that deal with issues of interpersonal conflict and teach strategies for emotional regulation. Empirical evidence regarding the effectiveness of RULER programs indicates that they enhance students' academic performance, improve the quality of learning environments, improve teacher-student relationships and reduce student behavior problems, being a success in reducing violence and abusive classroom behavior [32].

The SEL was developed with the aim of preventing school violence and includes five areas of interconnected skills (self-knowledge, social awareness, self-management and organization, responsible problem solving, and relationship management). Teaching these skills is vital to deal with behavioral, academic, disciplinary, and safety problems, promoting self-awareness, managing emotions, and acquiring skills such as empathy, the ability to perceive different perspectives and points of view, respect for diversity, and the ability to make the right decisions [33]. SEL programs refer to processes of developing socio-emotional competencies, which depend on the individual's ability to recognize, understand, and manage emotions. These skills are the main building blocks for other outcomes that SEL programs include, such as the ability to persist in the face of challenges, stress management, the ability to develop healthy relationships, build trust in others, and to thrive both in the academic context, as in personal and social life. In a study carried out on more than 213 SEL programs, it was concluded that a school that successfully applies a quality curriculum of the SEL program can achieve behavioral improvements and a positive increase in the results of assessments [34].

CASEL program was created with the aim of establishing social and emotional education in a school context and making it a reality in today's education. Its purpose is to apply high-quality, evidence-based SEL programs, from pre-school to secondary education [35]. The results of this program reveal significant changes in the socio-emotional capacities, social interactions, and academic results of the students who attended these programs. Among the results, it should be noted that students show greater communication skills, are more collaborative in teamwork, and more resistant to challenges and difficulties [36].

4.1 School conflicts management

The school is a space for socialization par excellence and, precisely, due to the variety of styles, cultures, and values, it becomes an environment rich in conflicts.

Conflict, commonly seen as something negative, destructive, and generating violence, is, in fact, extremely necessary for individual evolution. It should be noted that the conflict itself does not generate violence; this comes when there is a lack of peaceful solutions to conflict resolution, when there is no conflict constructive management.

Among the conflict management methodologies used in the school, the following stand out: arbitration, conciliation, negotiation, and mediation. School arbitration is a dialog process that takes place between the involved in the conflict with the presence of a third party that determines the conflict resolution based on the benefits of the parties with their authority and knowledge [37]. The school conciliation is a dialog process carried out between the involved in the conflict, with the support of a conciliator, who helps them decide, based on their interests and needs. This may present proposals for solutions that the parties can accept or not. The decision-making power belongs to the parties, even if the solution comes from the conciliator [37]. In turn, the school negotiation is a dialog process focused on conflict resolution between the involved in the conflict, which either meet face to face to work together unassisted to conflict resolution. Negotiation is one of the most used conflict management mechanisms in the classroom. The school mediation, this is a dialog process carried out between the parties in conflict, assisted by a third party, the mediator, who should not influence the conflict resolution, acting as a communication facilitator. Inserted in a socio-constructivist paradigm, it is considered not only as of the most current and flexible instrument for peaceful conflict resolution at the educational level, and promote a new culture for conflict management. Arising not only to solve school problems, but equally as a feasible way for creative conflict modification [38].

A more detailed approach to school negotiation is presented as it is considered the most appropriate method for resolving classroom conflicts, in teacher-student relationships. Negotiation includes a set of behavioral skills that teachers must master. It is essentially a well-structured process and based on some tacit behavior, being understood as a process of communicative interaction in which two parties seek to resolve a conflict of interest, use dialog, and progress gradually through mutual concessions. The negotiation process implies several skills, which stand out, effective communication, considered the main tool of the negotiation process.

Effective communication is essential to the school conflicts negotiation, as it enhances: the fear decrease of being rejected, the anxiety reduction produced in the struggle for acceptance and recognition, a greater predisposition to listen to the other and recognize their positive aspects, a strengthening of self-esteem, an increase in the degree of security, and a decrease in defensive-offensive behavior [39].

Concerning the negotiation phases, although there is no consensus on the definition of the negotiation stages, there are at least three that are classically identified [40]: definition of the content and limits of the negotiation (exploratory stage), with the manifestation of antagonism, facing individuals the “dilemma of trust” and the “dilemma of honesty”; negotiation dynamics (dynamic and tactical stage), with manifestations of concession flexibility, systematically assisting proposals and counter-proposals, constituting the central moment of the negotiation process; and, the resolution and agreements stage, this more integrative, brief, and intense phase, almost always implies tension and uncertainty.

These phases testify to the transformation that the negotiations must undergo and must respond to the three negotiation objectives, namely: identification of differences between the parties, making joint decisions, and building a commitment to resolve the conflict.

It should be noted that during a conflict negotiation, it is also important to highlight the importance of [39]:

- Empathy: the pillar of good communication and the connection between teacher and student, which allows one to understand each other's feelings and motivations;
- Assertiveness: being able to expose your point of view, emotions, or opinions without provoking a defensive attitude, through a self-affirmative phrase that tells students what to think without blaming you, not putting you as an opponent. Being assertive requires understanding limitations to do another. The teacher when negotiating a conflict must establish his position and build self-confidence thus limiting abuse situations without attacking students;
- Active listening: a tool is useful to obtain more information, corroborating data so that the student knows that he was heard. When we listen actively, we are asking, paraphrasing, asking for clarification, defining, and contextualizing. Some ways of they appear can be by echo, repetition of what the other said, reformulation, expressing in words what was understood, resolving points or questions, summarizing and ordering information or reflection of the feeling, an expression of what we perceive of the other; and
- Feedback: the teacher must support and encourage positive behavior, correcting the inappropriate ones. To put feedback into practice, it is necessary to let the student know what the teacher feels and what he thinks.

That way, thinking of the joint construction of solutions to the conflict, through the correct use of empathy, assertiveness, active listening, and feedback can make those involved in the conflict evaluate their actions and rethink their attitudes, discovering ways to solve the problems, trying to maintain respect and balance. Knowing how to listen, evaluate, rethink with everyone involved in the conflict, creating the habit of dialog. Because when those involved in the conflict participate in the construction of possible actions for solutions, relationships can be restored, and the conflict constructively resolved. Therefore, classroom conflicts when managed constructively contribute to the preservation of interpersonal bonds and promote the socio-emotional skills of involved, since it makes possible to develop skills to know how to see reality from the perspective of the other, knowing how to cooperate, and also learn that conflict is an opportunity for growth and maturation.

As seen, although conflicts have negative impacts in general, the constructive and destructive consequences of conflict depend on the management skills of the individuals who experience it [25]. Effective conflict management strategies minimize the conflict negative impacts and enhance the positive ones, helping to improve interpersonal relationships and job satisfaction at school.

In general, teachers and the school ignore the importance of conflicts in the integral development of the student and training as autonomous citizens. In this way, most schools do not conceive of conflict resolution as an integral part of the curriculum, emphasizing only the contents of the curricular subjects. They leave aside interpersonal relationships, homogenizing the training of students without promoting the development of problem and conflict management skills. Thus, for the educational potential of the conflict to be truly used in the school context, it is necessary that the community, and especially teachers and management bodies, recognize the conflict possibilities. Constructive management of school conflicts is important and necessary for new generations to learn to live with social differences.

In this sequence, educational action is required, intentionally aimed at conflict management as an element inherent to the human condition and indispensable to democratic societies. Therefore, the formative potential of the conflict depends on the strategies used to resolve the conflict and the management that takes place. The way to conflict management, in turn, depends on how those involved experience the conflict. Therefore, the negative view of the conflict and the lack of perception of its educational potential can prevent those involved from developing essential skills such as respect for diversity, respect for the rights of others, and availability for dialog.

Pérez-de-Guzmán et al. [7] indicate that training in conflict management, generates very positive results in all members of the educational community, verifying a reduction in the interpersonal conflict between teacher-student. Also, Massabni [41] defends the urgency to prepare teachers to face professional conflicts; otherwise, we will have a generation of teachers able to succumb to the pressure that the profession is going through, to accept the reduction of their action, their status, and to share their commitments with other professionals, who take away the property of regulating their work. It is necessary to support teachers and provide them with tools to develop their ways of managing conflicts.

By making conflicts the subject of reflection and explaining the professional context in which teachers work is, in the opinion of [41], the commitment of the different higher education institutions that form them. It is important to work not only on the training of future teachers but also on training in the active teachers in conflict management, small or large, which inevitably emerge in the teacher-student relationship, throughout their professional life. Also, the Freire et al. [42] results support the importance of professional development opportunities with a focus on facilitating the relationship of teachers with students with perceived challenging behavior.

5. Conclusions

The school is an institution that reproduces a microcosm of society, bringing together diverse identities. This context with diverse personalities, rules, and values is full of conflicts, problems, and differences between the different actors that make up the school (students, teachers, staff, and parents). Thus, the school system, in addition to involving a range of people, with different characteristics, includes a significant number of continuous and complex interactions, depending on the stages of development of each one. So, school is a place where individuals with different characteristics, backgrounds, experiences, and personalities live together daily. Among so many differences, naturally, divergences of the most diverse species arise. It is essential, then, the proper management of conflicts that may arise so that harmony and respect are present in the school of the main causes presented for the school conflict, we highlight family problems. Being the family the main student emotional support, it becomes the life model of this. In this way, unstable and weakened family relationships directly affect the behavior of your children, behaviors that these after reproduced in the school social relationships. The families of the most deprived students are considered less functional. They do not contribute to the growth of positive feelings, they do not carry out good communication between family members, nor do they assist in healthily making decisions that are, based on the exchange of ideas together instead of imposition. In this sequence, students from more dysfunctional families need school increased support to learn and develop interpersonal skills. Thus, family and school must go together to contribute to the conflict becoming part of a process of growth, acceptance of the other, and

accountability. Learning to deal with conflicts positively is essential for the development of healthy relationships.

The school, by bringing together people from different social groups with different values and worldviews, becomes a locus for conflicts. Thus, the conflict must be understood as a reality inherent to the educational context, and the school, as responsible for the education of values and skills for living together must be differently prepared to deal with the conflicts that occur in it.

Conflicts of various types have always been present in the classroom, and the causes that originate them are of great importance, as they allow a better conflict understanding and, consequently, a more correct intervention to its management. It should be noted that personal harmony and the development of attitudes that promote understanding, dialog, and tolerance are indispensable for negotiating conflicts in the teacher-student relationship. The way to intervene in classroom conflicts is essential in education, not only in terms of content, but also as a series of vital procedures in interpersonal relationships. As Laponi [39] points out, for conflicts correct negotiation with the student, it is necessary to communicate effectively, cooperate, decide responsibly, and so teach to resolve conflicts.

Ending school conflict is impossible, since they are intrinsic to the human being, being an integral part of their development and the interpersonal relationships they experience daily. Learning to live with school conflict requires creating attitudes of openness, interest in differences, and respect for diversity, teaching how to recognize injustice, taking measures to overcome it, resolving differences constructively, and moving from conflict situations to reconciliations. So, it is essential that the initial and continuous training of teachers encompasses conflict management, providing them with tools so that they can resolve the conflicts they experience in the classroom.

In summary, it is important to conflict face and resolve it with skills to manage it properly and constructively, establishing cooperative relationships, and producing integrative solutions. Harmony and appreciation should coexist in a classroom environment and conflict should not interfere, negatively, in the teaching and learning process.

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Creating a Democratic Culture in Managing Classroom Contexts of Disability – Part 1

Gregg Alexander and Duma Mhlongo

Abstract

The Department of Basic Education (DBE) in South Africa ratified *Education White Paper 6: Building an Inclusive Education and Training System*- a policy document which made an explicit declaration to create inclusive classroom contexts within a targeted period of 20 years. Succinctly, this declaration has cast the year 2021, as a major social justice milestone for citizens with disabilities. The chapter strongly believes that this milestone deserves to attract both critical dialogue and empirical engagements as to determine the impact of the Education White Paper 6. Internationally, there are various policy guidelines available, in the quest to create a democratic classroom context with the objective of accommodating diversity, more specifically to address oppressive and non-inclusive disability contexts. The reader audience will be taken across various discourses on disability rights and literature readings responding to redress within the realm of the World Health Organisation and the International Labour Organisation, among others. Before the chapter concludes, a reflective activity is provided; together with a practical assessment activity where the authors create a democratic culture-centric lesson plan meant to support teachers in their inclusive education quest to create ideal democratic classroom contexts.

Keywords: inclusive, democracy, disability, classroom

1. Introduction

This chapter explores South Africa's inclusive education service delivery mandate of democratising or transforming schools to represent an inclusive teaching and learning environment by the year 2021, as contained in the *Draft Education White Paper 5: Special Needs Education – Building an Inclusive Education and Training System* [1] and the *Education White Paper 6: Building an Inclusive Education and Training System* [2], p. 45. Fundamentally, the current landscape of inclusive education in South Africa deserves deeper monitoring, given the pre-1994 historical impact of separate development based on overtly unfair infrastructure resourcing of schools according to apartheid policies. Firstly, the chapter will unpack the social ecology theoretical frame as a basis for understanding the philosophical foundations of inclusive education as it relates to the classroom and post-school contexts. Secondly, the role of stakeholders who engage in this democratisation process and the related principles thereof will be discussed. The contextualization of a modern democratised socio-educational culture will be the third aspect to be examined.

Lastly, postmodernist reflections on creating a future to empower citizens with a disability will be explained, with the objective of promoting a sustainable democratic culture within crucial socio-economic competency institutions, such as schools and workplaces, as envisaged by the United Nations' Agenda 2030 for Sustainable Development [3]. It is highly important that teachers intending to be visibly efficient in an inclusive education environment, as well as practitioners in the post-school contexts should orientate and sensitise themselves with both the immediate (school based) and wider (community) social interactions challenges due to a specific disability. Hence, with the latter said in mind, we will now discuss the social ecology theory and its related prerequisites which are essential in understanding the philosophical foundations of inclusive education in both classroom and post-school contexts.

2. Expanded definition of disability within the context of democracy

A decade ago, in the context of South Africa, a scholar named, Dhupelia-Mesthrie availed literature which reflected on the open political engagements with the then apartheid government, which occurred during the 1970s and 1980s as to democratise the status of all non-whites citizens with the intention to allow them to participate in the voting process for a political party of their choice into the national parliament [4]. In 1997, the Office of the Deputy President's *White Paper on Integrated National Disability Strategy* [5] added impetus to the democratisation status for all citizens, by defining disability categories according to an individual's medical condition which contributes to limited perceived or subtle interaction with one's social contexts, such as the home, educational or workplace situations. This expanded definition therefore contributed to the development of guidelines relating to the reasonable accommodation of this historically marginalised population group. The World Health Organisation's (WHO) *International Classification of Functioning, Disability and Health* [ICF] concurs further by emphasising that environmental factors (transportation barriers, physical access, social attitudes, a lack of adequate health insurance, etc.) can facilitate or hinder the impact of features on the physical, social and attitudinal contexts of the individual, based on an individual's disability status [6].

In the United States of America, the Centers for Disease Control and Prevention describe a disability, (which may include various types, such as vision, movement, thinking, remembering, learning, communicating, hearing, mental health and social relationships) as a condition of the body or mind (impairment) that prohibits the person with the condition to do certain activities (activity limitation) and interact with their immediate environment (participation restrictions) [7]. Furthermore, different life situations involve people in essential human activities, such as learning, communicating, interacting or moving around. The manner in which individuals with disabilities participate in various human activities (learning, communicating, interacting or moving around) is dependent on many factors which inevitable affect their independent lifestyles, personal mobility, education, work and employment. Therefore, within a social model context, disability seems to be comprehended as a complex construct than simple categories suggest and is perceived as the result of an interaction between environmental characteristics and the individual.

Transportation is considered a social context presenting accessibility challenges affecting the life world of people with physical disabilities-this aspect may be construed as a participation restriction in the normal daily operations of individuals with disabilities, which includes collaborative engagements such as workplace

teams with colleagues, engaging in social and recreational activities, accessing health care and wellness services [6]. **Table 1** lists prevalent categories of disabilities according to Donald, Lazarus and Lolwana [8], p. 47 and Swarts [9] and Ngwenya [10–12].

To promote the ideal of a democratic culture, a transformative and inclusive education service delivery mandate across all South Africa’s schools and higher learning institutions is envisaged. This chapter therefore emphasises an outline on the collaborative role of teachers, parents and social experts in rendering support to individuals in overcoming vocational and educational challenges.

During the past two decades, South Africa has experienced a sharp increase in the proliferation of mind-altering drugs among the school going youth, mostly at both primary school exit and secondary entry cohorts. The repercussions of these overnight hard addiction drugs has led to frustrated community members lynching or ‘necklacing’ these youngsters due to rampant and fearless break-and-entry, marathon insomnia, self-induced and prolonged hunger for days, stealing also from their own families to feed the habit, consistent poor academic performance for those who stay long enough at school, and obviously, dropping out of school. Community disgust towards these new age drugs, namely, nyaope, tik and katt means spontaneous repulsion towards the users; and generally, not only parents but teachers too are at a total loss of interventions. The authors have drawn an estimate that in South Africa, a single psychologist or social work is bound to have a case load of about 500 schools (described as ratio 1:1:500), in contrast to private schools, where the ratio is 1:1:1. The author’s empirical assumption is derived from evidence presented by Vergottini and Weyers showing the school social worker trends per province of South Africa [13].

Sight: partial, mild or severe blindness
Hearing: partial, mild or severe hearing loss
Communication: deaf or mute
Physical: paraplegic or amputee
Intellectual: dyslexic or autistic spectrum
Emotional: clinical depression
Mental: persistent or permanent mild or severe cognitive challenges

Table 1.
Categories of disabilities bearing challenges on educational attainment.

Province	Past Ratio (Specific Year)	Current Ratio (Year)
Gauteng	4 school social workers (2010)	27 (2015)
Western Cape	4 school social workers (1982)	166 (2017)
Free State	4 school social workers (2010)	32 (2017)
KwaZulu-Natal	11 school social workers (2011)	25 (2015)
Limpopo	0 school social workers (2016)	180 (2017)
Eastern Cape	Data not yet availed	
Northern Cape	Data not yet availed	
North West	Data not yet availed	
Mpumalanga	Data not yet availed	

Table 2.
The ratio of school social worker recruitment per provincial education departments.

TIME FRAMES	Immediate to Short Term 2001–2003	Medium Term 2004–2008	Long Term 2009–2021
MAJOR STEPS	Orientation/Dialogue with Schools in Predetermined Phases	Implementation in Predetermined Phases	Follow-up and Progress Analysis
IDEAL SITUATION	Visit Schools Set Workshops Set Monitoring Timelines	Schools & District Offices (Mainstream, Special Schools, Resource Centres)	Fully Formalised Inclusive Education System in Place
REAL SITUATION	Encounter teacher apathy and ignorance about what Inclusive Education is all about	District administration bottle necks, backlogs and <i>laisse faire</i> approach (poor monitoring of progress)	Possible Extension of Time Frames or Re-shift to revised or new paradigm (both costly compared to success of the original model)

Adapted from: Education White Paper 6: Building an Inclusive Education and Training System (2001).

Table 3.
Transformation time frames of South Africa’s education towards inclusivity.

The table below displays the stark inequalities per province over the years and currently; in lieu of the provision of social worker services in supporting teachers as professional advisors, and as visiting therapists to learners.

It will be interesting to reflect on the correlation between **Tables 1** and **2** above and **Table 3** to follow, as a gesture of potential future research projects to evaluate the inclusive Education White Paper 6’s targeted 20 years impact from 2001 to 2021. To emphasis this nationwide crisis, **A Case in Context** labelled X; is simulated hereunder.

A Case in Context X - The context of generic socio-educational challenges – A case of severe cognitive disability due to prolonged use of psychedelic drugs.

“Drug use is punishable by banishment in my house, as for drug abuse, my child knows it is his death through my hands. I wish Thabo’s parents would do the same with this *nyaope** problem in their household”. As a benefit of the inclusive education legislation based on the contributions of the international conventions contained in **Table 3**– a multi-disciplinary setting is a strict imperative where at least a social worker, if a psychiatrist or psychologist is not present has the ultimate prerogative to offer attentive listening therapy, followed by liaison with the latter two professionals for referral, guidance and advise. These multi-disciplinary guidelines are informed by the national Department of Education’s *Screening, Identification, Assessment and Support of Learners* [SIASL] done according to their levels of barriers’ *FORM 1, 2, 3 and 4* ([14], p. 89) and *The Education White Paper on an Integrated National Disability Strategy* [5].

*a concoction, comprising of anti-retroviral drugs and a powder substance extracted from inside flat screen television – is smoked to induce a psychedelic state. Highly addictive and exposes users to serious anti-social acts to financially sustain the habit.

Broad stakeholder engagement, aptly called multi-disciplinary support services teams is an international trend which aligns with the social ecology theory [7, 15–17].

3. The social ecology theory: background

The theory is derived from the concept of ecology, resident in the field of natural sciences. It has been philosophically moulded to fit the relevancy in the social sciences discipline. Swanepoel; in Davis and Snyman, ([18], p. 323) agree with Bookchin [19] when alluding to the concept of ecology, which is literally, *the study of*

relationships between organisms and the environment they inhabit. The theory articulates the cross influences by the immediate and wider environment, which influences the contextualisation or impacting on social issues within the world of the school going child. Accordingly, this theory is further recognised as empirically relevant to the multi-facet nature of social problems. Within the context of this theory, the prevalence of ecological problems in society originates predominantly from various social problems, in particular from different forms of hierarchy and domination, especially as to how these problems are portrayed within capitalist societies [7, 18, 19]. Sharing of resources and the availability thereof has been the basic survival needs of all species. Naturally, an instinct for survival stimulates a drive to seek satiation.

In the context of this chapter, human beings depend on and benefit from economic sufficiency as to fulfil certain basic needs through wages earned from some a form of employment. Their interaction with fellow humans, at home, sites of learning, cultural settings, planning and the actualisation of personal and materialistic objectives all revolve around some type of expenditure. In simple terms, work is synonymous to survival, especially when it is represented by a decent job. The process of formal learning, attainment of educational qualifications and the ultimate search and the securement of reasonable income, is globally regarded as being essential to human survivalist behaviour. Citizens with disabilities, have this natural instinct too. The classroom, with or without learners with a disability, is a definitive microcosm of the human survival instinct, wherein young citizens are actively being equipped for a humane or democratised context of post-school economic participation and interactions by and for citizens with disabilities.

3.1 Social ecology and the democratic context of disability issues

To follow, are two portraits; namely **Figures 1** and **2**- these figures both endeavour to crystallise the relationship between what the teachers should offer today to learners, as a reflection of tomorrow's citizens. In illuminating the democratised

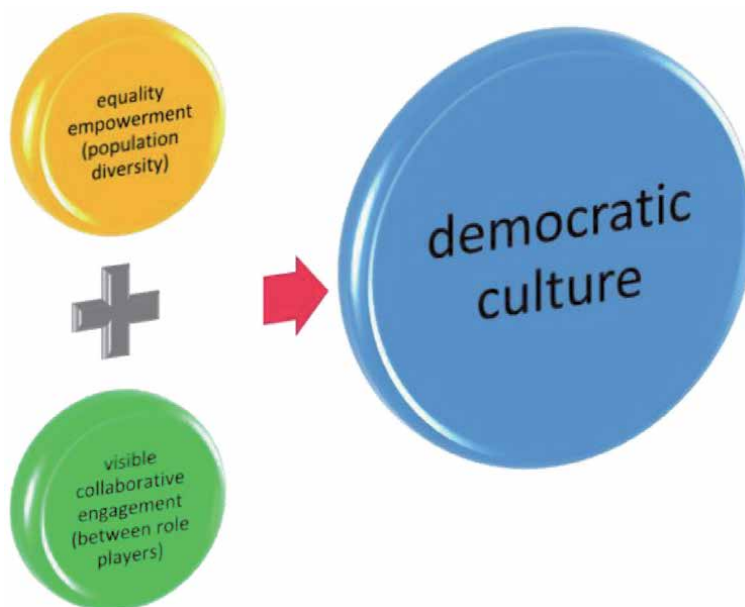


Figure 1.
Essential prerequisites for a modern democratic classroom.



Figure 2.
Imaged future democratic workplace.

notion of the social ecology theory; the first diagram resembles the modern schooling subsystem, while the second one idealises visible efforts or collaborative engagements in the future by the employer subsystem for an equal society, which embraces citizens with a disability. Simply, future employers originate from the modern classroom. The modern teacher shapes the citizen of tomorrow. The teacher who delivers today's curriculum with a spirit of both critical and sensitised discussions as a fundamental mode of communication, may strongly determine how future employers and employees engage one another on social issues relating to population diversity, workplace productivity, human rights and disability.

As it is portrayed in **Figure 1**, the re-shaped inclusive education rationale is to entrench prerequisites relating to the creation of a democratic society within the context of disability, namely:

- **Equality empowerment** to embrace the diversity of citizens across the South African population, through sensitivity towards disability issues, which should be visible.
- **Visible collaborative engagement** between role players such as teachers, future employers (today's students at schools and higher learning institutions), and disability rights advocacy groups as well as the legislative subsystem.

In re-imaging the current rationale, the applicability and relevance of issues or aspects relating to these prerequisites' functionality and sustainability could be realised through the social ecological theory, where equal treatment of citizens would iconise empowering those who were previously stigmatised and marginalised due to their disability status. Within this theory, the focus falls on the critical social aspect for human survival through economic means, namely the struggle for realisable employment equity policy position and its visibility in the actual workplace, whether applicable to South Africa or the rest of the world.

The Employment Equity Act of No. 55 of 1998, amended 2014 (EEA), is a model legislative piece regarding reasonable accommodation to address the historically oppressive contexts confronted by citizens with disabilities [20]. The *Reflection Box* below attempts to demonstrate how schools as collaborating institutions could sustain engagements with workplaces of today through simulated workplace

classroom assessment activities, to shape future Ubuntu-centric workplaces accommodative of diverse contexts of disability.

REFLECTION BOX (Visit **Figure 1** and **Figure 2** respectively)

What are the essential differences between the modern classroom and future democratic workplace concerning disability?

The classroom of today, is a catalyst for the democratic role-players (read **A Story of Ubuntu in Action** just below) especially iconized by visible (pedagogic) efforts to shape a just society by teachers. To illustrate, the removal of future barriers against equal workplace entry, such as the lack of visible verbal or signage pledges to accommodate job seekers with disabilities, should start in the modern classroom with intellectually interesting learning opportunities and formative assessment tasks which are *ubuntu* (sensitive to learner and teacher needs and diversity) orientated.

A Story of Ubuntu in Action

University of the Free State's Schools Partnership Project (SPP) in South Africa
Initiated in 2011, the University of the Free State (UFS) Schools Partnership Project (SPP) aimed to contribute to better-performing schools in the basic education sector. Since its inception, the SPP has set itself the goal of meaningful change in the communities where it operates. The project is housed on and managed from our South Campus in Bloemfontein, South Africa and is funded year-to-year by Corporate Social Investment (CSI). Mentors are appointed to work with teachers, principals, and other members of the school management team (SMT) in specific schools in the Free State province and parts of the Eastern Cape. Mentors, for instance, work with teachers to strengthen their teaching skills and support them in the introduction of technology in the classroom. The goal of the SPP is to contribute to breaking the cycle of poverty in low-income, previously-disadvantaged communities, such as those in Botshabelo and Thaba 'Nchu. This is accomplished through targeted interventions by mentors, who mentor and support teachers and SMT members in under-performing schools to excel at their core functions.

In turn, academically deserving students are empowered to make sufficient progress in order to access and complete their tertiary education. Once these graduates enter the workforce, they are able to plough back into their communities. We have seen a significant growth in the number of students entering the UFS from schools in this project.

The initiative is entirely funded by Corporate Social Investment initiatives, including companies such as Old Mutual and Sasol, to name a few. Without these supportive partners, the project would not be possible. SPP mentors make the trip to the different school clusters every Monday through Thursday during school terms, visiting schools and travelling an average of around 400 km each week. On Fridays and during school holidays, the mentors draw up new classroom content and create teaching resources to be used in project schools and beyond.

Adapted verbatim from: <https://www.ufs.ac.za/southcampus/social-responsibility/about-social-responsibility-projects> [21].

Schenck et al. [22] puts great emphasis on participatory community practice, which this chapter sees as synonymous to the philosophy of Ubuntu being evolved into a set of actionable events in the grassroots which directly benefit targeted community contexts. Nonetheless, by being actionable does not mean these events will become spontaneously sustainable, hence the contribution of the story within the reflection box above this is for the readership to gain both insights and consult such literature further for harvesting guidelines therein.

To elucidate further, a neo-inclusive education teacher can design a research assignment which stimulates students to visit the world of work via job advertisements in local, regional or national newspapers. The critical objective of this exploratory task would be to ascertain (quantify) how many job adverts have visible print or *wheelchair symbols* representation of universal employment equity efforts or policy towards the individuals with disabilities. Classroom-based debates (qualitative) emanating from this assignment would become openly student centred; thus, allowing these future citizens to re-image the ideal realm of a democratised world of work. Teachers in South Africa benefit from the Education White Paper 6; an inclusive education policy document which lecturers and

education district officials recommend as an essential guidelines instrument [2]. **Table 3** demonstrates how teachers can monitor their school's inclusion status versus the policy prescripts from any starting point to the determinant evaluation point, namely, the year 2021.

Subsequently, Mhlongo et al. [16] and Mhlongo and Alexander [23], have asserted that the creation of a democratic culture is best achieved from vibrant classroom contexts. When a teacher ignores the promotion of a democratic culture in the modern classroom situations, the central assumption of the social ecology frame would view the current curriculum as unintentionally, thus perpetuating longstanding workplace discriminatory practices. In **Figure 2** to follow below, we hope to have a modern teacher who does not eschew critical social transformation issues such as employment equity, in his/her lessons. A movement of actions towards embracing population diversity, as indicated by the arrows below; should emulate co-dependence or shared effort towards the same goal, not necessarily towards the same direction. That is, conflict of thoughts or actions should be accommodated; so long as it is critical, sensitive, constructivist and visible.

We have identified three critical cogs for creating a democratic workplace of the future, which are:

- The **modern teacher** whose postmodernist pedagogic role is realised by designing and applying inclusive lesson plans in the classroom, irrespective of the subject being taught; more often than not, with the notion of **democracy** being deeply embedded in critical classroom practices.
- The **modern classroom** would serve as an appropriate catalyst for nourishing a culture of **democracy** whose students represent **future employers**.
- Finally, we have noted that the desire for visible **employment equity** policy and treatment for the historically marginalised citizens should be a shared vision of the immediate role players. We hold the notion that, if it is visible, it denotes **success** of the imaged objectives emanating from an inclusionary modern classroom- this classroom representative of a teaching and learning context responsive to the policy imperatives of democratising or transforming schools vis a vis Education White Paper 6's prescribed time-lines (see **Table 3**)

The relationship between moral citizenship goals envisaged by the modern curriculum and the actualisation of thereof, certainly demands a shift. Hence, this chapter is governed by a strong recommendation for re-curriculation towards a postmodernist inclusive education pedagogy, aligned with promoting a democratic culture in the modern classroom. According to Mhlongo and Alexander [23] disability sensitivity initiatives, in inclusive education pedagogy means that teachers remain constantly aware that future adults are represented by children in the current classroom, especially in the job market.

From the social ecology perspective, the arrows within **Figure 2** are reflective of the individual subsystem movement representative of the dynamism of a democratic society where constructive intellectual conflict is reasonable and resolvable. We can think of different political parties who tend to disagree, yet all have good intentions for their constituencies. Ecologically, classroom pedagogy to promote workplace democratisation should be found on the same principle of critical, co-dependent, yet fruitful debate. If Citizen A (employer) identifies cost constraints of employing a suitably qualified candidate with a disability (Citizen B), such as the construction of an elevator shaft; fair discriminatory actions are allowable within South African law by the Employment Equity Act No.55 of 1998 [20] under the

principle of *reasonable accommodation*. Hence, a neo-inclusive education teacher is the crucial source of relaying future adult lessons that inclusivity of disability in the workplace is not mandatory and thus remains a sensitive area of conflict between employers, advocates of disability and citizens' rights, such as the Association for People with Disabilities (APD), Equality Education and the Human Rights Commission.

Through this theoretical frame, this chapter strives to emulate and sustain South Africa's inclusive education messenger namely the education policy document, Education *White Paper 6* ([2], p. 9). Teachers, both in training and in the classroom should become the rightful catalysts of re-shaping how all citizens, as present students and future adults; promote the social values of democratisation through recognition and embrace diversity, specific to disability issues.

4. Re-imagining the philosophy of inclusive education in South Africa

Since this chapter aims to contribute towards the moulding of a visionary teacher, who yearns to practically re-shape the education of students, an inclusive education mindset leaning towards a culture of democracy and citizenship empowerment through classroom pedagogy is openly monotonised. An ideal neo-inclusive education teacher would think, and plan to act beyond the confines of modern rules. A postmodernist approach to the present challenges, simply means to avail radical strategies and stimulate hope for the visible improvement of difficult social conditions which humans have lived under for centuries. To *democratise*, is thus a process to re-mould the prevailing pedagogy. A reasonable starting point is for the ideal teacher to shape the delivery of the prescribed South African curriculum, in such a way that it recognises prevailing life challenges as experienced by students. A good starting point is to design inclusive lessons in the classroom. An ideal inclusive education context would assume a shape of realisable democracy, where both learners and teachers are sensitive towards diversity and actively *interact* to identify trends which delimits the equal participation of all citizens. Certainly, a teacher with a democratised mindset, naturally views learners from a lens of future adults in a world not polarised by stereotypes of race, gender, economic wealth and most importantly disability.

ACTIVITY BOX

Please visit **ASSESSMENT ACTIVITY**, just after conclusion of this chapter.

Accordingly, a postmodernist readership is envisaged which could possibly represent the school setting as a social subsystem. This chapter idealises teachers who are both sensitive and innovative when tackling the socio-educational context of disability in a contemporary South Africa. In this way, teachers would pedagogically *reflect* and *contribute* in successfully transforming the image of inclusive education, as visibly owned and applied across all subjects offered in the classroom. These teachers, however are not the sole prominent catalysts of a democratised future. Announced in brief below, are the other role players who should interact or engage with other social subsystems to entrench a culture of democracy.

4.1 Prominent role players who should engage in democratisation

A long list of social subsystems can be availed by readers, beyond the limit chosen to be discussed in this subsection. Since our focus is on the socio-educational

democratisation of disability as a social subsystem; three additional subsystems are viewed as available to directly play either a helpful or delimiting role, namely; the schooling system, the job market and the laws of the country. Teachers represent the first social ecology subsystem; while employers who attract suitable job seekers via advertisements as well as offering job interviews, recommendations for promotion and in-service training in the workplace are iconic of the job market subsystem. The last social subsystem to be critiqued, is the laws which specifically promote equality through equity in the workplace and economic empowerment through availability of entrepreneurship or shareholding opportunities in both medium and large enterprises.

The following subsections focus on aspects important to the democratisation of engagements by succinctly labelling it as collaborative engagements as outlined by key social subsystems synthesised above- the re-imagining of disability, especially through empowerment and equality are crucial to this process. We will start by elaborating on principles essential for the creation of a vibrant democratic culture.

4.2 Principles underpinning the creation of a democratised culture

Discussion of social issues is the most critical step towards shaping plans and solidifying social transformation. Primarily, the involvement of all role players directly affected by these issues cannot be ignored, since recognition of diversity is the cornerstone of all democratised collaborative engagements. During the South Africa of the 1980's, the founding of the United Democratic Front (UDF) and the Democratic Alternative in South Africa (IDASA) was stimulated by role players who saw it as politically futile and immoral to hold negotiations in parliament, about the majority of citizens who did not even have one representative or voice ([17], p. 222 and 234). Certainly, the value of collaborative engagement across race, gender, medically classified human ability (disability), creed, education and economic strata still remain a highly politicised yet vital element of any nation's desire to create a just society. Appropriately, it befits the objectives of this chapter to promote democracy as a positive contagion of future adults, who are now children in the modern classrooms.

Hence this chapter promotes the assumption that a *reflective* stance should also form the basis of the discussions; where recorded narrations from the past, serve to emulate history of the social issues either magnified as similar or peculiar to those currently under review. Should that democratised ideal become realised, then these discussions can be classified as vibrant instead of just being a mere representation of a nation's diverse population.

4.3 Population diversity as a cornerstone of democratisation

Perpetuation of an image of otherness, was viewed by Fanon [10] as the oppressive systematisation of superiority stereotypes, namely colonialism. Thus, this inhumanly supremacist licentiateship to dominate others, threatens to systematically persist against citizens with disabilities in both the most prevalent areas of socio-economic competency, that is, in various institutions of learning and the workplaces. As a modern social science venture to magnify history's inhumane trends, Mhlongo and Alexander [16] conducted a research in the Free State province, South Africa; which yielded a recommendation for a strong move towards reciprocating interactions between the job seeker population with a disability and the employers, who usually opt to use print media to advertise posts. Certainly, a socially impartial interaction would be through discussions, monitoring of modern

pedagogic and employment trends, and availing alternative innovative frameworks by role-players intent on promoting a democratised diverse society. For example; a hotline or telephonic inquiry platform could be invited from the designated historically marginalised population of job seekers with a disability to improve the employers' methods of attracting them as qualified job applicants and potential employees. A broad stakeholder participation platform such as a union representative contributing transformative suggestions and pledging to monitor the implementation or further discussion of such, goes a long way as an reassurance of efforts to promote workplace diversity. Through such recommended progressive measures, the worrisome employment equity trends indicative of mass employer insensitivity to the instinctual need for economic participation for the job seeker citizens with a disability, could be averted in the future. Consequently, ideal classroom practices could be of assistance to shape future employers, now the present child at any South African school through a democratised teacher.

Mhlongo and Alexander [15, 16, 23] have demonstrated how the historically polarised economic participation context has been found to be showing mixed signs of employment equity trends of stagnation and regression. The assertion made just above is in consideration of **Table 2's** quest for an ideal year 2021 transformative timeline which is best monitored by a broader stakeholder engagement based on the democratic ethos of partner collaboration within both school and workplace structures. This generally, negative employment equity trend regarding disability indicated a fragmented relationship between the employing and designate job seeker subsystems despite the review year of the eight Millennium Development Goals (MDGs) under the guise of Decent Work Agenda [3] in 2015. This lack of collaborative engagements between stakeholders thus threatens the possible achievement of some of the current Sustainable Development Goals (SDGs) or worse, all the SDGs by the year 2030 in most of South Africa's workplaces and schools in offering social justice redress regarding contexts of disability [24]. The first MDG, contextualises the creation of decent work for all citizens of an employable age (15–65 years old citizens). Thus, a critical need for a visible framework promoting a culture of democracy across and beyond the curriculum via inclusive education was found to be both a morally sensitive issue and empirically valid discourse which explores disability issues in South Africa [15].

Certainly, an influx of teachers with a democratised outlook regarding the future of the learners as probable employers, post the year 2020 and beyond should flow out of modern universities. These teachers can aid in contributing postmodernist ideas, voices and resources to shape the conscience of these employers; especially regarding the polarising contexts impacting on the economic well-being of the population with a disability. Progressive pedagogic, however, should always be preceded by visible efforts.

The denial of economic participation opportunity, through employment, for educated people with a disability has since become a key aspect polarising the ideal for a socially just relationship between employees and historically marginalised citizens. As authors, we recommend the establishment of critical dialogue forum as an innovative modern pedagogical delivery tool, which could aid a postmodernity minded teacher to succeed in shaping lesson topics and stimulate debate by learners on disability issues.

Throughout centuries, countries who are today regarded as democratically progressive have contributed narratives about disability, both hurtful and encouraging ones. The 16th century history of France, as well as the various human rights laws promulgated the past decades are invited to aid in re-shaping the inclusive education discipline of South Africa, so that it can have a vibrant democratised aura.

5. The international history of efforts towards citizenship equality

The French Revolution was a period of political tyranny which reached its first climax in the year 1789, epitomised by the cold-hearted images of publicly displayed beheadings via the guillotine [11]. A humane alternative, aptly called democracy was born, hence the nationalist credo of France, *Liberty, Fraternity and Equality*. Contrastingly, the term *aristocracy*, is synonymous to supremacy serve as both the typographic (grammatical) and social justice antonym of the noun *democracy*. Nevertheless, modern teachers need to shape educational efforts which visibly shun and discourage aristocratic tendencies, where citizens who are “medically fit” assume a socio-economic status of superiority over the population with disabilities. It is because of such socio-educational polarities by role-players in positions of power, that Mahlomaholo [25] raises concerns regarding democratic politics, as a validator of community cultural wealth. Vibrant classroom discussions on disability, productivity and employment equity trends, could do well to realise Mahlomaholo (ibid) and Fanon’s [10] vision of citizens being active in participating to re-image and sustain visibly humane societies.

In the modern South African context (post-1994) like anywhere across the world, democracy is paralleled with political freedom [10, 25–27]. Collaborative engagements between social subsystems to address pertinent social problems naturally promote a culture of democracy. It remains without doubt that in an educational setting inculcation of this culture should shape the daily normal interactions between teachers and students via the various subject offerings and the inclusive planning of lessons. As authors, we opt for the convenience of borrowing from the politically rich history of the French national credo to clarify the concept *political freedom*. To say, in a democratic state which is perceived to be a societal or fraternal ideal for the liberation of the social class, comprising of the majority poor segment of the population, must exist, is to create a public platform for the equal treatment of all citizens as such. Through this notion, the assumption is that every citizen share in the wealth of the country of their birth irrespective of heredity or social class, by casting a vote to politically decide (elect) who will proportionally represent his/her ideals in parliament. The presence of a candidate who is a genuine representation of disability identity on a ballot, is hard to apply in South Africa, considering the Ministry of Women, Children and People with Disabilities finds it hard to nominate a genuine disability candidate.

Surely, strong parallels exists between aspirations and the experiences of the political leaders within the post-1990 era in South Africa and those of the post 1790’s France. Furthermore, we would like to entertain the contentious social justice status of the power and the right to vote, which has been magnified and critiqued from the stance that it does not scientifically and necessarily so, represent economic freedom. To attain economic freedom and eliminate the perennial reliance on monetary and food social grants as an entrenched stereotype towards disability population in South Africa, we have outlined numerous human rights laws, in a chronological fashion to emphasise the international historical efforts towards creating a socially just society (see **Table 3**). Ideal adults in a postmodern South Africa, would display a visible strive to reduce polarising aristocratic trends by citizens who hold strong stereotypes intent to demean the human survival concept of economic participation and productive labour for capable citizens with a disability. Hence, modern classrooms should stimulate lessons which simulate the accentuation of reciprocating or collaborative engagements among social subsystems by future adults- this in turn may expedite the delivery of a democratising pedagogy. For these reasons, globally influential policies and laws via conventions and colloquia are tabulated below, mostly from the United Nations [28] contributions, specifically vested by the

International Labour Organisation [29]. The latter mentioned issues relate to the aspect of empowerment via critical collaborative engagement, hence the context of disability could be understood within a democratic culture (see **Table 4**).

These historical developments on international labour law discipline played a crucial role in the formulation of a stable foundation for the South African labour legislative framework [1, 2, 20, 28, 29]. By recognising the value of the above international conventions, South Africa's legal framework has some policies and recommendations which represent a transformation towards a democratic culture across and within its fundamental socio-economic domains, including the school and the workplace. The ILO has directly assisted several countries in implementing employment equity policy design and inspections. Both the Ministries of the Czech Republic, in 2003 and Brazil, in 1995 launched workplace equality legislations and amendments under the leadership and mentorship of the ILO [29], p. 60. It is

Fundamental Human Rights	Year
<i>Freedom of Association and Protection of the Right to Organise Convention</i> (No.87) hosted by the International Labour Organisation	1948
<i>Employment Services Convention</i> (No. 88) held by the International Labour Organisation	1948
<i>Universal declaration of Human Rights</i> , by the member states of the United Nations.	1949
<i>Rights to Organise an Collective Bargaining Convention</i> , hosted by the International Labour Organisation (No.98)	1949
<i>Equal Remuneration Convention</i> , organised by the International Labour Organisation (No.100)	1951
<i>Discrimination Convention [Employment and Occupation]</i> (No.111)	1958
<i>International Convention on the Elimination of All Forms of Racial Discrimination</i>	1965
<i>Declaration on the Rights of Disabled Persons convened by the United Nations</i>	1975
<i>Human Resources Convention</i> (No. 142) held by the International Labour Organisation	1975
<i>Convention on the Elimination of All Forms of Discrimination Against Women</i> held by the International Labour Organisation	1979
<i>Vocational Rehabilitation and Employment [Disabled Persons] Convention</i> (No. 159) hosted by the International Labour Organisation.	1983
The <i>Standard Rules on the Equalisation of Opportunities for Persons with Disabilities</i> is a document which was adopted by the United Nations General Assembly.	1993
The <i>Salamanca Statement and Framework for Action</i> , a globally acclaimed paper adopted by the World Conference on Special Needs Education: Access and Quality by UNESCO, <i>leading to the document Salamanca Statement and Framework for Action on Special Needs Education</i> .	1994
<i>Declaration on Fundamental Principles and Rights at Work</i> , derived from the World Summit on Social Development held by the International Labour Organisation.	1998
<i>Comprehensive Development Framework</i> drawn up by the World Bank	1999
<i>Millennium Development Movement and Goals</i> , organised jointly by the United Nations and International Labour Organisation.	2000
<i>Inclusive Education and Education for All: a Challenge and a Vision: Draft report</i> , adopted by UNESCO.	2000
<i>Human Resources Development Convention</i> (No.195) held by the International Labour Organisation.	2004
<i>Employment Strategies for Decent Work Country Programmes: Concepts, Approaches and Tools for Implementing the Global Employment Agenda</i> (Session 295th).	2006

Sources: ILO [29] & UN [28].

Table 4.
 The influence of fundamental human rights on modern legislative framework.

therefore not acceptable for any state anywhere in the world to claim that the backlogs in its employment equity projects cannot be remediated reciprocally, with outside expert assistance. An interesting issue to note is how the Department of Labour in South Africa has provided guidelines literature in the form of Technical Assistance Guidelines on the Employment of People with Disabilities (TAG) [12]. An interesting area of future research is: how efficient does the TAG document get activated through workplace employment equity inspections, as an Agenda 2030 tool?

6. Conclusion

The role of teachers in the process of democratising their communities through the creation of lesson plans and actions, accommodative of diversity was central to the discussion within this chapter. Both national and international legislative guidelines, imperatives, targets and influences, most specifically, the United Nations' Agenda 2030, elaborated upon. Contexts of disability were developed to reside within a case labelled X, to stimulate the readers' critical reflection and as preparation for the assessment activity hereunder. In a nutshell, the chapter's objective was to support modern teachers to respond to a postmodern or future world where both classrooms and workplaces as well as stakeholders therein. The same objective aimed to intensify collaborations through transformative engagements, with the hope of sustaining both previously achieved social justice milestones, as well as the forthcoming Agenda 2030 milestone.

ASSESSMENT ACTIVITY DISCUSS & DESIGN AN INCLUSIVE LESSON PLAN WHICH DISPLAYS A DEMOCRATISED CLASSROOM CONTEXT

Assessment Guideline: To successfully complete this activity, consult **A Case in Context Y**

- **A Case in Context X:** Lesson planning or design cannot remain rigid but has to be flexible to accommodate specific or generic issues and contextual challenges.

1. **ASSESSMENT THEME:** Creating a Sustainable Democratic Classroom Context

Assessment Objective: You are expected to academically demonstrate a *practical* capability to discuss elements of an inclusive lesson plan and innovate tabular template to accommodate several learners with a disability in a classroom context. A scientific approach is thus strongly recommended with an introduction, body, conclusion, bibliography and Annexure (lesson plan template).

Research and Design: Consult the education policy documents in South Africa as listed below

To Do: Discuss (300–350 words) elements of an inclusive lesson plan and later diagrammatise (Annexure) it to recognise the diversity of South Africa's population in a classroom; with specific focus on children with a disability whose learning space is within a mainstream schooling system. The policy documents below should be consulted, and thereafter be appropriately (scientifically) arranged as part of your **bibliography**.

- a. South African Schools Act no. 84 of 1996 (1996)
 - b. White Paper on Integrated National Disability Strategy. Office of the Deputy President. (1997)
 - c. National Education Policy Investigation (NEPI): Support Services. (1992)
 - d. Consultative Paper no.1 on Special Needs Education: Building an Inclusive Education and Training System, First Steps. (1999)
 - e. Report of the National Commission on Special Needs in Education and Training and National Committee for Education Support Services (NCSNET/NCESS). (1997)
 - f. Draft Education White Paper 5: Special Needs Education – Building an Inclusive Education and Training System. (2000)
 - g. Education White Paper 6: Special Needs Education – Building an Inclusive Education and Training System (2001)
 - h. Draft National Strategy on Screening, Identification, Assessment and Support. Additional Policy Document to White Paper 6. (2005)
 - i. Guidelines for Inclusive Learning Programmes. (2005)
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- j. Directorate Inclusive Education. Conceptual and Operational Guidelines for the Implementation of Inclusive Education: District-Based Support Teams. (2005)
 - k. Directorate Inclusive Education Conceptual and Operational Guidelines for the Implementation of Inclusive Education: Special Schools as Resource Centres. (2005)
 - l. Directorate Inclusive Education. Conceptual and Operational Guidelines for the Implementation of Inclusive Education: Full-Service Schools. (2006)
 - m. Technical Assistance Guidelines on Employment of People with Disabilities (2003)
-

6.1 Key Concepts

Aristocracy: The Concise Oxford English Dictionary: 11th Edition (2009) (source abbreviated COED) (electronic version) classifies this word as a noun (plural *aristocracies*) [treated as singular or plural]; where a class of society comprising people of noble birth with hereditary titles. A system of government in which power is held by the nobility. Derived from 15th century French word, *aristocratie*, evolved from Greek *aristokratia*, from *aristos* ‘best’ and *kratia* ‘power’.

Democracy: French origin *démocratie*, through Latin from Greek *demokratia*, from *demos* ‘the people’ and *-kratia* ‘power, rule’. COED (2009) recognises *democracy*, as a noun (plural *democracies*) which denotes a government wherein the people have a voice in the exercise of power, normally through elected representatives. In a democratic state, control of a group or the entire population of a country is held or decided by the majority of its members. During the 16th century France, specifically between the years 1787 and 1799; a political revolution spurred a spirit of patriotism which was mingled with open terror against and between fellow countrymen.

Democratic culture: Creating an atmosphere which recognises population diversity. Citizens from different backgrounds are consulted about issues which affect them, thus become part of shaping the future plans, by contributing ideas and experiences, especially through dialogic engagement.

Empowerment: Creating opportunities for all citizens, such as employment, while ensuring no barriers are unjustly allowed thus preventing other population groups from participating in activities. Job advertisements which do not state the recognition of people with disabilities have a discouraging effect on job seekers from this population group.

Engagement: Discussions, between citizens from diverse backgrounds. A sense of equality, when sharing ideas and future plans, is established to eliminate an atmosphere where other people feel that their ideas are oppressed or undermined. Hence, an opportunity to speak, and listen, while recordings of proceedings is maintained is an essential part of a democratic culture of collaborative engagement. Follow-up or subsequent discussions allows for sustenance of dialogue.

Special Needs Analysis: Countries perform a needs analysis according to the recommendations of documents such as Salamanca Five Years On. Introduction and Inclusive Education (United Nations: 1999), the Salamanca Statement and Framework for Action on Special Needs Education [29], The Standard Rules on the Equalisation of Opportunities for Persons with Disabilities [28].

Inclusive Education System: integrating learners with disabilities into the normal classroom after a needs analysis has been conducted to determine the severity of disability and availability of “accessibility” promoting resources in mainstream schools, such as concrete-cast ramps for wheelchair mobility. Engagement in dialogue between schools and parents/community regarding disability issues and modification of resources encouraged is highly encouraged, such as relocating a classroom from first floor to the ground floor to permit mobility and accessibility.

Mainstream Education System: The traditional schooling where classrooms are inhabited by non-disabled learners, opposite of special need school or classroom. Key distinction of the special needs school and classroom is where the environment is equipment and human resource intensive. A physiotherapist, professional nurse, social worker, educational psychologist, occupational therapist, clinical psychologist complement the daily work done by the specific subject teachers to provide support the learners with disabilities. Wheelchairs and stairs with handling rails form a common part of the latter schooling system.

Neo-inclusive education: classroom actions initiated by the teacher which promote respect for population diversity, and realisation of this vision in the future, without compromising the strict pre-determined document-controlled aspects of curriculum delivery demanded by her content subject, be it physical sciences or geography.

Post modernism: A philosophical stance which promotes the assumption of looking beyond the demands and pressures of the present deliverables. A teacher who strives to meet pre-determined academic goals of her subject throughout the year; to complete the syllabus, is in a modernist mindset. In contrast, completing the current syllabus with the notion of shaping democracy-minded students is postmodernist.

6.2 Recommended readings via the Internet

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5. Directorate Inclusive Education. Conceptual and Operational Guidelines for the Implementation of Inclusive Education: District-Based Support Teams. Department of Basic Education. 2005. Pretoria: Government Printers.
6. Directorate Inclusive Education Conceptual and Operational Guidelines for the Implementation of Inclusive Education: Special Schools as Resource Centres. Department of Basic Education. 2005. Pretoria: Government Printers.
7. Directorate Inclusive Education. Conceptual and Operational Guidelines for the Implementation of Inclusive Education: Full-Service Schools. Department of Basic Education. 2005. Pretoria: Government Printers.
8. Technical Assistance Guidelines on the Employment of People with Disabilities. [5]. Pretoria.
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province. Dissertation for Master's degree. Faculty of Education. University of the Free State. Bloemfontein. For direct inquiries: dumamhlongo2@gmail.com and galexander@cut.ac.za

Conflict of interest

The authors declare no conflict of interest.

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Sustaining a Democratic Culture through Collaborative Engagements for Citizens with Disabilities – Part 2

Duma Mhlongo and Gregory Alexander

Abstract

The United Nations (UN) has since the year 2015 challenged countries to develop structures of collaboration between governments, businesses, and citizens to enhance the monitoring and evaluation of their social justice challenges, advocacy initiatives and the progress thereof. To achieve the UN's Agenda 2030 for Sustainable Development Goals, this chapter proposes for educational and workplace institutions to collaborate as sub-systems. Historically, citizens with disabilities have been hit the hardest regarding decent work opportunities and inaccessible basic education classroom amenities. The existence of a democratic culture in an ideal classroom setting should be where all learners are mentored to display the democratic principles of unity, uniformity, diversity and homogeneity. This chapter aims to contribute towards the imaging of teachers who succeed in creating and sustaining a democratic classroom environment, guided by the ethos of inclusive education, wherein both classrooms and workplaces of the year 2030 and beyond, iconise a democratic aura and praxis by adopting an institutional collaborative culture. As an ideal, all learners and employees will entrench the ethos of democratic co-existence by embracing diverse contexts of disability, when empathising with citizens with a disability. In this way a genuine democratic culture could possibly become spontaneously sustainable.

Keywords: sustainability, engagements, disability, workplace

1. Introduction

Workplace accommodation for job seekers and employees with a disability, does not necessarily aim to create near perfect workplace resources adjustments, but rather a reasonable and affordable infrastructural and ideological engagement which embrace diversity. Aptly, to democratise the workplace, in a way that citizens with disabilities feel they are genuinely accommodated. Discussions throughout Part 2 place an emphasis on sustaining a democratised, thus decent, and accommodative workplace adjustments with the sustainability of a democratic workplace culture and the eradication of unfair discrimination. Part 2 further concurs with South Africa's Employment Equity Act's (EEA's) Section 6 which assess the long-term impact of workplace adjustments to reasonably accommodate

historically vulnerable population groups [1]. This aspect can best become an obtainable objective if constant engagements between stakeholders are sustained through short- and medium-term plans and actions. Across all the discussion in this chapter, the focus population group will be contextualised as job seekers and employees with a disability, whose decent treatment will determine a country's progress, as observed within the realm of the United Nations' Agenda 2030 for Sustainable Development and the International Labour Organisation's Decent Work Agenda [2–4].

2. Workplace contexts of disability and collaborative engagements

The social ecological relationship between an employee with a disability and the employer, traverses the diverse contextual factors, crucial for a democratised inclusive education aura in contemporary South Africa, as illustrated by **Figure 1**, below.

Mhlongo and Alexander adapted **Figure 1** from the original document of the World Health Organisation, which is called the Classification of Functioning, Disability and Health document [5]. Its essence in Part 2 is to put diagrammatic emphasis on South Africa's Labour Legislation as a crucial subsystem as narrated in Part 1. The adaption focuses on the EEA 55 of 1998 (Employment Equity Act 55 of

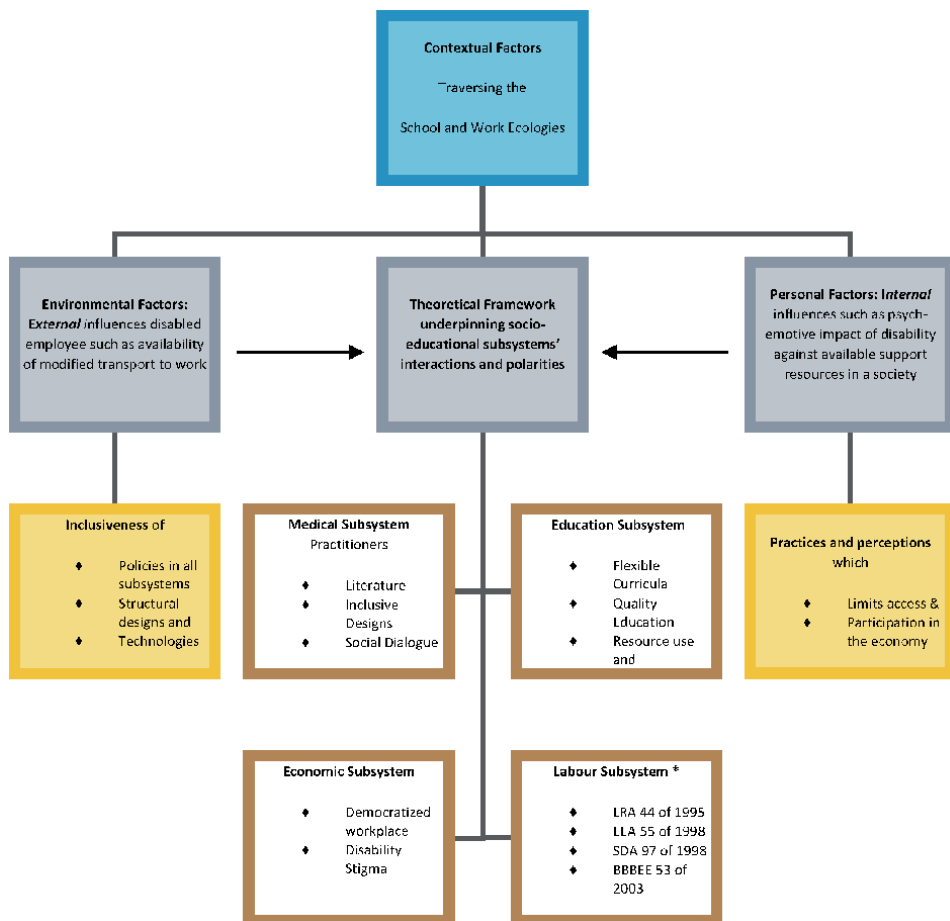


Figure 1. South Africa's disability context as a socio-educational subsystem.

1998), as an umbrella policy covering the LRA 44 of 1995 (Labour Relations Act 44 of 1995) SDA 97 of 1998 (Skills Development Act 97 of 1998) and the BBBEE 53 of 2003 (Broad Based Black Economic Empowerment 53 of 2003).

In consideration of the diagram above, the ILO's *School to Work Transition* programmes [6–8] strongly agree with the WHO's *Classification of Functioning, Disability and Health* document [5], in demonstrating the social ecological subsystem to subsystem interaction according to the relationship between the environmental and personal factors impacting on the well-being of a person with a disability. With insights from international literature, a culture of democracy can be cemented from within the classroom through to the post-school contexts of job search and successful job entry via both productive and decent employment or workplace contexts. School curricula contents which are transparent enough to cover social inclusion aspects such as (a) getting to work through disability-friendly transportation infrastructure and (b) working in a reasonably accommodative place, are ideal examples of a democratic classroom culture. Who else except the teacher to determine the shape and design of any day, a week or a term's lesson plan format?

A cascade from the international (ILO and WHO) to the country-level is necessary. It is a step-down narrative indicating the laws that South Africa has availed in its quest to fulfil the global mandate to address long-standing human rights issues, such as perceptions and visible trends affecting the disability social subsystem. Hopefully, vibrant collaborative engagements within classrooms through the post-modernist teacher, could possibly assist, accelerate and sustain the re-shaping of South Africa's inclusive education terrain. The notion that democracy can never be separated from politics as it has strong social development foundations. Certainly, classrooms remain politicised not by accident, but by virtue of children, openly or subtly carrying the burden of society into classrooms [9, 10]. Teachers who have a democratic mindset would strive to entwine human rights or legislative literature contributions from other countries during their normal classroom lessons, thus fulfilling their citizenship moral obligation to address future discriminations by default, intention or through ignorance in the workplace as future adults.

While numerous RSA labour laws are availed only four (as listed above) are highlighted by this chapter as forming both the conceptual and operational crystallisation of the socio-educational contexts to which teachers should expose future citizens. Paulo Freire's notion of critical value of participatory community engagements should be naturalised. Authentic interactions by social scientists or politicians through spending more time in natural surroundings of societies could intensify the success of legislative frameworks intent to empower them [11–13]. The aim of these laws is to create an equitable balance between the socio-educational factors, reflective of challenges facing contemporary South Africa. While delivering the prescribed curriculum in South African schools, it would indeed be highly enriching for a teacher to democratise the classroom context, thus equally navigating through the inclusive education terrain. School-based scenarios focusing on two critical labour laws relevant to this disability empowerment and equality are discussed extensively below.

2.1 Legislative guidance to enhance workplace disability contexts

A culture of democracy becomes implanted and realised when issues revolving around empowerment and equality, are casually discussed in the classroom or become enmeshed in the lesson by inviting other social subsystems through an intensive review of relevant discourses. Naturally, a teacher with a democratised mindset can expose learners to or request them to search the internet in obtaining

laws meant to promote decent workplace integration and reduce polarising trends, such as South Africa's Broad Based Black Economic Empowerment Act (BBBEEA), no.53 of 2003 and the Employment Equity Act (EEA), no. 55 of 1998 [1, 14].

Two scenarios are discussed to relay the crux of these two labour law pieces.

Scenario 1: Creating a culture for economic empowerment through democratic classroom practice: A teacher with a democracy education mindset should strive to recognise discourses relating to South Africa's economic empowerment issues regarding disability populations' decent participation on the economy.

For example, the BBBEEA, was designed to address economic inequalities of the past by broadening the country's economic base thus accelerate growth, job creation and poverty eradication. This policy had to be broadened to economically include the historically disadvantaged citizens, namely black people, people with disabilities and women. White women and the Chinese population now qualify as designated population groups covered fully by the BBBEEA Act [14, 15].

As a follow-up example, certain scholars have harvested data which validate that numerous job creation initiatives currently exists in South Africa; through empowerment deals and public or tender contracts [16]. They have pointed to how these opportunities are found in the resources sector (mining, oil, gas and paper), the financial sector (real estate, life insurance and banks) and the industrial sector (general retailing, software and computer services and construction). In terms of the range of employment opportunities to democratise workplaces by creating and sustaining accessibility amenities available in South Africa, teachers have a duty to both verbalise and simulate classroom contexts showing how the same data relate to the plight for a visible democratised empowerment of capable citizens with disabilities. Crucial to research upon, is the presence and practice related to Agenda 2030 across all school subjects - this is so that today's learners, as future employees and employers should find it easy to collaboratively engage, create and spontaneously sustain democratised workplaces. In this way, the forthcoming 2030 milestone assessment will harvest data, reflective of socially just and reasonably accommodative workplaces in South Africa [2].

The most fitting pedagogic approach would be to pose explorative questions to students via a design of an inclusive lesson plan. Two critical questions could be shaped to inquire about the relevance of the measurable level or visibility of an enabling participation criterion in the job market. The first one could be: *Does the job market in contemporary South Africa allow for normalised access for the educated job seeker from a population with a disability, especially based on racial background?* The second question is based on the awareness level of the existent workplace accessibility amenities to create and sustain decent employment avenues and job creation opportunities by the disability population group, offered by the BBBEE Act. Irrespective of the variety or depth of answers provided by students, the crux of these questions would expose these learners to the historically sensitive supremacist dual stereotype of race and disability. The apparent or hidden stigma attached to being excluded on the basis of skin colour and physiological (dis-)ability certainly delivers a gruelling internal or psychological blow to an "able bodied" student requested to simulate a role of a wheelchair bound job seeker, of any racial population. Secondly, having taxi fare does not equate to an accommodative transport mode in all cities or towns for wheelchair bound citizens, embarking on job search trips. A variety of classroom-based assessment activities could be availed if teachers formalise forum discussions as a pilot stage of formulating inclusive lessons.

2.2 Evaluating employment equity legislation towards the 2030 milestone

In the contemporary South African context, there exist numerous legislation meant to promote equal opportunity of participation in the economy, especially through productive yet decent workplace and economic empowerment. Furthermore, fundamental role of South Africa's Employment Equity Act No. 55 of 1998, amended 2008 (EEA) has been entrenched as part of the basic education curriculum through the subject Business Studies. The impact of Agenda 2030 is thus ideologically present in South Africa's classrooms when a democratic culture becomes idealised when decent future workplaces are well-resourced to accommodate contexts of disability by having accessible amenities. Institution to institution engagements best display a harmonious atmosphere of collaboration when the current teacher engages the current employer/workplaces, thus constructively contributing towards the national benchmark of measuring and entrenching *reasonable accommodation*.

According to the Department of Trade and Industry's Codes of Good Practice within the Broad-Based Black Empowerment Act 53 (2003), all enterprises in South Africa should be BBBEE compliant [14]. When compared to Part 1, the authors present Part 2 to demonstrate how compliance should refer to meeting *visible* specific criteria which serve as a compulsory certification for the enterprise to enter into business with any state-owned-entity. Simply, employment equity policies in the workplace should be visible in job adverts inviting capable citizens to apply for work.

Scenario 2: Promoting a democratic culture of employment equity through inclusive lesson planning:

The government, as a social subsystem mandated to plan, popularise and monitor legislations should always guard against becoming an agent which unintentionally creates socio-economic contexts which delimits or polarises opportunities for certain population groups. Teachers have a critical role to play when they (re) image classroom lessons to idealise decent, disability-accessible workplaces of the future.

Simulations are an inherent aspect of assessment activities in South Africa's basic education subject, namely, Business Studies [15]. Sustaining such type of classrooms, pro-decent workplaces, role play scenarios is a valuable variable to monitor and evaluate a country's collaborative engagements efforts between institutions, such as schools, labour unions, disability rights advocacy groups and workplaces/employers. The EEA should become a vital vehicle to promote equality through equity, to cement a culture of democracy in the classroom, specifically to accommodate the disability population as a social subsystem. A user-friendly guideline booklet provided by Tinarelli could be used by democracy-minded inclusive education teachers to orientate themselves with the landscape of reasonable accommodation for the people with disabilities [17]. Ensuring employment equity in the USA while neglecting to invite the participation of private social diversity programs makes not much of a difference to *affirmative action* progress, especially if citizens do not perform actions which promote these policies [18]. Modern teachers should realise that they are influential citizens by virtue of having a daily audience of future citizens.

By inviting the Employment Equity Act No. 55 of 1998 EEA, the democratised teacher could possibly contribute towards a vibrant classroom lesson and in the process, re-image highly enlightened future adults in the area of social responsibility, as employers and colleagues. Once more, through simulations in the classroom, teachers with a democratised mindset would be assisting the government to shape future citizens who are not just educated but are also empathetic towards the needs of

historically marginalised populations. By merely thinking about your impact in the future, makes you a postmodernist. For instance, a teacher with a democratised mindset stimulates classroom settings designed to ascertain the rate of the *employment equity* trends, whilst embracing contemporary African values. African societies refer to spontaneous collaboration among neighbours as Ubuntu. The Prevalence of *Ubuntu* is most observed, firstly, and occasionally - the sharing of parables or *ditshomo* in Sesotho language which enriches the relationships between the young and the old, with the purpose to disperse wisdom [19]. Secondly, and as events occur, neighbours spontaneously pool together their material resources as a gesture of charity to benefit those befallen by both minor and huge disasters such as a funeral. An African stance of *ubuntu*, becomes operationalised or visible when both the private and public sector employers ignite an aura of neighbourly by narratively inviting, critiquing and magnifying inter- or multi-national constructive events and good practices to reasonably accommodate the historically vulnerable, yet economically active population cohorts. Earlier, **Figure 1** highlighted both the external and internal socio-educational polarities traversed by qualified job seeker citizens with disabilities. Hopefully, a re-direction of the curriculum to fully embrace inclusive education when workplace employment equity simulations in modern classrooms could prevail, thus contributing towards an ideal pathway towards the Agenda 2030 milestone [2].

2.3 Collaborations between the education and labour subsystems

To gain transformative traction towards achieving the Agenda 2030 milestone, both educational institutions, entrepreneurs, labour rights unions, disability rights advocacy groups and business corporations should establish and sustain collaborative engagements as soon as possible. Teachers are identified as the most relevant catalysts to entrench a democratised culture of sustained collaborations which will persist beyond the classroom when the once young learners are now leaders of industry in the next decade - towards the year 2030. Both lecturers and researchers (as knowledge producers and influencers of societal change) have a valuable role to play with regards to how they collaboratively engage the teachers in-training from year one to the year of graduation. Hence, a default inclusion of concepts such as economic empowerment, democracy, social justice, equality, affirmative action, employment equity and others in a lesson goes a long way to indicate a re-curriculum mindset and a democratised classroom practice. The year 2000, was the official launch of Outcome Based Education (OBE) in South Africa and it coincides with the year when Education White Paper 6 was distributed [20]. Through OBE training initiatives via the Department of Education, a teacher was only issued the official learning programme guidelines, national learning outcomes and lesson objectives per subject. The teacher in turn would design an entire annual lesson programme according to own his/her teaching approaches and skills. Aptly, this was a seed of a democratised schooling system, where the same subject across two schools, would differ on the basis of responding to the diverse and thus special circumstances for each learner as well as for specific community needs. The paper intensive OBE curriculum as it was labelled by the South African teacher fraternity, was perceived by teachers as an unnecessary administrative burden. OBE created democratic scenarios within classrooms, and the most creative teacher identities one has ever encounter since apartheid years. The OBE curriculum was however found to be both irrelevant and inadequate for the South African context and replaced by the National Curriculum Statement (NCS) in 2004. Therefore, any discussions of ways to accommodate learners with disabilities in mainstream South African schools are also essential to the democratisation of education virtue to make *special needs analysis* not just an inclusive education policy ideal but a visible act to embrace diversity in the present.

A clear philosophical distinction should be drawn between the two socio-educational context terminologies used hereunder. The first context, *system* would denote the official enterprise to plan and implement the *official* curriculum; which is a centralised duty of the government subsystem represented by the Departments of Basic Education and Higher Education. Whereas, a *mindset* stands for how a teacher relates to her surroundings, and shapes her approach to *pedagogic* content of her subject to reflect current, probable, delayed or future realities impacting on her classroom as translocated from the wider community. Accordingly, collaborative engagements should depart from the conservative tradition of teachers awaiting a cue from a specific official document to promote and implement curriculum; wherein officials will also visit the school to monitor delivery of the proposed curriculum. Unfortunately, inclusive education curriculum in South Africa has refused to take off in an official sense within or via each school subject as visiting government and Department of Education officials tend to focus curriculum pace challenges within specific subjects, not on the learning acquisition challenges vis a vis learner with special needs database and recommended or innovated remedial avenues to mitigate these inclusive education delivery events. Hence, a postmodernist teacher has a professional duty to disrupt the dominant and traditional view, by reflecting on mitigating circumstances in order to create and sustain inclusive classroom-based learning contexts. Therefore, disability in the special needs education sector require highly modified classroom settings. Segregated educational offerings according to racial classification has made it easy for South Africans to easily accept that: “*learners with disabilities are different*”. When the ideals of acceptance are entrenched within teachers’ lesson plans it would become a spontaneous opportunity for an authentic interaction with individuals with disabilities to occur, thus making transformation very possible. Unfortunately, the Education White Paper 6 has promised to evaluate the impact of its two decades of promise, to determine if indeed praxis towards a democratic culture iconic of inclusive and transformative teachers, classrooms and schools became an achievable reality by the year 2021. Certainly, the possibility of achieving this ideal, lies with the discerning social scientist-lecturer too, whose community engagements plans, and praxis are designed to reflect a genuine Ubuntu approach to inclusive education for it to become democratised.

Inclusive education delivery should be alive in every classroom, through every subject. The teacher’s innovations of lessons to integrate democratic education is an immeasurable contribution towards a socially just future. Innovative classroom lesson alternatives remain available when a culture of discussions on past and current affairs is sustained between teachers across different subjects. Also, reflecting on the future path towards economic participation and empowerment of educated youth with a disability should be encouraged, by visibly democratising mainstream school settings. The constant conscientising of prevalent stereotypes in both schools and communities should become an inherent intellectual trait of a teacher, in a contemporary inclusive education context. Across all subjects, ideal neo-inclusive education teachers would expose learners to the basic tenets of a democratic world of work, such as the transparency of policies, equal opportunities for promotion, respect and elevation of population diversity as a demography within the traditional workplace’s three levels of management.

Contextualising the value and application of these laws in the post-school workplace or job search environment, proposes that a physical sciences teacher, just like the history teacher should prepare future citizens to have a lucid conscience about how a democratised engagements based on an ethos of empowerment and equality should look like. As professionalised citizens, both teachers, at work and in training should be intellectually and morally bound and stimulated to contribute effort and skill in creating a visible and vibrant democratised culture of promoting disability

self-empowerment through critical dialogue forums- these efforts are to reduce both obvious and subtle stereotypes and inhumane practices. Visionary teachers are sensitive to societal issues which accentuates both the educational rights and economic participation efforts of historically marginalised populations. Fundamentally, an apparent lack of a culture of democratic engagements on issues pertaining to disability rights has to necessitate a revivalist voice or a reshape mode of the South Africa's inclusive education context. Teachers who are visionary inclined tend to undertake a neo-inclusive education lens on discourses pertinent to a democratic political setting. They intend to entrench both empathic and authentic democratic role-playing traits as the education and training service providers, specifically in-service and pre-service teachers. Gradually, these teachers become a valuable human resource vehicle and asset in the creation and sustenance of meaningful inclusive education curriculum delivery and visible diversity promotion in South Africa.

Certainly, the socio-educational challenges confronting teachers often hamper their effort to deliver good academic results and address perennial failure rates. A psycho-educational element is apparent here via students who suffer mental depression due to the burden of unknowingly carrying these social issues with them to the classroom, from a few months to sometimes years. When we openly ignore or passively chastise these societal issues, we promote an aristocratic societal approach. The blatant or innocent stereotypes we hold to ourselves harvest a polarised society where a chasm of *we and them* becomes traditionalised. In lay terms, we are sub-consciously saying we are better off than others or privileged enough to consider their problem as also ours. Engage with the insert box below:

How would you advise a democracy-minded teacher to respond to diverse socio-educational situations? Consult *A Case in Context X* provided below, iconic of serious challenges standing in the path of creating and sustaining a culture of democratising the inclusive education landscape in South Africa.
HINT 1: Lesson planning or design cannot remain rigid but has to be flexible to accommodate specific or generic issues and contextual challenges.
HINT 2: Autocratic and oppressive stereotypes regarding school-based or workplace-based contexts of disability can also emerge from figures of leaderships such as subject heads and principals – posing as a challenge to the ideals, plans and actions to democratise the school's culture.

Reflection Box 1.

(Please visit Scenario 1 and Scenario 2).

A Case in Context X - Disability-specific socio-educational issues impeding on the transformative path towards Agenda 2030 milestone.

“At least, I am not the father of that crippled child. I would have found him a special needs school or home-based education service instead of facing the humiliation of being wheelchair-driven to a school for normal children”.

This case study is targeted at the student/teacher-in training and as well as in-service teachers (school visiting officials and school-based teachers) to work as collaborators within the educational services sub-system. Afterwards, learners in the classrooms will have a lesson planned according to the same teamwork setting.

As a team, via cellular phone-initiated social networking or face-to-face focus group settings - they are to *de-contextualise* the scenario above, from entrenching discriminatory trends towards a country or institution's journey on its Agenda 2030 milestone:

1. How will we respond if the owner of the statement above is either a school principal in a mainstream school or is a manager of a large corporation?
2. How best to debate and repel the potential future workplace stereotypes and stigma which will be attached to any job seeker or employee having a disability?

By virtue of being specifically trained and educationally qualified in a child-oriented career, teachers become both the moral and official custodians of clients they interact with in the classrooms. It is shocking indeed, to realise that the de-humanising phrases above; although simulated, could reflect opinions of teachers who were not given a developmental platform (training) to orientate themselves with issues translocatable between schools and communities. Hence, inclusive education knowledge production and dissemination with focus on disability, should become equilibrated for the benefit of both the intransigent or innocently ignorant teachers and citizens. From contexts above, readers will certainly discern between dialectics which represent either a hostile or oppressive engagement versus liberating or collaborative engagements. To counteract both the seemingly and openly oppressive nuances and practices, the authors of this chapter strongly believe that since the social sciences discipline of postmodernism is all about embracing diversity of progressive and transformative and liberating ideologies and praxis – what was once de-humanised or treated inhumanely throughout history can be re-humanised through the philosophy and praxis of Ubuntu. The discussion below will demonstrate this aspect.

3. Ubuntu as a fundamental basis for collaborative engagements

Various scholars use the term ‘*ubuntu*’ to donate a human quality, African humanism, a philosophy, an ethic, or a worldview that encapsulates a belief in a universal bond of sharing that connects all of humanity. Ubuntu or Africanisation of institutions’ governance systems can bring transformative outcomes to benefit citizens within the historically marginalised population groups. Aptly, the noun ‘*ubuntu*’, belongs to a group of Nguni dialects. It loosely means “humanity”, yet it richly signifies and promotes a visible sense of political collaboration between members of a community [19, 21–23]. When a policy is debated and voted upon, it gains popularity thus operationality through a majority vote, the political collective becomes entrusted with the political custodianship of societal progress. In Sotho dialects *ubuntu* it is called ‘*Botho*’. The root word is ‘*umuntu*’ or ‘*motho*’, meaning human. Across both dialects, a popular adage is *Umuntu ngu Muntu nga Bantu/ Motho ke motho ka batho* –these words mean: A human becomes a being through other human beings. It is often translated as “*I am because we are*”, or “*humanity towards others*” or translated as ‘*a person is a person through other persons*. When one considers the fundamental basis for establishing a democratic culture in either an institution or country, all members deemed matured are given the eligibility to participate in a voting electoral system as to maturely compete in choosing another human being to become a leader. In contrast, in both autocratic and aristocratic institutions or states, the position of leadership is not determined by the fundamental rule of proportional representation, but through a coercive or lineage system.

Ubuntu is a comprehensive ancient African world perspective based on the values of humanness, caring, sharing, respect, compassion and associated values [24]. Therefore, in optimally supporting people with disabilities, democratic educational settings should equip students with values such as honesty, integrity, tolerance, diligence, responsibility, compassion, altruism, justice and respect, which are deemed necessary for a post-apartheid South African dispensation [25, 26]. For a democratised socio-educational framework of empowerment and equality to exist, the *Decent Work Agenda* (DWA) programme for youth has to be visibly engaged by the postmodernity minded teacher in an inclusive education setting [6–8]. Recently, South Africa’s government subsystem hosted ILO country-

members at the city of Durban to discuss and monitor recent DWA trends for youth. When democratising the inclusive education landscape, the context of disability would assume a socio-educational shape. As both a medical and social condition, it should be thus understood that accessibility and barrier confines are not purely intrinsic (deformity-related) or within the person with a disability. Accordingly, these barriers are extrinsic, and part of environmental constructs too, as represented by the school and work ecological settings which individuals with disabilities have to traverse in the quest for economic survival via decent employment. These environmental factors influence the participation of this person in life activities by being fully, partially accommodative or totally not being *reasonably accommodated*. Certain scholars agree that the African ethos of *Ubuntu*, or *humanness*, richly recognises empathy as a communal trait [27, 28]. In an ideal community functioning within the tenets of Ubuntu, where sharing resources and emotional conditions is envisaged; marginalisation and exploitation of citizens with a disability would become visibly and tackled dialectically emancipatory fashion to promote advocacy initiatives geared towards achievement of most if not all of Agenda 2030's targets.

3.1 Ubuntu-ism: From a philosophy to sustainable praxis

In this subsection of the chapter, we will attempt to assert the notion that any reference to Ubuntu remains purely and mainly ideological, especially if there is no follow-up planned actions to justify why transformation is essential. Maodzwa-Taruvinga has written extensively on a decade in which Jansen's ideology of how a progressive thus inclusive curriculum should look like for a genuinely democratised schooling system, to be created across all schools, in all of the nine provinces of South Africa [29]. Recently, Jansen has played a highly influential social justice role in aiding to democratise the inclusionary classroom practices and school leadership by promoting collaborative engagements between the corporate sector, teachers and school leaders [30]. In consistently successful attempts to re-shape contemporary South African schools, Jansen's praxis of Ubuntu - as legislatively entrenched in the Constitution of South Africa's Corporate Social Responsibility (CSR). As a Vice Chancellor at the University of the Free State (UFS) between 2012 and 2017, he has motivated the need for collaborative engagements to large corporations which have been operating in South Africa for more than 100 years each, in the mining and banking sectors. By the end of the year 2016, UFS reported that it has directly spent R50 million South African Rands or \$3,3 million US dollars, as the year 2021 exchange rates. The funds are spent across South Africa's academically struggling; by sending veteran curriculum experts as mentors who have been excelling consistently in their roles as either teachers or principals in the schools they once worked at (UFS-CSR, 2020). From 2012, to date UFS mentors travel to schools on a daily basis and become classroom or principal's-office-embedded for a 3-year project term [31].

ACTIVITY BOX

Visit YouTube to search for video-based stories relating to CSR collaborative engagements between institutions in your country, town, state, province, or district. **Ask yourself: WHY did this CSR project start? In WHICH year? How does it report about its impact and most importantly, HOW does it sustain its operations?**

Applying the praxis of Ubuntu in collaborative engagement approach as above reflects a pro-Agenda 2030 contribution between institutions at country level

namely, a university, schools, the DBE and businesses. To symbolise sustainability of valuable and transformative collaborative engagements, such Ubuntu engagements require intensive, critical yet progress driven approach. Certainly, a visible element of inclusive education through the sharing of intellectual resources trickled down between both rural and urban school settings. A moment of re-awakening through the case presented as context Y below, was experienced in the year 2020, by one of the authors of this chapter.

A Case in Context Y: Ubuntu as a cornerstone of a genuine democratic culture in schools.

Imagine a White middle-aged man capable to demonstrate how a multi-cultural society is best represented by striving to be multi-lingual at a school for learners with profound disabilities. Sharing the same shopping mall bench waiting for our spouses (myself being Zulu, proficient in Sotho), I (Duma Mhlongo) greeted the stranger sitting next to me – a White gentleman in the mix of both English and Afrikaans languages whom responded in kind. We had a warm conversation in both these neo-European languages until his phone rang and he went straight fluent Xhosa on the phone, shifting to Sotho. I immediately felt linguistically naked, both amazed and shocked. I had to interject: “Greetings Sir. With due utmost respect. How did you BEGIN to juggle two native African languages with so much ease and amusement?” He responded by saying that working with severely disabled children who struggle with the simplicities of life was an added inhumanity to burden them with a language foreign to their households? So, as a gesture of Ubuntu, he had to learn their home languages and relegate his own. Simply, going an extra moral mile to accommodate others is a genuine epitome of Ubuntu as a democratic culture.

It would be a prudent gesture for the readers to compare and to critically consolidate contexts X and Y presented in herein. Hostile engagements, which are difficult to evolve into actionable transformative impacts, seldom display a democratic principle of sustainability as the strongly opposing parties are bent on permanently disrupting one another’s vision and structures. In contrast, the CSR case study in this chapter’s **Reflection Box 1** indicated that it is for institutions to hold and sustain collaborative engagements through a shared vision and co-owned actions. These contexts were developed as a means to stimulate collaborative engagements to democratise pedagogic strategies or lesson plans and actions which are accommodative of diversity. To simulate workplace reasonable accommodation scenarios to tackle oppressive contexts of disability, a teacher has to think and behave beyond the demands of the current classroom context in any given day, week or term. Nevertheless, a teacher with ideals of postmodernity should never run out of solutions to create a vibrant democratic atmosphere. An ideal teacher should be technology savvy where she will access relevant discourses and documents to aid in shaping lessons which resemble visible inclusive education pedagogy. She does not have to leave the school premises, but can make virtual contact with the government as an ecological social subsystem, by downloading media and learning support material from the highly data rich Government Communications and Information Systems (GCIS) [32–34]. Therein, essential official papers such as South Africa’s Department of Labour’s *Technical Assistance Guidelines on the Employment of People with Disabilities* [26] and Office of the Deputy President’s White Paper on Integrated National Disability Strategy [35] could be studied thoroughly or in a relaxed, and innovated or modified approach to fit a discussion lesson in any school subject. To illustrate, forum discussions at teacher-to-teacher and teacher-to-student levels as to co-design and reshape lesson plans. Teachers as school-based leaders, can create classroom contexts which seek to balance the technical and the dialectical aspects of enhancing and sustaining democratic or accommodating future workplace setting for citizens from diverse disability backgrounds. You are requested to reflect on Part 1’s **Figure 1** to build both dialectical

and technical database of relevant concepts to engage collaboratively with pertinent Agenda 2030 issues.

Succinctly, the African continent has become a leading hub of information, commutation and technology (ICT), where teachers can reach out for help from anywhere, as offered freely by agencies such as the GCIS. Internationally, numerous open-network service providers such as *The Bulletin*, quarterly publication from Japan (<http://www.contactpoint.ca.jp>, 2005:1) could contribute neo-inclusive education material for free, specific to disability issues. Undoubtedly, the communal trait of Ubuntu via free access to social justice for disability discourses assists in entrenching a vibrant aura of democratised engagements in classroom settings at various educational settings. The educational services provision subsystem has been represented by leaders and academics from some of South Africa's higher education institutions, who promulgate the Africanisation of universities governance and curriculum. Earlier, Part 2 briefly discussed the how Nkoane, Steyn, Horsthenke, Le Grange, Pityana and Ntuli via their presented papers, dialectically contributed to an ideal of Africanised notion of socio-educational equity at universities [23]. Strong traits of Ubuntu were reflected in all these papers, thus promoting hope that a culture of democratised pedagogy would rub off on modern teachers-in-training at these universities. Putting **A Case in Context X** into consideration, it would show that community engagements plan by lecturers should strive to introduce students [teachers-in-training] to prolific veterans in-service or retired [just like the multilingual gentleman I met who is so valuable yet he has already left the system]. Indeed, there is hope that future teachers can become democratised through such exceptional interactions. In this way, setting up of collaborative engagements, become spontaneous by being easy to form, manage and thus sustain.

Through empathy, every educator should know that a rigid delivery of lesson content delimits the moral duty of mentally preparing students about the socio-economic challenges of the future. Moreover, the workplace's relationship with the disability as a social subsystem with regard to productivity and workplace access could assist in the failure to promote an authentic delivery of the curriculum, as designed and prescribed to mould future citizens. Indeed, democracy education should remain an inherent tool to re-shape how South Africa imagine its future. Teachers are attuned to the knowledge that students operate with, both the subconscious goal and overt aspiration of getting a formal educational qualification, to primarily undertake a desired career path and open doors to economically decent participation in the job market via employment. In contrast, post-school contexts avail further challenges, such as the strict and rigid demand for experienced job seekers who can educationally adapt to a modernised, digitally intensive workplace. Demands of the 4th Industrial revolution-ready job seeker would always mean that either job search or employment contexts for people with disabilities greatly compete with better educated youth. Historically, the contraction of economies leading to retrenchments is another unavoidable challenge which teachers of today should image as workplace simulations in their lesson plans as to enhance traits of collaborative engagements by stakeholders.

The identification and confrontation of community or societal issues which share strong connections with the formal educational environment, such as curriculum deliverables, either at primary or secondary school stages has become an inherent *by default* duty of the majority of teachers in South Africa. Numerous social issues such as poverty, invisible malnutrition, divorce, invisible first trimester teenage pregnancy, unemployment, being an orphan, HIV/AIDS, silenced sexual abuse trauma, illegal or prescriptive drug misuse and others usually become translocated into the classroom, and pose as a challenge to any teacher's

management of timeous and quality curriculum delivery versus learner competence academically. We should recognise that these issues unintentionally or subtly compete for space and time with the educational content which squarely lies on the shoulders of the teachers employed to successfully deliver it. On the whole, a polarised view of this situation is likely to stimulate a politicised outlook of contemporary South Africa's socio-educational context. While teachers are pedagogically called to shape future citizens through the delivery of pre-set learning material in a formalised setting, the burdens emanating from societies enter the classroom uninvited and forcefully reimagine the teacher's *surrogacy* responsibilities, thereby disrupting curriculum outcomes. Two alternatives abound. The curriculum-pace focused teacher may opt to become a silent visionary who has the needs and expectations of his duty given that he functions to satisfy the superiority value-adding figure of authority, by a drive to produce academic excellence above the obvious or suspect social issues sharing space and time with the children. To demonstrate, a geography teacher known for finishing the syllabus will focus more on the conservative didactic aspects namely, coverage of syllabus content, mastery of content, regurgitation of content and gross promotion to the next grade. The post-modern or democratised didactic aspects, such as disability category issues which challenge ordinary or normal academic attainment will become seldom accommodate. The likelihood is to view the student as the problem, not the disability issues affecting smooth learning or the acquisition of content.

In contrast, if he epitomises the Ubuntu-ist teacher in **A Case in Context Y** the curriculum-pace focused teacher may radicalise, thus transform it into Ubuntuism. In this scenario, the teacher's view of the modern classroom openly and humanely invite opinions and stimulate diverse responses of both lay and expert citizens at both near and wider communities' contexts. South Africa's Screening, Identification, Assessment and Support (SIAS) policy standardise procedures as to identify, assess and provide programmes for all students requiring additional support to enhance their participation and inclusion in an educational setting [36]. The SIAS document sternly promotes the notion of a teacher who plans and applies the principle of expanded opportunities, where each learner has the curriculum paced according to their diverse individual learning style needs, without compromising the whole-school conclusion of curriculum-pace. Unfortunately, the above ideal reflects the OBE administrative burden. The latter alternative represents the ideal teacher while being more political, she refuses to compromise the core business of the teacher to teach. She is political by virtue of recognising that formal teaching is entwined with the live of the community wherein the teacher was once a child- this in essence enforce this teacher to remain possibly alert not silent. Secondly, after work, the same teacher becomes part of the community which has entrusted her to shape its future citizens. Whether she chooses to just purely vocalise her concerns or opts to publicly attract opinions on the pertinent social issue through the principal's office, in the church meeting, via newspapers' editorial sections in national or regional tabloids, is realistically inconsequential.

Simply, the *where question* does not have to be geographic and visible first, but rather should become found and sustained at an intellectual place, for it to be labelled as vibrant democracy or postmodernity. At most, it might have to do with *where* as a country is South Africa compared to other countries in as far as the pace of its role and intervention programmes relate to the United Nations' Agenda 2030 for the achievement of Sustainable Development Goals. The crux of the moral matter is that the teacher has taken a radical stance, or publicised social platform to highlight educational challenges which hamper both curriculum delivery (the silent teacher's methodology) as well as social development (politicised teacher's view). Hence, this chapter aims to stimulate an argument which may be raised by readers

to magnify the distinct of prominent traits representing democratised versus aristocratised role playing. Worse, any country or institution's sustainability of collaborative engagements towards the year 2030 milestone can suffer greatly if any leader thereof subtly or openly opts for the autocratisation of operations by paralysing progressive policies designed to reasonably accommodate the historically vulnerable citizens. For clarity, please visit **Reflection Box 2** below.

Visit this website and take relevant content from it to include as part of your Assessment Activity.
<https://sustainabledevelopment.un.org/content/documents/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf>

Reflection Box 2:

Agenda 2030 milestone for sustainable development.

Disability, without focus on its type, intensity, prevalence or occurrence is regarded as a sensitive socio-educational context. If all these issues are ignored or permitted to sustain; teachers can become morally responsible for committing gross human rights violations, on an equal basis with the wider societies who might have observed, yet not acted drastically on these troubled children's unintentional burden. Succinctly, the authors of this chapter envisage readers to understand the concept of *socio-educational re-education* from this stance. A democratic approach to address critical human rights issues by societies as well as professionals within the school settings or receiving tertiary training to become teachers, is considered to be well suited to a collaborative effort as a means of empowering people with disability through the creation of a dialogical atmosphere of equality. After two decades (1994–2014) of South Africa's journey into becoming an ideal democratic state in the African continent. Recent socio-educational research on legislative efforts towards the development of both a solid and visible prisma to protect and promote human rights of citizens with a disability has pointed to a dearth of reciprocating actions among concerned stakeholders.

The hope therefore, is to idealise future interactions wherein employers and employees would be sensitive regarding which social trends would emulate harassment or the marginalisation of certain population groups and thus guard against being perpetrators by ignorance. One the best ways to solidify a culture of democracy within the conscience of future citizens is by making classrooms visually and verbally sensitised to issues relating to disability. Modern teachers should stimulate a sustained atmosphere of inquiry as to how students as educated adult citizens should raise questions and seek responses which could shape the future ideals of empowered communities.

4. Reflections on the future of empowered citizens with a disability

A democratised teacher should openly cherish the vision of an educated citizen who could contribute ideas, visible effort and emotions to shape the future on how society should normalise or modify opinions, beliefs, policies, facilities and infrastructure for the population with disabilities. The job seeker who is educated with a physical disability could possibly be supported in a more constructive manner, especially in class situations where democratic education is upheld. Being sensitive to the notion that disability is unpredictable and its severity and onset can affect any citizen in the future. **Case Study 2** below, is highlighted to stimulate innovative ideas and discussions on the re-education of a democratised teacher with a post-modernity mindset, against the conservative-immediate academic goal driven teacher. The case studies to follow, are discussed against the backdrop of Mhlongo and Alexander's research studies in 2013, wherein contemporary South Africa's

socio-educational landscape was found to represent a fragmented relationship between various prominent subsystems [37]. The following research findings reflected the currently fragmented employment equity context:

- The young and educated job seeker with a disability showed great motivation to seek decent employment and contribute towards a productive workplace.
- Inadequate and non-existent monitoring and evaluation of employment equity trends and legislative frameworks in the workplace vis a vis the EEA's Section 6 [1]
- A great dearth of print job adverts which failed visually, to attract educated people with a disability meant majority of South Africa's workplaces do not display a democratised atmosphere to reasonably accommodate job seekers and potential employees from diverse vulnerable population groups.

The first scenario, **Case Study 1** reflects the traditional teachers' probable or simulated contribution towards the perpetuation of a polarised future. **Case Study 2** represents the ideal inclusive education minded teacher.

Practices and perceptions which limits access and participation in the economy, tend to create dualized barriers for the disability population of job seeker. Mhlongo and Alexander [3, 4, 37] have noted that while all educated young people struggle to find employment; the notion of disability and normal prolonged job search doubles the effort to secure a job or acceptance into a decent workplace. The unperturbed or apparent negative attitude against people with disabilities as unproductive; by the future employer (let us say, by the year 2019) who received little or no democracy education in the past (during the year 2015) is the greatest socially unjust influence. With certainty, the departure point of this chapter would also put the blame for the supposedly educated employer, squarely on the shoulders of the modern teacher. This would be a teacher who misconstrued the objective of the prescribed curriculum, by equating it with a quest for excellent academic results instead of reducing unjust future human rights practices.

Tips for Transformation into a Democratised Teacher:

- a. How can learners become sensitised to possible classroom barriers relating to disability?
Suggestion 1: Familiarisation with the Education White Paper 6 policy document and SIAS document for classroom inclusion instruments.
Suggestion 2: Form a group discussion for Recommended Reading 2
- b. How to set a democratic culture within a school where all learners are represented?
Suggestion 1: Form a discussion forum wherein the group brainstorms values and attitudes which impede and promote workplace participation for people with disabilities.
Suggestion 2: Visit Recommended Reading 8

Case Study 1:
The traditional teacher.

Now, compare **Case Study 1** with **Case Study 2** to help you shape objective outcomes from your discussion.

(Also view **Table 4: The Influence of Fundamental Human Rights on Modern Legislative Framework**; in the chapter titled: *Creating a Democratic Culture in Managing Classroom Contexts of Disability – PART 1*) Alternatively, the *inclusiveness* of policies in all subsystems such as the monitoring and evaluation of structural designs of buildings and neo-disability functionality technologies could become a vibrant part of a graphic design and construction engineering lesson in a school. Having a policy on disability sensitivity being actualized, where ramps are built to reasonably accommodate learners, visitors and

teachers using wheelchairs; fittingly represents this democratic ideal. An inclusive school would practically contribute in creating a future world which would reflect the mandate of the ILO and WHO, as envisioned by the social justice aura found in

A question to consider:

>Which critical values and attitudes can be selected by the schools and the broader community to shape a policy on disability sensitivity?

Suggestion 1: Propose an action plan wherein you debate the essential human, financial and infrastructural resource needed to operationalise the policy, i.e. building material and labour costs.

Case Study 2:

The postmodern teacher

Being in the position of a person with a disability you can use a wheelchair for a while so that you get the feeling of disability reality and become sensitive to the challenges faced by these citizens. Authentic engagements concerning contextual factors for both personal and environmental influences; impacting on the daily live experiences of a person with a disability. South Africa's disability context as a socio-educational subsystem from being a mere theoretical diagram towards becoming a rational reflection of the realities and complexities associated with disability. Where assets for youth development are lacking the community should develop dialogue and device self-help projects [38, 39]. After two decades, the Standard Rules on the Equalisation of Opportunities for Persons with Disabilities social justice proposal, could be accelerated if modern teachers carry the torch of a democratised view of critical classroom interactions synonymous to collaborative engagements as an essential community asset to promote disability diversity [40]. An ideal democratised inclusive education context ensures self-help mechanisms should be designed with innovation from the assets that the community has; instead of always looking at the government as a social subsystem only for assistance. We can lament that governments, such as South Africa are neglecting their social justice mandates, while we do our little bit to address modern social concerns through sustainable collaborative engagements.

5. Conclusion

Running across the entire chapter, discussions focused on sustainable collaborative engagements as a social sciences suggestion, to pave a successful route to achieve all the Sustainable Development Goals. The chapter aligned with the postmodernist vision of availing self-help techniques, such as critical dialogue and resource innovation for decent economic participation in the future was discussed within the philosophical realm of the social ecology theory. In contrast to the internal-psychological trait of learned helplessness by being a discouraged job seeker or passive to stigmatisation, the modern mainstream schooling system should legislatively and morally bind teachers to be visibly democratised through neo-inclusive pedagogic strategies. To have a successful journey towards reaching the United Nations' Agenda 2030 milestone for creating and sustaining transformative contexts of disability on the workplace of the future, this chapter emphasised that school management and the classrooms settings should remain one crucial and vibrant community outlets. To stimulate the reader's critical thinking and the teacher of today's inclusive lesson planning and actions, numerous reflective boxes and assessment activities were developed as part of discussions across this chapter.

ASSESSMENT ACTIVITY

FORMULATE PROPOSAL TITLED: ‘SUSTAINING DISABILITY RIGHTS ADVOCACY AS A RESPOND TO THE AGENDA 2030 MILESTONE’

Assessment Guideline: To determine your competency in the application of inclusive education **terminology** and **design** of inclusive classroom lesson planning, with the objective of democratising future workplace contexts to accommodate citizens with disabilities.

- Open and study the website link in **Reflection Box 2**: Use some of its relevant details to enhance your dual approach
- Consult the glossary below to address future disability issues

1. **ASSESSMENT THEME:** Socio-Educational Taxonomy of Disability Issues

Assessment Objective: You are expected to academically demonstrate an *intellectual* capability to distinguish between acceptable and discriminatory social trends towards people with a disability in both educational and social contexts. A scientific approach is thus strongly recommended with an introduction, body, conclusion and bibliography.

Research and Debate: The classification (taxonomy) of thoughts and actions which citizens *purposefully* exhibit regarding disability issues. These are represented by the terminology which symbolises unfair, unjust or discriminatory tendencies towards citizens with any form of disability. The democratic ideal; which is the opposite of discriminations based on disability; contains terminology which promote acceptance and fair treatment of the historically disadvantaged populations or citizens. Please familiarise yourself with these concepts through internet or library research and conduct informed or inquisitive debate platforms with experts, as well as teaching and student mates.

Reflect: Both **Case Studies 1** and **2** synergises with **A Case in Context X**. Here, the aim is to address the pedagogic dilemma posed by traditionally generic lesson plan designs which homogenises every child in a classroom. Reflect on contrasts between the traditional and postmodern/inclusive education lesson templates.

Reflect: Visit Case Studies 1 and 2 which intentionally overlap with Scenario 1. The pedagogic objective is to stimulate self-interrogation by the teachers in training or in practice as to which ideal they would like to visibly inculcate in their present classrooms and its desired future actions of learners.

To Do: Write a 300–350 words proposal, wherein you use **at least eight** of the terminology below to make a convincing argument in support of Citizen Y’s plight. Motivate why Citizen X should visibly treat job seekers and employees with disabilities fairly. Also, formulate a **glossary** of your eight chosen concepts at the end of your essay.

1.1. Ability supremacy mindset	1.10. Employment equity
1.2. Affirmative action	1.11. Historically marginalised population
1.3. Capability stigmatism	1.12. Mindset modification
1.4. Decent work policies	1.13. Modernism versus Postmodernism
1.5. Disability rights advocacy	1.14. Participation limitations
1.6. Economic empowerment	1.15. Population Diversity
1.7. Economically active citizens	1.16. Reasonable accommodation
1.8. Employment equity	1.17. Resource modification
1.9. Economically active citizens	1.18. Workplace stereotypes

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Citizen X: Exploring Connectedness and Engagement: Among Engaged Youth - An Existential Analysis

Diann Cameron Kelly

Abstract

What value do we place on *being* engaged? Civic engagement connects us to social institutions that enhance well-being, self-worth and quality of life satisfaction. Yet, for youth (ages 18–22), there exists the phenomena of civic engagement in spite of isolation, lack of skills or discrimination. This article explores the explicit and implicit meanings of civic engagement among our youth, and the elements needed to achieve meaning in their lives – even through civic engagement. This analysis explores the interpretation of civic engagement among youth, and the individuals who present as connected and engaged. Forty individuals were surveyed with 18 comprising the youth group (ages 20–22). The results show the types of civic duties they participated in and the relationship to their satisfaction with their quality of life. It is believed that the respondents who presented as most connected and engaged were those who were saturated with strong civic messages pre-adolescence. These individuals presented a strong sense of hope, a conscious choice in serving others and a strong sense of community that are central to existential theory.

Keywords: civic engagement, existential meaning, connectedness, efficacy, civic commitment, political affiliation, volunteerism, voting, philanthropy, minority, minorities

1. Introduction

Civic engagement is an indicator of one's connection to society [1–6]. More than one's level of volunteerism and voting practices, civic engagement is social, emotional and financial participation in civic life to positively influence the future of the community through shared governance [1, 5, 7, 8]. Civic engagement constitutes a range of activities, such as voting, volunteerism, association membership or political and community activism, that strengthen participatory democracy [1, 7–10]. However, civic engagement also involves an individual's commitment to the common good as well as a sensitivity or empathy to positive social change [2–4, 9, 11].

Through the explicit practices of voting, volunteerism, and association membership, civic engagement enhances one's feelings and perceptions of citizenship [2, 7, 8, 11–15]. Engagement allows individuals to develop a greater sense of

community as extensions of their diverse civic identities [4, 16, 17], and emphasizes an individual's social connectedness, social integration and influence in self-governance as depicted by their civic commitment, political affiliations, and external efficacy, or belief that one can make a difference in society [2, 3, 9, 11, 12, 15, 18].

This article explores both the explicit and implicit meanings of civic engagement among young minorities. A qualitative analysis, the article presents findings that are theoretically driven by an existential perspective of freedom, choice and self-discovery through *being*. This exploration concludes with a discussion on the meaning of civic engagement and the process of being engaged as it may be interpreted by young minorities.

2. Literature review

Civic engagement connects minorities to social institutions that enhance well-being and feelings of self-worth in society [1, 2, 7, 8, 19]. Yet, for minorities, there exists the phenomena of civic engagement and the will to be engaged in spite of racism, discrimination or marginalization [1, 3, 4, 18, 19].

Alienation, suffering, feelings of aloneness and estrangement from various aspects of society can diminish connectedness, hopefulness and one's self-discovery as an engaged citizen, especially among young minorities [3, 4, 18–21]. Individuals who may be likely to experience disengagement, social exclusion or alienation due to race, ethnicity or cultural background, may be less likely to experience social connectedness and civic engagement, be involved in civic activities, or able to positively evaluate the worth of their engagement [1, 3, 11, 20, 22].

For minorities in communities plagued by poverty, crime and sustained estrangement from mainstream society, aspects of disengagement abound [3, 10, 12, 20]. There is less voter turnout often in these communities, fewer member associations to promote volunteerism, and minimal political involvement to promote external efficacy, for instance [10, 11, 14, 15, 17]. In essence, these individuals, who have a great potential to being engaged in society, are more likely to believe themselves as and feel alienated from civic and political institutions [3, 10, 18, 20, 22].

However, social connectedness and civic engagement enhance hope and increase the likelihood that an individual feels included, understood and valued by society [4, 16], as well as feel a sense of confidence about their contributions to society [8, 11, 19]. From an existential perspective, being engaged decreases the level of inertia and feelings of aloneness and helplessness especially among our young minorities [19–21, 23–26].

Being connected and engaged has, in itself, a myriad of meanings for each individual [19, 21]. This will to *being* socially connected and civically engaged provides an individual with the ability to make civic choices, feel a sense of freedom, and evaluate those choices and feelings as they relate to a loss or gain of one's civic value to society [19, 21, 22]. An individual demonstrates external efficacy by acting on securing his or her future to shape its outcome through civic activities, association memberships, political activism and voting practice [12, 19, 21]. But when an individual struggles to find meaning or purpose in their lives, when he or she experiences worthlessness or even nothingness, this individual is thrust into an "existential vacuum," an existence Frankl [24] notes as a "state of boredom," or apathy and cynicism that can lead to distress, depression and aggression (p. 111).

There are, however, several elements that help us achieve meaning overall in our lives (**Figure 1**). Persons achieve meaning when they 1) achieve valued goals; 2) engage in inspiring activities; 3) perceive the world as fair (i.e. general social trust); 4) understand their own abilities and limitations (self-efficacy); 5) exhibit a level of

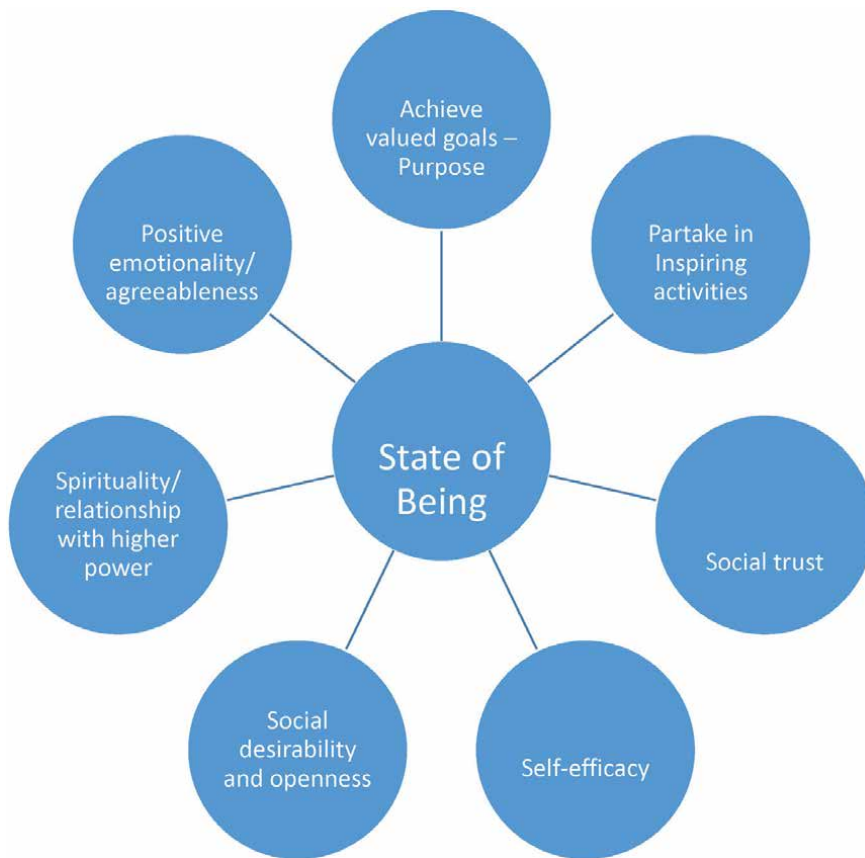


Figure 1.
Existential elements to achieving meaning.

social desirability and openness among others; 6) demonstrate some level of spirituality and exhibit a relationship with a higher power; and, 7) exhibit positive emotionality and a level of agreeableness [19, 21]. When presented in the form of civic meaning in the life of an individual, several civic indicators can be applied to this model to assist in informing whether an individual has achieved civic meaning.

Specific civic indicators serve as the focus of this article. These indicators are 1) *Commitment* – one’s level of commitment to their civic activities and contributions to the common good [2, 3, 12]; 2) *External Efficacy* – one’s level of external efficacy, or the belief that one’s actions have a positive influence on others and society [12]; 3) *Service Satisfaction* – one’s level of satisfaction with helping others and contributions to the common good [7, 12]; 4) *Political Affiliation Satisfaction* – one’s level of satisfaction with a political party of choice and/or one’s political activism [14, 15, 27]; 5) *Volunteerism* – one’s volunteer activities [4, 11]; 6) *Philanthropy* – one’s level of philanthropy and how one directs their resources toward the common good [8, 28]; and, 7) *Voting* – one’s voting routines [22, 27].

While voting, philanthropy and volunteerism appear to illustrate explicit meanings of the individual’s actual civic experience; commitment, efficacy, and satisfaction appear to describe implicit meanings of an individual’s connectedness and engagement [19]. It is the relationship between explicit and implicit meaning that helps to capture the depth and breadth of an individual’s connectedness to and engagement with society [19]. Thus, *being* connected to society and engaged as *citizen* is defined by the individual’s own existence.

3. Methodology

The purpose of the qualitative study was to explore social connectedness and civic engagement as interpreted and evaluated by minority young adults. According to Strauss & Corbin [29], grounded theory allows us to study subjects or areas we know little about. Grounded theory allows conceptual models to emerge from immersion in the field of study and data collection. This allows themes to become known that can clarify the area under study [29, 30]. While research exists that defines and measures minority civic and political participation [7, 12, 17, 22], grounded theory helps us further explore reasons for civic participation in specific activities and how these elements intersect among young minorities.

3.1 Research background, the study sample & focus group

This qualitative exploration emerged from a descriptive study on how participation in youth mentoring programs influenced educational outcomes and community service involvement [28]. The study consisted of economically disadvantaged minorities between the ages of 20 through 27 years, from communities throughout the U.S. – New York, California, Massachusetts, Texas, Louisiana, Ohio, New Jersey, Illinois, and Maryland to explore civic involvement and civic beliefs from adolescent through young adulthood.

The principal investigator returned to the original respondents requesting participation in an asynchronous, web-based focus group. The qualitative study consisted of a detailed, online survey that allowed respondents to present a reflective journal on their civic experiences from adolescence to young adulthood. These questions included “In looking back on your years of voting since turning 18 years of age, are you now more likely or less likely to believe your vote counts? *Please explain?*” Or, it included questions such as “How would you characterize your level of satisfaction with the service you performed? (Describe your satisfaction with what you do or have done in serving others?)”

Out of three initial mailings, only 29 respondents expressed an interest in being involved in the self-directed, intensive web-based focus group. Much of the contact between the principal investigator and the respondents occurred via internet-based interaction. Regular follow-up through additional mailings (a total of three) were required to ensure respondents’ reflective journals were completed. With attrition, the focus group consisted of 13 respondents.

3.2 Data analysis

Each journal entry was downloaded from the server and converted to a text file (ASCII format; .txt). The text files were transferred to Atlasti, a qualitative data management program. Coding of data occurred by coding each reflection according to questions posed. The reflections were reviewed for emerging themes such as degree of external/political efficacy; types of service performed by respondents; voting practices; and, satisfaction with political affiliations.

4. Limitations

There are several limitations within this qualitative study. First, the length and duration of the journal reflections were much longer than the principal investigator initially considered. The journal took, on average, two to three weeks to complete,

rather than the three days presumed by the investigator. Thus, the time factor was more of an investment for the respondents than initially intended. Also, the requests to participate in this study came within six months of the completion of the previous study. Potential respondents may have experienced fatigue, as the second survey was less direct (open-ended) and much longer than the first.

In addition to the length of the survey, technology may have also encroached on the strengths of this exploration. The qualitative study was particularly reliant on technology and web-based interaction between the respondents and the principal investigator. This required more than minimal technological skill of respondents to properly engage in the study. As such, it is unknown the degree to which an emphasis on technology prevented potential respondents from participating.

5. Results

There were thirteen respondents in the focus group. Four of the respondents were males and nine of the respondents were females (**Table 1**). The average age is 23.85 years. The median salary range is \$25 K to 30 K. Respondents were given pseudonyms.

	Age	Respondents' Gender	Current Salary	Current Field/Vocation	U.S. Region	Residential Type
Archie	22	MALE	<15 K	Customer Service	South	Urban
Ella	23	FEMALE	25-35 K	Business	Mid West	Inner City
Meris	22	FEMALE	35-50 K	Business	Pacific Northwest	Urban
Lynda	26	FEMALE	<15 K	Unknown	Midwest	Suburban
Olivia	25	FEMALE	35-50 K	Education	Midwest	Suburban
Ben	24	MALE	35-50 K	Unknown	Northeast	Suburban
Jack	23	MALE	<15 K	Arts & Entertainment	Northeast	Inner City
Colin	23	MALE	25-35 K	Science/Engineering	Mid West	Urban
Gemma	25	FEMALE	<15 K	Military/Medical	Northeast	Inner City
Harmony	23	FEMALE	25-35 K	Science/Engineering	Mid West	Suburban
Ana Lee	25	FEMALE	35-50 K	Education	Northeast	Urban
Gia	26	FEMALE	15-25 K	Graduate student	Northeast	Urban
Charlotte	23	FEMALE	<15 K	Graduate Student	South	Unknown
Average	23.85 yr.	Males (4) Females (9)	Approx. 25 K		South (2) Midwest (5) Northeast (5) Pacific NW (1)	Urban (5) Inner City (3) Suburban (4) Unknown (1)

Table 1.
 Current demographics (N = 13).

5.1 The group

“Ella” is a 23 year old African American female from Ohio, and received an associate’s degree in business. She credits her religious faith with influencing her civic activities. “Meris” is a 22 year old Hispanic female from Illinois. She serves on the board of a public cultural institution designed to promote and serve the Hispanic community within the state. Finally, she is the first in her family to attend and graduate from college. “Lynda” is a 26 year old African American female from Ohio, who already attained an advanced degree and is seeking another. “Archie” is a 22 year old African American male from Louisiana, and is a graduate of a selective university. He credits his parents with influencing his commitment to civic activities. “Olivia” is a 25 year old bi-racial female from Ohio. In addition to her advanced degrees, Olivia has association memberships that have sustained since her early adolescence.

“Colin” is a 23 year old African American male from Maryland, a college graduate and currently involved in the field of engineering. “Jack” is a 23 year old African American male from New York and is a graduate of a selective university. “Charlotte” is a 23 year old bi-racial female from Louisiana and expressed strong community attachment. “Ana Lee” is a 25 year old immigrant female from the Caribbean who identifies herself as African American. She took over six years to complete her college degree because, as she indicates, of limited finances and family support. She is from New York.

“Ben” is a 24 year old immigrant male from the Caribbean and also identifies himself as African American. He also resides in New York, and acknowledges irregular involvement in civic activities. “Gia” is a 26 year old African American female from Maryland who has a strong belief in the public good and general welfare, but does not involve herself in the activities that would benefit the public good. “Harmony” is a 23 year old African American from Ohio who expressed feelings of alienation and disengagement from the school community. Finally, “Gemma” is a 25 year old African American female from New York. She is an officer with the United States military where she is also studying to be a physician. Gemma always wanted to join the armed forces and completed college in order to fulfill her dream of becoming an officer.

While this summary provides an overview of the respondents’ general characteristics, how is connectedness and engagement explicitly and implicitly represented among the group? Respondents’ reflections are coded into groupings of explicit meaning and implicit meaning of civic indicators (**Table 2**).

5.2 Explicit meaning of civic indicators of connectedness and engagement

Civic indicators that illustrate explicit meaning of connectedness and engagement are volunteerism, level of philanthropy and voting practices. Responses indicating volunteerism were coded and expressed through the respondents’ hours of volunteer service as well as the types of service performed. Philanthropy is represented as “high contributions” (i.e. more than \$200 per year), “moderate contributions” (i.e. \$1 to \$200 per year), and “no contributions” (i.e. \$0 per year). Voting responses were grouped into three categories – 1) respondents who voted regularly; 2) respondents who voted sometimes; and, 3) respondents who had not voted.

Volunteerism: Archie completed more than 50 hours the year prior to the study. The bulk of his service was directed to after school tutoring for elementary children, serving as an adult mentor, and participating mostly through his worship center. Ella completed over 50 hours of service. Ella’s service included volunteering at nursing homes as well as cultural organizations. In addition, she is very active in

Civic Indicators of Implicit Meaning of Social Connectedness and Engagement			Civic Indicators of Explicit Meaning of Social Connectedness and Engagement			
Level of Commitment	General/ Political Efficacy	Satisfaction with Service	Satisfaction with Political Affiliation	Volunteer Activity	Philanthropy	Voting
High Outcome Levels	Ella† Lynda Harmony Charlotte	Ella† Meris† Olivia Jack	Ella† Meris† Charlotte	Archiet Ella† Meris†	Ella† Meris† Gemma	Ella† Lynda Gemma Harmony Charlotte
Moderate Outcome Levels	Archiet† Jack Colin Ana Lee	Archiet† Colin Ana Lee	Archiet† Lynda Olivia Colin Ana Lee	Lynda Olivia	Lynda Olivia Gia	Archiet† Meris† Olivia Ben Ana Lee
Low Outcome Levels	Ben Gemma Harmony Gia	Lynda Ben Gemma Harmony Gia Charlotte	Ben Jack Gemma Harmony Gia	Ben Colin Jack Gemma Harmony Gia Ana Lee Charlotte	Archiet† Ben Jack Colin Harmony Ana Lee Charlotte	Jack Colin Gia

† = high levels of civic participation.

Table 2.
 Categories of groupings.

her religious community visiting the sick. Meris completed more than 20 hours of service in the year prior to the study. Her volunteerism is filled with various activities from working with “soup kitchens” to board leadership. As a board member, Meris creates programs designed to address and improve quality of life issues for the state’s Hispanic community. In addition to her community leadership, Meris mentors a young girl who had been involved with the state’s juvenile court system. These three individuals exhibited the highest levels of volunteerism among the focus group.

Respondents with moderate levels of volunteerism had an irregular continuum of service since early adolescence, and were less likely to have volunteered in the year prior to the study. In particular, Lynda completed over 100 hours of service in high school and college, in the year prior to this study, she did not perform service. Ben performed about 10 hours of service during college where he helped out at neighborhood pantries, and assisted with home building through an affiliate of Habitat for Humanity. Yet, in the year prior to this study, Ben did not participate in service. Jack completed only 5 hours of service raising money for Lupus, breast cancer or HIV/AIDS awareness through the running of marathons. Olivia completed less than 20 hours of service with a women’s crisis shelter and sometimes with her local library.

Respondents with the lowest levels of volunteerism either did not perform service at all during their youth or performed service on an irregular basis. This may signify little attachment to volunteerism. These individuals were Harmony, Gia, Colin, Gemma, Ana Lee and Charlotte.

Philanthropy: Only three respondents contributed more than \$300 per year to a charity. Ella donated \$2000 to her church community in the year preceding the study. Much of her donations were attributed to “tithing” or special offerings to her church community, in addition to in-kind gifts of clothes, food and other non-financial gifts. Gemma contributed \$350 to charity, and Meris contributed \$300 to charitable causes. While Gemma did not elaborate on the recipients of her donations, Meris elaborated that she gives back to the youth programs that helped her. The consensus in this sub-group was that they were financially giving back to meaningful institutions that influenced their engagement – religious community and youth programs.

Moderate contributions were provided by Gia, Lynda and Olivia. In the year preceding the study, Gia gave a total of \$110. The recipient of her gift was a mentoring program that guided her through high school and college. In addition, she noted that all of her current and future “monetary donations go to programs that support children and/or education.” Lynda gave a total of \$50 to charity in the year preceding the study. Finally, Olivia gave a total of \$30. The recipients of her gifts are the Sierra Club, the Arbor Day Foundation, or her alma maters (high school, college, and graduate school). Olivia expressed that she never considered donating significant financial contributions until this survey arrived.

The remaining respondents did not give any financial contributions to charitable causes in the year preceding the study. This sub-group includes all of the males, Archie, Ben, Jack and Colin, as well as Ana Lee, Harmony and Charlotte. Some of the reasons presented were lack of funds, no time to contribute, or contributing was not an immediate focus.

Voting: Respondents discussed their beliefs about voting, but also their voting history or likelihood of voting. Interestingly, for some of the respondents, they had not considered voting as a civic behavior until the receipt of the surveys. Five respondents identified themselves as regular voters. Gemma noted that she votes regularly to “affect change,” and Lynda noted that she goes out of her way to vote with others, as a group, to make an impact. Ella votes in all of the elections, no

matter the type of election, and Harmony votes regularly because of her faith and belief in the power of voting. Charlotte indicated that by regularly voting she's "participating in the community [and] its decisions."

Moderate voters included Ben, Ana Lee, Olivia, Meris, and Archie. Their voting practices were irregular. However, the strong consensus of this sub-group was that their votes counted for less in national elections than in local elections. The non-voters are Jack, Colin and Gia. Gia expressed her cynicism about voting. Yet she indicated she was more likely to vote in local elections rather than in national elections.

5.3 Implicit meaning of civic indicators of connectedness and engagement

Civic indicators that illustrate implicit meaning of connectedness and engagement are commitment to service, external/political efficacy, and satisfaction with service along with satisfaction with political party affiliation. Responses indicating level of commitment to service were coded and expressed through the following areas – extremely committed, committed, somewhat committed, not very committed, not committed. Responses indicating external/political efficacy – or the belief that one's actions, particularly one's vote, has a positive influence on society – were coded and expressed through the following areas – a *strong* external efficacy, or belief that one's actions, particularly one's vote, have a positive influence on society; *moderate* external efficacy, or the belief that one's actions, particularly one's vote, have some positive influence on society; and, *weak* external efficacy, or the belief that one's actions, particularly one's vote, have little or no positive influence on society.

Responses indicating satisfaction with civic activities, particularly civic service, were coded and expressed through the following areas – "extremely satisfied," "satisfied," "somewhat satisfied," "neither satisfied or dissatisfied," "somewhat dissatisfied," "dissatisfied," "extremely dissatisfied." Responses indicating satisfaction with political party affiliation were coded and expressed through the following areas – strong democrat, weak democrat, independent, weak republican, strong republican, and then grouped by level of satisfaction.

Level of Commitment: When looking at the study group, only five respondents (all female) appeared more committed to service in adulthood than the other respondents. Meris expressed she was extremely committed to her service in community leadership as well as her mentoring of at-risk youths. She cited that "[c]ommitment is shown through time and resources dedicated." Charlotte also expressed extreme commitment to service through voting and her service to others through her in-kind gifts. Lynda, Olivia and Ella presented as "committed" to service. Lynda expressed a strong attachment to her community and its improvement, while Olivia expressed being committed to service but also trying to balance this commitment with her responsibilities to her family. Ella cited her commitment as a result of her religious beliefs.

Ana Lee, Jack, Archie and Colin presented as "somewhat committed" to service. However, the consensus among this sub-group was the many other obligations or commitments obstructed or diminished their level of commitment to civic issues or activities. Finally, Harmony presented as "not committed" to service. Both Gemma and Harmony see their vocations as their contributions to society and do not have an interest or level of commitment to volunteerism or other civic activities beyond the parameters and requirements of their vocations.

External/Political Efficacy: Lynda, Ella, Harmony and Charlotte exhibited strong external/political efficacy in their responses and strongly believed their voting practices counted. In particular, Harmony expressed that she knew her vote

counted because of her faith, and Charlotte believed her vote affects outcomes in her community. Olivia, Meris, Archie and Gia exhibited moderate external efficacy in their responses. Olivia believed her voting practices, in particular, counted, but not in races where candidates were “pre-selected by party brokers.” Meris indicated that she was more inclined to participate more in local races and school board elections rather than participate in national elections. Archie concurs with Meris and is more inclined to vote in local elections because “there are no electoral colleges at these levels of governments.” Finally, Gia believes in voting but admits she is still too cynical.

Colin, Jack, Gemma, and Ben and Ana Lee exhibited weak external efficacy. This sub-group presented a significant level of cynicism post-2000 Presidential elections. In particular, the 2000 Presidential election decreased Jack’s desire to vote again – even in local elections. Gemma does not believe her vote counts or that she has any power in the governance of her community or nation. The two respondents who immigrated to the United States while they were children also exhibited a weak level of external efficacy. Ben strongly believed that votes count more in suburban areas that are less likely to be populated by “persons of color,” and Ana Lee expressed that she did not believe her vote counted.

Satisfaction with Service: When looking at the responses, most respondents expressed they were either “extremely satisfied” or “satisfied” with their civic service. Respondents who feel less than satisfied with their service were Ana Lee, Archie, and Colin. Ana Lee indicated that she feels guilty about her current level of service. Archie was somewhat dissatisfied because of his level of participation is not comparable to his past performance of service in his youth. Colin, however, is significantly dissatisfied with his performance of service and expressed a lot of concern regarding his lack of service. “I don’t have the time to involve myself in community activities.”

Satisfaction with Political Party Affiliation: A majority of the group identified themselves politically as “independent” while the remaining respondents identified themselves as strong or weak democrats, or strong republicans. Jack, Ella, and Gia identified themselves as strong democrats. However, Jack is not satisfied with the Democratic Party, and asserts that “I don’t think [my needs] have been met.” Ella, on the other hand, expressed satisfaction with the Democratic Party and noted that the “democrats have lived up to my expectations.” Gia, finally, is neutral in her satisfaction, as she faults Democrats and Republicans for having “both hurt the Black community.”

Archie and Lynda identified themselves as weak democrats. Archie, in particular, leans more toward the Democratic Party as he said he found that “democrats tend to do what is best for the community, especially economically.” Archie indicated that while a person can never expect candidates to do everything that they promised in their campaigning, he feels more satisfied with the Democratic Party. Lynda, on the other hand, did not have a strong affinity for the Democrats. Charlotte was the only respondent who identified herself as a strong republican. She expressed that she is “very pleased so far with my decision to be republican.” Charlotte noted that while she votes consistently for the party’s candidates, she votes for the person and on character rather than the candidate’s affiliation with the Republican Party.

Given the results, who are the independents within the group? Ben, Ana Lee, Gemma, Olivia, Harmony, Meris, and Colin all identified themselves as independents. Ben and Ana Lee are the only immigrants within the group. Ben cited he had no specific affinity for either party – Democrat or Republican, or any other political group, and indicated that he did not “feel like I am mainstream with democratic or republican....” Ana Lee identifies with the Green Party, but is not active with the

Green Party. Gemma does not “trust the wisdom or motivations of [any] political party...” and prefers to retain her objectivity, while Harmony just identifies herself as an independent and purposely desires not to belong to *any* political party. Olivia leans more toward the liberal party. She expressed that she grew up with republican parents but always felt her views were more liberal. She’s satisfied with her political choices as she identifies them as “well-balanced.” Meris identifies herself as independent and votes based on a person’s character and their public service history. Finally, Colin identifies himself as independent and indicates that while he leans toward the Democratic Party he is less than satisfied with the Democrats and the extent of their liberalism.

6. Discussion: an existential analysis

When looking at all of the results and how connected and engaged respondents appear, we see the seven elements highlighted by Mascaro and Rosen [19]. The minority respondents who presented as most connected and engaged were those who were saturated with strong civic messages and modeling since pre-adolescence. These individuals presented a strong sense of hope and conscious choice in serving others [19, 23]. Also, they presented a strong sense of community – or community attachment [4, 10, 16] that is central to existential theory [23–25].

Ella presents as the most engaged and connected of the respondents and appears to possess a purpose to her civic involvement and engages in inspiring activities that appear attributed to her religiosity. In addition, Ella appears to perceive the world as fair and exhibits both self and external efficacy. Further, she presents a good level of social desirability through her various civic activities, and exhibits some level of spirituality. Finally, she exhibits positive emotionality.

Likewise, Meris is also significantly engaged and connected, and maintains an influential role throughout her state in the Hispanic community. Not only does she involve herself on an individual level by shaping the future of a young teen she mentors, Meris also shapes the future of her community and her state through her community leadership role. She, too, presents a purpose to her civic activities, which are in themselves inspiring. In addition, she exhibits a strong degree of self and external efficacy as well as a level of social desirability. While it was unclear her level of spirituality, she did exhibit a level of positive emotionality in her responses.

Archie is the only male in the group who demonstrated a significant level of connectedness and engagement. Archie’s parents were strong role models for him and how one “gives back” to the community. Being a contributor to society is a part of his emotionality and how he may see himself in society. In addition to his level of spirituality, Archie also engages in inspirational activities, and demonstrates some levels of efficacy.

When looking at the respondents who exhibited less than strong social connectedness and engagement, it is very important to look at their outcomes in view of the elements by Mascaro & Rosen [19]. Gemma presents that her vocation in the armed forces is her service to society. In addition, Gemma gives larges amounts to charity and votes regularly. However, she does not volunteer or link herself with any group that serves the public good, nor does she articulate a satisfaction with her political affiliations. Finally, while she is a member of the armed forces, she does not see herself making a difference in society nor is she committed to serving others except through her role in the armed forces. It is possible that Gemma prefers the impersonal aspects of philanthropy and voting and that she may find civic involvement through volunteerism outside her role in the armed forces and, thus, *meaningless* [19, 23, 25].

Harmony is another interesting respondent who exhibited less than strong social connectedness and civic engagement. From high school, Harmony did not feel as if she “belonged” in the school community because it was predominantly White and she was African American. She felt alienated at school, and did not feel as though her concerns had an audience in her home community. Although she may vote regularly, Harmony is less likely to volunteer, less likely to contribute to charitable causes, and is less likely to feel committed to service. Harmony is a good example of one who existed in an existential vacuum. Hopelessness, according to Mascaro and Rosen [19], is the loss of existential meaning and the will to *being*. It is this lack of meaning and hope that results in an existential neurosis leaving an individual experiencing the world as alone, estranged, and excluded.

This analysis helps us understand that exploring civic engagement is more than measuring explicit indicators such as voting or implicit indicators such as external efficacy or satisfaction. What value do we place on *being* engaged? According to existential theorists, we thrive in society when we have an *experience* not just an explanation of our existence [19, 23–26].

Overall, respondents with moderate to high external efficacy and regular voting practices and service behaviors are able to self-categorize their civic and political development [3, 14, 17, 22, 27]. Respondents who exhibited higher levels of disengagement were young persons who had a history with immigration as a child, or young adults who had strained relations with their parents or their educational settings. However, those individuals who embody the process of achieving civic meaning – Ella, Meris and Archie – consciously chose to be connected and involved in society [19, 23] based on their experiences, role models and meaningful connections in their early years [3, 4, 7, 9, 12, 17].

Ella, Meris and Archie appear to have been guided toward discovering their civic identities either through their parents, mentors or positive peer groups [12]. They remind us that spirituality combined with feeling supported and having an inspiring purpose keeps an individual from experiencing an existential vacuum. Spirituality, faith or religiosity cannot be overlooked when discussing connectedness and engagement. One’s religious experiences contribute to one’s civic values and sense of *being* connected and engaged.

7. Conclusion

Participation in service alone is not enough to sustain service and promote social connectedness and civic engagement. Young minorities must feel a sense of purpose and be inspired to participate in the activities while exhibiting social trust and efficacy. While being engaged in civic society may be an ideal goal for many citizens, civic engagement is not something that automatically occurs upon one’s transition to adulthood. Too many young minorities have little or no background in civic or political participation. In order to alter this disparaging fact, we must ensure that minority youth and their families are intrinsically and regularly involved in aspects of society from volunteering to voter mobilization to association and community memberships and charitable giving. Such processes diminish alienation and feeling dehumanized and ensures a person has a say in determining the worth of their *civic existence*.

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Section 3

**Interpersonal Relationships
in the Work-Place: Effects on
Ourselves and Others**

Information and Communication Technologies and Work-Life Balance: Practical Recommendations for Employers and Individuals

Diane Jackson, Valerie Young and Alyson Sander

Abstract

For decades, the number and frequency of individuals who work from home has gradually increased, in many ways as a result of emergent Information and Communication Technologies (ICTs). This gradual increase, accelerated by the COVID-19 pandemic, has weathered away boundaries between work at work and work at home, with some positive and many negative outcomes. Currently, however, because of a global pandemic which necessitates ICTs for working from home, the impact that organizational technology assimilation has on the way that people engage with each other is increasingly important. This chapter reviews theory and research regarding organizational technology and concludes with pragmatic recommendations for individuals and organizations regarding work-related technology use at home.

Keywords: information communication and technology, organizational assimilation, work-life balance

1. Introduction

1.1 Information and communication technologies and work-life balance: practical recommendations for employers and individuals

An unprecedented number of full-time employees are working from home due to the global Coronavirus pandemic. Stay-at-home orders and encouragement to practice social distancing have forced individuals from all over the world to reconsider leaving their homes in order to reduce the spread of germs. What makes this point in time even more unique compared to similar previous situations is its intersection with the age of information and technology. With the emergence and development of technology, individuals are more accessible than they have ever been. In a time such as this one, these technological innovations can provide many individuals with the opportunity to fulfill their work obligations remotely.

Working remotely has increasingly become an option for individuals with the emergence of technologies that allow employees to communicate and be accessible at any time and any location. Before the COVID-19 pandemic began, more than 50% of

workers across the world were spending at least two and a half days a week working outside of the office [1]. The United States federal Bureau of Labor Statistics reported 25% of paid workers worked from home periodically between the years 2017 and 2018 [2]. Notably, less than 70% of these individuals were paid for the work that they were doing at home and 12% of these individuals completed both unpaid and paid work from home [2]. Additionally, individuals are offered flexible schedules by employers, which can be amended to fit the time and space in which employees need to work in accordance with personal or familial needs.

Global survey trends indicate widespread support and use of technologies that allow for more flexibility in work locations. One survey of over 15,000 professionals around 80 countries conducted by a flexible workspace company known as International Workplace Group (IPG) revealed that companies have recognized how preferable workplace flexibility is for employees. The survey results show that while 84% of Australian companies use workspace flexibility as a tool in retaining employees, 80% of German companies have already offered workspace flexibility or intend to implement flexibility and 82% of US companies use workspace flexibility to improve work-life balance [1]. Relatedly, 90% of the over 1000 respondents who participated in the 2019 Staples Workplace Survey indicated that their employee morale would increase with more work-related flexibility [3]. Some individuals even seem to believe that flexible work arrangements is a major contributing factor in evaluating job opportunities and that flexible work environments could even increase diversity amongst employees [1].

Flexibility in the workplace also appears to be connected to productivity according to recent research. For instance, 87% of Argentinian business people considered their companies to be more productive on account of the flexibility in working and 45% reported that their businesses were over 40% more productive [1]. Globally, 85% of employees believe that they are more productive due to their workplace flexibility and 65% of respondents believe that organizations with workspace flexibility are more productive than other less flexible organizations [1]. During the pandemic, 97% of North American employees and 88% of global employees who worked in offices were working from home more than once a week and about 70% of employees reported being satisfied working in both places and that they believed they had the tools to perform efficiently working from home [4]. These perceptions about performance appear to be corroborated by managers, 70% of whom indicated in the first work-from-home survey done during COVID-19 that working remotely has had the same impact or has improved team performance on average [4].

While working remotely offers numerous benefits to employees and improves performance according to employers, constant accessibility and bringing work home using Information and Communication Technologies (ICTs) can have ramifications to work-life balance. Because organizational members learn rules and norms surrounding the use of ICTs through observation during assimilation [5], employers must be diligent about explicit and implicit messages from members of their organizations. When newcomers notice timestamps on emails from their supervisors that were sent past the close of business or when their coworkers comment about working on the weekends, they are absorbing messages from organizational members about where work-life balance falls on the company's priority list. Therefore, new employees should realize their individual actions in turn shape the organizational behavior patterns [6] and learn how to best manage ICTs within the context of work and work-from-home.

In one recent pre-pandemic study, full-time employees reported working a 44-hour work week plus an additional five hours and 30 minutes working at home using ICTs [7]. The introduction of ubiquitous work-focused technology has shifted traditionally conceived work schedules [7], increased employer expectations of employee productivity and accessibility [8–10], and increased levels of individual

distress [11, 12] and work-life conflict [7, 8]. Globally, the COVID-19 pandemic has catalyzed these effects, and strained professional and personal boundaries as millions of employees rapidly shifted work to home.

The obscured boundary between home life and work due to COVID-19 has broad impacts on the intersection of work productivity, especially among employees with parenting and caregiving responsibilities, and those with employment uncertainty [13]. In one study during COVID-19, working Italian mothers significantly shifted work hours to devote attention to work before and after parenting [14]. Indeed, the early research on employment during the pandemic suggests that a shift to remote work at home may exacerbate gender inequalities in paid [15] and unpaid work [14]. These impacts are in direct opposition with recent prescriptive research conducted on tools that are conducive to efficiently working from home during the Coronavirus, which concluded that the three most impactful drivers of performance success include self discipline, high quality remote collaboration, and work-from-home well-being (e.g., sleep, exercise, etc.; [4]).

These tensions that exist when lines between work and home are blurred necessitate a comprehensive review of existing literature with the aim of creating theoretically grounded and applicable guidelines for employees and employers alike. Therefore, this chapter offers a review of existing literature on the integration of organizational technology and work-life balance and a research-rooted acknowledgment of positive and negative aspects of organizational productivity technologies outside of working hours. From this review, conclusions with evidence-based best practices are presented on using work-focused technology at home.

2. Literature review

Organizational technology use has changed workplace behaviors and altered the approaches that many take to working. In the digital age of “constant contactability” ([16], p. 109), individuals are expected by their employers to be available and productive outside of the originally conceived eight-hour workday [8]. These habits, though unhealthy, are not unpreventable.

The purpose of this paper is to address this issue by connecting the findings of relevant literature with theoretically grounded recommendations for managing work while prioritizing life. In doing so, it is important to start at the beginning of where patterns of behavior are observed within the organization by new members. Employees joining organizations are both modeling after existing norms while also using technology to seek information [17]. Thus, this review of literature will begin with a discussion of the assimilation phase of newcomers into technologically integrated organizations, focused on the mutually influential relationship of organizations and technology in Orlikowski's structural model of technology [18, 19] and the constitutive communication of organizations model (CCO; [20, 21]). Following the theoretical foundations for organizational technology integration, we acknowledge both positive and negative aspects of ICTs and offer practical recommendations aimed toward individuals and organizational managers.

2.1. Assimilation processes

Organizational assimilation, defined here as the process of a newcomer learning about and acclimating to the organizational culture, values, and norms [22], is dynamic in nature and requires role negotiation as an individual becomes a member of an organization [23]. During this process, a newcomer simultaneously adjusts to a new group of individuals and plays a new role in an unfamiliar environment. Since uncertainty is

such a fundamental experience in this process, individuals are predisposed to reduce or manage their uncertainty by engaging in information-seeking behaviors [5]. Organizational newcomers use official and unofficial mediated sources of organizational communication channels to learn about norms and to adapt their technology use to their organization's [17].

One of the most common information-seeking behaviors that newcomers engage in during the assimilation phase is observing their surroundings and the people around them [5] and to model behaviors that they observe, both positive and negative [5, 24]. For instance, based on their influence and legitimate power, supervisors are likely to be perceived by their subordinates as role models [5, 25]. Based on this logic, seeing other organizational members prioritize their work-related roles and responsibilities during and after work hours utilizing ICTs could influence a newcomer to do the same. One important factor to consider for newcomers observing the patterns and habits of their colleagues regarding use of ICTs while outside of work is how technology-focused the organization is.

2.2 Role of technology in organizational assimilation

As previously mentioned, the process of assimilating into an organization is centered around a new organizational member becoming entrenched in the organization's culture. One facet of an organization's culture contains the group's orientation surrounding technology, and in response, ICTs. Leonardi and Jackson [26] developed the notion of *technological grounding*, or a spectrum on which all organizations fall that denotes how central technology is to the fabric of the organizational culture. For instance, companies that produce technology have brands that are either closely connected to or reliant on technology for sustenance. According to Leonardi and Jackson [26], organizational members of these technologically grounded organizations communicate and behave in accordance with their cultural values, which, not surprisingly, are technologically centered.

In technologically grounded organizations, technology use by newcomers and existing organizational members is embedded into daily communication practice. For newcomers, ICTs are almost as important as face-to-face communication and function as conduits to organizational socialization [27]. As previously stated, the process of organizational assimilation is one that involves negotiations both on the side of the newcomer and on the side of the organization and its existing members [28]. The notion that individuals are developing their organizational roles while existing within and constituting their organizations during assimilation [27–29] is meaningful in the context of the organizational integration and impact of ICT on individuals' work-life balance.

2.3. Communicating technological norms and rules

New employees and organizations reciprocally influence one another during the assimilation process, as newcomers define their roles and the organizational culture and structure continuously adjusts with its members [27–29]. The aforementioned definition of assimilation as a mutually influential process between organizations and organizational members lends itself to the notion that an organization is both formed and informed by its members.

2.4 Structuration theory and organizational technology

Giddens' [6] original theory of organizational structuration posited that individuals' everyday actions are organized by structures which serve as the fabric of

society. These structures, embodied by rules and norms, are produced and reproduced by those who act within them, as actors' inclinations to behave in accordance with norms often result in actions taken in accordance with rules [6]. Patterns of interactions within organizations create a duality of structure in which employees who abide by organizational norms communicate meaning and power through their interactions with other organizational members.

Regarding the availability and use of ICTs for remote work, structures in the form of cultural norms and employer expectations for employees to work outside of work hours [8] are created when work permeates the spatiotemporal boundary of home [30]. The employee who consistently uses ICTs to communicate with others outside of the bounds of typical work hours reinforces these structures. That employee's role or status within the organization may be influential in the assimilation process for newcomers who look for meaning and organizational norm structures modeled from existing organizational members. This structuration lens is particularly helpful when suggesting practical recommendations, as individuals can make choices while using technology to manage work-life matters that both reinforce and challenge existing organizational structures.

2.5 Norming workplace ICT use

Orlikowski's theorizing [18, 19] integrated technology into structuration theory, both as a means for humans to communicate and as a product of such human interaction and relationships. The structural model of technology recognizes that technology can play a facilitating and constraining role in organizational communication, but that institutions shape how people use technology. "When users conform to the technology's embedded rules and resources, they unwittingly sustain the institutional structures in which the technology is deployed" ([18], pp. 411-412). Individuals within organizations select mediums for communication appropriate for the goals of the organization. In the earliest forms of electronic organizational communication, scholars assert that mediated communication was primarily used for formal, both internal and external communication (e.g., electronic letters and memos; [31]), but as structuration theory suggests, the functions and genres of mediated communication quickly evolved to include a variety of formal and informal methods of communication in organizations.

As organizations and people shape one other, people and technology also shape one other and, in turn, shape the rules and norms of the organizations that they constitute. Organizational discourse is the avenue through which these technological norms are passed. As stated by Orlikowski [19], "enacted structures of technology use, which I term technologies-in-practice, are the set of rules and resources that are (re)constituted in people's recurrent engagement with the technologies at hand" (p. 407). Technologies-in-practice, then, are constituted and reconstituted also through the shared organizational discourse of ICT use. Under the perspective of the communicative constitution of organizations [20, 21], a theory that stemmed from structuration theory, communication functions not as the result of organizing with others, but as the precursor.

As the mechanism through which organizational norms, rules, and values are developed and solidified [32], communication plays the most significant role in organizations. Based on this premise, the way for individuals to defy the norm of bringing work home that has thus far been discursively reproduced would be to communicate about it with their coworkers. In doing so, other organizational members have the opportunities to also communicate, evaluate this norm, and, perhaps, commit as a community to a more balanced work-life schedule.

Organizational technology permeating the spatiotemporal boundary of home and life outside of work is growing into a more significant issue with the emergence of more ubiquitous work-centered technological modalities. In order to recognize how newcomers develop or reinforce these imbalanced habits, a review of existing research regarding the role of ICTs in organizational assimilation and for newcomers acclimating to organizational culture was presented. In the situation of individuals who bring their work home, particularly during the global Coronavirus pandemic, organizational technology use was introduced as a ubiquitous opportunity to work from any place at any time but in practice is employed to work from all places all the time. As individuals experience this phenomenon more, either by executing it themselves or by witnessing it by a coworker or supervisor, the norm is discursively re-produced and the structure is bolstered. As working from home emerges into an organizational cultural norm, investigating the use of technology and its challenging yet beneficial role in work-life balance is imperative. In the following section, both sides of the role that technology plays in work-life balance is discussed.

3. Positive and negative aspects of technology and home work

3.1 Positive

There are many considerations of the use of ICTs at home that are positive in nature. Perhaps most salient is the notion that telework reportedly offers greater flexibility, which many view as a remedy to having a healthier work-life balance [33, 34] and which is associated with greater job satisfaction [35]. Along with this, people who believe that communication technologies are convenient for completing work at home report less conflict between work and personal life due to technology use [7]. Individuals may also use ICTs to be more productive [8]. Those who use ICTs as an extension of work from home perceive that they are more productive [36], albeit distressed, which we discuss in the following section.

From the organization's perspective, ICTs are positive in that the communication channels allow newcomers to seek information and socialize with other organizational members [27]. ICTs have also been shown to increase frequency and duration of organizational communication while promoting cohesion, improving group performance, and providing a forum for information exchange [27]. As noted previously in this chapter, in light of the Coronavirus, data supports that managers believe that working from home has made their teams more productive, in some cases significantly more productive [1]. In spite of these positive aspects of organizational technology use for employers and employees, there are noteworthy drawbacks.

3.2 Negative

Although increased productivity is one of the primary determinants for organizational adoption of technology modalities [22], organizations may not truly realize these enhanced results. Pre-pandemic, most employees who brought work home reported having done so to catch up on unfinished work, yet productivity measures did not indicate that workers with extra at-home work hours experienced increased productivity for the additional hours worked [37]. Distractions, faster-paced interactions, and multi-tasking may be explanations for why the hours worked at home have historically seemed less productive [38]. Thus, the *perception* of greater work productivity may compel employees to continue to

bring work home and create expectations among employers that completing work on evenings and weekends is normative [8]. This expectation for additional work time beyond the standard workweek is especially evident among salaried employees [10].

Beyond the heightened expectations of productivity, there are negative personal and professional consequences when the boundaries between work and home are blurred through ICTs. The spillover effect of work into home life has a negative effect on attitudes toward work [39] and family satisfaction, especially among women [40]. Employees can also experience “technostress” due to the use of ICTs [11, 36]. Additionally, having greater expectations for work hours and productivity contribute to work-life conflict [8], job dissatisfaction, and employee burnout [7]. For employers concerned with employee retention, these longer-term consequences of expecting employees to complete work at home are especially costly.

These consequences of work-life imbalance rooted in the overuse of organizational ICTs may carry significant implications in the aftermath of the work from home incited by Coronavirus. During COVID-19, research has shown that organizational technology reliance can contribute to increases in cyberbullying [41], intensified work environments [42], and more surveillance measures [43]. The COVID-19 pandemic may further reinforce perceptions of work and productivity differences between parents and childless employees that were already present [44], as many parents negotiate the role conflict of acting as homeschool teachers and working as full-time remote employees. However, while research about these ramifications are salient and grounded in application to the lives of workers, employee retention, and job satisfaction, individuals may justify supposed temporary imbalances or negative consequences because of the uncertainty of employment.

3.3 Conclusions

Research indicates that there is evidence for both positive and negative aspects of employees using ICTs to perform work from home. As the boundaries that separate work from home are blurred, the balance between the “bidirectional permeability” could have both positive and negative aspects, as “employees will likely expect to do family-at-work if they are expected to do work-at-home” ([19], p. 120). While employers and employees mutually benefit from more flexible scheduling and more easily accessible technologies for work tasks and communication after traditional work hours, employees may find that working from home expands the number of hours worked by relocating them to home rather than in an office in practice, as a breadth of research suggests [10]. The following section offers research-based, practical recommendations for a wide variety of individuals, including employees and employers, which are especially relevant due to the current climate of necessitated work-from-home strategies and the imposition of organizational technology on personal boundaries.

4. Practical recommendations for organizational technology use at home

For Employers:

1. Communicate cultural values and expectations--verbally and nonverbally. Technology-centric values are inherently and fundamentally rooted in the cultures of organizations that are more technologically grounded [26]. Organizational expectations, particularly ones centering around technology use

and work-life balance, should be communicated upfront and repeated often. Existing research [16] has recommended that organizations ensure work-life balance or principles of reciprocity for newcomers through the introduction of an “acceptable use” policy. This method explicitly outlines guidelines on appropriate and inappropriate uses of organizational technology and is a useful option that employees can refer to when necessary. Another option here is to engage in the “discourse of reciprocity” ([16], p. 118), where organizations offer personal flexibility in exchange for employees being flexible with their work schedules. Regardless of what approach is employed to convey cultural values and expectations, direct communication is most important.

2. Provide training on ICTs and guidelines for their use to newcomers during onboarding. When an individual joins an organization, they are the most likely to seek out information on cultural rules and norms [5]. During these times, managers should provide training on both the available ICT itself while also covering the established guidelines on its use. This ensures that newcomers who may not be previously familiar with the technology are provided with instructions to utilize them. But, in addition, training should include expectations on its use, such as response time, availability timeframes, and security guidelines. Training of this kind should help organizations leverage the socialization and collaboration functions of ICTs [27] while also minimizing the negative aspects that have been outlined in earlier research [8, 11].
3. Enact a top-down approach in displaying positive technology behaviors. Structurally speaking, agents and actions are necessary for structures to be enacted [6]. The more power and influence that the agents who are enacting organizational structures and shifting cultural norms have, the more effective and influential they are at modeling change. In addition, supervisors act as role models for newcomers after whom newcomers adapt behavior [5, 24, 25]. If supervisors and employers demonstrate behaviors that promote better work-life balance, those values will be adopted by newcomers, and employees who feel organizational support to pursue commitments unrelated to work will feel more committed to their organizations [39]. Therefore, there are benefits that both organizations and their members can realize when work-life balance is practiced.

For employees:

1. Create and reinforce the boundary between work and life. Existing research has suggested that greater connectivity leads to greater boundary permeability [8, 30] and that role conflict is directly influenced by boundary permeability [45]. However, that does not have to be the case. Disengaging personal devices from professional accounts when possible outside of work hours or regulating use of organizational apps outside of work hours or during time away from work are helpful steps in creating and reinforcing the separation that can exist between the work and home spheres. Remember that structures cannot take form without agents taking action [6], which requires coordinating and organizing.
2. Monitor working from home habits (and counterbalance, if necessary). Existing researchers support the notion that individuals who bring work home with them also bring home to work with them and recommend that employees develop structures to counteract the presence of work at home [16].

Relatedly, other research recommends substituting (not adding!) hours worked at home for hours worked on site [10].

3. Own the balance. Behaviors lead to the development of habits, which lead to the creation of norms and expectations. In order to achieve balance in the amount of ICT work from home, start by discussing realistic expectations with colleagues and family members about fluctuations in work projects or family commitments. There may be times when blurring the lines of work and home are unavoidable but having clear expectations about positive and negative technology behaviors may help eradicate bad habits. Norms of organizational technology use are the mechanism through which individuals permeate the boundary of home [16], so taking control of the habit and resisting the norms are the most important pieces to mitigating work-life imbalance.

5. Conclusion

The use of technology to communicate in organizations has become crucial in the midst of the global Coronavirus pandemic as the only feasible way for people to engage with one another without compromising the social distancing and stay-at-home orders. As more individuals are tasked with navigating the balance working from home, both organizations and employees are looking for practical recommendations based in previous research. Although there is much research to be done within the realm of organizational communication in this global pandemic context, we can still find ways that existing organizational and business communication research on organizational technology integration and work-life balance work to inform this once-in-a-century scenario.

It is essential that the risks and rewards of work-centered technological advances are considered and that the implications of merging them with other components of life are addressed in reviewing research and developing conclusions about the role of ICTs in the work-from-home transition during Coronavirus. For this reason, the purpose of this chapter has been to review existing literature on the integration of ICTs in organizations and during the process of working from home as a means to develop some theoretically grounded recommendations for both individuals to better balance their work and home lives and for employers to intentionally create a culture in which this is achievable. Although the current climate for organizations is one of turbulence and uncertainty, research reviewed here supports both employees and employers prioritizing individual well-being and employing healthy work habits throughout the integration of and reliance on information communication technologies.

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Building Effective Working Relationships among Academics through Participation in Communities of Practice

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Abstract

This chapter addresses the significance and importance of communities of practice in the professional development of academics as university teachers. It documents the role of communities of practice in enabling and enhancing the development of a professional knowledge base, the acquisition of skills, and competencies for effective teaching practice, as well as the dissemination of practical knowledge needed within a community of teaching practitioners. It provides details of how a community of practice comes into being, and how working relations within a community of practice are fostered. There is an elaboration on how members of a community of practice come to perceive their substantive issues the same way, and how a common agenda is formed around those issues. It also discusses peculiar ways of dealing with the identified issues, and the manner in which expertise, resources, resourcefulness and experiences are exchanged and shared with improvement, change and further development of academics' teaching practices in sight.

Keywords: communities of practice, collaboration, mutual engagement, participation, problem solving, commitment

1. Introduction

Communities of practice (CoP) are group of people who share a common concern, a set of problems, or an interest in a topic and who through joint efforts fulfil both individual and group goals. Building effective working relationships among academics through their participation in communities of practice is very important as ways of collaborating, sharing ideas, mutual engagements as well as knowledge sharing. Good working relationships among colleagues in an organisation help to achieve the aims and objectives as well as promoting good outcomes among members of the organisation. This chapter will be on communities of practice and how to build effective working relationships among academics through their participation. The types of

communities of practice existing among universities' lecturers, especially towards maintaining effective working relationships will be considered. Also, social learning theory which primarily focused on theorising the concept of community of practice will be considered as part of the scope of this chapter. The activities the academics engaged in such communities of practice and how such activities are carried out will also form the scope of this chapter. In addition, why focus on communities of practice among academics as well as relevance of communities of practice to their professional development will also be considered.

2. Communities of practice

The CoP are expedient ways of building working relationships among academics as university teachers. Building effective working relationships can only be achievable through commitment, engagement, mutual understanding, interactions, collaborations, willingness to participate and contribute, and the determination to assist others for the sake of their professional development. CoP may exist among academics within the same department or other departments in the same university. Sometimes, CoP could extend to other universities where academics from various departments in different universities relate and collaborate as groups. The common adage that says "a tree cannot make a forest", is so true and real when it comes to CoP. People must come together as a group and before such group can evolve, they must have aims and objectives to achieve. Creating such a group must be purposive, vision and mission driven. Such a group should operate informed by the guiding rules and principles for actions of group members. Hence, CoP are imperative, purposive and cannot just be accidental.

As a model of professional development, CoP is an approach to teachers' professional development which enable academics to learn from and with their colleagues within their universities' communities [1]. The concept of CoP dates back to early 1990s. [2] in their work draw from the situated learning. Situated learning came into light as a result of learning among practitioners which take place in social relationships in their workplace instead of classroom. [2] view this concept as fostering interactions among workers which is inclusive of workers that are experts and trainees. It involves forming and norming which is necessary for the process of creating professional identity for trainees. The forming stage is the initial stage of putting the group together. At this stage, each member learns about their group needs, expectations and challenges. The norming stage is the phase where the team actually starts to function and work as a team. At this stage, members begin to understand each other's work practices and ethic. Group members' roles and responsibilities are clearly defined at this stage, rules guiding the members are defined, expectations from the members are set and teamwork begin among group members. In the interactions, experts serve as professionals who are consulted by new members and offer them professional advices. Through such interactions, problems were identified, experts learn more while new members also became experts through professional support offered to them. Few years later, Wenger developed on the situated learning through an empirical study of one insurance firm where Etienne focused primarily on theorising the concept of community of practice [3]. The key premise of his theoretical work is that CoP can arise in any domain of human endeavour, or organisation. This speaks to the wider scope of application of CoP as a framework that informs, frames, and focuses on professional development activities in different organisations, including educational settings.

It is also expected that universities' lecturers who have experience should build strong CoP where they will groom young graduates who have passion for research and teaching especially those who are willingly to go into teaching profession in

higher education institutions. The willingness to embark on this journey of professional development is critical for the success of a CoP. Once practitioners are willing to do so, then support from senior colleagues in terms of collaboration and mutual engagement is highly recommended. [4] in their study on collaboration and mutual support as processes established by CoP to improve continuing professional teachers' development claim that effective participation of teachers in CoP is key to having mutual relationships among members through engagement in collaborative learning activities. This implies that teachers are expected to be active members in CoP, and participation is key to forge mutual relationships among group members by engaging in collaborative learning activities for their professional development.

CoP are groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an on-going basis [5]. The people involved must identify a problem, have passion for the tasks involved and must be experts in that area. One thing that is peculiar with CoP is that, the communities occur when a group of people who have desire to achieve certain things come together, interact and jointly work together to achieve their goals. Thus, CoP can occur anywhere, in a school, university, college or in an organisation. [6] note that CoP are groups of persons who have concerns or desire for certain things they engaged with and they show willingness to learn how to improve on it by interacting often with their group members.

Learning within CoP involves three essential processes, namely:

- evolving forms of mutual engagement;
- understanding and tuning (their) enterprise;
- developing (their) repertoire, styles and discourses [3] (p. 95).

Mutual engagement among members of the CoP help them to know each other sufficiently well and interact productively among themselves. This also helps them to build trust among themselves, making them comfortable addressing real problems together and communicating with truth. Members also give and receive helping hands within the communities of practice. Hence, learning within a community of practice happens as a result of that community and its interactions.

Understanding and tuning enterprise indicates the level of learning energy among members of the community. Members share and have a common mission or objectives which are expected to be achieved. It demonstrates how much effort the community puts in keeping the learning at the centre of its initiative. Thus, the community must show leadership in pushing for development as well as maintaining a spirit of inquiry. They need to recognise and address gaps in its knowledge as well as remain open to emergent directions and opportunities.

Developing repertoire, styles and discourses shows the extent of self-awareness within the community. Members have a shared set of routines or principles of doing things which they have adopted as part of their practice. This shows how self-aware the community is about the selection, i.e. developing and its effects on practice.

2.1 What communities of practice look like?

In CoP, there are different activities taking place, these especially depend on the nature and purpose of such community. **Table 1** below gives a clear picture of what CoP look like depending on the educational functions that they are meant to serve.

Table 1 below shows that different functions served by CoPs. Different scholars and in different organisations [4] use different names for CoPs. The different names

Practices	Varieties of activities
<i>Problem solving</i>	“Can we work on this design and brainstorm some ideas; I’m stuck.”
<i>Requests for information</i>	“Where can I find the code to connect to the server?”
<i>Seeking experience</i>	“Has anyone dealt with a customer in this situation?”
<i>Reusing assets</i>	“I have a proposal for a local area network I wrote for a client last year. I can send it to you and you can easily tweak it for this new client.”
<i>Coordination and synergy</i>	“Can we combine our purchases of solvent to achieve bulk discounts?”
<i>Building an argument</i>	“How do people in other countries do this? Armed with this information it will be easier to convince my Ministry to make some changes.”
<i>Growing confidence</i>	“Before I do it, I’ll run it through my community first to see what they think.”
<i>Discussing developments</i>	“What do you think of the new CAD system? Does it really help?”
<i>Documenting projects</i>	“We have faced this problem five times now. Let us write it down once and for all.”
<i>Visits</i>	“Can we come and see your after-school program? We need to establish one in our city.”
<i>Mapping knowledge and identifying gaps</i>	“Who knows what, and what are we missing? What other groups should we connect with?”

Adapted from [6].

Table 1.
Practices and different activities taking place in communities of practice.

are learning networks, teacher clusters, teacher networks, professional and affiliation networks, learning team model, workplace learning, collaborative teacher research, thematic groups, or tech clubs, networked learning communities and collaborative practices [1, 6–9].

2.2 Benefits of communities of practice

Participating in a CoP should have an impact in academics’ professional development, as group members and as individuals. The benefits of communities of practice according to [10–17] are as follows:

- a. Allowing employees to manage change. CoP offer opportunities to link people with common interest and it is an avenue of maintaining connections with peers. Teachers form CoP in response to changes originating from the school system such as inadequate access to professional development.
- b. Providing access to new knowledge. In a community of practice where teachers collaborate directly, use one another as sounding boards, and teach each other, it empowers the individual teacher, opening access to new knowledge and skills.
- c. Fostering trust and a sense of common purpose. As teachers in the CoP share ideas and experiences, they often develop a shared way of doing things, a set of common practices and a greater sense of common purpose, thus helping them to develop professionally.
- d. It helps in adding value to professional lives. CoP often form around topics teachers have invested many years in developing. They do not just focus on common interests alone but also on practical aspects of a particular practice,

everyday problems, new tools, ideas and developments in their fields, things that are working out fine and those that are not working perfectly.

- e. It promotes professional recognition among practitioners. In CoP, the collaborative support offered to members bring about recognition of talents and skills among group members. This gives room for showcasing talent among group members and such talents are embraced to support group members who need assistance.
- f. Encouraging loyalty and commitment amid stakeholders. Mutual engagement among group members and willingness to support make the group members to be loyal to one another. Members are committed to achieving their stated goals, thus, it is expected of individuals to be committed to their roles to make their community successful.
- g. Improving efficiency of processes. Working as groups with determination and dedication bring about productivity. Thus, in CoP, interactions, collaborations and mutual engagements among members bring about efficiency and development.

2.3 Types of communities of practice

CoP is seen as an essential model that enhances professional development. There are different types of CoP and these depend on the nature and purpose of such CoP. [3] argues that CoP are present everywhere and different kind of people are part of such community. The CoP could be at place of work, high school, university, college, home, civic or leisure places. Different activities and engagements are meant to take place in such community, however, group members have their objectives to be achieved. For instance, CoP among university lecturers are meant to promote professional development such that professional assistance and support are rendered to group members through mutual engagements, collaborations and interactions. According to [5, 18], the different types of CoP are:

- Small or big CoP
- Short-lived or long-lived CoP
- Co-located or distributed CoP
- Homogeneous or heterogeneous CoP
- Inside boundaries or across boundaries CoP
- Spontaneous or intentional CoP
- Unrecognised or institutionalised CoP
- Virtual CoP

In order to have a clearer picture and comprehensive types of CoP and detailed activities in each type of CoP, [19] highlight different types of CoP based on structural features of CoP. The structural features of CoP are categorised into four categories namely:

- a. Demographic Category
- b. Organisational Category
- c. Individual Category
- d. Technological Category

2.3.1 Demographic category

Under demographic category, three types of CoP are recognised as:

- Young or old CoP. This type of CoP specifically outlines the period of time a community has been in existence. Some CoP have been in existence over a period of time, thus, they are old CoP, while some are just being formed, hence such are referred to as young CoP.
- Small or big CoP. Every community have their group members and the number of members for each community determine the extent of the size. Group members of a small community are usually few while in a big community members are many and in most cases they are up to hundreds in number.
- Short-lived or long-lived CoP. Some CoP came into existence just to cater for immediate need of their group members just for a temporary arrangement for the purpose of achieving some things. These types of CoP are short-lived, because they are formed for a temporary time. Long-lived CoP are those that are formed to exist permanently and the group members did not have any time frame of how long such communities will be in existence.

2.3.2 Organisational category

The following three types of CoP are listed under organisational category:

- Spontaneous or intentional CoP. This type of CoP came into being to meet the group members' spontaneous needs through sharing and interaction. The CoP is formed intentionally for the purpose of meeting the needs of group members.
- Inside boundaries or across boundaries: In some organisations, CoP exist within the organisation, this type of CoP is known as inside boundaries. The across boundaries CoP exist across the organisation unit or departments.
- Unrecognised or institutionalised: In some organisations, there are some relationships that exist among workers which made them to form CoP, though such CoP are formed within the organisation, they are unrecognised because such are formed by relationships that exist among some workers. The institutionalised CoP is being recognised and official position is being given to group members.

2.3.3 Individual category

The following two types of CoP are identified under this category

- Co-located/distributed. In this type of CoP, a CoP is co-located when members meet at the same place because of the proximity they share. This is usually feasible when the community is still growing. When the community is fully grown with many members who do not stay in same location, then the CoP will be distributed. Members in distributed CoP will be expected to meet regularly by organising seminars, conferences in the same venue for their meetings.
- Homogeneous or heterogeneous: This type of CoP is determined by the cultural background of members. When members are from the same discipline or areas of specialisation, such CoP is homogeneous. The CoP is heterogeneous when group members are from different disciplines and areas of specialisations.

2.3.4 Technological category

In technological category, most CoP now meet virtually because of moving towards digital age and most organisations depend on the use of technology of different forms. Virtual CoP is an advantageous for member to meet irrespective of distance barriers unlike in face to face CoP.

3. Building effective working relationships among academics in communities of practice

Good working relationships are essential for production and collaborations among academics. Many times people struggle with their challenges and shortcomings in their own silos. [3] contends that CoP result in three structural elements, which are mutual engagement, joint enterprise and shared repertoire. These elements usually result in one having a sense of belonging and participation by members vary from individual to individual [5]. Sharing ideas allows for reflection, better understanding, better navigation of knowledge, creation of new knowledge and ideas, and creates confidence among participants [20]. They argue that dialogic negotiations of knowledge can result in friendships being created over time. However, constructive negotiations in CoP have nothing to do with friendship but rather common interest and goals [3].

CoP can either be formal or informal [2] and in both instances there is need for engagement and collaboration [3]. Research has shown that learning often takes place in non-formal situations through interaction as they share experiences and ideas [21]. CoP generate trust and positive working relationships, because group members have sense of belonging, which enable professional development among group members [22]. Trust is a key element for engagement and productivity. Without trust it is difficult for academics to engage in productive dialogue, be at liberty to share their knowledge and expertise, it is difficult for one to be vulnerable in an environment where they do not trust the people they are expected to engage with. According to Poultney [23], due to the trust that CoP generate, it is easier for participants to connect and collaborate resulting in effective professional development for academics. Research has shown that positive working relationships give participants a sense of belonging [24] and as a result take ownership and responsibility for their development [25]. Sense of belonging and ownership create positive energy among the academics and their desire for all to develop encourages collaboration and engagement. A positive environment allows participants to share their expertise, share their experiences without fear of prejudice or being judged,

allowing for positive criticism from team members thereby resulting in continuous development and shorter times of task completion.

Tips for creating successful CoP as suggested by [26] are;

- Clarify who the community is for-this will help in identifying the focus and content that is needed for that particular community
- Get those people together regularly-this helps build trust among the players and get easier to create a safe space for the team members to ensure that they are comfortable sharing their areas of expertise and identify strengths, which will benefit the community.
- Start by sharing stories- allows you to find the gaps and new areas of interest and develop connections, which will allow for collaborations.
- Create opportunities for learning, building trust, adding value, and supporting each other- allows participants to identify areas of interest that they might be interested in trying out.
- See what works and turn up the good-gives room for the community to evaluate and see what is best for them and drop the things that are not working well.

It can, therefore, be concluded that it is important to create and sustain positive working relationships in CoP for effectiveness, networking, sharing of ideas and positive change. CoP allow members to work in flexible and informal environments where everyone is a potential knowledge contributor.

4. Wenger social learning theory

Social learning is routinely conflated with various thoughts, between the thought itself and its potential outcomes. This nonattendance of sensible clearness has limited our capacity to assess whether social learning has occurred and given that this is valid, what kind of acknowledging has happened, how much, between whom, when, and how [27]. [27] argue that to be seen as social learning, a cycle must:

- show that a change in comprehension has happened in the individuals being referred to;
- display that this change goes past the individual and gets organised inside more broad social units or organisations of preparing; and
- occur through social associations and cycles between performers inside a casual network.

A clearer picture of what these researchers mean by social learning is that learning must take place through interactions with others within the same group by utilising the social learning hypothesis by [3].

The initial work of [2] was the stepping stone for [3] social theory of learning on CoP which tested long-standing thoughts about learning. Specifically, they contended that learning is not an individual effort but a social cycle that is arranged in a social organised setting. A vital reason of his hypothetical work is that CoP can emerge in

any space of human undertaking, as long as people share a common personality in their school of thought. As such, learning happens in various social practices through support in shaping the development of a bigger project some time. Etienne's investigation of learning in settings other than formal instructive settings can help a large number of us working in education to think differently about learning.

The four main premises of social learning by [28] are:

- We are social beings. This shows that there should be social participation of all members of the CoP.
- Knowledge is a matter of competence with respect to valued enterprises.
- Knowing is a matter of participating in the pursuit of such enterprises.
- Meaning - our ability to experience the world and our engagement with it as meaningful.

As Wenger puts it, CoP develop in stages and phases such as formation, integration and transformation [5]. Learning develops through active participation in the different stages.

Wenger's framework is used to address complex 21st century learning [29]. The theory centres around the vital worth made by social learning, recognising the sorts of significant values, flowing a model learning. The recognised values are the direct value, potential value, applied value, realised value, enabled value, and transformative value. Wenger's work is adopted from education with a view to professionalise teachers. The body of knowledge is much more alive, which is the community being engaging with the practice and hopefully to engage with each on what the practice is and what good practice is and what not good practice is and so forth. In a social theory of learning, CoP contemplate that learning takes place in a social setting and demands both participation and reification for meaningful learning.

The traditional approach to learning is described as a vertical view of learning where somebody assumes that one person knows and that information is passed to somebody who does not know [30, 31]. Social learning is the horizontal view of learning assumes that you and I are in a partnership and we negotiate what is it that we know is and how we understand it in our own contexts.

In this theory, learning occurs in cycles and starts in conversations, designs, problem solving, bench-marking and many more. Social learning should generate different types of values that describe a specific cycle [32] like engaging as learning partners in debating, creating a document together, going to a field trip together. Immediately you get to know each other and a person understands you, have fun, one feels inspired. This is the first cycle of learning and value one gets from just participating, called immediate value. Immediate value generates from enjoying to be in each other's company, producing great ideas and inspirations and forming new connections and collaborations among each other. The main idea or activity will be producing a particular purpose. In the quality of the conversation among stakeholders, sharing different world views, different angles of solving a problem, and creating networks, produce a potential value. The potential value is a second cycle of learning which may or may not end up profiting participants.

Learning does not end with the potential value in the theory by Wenger, but proceeds to the trying of the feedbacks you receive from the gathering as the third cycle termed applied value. In this cycle one learns when going back into the organisation and applying the new ideas, follow-up in connections and do a new project together.

The cycle is accompanied by the change in practice as the result of the learning partnership activity. In a way people create multiple opportunities of learning. The creative nature of the CoP is when participants put acquired knowledge into practice. Creativity involves re-learning and generation of new knowledge leading to the fourth cycle of the realised value. One can see the changes in an institution.

Whether the implementation of new knowledge is a success or a failure one needs to have feedback loops because it is important for further learning. The feedback develops the learning loops to make learning relevant, adaptive and dynamic. A project Support team and community leadership roles are crucial in the learning process because activities such as logistic preparation, facilities, technology, and agenda design to mention a few need to be considered. It is the key aspect of the learning process to develop the implementation strategy. To acknowledge the strategic value, the nature of the vital discussions is the fundamental piece of social learning among the partners and permit them to accommodate their exercises into the master plan. This is called the enabling value. Notwithstanding, learning is not being restricted to an improvement and execution, it can likewise create new points of view or new meanings of achievement, and it can much trigger more extensive social and institutional changes, named transformative value or reframing value [32]. The transformative value or last cycle is the most dramatic aspect of learning.

As such it is significant that every one of these pieces ought to be set up and there should be a unique stream among them for figuring out how to have any kind of effect in this day and age. The value creating cycles makes one to be aware of where to focus attention. Setting of goals before you start a project with partners and choosing what conditions to follow, should be set up. The framework can also be used to evaluate the project and follow indicators to each cycle. Embedding social learning in the project is a strategic imperative. This is not only meant for students but also CoP in terms of academic staff development. The last cycle dimension takes the assumptions of where world ought to be in applying the flexible process in the ever-changing world operations especially in the academic environment. Therefore, social learning theory on communities of practice are bothered about learning in having the effect in the quickly evolving world, the principles of the game-changing: science is changing, innovation is changing, and international affairs is evolving. In reality, things are excessively powerful and complex.

5. Different activities academics undertake in communities of practice

CoP are described with three measurements [3], namely:

- The mutual engagement tying individuals into a social substance. Being remembered for “what is important” in a gathering is a necessity for being occupied with a network’s training.
- Community individuals build up a mutual collection, a common arrangement of shared assets, for example, schedules, words, instruments, methods of getting things done, stories, and ideas. The ideas, language and apparatuses exemplify the historical backdrop of the network and its point of view on the world.
- The joint endeavour in comprehending what the network is about. The joint venture characterises the aggregate cycle in a constant arrangement and it makes among members’ relations of shared responsibility become a vital piece of the training.

Right now, there is huge, contending pressures for transformation in higher education. Numerous scholars decide to change pedagogy and curriculum mirroring pedagogical research together with supportive learning and collaboration. A few changes, be that as it may, are forced by institutional approaches reacting to the more extensive higher education setting [33]. CoP may assist educators to revise their tasks at hand and diminishing open doors for communitarianism dynamic enhancing professional skills development with common commitment as the fundamental purpose within their various communities. [33] investigation on educational program change is an example of revising tasks at hand and focus on professional development by using an integrated method to course design and supportive learning. Also, educators engaged in a joint venture to revise the curriculum plus the significant alterations in university policy. CoP model promise the accomplishment of educational objectives by tending to instructors' necessities, as opposed to just raising requests on staff, to fortify commitment, joint efforts, assemble abilities and offer accepted procedures.

Mutual engagement is evident in [34] who note that globally, high schools have seen themselves faced with changes relating to changing educational program systems, new plans for teacher capacitation and empowerment together with their shifting roles. In reality, changes that underlie the expansion of combined activity between instructors incorporate collective teaching, soundness between subjects, and circulated decision making. These changes call for meeting and coordination between teachers to manage late changes and the going with multifaceted nature of work and continuous cooperation.

On a similar note, engagement in higher education, schools and districts that are associations in their privilege yet face expanding information challenges [6] is necessary. CoP hold the guarantee of empowering associations among individuals over these conventional structures to defeat considerable hierarchical issues. Another examination directed in [35] express that a topographically scattered yet disciplinarily affectionate community can work as a steady, non-various levelled CoP depending on the extent of mentorship, plus the creation of social resources. These scholars state that the most important imperative is to have one committed person to drive meetings and cycles of the CoP via Skype or email in a synchronous or asynchronous learning environment. It is also essential to analyse the organisation in CoP terms to gain better insight into its development, to distinguish its qualities and shortcomings, and to guarantee its continuation and shared collection.

The primary importance of CoP is for teacher preparation and breaking barriers between managers and subordinates [6]. For example, there is mutual engagement among staff members in the development of manuals and publications that were absent in their profession [6]. This gathering of auditors in the public sector was from various nations in Eastern Europe and Central Asia to shared work, stories, and relics made over the seven years of their endurance time giving a feeling of coherence and reason. There was no segregation of participants based on their seniority levels because of the CoP model used. Meaning, the CoP promotes lifelong learning within the organisation to fulfil the common institutional goals and initiatives.

A joint undertaking is another significant movement for academics in CoP. A variety of researchers and reformers has required the reinforcing of coordinated effort between instructors by methods for advancing networks of teachers in schools [34]. The action requests that foundation chiefs should convey the command to continue or create networks of training in their orders considering variety contemplations regarding instructive level, residency, word related insight, and gender in the arrangement of teacher groups for creating organised responsibility on accomplishing learning results. Notwithstanding sorting out different groups,

school pioneers could expand teachers' joint duty and responsibility for undertakings and group execution. The joint venture in administration, for example, choices are not made by a solitary individual; rather, choices arise out of collective exchanges between numerous people, occupied with commonly subordinate exercises. [36] converses with the school-based insight and the joint endeavour that scholastics could take part in. CoP can drive methodology, create new lines of business, take care of issues, advance the spread of best practices, build up individuals' expert aptitudes, and assist organisations with selecting and holding ability [11].

The joint venture can be experience in community projects are also activities academics can create solid associations with guardians and communities implies another method of working for governments, for administration organisations, and teachers [37]. For instance, in Thailand, such CoP resulted in upgrading of educational programs, employing volunteer teachers for co-curricular exercises, and raising funds for assets [37] in adjusted congruity. It is the kind of CoP model that administrations can advance through preparing, consolation and backing, yet in addition to stretch out the result of gathering pledges and upkeep and development of structures. Thus, CoP in schools enhances opportunities of collaboration among staff in implementing changes to educational programs, new plans for teacher professional development and to the instructors' functions. The collaborative effort deepens understanding in teachers' responsibilities. Therefore, there is shared collection of responsibilities between instructors by implanting coordinated effort into the school culture.

The idea of collaboration of academics from various disciplines (psychology, anthropology, computer science, and education) embarking on research with a purpose of changing teaching and learning processes and approaches is supported by [38]. [39] recommend CoP sighting examples like addressing faculty challenges and concerns related to academic writing. The writing communities were created across-disciplines holding dialogues for the process of academic writing departments, then facilitating conversation and collaborative activities connected to the process of academic writing. Therefore, in a joint venture activity, there is mutual engagement and mutual collection of ideas towards achieving the institutional goals.

6. Why focus on communities of practice

According to [3], five key function are offered in CoP. These are:

1. Educate members through sharing of experiences and ideas within the practice
2. Support members through collaborative engagements
3. Cultivate members' imaginations and ideas for them to start learning and sustain the learning process.
4. Encourage members through support and endorsing their work and expertise through dialogue
5. Integrate members' new knowledge and ideas to enable change within the practice or organisation

There are a number of characteristics which promote and drive the CoP for teams. These characteristics create opportunities for team members to develop. **Figure 1** below by [5] demonstrates how CoP contribute to individual members as well as for the organisations for both long term and short term.

Why focus on communities of practice?		
	for members	for organizations
Short-term value	<ul style="list-style-type: none"> • help with challenges • access to expertise • confidence • fun with colleagues • meaningful work 	<ul style="list-style-type: none"> • problem solving • time saving • knowledge sharing • synergies across section/districts • reuse of resources
Long-term value	<ul style="list-style-type: none"> • personal development • enhanced reputation • professional identity • networking 	<ul style="list-style-type: none"> • strategic capabilities • keeping-up-to-date • innovation • retention of talents • new strategies

Figure 1.
Why focus on communities of practice for members and organisations. Adapted from [5].

CoP offer support for team members and builds confidence. Individual member gains more information about their practice and they are able to put it into action as they know that they have a reference point, they have cheerleaders and they have literature that supports their properties in the workplace. When an individual is confident about their work from the support that they get from teammates, they constantly feel motivated to do their work effectively. The members know they are not doing work as a duty anymore but they feel in whatever they do they have the support of the teammates or of the organisation and they have some backing from the people who share with them the same beliefs, passions and goals.

The nature of CoP creates opportunities for learning and development. Team members learn from each other as shown by Bandura's social learning theory [31]. Feedback from others is essential as it helps you to develop further as you take time to reflect on your work, improve on areas that are highlighted, and come back to practice with better or improved strategies. Feedback allows one to carry out an action research on what they are doing within the workplace. CoP enables knowledge sharing and reduces duplication. An opportunity for co-contribution to knowledge is created.

Sharing of information allows for more learning and you remember more than having idle information at the back of your mind. When you teach others, you also learn. Sharing of ideas helps an organisation when it comes to empowering employees within the organisation it reduces challenges when an individual who never shared the information that they had about their practice leaves their job without proper training to those remaining behind. When an individual leaves a job, they leave with their expertise and if not careful, you are stuck as an organisation resulting in daunting hand over take over processes. This results in the new incumbent taking longer to perform their duties effectively thereby delaying in yielding results. The community of practice adopts a common approach, which allows scaling [26]. People own the practice, decentralise things, and create consistencies. Community members can act as enablers of change. It is easier for a group to have a voice in an organisation than it is for an individual to try and convince the organisation for change [26].

A community of practice allows for collaboration on common issues and challenges to create better practices. As a team or as an organisation when you are collaborating it allows you to see the challenges together, brainstorm the challenges, come up with ideas on dealing with the challenges and improve based on what findings and the recommendations on what to change and how to change. This result in

a continuous developmental process. According to [40], 'human communities can develop a sort of collective intelligence that is greater than the individual members. Different experiences and sharing allows us to build on each other's experience and improve our practices. CoP therefore are worthy focusing on as they have benefits to the individual and organisations, academic institution included.

7. Relevance of communities of practice to professional development

The relevance of CoP to professional development cannot be overemphasised, it is very important that in CoP, the relationships, interactions and collaborations among group members must not be taken for granted. Such relationships, interactions and collaborations have ways of moulding group members towards their professional development. For instance, academics in their various universities must value their engagements with the members of their CoP. Many achievements towards professional development could be made through CoP, thus, this must be valued and appreciated.

The relevance of CoP to professional development according to [41] are;

- Connect people. It gives group members opportunities to interact, most especially those who do not have the opportunity to interact, either on frequent occasions or not at all.
- Provide a shared context. This serves as an avenue for easy flow of communication and sharing of information, ideas, talents, personal experiences as a means of building understanding and moulding members for better exposure and insight.
- Enable dialogue. Group members have the opportunities to interact through their mutual engagements. This brings about opportunities to exploring different possibilities and new ways of solving problems, creating new ideas through collaborations.
- Stimulate learning. There are diverse ways of learning in CoP among group members. This is serves as an avenue for reliable communication, mentoring, coaching, and self-reflection. Group members are mould by specialists in the CoP and they offer them professional support needed for them to be professionals in their own fields.
- Capture and share existing knowledge. The continuous existence of the group made it easy to help group members to improve their practice. This is done by providing a medium to identify solutions to common problems in the group and a process to pull together and evaluate best practices.
- Introduce collaborative processes. Collaborations among group members must be keen to bring about interactions, sharing of ideas, encourage trust and positive relationships.
- Help people organise. Group members are determined to achieve the aims and objectives of creating their CoP and this bring about concrete results.
- Generate new knowledge. The willingness for mutual engagements bring about transformation of practices among group members and also bring about opportunities to accommodate variations in needs and technologies.

8. Conclusion

This chapter has pointed out the relevance, importance, and significance of CoPs for the professional development of academics as university teachers. In particular, the enablement, enhancement and support it proffers towards the realisation of a sense of community among academics as teaching and learning practitioners. How academics in their roles as teachers can improve, change, and/or further develop their teaching practices through engagement, sharing, recognition, and validation of each other's' work are discussed in details. The forming and norming of CoP practices, the different forms that they take, and the various educational functions that they serve are elaborated on. How a CoP comes to have a common understanding of issues that beset them, form a common agenda around the issues, operationalise and develop strategies for dealing with their substantive issues of their practice are highlighted in the chapter. More importantly, this chapter provided details of how effective working relations are developed and nurtured in a CoP.

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Conflict of interest


The authors declare no conflict of interest.

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Challenges of Inter-Professional Teamwork in Nigerian Healthcare

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Abstract

Inter-professional teamwork in government owned hospitals and various healthcare institutions involving various Professionals such as Doctors, Pharmacists, Medical Laboratory Scientists, Medical Laboratory Technicians, Medical Laboratory Assistants, Nurses, Physiotherapists, Radiographers, Health Information Officers, Human Resources Managers, etc. is becoming a challenge leading to various strikes and labour protests in Nigeria. The patients and family relatives and host communities of such health institutions are becoming uncomfortable with quality of care due to inter-professional discord. This needs a critical discussion towards solving/looking into the challenges such as Personality differences, Health Leadership and Hierarchy, Disruptive behaviors, Culture and ethnicity, Generational differences, Gender, Historical inter-professional and intra-professional education, Fears of diluted professional identification, Differences in accountability, payment and rewards, Concerns regarding clinical roles and responsibilities, Complexity of care, Emphasis of rapid decision making, Service timing, with Associations and Unions. The exploration would provide solutions for better teamwork practice and improved patients care.

Keywords: hindrances, challenges, inter-professional, teamwork, healthcare, Nigeria

1. Introduction

Inter-professional teamwork is where various professionals such as doctors, pharmacists, medical laboratory scientists, medical laboratory technicians, medical laboratory assistants, nurses, physiotherapists, radiographers, health information officers, human resources managers and others who work in the healthcare institutions, work together with patients, care givers, families and communities to deliver the highest quality of care [1].

The World Health Organization (WHO) [2] defined inter professional teamwork or collaboration as a situation where multiple healthcare workers from different professional background work together with patients, care givers, families and host communities to deliver the highest quality of care. This is essential in a situation where health care professionals assume complementary roles and cooperatively work together, sharing responsibilities for a problem solving, and decision to formulate and carryout plans for adequate patient's care.

Available evidence however suggest that unlike in the developed world, health care professionals do not collaborate well in Nigeria because of the claim of

superiority of a particular health professional like physicians who always claim healthcare leadership and owners of patients which creates more conflict among other healthcare professions that is threatening to tear the health care sector apart, to the detriment of the patients [3].

Most of the challenges faced in the health care sector are due to; several month salaries owed, poor welfare, lack of appropriate healthcare facilities and other emerging factors among health workers.

Researchers have found out that working together reduces the number of medical errors and increases patient's safety [4]. Teamwork also reduces issues that lead to burnout, no longer is one person responsible for the patient health. Today, an entire team of health workers come together to coordinate patients' well-being and it reduces both surgical and diagnostic errors [5].

Teamwork is based on solid communication among healthcare workers with the patients and their families sometimes to feel more at ease. They accept treatments and feel more satisfied with the health care [6] when there is good communication backed up by team spirit.

The teamwork significantly reduces workloads, increases job satisfaction and retention, improves patients' satisfaction and reduces morbidity [7].

This chapter shall examine the Nigerian situation on teamwork and the challenges/hindrances which affect the positive outcomes of quality health delivery. Notably, Nigerian Health workers are knowledgeable on the teamwork and the possible positive outcomes [8–10], but the challenging factors have contributed to the less concerns on the teamwork practice and if well addressed, Nigeria shall improve on the next level of positive outcome of healthcare laced with teamwork.

2. Hindrances of teamwork in healthcare sector in Nigeria

Teamwork has been advocated across the globe. The Nigerian healthcare shows interest in teamwork across healthcare institutions, however some mitigating factors hinder the teamwork spirit and the expected positive outcomes.

2.1 Personal values and expectations

Knowing that teamwork requires collaboration and understanding within the health care sector, personal values and expectations of team members counts. Personal values have to be well maintained in other to understand each other. Guiding principles and understanding the core mission of work without letting in expectations and one's personal interest to outweigh the team interest is essential.

In Nigeria, personal values and interest, depending on the exposure and family financial base challenges professionals on how well to work as a good team member or not. Poverty and stress attached to financial crisis may limit expected outcome of services or team outcome.

2.2 Professional distribution

Distribution of health workforce has been another serious challenge due to inadequacy in the recruitment and number of personnel in various health facilities. Abimbola [11] did not mince words when he puts it that the low and inequitable distributions of healthcare workers remain an elephant challenge in the Nigerian healthcare sector. Bangdiwala and colleagues [12] opined that there is a global crisis in health workforce as a system by acute shortage and uneven distribution of health workers in several settings. In Nigeria, expert have reported that historically, "brain

drain in the form of migration of health workers to high income settings as a major setback in the country” [13]. Current statistics show that one in four doctors and one in twenty nurses trained in Africa are currently working in developed countries, with this contributing to the short fall of over 1.5 million healthcare workers in the African region [14]. Healthcare workforce density in Nigeria, is estimated at 1.95 per 1000 population [15]. These figures reveals disparity and shortage of health professional man-power and may contributes to less attention to team work. In order to handle the huge workload, there should be due consideration to team work and collaboration which makes workload better handled with ease.

In the midst of unequal distribution of healthcare staff, there is embargo on employment of medical laboratory scientists in many healthcare institutions as compared with Doctors and Nurses. This situation leads to lopsided approach and heavy workload on a particular profession thereby stampeding teamwork especially in patients care management.

2.3 Personality and professional differences

Personality traits exist in addition to professional differences depending on the different roles as legalized in various countries of practice, an instance of Nigeria.

While some see the practice of medicine as an autonomous one-on-one relationship between the clinician and the patient, others see it as a team work towards a better patient outcome. The challenge emerges when a particular profession in a healthcare setting takes ownership of patient and assumes that other healthcare professionals that come in contact with the patients are not important. This relationship remains a core value in Medicine but it is challenged by many concepts of teamwork and shared care thereby, hindering the sharing of information of their patients through medico-legal implications of team-based care.

Many healthcare workers have shown different views and ways of doing certain thinking in this regards. This serves as a barrier to inter professional teamwork where one behavior or attitude differs from the other and sometimes, the attitudes can be traced to professional differences.

2.4 Hierarchy and health leadership

Hierarchy among medical professionals in Nigeria is a serious challenge in teamwork practice in Nigeria. Before 1985, the headship of healthcare institutions was not specific but based on the most qualified professional to hold such office. Not until 1985 when Decree 10 was promulgated for the Teaching Hospitals to be headed by Chief Medical Director (CMD) who must be a Physician (Medical Doctor), registered and licensed. This Decree has been replicated in all health institutions without adequate legal backing. This removed the competency in administration and management in Nigerian healthcare to the hands of Doctors who may or may not have the adequate knowledge in practice of administration and management.

Currently, it is difficult to have a health team where the teams’ decision would be accepted if the team leader is not a medical doctor. Strong hierarchical nature of medicine graduates rating as number one in Nigerian healthcare sector pushes for only the doctors to be both Ministers as appointed in the Federal Ministry of Health, Health Agencies, State Ministries of Health and all Hospitals. In a typical Nigerian healthcare, most decisions by a team is not accepted if not headed by a Doctor and this has really posed as a challenge to other professions within the sector.

Supremacy/Headship challenge especially in the health institutions leadership has developed an ugly trend of which team works stands better chance to handle. It was Alubo [16] that opined that the health workforce crisis in the country have

taken unique and worrying dimension. In reality, other healthcare workers have alleged that the Nigeria health system is designed to favor doctors mainly, especially in management of health sector not minding if there is certificate or experience in management or not. The alleged dominance of doctors over the years have encouraged other health sector unions (JOHESU) to put up resistance.

In the health care system, different positions and categories are allocated to the health care professionals on the basis of levels. The upper echelons of the hierarchy are superior to the ones occupying the lower level, and thus the communication and collaboration might be formed and therefore serve as a hindrance to inter-professional treatment.

Rosanne [17] posits that difference in attitudes in inter-professional healthcare about who is ultimately in charge could be an “Achilles’ heel” across the globe. In Nigeria, the Doctors are fully in charge in all medical interdisciplinary teamwork. There is need to give further attention, because agreement with the concept of shared team decision-making is fundamental to effective interdisciplinary work of any kind. The question of who is in charge is a complex issue with complicated legal, ethical, and professional ramifications.

2.5 Disruptive behavior

Most health workers want to be given full attention alone. When this occurs, teamwork cannot be enjoyed; because others might feel less valued and would not be listened to. This serves as a barrier in inter-professional team work.

The situation where every health professional in Nigeria threatens for work to rule, strike and industrial actions based on one issue or the other with other disruptive behaviors makes it very impossible to continue team spirit in healthcare in Nigeria.

2.6 Culture and ethnicity

While there has been a growing acknowledgement that teamwork is important in health care, this has not necessarily been translated into changed practices, especially in emerging and developing nations like Nigeria where cultural norms of communication may mitigate against teamwork. Communication gap is huge because of Federal Character and Catchment area policies of government.

In the healthcare sector in Nigeria; culture and ethnicity serves as a gap in team work. When a client and a health professional are from different background; the difficulty in language, communication and understanding occurs. It might be hard to get a translator and this therefore, ends the means of achieving a goal. Different clients come from different background; therefore the means of understanding within the healthcare system is limited.

Some culture or practices maybe due to religion. This may pose a challenge especially where women abhor medical attention from men or vice versa.

2.7 Generational differences

Having a varied generation representing a team will create a barrier in inter-professional teamwork, some health workers have a particular age range; and might have some ideas, attitude or values. When these cannot be maintained, it creates so many differences. The generation gaps puts the just graduated health professional who may be probably doing Internship and full of information communication technology (ICT), savvy to have different approaches to case managements as team members with others who have grown from the ranks while working as a team. The

ethical issues serves as a bridge but in some cases, the idea of a junior colleague or team member may be logical but not tolerated in terms of respect and ethics from the senior ones and creates some differences as a team.

2.8 Gender

Following the medical practice history, women were nurses and men were physicians; but recently, men are becoming nurses and more women are becoming physicians, although men represents only 7% of the nursing population, and medicine is almost equally represented by both men and women. A study by Wear & Keck-McNulty [18] and Lotan [19] supports the concept that female nurses are more collaborative with female physicians, the result from the qualitative survey shows that female nurses reported higher level of collaboration with female physicians than male physicians. Gender has always been a barrier to collaborative healthcare achievements due to issues concerning on whom to be given several position between a man and a woman [20]. Gender equity in any health team is very important [21].

Gender sensitivity is very important in formation of good teams. In cases where professional members are dominated by men or women, such gender differences poses some challenges in the team performance.

In Nigeria, the women are more among the nurses and men are more among other professionals though there is serious improvement towards mixing the gender unconsciously. In some critical cases, women are required especially to attend to women concern on special or personal preference within the team, but where they are lacking it poses more challenge to the teamwork.

2.9 Historical inter-professional and intra-professional education

Various healthcare professionals have different educational backgrounds especially in Nigeria where all professions – Physicians, Pharmacists, Medical laboratory scientists, Nurses etc. have their root traced to other countries of the world. In Nigeria, most of the professions started as Certificates, Diploma, and Degrees.

Take for instance, the training of Medical laboratory scientists originated from London [22]. The first categories of the professionals went to London to train as medical laboratory assistants, technicians and technologist. But currently, it is in country training as medical laboratory scientist of which their background of training or professional status should not be a barrier to teamwork with other healthcare professionals. When various professionals look at historical evolution and education rather than harnessing capacities to improve teamwork, it poses a challenge.

2.10 Fears of diluted professional identification

There exists fear of one profession thinking that another profession would learn the job and practice the profession without licensure and adequate certification because of collaborative work as noted in teamwork.

While teamwork enthrones collaboration and sharing of ideas based on professional skills and knowledge, the authors believe that it does not take ones professional status away or dilutes professional identification. However, this fear dominates Nigerian healthcare team practice.

2.11 Differences in accountability, payment and rewards

Dispute over accountability, salaries, rewards and allowances in the Nigerian healthcare sector have continued to emerge day in day out among other factors.

Poor remuneration and welfare has also been identified with cases of partiality depending on the professionals involved. The increasing cost of goods and services in Nigeria with increased inflation rates has made it possible that no amount paid to health workers will be enough to satisfy them. Oleribe [23], reported that poor remuneration and wages, poor welfare of the healthcare workforce have led health workers to embark in numerous industrial action due to several month salaries owed and poor working conditions. This strikes and threats of strike continues unabated even at the time of writing this chapter.

In a recent survey of senior management staff of health institution in Nigeria, massive discrepancies in remuneration of health workers in the same grade level across federal, state and local government were observed [24].

Payment and reward are determined based on the position and levels of the professional and this therefore can be mistaken and seen as a means of underrating a particular worker.

In Nigeria, various payment and salary structures exist. We have Consolidated Medical Salary Structure (CONMESS), salary scale for medical doctors and Consolidated Health Salary Structure (CONHESS) for other healthcare professionals. The challenge is that CONMESS puts medical doctors more important in healthcare as other professionals lament frequent review of CONMESS and not same for CONHESS. The argument is that the Chief Executives who are all medical doctors prefer to favor their colleagues to the detriment of other professionals.

This is a major factor affecting the team spirit as it is evident that a team comprising of Doctor, Pharmacist, Medical laboratory scientist, Nurse, Radiographer, and Physiotherapist who are in the same grade level shall definitely go home with different amount as wages and emolument even though they are in the same team.

2.12 Concerns regarding clinical roles and responsibilities

Currently in Nigeria, there exists considerable changes and overlapping in the professional roles played by different health professionals. Ordinarily, from the training levels, there are basic inter-professional expositions of what the health professionals do up to practical terms for knowledge sake but all professionals are licensed to practice their profession [20]. For instance, radiographers can read plain film X-rays, Clinicians, Nurses, Pharmacists can perform some simple medical laboratory tests and their various professional license of practice may not cover such areas as prescribed by law regulating their various practices. These changing roles and task shifting leads to some team challenges in terms of role allocation and acknowledgement.

2.13 Complexity of care

Complexity of care may involve changing settings based on the fact that “nature of health care is changing including, increased delivery of care for chronic conditions into community care and many surgical procedures to day-care centres. These changes require the development of new teams and the modification of existing teams” [20] thereby causing instability of teams.

Health-care teams can be transitory in nature, as it is when coming together for a specific task or event (such as cardiac arrest teams or molecular testing teams). The transitory nature of these teams places great emphasis on the quality of training for team members. This raises challenges in medical care where education and training is often relegated at the expense of service delivery [25]. This is because, most healthcare managers in Nigeria lay emphasis on doing the job than more training for the healthcare professionals who do the job.

The complexity of care is found in intensive care nursing, surgical cases, molecular and advanced techniques in medical practice associated with the severity of illness and the caring intensity which poses threat to teamwork.

2.14 Emphasis of rapid decision making

Decision making with regards to teamwork helps the health workers to be open in discussions. When the decisions are made from certain workers without others involved in such discussion, it creates a teamwork challenge and thus can lead to misunderstanding among the healthcare professionals. This could be due to differences in status among the health workers. And others might feel that their ideas are not welcome, and therefore reduces their efforts. This has been the case where decisions are taken for medical laboratory services in Nigeria in absence of medical laboratory scientist in most management decision-makings in various Nigerian hospitals. Such decisions could be challenged or some approvals returned unattended due to the lacuna or professional errors. The team spirit diminishes leading to job dissatisfaction [26] in cases where some medical laboratory reagents and consumables are approved or even purchased without adequate input by medical laboratory scientist on the validity and certification of such products towards quality outcome.

2.15 Time

Lack of time is a barrier to collaboration and achievement of goals. Time must be given to all team members to collaborate including the clients. Due to the shortage in nursing profession; nurses today have larger patients' number to attend to providing for a limited amount of time to spend with each patient. Combined part-time work with increase patient loads and there is a little for health care providers to interact with each other and their patients. Collaboration requires trust and to build trust; people need time for interaction [20]. Due to shortage of health professionals in Nigeria most especially medical laboratory scientists in various hospitals possibly because of increased unemployment created by healthcare managers and Chief Executives who are Physicians, the robust interaction time in teamwork practice is affected because of the crowded patients in need of attention and numerous samples for analysis with reference to the medical laboratories.

2.16 Associations and unions

In Nigeria, associations and unions are very strong forces that affect team work in Nigerian healthcare. There are numerous associations as each professional body has their association and related ones went ahead to form unions and recently, some unions joined to form common front for strong bargaining power with the government and that lead to formation of the Joint Health Sector Union (JOHESU). JOHESU consist of five registered health professional unions; Medical And Health Workers Union Of Nigeria (MHWUN), National Association Of Nigerian Nurses And Midwives (NANNM), Senior Staff Association Of Universities Teaching Hospitals, Research Institutions and Associated Institutions (SSAUTHRIAI), Nigerian Union Of Allied Health Professional (NUAHP), and Non Academic Staff Union Of Educational And Associated Institutions (NASU).

On the other hand, the Nigeria Medical Association (NMA) is umbrella association of all Medical Doctors/Physicians in Nigeria. There are other sub group associations of NMA depending on their area of specialization or the level of practice.

The team work becomes a hard nut to crack in Nigerian healthcare sector for the fact that NMA do not believe that anything good can come out of JOHESU and vice

versa. Such has grown to its obnoxious apogee to the extent that what government approves for JOHESU professional members are being opposed by NMA not minding how good the package may add to healthcare practice or to the motivation and job satisfaction of the beneficent. In the course of writing this chapter, the authors observed that an approval by government to Pharmacists (**Figure 1**) was challenged by NMA on the 16th September, 2020 when their National publicity secretary, Dr. Aniekeme Uwa posited that NMA “will find a permanent solution to the unwarranted assault on the integrity of the noble profession” followed by the JOHESU members and leadership while commending the federal government of Nigeria on behalf of Pharmacists the Secretariat released a statement of the 18th September, 2020 and “wonders how the approval of a consultant cadre in Pharmacy practice would amount to an assault on the integrity of medical practice”. JOHESU expects the government to extend the Consultant status to other healthcare professionals as the consultant cadre in health systems is not a sole attainment of a particular profession.

NMA 24 Point agenda and JOHESU 15 Point demands has been two major causes of strike and industrial actions in Nigerian Health industry. Most of the time, the need of one is in direct opposition to the other and makes the dispute resolution not in any way near in Nigeria.

JOHESU demands and counter demands by NMA and vice versa has reached its obnoxious apogee that disbanding the Associations and unions may not really be the solution. For example, the NMA and JOHESU strike in 2014 were based on doctors/nurses, doctors/pharmacists, doctors/medical laboratory scientists, doctors/allied health professionals protracted supremacy challenge.

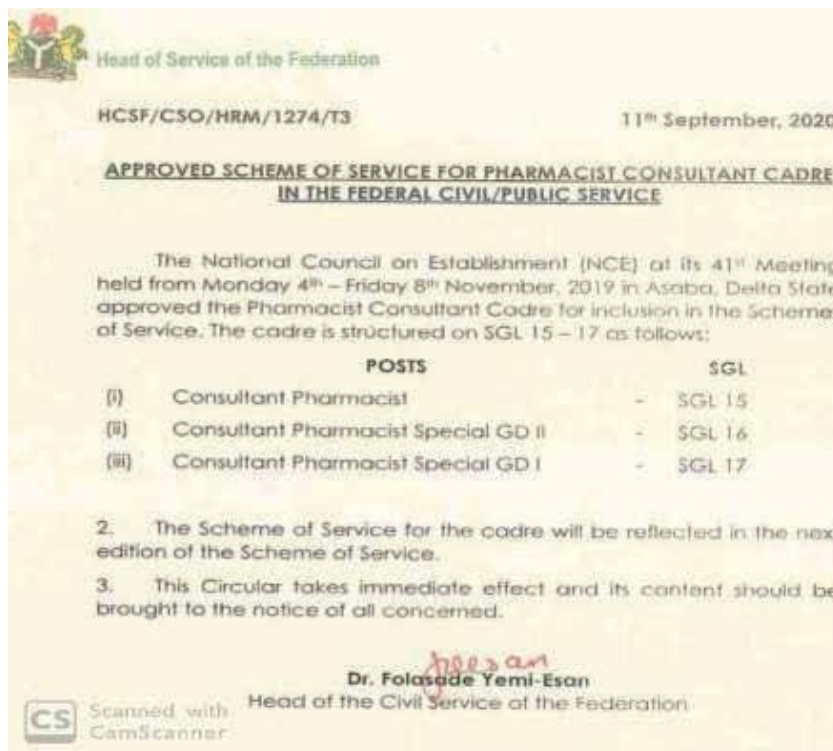


Figure 1.
Approval of consultant cadre for Nigerian pharmacists.

In the last 10 years, there have been calls to address those prevailing issues especially on the provision of better facilities for disease diagnosis and treatment, improved health workforce and remuneration and a health care scheme. On notable response in the National Health Act, which was signed into law by the former president Goodluck Jonathan on October 31, 2014, albeit generated diverse disagreement and interest among various health professionals and stakeholders in the preceding 5 years [27].

The goal of the health sector is to ensure delivery to affordable, accessible, equitable and safe health services to the population and in achieving this, every health workforce has an important role to play. However, the challenge posed by associations and unions in Nigerian healthcare is a major hindrance to teamwork.

3. Approaches to good teamwork in healthcare sector in Nigeria

For a healthcare sector to attain a good team work; health professionals must know how to practice collaboration with improved communication and partnership among all health providers and patients; Clarity on the role of all healthcare providers working within team environment; Better response processes in addressing issues related to healthcare; Effective utilization of health care resources. This leads to team's provision of healthcare services and high level of satisfaction on delivery of services among team members [28–30].

All effort should be in place in Nigerian healthcare institutions so as to mind every one's values and assumptions that affect interactions with team members who are definitely other professionals. No matter the strengths and weaknesses of different team members, good teamwork helps to deliver quality and safe care [31–33].

Psychosocial factors of team members should not be allowed to affect team interactions. However, the impact of change on team members should be recognized. There is a need for the healthcare leadership to organize workshops and training [34] on teamwork and conflict management with the aid of role plays with small groups and ability of healthcare managers to understand the characters of stress and conflict within the system. Such programmes improves knowledge [35]. Professionals' development among healthcare teams cannot be ignored while encouraging all professionals to show respect for each other [36, 37].

Training and practice of emotional intelligence (EI) helps the care givers and healthcare managers in resolving conflicts. It is also imperative to use personality traits and characteristics instrument like crew resources management (CRM) or core self-evaluation (CSE) on conflicts to assess team members who have conflict or less conflict traits.

Also, break the barriers of team communication gaps in healthcare through teaching effective communication strategies, training team members together within undergraduate and postgraduate levels and during team formation stages, stimulate team members together during training or work, redefine healthcare team members to include all healthcare professionals, and make teams democratic in nature in all strata of communication. The healthcare teams should be supported with protocols and procedures such as check lists, IT solutions and briefings and adequate development of organizational culture that support healthcare teams [38].

Patients are the center of every medical team and there is a need to include them as team member in any team function.

The hierarchy of professionals over others should be well considered so that no one profession is exalted over other in healthcare team considering

that everyone is very important. It should be however put that the heads of any team should be the most qualified and experienced based on years of service and certifications in management and administration, no matter the professional affiliation. It will not be a bad idea if postgraduate certificate in management and administration is requested from prospective Ministers of Health, Chief Executive Officers of Hospitals and healthcare institutions, no matter the profession towards health leadership in Nigeria. The authors recommend such postgraduate certificates that are not less than Master of Science (MSc) in management or administration, Master of Public Administration (MPA), Master of Business Administration (MBA), Master of Health Administration (MHA), Master of Health Management (MHM), and Master of Human Resource Management (MHRM).

Mutual support techniques should be employed in resolving conflicts, using communication techniques [28] while changing and observing behaviors of medical teams. Such support is expected of NMA and JOHESU to each other where the success of one is success of all in the healthcare industry. The NMA is not the government and neither is JOHESU and both should partner in requesting from the government for better healthcare in Nigeria rather than sabotaging each other before the government especially in the aspect of remuneration, promotion and approval of consultant status for other medical and health professionals in the spirit of teamwork.

There should be a close review and consideration by the Nigerian Federal Ministry of Finance and Budget and Planning Office to reconsider review of Salaries of all Medical and Health practitioners in Nigeria. This shall ensure that a team comprising of Doctor, Pharmacist, Medical laboratory scientist, Nurse, Radiographer, and Physiotherapist who are in the same grade level shall definitely go home with same amount as wages and emolument when they are in the same team and same salary grade level. Having considered the length of training during entry points for all professionals in Nigeria, it is germane to pay equally all team members no matter their profession when they are at the same grade level in a team. For example, if all team members are at Chief Level (Grade Level 14) all of them should be paid the same salary. The authors call the attention of Nigerian government as a measure to deal with incessant strike actions among healthcare workers in Nigeria, to work out a uniform salary structure when all health workers can be paid or revert back to normal salary grade level with adequate allowances for all and not necessarily CONHESS and CONMESS. Though entry points of various professionals may differ, when all those in same level are paid equally, the team spirit shall be encouraged and strengthened.

There is an urgent need in the Nigerian health system to build sustainable leadership, through national health system administration policy that allows alignment consideration and coherence of priorities and partnership in the health workforce and among various stakeholders [39, 40] towards a formidable team work which would provide an improved outcome of patients who are the customers in the healthcare industry [41, 42].

Round table for all health professionals and inter-professional training may help as they may tend to table their challenges, and rub minds on the best approach to teamwork and conflict resolution.

Teamwork involving all professionals is urgently needed as it creates understanding of importance of all professionals involved to operate in harmony [43, 44]. Currently, the teams experiences in Nigeria are of one profession with varying levels but the team spirit should cut across all health professionals.

The mutual distrust tension and supremacy challenge among the health workforce need to stop as a matter of priority. The focus of health service should be on teamwork rather than factional or individual strength [45].

There is need to design a contextually adaptable framework for inter professional education and collaboration practice in the health sector as recommended by WHO, to further facilitate successful cooperative communication and teamwork in health care service delivery and ensure a healthcare needs and delivery [46].

4. Conclusion

The inter-professional or interdisciplinary healthcare teams face a set of challenges that are not necessarily encountered by other types of team such as uni-disciplinary or non-health care teams. The importance of inter-professional teamwork is increasingly recognized in healthcare administration and management as possible positive outcomes outweigh the disadvantages. There is improved quality of healthcare for patients, community and healthcare professionals.

Teamwork is difficult to tackle, while making the environment become more complex. But if there is focus on the part of the team, the challenges can be overcome through workshop and training, joint professional training, improved communication strategies, putting aside professional differences, adequate remuneration of the teams based on their levels and allowing all professionals who are qualified to lead a healthcare team to do so without singling out a particular profession as healthcare leaders.

For teamwork to be updated and applied in the Nigerian healthcare, various healthcare professionals such as Doctors, Pharmacists, Medical Laboratory Scientists, Medical Laboratory Technicians, Medical Laboratory Assistants, Nurses, Physiotherapists, Radiographers, Health Information Officers, and Human Resources Managers should put aside personality and professional differences for the team interest; ensure qualified and certified health leadership and hierarchy; stop disruptive behaviors; neutralize culture and ethnicity interferences; blend the generational differences; ensure gender equity and fair play; work with current status and knowledge without historical inter-professional and intra-professional education; remove fears of diluted professional identification; Ensure accountability, payment and rewards to which ever profession as due without discrepancies and antagonism; Respect all professional roles and responsibilities; carry all along in decision making; provide services with a good turnaround time; and show less interest in Associations and Unions when it comes to team work but adequately manage it with government towards successful teamwork and good healthcare practices.

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Conflict of interest

The authors declare no competing interests.

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Perceptive Chapter: “Are We Listening?” - Improving Communication Strategies and Relationships between Physicians and Their Patients

Martha Peaslee Levine

Abstract

We talk about the “art” of medicine because medicine is more than science. The science portion drives diagnosis and treatment. However as more tests become available, the art of the relationship and communication with patients is being steadily lost. Physicians often interrupt their patients only seconds into the interview. If we stop their story that quickly, we are not listening to what they have to say. If we do not listen to their story, how can we understand their illnesses and the effects on their lives? This chapter will examine physician-patient relationships by looking at ways to help foster these relationships and what can hinder them. We need to actively listen to our patients, listening for clues about their illness and/or suffering. We need to use observation and our emotions to understand the context of their illness. Examples will be included to help elucidate some of the challenges. Models that can provide a framework for communication will be discussed. Suggestions for ways to help improve communication and interpersonal relationships between physicians and their patients will be offered. This chapter will provide a chance to think about improving communication with our patients to help strengthen our interpersonal relationships.

Keywords: communication, physician-patient relationships, active listening, art of medicine

1. Introduction

When physicians practice the “art” of Medicine, the art portion includes well-developed diagnostic skills to sleuth out the cause of a patient’s complaint. However one of the most important aspects of the “art” of Medicine lies in communication skills between the physician and patient. It takes more than just a stethoscope, an X-Ray, or even an MRI to get to the heart of a patient’s story. It is from the lines of the story that a clearer diagnosis can be made. It is by understanding a patient’s values and beliefs that we can work to craft treatment options that align as closely as possible to their goals. There is an art to developing good relationships between physicians and their patients, which is vital in the practice of medicine.

However as more tests become available, the art of the relationship and communication with patients is being steadily lost. Within patient encounters, doctors only elicit the patient's agenda for the visit 36% of the time [1]. Also striking was that even when the patient's agenda was obtained, patients were still interrupted seven out of 10 times at an average of 11 seconds [1]. If we stop patients that quickly, we are not listening to what they have to say. When patients are not interrupted, the meantime to describe their concerns is 92 seconds with 78% of the patients finishing their story in 2 minutes [2]. A very small minority of patients took 5 minutes to tell their stories, but in all cases, whether 2 or 5 minutes, the physicians felt that important information was provided [2]. Physicians are under time pressure with many follow-up visits in the United States only scheduled for 15 minutes. It is understandable that physicians feel like they need to jump in and direct the conversation. Yet if patients are given space to describe their concerns, they feel more listened to and physicians can gain valuable information. Good communication can improve the relationships between physicians and their patients. Having good relationships with our patients can help with a physician's overall job satisfaction [3]. Those personal connections help us stay in touch with why we entered into this profession. So listening, understanding the patient's story, and connecting with the patient benefit both patients and physicians.

How do we do this? Asking more open-ended questions can allow for a more accurate story without necessarily taking additional time. Physicians, though, worry that they will run out of time or lose track of the interview if they give patients too much space. I have witnessed this when supervising residents. One resident would start with open-ended questions during most of the new patient evaluations, until the evaluation when I was supposed to be scoring her. Then she started with very close-ended questions and led the patient through the entire interview. During our debrief, I asked what had happened. She described feeling worried that she would run out of time since she had only 40 minutes for the timed interview. However in our previous encounters when she allowed the patient to talk more freely, the interviews lasted about 45 minutes and we had a more complete understanding of the problem. For example, Haidet and Paterniti [4] describe history building rather than history taking. The authors diagram two interviews, one that focuses quickly on yes-no questions and one which allows the patient more room to tell his story. They both take about the same amount of time but the one in which the patient is allowed more space, a clearer story is provided, which also includes identifying some of the patient's underlining fears. When we address a patient's fears, they feel more listened to and supported. Overall good communication during the visits can lead to improved patient satisfaction [5].

The physician's goal in most clinical encounters is to discover what is objectively wrong and work to cure it. However, if we do not understand the patient's subjective experience of the problem, then a large portion of their concerns is not addressed. We do need to find a balance. We do not want to treat the illness without treating the individual but on the other extreme, we do not want to become so paralyzed by our patient's emotional reactions to their illness that we cannot offer them support. In ref. [6] we see the shift and balance that needs to take place in interviews so that the illness is addressed, the patient is supported, and the doctor is not overwhelmed. The author takes the reader through his encounters with different physicians as he deals with a diagnosis of Guillain-Barre Syndrome to highlight how to diagnose and treat the illness without losing track of the patient.

When my mother was ill, I experienced the distress that can come when a physician focuses on the disease but forgets the human element. My mother had been experiencing significant nausea. I was talking with her primary care physician about the next step and it was decided to pursue a brain MRI because the nausea

was not responsive to any of the GI remedies. I still remember being in the clinic and having the physician reach out to me. She asked me excitedly if I had seen the results of the scan. I had not. She informed me, "You were right. They found a tumor in her brain." That was how I found out that my mother had glioblastoma. At that moment, I was a colleague and we had solved the medical mystery. What was forgotten is that I was the patient's daughter. I had an emotional reaction to this news. We need to not only listen to our patients but remember the humanity of our connection.

Sir William Osler said, "The good physician treats the disease; the great physician treats the patient who has the disease." Being a great physician is practicing not only the science but also the art of Medicine. We need to understand the importance of the relationship. We need to listen to and appreciate our patients' unique stories. This chapter will discuss techniques, such as active listening, consider potential impediments for developing relationships with our patients, and consider strategies to improve those relationships. The examples and many of the techniques are taken from work within the United States. While there may be cultural differences and approaches that need to be considered in different countries, many of the tools will be appropriate for all physicians. All of us can benefit from listening closely to our patient's stories, seeing them as unique individuals, and developing therapeutic relationships that can benefit both patients and physicians.

2. What makes a good doctor?

McLeod [7] seems to embody Osler's quote when he distinguishes between disease and illness. The disease is the medical aspect; it is the diagnosis. Illness is the patient's experience of the disease. This can include pain or limitations in one's life. It relates to the emotional reactions of vulnerability and fear. Illness can change how an individual looks at herself and how others look at her. The disease is only part of her story. However, we, as physicians, can forget that. In the field of eating disorders, we are careful to describe our patient as "a young woman struggling with anorexia nervosa." She is not an anorexic. This simple change in the order of words outlines that an individual is struggling with a disease. She is not completely described by it. Yet on medical rounds, patients become the "MI (myocardial infarct) in room 10" or the "asthmatic." When we talk about patients as their diagnoses, we take away their humanity. That can push physicians to treat the disease without considering the patient and their experience of their illness.

When considering what makes a good doctor, physicians tend to focus on medical skills, whereas patients focus on communication skills [8]. Defining what makes a good doctor can be difficult and may depend on the stakeholder. Yet, perhaps, we can consider some elements. Patients want physicians who can make them feel at ease, are empathetic, and can remain calm under pressure [8]. A systematic review found that patients want their doctors to have "a positive outlook on life, a good sense of humor, a well-balanced temper, and love for people" ([8], p. 400). That sounds like fairly high expectations. I remind my students that our patients want us to be engaged with and interested in what they have to say. They want us to see them as unique people and to be curious about anything in their story that could contribute to a better understanding of their illnesses and their lives. When we demonstrate caring, we earn the patient's trust. This includes following up on clues that alert us to patients' concerns [9]. Clues are hints at parts of the story that affect a patient but which he is not certain the doctor will find relevant. Patients offer these hints both verbally and nonverbally. Perhaps, they will say that there is a "lot going on." It is then up to the physician to ask about that. If we do not, then that part

of the story will probably stay hidden. The patient will feel that the doctor is not interested. They will sense that we are not really listening.

We have to recognize that each patient will have a different experience with their illness. Some of this may be based on their past history—perhaps another family member or friend had similar symptoms. If that is the case, patients may worry that they also have whatever disease or outcome that befell that individual. If someone had these symptoms and was diagnosed with cancer or experienced a significant negative outcome, they may come to the physician with significant fear and a very different interpretation of what is occurring. We need to understand their fears to help them navigate the experience [4, 7]. Physicians often forget that even though we may have seen and treated this disease numerous times, this is the first time for this patient. We jump in with jargon, recommendations, and assumptions based on our past experiences. The patient, though, is facing this for the first time. They need more information, reassurance, and time to process the change in their life and view of themselves.

As physicians, we need to recognize our own feelings and limitations but also the power and influence that we have over our own patients. When we cannot cure someone, we can often feel as if we have failed. Yet many diseases cannot be cured. We only fail if we do not provide the best care for our patients or if we pull away from them as they struggle with their illness. Patients rely on us to be their guides on the rocky journey of illness and, hopefully, recovery. If we decide that we cannot cure them and pull away because we have no additional treatment to offer, we leave them stranded at the scariest part of an unknown trail. Our presence and promise to help them navigate their illness can be extremely important in the doctor-patient relationship. Patients validate this truth. While they value a physician's medical knowledge and expertise, patients actually appreciate humanistic characteristics more. In scoring of what makes a good doctor, being scientifically proficient came in third after sensitivity to emotion, which included listening skills, and positive personality traits [10]. We need to consider that “Communication is the most common ‘procedure’ in medicine” [11, p. e1441]. So how can we develop these skills?

2.1 Active listening, clues, and agendas

There are three elements to consider when thinking about communication—*informativeness, interpersonal skills, and partnership building* [11]. What we are trying to do is connect with our patients, provide the information that they need to understand their illness and treatment options, and work to form a partnership to navigate the terrain of the illness and treatment. When we think about this relationship it is helpful to remember that “there are two types of patient needs to be addressed during the medical interview: cognitive (serving the need to know and understand) and affective (serving the emotional need to feel known and understood)” [11, p. e1442].

When engaging with patients we need to actively listen, which is much more than just staying quiet and paying attention. Although as we already discussed, physicians even have difficulty with the staying quiet part—interrupting their patients early in the discussion. As ([12], p. 1053) points out, “Active listening is a difficult discipline. It requires intense concentration and attention to everything the person is conveying, both verbally and nonverbally.” We begin to realize how challenging this can be when we consider how we often participate in conversations. Typically, individuals half-listen to a story and spend much of their mental energy thinking about what they are going to say when it is their turn. Or we find ourselves thinking about what we need to do next or reconsider a past decision. We are there in the conversation but not completely there. We also are not usually considering

what the other person is not saying. We do not watch for signs of discomfort, which can indicate when someone is holding back uncomfortable information. Yet those are the exact conversations that we need to be having with our patients.

For example, Robertson [12], defines some roadblocks that can occur when we are trying to actively listen. One is judging or evaluating the other person's perspective. Our role is not to decide if the complaint is as detrimental as a patient is describing. Maybe it would not be so devastating for us but we need to listen to their experience. We often jump in and offer solutions before we completely understand our patient's complaints. If the conversation is uncomfortable, we try to divert the discussion or reassure the patient, which may seem like a good thing but if it is done too early, it prevents the patient from fully being able to discuss their concerns. Active listening includes demonstrating our attentiveness through our body language and facial expressions, which can be harder in the current time with the need for masks in the healthcare setting. We need to consider our questions. Yes or no questions often become the staple of physicians' language as we work to zero in on positives or negatives in the review of symptoms. This, though, hampers the patient in telling their story. What is more helpful in active listening is "door openers," such as encouraging the patient to tell you more about the problem, how it is affecting their life, anything that they have tried to solve the issue, and what they are most concerned about [12]. One reason to explore these questions is that "most patients who experience illness symptoms develop an explanatory model" ([13], p. 222). Even before they enter our offices, patients have started to think about their symptoms and have often developed an explanation based on their frame of reference. For example, if they have a persistent cough and know someone who passed away from lung cancer that can be one of their main worries, or in current times, they may fear having COVID-19. If we do not discover what they are truly worried about, our reassurances will not be believable.

The authors [13] analyzed recorded interviews between students and patients and followed up with patients to understand potential clues being offered in the interviews. These clues if pursued provided improved insight into a patient's concerns. The clues often included an expression of feeling—such as describing being bothered or worried; attributing a concern to someone else, such as a family member, which allowed the patient to slip the uncomfortable issue into the conversation, or vividly describing the symptoms. Another avenue for patients to convey clues was to offer their own explanations about a symptom. This made it clear that they had been thinking a lot about the issue and were trying to figure things out. They were looking for a physician to either confirm or deny their worries. Clues are fairly common in medical interviews. Clues occur in 52% of primary care visits, and 53% of surgical visits with a mean number of clues of 2.6 per visit in primary care and 1.9 clues per visit in surgery [14]. Over half of our patients are offering clues and if we follow up on them, we can have a more meaningful and impactful conversation and connection. Often physicians do not follow up on the clues or utilize active listening because there is a fear that something will be brought up that will then extend the visit. However there is evidence that the opposite occurs—following up on clues not only does not make visits longer, but in some cases, it can shorten visits. In primary care visits that included at least one clue, visits were longer when the clue was not followed up on as compared with visits in which physicians demonstrated a positive response to the clue—for primary care mean visit time was 20.1 minutes if the clue was not followed versus 17.6 minutes if a positive response was given; for surgery, visits were 14 minutes when the clue was not followed up as compared to 12.5 minutes when it was [14]. In another study, patients who were asked open-ended questions took only 16 additional seconds to present their symptoms (27.1 seconds versus 11.3 seconds) than patients who were asked closed questions [15]. In ref.

([13], p. 226) we are reminded that “while the use of active listening carries certain challenges, identifying the patient’s real concerns usually results in a new level of understanding of the patient, increased satisfaction for both patient and physician, and improved medical management.”

Visits typically focus on the physician’s agenda—to identify the illness through a biomedical lens and offer treatment. For example, Levenstein et al. [16] describe the importance of incorporating not just the physician’s agenda in the session but also the agenda of the patient. Discovering the patient’s agenda is not always as simple as asking what they want to talk about that day but also watching for the clues described above that hint at deeper concerns. The physician’s agenda is to be able to understand and explain the patient’s illness by identifying and categorizing the patient’s disease. The patient’s agenda is to come to an understanding of the illness but to also be able to express his/her feelings, expectations, and fears. Visits are more successful when both agendas are addressed and any conflict or different expectations are negotiated and discussed. This can be challenging, at times, especially if symptoms cannot be easily explained or answered. Both parties may feel frustrated but the patient will feel abandoned if the doctor does not delve into the emotions and concerns related to the illness. If a physician does not explore or consider the patient’s narrative, increased conflicts can occur [17]. In these situations, especially if the physician feels that the patient is not agreeing to the recommendation, they tend to become more coercive rather than interactive. “Physicians must always take care to avoid considering their narratives as ‘the truth’ and the patient’s narrative as ‘fiction’ if it happens (as it often does) to disagree with that of the physician” ([17], p. 14). One way to obtain the patient’s narrative is through active listening. We then need to respect their narrative.

2.2 Nonverbal communication

One way that respect is conveyed is through our nonverbal communication. It is vital to ensure that we do not shut the conversation down before it has even had a chance to get started. This can happen through initial nonverbal signs. When I was in the hospital after having delivered my second child, I remember when the pediatrician came to visit me. He barely entered the room, stood with his arms crossed in front of him, and asked if I had any questions. I did not—this was my second child and my husband was a pediatrician—but even if I had wanted to ask any questions, his stance stopped the conversation before it could even begin. There was clearly no invitation to express concerns or ask questions.

Nonverbal communication includes eye contact, head nods and gestures, position, and tone of voice [18]. Eye gaze, in particular, demonstrates engagement and listening to the speaker [15]. Consider how you are placing yourself in the room—is the computer between you and the patient? Are you staring at the screen instead of making eye contact with the patient? If you need to turn away from the patient to check something on the computer, clarifying the action can be helpful in maintaining the connection—such as identifying that you need to check a lab value or medication to help further understand the patient’s story [15]. Too often we interact more with the computer rather than with the patient. Sitting versus standing makes patients feel that the physician is more caring and compassionate and has spent more time with the patient [18]. Often the visit is not longer if the physician sits, but it can feel that way [19]. The physician is there in the moment with the patient and not standing with one foot out of the door.

Nonverbal immediacy (being clearly present and connected in the session) improves patient satisfaction [20]. Through our facial expressions and body stance, we need to be present and not dismissive. We need to communicate engagement

and interest, not detachment and annoyance. If a patient has a worry, we need to acknowledge it and not just dismiss it. If a patient feels that their concerns were seen as frivolous or annoying, they will not want to ask us or other physicians about them for fear of getting the same response. Our communication strategies, especially the way we nonverbally express our reactions, can have huge impacts on the doctor-patient relationship.

2.3 Dealing with emotions/biases

Another tool that helps with the relationship is the physician's emotional regulation [20]. Patients want their physicians emotionally engaged but with regulated emotions so that they do not overwhelm the interview. We need to be aware of our emotions so that they do not leak out in nonverbal responses or prompt us to lose our professional composure with our patients. We need to be aware of our biases so that we do not unintentionally (or intentionally) alienate our patients. We often define patients as "difficult" when they engender too much negative emotion in us. "For example, the angry patient can irritate a doctor so intensely that he will become angry in return, avoid contact with the patient, or even occasionally refuse treatment" ([21], p. 1045). Certainly physicians need to keep themselves safe when dealing with angry patients but tools can help defuse some of the emotion. These include trying to understand what is fueling the negative feelings. I have worked with patients whose anger stemmed from feeling a loss of control from the illnesses and proposed treatments. When we worked to understand their concerns, their anger lessened, they were able to engage in the treatment, and eventually become more motivated to pursue recovery. Another tool, "My go to technique that I train folks on is learning to soften their tone and the volume. While it does not always work, generally people want to hear what is being said (and when we talk softly, it often adds an air of importance to what we are saying). More often than not the person that is escalated will match your tone..." [D. Schwartz, personal communication, August 16, 2021].

At times we can recognize a patient's emotions by the emotions that they generate in us. When we start to feel angry, it can be a clue that the patient is experiencing that emotion as well. There are ways to try to connect with a patient's emotions. Reflection can be useful—telling the patient what you are noticing. For example, if you sense the patient is feeling sad, stating that fact can help deepen the conversation. This can be more effective than asking a question. If a patient is sad, asking them why can lead to the response that they do not know why. We often do not know why we feel a certain way. But making the observation that someone is sad and reflecting back as they expand on their thoughts can help the patient and physician get to a deeper place of understanding [21]. It is important to legitimize their feelings and provide support. It can be helpful to provide respect for what the patient is doing well—such as coming in to talk about the symptoms or any other tools they have used to try and help themselves. This provides a perspective for the patient that they can be successful as they continue to navigate the situation [21].

Other challenges and increased emotions can come from misunderstandings. Physicians tend to underestimate patients' pain and overestimate patient education [22]. Evidence has been shown that physician bias can enter into this with physicians sometimes underestimating the pain of African-American patients in particular [23]. If we leave a patient in pain, clearly this is going to interfere with our relationship. If we overestimate a patient's level of understanding that can leave them feeling confused and with unanswered questions. These challenges can compound each other. One study demonstrated that physicians' styles of communication were affected by their perceptions of patients. Physicians were more

patient-centered, less contentious, and more positive with patients whom the physicians felt to be better communicators [24]. In this study, physicians were more contentious with black patients than with white or Hispanic patients. Within this study, we can see some of the systemic racism in healthcare that has been identified in the United States. We also see that the patients who probably need clearer communication from the physician and more engagement in the process are those who are on the receiving end of more negative interactions.

Another challenge is when patients and physicians have very different thoughts or perceptions of what might be happening but do not fully discuss their beliefs. In this situation, assumptions can be made. For example, this can occur when a physician believes that part of the patient's symptoms is related to an emotional component. For many illnesses, a psychological component can exacerbate the physical symptoms. Examples can be gastrointestinal issues, such as irritable bowel syndrome or headaches to name just a couple of commonly occurring conditions. If the physician suggests that it might be helpful to see a therapist or psychiatrist, often the patient hears that the physician believes this is all in their mind. They feel like their symptoms are not being taken seriously. Other issues may be clear stressors in the patient's life but they seem to be discounting them—describing that they are not stressed at all. Individuals with lower back pain discussed how validation of the extent of their suffering helped with the doctor-patient connection [25]. One concern of patients is that their suffering will not be recognized or it will be invalidated. If that happens, communication hits a wall. Patients will not want to share further experiences or ask additional questions because they worry that they will not be believed. In ref. [26] there is evidence of other barriers, such as the patient introducing unexpected resistance to a suggestion or evidence of verbal-nonverbal incongruity. In this case, the patient can verbally say that they agree with the doctor, but their nonverbal language may suggest that they do not accept the doctor's explanation and won't follow up.

So how can we navigate some of these barriers? One example of how a physician can navigate the challenge of unexplained illness or pain is to explain that with our current tools, he cannot find something physically wrong at this time. That does not mean something is not there. We have seen symptoms that were previously dismissed now being understood as Chronic Fatigue Syndrome. Just because we cannot figure out what is wrong now, does not mean there is not a physical issue. One way to approach this is to acknowledge the patient's physical complaints and discuss plans to work on them but consider how to move forward if the physical symptoms continue but cannot be more clearly diagnosed. The physician can acknowledge that the physical symptoms may not be completely resolved in the near future, or maybe ever. At that point, the discussion can turn to how the stress of these symptoms is affecting the individual. The discussion of therapy can be used to empower the patient to find additional ways to handle their symptoms while you both continue to look for a source or a cure. If they are able to decrease some of their stress, that might help with the physical illnesses.

Sometimes good communication means finding a way to ally with your patient, merge your goals and suggest options in ways that will be agreeable to him or her. It is important to separate the problem from your patient. For example, if we work with patients who struggle with fatigue, we try numerous ways to try improve the symptoms and yet they are still fatigued, it can be frustrating to both the patient and physician. If in the middle of that frustration, the doctor blurts out, "I cannot find anything wrong physically. It must be stress. You need to see a therapist." How will the patient feel? We need to recognize that our frustration is not with the patient, it is with the fact that we cannot seem to fix the problem. We cannot find an easy cause or explanation and so it feels frustrating. The patient, though,

will hear this as a rejection. They will feel blamed for their symptoms. They will feel not believed. We need to remember that both the patient and physician can feel frustrated when a cure cannot be easily found. We are not frustrated with each other; we are frustrated with the situation. This brings us back to how to approach this conversation—with compassion and empathy. "I can tell that it is frustrating to feel so tired all the time. I am also frustrated that we cannot find a clear reason and solution. We will keep trying to understand what is happening. In the meantime, it might be helpful for us to consider some additional tools. Sometimes when individuals are struggling with physical symptoms for so long, they can feel stressed by the situation. This can make the fatigue worse. Also being so tired can sometimes make it hard to keep up with everything that you want to be doing in life. Talking about how to cope with that frustration can be helpful. So while we work together on the physical side, how about if I get you the name of a therapist who can help you navigate this challenge?" It might take a few times of suggesting the option to get buy in. But it is important to communicate belief in your patient's views, support for their struggles, and work to align with them to find additional tools to improve their health.

2.4 Understanding personality disorders, boundary issues, and trauma-informed care

Patients who struggle with personality disorders can often elicit intense emotions. This can make communicating effectively with them in medical settings difficult. At times, healthcare workers might try to avoid these individuals because of the difficult emotional encounters. Unfortunately, that can often spiral the difficulties. If a patient is scared and angry because of his illness or the lack of answers and yells at individuals who approach him, staff will try to avoid him as much as possible. It is only natural—none of us like getting yelled at or dealing with anger. Yet when we distance ourselves from this patient, he becomes even more angry and scared and we get stuck in this cycle. Ways to try to intervene are similar to some of the techniques above. We need to stay calm, we need to provide information in clear and simple terms. We can let the individual know that his anger is making it hard for people to do their jobs. If he is trying to get answers, yelling at staff is not going to help with that goal.

For patients who struggle with borderline personality disorder (BPD), they can often get stuck in anxiety and sadness [27]. Individuals with BPD often have their anger triggered by anxiety. This can be important to remember as physicians. If we are dealing with someone who is extremely angry, we need to consider if they are reacting that way because of overwhelming fear. How can we defuse the anger? As above, through using a calm voice, ensuring that they and everyone are safe, and suggesting that maybe part of why they are so angry is that this situation feels overwhelming and scary. Try to help them talk through their fears and the next steps. Reassure them that the staff will work to help support them through this challenging time. Helping to decrease their intense emotions can help defuse the situation and also decrease their intense feelings. For example, Nisselle [28] reminds us to not think of these individuals as difficult patients but to consider more than it is a difficult relationship or discussion. This makes the difficulty more at the moment and allows us to think about how we can get the discussion back on track. If we label the patient as difficult then we do not see hope for any change.

There are certain techniques that can help individuals who struggle with personality disorders. Reference [29] provides a thoughtful and excellent guide. He looks at the three types of personality disorders and offers suggestions on how to deal with them. Cluster A, which includes paranoid, schizoid, or schizotypal, are

individuals who are often not comfortable with interpersonal interactions, they stay by themselves and are often fearful, believing others are out to harm them. Some of the tools that we use to try and create a close relationship, will often make these patients even more uncomfortable. Instead, we need to recognize that it was difficult for them to even reach out for help. We need to maintain a professional demeanor, use simple language, and not challenge any odd beliefs, but work to help them navigate the medical tests that are necessary for their treatment. For Cluster B, which includes antisocial, borderline, histrionic, and narcissistic, we need to recognize that our emotions will often be stirred up by these individuals. At times, we will feel manipulated. Often they will either manipulate us into feeling their intense emotions or try to use our emotions to get what they want from the situation. For some, this manipulation is intentional (typically antisocial individuals) and at other times, it is unintentional but is a byproduct of their personality disorder. For individuals with borderline personality disorder, they feel things so intensely that they can engender those feelings in us. Sometimes the first way to handle the situation is to identify what we are feeling and question whether that is how they are feeling in the moment—angry, scared, overwhelmed. Again with these patients, it is important to create a professional distance, recognize the need, and set limits as appropriate. Limits will be tested and it is always important to consider, are we setting limits to help maintain our professional relationship with the patient or as a punishment because we have felt taken advantage of, either through requests or through the emotions that they have stirred up. It can help when considering requests or limits to thinking about whether you would do this for all of your patients. Often individuals struggling with these personality disorders will feel entitled and will push for requests that are not reasonable in the situation. Limits need to be set because they will help maintain the professional nature of the relationship and allow you to treat the patient. They should not be set in a moment of anger or frustration. Individuals with these personality disorders are probably the most difficult to work with and engender intense feelings in healthcare professionals. It is important to recognize that their behaviors are part of their personality—they cannot often recognize them or change them. It can help to breathe, to take a step back if needed, and to think through your responses. Individuals with a borderline personality disorder often evidence black and white thinking. Things or people are either all good or all bad. If you are the best doctor ever, appreciate it but do not get lulled into that belief. Keep a professional distance and work to provide care to that patient as you would to any other client. At some point, in their eyes, you may be the worst doctor ever because you have disappointed them in some way. You might not even know how this happened. Again, keep a professional distance and work to provide the care you would give to any other patient. None of us are all good or all bad even if we are made to feel that at the moment. Cluster C includes avoidant, dependent, and obsessive-compulsive individuals. For these patients, performing complete history and physicals so that you can provide reassurance and also complete explanations can help with reassuring them.

Individuals who struggle with personality disorders can often try to influence a closer relationship with a physician. It is important for physicians to recognize and set clear boundaries with patients. This does not mean that we have to be distant and uncaring but we need to recognize our role within the situation. “Boundaries define the expected and accepted psychological and social distance between practitioners and patients” ([30], p. 2569). This includes recognizing that we are their physicians and not their friends. It can relate to self-disclosure. Self-disclosure can be helpful if it is used to benefit the patient but not if it is to help unburden the physician. While many times self-disclosure helps with communication—to perhaps encourage screening tests by sharing a similar

situation—there are times that self-disclosure is used more to unburden the physician rather than to help the patient [31].

We need to recognize and consider how our actions might be perceived by our patients and others—are we giving more time to one patient, willing to see them in a different location, or stepping over boundaries, which will muddy the doctor-patient relationship and confuse or harm our patient? [30] Recognizing the importance of boundaries can be especially important when working with individuals who have, perhaps, experienced trauma and is part of the recognized technique of performing trauma-informed care (TIC) [32]. For individuals who have experienced past trauma, their boundaries have been violated. Often it can be that a person that they trusted harmed them through emotional, physical, or sexual abuse. This can make it hard for individuals to trust. When considering boundaries and TIC, it can be helpful to consider how to provide a place of safety both physically, a private room where the person feels free to talk, and emotionally, helping the individual understand what is going to happen next in the encounter so that know where they are going to be touched and why [32]. Part of understanding boundaries is understanding the power differential between patients and physicians, especially as our patients are sitting there in a hospital gown, and not taking advantage of the power that we as physicians hold over our patients. Sometimes this power allows us to invade a patient's space even when we do not realize that we are doing it. We need to be aware of the situation, such as are we allowing the patient to stay as covered as possible while we perform the procedure or understand that our touch might trigger past traumas.

Sometimes in interviews physicians hold back from perceived boundaries that actually limit the connection with a patient and the level of understanding of their issues. In a fourth-year elective in the Department of Humanities, I worked with a number of medical students. In a standardized case, they had to work with a patient who was being seen for hypertension but had a number of beliefs and a past history that affected her willingness to pursue treatment. Within the case, if the student asked questions in a way that made the patient feel comfortable, she would provide more backstory. If they did not pick up on any of the cues that she provided, she did not provide that part of the history. In discussing the encounter with the students after the session, many noticed the cues by the patient that indicated that there was more to the story—looking anxious and fidgeting. When we discussed why they had not pursued these cues and asked the patient more about her past social history or concerns, they related that they did not want to be seen as too “nosy.” We need to respect the patient's boundaries and discomfort but we also need to be able to open the space and ask the necessary questions. If patients do not want to provide their history, they will usually say that they do not want to talk about it. That is a clear boundary. If, though, they are providing hints through their actions that there is more to the story, they are often waiting for us to give them the space to discuss their concerns. If we do not provide that space or seem willing to talk about a topic, then they will feel that they shouldn't bring it up. We need to be “nosy” at times. We need to ask if there are other concerns. Is there more that they are worried about or something that they are finding hard to discuss? A calm and interesting persona lets our patients know that we are not asking these personal questions just to satisfy our curiosity but we are asking them because they seem to be on the patient's minds and affecting their lives.

2.5 Suggestions

While each of us has our own communication style and comfort within interpersonal relationships, there are some tools that can be taught to help improve

communication when you are working with patients. First is to keep in mind that we may need to let the patient tell their story of why they are there. Instead of interrupting in the first few seconds, as physicians tend to do, let the patient describe their concerns. In typically within 2 minutes or so, they will have told you their story [33]. One can see that this will not extend the interview by much time, but it will allow you to understand what is really on your patient's mind. Patients follow the style of their doctors. If the doctors frame questions very narrowly from the beginning of the encounter, then patients try to follow those unspoken guidelines and offer limited answers. I often advise trainees to consider the interview as a funnel—start broadly and ask questions that give the patient the space to tell their story. Then at the end, you can narrow your questions to obtain more specific details if they are needed. When conducting the session, it can help to record facts about the patient's personal story—if they have kids or are heading on a vacation. Using that in the next visit can help to foster the relationship. It can help with patient satisfaction [33]. Individuals feel seen as a person, with interests and a life outside of the illness.

Mnemonics and models are offered below that focus on how to ensure that active listening and other skills are included in the interview. While there are other models available, these offer ways for physicians to consider their interviews and if they are listening to and engaging their patients. Using skills from these models can help physicians improve their communication and, thereby, their relationships with their patients.

For example, Nisselle [28] talks about the 4 'E's'. Did you **engage** the patient? Did you start the conversation off in a collaborative tone? The next E is **empathy**. Does your patient feel seen and heard? Do you truly understand the level of their suffering? Third is **education**. Has the patient been given enough information to understand your recommendations? The final E asks whether you have **enlisted** your patient. Have you worked to align your goals to that of your patient so that you are on the same team—that your patient understands your plan and is willing to try it. Education and enlisting are so important but often not included to a necessary extent. For example, when discussing discharge plans, physicians believed that 89% of patients understood the potential side effects of their medications, but only 57% of patients reported that they understood the risks. Physicians believed that 95% of patients understood when to resume normal activities, while only 58% of patients reported that they understood [34]. How can we enlist patients to complete the treatment plan if they do not understand it?

In ref. [35], a great mnemonic is presented to help physicians recognize the individual natures that both we and our patients bring to our encounters. **A** stands for **I Am**. This focuses on meaning—what is important in the patient's life? How are you finding meaning in your work with the patient? **B** stands for **I belong**. This focuses on the sense of community—for the patient, whom can they turn to for support; for the physician, what resources are available, are there others that can help in this care? **C** stands for **I can**. For the patients, they want to know if they have the capacity to get better—what can they do to affect the outcome; for physicians, we want to consider what we can do to positively influence this patient's health. **D** stands for **I dread**. This is what the patient is worried about. As a physician, our worry is about whether we can make our patients better. **E** stands for **I exist**. This is different than the existence of the individual person but focuses more on the existence of the physical body—the patient wants to know what is wrong. The physician needs to consider the biomedical explanation of the illness and what care to provide. This prompt can take us from what is important in our work—the overall recognition of the person, which has to be our paramount concern to the level of determining what is wrong. We need to work from the global recognition of the person as a whole

before we dive into treating what is wrong on a cellular level. Too often physicians work from the opposite direction—they focus on the specific illness and ignore the person who is struggling with the symptoms, emotions, and influences of the illness on their life.

One study in Southeast Asia looked at the Greet-Invite-Discuss technique and found that it led to a more partnership-oriented and culturally sensitive communication in primary care settings when physicians were working with patients with chronic illness [36]. The technique outlines: Greet—initiate and maintain a “familial” relationship with patients; Invite—explore the patient’s story; Discuss—use negotiation and shared decision-making tools to develop a plan [37]. When using the framework, improved blood pressure and blood glucose control were demonstrated as compared to a more doctor-centered, list of questions approach [36]. As we see with these techniques, patients feel respected, seen as a whole person, and listened to. When considering the relationship with the patient, I often tell students to speak with the individual as they would want someone to talk with one of their family members. This does not mean stepping over boundaries as we discussed earlier in this chapter but treating the individual with respect, seeing them as a person who is important to others, and understanding them as someone’s child, mother/father, brother/sister, cousin, wife/husband or friend. How would you want your loved one treated by a physician? That is the way we need to talk with our patients.

The Four Habits Model describes an interrelated set of skills, which include investing at the beginning of the interview, eliciting the patient’s perspective, demonstrating empathy, and investing in the end [38]. “The goals of the Four Habits are to establish rapport and build trust rapidly, facilitate the effective exchange of information, demonstrate caring and concern, and increase the likelihood of adherence and positive health outcomes” ([38], p. 79). In the initial habit, the authors focus on creating a welcoming connection so that the patient knows that they have our full interest and attention (remember active listening?). They recommend using open-ended questions to elicit the patient’s concerns and recommend that you plan out the visit with the patient. This last step allows both the physician and patient to include items that will be important to the agenda of the day’s visit [38]. Within the use of open-ended questions, they offer ideas of how to get more information about any concern—using silence, nonverbal signs of interest, and asking the patient to “tell me more” about any concern that they have raised. This allows the physician to understand the patient’s underlying concerns and what brought them in. The physician might have their agenda for the visit but if they do not address the patient’s actual concerns, the patient will leave the visit feeling dissatisfied and not heard. The reader can see how these skills flow together because the second habit is to elicit the patient’s perspective. It has already been started in the beginning as the physician creates rapport with the patient and starts asking open-ended questions about the reason for the visit. In this habit, as the physician gets more of the story, he/she works to understand how the concern impacts the different areas of the patient’s life. They work to understand what the patient has already tried and what worries they have about the symptom. By understanding the hidden worries, perhaps worries they have already linked to the symptom, the physician and patient can more clearly discuss the symptoms. Any reassurance will be more believable if the patient’s actual fear has been discussed—for example, if they have a headache and are worried about a brain tumor, getting the fear out into the conversation can allow the physician to address it more clearly. The third habit is demonstrating empathy, which of course cannot happen in just one moment but needs to be present within the entire interview. This is why the authors discuss how these skills are interconnected. By demonstrating empathy, the physician conveys a willingness to understand a patient’s emotions related to their concerns. Often physicians

side-step this because feelings are difficult. It is easier to focus on trying to identify the cause of pain rather than address the emotional pain of the patient—the fear of what is causing the pain, the sadness at the loss of activity related to the pain, and the anger at being the victim of pain. The fourth habit is investing, in the end, to try and develop a plan that the patient is comfortable with to help ensure adherence to the plan [38]. The physician can develop the best plan possible but if the patient is not on board with the diagnosis, recommendations, and next steps, the chance of them complying is very limited. These four habits help physicians and patients work together to improve communication and the overall visit and partnership.

An expanded four habits model improves work with patients who struggle with emotional distress [39]. The authors work with the four habits model but focus on skills to allow for more in-depth exploration of the emotional concerns of the patient. This means being sensitive to and willing to explore the patient's emotions and being empathic to these emotions. Exploring more fully the patient's perspective and understanding so that both patient and physician have improved insight. The physician assesses the patient's resources and strengths and uses this information to empower the patient and focuses on strategies for coping with the illness. Both the Four Habits and Expanded Four Habits are patient and relationship centered. Rather than using a checklist of symptoms, the interaction is a focused on patient's fears based on their history. Yes, checklists help us identify what the illness might be and the next steps but if we do not establish a good relationship with our patients, there is a good chance that they will not follow through with the recommendations.

The expanded four habits model uses skills from ref. [40], which identified six skills that are important in patient-centered interviews and care. The first is exploring a patient's emotions—this can occur by staying silent and giving the person more space to talk. Or it can happen by reiterating a patient's described emotion—You have felt overwhelmed?—or by asking them to tell you more. [41] describes silence as a particularly useful tool, which can be easily introduced into a session but can feel overwhelming to the physician. The author describes that typically when a patient stops talking, the physician jumps in faster than even a second. Sometimes the patient might not even be able to complete their thought before the physician jumps in. Waiting even 10 seconds after the patient has stopped speaking can lead to vital information. Patients will continue talking to fill the space and in these moments can express what is really on their minds. Ten seconds of silence will feel long but that small space of quiet can allow the patient a chance to express concerns. The second skill is to respond empathetically to the patient—this can happen by acknowledging that something must be very hard for them or expressing pleasure in something good that has happened to them. The third skill is exploring the patient's perspective to see what thoughts they might have as to what is causing or contributing to the problem. They might turn it back on you and say that you are the doctor. But if they have been living with this symptom, they might have their own theory or worry. This skill is to work to understand that. The fourth skill is to help provide insight, perhaps looking at vicious cycles, such as when the patient becomes anxious about the pain, it can cause an increase in the pain, which continues the cycle. The fifth skill is to explore resources of the patient, what have they done that has helped, to help identify their strengths, and to explore outside supports. The sixth skill looks at improving coping. In this skill, the physician builds on the strategies that the patient has been using, which have been, at least, somewhat successful.

In all of these models, physicians are encouraged to invest at the beginning of the interview by developing rapport and eliciting the patient's concerns. Within these frameworks, there is a focus on obtaining the patient's perspective—working to understand how the current concerns are affecting his/her life. [41] discusses that

paraphrasing what the patient said can help us understand their perspective and help with clarification if we have misunderstood something. You can use the phrase, "So what I hear you saying is..." and see if you have heard the patient correctly. Within these interviews, it is important to demonstrate empathy, both verbally and nonverbally. As we have discussed in this chapter, nonverbal behaviors can have a huge impact on an interview. Physicians need to also invest in the end, making sure that the patient understands and agrees with the treatment recommendations. The skills involved in these frameworks include being sensitive and exploring the patient's emotions; exploring the patient's perspective and understanding; assessing the patient's resources and strengths; and promoting empowerment by focusing on coping. These methods may seem overwhelming but they can improve communication. Our goals must include understanding our patients' concerns and engaging them in the treatment plan.

The ALERT Model works to connect with questions that are asked to explore how patients feel about their healthcare and providers. The Consumer Assessment of Healthcare Providers and Systems (CAHPS) in the United States "...assess how well the physician listened carefully to the patient, how often the physician explained things understandably, how often the physician showed respect for what the patient said, and how often the physician spent enough time with the patient" ([42], p. 70). The ALERT Model works to remind physicians about these assessments and how to ensure that these techniques are part of their interview style. The model stands for: **A**lways Listen carefully; **E**xplain things understandably; **R**espect what the patient says; **M**anage Time perception [42].

While these models explain what a physician needs to do in the sessions, it is important that the physician stays in the moment. If the physician focuses on whether he/she is following the exact guidelines and using the precise phrasing of questions, then they are missing the point of these suggestions. The guidelines offered through these models and in this chapter are to help the physician be more present and engaged with the patient. It is important to connect at the moment and not be distracted by wondering if you have, for example, paraphrased enough or managed time perceptions.

Within these models, managing time perception relates to time within the visit. Even simple things, such as apologizing if you have kept a patient waiting, can help at the moment to improve the relationship and improve communication. Patients often feel as if a visit is longer if the doctor has sat down with them and maintained good eye contact. Glancing at his watch or looking hurried can cause the patient to feel as if not much time was spent with them. Time perceptions are also important to remember related to how doctors and patients define time in general. In ref. [43] the author describes that physicians who have become patients start to understand some of these differences a little more clearly. Physicians, once they had been patients understand that when anxiety or uncertainty hangs over a patient's head, it can affect the sense of time—lengthening it as one suffers and struggles with the unknown. Time is no longer an objective measurement but subjectively feels much longer and more unsettling. Helping patients understand and navigate the process can be an important part of the relationship so that the patient feels supported and understood.

3. Conclusion

When we practice medicine, we need to consider whether we are treating the illness or the patient. This chapter focused primarily on the goal of listening to our patients, working to hear their unique stories, and being open to the different

emotions or fears that may accompany illness. Many of these suggestions can help physicians develop deeper connections with our patients. Those connections can help our patients feel more understood and cared for. They can help us find more satisfaction in our work. That satisfaction can benefit us all—patients and physicians. We need to not only be good physicians but also work to be great physicians. We need to treat the patient, not just the illness.

Conflict of interest

The author declares no conflict of interest.

Thank yours


I must thank all the patients, students, and physicians whom I have worked with. They have shared stories of both good and challenging communications. It is through them that I have developed more of an appreciation for the “art” of medicine and the strength of interpersonal relationships between physicians and their patients.

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Section 4

Positive and Perilous Effects
of Intimate Relationships

The Significance of Family-of-Origin Dynamics for Adults' Health and Psychological Wellbeing: The Perspective of Bowen Family System Theory

Viktorija Cepukiene

Abstract

Bowen family system theory describes family interactional processes that are carried across the generations and determine an individual's level of autonomy and emotional reactivity as well as the global functioning of the family. According to the theory, any personal, health-related, or relational issues can be explained as a result of diffused anxiety produced by destructive interactional patterns among family members. Although many studies are revealing the relationship between early family life experiences and functioning in adulthood, there is still a lack of studies exploring the complex mediational models based on Bowen theory that would reveal associations between different family-of-origin variables and adults' health as well as psychological well-being. The chapter defines the main assumptions of Bowen theory as well as summarizes the main results of three studies demonstrating how family and personal factors defined by Bowen theory, such as family emotional system, triangulation, differentiation of self, relate to adults' health and psychological well-being.

Keywords: Bowen family system theory, family emotional system, triangulation, differentiation of self, interparental relationship, adults, health, well-being

1. Introduction

The quality of life of an adult is determined by the interaction of many factors, yet psychological well-being and physical health can be considered as the essential variables ensuring the quality of life. Therefore, researchers seek to understand what factors and how they contribute to a person's psychological well-being and physical health. Numerous studies reveal the importance of individual psychological and physical factors for these variables, but the significance of family interactional dynamics has become increasingly recognized over the last few decades. There is strong evidence that more favorable interactions with a spouse/partner usually predict better health as well as psychological well-being outcomes of an adult [1–3]. Additionally, the newest data suggest that broader family interactional context accounts for the significant changes in a person's physical health and

morbidity as well as in psychosocial functioning (e.g., [4–9]). Thus, the body of research provides clear evidence that supports the necessity to understand physical health and psychological well-being from a systemic perspective. However, understanding the associations between variables without a clear theory is difficult to achieve. Bowen family systems theory (BFST) is a systemic theory binding together family processes and individual factors. It has been vastly studied and has gained recognition for explaining different intrapsychic as well as interpersonal phenomena in the interactional context of the nuclear and genetic family [7, 10–16]. Bowen [17] claimed that an individual's physical and emotional issues could be explained by the interactional processes in the family system. The chapter defines the main assumptions of the BFST as well as summarizes the main results of three studies demonstrating how family and personal factors defined by the BFST, such as family emotional system, triangulation, differentiation of self, relate to adults' health and psychological well-being.

2. The main ideas of the Bowen family systems theory

The BFST describes different interactional processes that are carried across the generations and determine an individual's level of autonomy and emotional reactivity as well as the global functioning of the family [17, 18]. According to the theory, any personal or relational issue/symptom can be explained as a result of diffused anxiety produced by destructive interactional patterns among family members [15, 17]. Bowen described six interrelated concepts that address family processes, with differentiation of self (DoS), regarded as the central one as it appears in the manifestation of every other phenomenon described by Bowen [19]. It explains two fundamental aspects of psychosocial functioning: the ability to separate own feelings from thinking and to remain capable of making decisions under stress as well as the ability to develop close intimate relationships while remaining autonomous [12, 14, 16, 17, 20]. The DoS develops within the significant relationships with parents whose DoS shapes their mutual relationship as well as the relationship with their children and is transferred to the next generation through the nuclear family emotional system (NFES), triangulation, and family projection [17].

NFES can be referred to as a cumulative phenomenon since it binds the rest of the five concepts together (DoS, triangulation, multigenerational transmission process, family projection process, emotional cutoff) and explains the pathways of symptom development. The evolution of NFES begins even before an adult decides to have an intimate relationship. NFES develops gradually and depends on the quality of relationships with families-of-origin, the adjustment of partners to each other before having children as a two-person system, and their adjustment as a three-person system when a child is born. The partners' level of DoS plays a critical role in the development of NFES since the lower DoS predicts more fusion and anxiety between the partners. Bowen [18] postulated that a person usually subconsciously chooses a partner with a similar level of DoS. The lower DoS predicts more fusion and anxiety between the partners. Partners with low differentiation are emotionally reactive, have little personal autonomy, seek emotional support, appraisal, and needs' gratification. Under stress, they cannot think clearly and make effective decisions, tend to become overreactive and overwhelmed by the emotions. Marital discord usually develops 'when neither spouse will "give in" to the other in the fusion, or when the one who has been giving in or adapting refuses to continue' [17, p. 115]. The conflict can manifest with a wide range of interactional patterns from simple quarrels to overt violent acts as well as alienating from each other. Despite the tendency to establish a partnership with a person who has a similar level

of differentiation, one partner usually has a slightly higher level of differentiation, and, in turn, he or she absorbs less undifferentiation and anxiety by communicating over-protectiveness, worry, or criticism to the less functional partner. The latter soaks up more of undifferentiation and anxiety, accepting her helplessness, powerlessness. Such interactions allow avoiding a conflict; however, they strengthen the unequal positions of the partners by allowing the more functional partner to gain more strength while the less functional partner develops emotional, social, or physical symptoms. Such interactional dynamics result in high levels of anxiety in the couple that has to be channeled somewhere else. Within the triadic systems, parents with low DoS tend to transfer their diffused anxiety to children through triangulation processes. Kerr and Bowen [19] noted that the two-person system is unstable because of the constant fluctuation of anxiety levels between partners and as it increases, the two-person system forms a triangle by involving a third person in their relationship. After pulling a child into their conflictual relationship, parents usually seek the child's compassion, emotional support, or openly set a child against a partner. In this way, a child is forced to support the side of one of the parents, mediate in their conflict, comfort, etc., which may lead to a loyalty conflict in a child. Therefore, continual triangulation may result in children's mental or physical health problems and has detrimental effects on a child's development as well as functioning in adulthood [21, 22]. Involvement in triangulation does not enable children to become more differentiated than parents, restricts their autonomy, and strengthens emotional reactivity and anxiety [15, 18, 23–25]. Summarizing, NFES reflects the levels of differentiation and anxiety in the family system through three presumable patterns of the symptoms: chronic marital problems, physical or psychological illness of a partner, impairment of a child [19].

This chapter aims to present and discuss the results of three studies based on the Bowen family system theory. Thus, the next sections will present the summary of the studies aimed at examining the role of various family-of-origin variables on adults' physical health and psychological well-being. Since some study measures and data analysis methods are shared among all three studies, the sections Measures and Data analysis, as well as General discussion, are integrated, while the sections Participants and Results are separate for each study.

3. Research

3.1 Measures

1. *Interparental relationship quality* was measured by Retrospective Measure on Interparental Relationship Quality [26] in Study 2 and 3. This is a 21-item self-report questionnaire that retrospectively measures interparental relationship quality of adult respondents who grew up with both of their parents. The IPRQ has a structure of three factors: (1) destructive relationship (conflicts, violence, expression of anger, unhappiness and fear, non-constructive ways of conflict resolution, the involvement of children into interparental conflicts); (2) harmonious relationship (constructive ways of conflict resolution, expression of positive emotions, happiness, mutual respect and regard, accord over parenting and domestic duties); (3) avoidant relationship (avoidant and indifferent interactional patterns). The items are evaluated on a 5-point scale from 1 (totally disagree) to 5 (totally agree). The items defining destructive interactional patterns have reversed scoring, and higher scale scores reflect fewer signs of destructive communication. For the present sample, Cronbach's α were: (1) .91, (2) .93, (3) .53, and for total score – .93.

2. *Differentiation of Self* was assessed by Differentiation of Self Inventory (DSI) [27] in Study 2 and 3. The DSI consists of 43 items and contains four subscales: (1) Emotional Reactivity (ER) (the extent to which one responds to anxiety-provoking situations with intensified emotions); (2) I-Position (IP) (the ability to adhere to one's beliefs despite an external pressure); (3) Emotional Cutoff (EC) (feelings of excessive vulnerability in relations with others); (4) Fusion with Others (FO) (emotional over-involvement as well as over-identification with parents). All items are scored on a 6-point scale from 1 (not at all true of me) to 6 (very true of me). The higher scores of the subscales reflect a lower level of DoS. Cronbach's α for DSI (total score), ER, IP, EC, and FO in the present study were .87, .82, .75, .80 and .61, respectively.
3. *Satisfaction with couple relationship* was evaluated using Couple Relationship Satisfaction Scale (CRSS) [28] in Study 2 and 3. The scale can be used with couples irrespective of their developmental stage (dating, cohabitation, marriage). The CRSS has 13 items and contains two subscales: (1) Satisfaction with an emotion-focused relationship; (2) Satisfaction with a behavior-focused relationship. All items are scored on a 10-point scale from 1 (totally dissatisfied) to 10 (totally satisfied) with an additional answer point of 0 (not applicable) for those specific situations when couples live separately or do not have children or do not have sexual intimacy and the like. The higher scores of the subscales reflect higher satisfaction with the relationship. For the present sample, Cronbach's α were: (1) .95, (2) .93, and for a total score – .96.
4. *Psychological well-being* was measured by Ryff's Psychological Well-Being Scales (PWBS) [29] in Study 2. The 54-item version was used. The PWBS consists of 6 scales (each having 9 items): (1) Autonomy (A); (2) Environmental mastery (EM); (3) Personal growth (PG); (4) Positive relations (PR); (5) Purpose in life (PL); (6) Self-acceptance (SA). All items are scored on a 6-point scale from 1 (strongly disagree) to 6 (strongly agree). Negatively phrased items are recoded and the higher scores of the subscales reflect a higher level of well-being. Cronbach's α for PWBS (total score), A, EM, PG, PR, PL, and SA in the present study were .94, .73, .83, .72, .81, .77 and .84, respectively.
5. *Nuclear family emotional system* (NFES) in Study 1 was measured with Nuclear Family Functioning Scale (NFFS) [30], adjusted to internet survey [31]. The 25-item scale consists of four subscales: (1) Personal distress (Cronbach α = .83). (2) Destructive relationship with a partner (Cronbach α = .88). (3) Constructive relationship with a partner (Cronbach α = .89). The subscale has a reverse scoring, thus before statistical analysis, the items' scoring must be recoded, and a higher subscale score represents a less constructive relationship with a partner. (4) Child's problems (Cronbach α = .81). The total score of the NFES is calculated by adding the response values of all 25 items (Cronbach α = .92). Higher subscales' scores represent more severe dysfunction in the evaluated domain of the nuclear family.
6. *Family-of-origin emotional system* (FOES) in Study 3 was measured by applying the short version of the Family-of-Origin Scale (FOS) [31] which retrospectively measures manifestation of autonomy and intimacy within adults' family-of-origin. The scale consists of 22 items (e.g., "I remember my family as being warm and supportive") and has a one-factor structure. The items are evaluated on a 5-point scale from 1 (strongly agree) to 5 (strongly disagree). Ten items are recoded before adding the total score and the higher scores of

the scale reflect lower levels of perceived intimacy and autonomy within the family-of-origin. Cronbach's α for the present sample was .96.

7. *Adults' physical health* in Study 1 was assessed with Physical Health Scale (PHS) [32]. The 9-item scale had two subscales: (1) subjective health indicators (Cronbach $\alpha = .91$); the scale covers the subjective evaluation of one's health (e.g., 'I feel perfectly healthy'). The items were scored on a 5-point scale from 1 ('totally agree') to 5 ('totally disagree'). (2) objective health indicators (Cronbach $\alpha = .72$), such as frequency of visiting physicians during the last year (never/rarely/often/regularly); using medications due to health problems (no/yes); reduction of working capacity due to an illness or other health problems (no/yes). Higher scores of subscales represent a worse evaluation of physical health.
8. *Triangulation*. In Study 3 the triangular relationship inventory (TRI) [33] was used to measure triangulation in the family of origin. The inventory is a self-report 24-item instrument having four subscales: (1) Balanced (e.g., "My parents handle the tension between one another without including me"); (2) Mediator (e.g., "Both of my parents use me to communicate with the other"); (3) Cross-Generational Coalition (e.g., "I have to take sides when my parents disagree"); (4) Scapegoat (e.g., "My parents seem to work together only when they are dealing with my behavior"). Although the TRI is intended for late adolescents'/early adults' in this study it was used for adults asking to evaluate their relationships with parental figures retrospectively. For this purpose, the tense of the items was changed from present to past. The items are evaluated on a 5-point scale from 1 (strongly disagree) to 5 (strongly agree). The items of the Balanced subscale are recoded and the higher scores of all subscales correspond to more triangulation. For the present sample, Cronbach's α were: (1) .84, (2) .83, (3) .86, (4) .87 and for the total scale score – .90.
9. *Physical and emotional health*. In Study 3 the RAND 36-Item Health Survey (Version 1.0) [34] covers different physical and emotional health aspects. Scoring of the instrument is a two-step process: (1) precoded numeric values are recoded per the scoring key provided by the authors. Each item is scored on a 0 to 100 range so that the lowest and highest possible scores are set at 0 and 100; (2) items on the same scale are averaged together. All items are scored so that a high score defines a more favorable health state. The physical health scale was compounded of the 21 items reflecting physical health aspects (physical functioning, bodily pain, role limitations due to physical health problems, general health perceptions). The emotional health scale was made up of 14 items corresponding to emotional health aspects (role limitations due to personal or emotional problems, emotional well-being, social functioning, energy/fatigue). Cronbach's α were .88 and .92, respectively.
10. *Sociodemographic information*. In all three studies, respondents were asked to indicate their gender, age, couple status, duration of the relationship, and if they have children. Additionally, in Study 2 and 3 participants were asked to refer their education level and if they grew up with both biological parents, while in Study 1 – the age of every child and health issues in the presence.

3.2 Data analysis

In Study 1 and 2 hierarchical series of multiple regression analyses were conducted to explore the contribution of study variables to the prediction of

psychological well-being (six subscales of PWBS) as the dependent variable. To estimate the effect size for a hierarchical multiple regression in each step Cohen's f^2 was calculated. According to Cohen's [35] guidelines, $f^2 \geq 0.02$, $f^2 \geq 0.15$, and $f^2 \geq 0.35$ represent small, medium, and large effect sizes, respectively.

In Study 3 a mediation analysis was performed to test the impact of interparental relationship quality, triangulation, family emotional system, the DoS, and satisfaction with a couple relationship on adult's physical and emotional health. A path analysis was carried out using the Maximum Likelihood method and the following goodness-of-fit indices [36]: model Chi-Square, the Root Mean Square Error of Approximation (RMSEA), the Standardized Root-Mean-Square Residual (SRMR), Tucker-Lewis Index (TLI), Goodness of Fit Index (GFI) and Comparative Fit Index (CFI). TLI, GFI, and CFI values greater than 0.90 are considered acceptable, whereas the ones higher than 0.95 are considered excellent. RMSEA and SRMR values lower than 0.08 are considered acceptable, whereas values close to 0.05 are considered as good [37]. Bootstrap re-sampling was applied to test the significance of the mediation paths, using 5000 bootstrap samples and 95% confidence intervals.

The data were analyzed using SPSS Version 23 and AMOS Version 23.

3.3 Study 1

The objective of the study was to test the prognostic value of adults' current family dynamics reflected by NFES on adults' physical health.

3.3.1 Participants and procedure

The study was conducted online in 2017 in Lithuania. Respondents were recruited from various social networking websites intended for family issues. Before starting their participation, respondents were presented with an informed consent covering the primary goal of the study, voluntary participation, confidentiality, data protection, and contacts of the researcher.

Inclusion criteria were the following: intimate relationships at the moment of participation in the study and having a child from 3 to 18 years. The final sample consisted of 282 participants of whom 95% ($n = 267$) were women. The average age of the participants was 36.27 ($SD = 5.78$) years, ranging from 21 to 53 years. Most participants ($n = 247$, 88%) were married, the rest 35 (12%) cohabitated with one's intimate partner. The average duration of the relationship was 13.08 years ($SD = 6.03$). Twelve percent ($n = 34$) of the participants indicated within 5 years being diagnosed with physical illnesses, such as arthritis, diabetes, epilepsy, hypertension, migraine, cancer, etc.

3.3.2 Results

Two three-step hierarchical multiple regressions were performed for both subscales of PHS (Objective health indicators, Subjective health indicators) as the dependent variables. Each hierarchical multiple regression analysis consisted of three blocks of independent variables which were subscales of NFES (Personal distress, Constructive relationship with a partner, Destructive relationship with a partner, Child's problems), presence of illness at the moment of the survey, and control variables (gender and age). The variance inflation factors (VIF) and tolerance factors for each of the single predictor variable were no larger than 4 (ranging between 1.1 and 2.6) and no smaller than 0.25 (ranging between 0.39 and 0.95), respectively, suggesting no collinearity between independent variables. The results of the final regression models are presented in **Table 1**.

Blocs of predictors	Objective health indicators			Subjective health indicators		
	Model 1 (β)	Model 2 (β)	Model 3 (β)	Model 1 (β)	Model 2 (β)	Model 3 (β)
1st block: NFES						
PD	.22**	.09	.09	.31***	.24***	.24***
CRP	.00	.01	.01	-.04	-.04	-.04
DRP	-.04	.00	.00	.14	.16 ^ˆ	.16 ^ˆ
CP	.07	.07	.07	.12 ^ˆ	.12 ^ˆ	.12 ^ˆ
2nd block: HI						
Presence of illness		.57***	.57***		.32***	.32***
3rd block: CV						
Gender			.05			.01
Age			.03			-.03
Adjusted R^2	.048	.364	.362	.157	.251	.246
R^2 change	.061**	.314***	.003	.169***	.095***	.001
ES (Cohen's f^2)	0.06	0.46	—	0.21	0.11	—
F	4.51**	33.10***	23.79***	14.04***	19.80***	14.11***

Note: NFES = nuclear family emotional system; PD = personal distress; DRP = destructive relationship with a partner; CRP = constructive relationship with a partner; CP = child's problems; HI = health issues; CV = control variables.
^ˆ $p < .05$.
 ** $p < .01$.
 *** $p < .001$.

Table 1.
 Three models of hierarchical multiple regression analyses with subscales of physical health (PHS) as the dependent variables ($N = 282$).

Analysis unraveled quite apparent differences between the results of regression analysis when predicting objective and subjective health indicators in terms of significant independent variables and effect size. Although in the first model personal distress, the only scale of NFES, significantly predicted objective health, its effect size was small and after adding the presence of illness into the regression the personal distress lost its predictive value. The final model explained 36% of the variance of adults' objective health and the only significant predictor in the context of other independent variables was the presence of illness: those adults who have diagnosed illness reports more objective indicators of health's problems. Differently, in the regression analysis of subjective health three scales of NFES sustained their significant predictive values after adding the presence of illness and the effect size of the latter was small when the effect size of NFES was medium. The final model explained 25% of the variance of the dependent variable and revealed that higher personal distress, more signs of a destructive relationship with a partner, more severe child's problems, and presence of illness predict more indicators of subjectively evaluated physical health's problems. The similarity between both models was associated to control variables (gender and age) – neither of them had predictive power and the effect size was equal to zero in both cases.

The hierarchical multiple regression analysis was repeated with the total score of NFES instead of its scales aiming to examine the predictive value of the NFES as a whole (see **Table 2**).

Blocs of predictors	Objective health indicators			Subjective health indicators		
	Model 1 (β)	Model 2 (β)	Model 3 (β)	Model 1 (β)	Model 2 (β)	Model 3 (β)
1st block: NFES						
Total score	.16**	.10*	.10*	.35***	.32***	.32***
2nd block: HI						
Presence of illness		.59***	.59***		.34***	.35***
3rd block: CV						
Gender			.05			.00
Age			.03			-.04
Adjusted R^2	.020	.363	.361	.116	.232	.228
R^2 change	.024**	.344***	.003	.120***	.117***	.002
ES (Cohen's f^2)	0.02	0.52	—	0.14	0.13	—
F	6.89**	81.08***	40.74***	38.05***	43.33***	21.73***

Note: NFES = nuclear family emotional system; HI = health issues; CV = control variables.
 * $p < .05$.
 ** $p < .01$.
 *** $p < .001$.

Table 2.

Three models of hierarchical multiple regression analyses with subscales of physical health (PHS) as the dependent variables ($N = 282$).

The results presented in **Table 2** are very similar to those in **Table 1**, nevertheless, one difference was found. When predicting objective health, the NFES (total score) sustained significant predictive value after adding the presence of illness into the equation. Thus, the worse objective health of adults is predicted by the worse NFES and presence of illness, although the effect size of the first was small and of the second one was large.

3.4 Study 2

The objective of the study was to examine the prognostic values of interparental relationship quality observed during childhood, DoS, and satisfaction with a current couple relationship on adults' psychological well-being.

3.4.1 Participants and procedure

Lithuanian online survey software program (<http://www.apklausk.lt>) was used to design and host the survey in 2018. The first web page of the survey covered a short description and information about the purpose of the study, voluntary participation, opportunity to withdraw oneself from the study at any time, confidentiality, data protection as well as the contacts of the researcher.

There were three main inclusion criteria for participation in the study: being 18–55 years old, growing with both parents during childhood, and being in a romantic relationship at the moment of participation in the study for at least one year. The final sample consisted of 905 respondents who satisfied all inclusion criteria and who consented to their data being used in the study. Ninety two percent ($n = 833$) of respondents were women, the mean age was 38.49 ($SD = 9.46$) years. Most of the study participants ($n = 653$, 72%) were married, 136 (15%) cohabitated, and 116 (13%) were dating with a romantic partner. The average duration of

the relationship was 13.87 years ($SD = 8.61$). Education of the respondents was as follows: 587 (65%) respondents completed university studies; 134 (15%) studied in the college; 58 (6%) completed professional training; 115 (13%) finished secondary education, and education of 11 (1%) respondents was lower than secondary education.

3.4.2 Results

The research objective was implemented by running six four-step hierarchical multiple regressions for each subscale of PWBS (Autonomy, Environmental mastery, Personal growth, Positive relations, Purpose in life, Self-acceptance) and PWBS total score as the dependent variable. Each hierarchical multiple regression analysis consisted of four blocks of independent variables which were subscales of interparental relationship quality (Destructive relationship, Harmonious relationship, Avoidant relationship), DoS (Emotional reactivity, I-position, Emotional cutoff, Fusion with others), satisfaction with couple relationship quality (Satisfaction with an emotion-focused relationship, Satisfaction with a behavior-focused relationship) as well as control variables (gender, age, and education). The variance inflation factors (VIF) and tolerance factors for each of the single predictor variable were no larger than 4 (ranging between 1.0 and 3.5) and no smaller than 0.25 (ranging between 0.29 and 0.96), respectively suggesting no collinearity between independent variables. The results of the final regression models are presented in **Table 3**.

The results revealed that 44.8% of the variance of the participants' autonomy can be attributed to the main three blocks of predictors tested in the analysis. Only 0.4% of the variance can be explained by control variables and the change in R^2 adding the control variables was nonsignificant. Although all four models were statistically significant ($F_{\text{Model1}} = 7.58, p < .001$; $F_{\text{Model2}} = 106.43, p < .001$; $F_{\text{Model3}} = 82.63, p < .001$), the greatest change in R^2 was produced by the block of the DoS – this block accounted for 42.9% of the variance of the participants' autonomy with a large effect size ($f^2 = .75$), while effect sizes of the rest of the independent variables' blocks were small. The final model (see **Table 3**) explained 45% of the variance and showed that a better autonomy of adults is predicted by their stronger I-position, lower emotional cutoff, lower fusion with others, and younger age with I-position as the strongest predictor in the final model.

The results of hierarchical multiple regression analysis predicting environmental mastery revealed that all four models were statistically significant ($F_{\text{Model1}} = 21.27, p < .001$; $F_{\text{Model2}} = 99.81, p < .001$; $F_{\text{Model3}} = 86.79, p < .001$), though the variance explained varied depending on the predictors' blocks. The main three blocks of predictors explained 46.1% of the variance of the environmental mastery variable, whereas control variables explained only 0.7% of the variance. The most significant change in R^2 was provided by the block of the DoS explaining 37% of the variance of the dependent variable (a large effect size; $f^2 = 0.59$). The final model (see **Table 3**) accounted for 46.8% of the variance and showed that a more harmonious interparental relationship perceived in childhood, lower emotional reactivity, stronger I-position, lower emotional cutoff, higher satisfaction with a behavior-based couple relationship, and older age predict higher environmental mastery of adults. The strongest predictor in the final model was I-position.

All four models predicting personal growth were statistically significant ($F_{\text{Model1}} = 10.11, p < .001$; $F_{\text{Model2}} = 41.51, p < .001$; $F_{\text{Model3}} = 32.34, p < .001$) with the main three blocks of predictors accounting for 23.8% of the variance of dependent variable, whereas control variables explained only 2.4% of the variance. Similarly,

Blocs of predictors	Autonomy		Environmental mastery		Personal growth		Positive relations		Purpose in life		Self-acceptance		Well-being (total score)	
	β		β		β		β		β		β		β	
1st block: IPRQ														
DR	.01		-.04		.06		.07		-.02		-.01		.02	
HR	.04		.13**		-.01		.08		.11*		.12**		.10**	
AR	.02		.02		.04		.05*		.06*		.03		.06*	
2nd block: DoS														
ER	-.04		-.22***		-.01		-.14***		-.09*		-.14***		-.14***	
IP	-.56***		-.23***		-.30***		-.11***		-.21***		-.30***		-.35***	
EC	-.14***		-.24***		-.25***		-.43***		-.30***		-.20***		-.33***	
FO	-.10**		.01		-.05		.10**		.06		-.03		.00	
3rd block: CRS														
SEFR	-.01		.06		.03		.10*		-.01		.24***		.09*	
SBFR	.02		.14***		.01		.01		.08		.03		.06	
4th block: CV														
Gender	-.02		.04		-.04		.06*		-.00		.04		.02	
Age	-.06*		.07*		-.13***		.02		-.11**		-.01		-.04	
Education	-.01		-.03		.17***		.05		.11**		.06*		.09***	
Adjusted R ²	.45		.47		.26		.44		.30		.46		.57	
F	62.81***		67.17***		27.73***		59.03***		33.25***		66.32***		102.58***	

Note: IPRQ = inter-parental relationship quality; DR = destructive relationship; HR = harmonious relationship; AR = avoidant relationship; DoS = differentiation of self; ER = emotional reactivity; IP = I-Position; EC = emotional cutoff; FO = fusion with others; CRS = couple relationship satisfaction; SEFR = satisfaction with an emotion-focused relationship; SBFR = satisfaction with a behavior-focused relationship; CV = control variables.

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

Table 3. Final models of hierarchical multiple regression analyses with subscales of psychological well-being (PWBS) as the dependent variables (N = 905).

the most considerable change in R^2 was made by the block of the DoS. The block explained 21% of the variance of the functioning variable and demonstrated a medium effect size ($f^2 = 0.27$). The final model (see **Table 3**) accounted for 26.2% of the variance and showed that stronger I-position, lower emotional cutoff, younger age, and a higher level of education predict a higher level of an adult's personal growth.

The results of the prediction of positive relations were similar to those predicting previous dependent variables as all four models were significant ($F_{\text{Model1}} = 34.26$, $p < .001$; $F_{\text{Model2}} = 95.82$, $p < .001$; $F_{\text{Model3}} = 76.73$, $p < .001$) and the DoS block had the largest predicting power (explained 32.4% of the variance and demonstrated a large effect size, $f^2 = 0.49$). The final model (see **Table 3**) explained 43.5% of the variance and indicated that more positive relations of an adult are predicted by fewer signs of interparental avoidances perceived in childhood, lower emotional reactivity, stronger I-position, lower emotional cutoff, higher fusion with others, higher satisfaction with an emotion-based couple relationship, and female gender. The strongest predictor of positive relations in the final model was cutoff.

The four models predicting purpose in life were statistically significant ($F_{\text{Model1}} = 19.91$, $p < .001$; $F_{\text{Model2}} = 52.66$, $p < .001$; $F_{\text{Model3}} = 41.69$, $p < .001$) and the largest parts of the variance of dependent variable was accounted by DoS block (explained 22.7% of the variance and demonstrated a medium effect size, $f^2 = 0.30$). The final model (see **Table 1**) explained 30% of the variance and revealed that purpose in life is predicted by more harmonious interparental interactions with fewer signs of avoidances perceived in childhood, lower emotional reactivity, stronger I-position, lower emotional cutoff, younger age, and a higher level of education with the cutoff as the strongest predictor.

The results predicting self-acceptance did not distinguish from previous ones. The four models predicting the dependent variable were statistically significant ($F_{\text{Model1}} = 2254$, $p < .001$; $F_{\text{Model2}} = 93.03$, $p < .001$; $F_{\text{Model3}} = 86.96$, $p < .001$) and the largest parts of the variance of dependent variable was accounted by DoS block (explained 34.9% of the variance and presented a large effect size, $f^2 = 0.54$). The final model (see **Table 3**) explained 46.4% of the self-acceptance's variance. It revealed that the strongest predictor is I-position, which together with more harmonious interparental relationship perceived in childhood, lower emotional reactivity, lower emotional cutoff, higher satisfaction with an emotion-based couple relationship, and a higher level of education predict higher self-acceptance of an adult.

Finally, the results of regression analysis with PWBS total score as the dependent variable were in line with those predicting separate scales of PWBS. The block of DoS scales had the strongest effect (explained 31.5% of the variance and presented a large effect size, $f^2 = 0.88$) and the final model explained the substantial part (57.4%) of the dependent variable's variance. The results revealed that higher psychological well-being can be expected among those who in the family-of-origin observed more signs of harmonious and less of avoidant relationships between parent figures, have stronger I-position and stronger emotional ties with significant persons, are less emotionally reactive, are more satisfied with emotional interactions with a partner and have a higher level of education.

3.5 Study 3

The objective of the study was to examine a complex mediation model that includes the triangulation and family-of-origin emotional system (FOES) perceived during childhood, DoS, and satisfaction of current couple relationship as the mediators between retrospectively assessed interparental communication and adult children's physical and emotional health.

3.5.1 Participants and procedure

The online questionnaire was generated using SoSci Survey [38] and was made available to users via www.soscisurvey.de in 2020. Respondents were recruited using two methods: (1) posting an invitation to participate in the study using the web link for the survey on a social web network; (2) addressing schools with a request to disseminate the web link to the survey on schools' electronic platforms designed for parents. The first web page of the survey covered detailed informed consent information. At the end of the informed consent, respondents were asked to accept or to decline the terms described in the document.

There were three main inclusion conditions for participation in the study: being 18 years or older and being in a romantic relationship lasting for at least one year at the moment of participation in the study. The sample consisted of 257 respondents most of whom were women ($n = 225$; 88%), the mean age was 38.82 ($SD = 9.29$) years. Most of the study participants ($n = 192$, 75%) were married, 42 (16%) cohabitated, and 23 (9%) were dating a romantic partner. The average duration of the relationship was 13.52 years ($SD = 9.07$), 69% ($n = 1716$) of the respondents had children.

3.5.2 Results

Table 4 presents basic descriptive statistics and correlations among the study variables (total scores) that were included in the mediation path model analysis.

Correlation analysis demonstrated statistically significant correlations ($p < .001$) among all variables except correlations between FOES as well as couple relationship satisfaction and physical health. The strong negative correlations were found between interparental relationship quality and triangulation as well as FOES, which

Variables	1.	2.	3.	4.	5.	6.	M	SD
1. Interparental relationship quality	—						72.86	17.91
2. Triangulation	-.68***	—					53.20	16.53
3. Family-of-origin emotional system	-.66***	.44***	—				57.86	18.73
4. Differentiation of self	-.24**	.27***	.26***	—			139.76	27.51
5. Couple relationship satisfaction	.31***	-.15*	-.33***	-.31***	—		95.58	26.63
6. Physical health	.15*	-.26***	-.11	-.30***	.08	—	81.84	13.91
7. Emotional health	.32***	-.35***	-.30***	-.58***	.37***	.46***	67.05	20.46

Note: The higher scores of FOES, triangulation, and DoS reflect a worse outcome, the higher scores of interparental relationship quality, couple relationship satisfaction, physical health, and emotional health correspond to a better outcome.

* $p < .05$.

** $p < .01$.

*** $p < .001$.

Table 4. Descriptive statistics and correlations among study variables included in mediation model analysis ($N = 257$).

implies that better interparental relationship quality relates to lower triangulation and better nuclear family emotional system. Adults' better emotional health was moderately correlated with better interparental relationship quality, lower triangulation, better FOES, better couple relationship satisfaction as well as better physical health, and strongly correlated with higher DoS.

Next, the multiple mediation model was established to test the direct and indirect effects of independent variables on adults' physical and emotional health. **Figure 1** demonstrates the theoretical path mediation model based on the BFST. According to the theory it was expected that family-of-origin dynamics (interparental relationship quality, triangulation, and FOES) will have an indirect effect on adult children's health through DoS and satisfaction of couple relationship. On the other hand, it was anticipated that FOES and triangulation will play as the mediators in the association between interparental relationship quality and adult children's DoS.

The statistical analysis consisted of two steps: testing for model fit and for mediation with bootstrapping. According to the theory, the initial model was set to be recursive and to include paths from every independent variable to the supposed mediator and the dependent variables. However, after the correlation analysis revealed no significant correlations between FOES as well as couple relationship satisfaction and physical health, the paths were removed from couple relationship satisfaction and FOES to adults' physical health. **Figure 2** presents the results of the model for adults' health demonstrating significant direct effects.

The mediation model provided an excellent fit to the data: $\chi^2(5) = 4.23, p = .52$, CFI = 1.00, TLI = 1.01, GFI = 1.00, SRMR = .017, RMSEA = .00. The model explained 12% of the variance of the variable adults' physical health and 41% of the variance of adults' emotional health. The model confirmed all predicted direct effects and additionally demonstrated the direct effect of retrospectively evaluated triangulation on adults' physical and emotional health as well as the direct effect of retrospectively evaluated family emotional system on current satisfaction with couple relationship.

To explore multiple mediations in detail, the estimates of specific indirect effects and their confidence intervals were calculated separately (see **Table 5**). Based on the bootstrapping confidence intervals, significant indirect effects (full mediation) were shown from interparental relationship quality through triangulation and family emotional system on the DoS as well as through the FOES on couple relationship satisfaction. Although interparental relationship quality significantly predicted

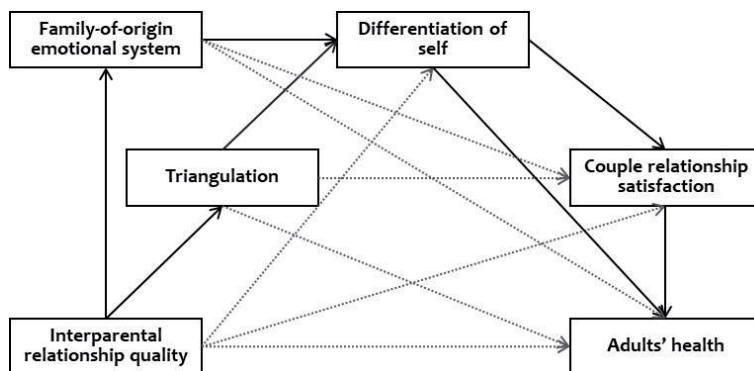


Figure 1. The theoretical path mediation model of associations among the interparental relationship quality, triangulations, FOES, DoS, couple relationship satisfaction, and adults' health. Note: dotted lines – Indirect effect; solid lines – Direct effect.

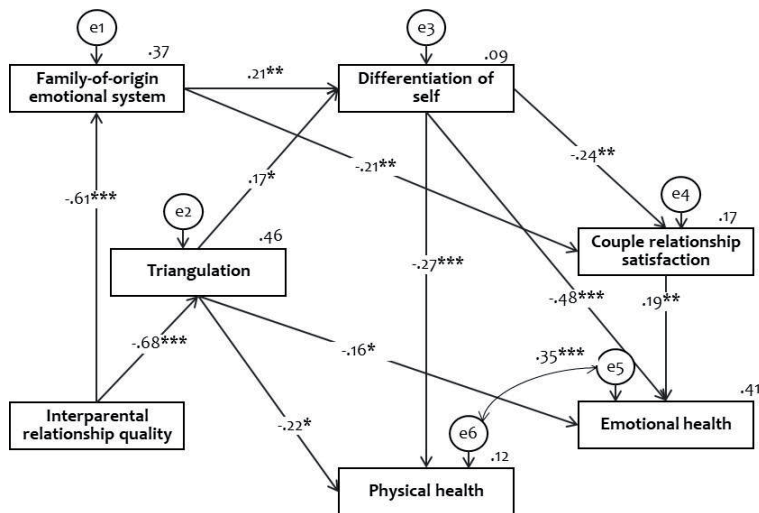


Figure 2. The path mediation model of associations among the interparental relationship quality, triangulation, FOES, DoS, couple relationship satisfaction, and adults' physical as well as emotional health. Note: Standardized Regression Weights (β), correlations, and R^2 are presented. Goodness-of-fit indices: $\chi^2(5) = 4.23, p = .52, CFI = 1.00, TLI = 1.01, GFI = 1.00, SRMR = .017, RMSEA = .00$ [90% CI (.00, .08)]. Only significant direct effects are presented. $^{***}p < .001, ^{**}p < .01, ^*p < .05$.

Mediation hypothesis	Direct effect	Indirect effect	95% CI	Results
IRPQ→T→DoS	.03 (ns)	-.20 [†]	[-.36; -.05]	Full mediation
IRPQ→FOES→DoS	.03 (ns)	-.22 ^{**}	[-.37; -.08]	Full mediation
IRPQ→FOES→CRS	.10 (ns)	.21 [†]	[.07; .36]	Full mediation
FOES→DoS→CRS	-.21 [†]	-.07 [†]	[-.13; -.02]	Partial mediation
IRPQ→DoS→EH	.02 (ns)	-.02 (ns)	[-.13; .08]	No mediation
IRPQ→CRS→EH	.02 (ns)	.02 (ns)	[-.01; .08]	No mediation
T→DoS→EH	-.16 [†]	-.12 [†]	[-.21; -.03]	Partial mediation
DoS→CRS→EH	-.48 ^{***}	-.03 ^{**}	[-.06; -.01]	Partial mediation
IRPQ→T→DoS→EH	.02 (ns)	.07 [†]	[.02; .13]	Full mediation
IRPQ→FOES→DoS→EH	.02 (ns)	.08 ^{**}	[.03; .14]	Full mediation
IRPQ→FOES→DoS→CRS→EH	.02 (ns)	.01 [†]	[.00; .02]	Full mediation
T→DoS→PH	-.22 [†]	-.04 [†]	[-.08; -.01]	Partial mediation
IRPQ→DoS→PH	-.07 (ns)	-.01 (ns)	[-.05; .03]	No mediation
IRPQ→T→DoS→PH	-.07 (ns)	.03 [†]	[.01; .05]	Full mediation
IRPQ→FOES→DoS→PH	-.07 (ns)	.03 ^{**}	[.01; .05]	Full mediation

Note: Unstandardized estimates with two tailed significance (bias-corrected percentile method) of specific indirect effects as well as standardized estimates of direct effects are presented. IRPQ = inter-parental relationship quality; T = triangulation; FOES = family-of-origin emotional system; DoS = differentiation of self; CRS = couple relationship satisfaction; EH = emotional health; PH = physical health.

ns – nonsignificant.

[†]p < .05.

^{**}p < .01.

^{***}p < .001.

Table 5. Direct and indirect effects in the mediation models.

triangulation and FOES and explained a considerable part of their variance (46% and 37%, respectively), the independent variable as well as both mediators explained only 9% of the DoS variance.

Full mediation was found assessing multiple mediation models demonstrating that interparental communication impacts adult children's physical and emotional health indirectly through the mediators: triangulation, FOES, DoS, and satisfaction with current couple relationships in the case of emotional health. Interestingly, retrospectively evaluated triangulation in childhood had both significant indirect (through the mediator DoS) and direct effect on adults' physical and emotional health.

3.6 General discussion

The primary aim of this chapter was to present and discuss the results of three studies based on systemic ideas proposed by the BFST [17, 18]. According to the theory [17], interparental as well as parent-child interactional dynamics profoundly affect family members' psychological, social, and even physical functioning. DoS is a core phenomenon linking intrapsychic and interpersonal relationships as well as between-generational transmissions of some interactional patterns that are repeated in different generations again and again. Partners alongside some level of DoS unconsciously bring into the couple's life interactional patterns perceived and experienced in a family-of-origin thus shaping specific nuclear family emotional system. Lower levels of partners' DoS accounts for the development of destructive interactions and consequently adverse family emotional system. Children in such a family are at risk to be involved in interparental conflicts through the triangulation process and to develop accordingly lower level of DoS. Whereas Bowen suggested that any relational, mental, and physical health problem can be explained by interactions of the mentioned phenomena, three studies presented in this chapter were to explore the significance of retrospectively evaluated FOES as well as triangulation, DoS, NFES and satisfaction with couple relationship for adults' health and psychological well-being.

The associations between family variables and adults' physical health. Despite the sound theory, the pathways of how interparental relationship quality, triangulation, and family emotional system affect an adults' physical health are unclear. One possible path could be through the DoS: a high level of anxiety and problems in the family system decrease DoS and produce higher emotional reactivity, which in turn weakens the immune system of family members leading to their health worsening. However, there is no available research based on the BFST that would test either the role of DoS as the mediator or the family variables themselves, for the adults' physical health status.

The physical health in Study 1 was evaluated through subjective indicators such as satisfaction with own physical health as well as objective indicators such as using medications due to health problems. The results revealed a quite substantial difference in the role of the nuclear family emotional system on objective and subjective indicators of adults' physical health. NFES explained only 10 percent of the variance of objective indicators and almost the third (32%) of subjective indicators. The more severe personal distress, the more significant problems of a child, and the more destructive relationship with a partner predicted worse subjective health indicators. In general, the high number of personal and interactional problems in the family had a negative effect on the subjective evaluation of personal health. The results confirm the assumption of BFST [18] that the family emotional system reflecting the generated level of anxiety and problems in the family system influences the physical functioning of adult family members. However, as mentioned

before, although the higher personal distress and the higher total score of NFES were significantly associated with worse objective health indicators, the overall score of NFES explained only 10% of the dependent variable's variance. The results are ambiguous for two reasons. First, the state of physical health did not relate to couple discord and less constructive couple communication, although many studies demonstrated that dyadic interaction has an impact on personal health outcomes [1–3, 39, 40]. One possible explanation for such results could be related to the health measures used in the studies. The respondents were asked to report their objective physical health indicators such as physician visit frequency, the use of medications due to health problems, and reduction of working capacity due to a disease or other health problems. The cited research used subjective evaluations of physical health. Our study demonstrated that despite a significant moderate correlation ($r = .57, p < .001$), objective and subjective physical health indicators do not necessarily constitute a single phenomenon. Besides, the results also demonstrated that a couple relationship has an association with subjective health indicators. Thus, it could be that a family member who is experiencing high anxiety and other negative emotions due to a discord between him/her and a partner and emotional and behavior problems of a child, subjectively rates his/her physical health as deteriorated due to overall ill-feeling. However, it might be that the subjective evaluation of health conditions does not always mean actual physical health problems, and dyadic issues influence the objective state of health indirectly through other psychological variables. Second, the results, after all, correspond to BFST [17], proposing that the NFES relates to family members' physical functioning. However, NFES explained only 10 percent of objective health indicators' variance. According to the theory, one would expect a much higher percentage, because, according to the theory, family members' state of physical fitness is an outcome of NFES. Such results suggest that physical health, even though it is related to NFES, is possibly not its direct outcome, as the theory implies. Moreover, it might be that an association between NFES and adult's objective health is far more complicated than it was covered in the present study. Thus, more variables mediate or moderate the association.

Study 3 helped to look more in-depth on the associations between different family interactional variables and adults' physical as well as emotional health. The main goal was to examine a complex mediation model based on the BFST showing that family-of-origin dynamics (interparental relationship quality, triangulation, and FOES) in the past will have an indirect effect on adult children's health through DoS and satisfaction of present couple relationship. The results confirmed the Bowen's proposition, that family members' health (physical and emotional) in the present can be explained by the significant interactions in family-of-origin in the past as well as in the present. Specifically, interparental communication through the mediators – triangulation, family emotional system, and DoS – had an indirect effect on adults' physical health. In the case of emotional health, the mediation model was very similar except for additional mediator – satisfaction with couple relationship. More interestingly, the FOES did not have a significant correlation with adults' physical health and the result was very similar to that obtained in Study 1, demonstrating a very low correlation between NFES and adults' physical health. On the other hand, triangulation experienced in the family-of-origin not only had an indirect effect through the mediator DoS but also had a direct effect on adults' health (both physical and emotional). Lastly, the mediation model demonstrated the significance of DoS predicting adults' health as well as mediating between other family-of-origin variables and adults' health. Such results corroborate postulates of The BFST that different interactional processes experienced in the family-of-origin have a critical role in adult children's emotional well-being and physical functioning.

The scientific data on associations between different family-of-origin variables and adults' psychological and physical functioning are rather extensive, however somewhat inconsistent. For example, Stuart-Parrigon and Kerns [41] found that more severe partners' conflict does not predict later child anxiety that can be considered as a component of DoS and an essential criterion of psychological functioning. However, Cowan and Cowan [42] noted that the intervention aimed at the marital relationship's improvement has the potential to shape parent-child communication as well as a child's functioning. The similar results were found by other authors [43-45] showing that better parent-child relationships are found among the adults whose relationship with a partner is better. Those studies confirm the spill-over hypothesis proposing a positive association between interparental relationship quality and parent-child relationship quality [43, 46] that in part confirms Bowen's statement regarding the interparental communication as a channel to children's DoS.

Additionally, research data show that parents' ability to discuss family and partners' relationship issues openly and constructively reduce the feelings of triangulation in children that eventually impair their well-being [10, 47, 48] and is positively associated with young adult children's higher self-esteem and less perceived stress [49, 50]. Several longitudinal studies [51, 52] confirm the data produced by cross-sectional studies providing empirical evidence about the significant correlations between family relationships during adolescence and functioning in adulthood. More specifically to the BFST, Peleg [6] demonstrated that individuals who have experienced more stressful life events in childhood and adolescence are of lower DoS and more prone to be involved in intergenerational triangulation, which, in turn, leads to inadequate coping with future stressful events. Such results alongside the results obtained in Study 3 tend to the conclusion that good interparental relationship quality creates a positive emotional environment for children and serves as a protective factor for children's well-being in adulthood. On contrary, poor interparental relationship quality is a detrimental factor contributing to the development of the negative family emotional system as well as to the involvement of children in the interparental discord through the triangulation process and acting as a risk factor for children's physical and emotional functioning in adulthood. However, as was mentioned before, both studies (Study 1 and 3) demonstrated quite a weak effect of family variables on adults' physical health, as they explained only 10 to 12 percent of the dependent variable's variance. This means that even a higher number of independent variables in Study 3 produced very similar results as in Study 1. Such results might question the posture of the BFST regarding the effect of family on its members' physical health. More studies are needed to re-examine the associations and look for other potential mediators linking family interactions to its members' physical health status.

The associations between family variables and adults' psychological well-being. Study 2 aimed to examine the predictive value of family variables such as interparental relationship quality, DoS, and satisfaction with a couple relationship on adults' psychological well-being. The results revealed that adults' DoS had the highest significant impact on their psychological well-being in comparison to other study variables such as the interparental relationship observed during childhood and satisfaction with the current couple relationship. These results are in line with other body of research [4-6, 16, 53], demonstrating that higher DoS predicts fewer psychological symptoms, higher expression of happiness, well-being, and satisfaction with life. The findings corroborate the statements of Bowen [17, 18] that the DoS is a core characteristic that determines a person's relationship with self and others, his/her ability to function under stress, and develop meaningful and close relationships which shape the experience of general well-being and functioning

daily. Additionally, the results confirm the weightiness of the DoS predicting psychological well-being in adulthood, which shows that it is the most critical phenomenon in comparison to other systemic factors explored in this study.

Interestingly, separate elements of DoS had different prediction power for the particular components of well-being. However, two almost equally strongest predictors of every component of adults' well-being were I-position and emotional cutoff, suggesting that a higher level of well-being can be found among those who have a clearer self-view, are somewhat autonomous, and maintain warm relationships with significant others [53]. In some other studies, the emotional cutoff is found to predict marital problems and dyadic adjustment [20, 53] leading to lower satisfaction with life which reflects worse psychological well-being [54]. The emotional cutoff is a process of emotional alienation from parents, siblings, and other family members with whom a person has unresolved emotional and attachment issues. The decision to reduce or cut off emotional and/or physical contact with significant others is a way to cope with the anxiety that is generated by these relationships. However, emotional cutoff does not lead to problem resolution. Rather, they become dormant and prompt greater emotional reactivity as well as fusion with current partner/spouse. Thus, adults who are capable of maintaining close and satisfactory relationships with the members of the family-of-origin have the potential to expand their emotional support system and to cope better in their current personal, social, and professional life.

Although DoS was the strongest predictor of adults' well-being, higher interparental relationship quality (specifically harmonious relationship and less avoidant relationship), as well as satisfaction with an emotion-focused couple relationship played a significant role in predicting some of the components and the total score of the psychosocial well-being as well. This suggests that adults who growing up observed supportive, affectionate, committed, and constructive interactions between parent figures and are more satisfied with emotional communication with their partner in adulthood are more prone to a higher sense of well-being. Study 3 demonstrated that interparental relationship quality perceived in childhood indirectly through the family emotional system and DoS relates to satisfaction with couple relationships in adulthood. Thus, it can be assumed, as Bowen suggested [17], that patterns of interaction between partners through triangulation, family emotional system, and DoS are transferred through generations. In adulthood, an individual with low DoS has difficulties in creating and sustaining satisfactory relationships [16, 20, 53] because one could not develop appropriate skills in the family-of-origin. Thus, adults' relationship problems, alongside with high vulnerability to stress, eventually can lead to broader psychosocial functioning difficulties and a low sense of well-being [55].

The findings propose that adults' DoS has a significant effect on their well-being both directly and indirectly – higher DoS leads to a more satisfying relationship with a partner which, in turn, has a positive impact on adults' well-being. On the other hand, higher DoS creates a positive context for a person's functioning in daily life. Results conform to other research body, providing evidence for the role of DoS as well as couple relationship in adults' psychosocial functioning [4–6, 16, 54]. Adults, who have reasonable control over their emotions in stressful situations as well as in relationships with others, and who can develop and maintain healthy and harmonious relationships while sustaining autonomous and clearly defined self, may tend to make better personal and relational decisions leading to a better adjustment during life shifts as well as a more satisfactory life in general. In line with this reasoning, the findings support the postulates of the BFST [17] regarding DoS as a central mechanism by which personal, as well as relational well-being, is generated. The DoS is a product of interactional processes in the family-of-origin and is transmitted over generations.

Limitations. Some limitations of the studies should be considered when interpreting the results. Although the statistical analysis and theory assume some causal relationships among studied variables, a cross-sectional design that as used in all three studies does not establish the actual causality. A longitudinal research approach, along with a more significant number of different variables pertinent to adults' physical health and well-being, could provide insights on the pathways that connect family interactions with the health of family members as well as its changes in the systemic context. Another limitation of all 3 studies is related to the lack of gender balance as the samples primarily consisted of women; thus, the generalizability of the results in the men population is considerably restricted. Future research should attempt to involve more male participants to find out if established associations are applicable in both gender groups.

3.6.1 Conclusions

Summarizing the results of the three studies, some general conclusions can be drawn:

1. As Bowen postulated, the family emotional system that develops gradually in the family-of-origin depending on the interactional patterns between partners as well as between parents and children significantly relates to the psychological well-being of adult children. Adults who were growing up in the family system shaped by parents whose communication was marked by intense discord, conflicts, lack of mutual respect, and who were involving children into their conflicts, tend to develop lower DoS and have poorer emotional health as well as feebler psychological well-being.
2. Although there were found some associations between adults' physical health and the communication patterns in the family-of-origin and nuclear family, the data do not allow to judge regarding the family's role unambiguously, as the phenomena under investigation explained a very small part of the physical health's variance. Nevertheless, the results revealed that experience of triangulation in the family-of-origin might have a long-lasting detrimental impact on personal health.
3. DoS is a phenomenon that significantly relates to adults' satisfaction with couple relationships, emotional health, and psychological well-being. However, the notion of the BFST, that DoS is a product of the communication processes progressing in the family-of-origin might be reconsidered, as researched family variables, although significantly correlated with DoS, together explained a very small portion of the variance of adults' DoS. Such results prompt considering and looking for other developmental variables that together with phenomena described in the BFST shape the DoS.

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Conflict of interest


The author declares no conflict of interest.

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The Influence of Self- and Partner-Enhancement, Perceptual Congruence and Personal Identity on Relational Satisfaction among Married Couples, Dating Couples and Same-Sex Roommate Dyads

Darren Michael George, Andrel Wisdom, Annelise Linrud, Stephanie Hall, Miriam Ballais and Karina Bermudez

Abstract

This study builds on the Taylor and Brown theory of positive illusions to attain a more in-depth understanding of the relative influence of perceptual congruence and enhanced perception (positive illusions) on relational satisfaction. A sample of 812, organized into 406 subject-partner pairs of 203 married couples, 100 dating couples, and 103 same-sex roommate dyads completed questionnaires. Each subject rated him- or her-self on six personal qualities (social skills, emotional stability, agreeableness, hostility, depression, and spirituality) and four temperaments (Dominance, Influence, Supportiveness, Conscientiousness). Then they took tests that measured the same qualities to compare with the self-ratings. On another questionnaire, each partner rated the subject on the same 10 qualities. Both subjects and partners completed the Dyadic Adjustment Scale as the measure of relational satisfaction. Primary findings discovered that in most cases, positive illusions diminish relational satisfaction. The only setting in which benefit occurs is when partners rate subjects higher than subjects rate themselves. Congruence between ratings (whether subject-test, partner-test or subject-partner) is strongly associated with relational success. Findings contrast with the Taylor and Brown theory and provide a more nuanced look at the influence of enhancement or congruence.

Keywords: relational satisfaction, positive illusions, congruence, profile similarity correlation

1. Introduction

1.1 Public significance statement

Positive illusions, the tendency to view self, others, or other phenomena more positively than objective criteria suggest, is common to the human experience.

This study explores the impact of positive illusions in the context of personal relationships. How one views one's partner (positive illusion or objectively) has important consequences on the success of that relationship.

2. The influence of self- and partner-enhancement, perceptual congruence and personal identity on relational satisfaction among married couples, dating couples and same-sex roommate dyads

When Taylor and Brown [1] presented research evidence that positive illusions—the belief that I rate higher in any given domain than objective evidence would suggest—have a beneficial influence on a person's life satisfaction, well-being, and relational success; heated debate followed. Early on Colvin and Block [2], Colvin et al. [3] were the primary antagonists questioning both Taylor and Brown's methodology and conclusions and went on to cite research that demonstrated the benefits of perceptual accuracy (e.g., [4, 5]).

A good deal of research has provided support for the Taylor and Brown perspective (e.g., [6–10]), but other researchers have demonstrated the opposite. For instance, Robins and Beer [11] found that positive illusions may produce short term benefit but often result in long-term negative consequences. Other studies also demonstrated challenges with positive illusions and the benefits of greater accuracy of perception (e.g., [12–16]).

Since there appears to be evidence on both sides of the issue, this study attempts to unravel the dynamics of when illusion or accuracy produces better results. Baumeister [7] has already demonstrated that as the magnitude of illusion increases, the benefit diminishes. But we extend beyond Baumeister's efforts to explore a number of factors that may influence when illusion (or enhancement) is beneficial or harmful.

To accomplish this, three different types of ratings are employed: subject ratings, partner ratings and test results.

Subject ratings. The subjects rate themselves on six traits, four temperaments and 15 personal characteristics on 7-point scales.

Partner ratings. The partners rate the subjects on the same six traits, four temperaments and 15 personal characteristics on the same scale.

Tests. The subjects take personality or temperament tests (details provided later) that measure the six traits and four temperaments.

Then the influence of enhancement or congruence on relational satisfaction is explored. Specifically, the study addresses congruence or enhancement in three different settings:

1. *Self-enhancement*: do Subjects rate themselves higher than test results;
2. *Partner-test enhancement*: do the Partners rate the Subject higher than test results; and
3. *Partner-Subject enhancement*: do Partners rate the Subjects higher than the Subjects rate themselves.

We pause a moment to operationalize several terms or phrases. The term *Subject* (always capitalized) refers to the primary participant who self-rates on a number of qualities and then takes tests for comparison with the self-ratings. The *Partner* (always capitalized) refers to the other member of the dyad who assesses how he or she thinks the Subject rates on the same personal qualities. *Enhancement* refers to positive differences among test results, Subject ratings, and the Partner ratings.

Deviation refers to the differences (absolute values) among the same three. The term *relational satisfaction* is the score on the Dyadic Adjustment Scale (DAS, [17]) and represents the primary dependent variable. To avoid redundancy we form two abbreviations: *Subject RS* and *Partner RS*.

A second issue explored is what George and George [18] call “essence qualities”. It parallels Erikson’s view of personal identity [19, 20], but differs in that essence qualities identify *specific areas* in which an individual is heavily defined. In the questionnaire, 15 different personal qualities are Presented and Subjects rate to what extent they are defined by each of the 15 on 7-point scales. The Partners then rate the Subjects on the same 15 qualities.

The inclusion of essence qualities allows two additional types of exploration:

First, since Subjects rate themselves and Partners rate the Subjects on essence qualities, contrasts between Subject- and Partner-ratings can be employed to measure the impact of these differences on relational satisfaction. This broadens the overall investigation to 25 different personal characteristics to test enhancement or congruence between Subjects and Partners Twenty-five is far more extensive than most studies in this area.

Second, the influence of the *strength* of essence qualities on relational satisfaction can also be measured. Linville [21] research allows some interesting parallels. She found that self-complexity has a significant positive impact on relational success and overall life satisfaction. It is anticipated that strength of essence qualities would have a similar effect.

3. Literature review

Positive illusions: do they exist and how are they measured. There is little controversy about the existence of positive illusions. The tendency to view one’s self and important people in one’s environment more positively than reality is common to the human experience (e.g., [1, 22–26]).

Several methods have been used to measure positive illusions: A common one is to measure one’s self on a particular quality then measure hypothetical others on the same quality (e.g., [1, 26, 27]). In relationships, illusion may be measured by comparing an individual’s perception with the perception of their partner (e.g., [9]). Lewinsohn et al. [28] contrasted the opinion of experts with the opinion of the subjects. In the objective world, there is often opportunity to compare with actual standards (e.g., [29]). Example: I think I’m really smart. A test reveals an IQ of 87. My perception is illusion. In the medical world, one’s perception of likelihood or speed of recovery can also be contrasted with actual results (e.g., [26]). Example: A cancer patient thinks he will live another six months. He actually lives another four months. His opinion was illusion. In the present study we employ the method of research found in the objective domain: Self-perception is contrasted with results of an assessment instrument.

In addition to illusion about self, there is also a significant literature that deals with illusion about someone else. In the context of romantic relationships, the illusion applies to one’s partner. The phrase “love is blind” dates back 650 years [30]. The meaning then and now is identical, and refers to the tendency to view one’s partner with an unrealistically positive bias. Gagné and Lydon [31] and Solomon and Vazire [32] both address this phenomenon and argue that it is possible for one to have both positive bias and realistic appraisals of their romantic partner. In the present study, equal attention is devoted to both self-bias and partner-bias.

Positive illusions are associated with greater relational satisfaction. The logic of beneficial positive illusions was suggested by Bandura [33] who stated that if

everyone viewed themselves entirely accurately they would only attempt tasks they could easily accomplish. Those who view themselves more positively often put in “the extra effort needed to surpass their ordinary performances” (p. 1176).

In addition to Taylor and Brown’s work [1, 26], Murray, Holmes and Griffin’s [10] longitudinal research with a sample of dating couples revealed that good relationships were a combination of accepting certain negative qualities and idealizing (positive illusions) the strengths of their Partners. A year later, Murray and Holmes [9] included married couples into their study with similar results. Neff and Karney [34] and George et al. [35] found that people with higher relational satisfaction tend to see their Partners in a more positive light, to idealize their positive qualities and to view their own relationship as superior to others. Babincak [6] with a sample of 154 undergraduates found that those with an inflated view of themselves experienced greater personal and relational satisfaction. Morry, Reich, and Kito [8] found that with a sample of 92 cross-sex friendships, 90 dating couples and 94 married couples partner enhancement resulted in greater feelings of being understood, validated and overall relationship quality. This is only a sampling of an extensive literature on this topic (e.g., [36, 37]).

Partner enhancement is associated with poorer relational satisfaction. The logic of a negative impact of a Partner having positive illusions about a Subject, is suggested by the marriage proposal. Many times, agreement to marry is concomitant with the rosy glow that renders inflated perception (positive illusions) of personal characteristics of their partner and ends down the line with divorce.

Robins and Beer [11] revealed that in personal relationships, positive illusions about one’s partner may produce immediate happiness but result in long term diminishment of well-being, self-esteem and poorer relational success. Tucker and Anders [16] found that anxiously attached married men experienced poorer marital satisfaction due to their inability to accurately perceive their Partner’s feelings. Cooper, Chassin, and Zeiss [13] found that congruence between the husband’s self-concept and the wife’s perception of the husband’s self-concept was associated with greater relational satisfaction. An older study [15] found that greater relational satisfaction was associated with congruence between the husband’s expectations and the wife’s perception of those expectations.

Personal qualities. The influence of personal qualities on relational satisfaction has been explored in many studies. Research has found that four of the six qualities used in this study are related to greater relational satisfaction: emotional stability (e.g., [38, 39]); agreeableness (e.g., [38]); social skills (e.g., [40, 41]); and spirituality (e.g., [42–45]; Shaffer, 2008). Hostility and depressiveness are predictors of lower relational satisfaction (e.g., [46, 47]).

4. Summary

The present research is exploratory. Since there is such a diversity of research outcomes in this field, hypotheses are difficult to form. What this study does contribute is a more objective assessment of enhancement or congruence by including comparisons with test results. Then, greater validity is achieved because of 25 personal qualities are used in these comparisons (see [48] for a discussion of these issues). Finally, the ability to include enhancement, congruence, diminishment, or deviation as predictors (of relational satisfaction) allows greater comprehensiveness.

The dependent variable is relational satisfaction as measured by the Dyadic Adjustment Scale (DAS). As mentioned earlier, subject relationship satisfaction is designated “*Subject RS*”; partner relationship satisfaction is designated “*Partner RS*”. This

study explores whether enhancement (Subject-test, Partner-test, Partner-Subject), congruence (Subject-test, Partner-test, Partner-Subject), deviation—the absolute value of differences between the same three contrasts, and strength of essence qualities has a significant impact on relational satisfaction. These comparisons are measured for the entire sample ($N = 406$) and for the three subsets of the sample: Married couples ($N = 203$), dating or engaged couples ($N = 100$) and same-sex roommates ($N = 103$).

5. Method

5.1 Participants

A total of 812 subjects participated. They were assessed as dyads and were identified as the *Subject* and the *Partner*. Thus, there were 406 Subject-Partner pairs: 203 were married couples, 100 were dating or engaged couples, and 103 were same-sex roommates. The married couples were defined as legally married or cohabiting for at least one year. Dating and engaged couples were self-identified. Roommates were defined as living in the same dorm room or house and were restricted to same-sex roommates in a non-romantic relationship. All romantically involved couples were heterosexual.

Gender breakdown included 432 women (53%) and 380 men (47%). The ethnic composition of the group was 56% Caucasian, 11% Black, 11% Asian, 15% Hispanic and 7% other. The mean age of the married couples was 43.1 years (range 21–85); mean age of the dating/engaged couples was 25.1 years (range 18–59) and the mean age of roommates was 22.8 (range 18–61). Other demographics included religious affiliation, amount of education, and duration of the relationship. Married couples averaged: 3.4 years of college and 16.7 years married (range: 2–47 years). Dating couples: 2.6 years of college, 2.0 years dating (range: 1 month – 5 years). Same-sex roommates: 2.6 years of college, 1.6 years as roommates (range: 1 month – 3.4 years).

6. Materials

Materials included separate questionnaires for the Subjects and the Partners. The Subject questionnaire was four pages (2-sided) and the Partner questionnaire was two pages (2-sided). The questionnaires were identical for married and dating/engaged couples. They were also identical for roommates except for the relationship-satisfaction questions, which were adapted to measure satisfaction in the context of a non-romantic relationship.

The questionnaires. The Subject questionnaire began with 2/3 page of instructions, including the sponsoring organization, brief description of the study, assurance of confidentiality, informed consent, debriefing and further instructions about how to complete the hardcopy or the online versions. This was followed by six demographic items, 18 items that measured Essence Qualities, 10 items that allowed Subjects to make a self-rating on each of 10 personal qualities, and 60 items assessed social skills, agreeableness, depression, hostility, emotional stability and spirituality. Next followed a 24-item test adapted from the DISC that measured temperament types, and the final page measured relationship satisfaction with the Dyadic Adjustment Scale (DAS, [17]).

The Partner questionnaire included the same instructions and the demographic items. However, for the 18 Essence Qualities, the six personality measures, and the four DISC temperament measure, rather than rating themselves, they rated the Subject. The Partner questionnaire concluded with the Dyadic Adjustment Scale (DAS) to measure their own relational satisfaction.

6.1 Procedure

Students from an undergraduate research-methods class at a university in Central Alberta, collected data for partial class credit. They were provided with a script to use when approaching potential participants. The method of approach included face-to-face, telephone, email, and a variety of social media resources—always using the pre-prepared script.

Two different methods of assessment were used: Hard-copy and online versions of the questionnaire: 180 dyads completed the hard copy; 226 completed the online version. After hard-copy forms were completed, Subjects sealed the survey in a coded envelope and returned it to one of several collection boxes on campus. For online forms, when Subjects completed all questions, results were automatically forwarded to the central database.

All data were entered and analyzed. Irregular or incomplete forms were discarded prior to data entry. The most common type of discarded form was when one individual from the dyad responded but their Partner did not. More specifically, there were 812 valid forms. An additional 50 forms were discarded due to being incomplete or irregular. A depressing 292 forms were valid but were unpaired with a Partner and thus were unusable in the present study.

6.2 Variables

Overview. The study is complex and includes several different classes of variables and several types of analyses or manipulations of those variables. Because of this, the following road map will provide context.

Classes of variables include:

1. Demographics: Subjects and Partners each report their own demographics.
2. Six different personality traits: Three types of measures occur here: (a) a single self-rating by the Subject, (b) a single Subject-rating by the Partner, and (c) a test to measure each trait— completed by the Subject only.
3. Four different temperament types: Three types of measures occur here: (a) a single self-rating by the Subject, (b) a single Subject-rating by the Partner, and (c) a test to measure each temperament—completed by the Subject only.
4. The Essence Qualities: Two types of measures occur here: (a) a single self-rating for each of the 15 by the Subject, (b) a single Subject-rating for each of the 15 by the Partner.

Four broad classes of analysis include:

1. The direct influence of all variables on RS (Relational Satisfaction).
2. The influence of three types of enhancement (Subject-test, Partner-test, Subject-Partner) on RS.
3. The influence of three types of deviation (Subject-test, Partner-test, and Subject-Partner) on RS.
4. The Profile Similarity Correlation (described later) computes the similarity of ratings among test results, Subject ratings, and Partner ratings.

Demographics. Included are gender, ethnicity (Black, White, Asian, Hispanic, Other), age, religious affiliation (several prominent Protestant denominations, Catholic, agnostic, atheist, other) amount of education (scale ranging from less than high school to doctorate), and duration of the relationship.

The self-ratings. Subjects were asked to rate themselves on the six personal qualities: agreeableness, emotional stability, social skills, spirituality, depression, and hostility and the four DISC temperaments: Dominant, Influencer, Supportive, Conscientious. Each of the self-ratings was scored on a 7-point scale. For trait measures, the upper and lower anchors varied based on the qualities being measured. The middle score was 4 (*about as much as others*) or an equivalent phrase. For temperament measures, the anchors were identical: 1 (*not in the slightest*) to 7 (*yes, that's me!*).

Appreciate that a self-rating on a trait is attempting to measure a single quality. Temperament, by contrast, is multi-faceted and statements appear to be not only double-barreled, but multi-barreled. The unique value of temperament measures (in a counseling or seminar context) and the difficulty of measuring these constructs for use in research, is fully appreciated. Because of this, the temperament measures see only limited use in this study. Two examples follow:

1. [trait—social skills] I have excellent social skills in a wide array of situations. 1 (*very poor social skills*), 4 (*about as good as others*), 7 (*excellent social skills*).
2. [temperament—“S” Supportive] I am cooperative, kind, loyal, patient, and enjoy encouraging and supporting others 1 (*not in the slightest*), 4 (*to some extent*), 7 (*yes, that's me!*)

Personality trait measures from assessment instruments. The choice of the six traits was based on the experience of the authors and their colleagues in a counseling context. All six personality variables have demonstrated their influence in the success and non-success of relationships. All variables produced a final measure ranging from 1 to 7 with 1 representing low levels of a particular quality and 7 associated with high levels.

Spirituality. Personal spirituality was assessed by 12 questions selected from the 18-item George-Mabb-Walsh Spirituality Scale [49]. All questions were measured on 7-point scales; anchors varied depending on the nature of the question. Three of the items were reverse coded. The final spirituality measure was the mean of the 12 items with 1 representing low levels of spirituality and 7 high levels.

Agreeableness, Emotional stability. Two predictors were selected from the Big Five Personality Inventory [50]: Agreeableness (9 items) and Neuroticism/emotional stability (8 items) were rated on 7-point scales that ranged from 1 (*Strongly disagree*), to 4 (*Neutral*) and 7 (*strongly agree*). The final measure for both variables was the mean of the relevant items.

Social Skills. Social skills was measured by 11 questions selected from the Carlsmith Social Skills Scale [40]. Items were rated on 7-point scales. Anchors varied based on the nature of the questions. Three of the items were reverse coded. The final measure was the mean of the 11 ratings.

Depression. Depression was assessed by 11 statements that measured depression from the Anxiety and Stress Scale [47]. Scales, scoring and the final measure were identical to those for Social skills. Thus, 1 represents low levels of depression and 7 high levels.

Hostility. Hostility was measured with 10 items selected from the State Hostility Scale [46]. Subjects indicated to what extent they agreed or disagreed with each of

ten statements. Each statement was scored on a 7-point scale with the same anchors as those used in the Big 5. The final Hostility measure was the mean of the 10 items with 1 representing low levels of hostility and 7 indicating high levels.

DISC Temperament Scale measures. Four temperament qualities were assessed by an adaptation of an on-line version of the DISC Temperament Scale. Each of the four temperaments is associated with one of the four letters of D-I-S-C (Dominant, Influencer, Supportive, Conscientious). For instance, the description of the S (*supportive*) temperament is “I am cooperative, kind, loyal, patient, and enjoy encouraging and supporting others.”

The DISC assessment instrument included 24 lines of four randomly distributed words. In each line one of the words reflected the D (*dominant*) perspective; one of the words was associated with I (*influencer*); one with S (*supportive*) and the fourth word related to C (*conscientious*). Participants selected one word in each of the 24 sets. The raw score for D, I, S, and C was the sum of words that were circled. For this data set, D-scores ranged from 0 to 20; I-scores from 0 to 16; S-scores from 0 to 17; and C-scores from 0 to 17. To create metrics similar to other variables, raw scores were converted to 7-point scales based on a normal distribution of values utilizing the IBM SPSS® “Rv.Lnormal” procedure.

Essence qualities. Essence Qualities were assessed by Subjects rating to what extent 15 different attributes, widely found to be common defining qualities [18], were central to their identity. The items included: understanding, social, perceptive, generous, cherish family and family events, love of learning, deeply spiritual, ever growing, creative, disciplined, neat and orderly, musical, logical, and enthusiastic pursuit of fitness. The 15th item asked their profession and three additional lines were provided to include other options. These additional lines were heavily used as 67% of participants included at least one additional quality; 39% identified three additional qualities. All 18 items were rated on 7-point scales. The lower and middle anchors varied based on the quality described. The high anchor was 7 (*central to my identity*) for all 18. An example follows:

1. Disciplined. 1 (*follow my urges*), 4 (*when necessary*), 7 (*central to my identity*).

To reduce bias, the Partners also rated the Subjects on the same 15 measures. The final measure of the strength of each of the 15 Essence Qualities was the mean of the Subject’s and the Partner’s rating. This “criss-cross” method of reducing bias is widely employed in couples’ research (see [51]). The overall measure was the mean of the 15 criss-crossed scores. A score near 1 represents many low ratings across the 15 contrasting qualities; a score near 7 indicates many high ratings across these diverse qualities. The variable being measured is: “To what extent am I heavily defined across a number of contrasting qualities.”

Relational satisfaction, the primary dependent variable. Relational satisfaction was assessed by the Dyadic Adjustment Scale (DAS, [17]) and was scored in the manner specified by the authors. For the roommates (in non-romantic relationships), some of the questions did not fit their setting, such as “quality of sexual relationships.” Because of this, three of the 32 questions were deleted and one was adapted to better reflect a roommate setting (instead of “likelihood of divorce or separation,” roommates’ version was “likelihood of finding another roommate”).

Both Subjects and Partners completed the Dyadic Adjustment Scale (DAS) so the study could assess how different variables influenced both the Subjects’ relational satisfaction (*Subject RS*) and the Partners’ relational satisfaction (*Partner RS*).

6.3 Difference scores

Enhancement measures. The measures of enhancement and congruence in the present study involved difference scores. These differences were calculated between (a) Subject self-ratings and test results (to measure self-enhancement), (b) Partner's ratings of the Subject and test results (to measure Partner enhancement), and (c) Partner's rating and the Subject's rating (to measure whether Partners rated Subjects higher than Subjects rated themselves). Also included was (d) Essence qualities. Since there were only Subject and Partner ratings only Partner-Subject enhancement could be measured

Once differences were calculated, they were changed to z scores to create metrics similar to other variables. Correlations or regressions between the difference scores and relational satisfaction identified whether enhancement benefits, had no effect, or diminishes relational satisfaction.

Congruence measures. There were also four different congruence measures. The congruence measures are simply the absolute value of the four types of enhancement measures listed above. Congruence measures assessed to what extent participants deviated from congruence either with test scores or with the Subject self-ratings. A score near zero suggests high congruence whereas larger scores suggest deviation from congruence—whether enhancement or diminishment.

6.4 Profile similarity correlation

The Profile Similarity Correlation measure is increasingly used in couples' research (e.g., [52, 53]) but shows promise as a tool to better understand the dynamics of relational satisfaction. The PSC is designed to measure similarity of profiles between two members of a dyad. In the present study, PSCs were computed across 10 variables, the six personality variables and the four temperaments.

Four PSC measures were computed in the present study: (a) the correlations between the Subject's 10 self-ratings and the Subject's test results; (b) the correlation between the Partner's 10 Subject-ratings and the Subject's test results; (c) the correlation between the Partner's 10 Subject-ratings and the Subject's self-ratings; and (d) the correlation between Subject's ratings of 15 Essence Qualities and the Partner's rating of the Subject's 15 Essence Qualities.

An example illustrates the usefulness of PSC. Let us say the Subject rates himself 4 s and 5 s on the 10 of the Essence Qualities and 1 s and 2 s on the other five. A hypothetical Partner rates the Subject 5 s and 6 s on the same 10 Essence Qualities and 2 s and 3 s on the other five. This profile illustrates two separate outcomes: Enhancement of the Subject by the Partner (the Partner consistently rates the Subject higher than the Subject rates himself) and a strong correlation between the two sets of values (a high PSC) due to the similarity of profile (high and low ratings by the Subject are matched by high and low ratings by the Partner).

If correlations between PSC and relational satisfaction are computed, a high correlation suggests that similarity of ratings is associated with relational satisfaction.

7. Results

The primary purpose of the study is to determine the influence of enhancement, congruence or diminishment on relational satisfaction among couples. In addition, we explore some related findings such as the influence of personal qualities and strength of Essence Qualities on relational satisfaction. We begin by reporting the psychometric validity of our variables and comparing our results with Baumeister's.

Variable	Computation	Scale	Mean (95% CI)	SD	Skewness, Kurtosis	Alpha	
Dependent Variables (Dyadic Adjustment Scale)							
RS-Subject (DAS)	*	varies	4.64 (± .06)	.67	-.94	1.20	
RS-Partner (DAS)	*	varies	4.64 (± .06)	.64	-.71	.78	
Essence Qualities							
Essence qualities (criss-cross)	$\Sigma[(S + P)/2]/18$	7-pt	4.62 (± .06)	.66	.05	-.27	
Essence qualities (Subject)	$\Sigma S/18$	7-pt	4.48 (± .07)	.70	.23	-.26	
Essence qualities (Partner)	$\Sigma P/18$	7-pt	4.75 (± .08)	.85	-.13	-.30	
Personality Measures							
AGREEABLENESS	$\Sigma(S$ indictors)/9	7-pt	5.21 (± .07)	.77	-.18	-.29	.77
Agreeableness	S single rating	7-pt	5.11 (± .11)	1.12	-.27	-.27	
Agreeableness	P single rating	7-pt	5.34 (± .13)	1.32	-.38	-.61	
EMOTIONAL STABILITY	$\Sigma(S$ indictors)/8	7-pt	4.68 (± .09)	.97	-.06	-.47	.79
Emotional stability	S single rating	7-pt	4.80 (± .13)	1.31	-.46	-.15	
Emotional stability	P single rating	7-pt	4.80 (± .15)	1.56	-.52	-.22	
SPIRITUALITY	$\Sigma(S$ indictors)/12	7-pt	4.94 (± .13)	1.37	-.94	.49	.93
Spirituality	S single rating	7-pt	4.78 (± .15)	1.52	-.59	-.24	
Spirituality	P single rating	7-pt	5.08 (± .16)	1.60	-.68	-.10	
SOCIAL SKILLS	$\Sigma(S$ indictors)/11	7-pt	5.40 (± .07)	.70	-.27	-.51	.76
Social skills	S single rating	7-pt	4.81 (± .12)	1.24	-.19	-.20	
Social skills	P single rating	7-pt	5.09 (± .15)	1.30	-.03	-.10	
DEPRESSION	$\Sigma(S$ indictors)/11	7-pt	2.25 (± .08)	.86	1.00	.42	.89
Depression	S single rating	7-pt	3.14 (± .14)	1.41	.40	-.53	
Depression	P single rating	7-pt	3.18 (± .14)	1.48	.43	-.45	
HOSTILITY	$\Sigma(S$ indictors)/10	7-pt	2.72 (± .10)	1.05	.60	-.27	.85
Hostility	S single rating	7-pt	2.63 (± .14)	1.45	.61	-.54	
Hostility	P single rating	7-pt	2.71 (± .15)	1.50	.53	-.54	
DISC measures							
DOMINANT	ΣD ratings	7-pt	3.62 (± .15)	1.56	.58	-.45	
Dominant	S single rating	7-pt	4.70 (± .13)	1.30	-.06	.00	
Dominant	P single rating	7-pt	4.72 (± .14)	1.47	-.23	-.31	
INFLUENCER	ΣI ratings	7-pt	3.23 (± .15)	1.55	.42	-.43	
Influencer	S single rating	7-pt	4.46 (± .14)	1.40	-.09	-.15	
Influencer	P single rating	7-pt	4.51 (± .14)	1.46	-.04	-.53	
SUPPORTIVE	ΣS ratings	7-pt	4.48 (± .15)	1.56	.03	-.81	
Supportive	S single rating	7-pt	5.59 (± .10)	1.07	-.49	.00	
Supportive	P single rating	7-pt	5.62 (± .12)	1.21	-.59	-.41	
CONSCIENTIOUS	ΣC ratings	7-pt	3.86 (± .15)	1.50	.25	-.63	

Variable	Computation	Scale	Mean (95% CI)	SD	Skewness, Kurtosis	Alpha
Conscientious	S single rating	7-pt	5.10 (± .12)	1.23	-.14	-.63
Conscientious	P single rating	7-pt	5.28 (± .14)	1.43	-.45	-.60
Discrepancy variables (for the six personality variables)						
Subject - test (z)	$\Sigma(S\text{-test})/6$	Z	.00 (± .05)	.48	.29	.90
Subject - test (abs, z, ln)	$\ln\{\text{abs}[\Sigma(S\text{-test})/6]\}$	Z	1.47 (± .01)	.07	1.17	1.50
Partner - test (z)	$\Sigma(P\text{-test})/6$	Z	.00 (± .07)	.68	.21	-.03
Partner - test (abs, z)	$\text{abs}[\Sigma(P\text{-test})/6]$	Z	.54 (± .04)	.41	.98	.49
Partner - Subject (z)	$\Sigma(P\text{-S})/6$	Z	.00 (± .06)	.57	.06	.36
Partner - Subject (abs, z)	$\text{abs}[\Sigma(P\text{-S})/6]$	Z	.45 (± .04)	.36	1.16	1.58

*DAS scored according to instructions of the authors. Missing values for all variables were low (0–3% range) and were replaced by predicted values from regression equations. S = Subject rating. P = Partner rating.

Table 1.
 Psychometrics of key variables; N = 406 for all variables.

7.1 Psychometrics

All the primary criterion and predictor variables displayed good to excellent psychometrics. **Table 1** provides a complete assemblage of essentially all variables used in the study and includes standard psychometrics plus measures of internal consistency (α).

A comparison of the 360 (44%) participants who completed the hard-copy questionnaires with the 452 (56%) who completed the online version found few systematic differences between the two sets. The authors judged that the two groups were sufficiently similar to combine into a single data set.

7.2 Influence of degree of enhancement on relationship satisfaction

First, present results partially confirmed the Baumeister findings that more extreme illusions are less beneficial. However, there was only one setting where enhancement increased relational satisfaction: The Partner's RS was higher if the Partner rated the Subject higher than the Subject rated him or herself ($r[404] = .21, p < .001$). However when the squared term was added in a stepwise regression analysis, the benefit dropped off significantly as the enhancement becomes greater: $\beta = -.19, R = .40, R^2 = .16, R^2 \text{ change} = .024, F\text{-change} (1, 403) = 11.523, p = .001$. See **Figure 1** that illustrates a positive linear relationship and a negative curvilinear relationship.

7.3 Influence of enhancement on RS

A brief overview of the central issue now takes place. The degrees of freedom for all correlations is 404 unless otherwise specified. Self-enhancement diminished both the Subjects' ($r = -.21, p < .001$) and the Partners' ($r = -.14, p = .005$) RS. The Partner-test enhancement resulted in lower *Subject RS* ($r = -.18, p < .001$) and had no effect on *Partner RS* ($r = .08, p = .10$). The Partner-Subject enhancement showed no effect for Subjects ($r = -.03, ns$) and, the one instance of support for Taylor and Brown, enhanced RS for Partners ($r = .21, p < .001$).

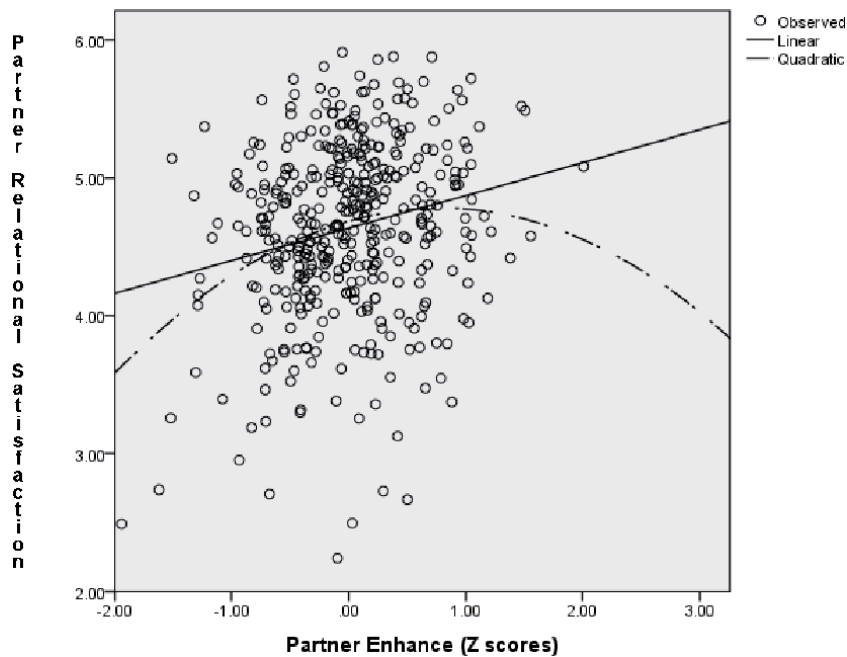


Figure 1.
Diminishment of benefit as enhancement becomes greater.

A different pattern emerged when considering enhancement of Essence Qualities. Since no instrument measures Essence Qualities, the only enhancement possibility is a comparison of Subject ratings on each of the 15 with the Partner rating of the Subjects' Essence Qualities. The results found that Partner-Subject EQ enhancement was associated with greater relational satisfaction for the Subject ($r = .14, p = .005$) and even more so for Partner ($r = .34, p < .001$). Greater detail may be found in **Table 2**. Thus, with the exception of Partner-Subject enhancement, there was a consistent pattern of enhancement being associated with lower relational satisfaction.

7.4 Influence of deviation on relational satisfaction

Recall that deviation from congruence is the absolute value of (a) subject minus test, (b) partner minus test, and (c) partner minus subject. A score of zero indicates no deviation whereas a larger score indicates greater deviation.

The Subject-test deviation was associated with poorer RS for the Subjects ($r = -.15, p = .002$) and the Partners ($r = -.17, p = .001$). The Partner-test deviation predicted lower RS for the Subjects ($r = -.17, p = .001$) and the Partners ($r = -.16, p = .001$). Partner-Subject deviation was associated with lower RS (marginal) for the Subjects ($r = -.10, p = .056$) and the Partners ($r = -.12, p = .016$). Finally Subject-Partner Essence-Quality deviation showed a similar trend: lower RS for the Subjects ($r = -.13, p = .010$) and the Partners ($r = -.14, p = .007$). While no results were particularly robust, there was a consistent pattern of deviation being associated with lower relational satisfaction. **Table 2** contains additional detail on how Marrieds, Dating, and Roommates fared on the same comparisons.

7.5 Influence of profile similarity coefficient (PSC) on relational satisfaction

Profile Similarity Correlations (for the entire data set) included:

	Relational Satisfaction	All (N = 406)	Marrieds (N = 203)	Dating (N = 100)	Roommates (N = 103)
Strength of essence qualities					
	Subject-RS	.30 (<.001)	.28 (<.001)	.14 (ns)	.30 (.002)
	Partner-RS	.37 (<.001)	.32 (<.001)	.21 (.034)	.47 (<.001)
Essence qualities: subject-partner comparisons					
Partner enhance	Subject-RS	.14 (.005)	.13 (.071)	.00 (ns)	.19 (.052)
	Partner-RS	.34 (<.001)	.37 (<.001)	.23 (.020)	.35 (<.001)
Partner deviate* from Subject	Subject-RS	-.13 (.010)	-.12 (.094)	.03 (ns)	-.11 (ns)
	Partner-RS	-.14 (.007)	-.18 (.011)	.14 (ns)	-.13 (ns)
PSC	Subject-RS	.11 (.032)	.05 (ns)	.10 (ns)	.10 (ns)
	Partner-RS	.11 (.035)	-.01 (ns)	.20 (.021)	.12 (ns)
Subject-test comparisons					
Self-enhance	Subject-RS	-.21 (<.001)	-.10 (ns)	-.21 (.039)	-.24 (.015)
	Partner-RS	-.14 (.005)	.02 (ns)	-.22 (.031)	-.20 (.040)
Self deviate* from test	Subject-RS	-.15 (.002)	-.10 (ns)	-.05 (ns)	-.22 (.027)
	Partner-RS	-.17 (.001)	-.16 (.023)	-.05 (ns)	-.17 (.079)
PSC	Subject-RS	.26 (<.001)	.17 (.015)	.13 (ns)	.43 (<.001)
	Partner-RS	.22 (<.001)	.16 (.026)	.11 (ns)	.34 (.001)
Partner-test comparisons					
Partner/test enhance	Subject-RS	-.18 (<.001)	-.12 (.083)	-.19 (.065)	-.19 (.054)
	Partner-RS	.08 (<.001)	.15 (.032)	.05 (ns)	.10 (ns)
Partner deviate* from test	Subject-RS	-.17 (.001)	-.16 (.027)	-.21 (.040)	-.10 (ns)
	Partner-RS	-.16 (.001)	-.17 (.015)	-.16 (ns)	-.08 (ns)
PSC	Subject-RS	.27 (<.001)	.28 (<.001)	.25 (.011)	.13 (ns)
	Partner-RS	.34 (<.001)	.32 (<.001)	.32 (.001)	.27 (.007)
Subject-partner comparisons					
Partner/ Subject enhance	Subject-RS	-.03 (ns)	-.06 (ns)	-.06 (ns)	-.02 (ns)
	Partner-RS	.21 (<.001)	.16 (.020)	.24 (.018)	.27 (.006)
Partner deviate* from Subject	Subject-RS	-.10 (.056)	-.11 (ns)	-.04 (ns)	.03 (ns)
	Partner-RS	-.12 (.016)	-.08 (ns)	-.11 (ns)	-.08 (ns)
PSC	Subject-RS	.31 (<.001)	.24 (.001)	.13 (ns)	.32 (.001)
	Partner-RS	.33 (<.001)	.23 (.001)	.16 (ns)	.46 (<.001)

*Deviate: Absolute value of the enhance score. Positive correlation: greater deviation associated with greater RS. Negative correlation: greater deviation associated with lower RS.

Table 2. Bivariate correlations between key variables and subject and partner relational satisfaction; 2-tail significance in parentheses ($p > .10 = "ns"$); degrees of freedom, $N - 2$.

Subject-test PSC. A high PSC predicted greater *Subject RS* ($r = .26, p < .001$) and *Partner RS* ($r = .22, p < .001$). A similar pattern emerged for all subsets except for the dating couples.

Partner-test PSC. A high PSC predicted greater *Subject RS* ($r = .27, p < .001$) and *Partner RS* ($r = .34, p < .001$). A similar pattern of significance emerged for all subsets.

Partner-Subject PSC. A high PSC predicted greater *Subject RS* ($r = .31, p < .001$) and *Partner RS* ($r = .33, p < .001$). A similar pattern emerged for all subsets except for dating couples.

Subject-Partner PSC for Essence Qualities. A high PSC predicted greater *Subject RS* ($r = .11, p = .032$) and *Partner RS* ($r = .11, p = .035$). Although results in the context of Essence Qualities are barely significant, the pattern is consistent with other PSC measures.

Thus in all four setting similarity of correlations (high PSC) is associated with greater relational satisfaction for both subjects and partners. See **Table 2** for detail.

7.6 Influence of strength of essence qualities on personal characteristics and RS

The influence of Essence-Quality strength on relational satisfaction was consistent with Erikson's theory. Stronger Essence Qualities on the part of the primary Subject was associated with greater RS for both the Subjects ($r = .30, p < .001$) and even more so for the Partners ($r = .37, p < .001$). A similar pattern of results was observed for all subsets.

7.7 Influence of personal traits on relational satisfaction

Both Subjects' and Partners' relational satisfaction was enhanced if they were more emotionally stable, agreeable, socially skilled, and spiritual, and was diminished if they were more hostile or depressed. The r -values ranged from .22 to .43 for the Subjects; from .12 to .28 for the Partners (all significance values were $p < .001$). It is interesting to note that the pattern of relationships was the same for both Subjects and Partners but the effect for Subjects was more robust in every instance.

7.8 Insights from regression analysis

This data set is not primarily designed for regression analysis or structural equation modeling. The study addresses several specific factors associated with relational satisfaction and there is no intent for it to be comprehensive. The objective of the regressions in this setting is not so much to attain high R^2 values but rather to test the relative importance of the predictor variables and also partial correlations after other variables are accounted for.

Two analyses were conducted: the first included a criterion variable of *Subject RS*, the second a criterion variable of *Partner RS*. Predictors for both analyses included six discrepancy variables (the last six variables in **Table 1**), four PSC variables (subject-test, partner-test, subject partner, subject-partner essence qualities), essence qualities (single combined variable), and the six tested personality variables. For all analyses, Stepwise Multiple regression was conducted with a p to enter of .07 and a p to drop of .10. Note: Additional regressions were conducted with subsets of these variables; contact the first author for additional information.

Analysis 1. The regression on *Subject RS* found four variables entering the equation: Depression, $\beta = -.27$; Partner-Subject PSC, $\beta = .12$; Essence Qualities, $\beta = .11$; and hostility $\beta = -.11$. This generated R , R^2 and DF values of: .47, .23, 1, 401.

Analysis 2. The regression on *Partner RS* also found four variables entering the equation: Essence Qualities, $\beta = .23$; Partner enhance Subject, $\beta = .21$; hostility, $\beta = -.17$; and Partner-Subject PSC, $\beta = .14$. This generated R , R^2 and DF values of: .50, .25, 1, 401.

Thus, three qualities significantly influenced both Subject and Partner relational satisfaction: Strength of essence qualities, congruence between subjects and partners on the ten self- and partner-ratings (Subject – Partner PSC), and the negative impact of hostility. Depression was the greatest single predictor (negative) of the subjects' relational satisfaction. The partner viewing the subject higher than subject self-ratings was the second-ranked predictor of the partners' relational satisfaction.

7.9 Other differences

Analysis of gender differences were remarkable more for the similarity between men and women than for any differences. When contrasting type of relationships, for both Subjects and Partners, dating couples had the greatest RS ($M_s = 4.86, 4.85$), marrieds were next ($M_s = 4.71, 4.67$), and roommates were lowest ($M_s = 4.32, 4.37$). All pairwise comparisons were significantly different ($\alpha = .05$).

8. Discussion

As the discussion progresses, the reader is reminded of the overall perspective of this study. Taylor and Brown [1] research supported the benefits of positive illusions in many settings. Subsequent research has instances of support or non-support for the Taylor and Brown Theory. Present findings are discussed in the context of identifying the influence of enhancement or congruence on relational satisfaction in several contexts.

8.1 The influence of enhancement

Three types of enhancement are explored in this study: Subject-test, Partner-test, and Partner-Subject. In contrast with the Taylor and Brown theory in almost all instances enhancement (positive illusions) is detrimental to relational satisfaction; both for the Subjects and the Partners. The only instance of support for Taylor and Brown is when Partners rate Subjects higher than Subjects rate themselves, the Partner's relational satisfaction is enhanced.

This pattern holds true for each of the subsets except for married couples. Their results are in the same direction but not significant for the Subject and show a non-significant *positive* trend for the Partner. The contrast of the married couples is perhaps in the nature of their relationship. In an on-going and committed relationship, researchers find that attention to (and even enhancement of) the positives and the ignoring of the negatives is one key to success in many marriages (see [9, 34, 35]).

8.2 The influence of deviation from accuracy of perception

For all three settings, a deviation from congruence from either the test results or the Subjects' self-ratings results in diminished relational satisfaction for both Subjects and Partners. When the Subject self-ratings deviate from the test results, the outcome is lower RS for Subjects and Partners and for each subset. An identical pattern occurs for deviation of the Partners' Subject-ratings with test results, also significant (for the entire sample). The results are less robust for the Partner deviating from Subject ratings. Both show negative impact but are barely significant. Although marrieds, dating and roommates show a similar pattern of results their outcomes are often do not achieve significance. The influence of PSC helps to create a more complete picture.

8.3 The influence of profile similarity correlation (PSC)

The Profile Similarity Correlation measures how similar (highly correlated) are the pattern of ratings between the couples on a given set of variables. Also, as suggested in the introduction, the PSC can also measure enhancement or diminishment.

The PSC produced some of the strongest results in the entire data set. For three of the PSC measures (Subject-test, Partner-test, and Partner-Subject), not only are benefits to the relational satisfaction of both Subjects and Partners for entire sample significant at the .001 level, most of the subsets achieve the same significance.

The message is clear. When the results of deviation from accuracy and the PSC are considered, one may say that relational satisfaction (whether for Subjects or Partners) is associated with reasonable accuracy of judgment and congruence with both the Subject self-ratings and test results. When the occasional benefit of enhancement occurs (only for the Partner rating the Subject higher than the Subject rates herself) one is motivated to ask the question: Is this the type of enhancement spoken of by Robins and Beer [11] that yields short-term benefit but long-term misfortune?

8.4 The influence of essence qualities

In the present study, those high in Essence Qualities scored a perfect record (all at $ps < .001$) of being more agreeable, emotionally stable, spiritual, better social skills, while being less hostile, and depressed.

The results were nearly as strong with the benefit on Subject's and Partner's RS. Of all possible correlations (between Essence Qualities and relational satisfaction), the effect was significant at the .001 level for the entire sample and all subset except dating couples.

These results, despite being robust, should not be that surprising. Erikson [19, 20] anchored a strong personal identity (Stage 5) as the prerequisite to successful intimate relationships (Stage 6). Linville [21] also found emotional and relational health associated with her concept of self-complexity. The utility of essence qualities as a unique concept (despite similarities to Erikson and Linville) is their usefulness in a counseling or seminar context. George and George [18] have documented that almost never do a couple share identical essence qualities. In counseling, then, the couple can learn to enjoy the strength of shared essences and explore how to deal with essences that differ.

8.5 Variations based on the subsets

When considering the three primary subsets (marrieds, dating couples, roommates) responses were reasonably consistent with the overall results, except for the dating couples. Of 26 comparisons between the three groups, the dating couples produced similar but weaker results 16 times, completely opposite results 3 times, and were reasonably congruent results on the other six. Essentially, we found less influence on Subject and *Partner RS* by the dating couples than for the entire sample or the other two groups. Researchers speculate that the "in love" factor may be instrumental. "In love" is not an issue with the roommates and is less of a factor with the marrieds with an average duration of the relationships of 17 years. Perhaps the tendency of in-love Partners to idealize each other, renders the effects of enhancement, congruence or similarity to be not so great an influence. This also underlines the contention [18] that the dynamics of successful friendship (roommates in this case) are quite similar to the dynamics of successful romantic relationships.

8.6 Limitations of the study and conclusions

More might be done with the temperament measures. In this study, temperament was used only in the PSC correlations. The challenge of their multidimensionality provides difficulty for any researcher, but the multidimensionality is intrinsic to the concept of temperament. Their power in a counseling or seminar setting demonstrates that continued effort to provide effective ways to measure and employ them in research is desirable.

A possible solution is, perhaps, suggested by the measure of Essence Qualities in the present study. Essence Qualities are defined as *contrasting qualities* that define an individual. Yet a measure was derived “the mean of the 15” that measures strength of identity across a wide range of diverse qualities. Perhaps this provides some insights into the measure of temperament. Temperament should be easier to measure and conceptualize (than essence qualities) because the set of qualities are often highly correlated with each other.

Perhaps the greatest limitation of the study is that the areas in which enhancement or congruence were assessed (the six personality variables) is limited. There are thousands of areas in couple relationships that might also be assessed. How well do results from six variables extrapolate to enhancement or congruence across the wide array of other personal characteristics? Future studies might begin to systematically explore different classes of variables to gain a more complete picture.

8.7 A final word

The present study reveals that asking whether positive illusions are beneficial is too simplistic. The study appears to illustrate that positive illusions by the Partner may sometimes have benefit. But, this finding is overwhelmed by the weight of evidence that 1. assessment that is congruent with Subject ratings or test results, 2. assessment that does not deviate too far from the test or partner ratings, and 3. a high correlation between the perspectives of the one doing the judging and one being judged is beneficial to relational satisfaction.

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The Changing Concept of Self and Identity in Aging Working Women from Shelter Homes: Case Studies on Rebuilding of Interpersonal Relationships

Nivedita Das

Abstract

Violence against women has been the subject of study in many countries and in different cultures. The fact that women enjoy a secondary position in many societies is proved through different studies, in spite of the changes in the laws of the countries. How differently a woman is treated at home and work front too is a known subject of research. There are numerous women out there who have been forced into the work force without any option left for them to decide otherwise. May be they don't enjoy the recognition they deserve and the only motivating force for them is the preservation of their individual dignity. There is no certainty about their future yet they are successful in many ways. Here are three women who have dared to raise a voice against the injustice done to them and have ended up in shelter homes for having a mind which thinks differently than the imposed social norms and customs set by the society and have used their voice to get help to preserve their dignity. From uncertainty about life and hopelessness to gaining confidence, having a strong resiliency to hoping for a better future for the future generation, they have seen it all and have extraordinary inspiring life stories to share with the ordinary women.

Keywords: women empowerment, self-concept of women, violence against women

1. Introduction

When we talk about women's identity and their role in the workforce we normally refer to women with designations and well defined job descriptions that are certain about their roles in their homes and offices. A woman plays many roles in her lifetime and each role that she plays requires her to be perfect. An idea about their roles and job details helps them to perfect their roles accordingly. But there are numerous ladies out there who have been forced into the work force without any option left for them to decide otherwise. May be they don't enjoy the recognition they deserve and the only motivating force for them is the preservation of their individual dignity. There is no certainty about their future yet they are successful in many ways. I have been privileged to work with lesser privileged women who are

the bread winners of their family after being severely traumatised by the violence done to them or are leading a life of a single working woman in a male dominated society without realising their unique strength. My visit to some State runs short stay/shelter homes and my interaction with those destitute women in 2003 was the beginning of my beautiful journey with these beautiful souls. I was the district member of the advisory committee of the Odisha State Social Welfare Board which comes under the Women and Child Development Department. What struck me there was their unflinching spirit to celebrate life in spite of the difficulties that they have faced in their lives. That led me to work for them more seriously trying to understand the underlying psychological principles of their successful lives. To be able to work more closely with them I have been involved with a residential home for such women in Odisha since 2008. Recognizing the need to prevent women from exploitation and to support their survival and rehabilitation, the scheme of Short Stay Home/Shelter homes for women and girls was introduced as a social defence mechanism in India, by the then Department of Social Welfare in 1969. The scheme is meant to provide temporary accommodation, maintenance and rehabilitative services to women and girls rendered homeless due to family discord, crime, violence, mental stress, social ostracism or are being forced into prostitution and are in danger. Another scheme with the similar objectives namely Swadhar –A Scheme for Women in Difficult Circumstances was launched by the Department of Women and Child Development in 2001–2002. The scheme through the provisions of shelter, food, clothing, counselling, training, clinical and legal aid aims to rehabilitate such women in difficult circumstance. The shelters provide a physical space for women, where they could escape violence temporarily, stay safe and make decisions about their lives. Furthermore, communicating with other victims of violence helps them to overcome the feeling of isolation and the perception of being the only woman that has a violent partner. Violence against women prevails in increasing numbers in India as well as in other parts of the world.

It becomes pertinent to focus on the social setup and the belief patterns of the society of which these women are part of and have grown up to believe that men are important members of the society, men are to take major decisions in the family, women should worship their husbands after marriage as they are Gods for their wives (there is a day in the year called *Savitri Puja* they observe by fasting and worshipping their Husband Gods believing that by doing so their husbands will live for long). The dowry system still prevails in spite of many legal reforms where demanding dowry is a punishable offence. The birth of a male child is still celebrated over the birth of a female child in rural Odisha as it is believed that a son only has funeral rights and after death, parents will get *Moksha* or liberation if their pyre is lit by their son. Fortunately things are changing in urban Odisha and people are treating their daughters equally as with their sons. But unfortunately there are areas where education is still important only for boys and highly educated girls are considered as a curse to the family, women don't get to marry their choices, dowry decides the happiness of the girl in her in law's house after marriage, giving birth to girl child is scorned upon, widowed women are considered as bad omen on auspicious occasions, it is desirable for a young girl to be able to cook for her father and brothers if she doesn't have a mother or any elderly lady in the family, even if she is as young as 8 or 10 years old, women raising a voice for claiming their own rights is considered as a sin. Growing up in such social set up has made the women more tolerant of the injustices done to them. But when it becomes too much for them, they try to find their own mental balance by questioning the system and leave their houses to maintain their individual dignity. For these battered women their own houses have failed to be their safe havens. In most cases they are considered as rebels and have been declared to be mentally unsound by their own family members

and end up in rescue homes/shelter homes. Though there is provision of providing counselling by mental health professionals in such homes to these devastated women, they take time to gather their pieces and to start thinking for their future life which they never did as they were never allowed to participate in decision making regarding their own lives in their own family by the male members. Their sense of self is always blurred and their self introduction always featured the names of their fathers or husbands. Their beaten self has emerged as a winner for these women because of their optimistic outlook and hope for a better future and most importantly for their resiliency they could bounce back into life with positivity which calls for special mention and admiration. Not much qualitative research has been done to study the positive psychological variables at play in such population which can throw light on the character strengths and virtues of these women and can implicate for training in such direction like self efficacy in such rescue homes as it is a state like concept.

2. Aim

Women in India still feel the gender differences in all areas of their lives and when a battered woman seeks help, it is the family members who don't come forward to help her. In spite of all the odds women face and even if they are victims of violence and injustice; there are some psychological variables at play which help them to bounce back into life. Since most of the success stories of such victorious women are not documented to emphasize on the importance of the character strengths and virtues which help in maintaining the balance in difficult life situations, this is a humble attempt to portray the real life case studies of three strong women, who can be examples of showing high resiliency, gratitude and epitomising hope and optimism. They are the women who stayed in rescue/shelter homes for a brief period when life became tough for them, fought with the injustice and for their own dignity and rights, and moved on with their own lives setting examples for others.

3. Method

To collect the information from subjects that are taken here as case studies have been followed up staying in different short stay/rescue homes in Odisha and I have been working for such women as a volunteer for the last 14 years in the coastal districts of Odisha, a backward state of the Indian subcontinent, situated in the eastern region on the coast of Bay of Bengal. The subjects were carefully chosen and they are the ones who were followed up over a period of time. It seems perfect to cite their life stories as case studies because of the way they have handled their lives with a little bit of therapeutic intervention and a lot of self determination which can be referred to as a high level of self efficacy.

4. Case presentation

Sometimes the age factor is so embedded in our culture that we don't get surprised when an illiterate person reports his/her age to be half of the age that he/she appear to be. The first two case study women mentioned here are above sixty years of age, though they have reported their age to be lesser than their real age. In rural Odisha, especially those who are not literate have no idea about their age as none of

them have birth certificates and birth certificates became compulsory only in the 90s. They have a way of referring to their age as "one Kodi" or "two Kodi" or "three Kodi, where 'kodi' refers to twenty years. So it jumps from forty years to sixty years or eighty years and the safest way we follow to know their age is by asking the age of their youngest kid and then calculate the age of all kids by asking the age difference between them. In the case studies I have kept their ages as reported by them. Thus the two women in case study 1 and case study 2 are above 60, but the case study 3 woman is now 47 years old and is taken here as a case study for the confidence and resilience she has shown which can be emulated by other shelter home women. All these women after moving out from a shelter home normally continue to lead an independent and fulfilling life till their end.

5. Case study 1

She was the second daughter of her parents and had a younger brother who was pampered by all. As the parents were very poor they could not afford to send all their kids to school. Her brother was allowed to continue schooling though she was better than her younger brother in studies while he struggled through the classes. The eldest daughter was married off at a very young age with huge amount of dowry and she, as the second daughter, was considered as a burden to the family and was forced to do the household chores from a very young age. She felt unwanted and unloved and looked sad always as a teen. She wished to be a boy instead, as she thought boys will always be loved by their parents even if they are no good in other aspects of life. When she was 19 years old she was discovered to be pregnant by her grandmother, who she was sharing her bed with, as she noticed her bulging stomach and morning sickness. She was almost beaten to death by her father but did not reveal the name of the person who was responsible for her pregnancy. Her mother pleaded her to leave home as she feared for her life and was also worried about facing the social ostracism because of her daughter's pregnancy before marriage. They also thought that their elder daughter will be thrown out from her in-law's house if they come to know about the younger daughter's plight. She was sent to stay with her aunt who was instructed to take her for an abortion in her village. This was back in 1985 when medical help was not good in villages in rural Odisha. Her aunt took her to a quack who expressed his inability to terminate the pregnancy but suggested to sell the new born to a childless couple. She started worrying for her unborn child and went back to her own village to ask her lover to marry her who was a married man already with two kids. He called her a liar and denied having any relationship with her. She didn't budge from his house and kept sitting there in front of his house for two days. She was abused physically and mentally by the man's family members and was rescued by a social worker in an almost unconscious state. The lady who rescued her was a teacher in a primary school and brought her home. By this time almost the whole village had come to know what had happened to her and started ridiculing her as if she was only to be blamed for the whole thing and wanted the family of the married man not to be disturbed. She was forced to stay with her parents and her parents were not willing to take her back home. When she reached home she was singled out and was flogged again by her mother and the next day she had a miscarriage. After few days she was sent to that aunt of hers again where she had to stay permanently or till they could find her a suitable groom. She was happier there as no one knew about her history in that village except her aunt. After staying with her aunt she joined a village tailoring unit to learn some stitching so that she can be independent financially and earn some money for her own expenses. As she continued stitching she made few friends in that area and

also started believing in herself again. She was happy to take care of her ailing aunt who by now had become sick and old. After her aunt's death she was forced to leave that house as the aunt's brother wanted to sell the house and her aunt was a childless widow. She went on to stay in a shelter home, one of the oldest shelter homes of Odisha, where she was requested to teach stitching to the other inmates who are also abandoned by their own families. She is looked upon as a mature and confident lady who is capable of taking care of distressed women with her gentle approach. She gets a minimum amount of salary for her services by the organization which she spends on the children of her younger brother who is not having a constant source of income. Though her brother's family wants her to come and stay with them she doesn't want to go as she feels her presence here in the organisation is more important and she exudes confidence while quoting that these women who come to stay in the shelter home have to learn a lot in life and her assuring smile indicates that she is there for them and it gave a sense of relief to the young woman who was standing close to her and was a new entrant in the home.

Here are some excerpts from the interview that echoed the importance of optimism and meaning in life for the overall well-being of a person. Asked about what she values in life, she said "its relationship with the right kind of people". In response to what is it that she wants the other women to learn in life, she said focussing on a bigger reason and other's problems will make them learn the biggest lessons of life automatically and their own problems will be reduced into dust. She said it's the journey after deciding the goal will teach them the most... she blurted out "...for me I have reached a point in life where I don't feel helpless anymore". The meaning of her life is the total of her experiences that she experienced in her life through her relationships, work and more importantly self analysis as she puts it.

6. Case study 2

This woman came to the short stay home when she was almost 50 years old. She was married when she was 22 years old. Her husband used to work as a sweeper in a private organisation and also used to do some odd jobs like a daily wage labourer. He used to drink everyday at night and beat her black and blue. As her parents were very poor and never supported her when she complained about the beatings by her husband, saying it is normal for a man to beat to 'control' their wives. She chose to put up with her situation. She delivered a son after few years of marriage. But the beatings never stopped. The child grew up in an environment where he witnessed his father coming home drunk and beating his mother and his mother keeping quiet and silently taking care of them. As the child grew up he got into bad company and started smoking at a young age. Then drinking followed. Meanwhile her husband was not keeping well and was admitted into the hospital for stomach ulcer. After months of treatment he passed away. Her son was not doing anything and as the wife of an employee who died before retirement, she got her husband's job. She used to finish all the household work and then leave for her job. Her son used to roam around doing nothing. Then he started taking money from her on the pretext of starting a small shop. But one day she discovered that no money has been spent on any shop building. He has blown it all on drugs and alcohol. When she confronted him he got violent and abused her verbally. She was saddened by her son's behaviour and thought of addressing it more seriously as she didn't want him to follow his father's path. But at that night her son came with one of his friends and forcefully took her gold ornaments that she was wearing. He didn't come home for the next few days. Then he emerged after few days, drunk. He fought with her and asked for money and pushed her and punched her. When she protested he tried to

suffocate her by throttling her. The neighbours came and rescued the woman who was coughing incessantly. She couldn't speak for the next two days and her neck got swollen. But her son was unmoved and stayed in the same house expecting his mother to cook for him and take care of him while he continued with his evil ways. The woman's employers enquired about her absence and got to know about her serious condition. They took her out to a gentle man who was working in a program meant for destitute women. As there was threat to her life they wanted her to stay there and take legal action against her son. After a few days the son was arrested for attempting to murder his mother and was sent to a rehabilitation centre meant for drug addicts and alcoholics. She didn't know that it was so easy to get the protection and didn't feel alone for the first time in her life even if she was not staying with her own family members. She keeps saying that now it is very important to believe in one's worth and not to be afraid of anything. If anyone has to be afraid of then it should be the one who is doing wrong. It is our duty to be happy as she puts it and says that she always hoped to see her son different from that of his father. She hasn't lost hope. She goes to visit him once in a month with lots of gifts. Now she is working as a sweeper cum gardener in the same shelter home where she is staying. In addition to that she is the one who is in charge of coordinating with the doctors whenever there is any medical emergency. Her strength of personality, as other women said, makes other women look up to her for help and guidance in times of difficulty. She has started reading out short educational stories and informative articles on various issues to other inmates during their leisure time. When she took me to the house where her son and daughter in law are staying she met a lady who used to be her neighbour. The old neighbour pointed out to her that she looked happy and healthy and different from those days when she used to stay in the same house where her son lives now and teased her saying that she should take her along.

7. Case study 3

I met her for a session after she was handed over to the staff of a short stay home by the senior psychiatrist of the mental health department of a State run hospital. The doctor felt she doesn't need hospitalization and her family members were not responding to their calls. She seemed to be from a very good, well to do family and spoke perfect English. She excused herself for being shabbily dressed and felt very conscious for the way she was dressed and kept on repeating that she doesn't look like that on normal days and she is very ashamed of her condition. She was a beautiful 45 year old lady and agreed to stay in the short stay home which functions like a stepping stone for women who want to do something in their lives but never got the opportunity because of financial problems or no parental support or are the victims of domestic violence. This lady seemed to be mature enough and could adjust well with the other inmates quickly. It is normally those from the lower socio-economic backgrounds with very little education that are found in such rescue homes/shelter homes. But here she was, a graduate and her father was the Director of the Veterinary Hospital. She opened up in the first session itself and kept crying and seemed as if she was in shock. Her life story seemed nothing less than a cinema story, only difference being her story is real and she lived every bit of it and has fought with the situation, with the injustice done to her and with her parents and finally is settled in a job as a teacher in a school for mentally retarded and autistic children. This is how her life has been as she described as follows:

She was taken to the mental health department of the hospital by her father and as the doctors advised him to keep her in the hospital under observation; her father went out on the pretext of getting bed sheet and pillow for her and never returned.

In Odisha it is still a social stigma to have mental disorders of any kind and people try to hide it unless and until it becomes out of control. For them the 'stamp' of being "mad" gets attached to the person after visiting a psychiatrist is still looked down upon and is something to be ashamed of. As the doctors found her perfectly okay to go home they tried to contact her family members but couldn't trace them. As days passed she couldn't think of ways to get out of the hospital as per the rules of the hospital she cannot be left alone and allowed to go home alone. The senior psychiatrist was sure about one thing that she doesn't need hospitalization and if she is not rescued from there she will get seriously ill and it will harm her more. On one of those days when the doctor was on duty, thought of giving it a try by taking his own initiative. He called the staff of a shelter home and enquired if she can be taken in from the hospital as she is perfectly fine. She was welcomed with love and from day one she made sure that she will be staying there till she is capable enough to take care of herself. She had made up her mind that she's going to take charge of her life from that moment onwards and while having sessions with her, she told me about what she has gone through in her life.

She was the second daughter of her parents and has a younger brother also. Her elder sister is not married. She is convent educated and was in college doing her graduation when life took a sharp turn for her. She was very good in studies and was very sociable. She fell in love with a man who was known for his *tantric* pujas. When her parents got to know about her interest in that man, they stopped her from going to college. She was locked up in a room and was not allowed to meet her friends even. After two years they thought she must have forgotten about the man and allowed her to go to temple once in a week only. But the man somehow got to know about her and came prepared to take her away from the temple. They eloped and got their marriage registered. She was very simple and naive. He took her to a remote area and kept her again in a locked up room. She felt like a sex slave as she was not allowed to open the doors and windows of the house. Here also she was in a cage like her parents' place. She was very young at that time and kept crying and stopped eating. One day she fainted in the morning and couldn't stand on her own feet. Seeing all this, the man got frightened and put her in a car and brought her to her parents' house and dropped her in front of the gate in an unconscious state and fled. The family members of this woman were so worried about losing their name in the society that they kept quiet about it and hushed her up. Here again she was made to stay put inside the house and was not allowed to meet anyone. Not even when guests came to their house. After 3 years her father enrolled her in a computer course. She never got treated well by her own family members. The computer course that she got admitted into after 5 years of leaving college was the only incident that brought a smile to her face. In the computer centre one of the lecturers wanted to marry her as she was very pretty looking. He followed her to her house and met her parents and begged for her hand in marriage. The parents were reluctant to agree but after knowing about her past he wanted to marry her as she was legally divorced by then from her first husband. After their marriage they moved into their house. The husband got a job in London as he was a software engineer. He kept working from home for a few months and kept postponing his trip to London. But he blew all the money in buying cars and a house. He also developed the habit of drinking. After few months he suddenly left his job. As they had a son, this woman wanted to contribute by doing a job. She took a part time job and also did Nursery Teachers' Training course. Then she got the job of a teacher in a reputed school. Her husband had become an alcoholic and used to take money from her and when she questioned about him being absent from home for days together he used to beat her. Once he hit her so hard and his son also that her face got deformed. She gathered all her courage and lodged a complaint in the police station. She stayed in the police station

with her son for the whole night for her own protection and the next morning he was arrested. After a few days, he got released and came home to take revenge. Her in-laws also never supported their own son and asked their daughter-in-law to leave him and come and stay with them. In Odisha it is still not desirable for a woman to leave her husband's house, no matter what the situation is. The woman's parents never got to know about the difficulties their daughter was facing. Again she was hit by her husband very badly and this time it happened in the school where she was working. She was completely devastated and felt humiliated. She went to the police again and got him arrested. But the husband was furious this time and threatened her with dire consequences. She came home with her son and completely lost it and went on sobbing inconsolably. She called her mother to come and take her and couldn't speak more on the phone. Her parents got her back home saying that everything will be fine after a few days and wanted her to go back to her husband, as they believe that a married woman's place is always her husband's house. But as her condition worsened and her crying didn't stop she was referred to the psychiatrist. She couldn't even say her name to the doctors as she was in a state of shock. That is when the parents felt it was a disgrace to the family to let their daughter stay in the mental hospital ward and left her there and never came to take her back. The elder sister of this woman is unmarried and she started taking care of her son's study who is now going to college. She stayed in the hospital till she came to this rescue home.

The psychiatrist gave a certificate to her that she is in good condition to go home and hospitalization is not required. So she was brought to the short stay/rescue home and made good progress in a few days. She was ready after two sessions to go out looking for jobs. She is also a certified physiotherapist. Getting a job was not a problem for her. She got the job of a physiotherapist in a nearby hospital which was very close to the short stay home where she was staying. Meanwhile her parents were contacted and were requested to meet her. They came to meet her with home cooked food and dresses for her. But they denied her when she expressed her desire to see her own son. She shed tears silently and believed that maybe it's good for the son not to see her. Her parents requested her not to come to their place as her brother's wife is pregnant and they didn't want her to see her. Meanwhile, the husband came back looking for her and wanted to take her signature for a joint account she had with him. She strongly protested. After a few months the husband died of an accident. She informed me about his death in a very flat tone as if she was unaffected by the news. But then she said now that the husband is dead, she is clear about what she wants to do in life. After six months of stay in the short stay home and the hospital job she moved into a rented house and took up the job of a special educator in a school and is serving the mentally retarded, autistic and cerebral palsy students. When asked about her fear she bravely states that now she fears nobody and it was the social system she was scared of, what others would say was the fear that her parents transmitted to her. By staying alone she has learned to fight. Even now, whenever she talks to her mother over the phone and gives her opinion on something her mother quickly asks her if she is still taking the psychiatric medicines thinking that she is still "mad". In one of the sessions she told me laughingly that in our society our own parents want us to keep quiet about the injustice and make us feel guilty about things which we haven't done. She doesn't blame her parents as she empathises with them saying that after all they have to stay in the same society which judges a woman but never a man, even if it is always the woman who is a victim of the injustice and violence done to her by man. She has plans for her son and wants to sponsor his studies. He too wants to be an engineer. She smiles so confidently and looks so hopeful; I kept wondering if she is the same woman I met when she was brought from the mental hospital, crying incessantly. These days she sends her school kids' pictures and never forgets to send a good morning

message with a smiley and thank you. It's her gratitude, I feel, which has helped her overcome the low phase of her life. Now she is always a bubbly, laughing, talkative lady, full of energy.

8. Discussion and conclusion

Women learn to suffer silently and bear the injustice perpetrated on them as they are expected to make other members in the family happy by sacrificing their own needs. Male dominance in all matters including finances and the male violence manifested in different ways in the different stages of a woman's life are the causes of the suffering of women in the male dominated patriarchal societies. A woman sees the father and brother as the provider and protector when she is a child and then the dependency gets transferred to the husband and in her old age she relies on her son for her financial, emotional and social needs. The ruthless customs of patriarchal society and the male arrogance leave women with no other option but to seek outside help and leave their own home for their own safety. The causes of a woman leaving her own house can be blamed for poor education, poor living conditions, strained family relationships specially oppression, violence, sexual abuse, subordination and devaluation of women by the men in their own families. Violence against women within the family is a global phenomenon. However, its intensity is much greater in India. The most pathetic aspect of such atrocities is domestic violence.

When a woman is tortured and violated and finds her own family members as perpetrators, life becomes a big confusion for them. As they get ready to step out of the house which is not quite encouraged in patriarchal societies, they are trying to find a new identity which is devoid of their husband's name or father's name and she is not quite sure if she has any identity of her own. But one thing she respects at that moment while taking the big bold step of leaving the house is that it's her individual dignity and that helps her to find new meaning in life. The meaning of life that we are talking about for these women here means their significance, relevance or value in their own eyes.. Out of many attempts made by many to handle this question of meaning in life, it is Martela & Steger (2016) whose take on meaning seems to be appropriately handling the question that these women must be facing consciously or otherwise. Yalom talks about cosmic and terrestrial meaning. Cosmic meaning comes up with religious or spiritual connotations, because it sees meaning as a part of a bigger picture that is superior to that of the individual. Whereas, terrestrial meaning comes up with an answer to the question- what is the meaning of my life? Thus the debate regarding cosmic and terrestrial meaning, as put by Yalom, is between the external and internal. As the woman in case study 1 puts it that focussing on a bigger reason and other's problems will make them learn the biggest lessons of life automatically and their own problems will be reduced into dust it makes me wonder if we believe meaning is something imposed on us or we are free to create it for ourselves. These women suddenly become responsible for creating meaning of their life, though unknowingly. And it is the Hope which keeps them ticking in such trying times. Their families generally do not take them back without legal intervention after they come to the shelter homes as victims of violence. As it is, these women are in a very vulnerable state, yet they adjust in a new situation which becomes their home until their case is resolved. Adjusting with the emotional turmoil and to a new environment with unknown people is not an easy task for these battered women. Sociological data and demographic features are available on destitute women both in global and national context but no bold serious attempt has been undertaken to understand the dynamic process of adaptation of these women. Whatever scanty attempt has been made is made in

clinical terms. However, positive psychologists are attempting to explain behaviour in terms of virtues and strengths. Positive psychology takes interest in positive subjective experiences, positive traits, and the adaptation methods used by individuals when life seems meaningless. It also answers despite all hurdles in life how people manage to improve the quality of life and live with dignity. In these women resilience, a positive psychological construct, emerges as a strong component of their personality. Resilience refers to patterns of positive adaptation or development manifested in the context of adverse experiences or situations in life. It refers to a class of phenomena characterized by good outcomes in spite of serious threats to adaptation or development. The trauma theory of resilience suggests that exposure to psychological or physical trauma may have long-lasting negative consequences for children and adults [1, 2]. Trauma is often discussed along with resilience. Some theorists suggest that the two can co-occur. A child may exhibit signs of being highly traumatized and resilient at the same time [3]. With these women it can be observed that they themselves were unaware about their self worth until it became unbearable for them to deal with the abuse, both physical and mental abuse. The resilience they showed is only after facing the traumatic situations in life. It is the resiliency of these women and their optimistic outlook about life makes them adapt to a new situation in life successfully.

Psychosocial adaptation is defined as the process of putting oneself in harmony with the changing circumstances of life so as to enhance one's sense of well-being and long-term survivorship. Behavioural scientists in general and psychologists in particular have examined the role of pertinent psycho-social variables in women's empowerment. Although a number of variables have been delineated, psychologists have focused on the empowerment process in terms of women's personality and self-concept variables [4]. The pertinent literature has shown that the positive self-concept of women and certain specific personality variables such as dominance and achievement orientation have contributed significantly towards successful adaptation of women.

The construct of hope offers the scope for understanding women's adaptation. Lynch [5] considered hope to be "the very heart and centre of a human being. It is the best resource of man, always there on the inside, making everything possible when he is in action, or waiting to be illuminated when he is ill." He defined hope as the fundamental knowledge that a difficult situation can be worked out and that goals can be reached. Hope in case of these women serves as an important ingredient which helps in their better adaptation to the current situation and helps them to flourish. It is a powerful construct in positive psychology.

The hope theory can be used to help in the better understanding of the adjustment process. Psychological adjustments are influenced by hope through the belief in one's self. Adjustment or coping is the ability to effectively respond to a stressor so as to reduce psychological and physical pain [6]. In hope theory stressor is the element that interferes with one's normal ongoing goal of being happy. When confronted with a stressor one must find alternative paths to attain the goal and be mobilized to use those paths. People with higher hope produce more strategies to deal with the stressor (pathways) than people with lower hope. Higher hope persons find more benefits in their ongoing dealings with stressors [7, 8]. As in the case of the woman in case study 3, we can see that in spite of what she faced in her life, it was her hope for a better future and belief in her own self, she could bounce back in her life after such difficulties and hardships.

The purpose of taking up these case studies was to illustrate that those battered women who do cope with life after being victims of violence and injustice by their own family members have a number of strategies to help them survive. It is obvious that these women have varied skills to manage in extremely adverse situations. Of

course, these remarks should not be interpreted to mean that destitute women do not need assistance. Studies of women often fail to use data that emphasize their potential. The more information becomes available about the means they use to survive, the more probable it becomes that development assistance could be structured in a manner most likely to achieve the desired results. After all, the objective of development is to actually empower them psychologically.

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Human subjects

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Relationships are a necessary part of life. This has always been true; community helped keep us safe as dangerous animals prowled outside our caves. We are now even more interconnected with each other. What do we know about interpersonal relationships?

How do we develop the skills to connect with each other? Relationships can bring value and meaning to our lives, but, sometimes, they can have negative effects and impair our view of ourselves and others. We need to find ways to keep hope even if some relationships have scarred us. We need to recognize skills that we can use to form closer relationships in both our professional and personal lives. This book examines interpersonal relationships from many different angles. It will allow the reader to look at relationships in new ways and, perhaps, find tools to enhance and deepen connections within their lives.

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