Counseling for Identity Renegotiation

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Identity issues appear in many clinical theories, but identity interventions have typically focused on the stage-specific issues of adolescent clients. With changing social realities and renewed interest in identity as an academic focus, adult identities are increasingly being seen as a mental health concern. This article presents a theory-driven approach to identity-focused intervention across the life span, focusing on the co-construction of identities in personal relationships and larger social groups.

Clinical theories may be distinguished from other social science theories by their emphasis on a professional agent whose interventions are expected to reduce distress and increase quality of life for their clients or patients. Identity issues have been central elements in a variety of clinical theories as well as academic theories and philosophical or religious systems. Confucius, Plato, Jesus, William James, George Herbert Mead, and Erik Erikson all may be interpreted as saying that the individual person is engaged in a lifelong process of defining the self in relationship to Other.

Euro-Western clinical discourses often have characterized this process in terms of conflict: an internal conflict among conflicting parts of the self (emotions, thoughts, habits) or an external conflict with individuals and institutions that pursue conflicting agendas (religions, parents, intimate partners, employers) (see Prochaska & Norcross, 2007, for a review). Particularly for adolescents, whom Erikson (1968) described as entering a crisis related to identity, psychosocial theories have defined identity problems as delays or disturbances in resolving these conflicts (Marcia, 1991). Other identity-related clinical theories include humanistic approaches that define mental health in terms of authenticity and define identity problems as the result of losing contact with—or failing to connect with—one's true self.

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These dominant theories have been criticized, however, for defining identities in ways that privilege the unique perspective of the individual, pathologize a collectivist orientation, and set up an opposition between identity and relationship (Fishbane, 2001). In this article, I present an alternative theory of human problems and intervention that is designed to be broadly applicable to a variety of cultural realities, explaining and describing strategies that can assist adults whose lives are impacted by a wide range of identity processes.

INTELLECTUAL TRENDS

Over the past 30 years, coinciding with dramatic social changes generally described as postmodern (Best & Kellner, 1991), critics have challenged dominant theoretical perspectives in European and Euro-influenced cultures. Gergen (1991, 2008) and others have examined the "separate self tradition" (Fishbane, 2001). Many contemporary authors express concern about a hostile attitude toward relationships and question the relevance of individualist perspectives at a time in which individuals and families have lost many of their historical connections.

Côté (2000) called attention to an apparent decline in social structures that once created a clear distinction between adolescence and adulthood, with the result that contemporary adults have fewer opportunities to achieve the committed, stable identity that was once considered a norm. Kraus (2007) suggested that identity processes have become more urgent and also more complicated as the result of a "fragmentation and diffusion" of societal expectations that limited the choices of earlier generations (p. 124). Hammack (2008) concluded that the identity theme is taking on new importance in human life, driven by a new relational focus.

During the same time frame, prevailing clinical traditions also have been challenged on grounds of cultural bias and economic irrelevance. Jackson (2002) accused counseling and psychotherapy of oppressing clients whose cultures were less individualistic as well as those who lacked the resources needed for validation in a competitive, racist, and sexist world. Prilleltensky (1997) and Robinson (1999) called for a greater clinical concern with social justice and greater clinical focus on the social and cultural realities of clients.

The emerging theory of *identity renegotiation* (T. W. Blume, 2002) is intended to address these concerns. This clinical approach to identity issues incorporates ideas from several competing intellectual movements.

Psychosocial Theory

Identity's relevance for individual well-being is a core concept in Erikson's (1968) psychosocial theory. The value of an identity, from this perspective, includes its function as a guide for action (e.g., "I am not a person who would do that.") and for

interpreting self and others (e.g., "Her behavior makes sense because of who she is."). Well-being is assumed to be threatened during times when one's identity is either dominated by negativity or is unstable, and adolescence is typically seen as a normative phase of life when identities (both those of children and those of parents) are often unstable (Collins & Russell, 1991). At the same time, this phase of life is characterized by wide variations in the emotional and cognitive resources available to individuals (Marcia, 1991). Stable identities can be achieved in multiple ways, but these alternatives are not equal. Higher levels of mental health have been found among those who reported an achieved identity status or style characterized by extensive exploration of options, careful decisions, and strong commitments (Berzonsky & Adams, 1999). Problems in later life are anticipated to result from hasty or ill-considered identity commitments.

During adolescence, the professional identity agent is expected to provide a safe but challenging presence, often focusing on a client's earlier developmental tasks before addressing the interpersonal struggles of defining oneself in relationship to others. When readiness questions arise, the psychosocial practitioner is expected to adapt; Marcia (1991) differentiated between cases in which the client can effectively address identity issues and others in which deeper personal issues are postulated.

Rattansi and Phoenix (2005) suggested that it may be necessary to adapt psychosocial theory for postmodern settings where stable identities might be maladaptive and identity processes might be seen as relevant well past adolescence. Schachter (2005) called for reviews of core concepts, pointing to Erikson's (1968) statements about the importance of context in identity processes and his acknowledgment that he had not adequately described the relationship between the individual and the social context. At the same time, researchers and theorists have begun to examine cultural variations in identity processes (e.g., Hammack, 2008) and to explore the variety and intensity of identity processes throughout adulthood (Raskin, 2002). In a theory of identity renegotiation, this tradition contributes an emphasis on developmental change along with a complex understanding of the interplay of emotional and social forces in the life of the individual.

Narrative and Social Construction

A second perspective on the individual's identity in society includes social construction and related narrative traditions (Gergen, 1991, 2008; Sarbin, 1986). Beginning from assumptions that identities are stories, created from discursive elements (including negative elements), authors such as Bamberg (2008) have portrayed social relationships as identity projects. Others are seen as audiences, with the ability to be coauthors of and contributors to identity stories.

Narrative authors reject the idea that any story is a simple record of facts; they contend that identity stories are constantly changing and can be examined in many

ways to find multiple meanings. Kraus (2007), for example, described an active, "performative" identity process in which self and others are constantly negotiating identity narratives through choices of activities, affiliations, and descriptive terms. Fishbane (2001) located the relational self in particular relationships. Both Kraus and Fishbane suggested that a goal of having a separate, unique, stable identity across social situations appears to be unrealistic—an ideal that belongs to another era. Both described relational identity processes as active, involving differing degrees of power and influence among participants.

The narrative tradition has been applied to clinical work in the works of Sluzki (1992), White and Epston (1990), and others. Its contribution to a theory of identity renegotiation consists of its focus on social, linguistic processes through which a subject's identities are shaped by groups and other individuals.

Dialogical Self-Theory

The narrative tradition intersects with a third perspective, dialogical self-theory (Hammack, 2008; Hermans, 2004). Grounded in discourse theories, this perspective emphasizes larger social groups and the influence of dominant or master narratives. Hermans (2004), for example, called attention to postmodern social conditions of globality and media saturation, discussing multiple cultural discourses that offer competing definitions of identities. Gergen (1991) described a "saturated self" that appeared to be emerging in late modern or postmodern societies—a complex personal identity that was under constant pressure to accommodate to conflicting demands from electronic media. These authors recalled a view of identities put forth by James (1892/1961); identities are multiple and sometimes incompatible. When context-specific identities conflict (e.g., in the personal and career lives of military and law enforcement personnel), clinical intervention may help to reconcile the conflicts.

Davies and Harré (1990) called attention to the identity struggles faced by those who are influenced by multiple discourse communities. Discourses carry hidden meanings that "position" their participants to experience their lives in different ways. To the extent that people accept discourses of difference, even turning them into binary oppositions, their identity options are limited (Robinson, 1999). For example, gender discourses (L. B. Blume & Blume, 2003) continue to have considerable influence on relationships, and race continues to operate as a discursive reality that has power even when it is not mentioned (Hardy, 1989). Professionals cannot assume that they are exempt from discursive positioning.

Applied in a theory of identity renegotiation, conceptualizations of the dialogical self sensitize professionals to the transient and fragile nature of many people's identity solutions. Recognizing the existence of polarizing discourses, professionals can choose to intervene at both the relational and the community level. Zimmerman and Dickerson (1993), for example, presented a model for cou-

ple therapy in which relationship histories are "separated from" discursive contexts that limit the potential for new identity narratives.

Liberation Psychology

A fourth perspective, also with roots in social construction, introduces Freire's (1972) analyses of social power and oppression. Prilleltensky (1997) critiqued ways in which dominant identity discourses operate to create and maintain the political organization of societies. People were described as embodying identities that are shaped by their locations based on race, gender, culture, class, sexual identity, age, ability status, body type, and many other variables. Oppressed members of a society are especially likely to view themselves as powerless and, therefore, contribute to their oppression by transmitting the dominant message to each other.

Freire (1972) asserted that awareness is the essential ingredient in liberation from such dominant definitions. This perspective, as applied in an identity renegotiation approach, calls for direct action to help people achieve awareness, choose to change the contexts of their lives, and integrate their new realities into changed identity discourse. Discovering the realities of social and cultural location is difficult, of course, as dominant discourses serve the interests of those in power, and facing the realities of political disempowerment can create emotional confusion that is typically exacerbated by isolation. Social change seems to require communal effort.

IDENTITY RENEGOTIATION IN PRACTICE

An identity renegotiation approach to clinical intervention views a broad range of behavioral and emotional problems as having their roots in narrative *social understandings*—multiple, temporary, and situational. An identity is seen as an answer to the question, Who can I be in this relationship? Local narratives are produced and revised through discourses that transmit the priorities and values of cultural influences, and they are validated or challenged to the extent that they conform to the power dynamics of the setting.

As highly relevant others, friends, family members, and partners can be seen as *cocreators of identities*, participants in each other's identity performances—both shared experiences and stories. They may tend to create conditions that bring forth familiar actions, thereby perpetuating identity stories that are repeated without challenge. At the same time, they can fail to recognize changed patterns of behavior and continue to tell a "problem saturated" identity story (White & Epston, 1990). Successful intervention calls for a contextual view that works toward a combination of change in the presenting problem—improved mood management,

effective life tasks, supportive and rewarding relationships—as well as changes in the identity stories that contributed to the problem.

At larger systems levels, identities are less a result of direct interaction and more a result of membership in a group or category. To the extent that one is seen in terms of gender, race, culture, nationality, ability status, sexual/affectional orientation, age, or physical type, others may be more likely to repeat identity stories that conform to group identities. When those group identities are negative, it can be hard to achieve validation for identity change. And positive identities can also be restrictive; the caretaker or manager can be socially constrained to remain in that socially useful identity.

Professional Orientation

An identity renegotiation perspective can be applied in individual counseling or psychotherapy as well as in couple, family, and community-level intervention. A precondition is a collaborative relational posture (Anderson & Gehart, 2007). The professional attempts to create a safe, yet challenging, relational context in which identities of participants (including that of the professional) are enacted, examined, and renegotiated. It helps if the professional enters the new relationship(s) with a willingness and ability to be emotionally engaged and honest but, throughout the process, the professional will be required to challenge and validate without appearing to show bias.

Sequential Process

Counseling from the identity renegotiation perspective is organized by attention to overlapping change processes that tend to occur sequentially (cf. Sluzki, 1992). Identity issues are prioritized over symptom relief, not because direct action is unimportant, but because behavior change is more stable once identity issues have been addressed.

Phase 1: Awareness of the fluid and changing nature of self and other in relationships.   The early phase enlists clients into an observing stance, helping them to recognize the extent to which they and others around them are not unitary and fixed objects, but are lives in progress. Narratives are examined for evidence that clients have been changing throughout their lives, they have acted as different people in different circumstances, and they will undoubtedly continue to change (Gergen, 2008). This relational identity message typically conflicts with teachings of experts as well as the guidance of friends and relatives. In cultural environments that prioritize autonomy and continuity, most adults have been cautioned against being flexible and have been taught that accommodating to changed circumstances is a sign of weakness. The identity renegotiation message instead points to adapta-

tion as a uniquely human capability that allows people to survive changes in their capabilities and changes in their environments.

One of the central ideas in narrative intervention is "witnessing," or listening with a goal of hearing and not changing the other's meaning. A collaborative and nondirective style (Anderson & Gehart, 2007) provides a medium in which new meanings are discovered in old stories. The professional seeks to achieve this posture and also seeks—in couple and family sessions—to help clients to achieve it, advancing awareness by calling attention to discontinuities, multiple perspectives, and apparent complexities in self-descriptions. This process is typically an emotional one. Participants' negative identities are recognized and accepted as real, in a temporary and local way, but are put into perspective as partial and temporary truths.

Nonverbal methods (e.g., art activities, sculpting) as well as verbal ones can be useful in sharpening awareness of the extent to which every person's experience involves times of loss and discovery, multiple and incompatible goals, and confusion. Separate and local identities can be named and given privileged seats in each individual's "internal family system" (Schwartz, 1995). Clients may choose to maintain contact with identities that are in danger of disappearing and to strengthen identities that have not yet gained strength and confidence.

Phase 2: Observing coalitions, discourses, influence processes, and negotiations. As clients become more aware of their complex identities, they enter a second phase that expands the focus to include participants' experience of social influence—past, present, and future. This awareness typically increases in waves, beginning with more obvious manifestations and gradually extending to more subtle messages.

During this second phase, the conflictual "positioning" forces in people's lives are systematically examined in terms of their discursive methods and their dialectical tensions. Here, too, the identity renegotiation definition of healthy identities may be in conflict with other teachings. Individualistic cultures teach that adults are supposed to make their own decisions, resisting all outside influences, and children are expected to postpone independent decision making until adulthood. Rather than representing a threat to mental health, influence is described in this theory as a tool that can be used with skill to help people achieve their relational identity goals.

Monk and Gehart (2003) contrasted a nondirective, exploratory narrative style (what they referred to as a "conversational partner" stance) with a more confrontive style (what they called a "sociopolitical activist" stance). This more assertive style, typical of Phase 2, is more disruptive of the narrative flow, emphasizing the new perspective that the professional brings to the retelling. With an eye to power issues, the professional calls attention to words and attributions that seem to carry negative identity messages, offering revisions that could release the teller

or others from reenacting a negative story. White and Epston (1990) called for finding "exceptions" to a dominant narrative, expanding a narrative to incorporate unacknowledged strengths and potentials.

Phase 3: Learning and practicing new skills and strategies for managing influence.   With increasing recognition of influence processes, the third phase moves from awareness toward action: developing the skills for effecting identity change in relational identities. Management of influence, from this perspective, is an essential human relationship skill. People benefit from an ability to assert their intentions with others as well as an ability to nondefensively hear the intentions of others, treating differences with respect and caring.

Traditional models for managing influence have often focused on bargaining. In this kind of exchange, opposing parties define their goals, trade desired commodities, and continue to trade until both sides refuse to make further accommodations. This kind of negotiation has relevance for identity negotiation; the skills of defining a shared problem, exploring options, and gradually narrowing the range of possibilities can be taught and practiced (T. W. Blume, Green, Joanning, & Quinn, 1994). Skill training can lead to changes in interpersonal perception as well as behavior and small, but meaningful, behavior trades can make a significant difference in people's lives.

However, alternative models for addressing behavioral conflicts have gained prominence in recent years, focusing on building empathic awareness and identifying shared goals. Family therapists Boszormenyi-Nagy and Krasner (1986), for example, emphasized skills of collaborative engagement which, when used in potentially conflictual situations, often produce dramatic results. Practice with conflicts of low intensity is good preparation for more significant negotiations, and this middle stage of intervention often consists of helping clients to reduce frustration and seek greater satisfaction in relationships.

The greater need for identity-relevant negotiation also relates to managing identity stories. With their new awareness of multiple and local identities, participants can develop skills of selectively attending to, challenging, and initiating identity statements. As sophisticated contributors to identity discourse, they can recognize identity implications in their conversations and intentionally make use of "audiences for the authentication of change" (White & Epston, 1992, p. 16) to co-construct positive and affirming narratives about themselves and their relational partners.

Phase 4: Exploring and implementing change.   With improved skills for managing identity stories, the fourth phase of intervention focuses on changing key behavior patterns along with corresponding stories. This shift, involving a change in the ways clients and relational partners view themselves and each other, can be summarized as a developmental change from a more competitive, simplistic orientation to a one that is more collaborative, intimate, and complex (Fishbane,

1998; Sugimura, 2007). With a greater commitment to each other's well-being, combined with enhanced awareness and skill, identities are negotiated more successfully in relationships of all kinds.

The professional may be seen as coach in this process, helping participants to focus on particular relational identities, identify relevant discourses and related behaviors, strategize about desired change, and begin to create new identity narratives. Success is sometimes slow, with setbacks to be expected as clients and their relational identity coauthors work through their confusion and incorporate new elements into their stories. Identity change is local, multiple, and temporary. Intervention can be considered successful when subjective distress is relieved and clients seem to be relationally supported in their ongoing identity projects.

CASE STUDY

I will illustrate the process of identity renegotiation counseling using a composite case that incorporates a range of typical relational identity issues.

Ben and Pamela

Ben and Pamela presented for counseling during a time of intense verbal conflict and emotional upheaval. An African American couple, married for 35 years with two adult children, they had experienced significant changes in their identities. In the initial interview, they agreed that they had "lost touch with each other" soon after marrying. Ben had focused on his career while Pamela had focused on household management and parenting. Separated in gender-segregated worlds, the partners had little understanding of each other's lives. The years after both children had left home were lonely, but stable, until the last year; now they were unstable and even more lonely. The presenting problem was Ben's depression.

According to their stories, each had changed, becoming less interesting and no longer committed to the same ideals and goals. Ben enlisted in the air force following high school, completing a degree before retiring after 20 years. He joined a civilian security company until the company was sold 5 years ago and he was forced into a second retirement at the age of 50. In a difficult job market, he found part-time work, but with a much lower income, lower status, and no job security. Pamela married directly after high school, worked occasionally as a waitress when their two children were younger, and began a career in fast-food management once the children were out of the house. She recently received a promotion. Both had maintained close ties with extended family members, especially with Pamela's mother who lived nearby.

A current couple conflict surrounded their oldest child, who was living in the same area. Keisha had been under constant psychiatric care since the age of 16, had

been repeatedly hospitalized for emotional problems, and was now residing in a group home. Conflict had surfaced during meetings with a case manager who asked the parents about long-term plans. Ben declared his desire to bring Keisha home and participate in her care; Pamela, on the other hand, expressed her belief that she had done all she could and was ready to leave Keisha's care to others. Discussing their goals for counseling, both spoke of divorce as offering freedom from daily conflict as well as allowing them to follow different paths regarding their daughter's care.

A Theory-Directed Approach to the Case

Ben and Pamela had been collaborators in each other's identity projects for 35 years. Ben had been positioned in many different ways by his career-related social networks. Pamela, with less career continuity, had been less dependent on employment identities. Their parenting identities had been equally different. Pamela, positioned by the discourse communities of parents and children, had felt more responsible for Keisha's problem-ridden life than had Ben. Now, with her children seemingly established in adult patterns, she was ready to stop defining herself in terms of their achievements and failures. At the same time, Ben was seeking a new identity story. He saw family relationships as an arena in which he could redefine himself.

Ben and Pamela were both in times of identity transition. Ben's dominant career identity had been disrupted at the same time that Pamela's career identity—one that had little social support—was increasingly validating (according to Raskin, 2002, this is a common shift in mid-life heterosexual couples). Pamela was ready to step back from her parenting identity while Ben was ready to increase his involvement with his children. In the current transitional period, Pamela had more experience and better influence skills for dealing with change.

However, Pamela's and Ben's identities had developed not only within environments of immediate social influence and overt demands, but also within larger discourse communities segregated according to gender, age, employment, and family responsibility. As a young African American man, Ben had found a supportive discourse of masculinity in the air force and his subsequent security position, but had distanced himself from his family and his racial identity in the process. It is likely that some family members and friends were unsupportive of the couple's relationship. Now, in a disruptive period of career transition, his depression could be attributed to loss of discursive support as he faced the challenges of renegotiating racial and relational identities (Cross & Fhagen-Smith, 2001; Raskin, 2002). Pamela, on the other hand, though separated from her culture and family during the couple's military years, had negotiated a complex and flexible set of identities that balanced different views of women in their families. Confronted by her daughter's mental

health advocates, she was resisting the discursive pull to resume a caretaker identity.

Phase 1.   When working with a couple or a family, the identity renegotiation professional seeks to adopt a relationship stance that has been described by family therapists as *multidirected partiality* (Boszormenyi-Nagy & Krasner, 1986). In this kind of a relationship, neutrality is not the goal. Rather, the professional seeks to intentionally align with each party at different times to provide support, to challenge, and to compensate for power imbalances. In this case, both Ben and Pamela each required support at times when the other was speaking from a position that was aligned with dominant discourses.

For Ben and Pamela, intervention began with guiding their conversations in directions that highlighted identities the partners had not discovered in each other because of their different relational contexts, and also because narratives tend to suppress parts of an identity story that do not seem to fit (Spence, 1986). Stories of exceptions and unique outcomes (White & Epston, 1990) were highlighted, even when they created confusion or threatened to exacerbate conflict. For example, Ben and Pamela had different experiences of racial identity. Of course, a genuine engagement with race required that the racial identity of the professional also had to be openly discussed (Hardy, 1989).

It was expected that each of the partners would express emotional attachments to different identities and different life phases—and the witnessing of each other's unique life stories would lead to greater empathy and support (Weingarten, 2000). Their shared identity story was expanded to include events and feelings that had been edited out of previous versions (Bamberg, 2008). In the family arena, it was inevitable that the two parents had different interpretations of Keisha's problems and their efforts to help her.

Regarding the partners' career identities, initial conversations deconstructed long-standing narratives about their motivations, satisfactions, and achievements. Each discovered identities that had been neglected, even forgotten, and could be strengthened or changed in the next phase of their life together.

Phase 2.   Moving into the second phase of the intervention, Ben and Pamela both tended to blame each other for their decisions and actions. Expanding the search for influences beyond their relationship—recognizing the discourse communities that positioned them as opponents—helped them to be more comfortable talking about their multiple identities and divided loyalties.

As they became more adept at discussing influence, Ben and Pamela began to retell many of their favorite "small identity stories" (Bamberg, 2008) in ways that released each other from constraint in painful and hopeless identities. The inclusion of larger social forces in their identity narratives led to forgiveness and positive expectations for change.

Phase 3.   In the third phase of intervention, Ben and Pamela found themselves ready to make behavioral changes, but lacking the skills needed to negotiate those changes. Ben, in particular, who was accustomed to communication patterns based on clearly defined role structures, struggled with collaboration and disclosure skills. Unable to either demand cooperation or block Pamela's independent choices, he was challenged to express his preferences and work toward a shared solution. Pamela, on the other hand, needed help learning how to move from a resistance stance to one of collaborative action.

As their negotiation skills improved, the partners were able to find areas of new agreement in their identity stories. Pamela's descriptions of Ben began to include his love of family and his ability to handle frustration. Ben's stories of Pamela increasingly centered around her confidence, power, and career potential. New behavior did not always show up in narratives, leading to confusion and frustration for the couple, but the general tone of interaction was more positive and they started to refer to Ben's depression in the past tense.

Phase 4.   With increased hope and confidence, Ben and Pamela found themselves in an action phase, seeing options that did not seem possible when they were polarized. Ben's newly expanded range of behavioral skills and discursive powers gave him credibility as a potential primary homemaker and parent. Pamela's position opposing Kiesha's return home began to soften enough that plans could be discussed. She was able to state a clear expectation that she would not be required to be involved in daily care tasks, and Ben supported her position with a commitment to being the primary caregiver. The new life they were planning was not one that they had anticipated, but it was a joint project. They were ready to move forward without further professional help.

CONCLUSION

In a social context that increasingly defines human experience in identity terms, identity issues are more and more likely to appear as presenting problems in therapy and counseling. Dominant mental health traditions have addressed identity concerns, but they have generally defined identity as an adolescent issue and defined change in terms of independent decision making. These theories offer limited assistance for clients facing postmodern issues of identity fragmentation and rapid change. Emerging relational and cultural identity theories offer conceptual support for contextually sensitive approaches to intervention.

Identity renegotiation theory defines identities as interpersonal narratives rather than internal realities. Identities are described as continually changing, co-constructed by storytellers and audiences and susceptible to social power and influence. The experience of being a different person with multiple, temporary, and

conflicting identities is considered to be nearly universal, but challenging, especially for members of Western cultures who have often viewed multiple identities in negative terms.

Intervention is a process of building awareness of relational identities, developing skills for managing social influence, and helping participants revise their relational identities to reduce negativity and confusion. Identity renegotiation theory may serve two purposes for the professional. For some, it will offer guidelines for developing an intervention style that is particularly well adapted to clients experiencing major life transitions. For others, the theory should increase awareness of the unintentional acts of identity renegotiation that occur in all professional relationships.

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