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Responsibility and Ethics in the Use and Advocacy of Developmental Exercises: Response to Zeitler and Reams

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In this response I circumscribe the nature and scale of the rejoinder to refocus on the ethical and theoretical implications of utilizing developmental exercises, of which *Immunity to Change* (ITC) is seen as an example. I welcome Zeitler's and Reams' continuation of the ethical discussion, and I want to reclaim and develop some of the delicate points and consequences that were described in my original article. The line of reasoning is based upon the presupposition that developmental methods and techniques are used in the real world with people and consultants with limitations and strengths, in conditions that are neither optimal nor perfect. Among all theoretical and ethical questions, I found the most profound issue to be: does it work?

Reflections upon Methodology as a Means for Improved Ethics

One overarching argument is that my use of a “flawed methodology” invalidates the critique I am making of the ITC process, reducing my observations to “criticizing her own version of *Immunity to Change*, and not the total offering of Kegan & Lahey” (Zeitler, 2010, p. 8), leading to his conclusion that, if the process is ‘properly’ employed, it avoids most of the criticism. Some of my adaptations were less than optimal, as Zeitler and Reams note, but I think most ethical implications and theoretical issues in the article can be generalized beyond a single case. The aim of the article was to illustrate significant theoretical and ethical implications that arose in the interplay among (a) the role and competence of the facilitator, (b) expectations and capabilities of the participants, and (c) the mental demands and assumptions of the process, and these implications were generalized beyond my particular performance. Consequently, the theoretical critique can be valid regardless of how I implemented the process.

My point in sharing the methodological modifications and shortcomings were to illustrate how the process could be used and adapted to an educational setting, and by sharing this experience, create a space for learning and reflection. Attentive readers could use this space to contemplate their own experiences of participation, of leading others, and the ethical issues that

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arise in those situations. My presentation, therefore, was designed to be as transparent and as succinct as possible. A concise account does not imply an incomplete or inadequate understanding.

For example, one of my ethical points in the article addressed the delicacy of voluntarism in participating and sharing. I used examples from my experience to draw out ethical implications. As I describe in depth in the article, this dimension of participation—the students' rights to exercise personal discretion and protect confidentiality—was something I discussed at length with my students, including sharing Kegan's ground rules (Kjellström, 2006; Kjellström, 2009, p. 120). Despite my awareness of these dimensions, my efforts to inform them, and my explicit statements on these matters, some persons nevertheless felt uncomfortable. The point is that the voluntariness of participation and sharing is a relevant topic each time you are in the context of having tasks to be performed in a course or attending a workshop. Some people will do things that they should not have done outside of that context. Ethical awareness and acknowledgement is the first step of handling it.

Another main point is the topic about positional power issues between teacher and students, as Zeitler and Reams also discuss. ITC ground rules state that employees should not share their personal immunity change issues with their leaders. In the educational settings the teacher is the coach and leader, as Zeitler points out. But again this can be used to raise more general points. Even in a business setting where a coach takes on a group, the coach is both a coach and a leader. As soon as a person is put in the centre as an authority figure, in this case a psychological authority, he or she turns into a leader and an asymmetry of power arises. Not even a skilled practitioner will avoid or escape the possibility to be seen as a leader.

Thinking and Behavior

Zeitler argues that I incorrectly focus on behaviors as the source and aim of ITC.² It is possible to interpret it that way, but this was not my intention. One of the main points with both ITC and adult development theory is the focus on people's different ways of meaning making and complexity of mind. But the way a person sees the world also has significant effects on how he or she acts. Kegan and partners use this rhetoric to argue for the value of the exercise. Since behavioral change is difficult and does not happen as often as we might like, ITC could be used to stimulate change, since ITC focuses on the underlying meaning making. But the argument does not end here. Internal thinking does affect behavior – an important point: what is the point of changing internal thinking if it never leads to changes in actions? In my opinion, for ITC to have a real function in society, it is not enough for it to change peoples' thoughts; new thoughts must lead to better actions. But how do we know whether ITC leads to better thinking *and* better actions?

² Zeitler points out that I use the word values in juxtaposition with behaviors. I have rather used commitments and values as synonyms. Commitments can be interpreted as things that are valued as important. In Swedish language the translation of commitment is an awkward term not very often used in ordinary language. The students were all taking classes on ethics, therefore the use of values was seen as an adequate choice. This translation was communicated and discussed with the students (Kjellström, 2006). No teaching of adult development theory was included in the courses, to answer another question by Zeitler.

The Need for Scientific Studies to Show That It Works

According to Zeitler “Kjellström laments the fact that she could find no outcome studies on ITC. This is inaccurate, as there have been three books, and several articles and book chapters, all of which have (or are) thorough case studies on the outcomes of ITC” (Zeitler, 2010, p. 8). I was not “sad” (i.e., I did not “lament”) that I was unable to find such studies; I was surprised by the absence of independent and scientific outcomes studies given the attention and strong advocacy that ITC was enjoying in the general literature. That Zeitler classifies case studies as examples of outcome studies leads me to conclude that Zeitler’s definition of an “outcome study” differs in significant ways from mine. Or perhaps it is a difference in my preference for independent assessments, that is, studies performed by persons with no financial interest in the process, which raises another ethical question—conflict of interest.

In the article, I emphasize the need for critical studies that address possible inadequacies or tests of effectiveness (Kjellström, 2009). There is a need for critical texts that openly discuss weaknesses in the structure and/or process of ITC, which is what prompted me to write of my experiences. Most previous written works that Zeitler interprets as support for successful outcomes have coauthors that have financial interests in promoting the ITP process and certifying new coaches; by definition, these financial considerations negate the independence of the view or critical voice on the ITP. Some people might argue that this is an important part of the difference between “marketing research” which is motivated by a desire to determine how best to sell the product, and scientific research, which should be done independently. I further argue here that there is indisputably a paucity of tests for effectiveness and outcomes, and that is what is needed to persuasively demonstrate that ITC is an effective process. Effective outcome studies

... demonstrate that a treatment works; it moves the field forward by revealing what interventions are helpful within a given treatment; and it provides data to move beyond emotional allegiances into rational selections of treatment. (Najavits, 2003, pp. 317-318)

Case studies are not outcomes studies as Zeitler suggests. To illustrate the kind of scientific work and research that is needed for establishing that the ITC works, I quote at length the three stages of research needed in the development of a therapy, and how different outcome studies could be designed (Rounsaville, Carroll, & Onken, 2001):

Stage 1—Early Therapy Development. In this stage, the focus is on careful development of the treatment and basic scientific testing. A treatment is conceptualized, repeatedly refined by trying it with patients, and pilot tested. The pilot test may be a simple pre-post design, or may include a control condition. The usual products of this stage are a treatment manual, an adherence scale and training plan for therapists, relevant assessment instruments, and the results of the pilot test, which can provide such information as the effect size to use in the next stage. Stage 1 is sometimes conceptualized as two stages, 1-A and 1-B, where the former is focused solely on treatment development (e.g., developing the manual and associated materials), and the latter focused on pilot data. Stage 1 typically takes from 2–3 years.

Stage 2—Efficacy Testing. In this stage, the goal is to determine whether the treatment works under the best possible conditions; that is, with intensive training, supervision, careful selection of appropriate patients, and in-depth assessment. The study design is usually a randomized, controlled study to rigorously test the treatment, comparing it to either no-treatment, treatment-as-usual in the community, or an existing alternative treatment with known efficacy (e.g., in the field of addictions, comparing a new treatment to 12-step drug counseling). The usual products of this stage are the results of the randomized controlled trial, as well as more refined treatment materials than at stage 1 (e.g., adequate psychometric properties of the adherence scale and other treatment-specific measures, descriptive data on the patient and therapist samples, a final version of the treatment manual, and some type of “dismantling” test linking the theory and techniques of the treatment to outcomes). This stage usually takes 2–4 years.

Stage 3—Effectiveness. Also known as “generalizability” or “transferability,” the goal in this stage is to evaluate how well a treatment performs in real-world conditions, rather than the highly controlled study of stage 2. Thus, the treatment might be implemented in a community setting with minimal training and supervision, and applied to a broad range of patients. The typical products of this stage are outcome data collected from the effectiveness study (which may involve multiple clinical sites), specification of dissemination strategies and their feasibility, and data on therapist outcomes. This stage typically takes 2–3 years. (Najavits, 2003, pp. 319-320)

Implementing these three stages in outcome studies of ITC has barely begun and has stalled on the first stage. The ITC has been tried out as case studies but there are no scientific tests with pre/post designs. Case studies can be used in the first stage to test out hypotheses, but even that has not been done in a systematic manner with the ITC process. To really establish the value of ITC, we must proceed to stage two. In addition to the criteria mentioned, a longitudinal design is recommended. It would be very interesting to examine whether the performance of ITC helps people transform and to more generally assess what happens to them that can be persuasively linked to their experience with ITC. How do people of different orders of mind or phases of development perceive the process? And is it possible to show that changes in life are due to the process, and not to other personal circumstances? For which kinds of individuals, with what kinds of problems, with what kinds of support is the ITC efficient and effective? One main reason for conducting sound studies is that they can build the foundation for a more ethical, respectful and developmentally aware usage of the ITC process.

The Need for Genuine Developmental and Ethical Options

One of the main advocacy points in my article is to expand the responsibility to include organizations and individuals. If a leader is in over his or her head, it is not solely a problem for the individual to handle, nor is it a fact to accept, but it is also the result of bad recruitment by an organization. For example, take a formal-stage-thinking person who does not live up to the requirements of a systematic-stage job description. A more ethical way to handle such a situation would be to give the following (hypothetical script) options/information.

We have this process (e.g., ITC); several studies have suggested that the process can allow formal thinkers a chance to develop the skill of systematic thinking, which is the requirement for performing adequately in your current job position. We know from these studies that only 24% of those who commit to the process are able to make this transformation. You should also be aware that the process is emotionally intense, and if you decide to take this path, you will have a better chance of success if you have good support from your family and friends. Making this change could be arduous, but we will support you on this journey. If you do not have the support or are not prepared to go through this emotional challenge, then we have this second proposal for you. We will help you to find a new job position which is better suited to your current way of functioning, and we will support you in that process as well.

This ethical management is currently difficult to achieve since there are no scientific (outcome) studies or systematic evaluations to consult. The example is also based upon the assumption that the employer has the knowledge and competence in adult development and the ability to apply understandings of the level of complexity both in organizational positions and in people. The change and development of organizations needs to be carried out by individuals. In order to achieve change, the individual has to experience change as meaningful, which means that changes need to be set up in a wider context where the individuals subjectively experience these induced changes as meaningful.

I end by repeating my concern about the lack of an integrated ethics component in the ITC process. Zeitler states that the benchmark is that “individuals (and organizations) are *better able to meet their own stated goals*” (Zeitler, 2010, p. 8). To me this is an insufficient criterion for a successful process. First, it is highly subjective, even if it is judged in the affirmative by the person, partner, and co-worker; arguing that “it is good, only because we have decided it to be good” is inadequate and needs to be supplemented by other criteria. Secondly, there are no explicit ethics built into the ITC process. As a developmental exercise, ITC invokes the implicit assumption that usage results in better thinking and actions, and consequentially to improved ethical action. But by using this criterion for success, there is an open possibility that the method will be used in business as a means to pursue conventional goals of higher productivity and financial gains. This is a limited use of a process that claims to overcome the immunity to change so that people can realize higher levels of their potential

Responsibility as a Mental Demand of the ITC process

The idea that the ITC process goes over the heads of some of the users is a challenging one. I use the issue of responsibility to expand, deepen and illustrate this point even further by (a) demonstrating the developmental character of responsibility and (b) examining what kinds of responsibilities are required by the ITC process.

The Developmental Nature of Responsibility

Research shows an empirical basis for a developmental sequence in reasoning about responsibility issues.³ Research on the attribution of responsibility for negative events (e.g., illness) shows a specific pattern of assigning responsibility, from mere association to the importance of the knowledge and intentions of the agent (Fishbein & Ajzen, 1973; Mantler, Schellenberg, & Page, 2003). Adult development studies show that considerations about responsibility issues evolve in people in three different ways. Firstly, several studies independently discovered that talk about individual responsibility arises spontaneously in different domains at a certain level and only after that is individual and social responsibility discussed in combination (Dawson & Gabrielian, 2003; Gilligan, 1982; Kajanne & Pirttila-Backman, 1999; Kjellström, 2005; Kjellström & Ross, 2009; Robbins & Greenwald, 1994). Secondly, people have different abilities to comprehend and take responsibility due to different interpretations of themselves, others, and the world (Gallagher, 1988; Kegan, 1982, 1994, 2003; Loevinger & Blasi, 1976; Rybash & Roodin, 1989). People see themselves as responsible for different things (e.g., thoughts, roles, emotions, and actions) depending on their demonstrated level of development (Kegan, 1994) and the sphere of things for which they are able to take responsibility increases in later stages of development. For example, nurses who were at later stages of development (measured by Loevinger's ego development) scored significantly higher on a personal responsibility measure, where personal responsibility was defined as the ability to attribute the causes of their behavior to personal choice rather than to the situation or dispositional actions (Gallagher, 1988). Nurses at earlier stages ascribed more of their behaviors to external factors than to internal ones. Internal factors are recognized at more complex levels of development through reflection (Fischer & Pruyne, 2003). Thirdly, the term "responsibility" means different things to different people depending on their stage of development. Using concepts like causes, personal performance, and duties to define the core meaning given to "responsibility" does not occur until the abstract reasoning stage (Dawson, Xie, & Wilson, 2003). Once that concept is developed, it can be built upon. For example, the compound concept of *personal responsibility* is at the next stage, formally operationalized in Piagetian terms (Dawson & Gabrielian, 2003). *Responsibility* has different meanings at different stages of development – what the content is within a stage differs as well as across stages.

The Demand of Responsibility in the ITC Process

Having established the developmental nature in the ways people perceive responsibility and are able to act responsibly, the essential questions are: what kinds of responsibilities are required in the ITC process, and what are the mental demands?

In the first version and description of the ITC process, step number two in filling in the table is framed in terms of personal responsibility (Kegan & Laskow Lahey, 2001). To use the terminology "personal responsibility" implies a level of formal operational in Piagetian terms (Dawson & Gabrielian, 2003).⁴ The task to complete in step two is to give an account of what

³ This paragraph is a slightly modified version of a passage in the article by Kjellström & Ross (2009).

⁴ In the article I discussed the possibility that to do the ITC table could require systematic stage capacity to put formal relationships together (Kjellström, 2009, p. 127, pp. 129-130). A correction to Zeitler's

s/he is or is not doing in order to live up to the first commitment, which the authors describe as moving from blaming others to describing their own inadequacies. To ascribe decisions and actions to personal choice options rather than to projecting to others and situational factors indicates a developmental level of approximately the conscientious stage of ego development (Gallagher, 1988; Loevinger & Blasi, 1976). Kegan and Lahey describe the second step in the following way:

...we invite the room to be filled up with the language of responsibility, declarations of or unproductive actions and inaction.[...] We tell stories so we can stop *being* our stories and become persons who *have* these stories. We tell stories so that we can become more responsible for them. (Kegan & Laskow Lahey, 2001, p. 37).

Using Kegan's theory, I interpret this as an ability of self-authoring persons, or persons who are aware of the authorship of their lives. Kegan has discussed the issue of responsibility extensively in his books, particularly in *In Over Our Heads* (Kegan, 1994), and he gives several examples of what kinds of responsibilities are possible with each order of mind. "The third order of [socialized] mind is both capable of, and subject to socialization. It is not able to reflect critically on that into which it is being socialized. It is responsive to socialization not responsible for it" (Kegan, 1994, p. 288).

With a socialized mind a person is able to take responsibility within a given role and show loyalty to an organization. But in order to take responsibility for your life or your story of your life a self-authoring mind is needed.

Zeitler argues that a person at the socialized-mind stage is able to see and take responsibility *for* a commitment, which is questionable. In order to be responsible for a commitment, the person needs to have it as an object. It presupposes an ability to take a critical stance relative to the commitment. An illustration of this stance can be found in the definition of a personal commitment on Wikipedia "Distinction is often made between commitment as a member of an organization (such as a sporting team, a religion, or as an employee), and a personal commitment, which is often a pledge or promise to one's self for personal growth." (Wikipedia, commitment, personal commitment, June 1, 2010). It is the second version to which ITC primarily refers, according to my interpretation. "Seeing oneself as responsible for one's commitments, and holding up your own end of an agreement – these are *precisely* the sort of qualities that emerge with transformation to *Socialized-Mind*" (Zeitler, 2010, p 14). I propose that it is possible to hold up one's end of an agreement and be responsible *to* a commitment, but not to be responsible *for* it in the sense of being responsible for yourself for your commitments. Interesting to note, Zeitler at the end concludes that "I feel a responsibility to highlight what I see as the significant offering that ITC has for the world in this time of crisis" (Zeitler, 2010, p. 16). In other words, his job or duty is to highlight the beneficial contributions. I would suggest that feeling a responsibility to highlight both positive and negative features of ITC to be a more balanced option to pursue.

argument is to accurately attribute the quoted text (page 14 in Zeitler and page 127 in the original). Only the first part of Zeitler's quote belongs to me and, it is unclear what is being referred to in the second part by "systemic stage," but systematic is the label used for the stage after formal in the Model of Hierarchical Complexity (Commons, 2008).

If my interpretations are adequate and valid, I suggest that the ITC process itself includes elements that presuppose a self-authoring mind. Zeitler suggests that the process could be adapted to people in earlier stages, but I think it is an open question if their needs are best met with this process or some other. Since we have different opinions on the mental demands of the process, I suggest that we need some better assessments of the types and levels of demands respondents experience so we can adjust our practices on the basis of evidence rather than opinion. What I think is clear is the importance of acknowledging the mental demands of the ITC process as one basis on which to compare alternative processes and available therapies/techniques that aim to help and transform people's ways of thinking and acting, but this kind of comparison is only possible once we have adequate assessments across the range of options.

There is no point in elaborating with numbers of how many do or don't manage the process sufficiently, since that would require studies of how different people and groups handle the process, and no such numbers are available. My personal experience (which I shared with Kegan (Kegan & Laskow Lahey, 2009) and others (BusinessDigest, 2009) is that some people struggle with the process. The reason they struggle is probably a combination of where people are (e.g., developmentally, emotionally, motivationally, phase in life, genetically), skillfulness of coach (e.g., developmental awareness, coaching experience, time, interpersonal skills), and the structure and process of the ITC (its developmental demands, instructions, etc.).

Conclusion

There are a lot of important ethical questions regarding the usage of developmental exercises; for example, voluntary participation and sharing, informed consent process, power asymmetries, boundaries for privacy and public life, leader competence and skills, conflict of interests, built-in ethics, and individual goals as compared to organizational goals. One of the overarching issues is: How can we create a society that is designed to allow individuals to develop their full potential and that has a place for all kinds of people at all "levels" of development? The thesis of Kegan's work is that lots of individuals are "in over their heads" in the modern society, that the demands put on them are more advanced than what they can perform. The inferences Kegan, Lahey, and Zeitler make seem to be that we must help individuals to develop a self-authoring or self-transforming mind. There is also an assertion that the ITC as a developmental exercise has the potential to create the needed transformation in people. But there is an indisputable lack of rigorous scientific studies that show the effectiveness of the ITC and similar exercises. Is it ethically justifiable to work with life-changing exercises without a convincing evaluation literature that shows "success rates"? Consider being asked to choose a physical or medical treatment. Patients must be informed of the potential benefits and risks, the advantages and the disadvantages, the possibility of adverse reactions, the probability of success, and the rigors/demands of the various options. The most fundamental ethical question when promoting and assigning adult developmental exercises is to know that they work, for whom, and under what circumstances. And there are scientific methods to determine this information. In the absence of such studies, maintaining a certain level of skepticism seems the prudent position.

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