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SELF ASSESSMENT > EMOTIONAL COMPETENCE



PHOTO: ANC

Caption

EMOTIONAL COMPETENCE:
A LUXURY?

OR A PROFESSIONAL
OBLIGATION?

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Acknowledging, valuing, and working with feeling and emotion

- How do you deal with emotions and feeling?
- Do you ignore or deny them?
- Do you have a repertoire of responses?
- Can you confront?
- Can you support?

All of us but especially doctors, nurses, lawyers, social workers, politicians, teachers and architects make decisions that have emotional consequences, and have to manage their own and other people's emotionality. Issues such as quality of service, compliance, cooperation, accountability and morale ultimately depend on how we manage our own and other's feelings.

The notion of *emotional competence* on the following screens provides a way of assessing whether the skills you have are adequate for this aspect of your professional practice. And of course emotional competence is a life skill that is vital for flourishing and well-being, in or out of professional life.

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Introduction

In our culture, intellectual competence occupies centre stage. The elusive body-logic of emotion and feelings and how to deal with them, tends to stay in the shadows. This section of *The Mind Gymnasium* aims to help redress this imbalance and to demystify a growing body of knowledge around feeling and emotion.

An emotionally competent person has a wide range of choices when responding to their own and other people's emotionality. When feelings run high, such a person can continue to stay intelligent. Emotional competence also means valuing feelings and emotions and recognising how they contribute to a realistic appraisal of life choices.

What counts as emotional competence varies from person to person, and even from day to day. To some extent, and in some situations, we all have a measure of it.

Most of us, however, can significantly improve our confidence and effectiveness by becoming more aware of emotional over-heating and blindspots and extending our repertoire of skills in handling emotions.

A first level of emotional competence includes gaining access to emotions and feelings, and learning to value them as an essential source of information and insight. A second level might mean actively learning to express and manage feelings, and to tolerate them in others. A deeper level would involve building up comprehensive knowledge and experience of the learning, preferences, style and personal history that makes up your 'psychological signature', or identity.

My personal connection to this work has been through the experiential, **humanistic psychology** tradition and in particular **John Heron**, who has developed both a deep theoretical basis for emotional competence and an extensive range of worked-through practice based on **cooperative enquiry**. I offer this material as the day to day rules of thumb of an active practitioner, rather than a comprehensive theory of emotions and feelings.

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Assessing emotional competence

How well does your emotional competence match your professional role?

How can you find out if your competence around feeling and emotion is appropriate to the work you do?

Feelings and emotions contribute most fully to an effective, realistic and flourishing daily life when they are channelled and used with skill and discrimination.

How can we promote this? How can we reliably recognize when it is adequately in place in ourselves or others?

The way forward recommended here is to begin to put together a set of criteria that attempt to define the essential ingredients of emotional competence.

These criteria are put forward in a spirit of exploration and enquiry. They are necessarily tentative, and open to revision and re-definition.

They are intended as a recipe for development to be baked afresh by individuals and groups who choose to explore and work with their own and each other's feelings and emotions.

My own part in this arises from the practical demands of aiding in the development of emotional competence, and of assessing the level and quality of it in myself and others. In my experience, emotional competence is not susceptible to purely external evaluation. Some form of self-assessment, against criteria such as those presented here, is essential, preferably coupled with **peer assessment**.

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These criteria outline a 'strong' version of emotional competence, they are intended as learning objectives, developmental signposts. Keep in mind that each of them may be matched by a range of levels of competence, depending on the training we've had, as well as time and circumstances.

The criteria are not very sharply differentiated. Some overlap, others branch from a common stem.

Some might be considered more essential than others. More could be added to the list. For example 'congruence' between verbal and non-verbal behaviour might have been included, as might a capacity for taking responsibility for the consequences of our actions/inactions

Criteria such as these become useful when you breathe life into them, adapt them and make them your own.

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Criteria for assessing Emotional Competence

1. ready access to feeling and emotion.
2. capacity for expressing/managing feelings.
3. is adequately aware of formative early experience.
4. is active in seeking to identify and own projection/displacement, transference/counter-transference.
5. appreciates the contribution of oppression to feelings and emotions.
6. can supportively confront unaware behaviour in others.
7. can cathartically release strong emotions.
- 7a. can transmute tense emotion through choosing to make a shift in consciousness.
8. takes responsibility for continuing to develop and sustain their emotional competence.
9. has an adequate repertoire of skills for dealing with the feelings and emotions which accompany co-operation, participation, or negotiation.
10. has a self-reflexive approach to monitoring the quality of their attention, relations with others, and general health.

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1. An emotionally competent person

- has ready access to their emotions and feelings.

The absence, restriction, or under-development of this competence may lead you:

- to often have unexplained physical symptoms that come and go.
- to find that intuition—emotional signalling, is unreliable, or absent.
- to often have confused, or conflicted interpersonal relations, due to incomplete, or inaccurate information around feelings.
- to see anyone whose feelings and emotions are strongly, or frequently out in the open, as having something wrong with them, and needing help in controlling their feelings.
- to have impoverished creativity.
- to retreat into substance abuse, under/overeating, or fatigue, as way of denying, or ignoring, bodily needs.

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2. An emotionally competent person

can express their emotionality freely—where and when appropriate—can hold on to feelings for later expression—can tolerate the expression of feelings, including distress, in other people.

The absence, restriction, or under-development of this competence may lead you:

- to know and practise only a narrow or restricted range of ways of handling feeling and emotion, e.g. concealment, control, restricting others' behaviour.
- to regard feeling and emotion, both your own and other people's, as a problem.
- to see some types of feeling as acceptable in certain situations, while some others are taboo.
- to overuse control as a way of handling feelings to the extent that it may have become chronic, i.e. most significant feelings are out of reach, or alternatively—
- to find that feelings are ever present and constantly threaten to flood attention.

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3. An emotionally competent person **has discovered the main elements of their traumatic early experience and appreciates how they influence adult behaviour.**

The absence, restriction, or under-development of this competence may lead you:

- to experience episodes in which you are 'not yourself'.
'behave out of character', are 'beside yourself', 'are out of your mind', 'don't know what came over you.
- to have volcanic eruptions of anger, fear, or grief, when control 'breaks down'.
- to have compulsive and phobic patterns of behaviour.
- to have significant areas of experience that are taboo, e.g. sexuality, death and dying, politics, love, spirituality.
- to have numerous emotional trip wires, mine fields and no-go areas of danger, threat, or risk.

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4. An emotionally competent person

actively seeks to identify and own projection/ displacement, transference/counter-transference.

The absence, restriction, or under-development of this competence may lead you:

- to believe that extremes of feeling and emotion arise from some personal weakness, or alternatively—
- to believe that other people cause your extremes of feeling, i.e. ‘you make me feel...’
- to have confused personal and interpersonal boundaries, i.e. uncertainty about where I stop and you begin.
- to be unclear about rights and responsibilities.
- to believe that preferences and antipathies are ‘natural’ and/or inevitable—‘that’s just how I am’.
- to have bigoted, chauvinistic patterns of behaviour.
- to be inaccurate, or incomplete in your self-valuation.
- to have significant developmental blindspots or overheating, ‘Oh I could never do that...’ or, ‘She presses all my buttons’, with attendant anxiety and confusion.

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5. An emotionally competent person
will have an adequate appreciation of the contribution of oppression, both covert and overt, to feelings and emotions.

The absence, restriction, or under-development of this competence may lead you:

- to often feel guilt, shame and a sense of failure.
- to have an over-strong, or over-optimistic belief in will-power, trying hard, independence, self-reliance, 'progress' and 'success'.
- to have an inaccurate awareness of your human rights.
- to take it for granted that dominance is 'natural'.
- to often have feelings of political impotence.
- to unawaresly identify with conventional attitudes and prejudice about the distribution of personal and political power.

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6. An emotionally competent person
**can supportively confront unaware behaviour
in others.**

The absence, restriction, or under-development of this competence may lead you:

- to frequently feel resentful due to a failure to respond effectively to criticism or oppressive demands.
- to have poor, or insecure, self-esteem.
- to often have people treat you with disrespect.
- to have a confused or poorly defined sense of your personal, psychological and physical boundaries.
- to often oscillate, when negotiating, between submission and aggression.

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7. An emotionally competent person
can cathartically release strong emotions.

The absence, restriction, or under-development of this competence may lead you:

- to feel that catharsis is a disorder rather than a process of regeneration.
- to have unexplained physical symptoms.

7a. An emotionally competent person
can transmute tense emotion through choosing to make a shift in consciousness.

The absence, restriction, or underdevelopment of this competence may lead you:

- to feel torn between the extremes of volcanic emotional eruptions, or sustained control over emotion and feelings.
- to perceive emotions and feelings as a threat.
- to find little or no positive value in emotions and feelings.

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8. An emotionally competent person
**takes responsibility for continuing to develop
and sustain their emotional competence.**

The absence, restriction, or underdevelopment of this
competence may lead you:

to overly rely on experts to make decisions, set boundaries,
determine courses of action around emotionality.

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9. An emotionally competent person
will have an adequate repertoire of skills for dealing with feelings and emotions which accompany co-operation or negotiation.

The absence, restriction, or under-development of this competence may lead you:

- to tend to shift between manipulation, aggressiveness and submissiveness.
- to tend to have a restricted range of choice of collaborative style.
- to have difficulty in learning from embarrassing, or painful experience without holding resentment, or anger towards others.

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10. An emotionally competent person

has a self-reflexive approach to monitoring the quality of their attention, relations with others and general health.

The absence, restriction, or under-development of this competence may lead you:

to get locked into a web of co-dependency, collusion, secret implicit agreements to avoid, or repeat, some desired behaviour, or role.

to rely on 'mind-reading' by others to get your needs met.
under stress or fatigue, to become locked into 'either-or' polarisation of values, or perceptions.

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Why does emotional competence matter? and why focus on the 'professions'?

For some readers, after the material on the previous screens, asking this question will seem redundant. For others, both the argument and its relevance may still be out of reach. Why does emotional competence matter? And why only focus on the 'professions'?

In the last twenty years, at least in the UK, public attitudes towards feelings and emotions have been changing. The concept of stress has provided one acceptable and widely used notion for discussing and working with feeling-related problems. In focusing here on professional practitioners such as doctors, police officers, architects, nurses, social workers, politicians, and especially teachers, I hope to enhance and support this greater openness to feeling and emotion. And of course emotional competence has relevance for all of us.

The following vignettes reveal how the level of emotional competence could have a decisive influence on the daily life of people in several professional roles.

Each introduces a different aspect of emotional competence, and illustrates some very common problems. Such dilemmas face millions of people who are prone, for widely differing reasons, to trip over, either, their own, or other people's emotions and feelings. Yet these same people may be otherwise competent in a wide variety of tasks or roles.

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AL

A successful architect with a busy practice, Al enjoys a growing reputation for successful provincial shopping malls and city centre developments. A very strong-willed, single minded devotion to his ambition of owning his own business and financial independence by his fortieth birthday, has brought wealth and a glamorous, fast-lane life-style. His family see a different side to him. At home, anger and moods alternate with exhaustion and collapse. His children clamour for attention. What they get is often too little, or too late.

Though he saw them rarely, both Al's parents meant a great deal to him. When, in successive years, both of them died, he took charge of all the arrangements. Despite encouragement from his sister, a nurse, he shed no tears over the loss of either his father, or his mother.

While believing that display of feelings denotes weakness, he nevertheless feels secretly ashamed that the loss of his parents left him unmoved. And at home he's so very scratchy. He wonders what's wrong.

John

As a child, John saw his father and a brother killed in a road accident, which he witnessed from close at hand. Shortly after this event, he became ill and spent several months in hospital. He received very good care and attention, learning later that he had almost died several times. John now practises medicine in a rural health centre. Patients like and respect him. However, he has a problem for which his training did not prepare him: he can't give people bad news. As a way of avoiding telling patients that they are likely to be terminally

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ill, he often sends them for more and more tests. Also, John increasingly finds that any contact with death and dying, whether patients or friends, feels unbearable. Even though he sees that his inability to confront patients with the truth about their condition must eventually cause serious harm, and perhaps charges of professional misconduct, he feels unable to do anything about it.

Over control and unfinished business

For Al, long-standing control of feelings has led to over-control, making appropriate feeling responses to loss and bereavement inaccessible. His over-control restricts and overshadows choice. His feelings are shut down but they lurk beneath the surface. Distanced from daily reality, they have a life and logic of their own. They leak out. Inconsequential events trigger volcanic eruptions of rage and resentment.

John also has constricted choice, but in a different way. The anticipated death of the patient he is attending evokes such strong feelings that he finds it difficult, or impossible to carry out his professional task. So why doesn't he put two and two together and realize that the strong feelings he can't explain, arise from the very distressed early learning about death that occurred in his childhood?

Yes, why not? The answer—it has been no part of John's training or upbringing to deal awarely and skillfully with his own emotionality, or the feelings of others. So he becomes more and more distressed by his inability to give people bad news. Sharing his problem with the only person he feels qualified to help him, a psychiatrist at the local hospital, seems impossible. He begins to consider leaving medicine.

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John has a self-directing, self monitoring approach to his medicine, (he diligently keeps up to date with new medical developments) but this approach doesn't extend to his own personal life. While vaguely aware that for patients, "bad circumstances in childhood makes for 'disabilities' in adults", he can't, or won't, apply this to himself. For a doctor in general practice, John appears to me to have an inadequate level of emotional competence.

For Al, emotional competence has a different relevance. Here someone wealthy in the worldly sense, appears to have a profoundly impoverished emotional life. And coupled with this, his very success relies on keeping feelings out sight, of watching the 'bottom line' and not being too particular who might be hurt in his climb to personal success.

For me, Al represents some norm of the approach to feelings, particularly by men, at least in white, western culture. His restricted emotional competence seems to harm mostly himself and his immediate family. But what chance is there that a person as out of touch with feeling and emotion as Al is could bring nourishment and caring to the people with whom he works, or, more important, to the communities for whom he builds? Al's projects, inexpensive of their kind, reliable and on time, fulfill all their client's demands. And people hate them, both to work in and to live with. Profitable for their owners maybe but ungenerous to everyone else.

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These two examples have both featured men. In white western culture, men generally have less awareness of the relevance, or even existence of emotional competence, and have further to go and greater obstacles in the way of developing it, than do women. However, many women also share the kinds of emotional disabilities that Dr John and Architect Al exemplify.

JODY

By profession a social worker, Jody is the founder of a voluntary agency caring for the elderly. Her commitment and motivation could hardly be higher. She brims over with caring, she loves everyone and everything, and generally everyone loves her. She fetches and carries, delivers people to hospital, and endlessly listens to everyone's troubles.

The down side of this picture of social generosity includes acute embarrassment within the agency due to her entanglements in the affairs of several families with whom she has contact. Also, when arguing for a particular line to be taken at meetings, she not infrequently, mixes tears, fury and emotional blackmail. She now and again, if inadvertently, gives offence to people whose support she seeks, through the sheer scale of her emotional commitment. She, in turn, resents the distance and 'professionalism' of some of her colleagues, they increasingly see her as a liability.

One day, after a fire in her flat, a woman for whom the agency has responsibility, was injured and almost died. Resisting advice to the contrary, Jody had succeeded in supporting this woman in staying in her own home long after other workers were satisfied she was incapable of looking after herself. The incident upset Jody very deeply.

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Three days later, still in floods of tears which she is unable to stop and sleeping hardly at all, her husband and her doctor began to feel concerned.

For some people, as this example demonstrates, the issue of competence in handling their own, or other people's feelings and emotions, appears to lie diametrically opposite to that of the two men above.

Jody's feelings flood her whole awareness, she has too little control of them, too little sense of the boundaries between her own and other people's reality and needs. The caring she puts out for others often appears to act as a way of avoiding caring for herself.

Like Jody, many women still find themselves in both jobs and families where security and satisfaction come to depend on caring for others. In the division of labour and roles still common in families, women often carry the emotional load, they do the emotional work, remember birthdays and anniversaries, send cards, buy presents and they visit and care for elderly relatives.

Primary emotional competence for such women (and men who resemble them) means a capacity for being intelligent from within the feelings; holding on to perspective; building maps of the emotional territory they are in; distinguishing between support and sacrifice, and obligation and oppression.

LOIS

Lois is a teacher in a large, well resourced and comparatively new school, and one of the youngest heads of department in her area of the country. She has built her success as a teacher

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on the excellent results her department gets in the internal and external examinations, plus a reputation throughout the school for no-nonsense discipline. She has a loud voice, tends to get her own way in most things, other staff fear to tangle with her. Her anger in the classroom has been known to reduce children to tears. No-one messes about in her classes. Perhaps because of this, she has become the senior teacher delegated to deal with disciplinary problems throughout the school.

Over the last couple of terms several parents made a series of complaints about bullying in the school. Lois had looked into it but found nothing significant, only 'normal amounts of horse-play', as her report put it.

She was therefore very shocked when a child in one of her classes, anxious about an initiation ceremony with which she had been threatened, jumped to her death from a bedroom window. Following the inquest, other teachers discovered that there had been a vein of terror running through the school. Several older children, had been forcing younger children into stealing from local shops at lunch times. Lois's enquiries had missed this, partly it turned out, because the victims were as scared of her as they were of the older children.

So how does the issue of emotional competence figure in this? As it seems to me, Lois couldn't or didn't see the bullying in the school, because she herself habitually bullied both other staff and pupils. She used feelings as a weapon to enforce her choices, her opinions and her decisions. While this seems an obvious abuse of power, the school as an institution deeply desired and supported it. She was rated as a highly effective teacher. In one sense, Lois is very competent around feelings and emotions, she knows how to use them to threaten and manipulate others.

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The professional relevance of this vignette also seems to me to lie in the way teachers model day by day through their teaching style, how the world outside the classroom is put together. How love and power and feelings are, or are not, to be negotiated. A domineering manner may be disliked, but that won't stop it being reproduced by its victims when they have the chance to take power in their own lives.

If we were to know her better, we would probably find in Lois some deeply embedded need to avoid appearing vulnerable, feeling a failure, getting into a mess, or whatever else in her history shapes her inclination to use force to impose order. The same history acts in her present life to keep her unaware of the feelings of powerlessness, desperation, and despair in her pupils.

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Emotional INcompetence disables

These stories, **Al** and **John**, and **Jody** and **Lois**, point to four key aspects of emotional incompetence that can be particularly disabling in a professional context.

1. Significant chunks of unfinished business from childhood intruding into the present. This frozen history either strongly drives, or strongly inhibits, adult behaviour in ways that skew, or distort responses in the practitioner/client situation.

2. Over control of feelings and emotions—excluding them from awareness—impoverishes imaginative and social responses in the professional role.

3. Compulsive caring, where the lack of awareness of personal and interpersonal boundaries and a lack of appropriate control, leads to client dependency with practitioner depletion and burnout.

4. Belief in, acceptance of, and practice of domination, polarises attitudes, thinking, intentions and expectations. A neutral response tends to evaporate and choice appears restricted to fighting and resistance, or to submission and compliance. Either way a subliminal message gets modeled, ‘this is the way the world works’. Domineering attitudes in practitioners are very likely to undermine or eliminate self-direction in clients.

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Developing Emotional Competence

If you accept the need for an increased level of emotional competence, how do you set about developing it?

It can be done in many different ways, but for me the first essential is to have a reliable appreciation of how early emotional experiences shapes adult behaviour. Alongside that, we need a range of recipes to help us to work with these ghosts from the past—if they intrude into present time.

As we grow up, if our emotional needs are frustrated, denied or interrupted, feelings of distress are laid down as emotionally charged memories in our bodymind. In adult life, this distress may leak out as irrelevant, inappropriate behaviour. If, however, we can become aware how our current behaviour is being driven by old distress, that awareness in itself is the first step to changing the power it holds to keep us on auto pilot.

Once aware of the hidden emotionality, we can then learn to acknowledge, accept and own it—a core element of emotional competence.

Check out the See also menu (right) for screens that will help you follow up this very brief account of emotional competence, and the next screen for how to distinguish between feeling and emotion.

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Emotion and feeling

There is often a lot of confusion around emotion and feeling.

John Heron in his book “Feeling and Personhood” offers a clear definition of the distinction between them. He describes EMOTION as “the intense localised affect that arises from the fulfillment or the frustration of individual needs and interests. This is the domain of joy, love, surprise, satisfaction, zest, fear, grief, anger and so on.”

He sees FEELING specifically as our attunement to the world around us. This includes our rapport with other people as well as our resonance with, and participation in, situations, communities and organizations. I like this definition, it has shed light in several of my dark corners.

Emotions are a bodily condition. Feelings—distinct from emotions, yet interwoven with them—refer to the quality, strength and variation in my connections with the people and circumstances around me.

When I meet with others in a community, tribe or herd—or I rebel against them, this is the domain of feeling. The bodily sensations of joy, satisfaction, anger or fear due to this participation, are the localised, individual domain of emotion.

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Working with feeling and emotion

A first step in building emotional competence, then, is to accept and own our feelings and emotions.

If we can also reconnect with old feelings of distress in a safe environment—to actually feel any frozen grief, anger or fear in the present—we can begin to release the emotional charge it often carries. If we experienced a deficit of love in early life, corresponding distress memories of grief held in our bodymind can be released through tears and sobbing. If we experienced deficits of understanding, the recorded fear can be discharged through shaking and trembling. If we experienced deficits of choosing, the stored-up anger can be freed through explosive, storming movements and loud sounds.

Through gradually learning to feel and release—reconnect with—such buried emotionality, a person develops “cathartic competence”—the ability to handle painful emotion appropriately. There are a range of strategies for handling emotions—from containing and controlling (not repressing), through switching, redirecting, transmuting, to expressing, refining and creatively transforming emotions.

Positive emotion is also crucial to emotional competence—and finding ways to honestly express positive feelings that fit the situation, without being constrained by inhibition, embarrassment or self-consciousness, can bring zest and delight into daily life.

Developing emotional competence has far-reaching repercussions. The more we bring our emotions into awareness, the less likely they are to interfere with our lives from off-stage. And the more we value, understand and work with the emotional and imaginative aspects of our psyche, the

more fruitful our lives are likely to be, enabling us to reach out and enhance our contacts with the world around us.

A necessary phase in the development of emotional competence is the systematic exploration of feelings, typically in therapy, or a workshop setting, that arise in interpersonal and group behaviour. And from there it is possible to embrace the broader social and political dimensions of feeling.

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Educating emotion and feeling

The educational model of human potential that has shaped the idea of emotional competence takes an optimistic view of human nature. People have a birthright of fundamental OKness. All human beings are held to be vulnerable to developmental distress, distortion or omissions, but with perseverance, much of it can be resolved, so that it ceases to be disabling.

The approach to emotional competence put forward here sees strong emotions and feelings not as a symptom of sickness or mental disorder but as a core feature of human beings that connects us with each other, that is susceptible to education and development. In contrast to the medical notion of ‘mental illness’, this tradition of knowledge and practice has emerged from, and remains directed towards people who are not usually in crisis and are substantially in charge of themselves and their lives.

White, western society—higher education, business, industry and the professions—generally favours purposeful action and conceptual acumen over emotional and imaginal competence. “Emotional competence is not a concept that is alive in our education system at any level” as John Heron puts it. This is a damaging bias. Many human institutions—the family, religion, the law, politics have hidden and explicit agendas of keeping both feelings and emotions under control, or out of sight. It is important not to underestimate the extent to which this vast collective investment in repressing affect can frustrate challenges to its power. Emotional competence reminds us that individual development is always embedded in, or coexists with, deeper veins of social change. The See also menu (right) has some pointers to related topics.

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‘there is no place in the [university] curriculum for the cultivation for emotional and interpersonal competence, or decision making (including political) competence. It is assumed that if the student becomes intellectually proficient through the formal curriculum, they will learn privately to introduce rational control into the management of their feelings and conduct. If they fail to do this to a degree that is socially incapacitating, then the concept of mental disorder or illness is invoked and the psychiatrists or psychotherapist is called in. The culture... offers only one guiding norm about feelings: control...’

JOHN HERON

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