USE OF THESES

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IMAGE AND SELF IN THERAPY

BY

LEILA BAILEY

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This work is my own composition, and all sources have been fully acknowledged.

(Leila Bailey)
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Introduction

A sense of personal identity and continuity seems to be common to all normally functioning human beings: people speak of themselves naturally in terms of a "self" which differentiates them from others. When a person says that he is no-one, or that he does not know who he is, his expressions are generally accompanied by feelings of intense anxiety and despair. The question of how one deals with statements about the self is thus quite a crucial one in therapy. Behaviourists would dismiss it from the vocabulary and from therapeutic procedures precisely because it is impossible to quantify or even to define. But in clinical encounters where the self is allowed to become the subject of discussion it is of some importance that the way it is understood and developed should help, rather than hinder, the therapeutic process.

This essay has arisen from dissatisfaction with the view of the self as a "datum" rather than a construct (cf Walker, 1956) which appears to underlie some therapeutic methods. It is particularly troublesome when counselling is focussed on situations of interpersonal conflict. This dissatisfaction rests on three observations:

(a) Viewing the self as "given" introduces a large element of intransigence into a situation where flexibility and role change are at a premium. If, for instance, I believe that I am by nature a person who needs to dominate, there is little room to manoeuvre if my partner, parent or sibling says the same thing about himself. There could be little argument against a claim that I am obeying the laws of my being.

(b) Acceptance of the self as a datum opens the way in practice for insistence that there is a "true" or "real" self which may not be
manifested in behaviour. I may easily come to present myself as one who is, for example, essentially kind and good, but who is being forced into anger and violence by my opponent. I may therefore disown my violent behaviour, claiming that my 'true' personality is essentially different, and thus cease to accept responsibility for it.

(c) If I see my essential self as given, I will be wary of allowing myself to respond to the requests or the influence of others. In having my own identity to maintain against their impingements, I will be suspicious of requests for changed behaviour for fear of distorting the essential blueprint which should guide my development. Here again change is obstructed.

Walker resists any distinction being made between a person's "self" and his behaviour. He asserts that statements about a person's traits are no more than "shorthand summaries of his predicted behaviour", and says that Rogerian personality theory is an example of the lingering on in psychology of notions that the self is "something more than an organisation of behavioural dispositions, as something that unfolds itself, actualizes itself, and so on, or that speak of the person's 'true self' as distinct from the self manifested in behaviour". (1956: P 8)

Walker himself insists that there is no such thing as what a personality, or a person, really is.

A careful reading of Rogers' theoretical statements (eg 1959) makes it difficult to pin him down on this point. The self and the organism are two central elements in his theory. He declares on the one hand that the self is "only" a construct, which does not "do" anything, and that it is only one expression of the actualizing tendency of the whole organism. On the other hand he makes many references to the separation of the self from the organism: self is
only that part of experience which is available to
awareness; self and organismic experience may be
incongruent. He speaks of a basic estrangement in man
between his true self ("his own natural organismic
valuing of experience" - 1959: P 226) and the values he
has learned from others. The hypothetically healthy
person is one in whom the true self has gained ascendancy
and who is therefore out of the reach of any threat to
his self-organisation from discoveries about his own
actual experiencing or through the imposition of others'
values.

"He will be, in a more unified fashion, what
he organismically is, and this seems to be
the essence of therapy". (1955: P 269)

Rogers' agricultural background makes it plausible
to imagine that he sees such a person as having developed
without interference, according to the genetic code of the
seed from which he grew. The soil and the elements make no
positive contribution to his growth beyond providing the
medium which allows him to become the self-he-was-intended-
to-be. This is the self as datum, the given self.

While we do not wish to attribute the undesirable
outcomes of this view solely to Rogers, the widespread
use (and abuse) of his methods over the last thirty years
has undoubtedly contributed to it.

In this paper we are interested in examining the
possibility of a view of the self which would

(a) grant validity to a person's inward
constructions and his experience of them,
not dismissing them out of hand as
unquantifiable and therefore unimportant;

(b) emphasise the importance of all the
behaviour performed by a person, and the
conditions which seem to elicit it;

(c) give due place to the influence of others
and of the environment on self-development
and self-change, thus allowing for
flexibility in response to changing
conditions, and to the demands of inter-
personal situations.
It is not expected that the successful accomplishment of this goal would result in a new method of therapy, though it might help to build a bridge between what have been two opposing schools of thought in psychology, the phenomenological and the behaviourist, which have often been seen as irreconcilable. Phenomenological views emphasise the validity and central importance of here-and-now personal experience, while behaviourism sets this on one side and concentrates on the details of observable behaviour.

If such a bridge between the two could be built, it might also help to make sense of the fact that, with few exceptions (such as phobias) diagnosed conditions seem to be equally effectively (or ineffectively) treated by all forms of psychotherapy. (cf Frank, 1963: Pp 13-17) A knowledge of processes which appear to be universal, and lay equal weight on inner constructions and outward behaviour, could release the therapist from attachment to the forms of any particular theory, and make possible more imaginative use of the wide variety of proven therapeutic techniques which have grown out of divergent theoretical bases.