USE OF THESES

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IMAGE AND SELF IN THERAPY

BY

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

(Leila Bailey)
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## CONTENTS

| Introduction | ................................. | pp 1-4 |
| Chapter 1 | Model of the Self as a Hypothesis | pp 5-31 |
| 1.1 | "The Image" of Boulding | p 5 |
| 1.2 | Image and Plan - the Behavioural Model of Miller, Galanter and Pribram | p 9 |
| 1.3 | A Theory of the Self as Hypothesis - Epstein | p 14 |
| 1.4 | Characteristics of the Image System | p 17 |
| 1.4.1 | Boundaries of the self | p 17 |
| 1.4.2 | The self as mediator of reality | p 20 |
| 1.4.3 | Defence | p 22 |
| 1.4.4 | Unconscious images | p 27 |
| 1.4.5 | Locus of Control as an Expectancy | p 29 |
| Chapter 2 | Image and Emotion | pp 32-65 |
| 2.1 | Therapeutic use of Emotion | p 32 |
| 2.2 | Images revealed by emotional response | p 34 |
| 2.3 | Emotion and novelty | p 38 |
| 2.4 | Helplessness and the Interruption of Plans | p 42 |
| 2.5 | The theories of Frank and Kelly as they relate to emotion | p 46 |
| 2.6 | Note on the reflection of feelings | p 49 |
| 2.7 | Therapeutic use of the unexpected | p 50 |
| 2.8 | The Gestaltists and joy | p 52 |
| 2.9 | Humour | p 56 |
| 2.9.1 | Psychoanalytic viewpoints | p 57 |
| 2.9.2 | The play-frame and the punch-line | p 58 |
| 2.9.3 | Pleasure and the unexpected | p 61 |
| 2.9.4 | Further research | p 63 |
| 2.10 | Summary | p 64 |
CONTENTS

Chapter 3  Image and Others ......... pp 66-94
3.1  Theoretical viewpoints .......... p 67
3.1.1  Sullivan ..................... p 68
3.1.2  Mead .......................... p 70
3.1.3  Berger and Luckmann ........ p 72
3.1.4  Goffman ........................ p 75
3.2  The confirmation of the hypothesis p 77
3.2.1  Distance and relation .......... p 78
3.2.2  Confirmation .................. p 80
3.2.3  Disconfirmation and loss of self .. p 82
3.2.4  Imperviousness ................ p 86
3.3  The false self ................... p 87
3.4  Conditions for growth and stability p 91

Chapter 4  Image Deficit and Image Change .... pp 95-117
4.1  Image Deficit ..................... p 95
4.2  Image Change - Schein's model .... p 100
4.2.1  Unfreezing .................... p 100
4.2.2  Change ........................ p 106
4.2.3  Refreezing ..................... p 111
4.3  Therapy expansion through a model of change ......................... p 112

References .................................. p 118
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 intransigeance 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.

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 interpersonal 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.
Chapter 1: Model of the Self as a Hypothesis

"For in every action what is primarily intended by the doer, whether he acts from natural necessity or out of free will, is the disclosure of his own image. Hence it comes about that every doer, insofar as he does, takes delight in doing: since everything that desires its own being, and since in action the being of the doer is somehow intensified, delight necessarily follows .... Thus nothing acts unless, by acting, it makes patent its latent self".

- Dante

1.1 "The Image" of Boulding

In his book, "The Image", published in 1956, the economist Boulding made an ambitious attempt to develop a conceptual and theoretical scheme which would unite approaches to many different areas of study. In the concept of "the Image" he believed he had found "a single thread which runs through many disciplines" (P 139). "a new language in which researchers in what now seem to be many different fields can communicate easily and pool their results". (P 156) He went as far as to propose a new science of "eiconics" which he believed could play a major part in the current restructuring of knowledge. He ranged through the fields of history, economics, sociology, politics, biology and psychology, giving brief illustrations of the centrality of the image systems which governed these areas to any thorough understanding of events within them.

Although he sees the whole movement of society as "a process of image formation under the stimulus of messages transmitted by networks of communication" (P 98), he insists that the basic unit on which all others depend is the image system of the single individual. All individual behaviour, he says, depends on the accumulated subjective knowledge which enables a person to predict what will happen in his immediate personal environment, as well as in the wider world. He is located in space and time, in a field of interpersonal relations, in the world of nature, and in a world of operations. In all of these areas he has experience (images) which enables him to predict the outcome of what he does:
"I know that there are some things that would probably not be good for me to eat or to drink .... I know that if I lean too far backward in my chair as I sit here at my desk, I will probably fall over. I live, in other words, in a world of reasonably stable relationships, a world of 'ifs' and 'thens', of 'if I do this, then that will happen'. (P 5)

Boulding's first proposition is that all behaviour depends on such images. They are built up out of all the components of a person's past experience, and they are predictive of the way things will go, of what will happen in response to what.

But the image is situated in the midst of events which either confirm or negate the predictions it makes about them. That is to say, all the events of life are transmitters of information, or messages, which in very slight or very considerable measure may alter the image itself. He thus gives a central place to communication, and the message value of events.

The second proposition is that the meaning of a message is the change which it produces in the image.

Boulding asserts that there are four main possible outcomes of an event in terms of its impact-as-message on the image:

(a) It may leave it unaffected, because it is a precise fulfilment of the image's prediction. For example, driving one's car along familiar roads will leave the relevant set of images unchanged.

(b) If it is consistent with previous knowledge but makes a simple addition to it, it will add to the image without causing disorganization. In the example above, this might occur if a new set of traffic lights had been installed at an intersection, or the car had developed a fault and had to be driven to the garage.
If, however, the message hits what Boulding calls "some sort of nucleus or supporting structure in the image" and its content is antithetical to the image's original character, then the way is paved for revolutionary change. Religious conversion could be seen as such a process. In this case, the section of the image affected would have to be one of a very general character, which made predictions affecting large areas of life, something akin to an image of the universe. Although images of such a general character will not always be involved, when a message introduces conflict, the first impulse of the image will be to resist change.

It may either clarify the image where it was vague, or introduce uncertainty where it was fixed.

Basing himself on these propositions, Boulding goes on to declare that even at the simplest sensory level, there are no such things as facts, "only messages filtered through a changeable value system". (P 14) While for our present purposes we do not wish to dwell on the various types of image proposed by Boulding, the "changeable value system" is one of these. The image is not like a reflection in a mirror held up to life, but an interpretation based on previous interpretations as they are affected by the stream of events.

As to behaviour, it cannot be conceived of as a response to specifiable facts, or to observable stimuli, for "between the incoming and outgoing messages lies the great intervening variable of the image. The outgoing messages are a result of the image, not the result of the incoming messages. The incoming messages only modify the outgoing messages as they succeed in modifying the image". (P 28)
Not all of the image is available to awareness. The basic structure of the image is laid down in early childhood, but long after that, learning processes continue, and as a result of these the image changes and develops. But the messages which impinge on it may do so unawares. A person may commune with nature, read newspapers, associate with others, and go on to act "out of" the images he has formed, without ever being able to specify what they are. Before he has subjected his behaviour to scrutiny in terms of its logicality or consistency, it may present to the outside view quite serious inconsistencies and irrationality. "Irrational behaviour arises from the hidden parts of the image". (P 53) Boulding conceives of psychotherapy entirely in terms of Freudian analysis, which he describes as a process of revealing these hidden areas, for "only when our whole image is, as it were, spread before us, can we organise it into a unit". (P 53)

We may note in passing that much psychic discomfort arises from the dawning awareness of discrepancies between different areas of the image or between these areas and the behaviours they generate. One of the prices paid for intimacy (or, paradoxically, for wide public exposure) may be the unexpected discovery of such discrepancies.

Finally, Boulding asserts that while the closed system characterises the inorganic, all living things have the characteristics of open systems, structures which

"maintain (themselves) and develop in the midst of a stream of through-put. (They) continually take in something from the environment and give out something to the environment, all the while maintaining their structure". (P 33)

Quite humble organic creatures are capable of responding to information from without in accordance with their image of the universe. Chameleons change colour to suit their environment; birds migrate with the change of seasons. Man, too, is an open system. He is equipped with external sense organs such that they give him a superior capacity to receive input, but his essential "glory" lies in his ability to organise information inwardly into large and complex images. This ability may even assume pathological proportions
when it enables him to cultivate an inward image system quite independent of messages received from outside. These are the hallucinations of the drugged and the deranged. In this way he can come to live in an imaginary universe.

From the point of view of our interest in a theory of the self and self-change, we can sum up Boulding's central assertion in this way:

"Out of our image we predict the messages which will return to us as the result of our acts. If this prediction is not fulfilled, the image must be changed". (P 159)

We note that this process characterises not only the lower forms of life, but all levels of human behaviour, from the simplest physiological or mechanical operations to the most sophisticated and complex. We note also that the lifeblood of the image is information, messages or communications, but that the organism itself can only deal with this information as it is filtered, on its inward as well as its outward path, by the image.

1.2 Image and Plan: the Behavioural Model of Miller, Galanter and Pribram

Boulding's concept of the image was made operational in a general theory of behaviour presented some four years later by Miller, Galanter and Pribram (1970). In their own words, they "got the Image into motion". Complaining that Boulding, and cognitive psychologists as a group, had left the organism in a spectator rather than a participant role in the moving fabric of life, they set about filling what they believed was a theoretical vacuum between cognition and action. It was not sufficient, they argued, to speak of an "internal representation, a model of the universe, a cognitive map, an Image" (P 7), and to presume that the organism's behaviour would be controlled by it. They asked the question, "How?".

We do not intend to follow their argument through in great detail, but to abstract from it sufficient of its character to allow it to become a matrix from which we can consider the role of the image in human behaviour.
While Boulding had dwelt at some length on feedback, and had at least implied a hierarchical structuring of images in his concept, Miller et al advanced these two notions to central positions in their model. They based themselves upon observations of the behaviour of "the normal, freely ranging animal".

Behaviours like running, swimming or talking, they said, were clearly organized into patterns, or configurations which formed a sequence, and in this sequence there were big (molar) and small (molecular) units, the former being made up of the latter. They complained that psychologists who assiduously observed and recorded muscle twitches (molecular units) typically failed to observe the structural features which characterised eg limb movements or entire goal-directed actions (molar units) and were thus neglecting to give full and meaningful descriptions of behaviour. Instead, they were resting on inferred but unadmitted behavioural theories.

They pointed appreciatively to the work of a number of linguists and ethologists, whose careful observations of human verbal behaviour and of animal behaviour had shown that behavioural processes were organised on several different levels at once, and asserted that any proper description of them must be able to be made at all levels simultaneously. This could be done by conceiving of them as hierarchical.

The controlling mechanism, or set of instructions which released behaviour they called a plan, and they likened this to a computer programme.

"A Plan is any hierarchical process in the organism that can control the order in which a sequence of operations is performed". (P 16)

A bird settling on to its nest, a child reaching for a toy, a man posting a letter, a mother reprimanding a child, are all performing a sequence of actions which in their entirety would be called a Plan. Some Plan or other must be executed while people are behaving. The Plan need
not result in observable behaviour, however; in man especially Plans might guide the collection and transformation of information as well.

One can go so far as to say that it is essential to man to plan: "Plans are executed because people are alive". (P 62) When planning slows or ceases it is a sign of severe disturbance, ultimately of death. Depression may be seen as a slowing or failure in the planning process: the individual has stopped planning and therefore has nowhere to go.*

What, then, of the Image? Basing themselves on neurological evidence, Miller et al propose and describe a basic feedback loop which they call a TOTE unit (Test-Operate-Test-Exit). The notion underlying this is that every stage of a behavioural process must pass through a test which consists of an image of the desired outcome. Thus, if a person has a number of images of the stages through which a hammer and nail must pass before the head of the nail is flush with a piece of wood, every molecular unit in the molar hammering process will consist of a test to see whether that element in the image has been satisfied. When all are satisfied, the Plan, or series of neural instructions, is completed. The TOTE units depend on the constant reception of feedback messages in relation to the part of the image which is currently on test. Activity will continue until there is no incongruity between the image of the desired behaviour and the action which has just been performed.

Miller et al admit that their book is more concerned with the execution than with the formation of Plans. Our interest in the self and self-change lead us rather in the direction of Plan-formation. None the less, their model, sketched here with extreme brevity, makes a number of assertions of some significance for us:

* Bexton et al (1954) have shown how hallucinations are related to the disappearance of the minimum levels of stimulation which would keep the organism "planning".
The pattern of the cognitive map or image they propose is seen as the counterpart of the patterning of behaviour. If behaviour can be observed to be hierarchically organised, the image system can, too.

Since behaviour is totally controlled by the system of images, behaviour change must involve image change.

Boulding's conception of the image has been enlarged by being conceived of as the test phase of the planning activity in which human beings are constantly involved. Image and Plan are interdependent. Plans may only be carried out with the "consent" of images; images only become operational as elements in a Plan.

"Changes in the Images can only be effected by executing Plans for gathering, storing and transforming information. Changes in the Plans can be effected only by information drawn from the Images". (P18)

Furthermore, Plans may become parts of a person's image of himself. When a person sees himself as a successful businessman, a clever adviser, a good neighbour or as a social drop-out he has formed an image of himself on the basis of his performed plans.

While their model is set forth in terms of elementary mechanical processes like hammering, Miller et al assume that similar processes involving the interaction of Image and Plan occur as more complex behaviours arise. For instance, an angry man hammering on a closed door in order to force entry would be responding to a hierarchy of image-generated Plans involving at its base the hammering process, but at higher levels images of himself and his place in the world, of his relations with others, and overriding values about the conduct of life, and even possibly the nature of the universe - ("Isn't a man allowed
through the front door of his own home
any more?").

In this model there already begins to emerge the possibility of combining the elements we are seeking in a theory of the self: the validity of inward constructions as influencing behaviour, attention to the details of outward behaviour itself, and an awareness, because of the importance of feedback, of the influence of others and of the environment on the maintenance and change of the image system.

We may also note, in passing, some of its implications for psychotherapy. An approach to behavioural pathology could be made by describing defects either in the planning process or in the image structure on which it depends.

Miller et al have considered behaviour change largely in terms of inducing the patient to surrender control of his planning process to the therapist, and draw attention to the striking and often ignored success of hypnosis in achieving this end. They make it clear, however, that a new Plan cannot be substituted for the old one unless the person has a set of images which will allow the new one to be elaborated. He must develop a new set of concepts. The Plan cannot be simply superimposed with any hope of its continuance.

It is with this aspect of the process, the formation of new images, and therefore of new Plans, that this essay is largely concerned. A patient may say to the therapist, or a group member complain to his group, "I can do it here with you, but I'm just the same outside". In terms of the present argument, such persons are still operating on borrowed plans; borrowed, that is, from the therapist or fellow group members. While this magic works, they can act accordingly. But until their own images have undergone whatever changes are necessary, their self-generated activity will be in the old mould. So continued dependence on the therapist can be seen as a reflection of failure to induce genuine image change in the patient.
Equally, of course, the provision of new images does not of itself produce behavioural change. There are notorious cases of individuals who after therapy can discourse at length in clinical (image) terms about their illness, but remain unchanged behaviourally. On this point Boulding's Freudian-based assumption that the exposure of hidden images is all that is necessary in therapy would seem to us rather naive.

1.3 A Theory of the Self as a Hypothesis - Epstein

We have reached a point in our discussion of what may be involved in behaviour and behaviour change where we may make a diversion to establish a link with a proposal made recently by Epstein (1973) that the self-concept can usefully be seen as a self-theory, or hypothesis. This will provide us with a useful extension to our vocabulary.

Epstein has a similar starting point to our own: he is reluctant to part with the notion of a self-concept as a necessary explanatory construct. On the other hand, he is well aware of the charges of mystification brought against it by psychologists who insist on precise external observation. He acknowledges the formidable problems of definition imposed by the attempts of a variety of self-theorists over the last half century, from William James onward, to incorporate the notion of a "self" into a working theory of behaviour.

His response is to isolate the central concepts of most of these theorists, from James through Cooley, Mead, Lecky, Sullivan, Hilgard, Snygg and Combs to Rogers, and to summarize them in the following way in order to form a tentative description of a self-concept. Its characteristics emerge as follows:

1 "It is a subsystem of internally consistent, hierarchically organized concepts contained within a broader conceptual system.

2 It contains different empirical selves, such as a body self, a spiritual self, a social self.

3 It is a dynamic organization that changes with experience. It appears to seek out change and exhibits a tendency to assimilate increasing amounts of information, thereby
manifesting something like a growth principle. As Hilgard (1949) noted, it is characterised more aptly as integrative than integrated.

4 It develops out of experience, particularly out of social interaction with significant others.

5 It is essential for the functioning of the individual that the organization of the self-concept be maintained. When the organization of the self-concept is threatened, the individual experiences anxiety, and attempts to defend himself against the threat. If the defense is unsuccessful stress mounts and is followed ultimately by total disorganisation.

6 There is a basic need for self-esteem which relates to all aspects of the self-system, and, in comparison to which, almost all other needs are subordinate.

7 The self-concept has at least two basic functions. First, it organizes the data of experience, particularly experience involving social interaction, into predictable sequences of action and reaction. Second, the self-concept facilitates attempts to fulfil needs while avoiding disapproval and anxiety". (1973 P 407)

The similarity of this description to the image system we have already introduced through the work of Boulding and Miller is immediately apparent. Epstein cements this affinity by claiming that something that

- consists of hierarchically organized and internally consistent concepts,
- assimilates knowledge but is also itself known,
- is dynamic, but must retain a degree of stability,
- is both unified and differentiated,
- is necessary for solving problems in the real world,
- may suddenly collapse, causing total disorganisation,

can be accurately described as a theory, and in this case
as a self-theory.

"It is a theory that the individual has unwittingly constructed about himself as an experiencing, functioning individual, and it is part of a broader theory which he holds with respect to his entire range of significant experience". (P 407)

Boulding referred to the image as predictive, as responsive to communications from the environment, as manifesting a growth principle, as needing confirmation and as capable of disorganisation. Miller et al incorporated this notion into a hierarchical system which controlled behaviour through testing the elements of behavioural sequences until the image was satisfied. Epstein appears to have used terms nearly identical with these in describing the self as a theory, or a hypothesis.

Furthermore, Epstein believes that his view of the self establishes some sort of rapprochement with objective psychology by talking in terms that objective scientists understand. Theories, he argues, are a necessary part of working science. They both contain knowledge and influence the acquisition of new knowledge. In the same way the self may be both the subject and the object of what is known. Theories expand as new knowledge becomes available, just as the self "grows" in response to new experience. Because of their hierarchical character, postulates at one level depending on those at another, theories may become totally disorganized when a basic postulate is invalidated. The self-theory reacts in a similar way when, in whole or in part, it is disproven and becomes incapable of fulfilling its function as a predictor. A consequence of this drastic disorganisation, as important for psychotherapy as it is for scientific discovery, is that it can serve a constructive function through permitting drastic reorganisation. Finally, just as Miller et al assert that some Plan or other must be executed while people are behaving, Epstein points out that "a self-theory is necessary in order to function, and any theory is better than none". (P 416)
For our purposes, Epstein has offered a useful shorthand method of discussing the self within the dynamic framework provided by Boulding on the one hand and Miller, Galanter and Pribram on the other. His notion of a self-theory neatly accommodates the main essential features of the model we are attempting to put forward. We wish to continue our discussion of the self on this basis, considering it as an image system with particular functions in behaviour. We see it as responsive to feedback from experience, especially from social interaction, and as liable to confirmation, disconfirmation and change. We see it as hierarchical in structure. We associate it with the individual's hypotheses, predictions and expectancies about himself and life.

In discussing therapeutic change we are no longer talking about getting in touch with a given, but hidden self, and "releasing an already existing capacity in a potentially competent individual" (Rogers, 1959, P 221) out of influencing responsive cognitive structures whose antecedents and behavioural products we may hope to observe. The processes which form them and the functions they perform are presumed to be universal among human beings, even while necessarily reflective of particular social and cultural situations.

1.4 Characteristics of the Image System

1.4.1 Boundaries of the Self

In absorbing the self-system into a model which insists on describing simultaneously the behaviour of the whole organism, we are left with the problem of locating the self. Where, in the overall hierarchical system, is the hierarchical system of the self located? In therapeutic practice, this theoretical issue is raised every time a patient is challenged by the question, not infrequently asked, "I know that's who you say you are, or what you say you do, but who are you really?" In a theory like Rogers', which allows the possibility of a split between the organism and the self, or experience and the self
(eg 1959, P 202), such a question is legitimate.

In terms of the model we are proposing, however, the self has no boundaries. Insofar as it is a theory about the person and his relation to life, any of his behaviour reflects his theory. The therapist's question, "Who are you really?" makes no sense. The whole of a person's behaviour demonstrates in some way who he is. None of it may be put aside as irrelevant. Even at mechanical levels, there are recognisable idiosyncrasies in driving cars and using tools, just as there is a personal stamp on handwriting. Similarly, failures at lower levels (eg a sudden loss of vision or balance) which cannot be explained by higher level theories may be sufficiently devastating to cause personal breakdown. The whole system is interdependent. On this point we part company with Epstein and others who seek to distinguish a number of empirical selves, such as a body self, a spiritual self or a social self. At best, we would see these as subsystems within a wider system, all governed at a higher level by more all-embracing concepts and values.

People are likely to respond to the question "Who are you?" with statements about their personal qualities or, in psychological terms, with a list of their traits - "gentle", "aggressive", "thoughtful", "extraverted" etc. This feels like the area where the self resides. We have already referred to Walker's description of traits as no more than shorthand predictions about behaviour, and there can be no quarrel with this response if qualities are simply viewed in this way, as predictions about the various types of behaviour of which a person is capable. But they are commonly seen as some sort of resident and governing "essence" of the person which may not at any cost be contradicted by antithetical behaviour without causing alarm in the person himself or his close associates. Those who put faith in the validity of personality questionnaires to predict a person's behaviour over a number of differing situations are resting on assumptions of this kind.*

* For a strong argument against this point of view, see Mischel W "Personality and Assessment", Wiley 1968.
If I am gentle, business-like or aggressive others will expect to observe that kind of behaviour in most areas of my life. I am likely to be told I am "not myself" if, being generally cautious and law-abiding, I am caught by the police exceeding the speed-limit in a high-powered car. From our viewpoint, a divergence from a commonly observed norm is just as much a part of my self as anything else I do, but it arises from a less obvious theory than the one on which I normally operate. As George Mead says, "a multiple personality is in a certain sense normal". (1934 P 142)

Problems will undoubtedly arise for me if such discrepancies multiply, since society, too, places a high value on a person's predictability. The sociopath is commonly regarded as one of its greatest enemies, in that he communicates honesty and trustworthiness as governing values, but behaves in ways that cheat and victimize.

We do not wish to escape the fact that there do exist levels or depths in a person which seem to exert an influence over broad areas of his behaviour. Nor do we undervalue the need for personal integration. Someone who knows me well may be able to predict quite accurately my response to a set of circumstances I have never before encountered. He may say that he knows me "underneath" or knows who I really am. We wish simply to establish as an essential feature of our view of the self that it includes all of a person's behavioural products. Everything he does is "real" in relation to himself. When a person offers a confidence about his real self he is, in our terms, simply describing a higher and more controlling level of his self operation than he has previously mentioned, or possibly himself been aware of. He is communicating an awareness of a level of his being which may make sense of many seemingly contradictory actions; or he may be making a choice between one set of governing values and another, which will make a difference to the way he behaves in future. Whatever the case, it will probably be of greater use to his personal development if he is encouraged to describe himself in terms of actual
or intended behaviour rather than in terms of resident traits or of an ideal global self to which he is trying to be true.

1.4.2 The Self as Mediator of Reality

A central feature of the image system proposed by Boulding is that, even at basic sensory levels it filters input:

"We do not perceive our sense data raw; they are mediated through a highly learned process of interpretation and acceptance". (P 14)

We do not see the world-as-it-is, but as our image system allows us to see it, and this continues to be true as we ascend the hierarchy of perception and concept-formation to areas of greater generality and greater complexity. If we allow ourselves to equate the image system with a self, we come on this basis to view the self as a mediator of reality.

Pribram, one of Miller's collaborators in constructing the behavioural model we have already described, ties the image down to neurological phenomena and equates it with a set of neural expectancies which determine the way the organism will react to what is new.

"Essentially," he says, "experience builds within the organism a set of expectancies, neuronal models of the events experienced... the 'expected' forms the background, the set point against which the novel is matched .... there is now good neurophysiological evidence that the organism's input channels and even the sensory receptors themselves are subject to efferent control by the central nervous system". (1967: P 831, 834)

There is ample evidence in therapeutic encounters to suggest that a person's image system (both conscious and unconscious), functioning as a predictor, narrows the range of possibilities he is willing to see in his life and of what he is willing to undertake. For example, individuals who believe they are failures, thus predicting no success for themselves, are likely either tacitly to avoid success or, if they inadvertently do succeed, to explain away their success by reference to agents outside
themselves. They will forget such experiences quickly and need to be reminded of them. In terms of the TOTE unit, having no appropriate images of themselves as succeeding, they are unable to initiate plans which would contradict their theory that they must fail, and their existing image system will block the entry of information that they have been successful. The problem of changing such intransigent images is central to the problem of changing behaviour.

Family therapists have observed that one common and powerful device which may be used for good or ill to stamp an image of himself upon a person is the simple one of labelling him repeatedly in a particular way. Scapegoats in families are habitually treated in this way, as "the one who always lies", "the stupid one" or "the family trouble-maker". It has been observed (eg Satir, 1967, Haley and Hoffman, 1967) that those so labelled begin to behave as though the label represented the truth. Having incorporated the label as a high-level image, the individual begins to lie, act stupidly or make trouble.

Therapists, too, can be labellers. Their relabelling of behaviour in more appropriate terms than those used by the patient is one powerful way in which they may contribute to behaviour change. Behaviour therapists, who would normally confine themselves to influencing the details of behaviour itself may consolidate their gains at higher levels by labelling the person in new ways as "able to cope", "patient", "strong" or whatever is appropriate to his improved performance.

Similar mechanisms would seem to underlie the "self-fulfilling prophecy" of which so much has been made in communication theory. In this case a person, as it were, broadcasts behaviourally to others an image of themselves and their attitudes to him which is not necessarily true. If this is done consistently the others begin to act in accordance with the image they have been given, so that the original prophecy is fulfilled. Watzlawick gives an example:
"A person who acts on the premise that 'nobody likes me' will behave in a distrustful, defensive or aggressive manner to which others are likely to react unsympathetically, thus bearing out his original premise". (1968: P99)

In this instance the power of the individual's (possibly unconscious) theory about himself to predict the course of events is particularly apparent.

1.4.3 Defence

What we have said about the filtering of input implies that the image system is defensive in its very nature: images arise in response to observed regularities in internal and external experience. Their function is to predict what will happen in analogous situations in the future, so that the individual's field of action remains as manageable as possible. He is thus predisposed to observe regularities rather than change, to make the same sense of events as he has in the past. To remain consistent with the position we have taken up, we have to say that some defences are necessary and unavoidable.

A different conception of defence, which occurs among therapists of many orientations, is expressed thus by Rogers (1959: P 206):

"When the individual is in no way threatened, then he is open to his experience. To be open to experience .... signifies that every stimulus, whether originating within the organism or the environment, is freely relayed through the nervous system without being distorted or channelled off by any defensive mechanism. In the hypothetical person who is completely open to his experience .... there would, therefore, be no possibility of threat".

In other words, the person who is open to his experience needs no defences.

A high premium is placed on openness and lack of defence in almost all therapeutic situations, and much therapeutic technique is devoted in one way or another to dealing with the defensiveness of the patient, who is assumed to be warding off the help he seeks. In our view, however, the "open and undefended" individual described by
Rogers does not exist. Everyone who is making some sense of the events around him has a perceptual base from which he construes them. His "defence" consists in his not being able to accommodate certain material within his image system. Someone who thinks of himself as calm and tolerant may deny the stirrings of his own anger; a woman who has nothing but contempt for men may be unable to recognize generosity or courage in her husband; the rational academic may be unable to admit that he experiences emotion; the paranoid cannot envisage anyone taking an initiative toward him without malevolent intent. The therapeutic problem is not to do away with the defences, but to gain access to the images they represent and to work to enlarge their capacity to receive. It is only as input becomes possible that broadly based, flexible, predictive images will be able to be built.

This might appear to be a purely theoretical issue, in that some defensiveness is not the same as total rigidity. But in the experience of the writer it is not unusual for therapeutic persons to claim openness for themselves (ignoring their own restrictive images) and to demand degrees of it in others in ways which not only have the appearance of arrogance, but are also confusing to patients who are seeking a realistic base within themselves from which to live.

Granting that some defensiveness is a necessary condition of any effective living, we must still face as a therapeutic problem the inability to admit any new information, which is typical of individual neurotic behaviour and of dysfunctional groups. Angyal has described this condition vividly as an inability either to see or to allow change. For such persons and groups, everything must remain the same: mothers must always be cruel, initiatives must always fail, children may not grow up. He describes the neurotic, walled in by rigid defences, as

"glued to the past ...., behind his defensive shell he fights the old battles of his childhood, over and over again, undeterred by repeated failures and seemingly oblivious of
all the changes that have taken place in the meantime. In his anxious isolation from the world the neurotic feels the new to be utterly alien; expecting little good from himself and the world and valuing security above all, he is compelled to cling to the familiar". (1965: P127)

In Pribram's terms, his expectancies may never alter. When the novel occurs, it is immediately excluded by his frozen images and is never really seen as new. Under these conditions it is easy to understand the sense of death and boredom which appears to lie so close beneath the surface of those who are highly defensive. No matter how things change around them, they do not change.

Virginia Satir (1967), in her work with dysfunctional families, has noted that their members act as though change were impossible. She is therefore at pains to focus their attention repeatedly on changes that have happened or are happening amongst them, however small, attempting to enlarge their perception and break down their rigid views of themselves-in-the-world. It is not sufficient for change to occur: it must be seen to occur, and its having occurred must be so incorporated by those participating that it becomes a prediction that it may happen again. The feeling of hope could be seen as the sensation that an image is in process of change.

Where defensiveness has become almost universal, a great deal of energy is absorbed by the almost full-time defence of outmoded images. The preoccupation and abstractedness of very disturbed individuals and the sense that they are unreachable may be outward manifestations of this total inner absorption.

A further point needs to be made. Too little attention has been paid to the patient who has few defences or, in our terms, inadequate images to resist the onslaught of events and the utterances of others. He lives from day to day on images borrowed from others. He may be characterised as excessively dependent. In the therapeutic situation he appears to be sliding this way and that, from one opinion to another, to be over-attentive to any views expressed (or unexpressed) by the
therapist, and to make little solid progress in learning new behaviour. He incorporates any new knowledge in a shallow way and loses it quickly. Such a person needs to build organically on his own base of experience and knowledge, which may be hard to locate and very immature in content.

The possibility of these two extremes, rigidity on the one hand and a sort of cognitive emptiness on the other, raises a question for therapy in control of the rate of change. Absorption of new information, if not properly managed, may result either in renewed rigidity or wholesale disorganisation.

"An effective defense system," says Epstein, "is one that allows awareness of reality to progress according to the rate at which it can be assimilated. This can be contrasted with an inadequate defense system which has an all-or-none quality, either shutting out awareness of reality completely, or allowing the individual to be overwhelmed". (1973: P410)

He refers to his own research on anxiety (1967) in which he concluded that maximum reality awareness is not always desirable. The individual appears to master the whole of a stressful situation only if his awareness of threat is properly paced. If he becomes aware of the whole situation at once, he is likely to be overwhelmed. He concludes that

"the self theory can assimilate data only up to a certain rate without provoking excessive anxiety". (1973: P 410)

Another consideration in approaching the rigid image system is the greater resistance to change of higher level images. I may, for instance, be willing enough to let it be known among my friends that I have insisted on good work from my builder; that this is in the interest of possessing the most handsome house in the street I will possibly reveal to no-one but my spouse. But I may not be aware myself that I cannot ever play second fiddle to anyone. It may be reasonably easy for me to locate and reveal my image at the first two levels, but at the
third, which controls behaviour in many situations, it will be much harder. If I am unexpectedly stripped bare at this level, my reaction is likely to be the strongest form of denial or attack.

The "war room" which directs overall strategy is typically the most secure and strongly guarded area in a military operation. Similarly, the images which govern wide areas of behaviour are carefully guarded, because a loss at that level (through attack by contradictory information) may entail a loss of meaning or ability to predict at all lower levels, and meaninglessness appears to be an intolerable condition for most people. Exposing the inner core amounts to "giving oneself away", and this may only occur under conditions of complete security. When contradictory feedback to these levels begins to occur in a setting (like a therapeutic group) from which escape is not easy, a great deal of bridging support may need to be given before an image of such great generality can be remade. For all these reasons the higher levels are also less likely to attract feedback, and tend to greater stability.

The exploration of behaviour in therapy entails a progress from lower to higher, and often unconscious, levels of the self operation, and can only take place if a high degree of trust develops between therapist and client. In reflective responses the therapist is typically taking a tentative stand at the higher level, and inviting the client to accompany him. When, in response to the client's description of events, the therapist remarks, "You seem to be feeling that ....", he is offering his perception of an underlying, unifying emotional tone which pervades the whole of what the client says. The more closely he is able to capture this emotional core, the more accurate is his empathy. In doing this, he is moving the client to a level from which he can see what meanings underlie his life operations. This makes sense of the statement made by clients, when the therapist's empathy has been accurate, "I knew all this before, but it is
only now that it has begun to make sense to me". From the higher level he has seen meaning in familiar material.

A particular strength of behaviour therapy is that it avoids defensiveness by asking no questions about higher level images. It approaches the person at the tactical level, immersing itself in the fine details of actual behaviour, and produces changes at that level. In the language of learning theory, such changes generalise. In our present terminology changed behaviour, insofar as it becomes a part of what the individual perceives about himself, may become part of a changed image of self at more general levels and thus in turn generate behaviour in a wider area than the one treated.

1.4.4 Unconscious Images

"The self can never be fully represented in its own awareness," says Koestler, "nor can its actions be completely predicted". (1968: P 203)

We have already referred, in Boulding's description of the Image, to the fact that images may not be accessible to awareness. This applies not only to the higher level images we have just discussed, but to images of any kind which have become part of a habitual series of actions. It is possible, for instance, to play a musical instrument or be a successful committee chairman, without being able to tell another person exactly how it is done. In fact, attending to the details of what one is doing may momentarily destroy the co-ordination of one's piano-playing or committee management. Equally, there are rules of behaviour and interaction which lie quite outside consciousness, and which a person is unable to see even when they are defined and brought to his attention. Bateson has written of these in the following way:

"... as we go up the scale of orders of learning, we come into regions of more and more abstract patterning which are less and less subject to conscious inspection. The more abstract - the more general and formal the premises upon which we put our patterns together - the more deeply sunk these are in the neurological and psychological levels and the less accessible they are to conscious control."
The habit of dependency is much less perceptible to the individual than the fact that on a given occasion he obtained help. This he may be able to recognize, but to recognize the next more complex pattern, that having looked for help, he commonly bites the hand that feeds him, this may be excessively difficult for him to scan in consciousness". (1962 Qu. Watzlawick et al 1968: P 37)

Our view of the self as a theory based on both conscious and unconscious images can thus be seen to be much more extensive in its ambit than the Rogerian view of the self as

"a criterion by which the organism screens out experiences which could not comfortably be permitted in consciousness". (1959: P 202)

It is also more inclusive than what is normally understood by "self-image" - in Coopersmith's phrase (1967), "a person's idea of himself to himself" - or "self-concept", both of which carry an implication of self-awareness.

This widens the theoretical base from which therapy may be launched. Phenomenological approaches have assumed that the best way of finding out who an individual is, is to ask him. By contrast, psychoanalytic approaches have assumed that motives are elaborately disguised, and that the working through of defensive symbolism is necessary before personal dynamics can be revealed. Behaviour therapy has set aside the question of self as incapable of investigation. The stance we are adopting makes possible circumspect use of any or all of these methods; insofar as much of a person's image structure is available to awareness, one can discover a great deal about him by asking. and as trust develops, more controlling levels of the self may be revealed progressively. But at the same time actual behaviour will remain a constant challenge to any statements he makes about his identity, insofar as it reveals the theory upon which he is operating. (More precisely, it reduces in number the theories which a person may use to explain his actions).
"When an organism acts," as Pribram says, "he is making an external representation of his plans, the neural programs in his head - his motives, intentions and values". (1967:P836)

Fantasies, dreams and symbols too may reveal the image a person has of himself and his world, and as such are a gateway to self-understanding.

Because both conscious and unconscious images determine behaviour, therapy may need to reach both in order to achieve change. In either case, image change and behaviour change must go hand in hand.

1.4.5 Locus of Control as an Expectancy

There has been a recent development amongst a group of social learning theorists which brings support to our contentions from an unexpected quarter. Making use of a carefully developed scale, the Internal-External- or I-E Scale, Rotter and his colleagues (1972) have discovered consistent individual differences amongst people in a fundamental belief about the nature of the world: whether they expect reward or success to come as a result of their own behaviour or in response to external forces beyond their control (such as luck, or control by an experimenter). The results of learning experiments, which form such a large part of the output of psychological research, have been shown to be heavily influenced by the degree to which a person perceives the "locus of control" as being internal or external. Because of its generalized influence on responses, Rotter himself has become sceptical about the possibility of evolving laws of learning from experiments.

For us, the central point is that a high-level, often unconscious expectancy has been shown to exert control over broad areas of behaviour.

"Such generalized expectancies," says Rotter, "can be measured and are predictive of behaviour in a variety of circumstances". (P 293)
They are also resistant to change, in that they influence a person's response to actual success or failure: if a person who believes in luck (an "external") succeeds by his own efforts, he is less likely to expect his own efforts to bring success on another occasion than is an "internal", who already believes the locus of control to be within himself. Similarly, if an external fails, he is less likely to be daunted by failure, because his overriding expectancy is that the outcome is beyond his control. Thus success or failure make little change in expectations of future events in the same situation, because of the control exerted by the expectancy at a higher level.

Rotter et al note a trend towards the inclusion of expectancy-cognitive variables in recent theorizing, and refer to Pribram's work. They conclude that behaviour is more reliably predicted by knowledge of these individual expectancies than by the characteristics of the learning situation.

"Even when the individual encounters relatively unique learning situations, his expectancies generalized from past situations that involved behaviour related to present goals in the situation enable us to make meaningful behavioural predictions". (P 119)

Rotter appears to be describing a hierarchical structure of expectancies, with the higher levels exerting control over the lower. In addition to the internal-external locus of control, he mentions a number of other generalized expectancies which have particular significance to psychotherapy. They include interpersonal trust (the expectancy that people can be believed, or trusted to fulfil promises) and the expectancy that frustration can be overcome by seeking alternative ways of achieving goals.

Therapists are generally aware of the blocking effect of hidden assumptions on client response. Rotter and his colleagues have not only isolated and measured, and conducted large-scale experiments with two such
expectancies (locus of control and interpersonal trust) but have some suggestions to make about ways in which the expectancies themselves may be changed.

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This chapter has attempted to set out a view of the self as a system of predictive images about life, set within a model of behaviour in which images govern the tests by which information penetrates the organism and action is generated. We have examined a number of aspects of this system in relation to different schools of therapy and to therapeutic behaviour in general.

It would, however, appear that the organism we are discussing is no more than the computer with which our model compares it. The colour and unpredictability of life and the dramas of interpersonal conflict, as well as of therapy itself, may seem to have no place in a system like this. We turn now to look at the part played by emotion as the self system encounters the unpredictable.
"Emotion expresses the relationship between perception and action. Another way of stating this is to say that emotion relates information processing and control mechanisms, image, and plan". - Pribram, 1967

A view of the self as a set of cognitive structures would appear ridiculous in the field of psychotherapy if it were not able to accommodate emotional phenomena. The box of paper handkerchiefs on the therapist's desk bears witness to his expectation that the change process will be accompanied by deep emotions, often unhappy ones. Although we have referred to the disorganisation which accompanies invalidation of the self at high levels, we have found no place for what Pribram calls "the thrill of discovery, the disappointment of failure, the joy of sensing, the gloom of separation". (1967:P. 831)

These are not only part of the daily experience of individuals, but also a disproportionate part of the experience of clients in group or individual therapy.

This section does not pretend to offer a complete rationale for the occurrence of emotional phenomena within the model of the self which has been presented. It does, however, offer several perspectives on the relation of cognition to emotion, and on image change as an emotional process.

2.1 Therapeutic use of emotion

One of the anxieties which afflicts those who might otherwise seek psychotherapy is the expectation that they will lose control and become emotional. The gentlemanly physician is a far less threatening prospect than the psychotherapist. But when face has been lost and the tears finally fall, or the anger surfaces, many therapists feel that they have been allowed into the inner sanctum where things are "felt" rather than "thought", and that the collapse of defences augurs well for the progress of therapy.
Psychoanalysis and Rogerian therapy, although differing widely in many of their aspects, both regard the expression of emotion as important: for Freud as an accompaniment to the recovery of repressed painful experiences, and for Rogers as the medium through which the client reaches the deepest levels of his experience and perceptions and shares them with the therapist. Although it is hard to find in Rogers' writings any statement about the emotions as such (he refers more often to "emotionalized attitudes" and "the internal frame of reference"), the reflection of feelings has become the hallmark of his approach.

Awareness of all aspects of one's physical and emotional functioning is the central goal of the Gestaltists, and the uninhibited expression of feeling is a main goal of their techniques. Emotions are elicited through bodily movement and contact, by group games which elicit affection and aggression, and by plumbing the depths of dreams and fantasies. The result for many patients is an experience of catharsis in total physical terms rather than the purely verbal expression sought by Freud.

Yet not all therapeutic techniques aim at eliciting emotion. Albert Ellis' rational therapy, for instance, is actually directed towards suppressing emotionalism by the application of reason and logic to anxieties, depression and hostility. It allows room only for what Ellis calls the "rational" emotions associated with art, creativity and naturally pleasurable activities. His central belief is that "you feel as you think":

"Man can live the most self-fulfilling, creative and emotionally satisfying life by intelligently organising and disciplining his thinking". (1961: P. 13)

Ellis instructs his patients to think themselves out of emotional disturbances, tells them how to conquer anxiety and acquire self-discipline and "how to be happy though frustrated".
We have already noted, too, the way in which behaviour therapy bypasses emotional trauma by calming and relaxing the patient, focussing attention on the details of behaviour and setting up rational goals within a clearly articulated theoretical framework.

Our concern in this chapter is not to justify the use of emotion in therapy, but to see what sense can be made of its occurrence within the model we are presenting.

2.2 Images Revealed by Emotional Response

The work of Schachter and Singer (1962) on the interaction of cognitive and physiological factors in emotional states supports an assertion that the way a person labels an emotion is a guide to the images which underlie it.

Schachter and Singer hypothesised that where there was a state of physiological arousal for which the individual had no explanation he would label his feelings in accordance with cognitive factors arising from his perception of the situation he was in. In a series of experiments they induced arousal by injections of epinephrine. Subjects who had been given no prior explanation of their ensuing bodily state (palpitation, tremor, flushing and accelerated breathing, as would occur in response to discharge from the sympathetic nervous system) proved to be readily manipulated into expressing these types of emotion. With no explanation of their physical changes, experimental subjects looked for a way of labelling their feelings in terms of their current social situation. Those who had been able to predict their state by prior warnings had no such evaluative needs, and labelled their feelings in accordance with the effects they had been led to expect.

In a subsequent article Schachter refers to the extensive literature on drugs to support a contention that "any novel bodily state will give rise to pressures to decide what is felt, to decide how these feelings are to be labelled, and, perhaps, to decide whether these feelings are pleasant or unpleasant ones". (1966: P. 221)
In later work on chronic obesity he found that the cognitive component may be supplied not only by the immediate social situation but by memory and experience in previous similar situations.

The essence of Schachter and Singer's position is summed up by them in the following way:

"An emotional state may be considered a function of a state of physiological arousal and of a cognition appropriate to this state of arousal. The cognition exerts a steering function. Cognitions arising from the immediate situation as interpreted by past experience provide the framework within which one understands and labels his feelings". (1962:P. 379)

Schachter and Singer make no assertions about the causes of emotional behaviour, but establish a link between the images a person either has, or is given, of the situation he is in, and the way he describes his inner disturbance. There is the basic fact of felt arousal, and the interpretation placed on it by the individual. The interpretation arises from an underlying cognition.

Arnold (1960) and Lazarus (1966) have both postulated an appraisal process which occurs between the experience of a threatening situation and the reaction to it, which in the field of anxiety appears to parallel closely what Schachter and Singer have said about emotional reactions in general. When a threatening situation appears, its significance is appraised intuitively, and not necessarily consciously, in terms of cognitive sets or general belief systems about transactions with the environment, and the emotional reaction which occurs depends on these. The 'locus-of-control set, to which we referred in the last chapter, is one of these. Lazarus has carried out extensive laboratory research on physiological arousal in relation to threat, and he asserts that such general belief systems guide even extremely rapid reactions in highly complex situations. In fact, the more ambiguous the stimulus
cues, the more important such general belief systems become in the appraisal of the threat and the consequent emotional reaction. Lazarus refers to Davids' work (1955) on the alienation syndrome, which demonstrates how a wide variety of perceptual, memory and thought patterns are affected by the individual's alienation from society. His distrust, apprehension and gloom are shown to be related to a pattern of beliefs and attitudes about himself and others which hold him apart from society. Lazarus concludes that "emotions are the result, not the cause of cognitive activity". (1966: P. 250)

Epstein has drawn a conclusion from these two areas of research which bears upon an individual's attempts at self-understanding as well as on the work of psychotherapy. Disassociating himself from the attitudes of Kelly (1955) and Rogers, who expect an individual to be able to identify consciously his basic constructs and attitudes, he insists that a self-theory may operate quite outside awareness, and believes that the character of an emotion may betray the hidden theory.

"Human emotions, at least for the main part, depend on interpretation of events. Thus, if I make the interpretation that someone has wronged me and deserves to be punished, I feel anger. If I interpret the situation as one that is threatening, and that I would like to escape from, I feel fear. If I make the interpretation that I am deprived of love or the satisfaction of some other need vital to my happiness, and have no hope that it will ever be fulfilled, I feel depressed. If I make the interpretation that love, or something else important to me, is being given to someone else instead of me, I feel jealousy". (1973: P. 411)

In our view the postulates underlying the examples given by Epstein are not necessarily discovered in as straightforward a way as he suggests. It is the particularity rather than the generality of the reaction that is of interest. For example, it is possible to imagine a person feeling exhilarated by the presence of threat rather than afraid, and this exhilaration would reveal something of his theories about life.
But it remains plausible that the presence of emotional disturbance in unexpected contexts may lead the way to denied or distorted images and plans. For example, a client may make an assertion about himself which is then contradicted by an emotional response. He may say that he wishes his wife to be free and self-determining, but become edgy and querulous when she reveals her plan to get a job. Further investigation may then reveal a set of expectancies about the proper role of a wife which he has hitherto denied but now must come to terms with. Part of the art of therapy is picking up the small behavioural gestures by which emotions of this kind are betrayed.

Our first point is, then, that hidden images may be revealed by an emotional response to which a person is able to attach a label. The way he describes his emotion is a lead, but only a lead, towards an expectation or hypothesis on which he may be operating unawares.

There is a second sense in which emotion can be an indicator of images, but in this case what is observed is the comparative strength of a number of expressed emotions. We have already made the point that threats to the higher levels of the self are likely to arouse violent reactions: if they succeed, they will produce large-scale disorganisation. The closer the threat to the governing levels of the self, or the apex of the hierarchy, the more violent the reaction is likely to be. Epstein gives the example of a woman who is very anxious before a beauty contest and very unhappy when she does not win it, but only slightly worried before sitting for an examination and after failing it. The differential reaction in this case can easily be seen to be an indicator of high-level values. The particular use of being able to make these distinctions is that a person's cultivated self-image is often at variance with his actual behaviour, and the discomfort caused by these discrepancies is a factor bringing people into counselling.
2.3 Emotion and Novelty

This brings us to a consideration of the genesis of emotional behaviour rather than its labelling. What does it mean when a person is aroused, or "becomes emotional"? We have already referred several times to Pribram's work on expectancy, and now set out his point of view on the relation of expectancies to emotion. It is, basically, that emotion is one possible response of the organism when it is confronted by novelty and is ill-prepared, or unable to act. He bases his argument on extensive experimental research in neurophysiology.

Pribram takes issue with "old" views of emotion (e.g. Hebb) which held that arousal could cause behaviour to be disrupted and that the disruption was related to the "amount" of arousal present. This was measured as the energy level in the nervous system. Under conditions of high arousal, i.e. a high energy level, disruption became more likely. Pribram allows that high arousal may lead to disruption, but holds that the amount of energy is more accurately described in terms of the degree of uncertainty introduced into the nervous system when there is a mismatch between what the organism expects and what it experiences. The "amount" is thus the amount of uncertainty.

"Feelings of 'interest', of motivation (appetites) and emotion (affects), stem from perturbations resulting when the organism faces novelty - novelty created by a continually changing World-Within immersed in an ever-different World-Outside. (1971:P. 200)

When what is expected by the World-Within (the image system) is very different from what happens in the World-Without, the level of uncertainty is great. In other words, novel events increase the organism's uncertainty, and this is the crucial factor in bringing about a state of affairs from which emotion may emerge.

Two strategies are then available to the organism as it attempts to rise to the occasion:
a) It can act on the environment. If action is successful, uncertainty will diminish. It can do this in a novel situation if its variety of images is greater than its variety of plans (its repertory of action): it is able, that is, to fall back on a rich image system to generate behaviour to meet the new situation. Even though there may be no plan immediately to hand, it becomes interested, and motivated to extend its repertory, draws on its stock of images, and makes a new plan. We can imagine this sequence of events occurring, for instance, when an expert surgeon in the course of an operation encounters a condition he has neither seen described, nor dealt with, before. Delving into his repertory of knowledge, we would expect him, not without anxiety, to do something entirely new based on techniques already available to him. Having acted, his anxiety would diminish.

b) If on the other hand the organism either expects that action will fail, or else tries and fails (is frustrated or interrupted) it will become emotional, exerting what Pribram calls, paradoxically, "self-control" (control by the already-existing self), making internal adjustments without recourse to action. He asserts that these internal adjustments are felt as emotions.

Such self-control may be of two kinds:

a) a participatory kind, in which the organism opens itself to input, increases its monitoring of the environment and its rate of information-processing (but does not act), and

b) a preparatory attitude which diminishes uncertainty by restricting input, minimizing the external, and retreating to previous acceptable states or organisation.

Although Pribram is not specific on this point, we could include in the first group the vigilant, scanning emotions of the "sensitizer" and in the second those accompanying the denial of the "repressor".
Pribram points out that too much emotion of the first kind (too much alertness and too much input) leads to disruption, and too much of the second (the retreat to what is already known) to rigidity. But he is emphatic that emotional behaviour is not on that account to be avoided. Action which becomes too prompt, easy and habitual

"leads to a narrowness of purpose and a poverty of values". (1971:P. 213)

Emotion is the sign, that is, of the organism retreating from action and preparing itself either by information-gathering or information-exclusion to deal with what is new. Even when emotion is expressed, it is still a sign of an internal process of control. It is just as eloquent a sign as action is of the purposes of the organism, but it communicates to the social environment that for the moment action is impossible.

A further conclusion of Pribram is a useful corrective to any tendency our particular position may have to make the ability to predict accurately into the sole and overriding function of the self. When the organism concentrates on managing efficiently only a "limited, relatively 'closed system' part of its universe" (1971:P. 212), it comes to have a greater variety of plans than it has of images. It becomes, that is, technically proficient but unimaginative, and the performance of its plans becomes a larger and larger part of what it sees in the world around it, that is to say, of the perceptions which go to make up its image. A flat, emotionless state ensues which appears to be one of boredom, where action sequences are repeated over and over again and too few novel demands are made on the organism.

"To deal with this inversion, i.e. to produce interest, he must 'open' himself to variety - in today's language he must 'take a trip'. The current popularity of consciousness-expanding drugs and encounter groups is therefore a corollary of our technologically overproficient society". (1971:P. 212)
Pribram's position is clearly a rich and complicated one, full of suggestions which he has not yet fully elaborated. However, we can draw from it the following points which are of use as we consider the relation between image and emotion:

a) a person is aroused according to the size of the discrepancy between what occurs and what he expects, that is, between event and image.

b) he can meet novel information by acting on it if his repertory of behaviour permits,

c) he can exclude incoming information when he has no way of dealing with it, or set about collecting new information, making, in either case, a tactical retreat.

d) Emotion is associated with the latter course, when the person cannot rise to the occasion because his stock of experience and repertory of behaviour is inadequate to deal with the demands of the moment, i.e. the images he has are unable to generate plans to deal with the unexpected. Emotions arise when he is unable to deal with what lies before him.

On this basis, it is equally possible to feel overwhelmed by what is new and pleasurable as it is by what is unexpected and unpleasant. Joy and delight and the thrill of discovery could well have their origin in the circumstances we have described.

A series of studies of surgical patients (Janis, 1958) gives support to the notion that a person's ability to deal effectively with new information is a main factor in determining the type of emotional experience he will have in reaction to it. It also underlines the importance of the provision of accurate information if useful images are to be formed. When expectancies are unreal and are therefore violated by events, strong emotional reactions arise.

Janis studied the relationship between the intensity of the patient's fear before surgery and the
way he reacted to the discomforts of the post-operative period. He found that patients who looked forward to their operations with either very high or very low anticipatory fear were subject afterwards to strong emotional reactions: anger, resentment, depression. These were people who had either not had, or could not take in, adequate information about their likely condition after the event. Those who took account of available information and did "the work of worrying" by working through the impending dangers beforehand, had moderate anticipatory fear on the basis of "some reality-tested assurances".

"Such reassurances", says Janis, "continue to function effectively in warding off disturbing feelings of helplessness when the objective stress situation actually materializes". (1958: P.204)

It is of some interest that those who developed moderate fear are described by Janis as "normal personalities whose emotions are highly responsive to external stimulation", i.e. they were accessible to frightening new information, neither shutting it out on the one hand, as the low fear subjects did, nor allowing it to master them on the other, as it did the high fear subjects. Having taken it in, they were able to develop a set of expectancies which corresponded closely to the actual course of events and displayed none of the excessive emotional reactions of those whose expectations were unreal. Putting this in other terms, their ability to become emotional in the first place as it were inoculated them against the more disruptive effect of subsequent emotional collapse.

2.4 Helplessness and the Interruption of Plans

An important distinction needs to be made between the ability to predict and the ability to control through prediction. In the case of Janis' patients, what they had to look forward to was not beyond their power to bear. They were able to anticipate levels of discomfort and pain in a realistic way, but in the knowledge that they would not be destroyed by them. The situation was still, as it were, within their control.
A very different set of conditions exists when anticipatory images are accurate, but they predict situations in which the person is likely to be overwhelmed or destroyed. In his description of the effects on individual prisoners of life in a concentration camp, Bettelheim (1961) makes much of the destructive power of sudden radical changes in living conditions. He claims that a particular group of prisoners singled out for destruction died after a few months from the strain of being provided with expectations, good and bad, which were always reversed. He adds to this, however, that it was equally destructive of the individual to live with the expectation of something terrible happening, which finally did. Prisoners who ended by losing their identity were subject to a growing conviction that

"no matter what one does, no positive response can be drawn from the environment through efforts of one's own. Whether or not one survived may have depended on one's ability to arrange to preserve some areas of independent action, to keep control of some important aspects of one's life, despite an environment that seemed overwhelming and total. To survive, not as a shadow of the SS but as a man, one had to find some life experience that mattered, over which one was still in command". (P.147)

Bettelheim is saying that it is not sufficient to have an accurate image: one must be able to maintain it as a part of a sequence of actions which can be performed at will. If this is not possible, one deteriorates into a state of helplessness and, in the extreme conditions of the camps, even of death.

This proposition is supported in extensive work done by Mandler (1972) on helplessness, which he defines as "the unavailability of task-or situation-relevant behaviour" (P.369). A person is helpless when his repertory of behaviour is impoverished, or the situation in which he finds himself is such that he cannot act.
For Mandler the state of helplessness is a state of extreme anxiety. In this condition a person may be able to make many accurate predictions about outcomes, but in none of them does he gain any vestige of control over the situation he is in. He envisages this state occurring typically when a well-organized sequence of behaviour (a "plan" in our terms) is interrupted. The organism may make repeated efforts to complete the sequence or look for a substitute response which will somehow carry the initial impulse to completion. If this is not successful, visceral arousal will persist and a state of disorganisation and consequent helplessness will become more general. The organism does not "know" what to do: or, more precisely, nothing that it knows can be put into action. If a person in this condition finds himself repeatedly helpless, in one situation after another, he becomes hopeless and depressed, and loses his self-esteem. He forms a new set of expectations: that nothing he does will succeed, and the slightest interruption is interpreted as final. He is constantly anxious and can obtain no relief through organised behaviour. Mandler sees the possibility of suicide offering relief through one final, organised act.

Kessen and Mandler (1961) have produced some interesting evidence that anxiety, defined in this way, may be inhibited by any organised behaviour, whether or not it is relevant to the original desire or plan of the person. As a palliative, at any rate, any plan will do. It provides

"the kind of completion or substitution pathway which is necessary to avoid the feeling of helplessness engendered by interruption and a subsequent lack of a relevant repertory. It need not be relevant or valuable as long as it is a well-organised plan with a particular endpoint or goal". (1961:F. 370)

We are reminded again that the images we are discussing are specifically involved in the basic life-process of the organism: the making and execution of
plans. The organism is not seeking to attain goals so much as it is carrying out sequences of behaviour from initiation to completion. When many sequences are blocked and no substitute pathways are found, arousal and emotional behaviour follow. Emotion, in this special sense, is a sign that control has been lost and helplessness has supervened.

Miller et al (1970) have looked at the consequences of loss of overall life-plans. They point out, for instance, that the achievement of success may, paradoxically, be followed by depression if there is no new plan to follow on the one which has come to an end through completion, for a person must keep planning.

"The problem is to sustain life, to formulate enduring plans, not to terminate living and planning as if they were tasks that had to be finished". (P. 114)

We may venture the assertion that images and plans produce positive emotions while they facilitate some degree of control over events by making it possible to act independently on the environment; even what is essentially unpleasant may produce satisfaction if it is mastered. An image that permits prediction of an unhappy event is better than one which falsely predicts the reverse. But accurate images which predict a continuing state of helplessness can only arouse anxiety and induce personal disorganisation.*

It is the absence of this dimension which differentiates the position we are outlining from two theories of personality and breakdown which are superficially very similar to it: those of Frank and Kelly.

* There are obvious links here with R. W. White's work on competence motivation. (1959)
2.5 The Theories of Frank and Kelly as they Relate to Emotion

Frank (1963) has postulated an "assumptive world" lying at the core of individual behaviour. It resembles our notion of a predictive image system in almost every aspect. He relates the assumptive world to emotional experience in the following way:

"Anything that casts doubt on an established assumptive system seems to arouse an emotional reaction. An experience that does not meet expectations arouses a feeling of surprise. This may be tinged with fear or other unpleasant feeling if the person doubts his ability to make the necessary adjustment or exhilaration if he is confident that he can cope with the situation. That is, the emotional impact of an experience seems related to the extent to which it implies the necessity of a change in the assumptive world. It seems as if the more extensive, and possibly the more abrupt the change required, the greater is the concomitant emotional upheaval". (P.22)

Frank points out, however, that an emotional upheaval does not of itself produce a major change, unless the assumptive system comes under direct examination. Anxiety may be a response to challenges to assumptions which are only half in awareness, or possibly completely unconscious. For instance, a young man may at one and the same time argue with his father and be consumed with anxiety as he does it because of a hidden assumption that fathers must not be defeated.

In Frank's view, then, positive emotions are associated with the fulfilment, or expected fulfilment, of assumptions, and negative emotions with a challenge to them, their defeat or loss. Where assumptive systems conflict with each other, generating uncertainty or confusion rather than clarity in prediction, anxiety, panic and despair are likely to arise. He points out that societies may contain built-in conflicts which create
disharmony in the assumptive worlds of their members: for instance, the simultaneous glorification and disapproval of violence. This may result in the internalizing of conflicting attitudes to violence in individuals, and in turn to the creation of guilt and anxiety.

Although Frank implies that being able to cope is important, he takes his stand on the ability to make accurate predictions, and keeping the assumptive system intact and inwardly consistent.

This ignores the point we have made that remaining in control of at least some parts of one's world is basic to a sense of well-being and, in the long run, to a sense of self or identity. It is not sufficient to be able to predict: one must retain a measure of control over outcome. The sense of being obliterated by one's environment about which Bettelheim writes is shared, closer to home and under more normal social conditions, by those individuals who in their families discover that they are locked into positions defined by others, from which there is no escape. The experience of being caught in a double bind is described as feeling that you will be "damned if you do and damned if you don't", and a condition of double-binding is that the victim cannot leave the field. The result for some who are pinned into this position is withdrawal into schizophrenia and the loss of self.

Kelly's theory (1955) views man as a scientist who tries to anticipate and control the events of his life by a set of highly personal constructs.

"A person's processes are psychologically channelized by the ways in which he anticipates events". (1955:P. 46)

The system of constructs is seen by Kelly as a private personality theory which contains hypotheses about life. At the same time, he insists that the only way in which a construct can be adequately communicated is
through behaviour. A person may construe himself as friendly, but his friendly behaviour will have to be seen by others before they know the meaning of the construct for him. Kelly's therapeutic technique was consistent with this view in requiring the methodical acting out of new constructs as new roles before recovery could be regarded as final. A man is what he does.

Kelly sees anxiety as a person's response to the threat of

"a comprehensive change in the core structure of his system of constructs. It is an awareness that the construction system does not apply to the events at hand", (1955:P. 498),

and it occurs regardless of whether the actual events are more or less pleasant than those anticipated.

"A child is threatened by punishment, not so much because it is painful, but because of the alien interpretation it places upon his identity. Yet when he has been punished so often and his intrinsic wickedness described so convincingly that he has accepted the new core construction of himself, it is not the old familiar punishment which threatens him: it is any strange new praise and complex internal reorganisation it implies". (1955:P. 493)

The criticism we have made of Frank applies here, since anxiety is seen purely as a response to the contradiction of image by event.

It applies, however, with rather less force if we see Kelly's theory as completed by his therapeutic techniques, which lay heavy emphasis on behaviour, and on the "convenience" of constructs for actual living. His patients, having construed and reconstrued their personal meanings in therapy, were obliged to assume control of their lives by persistently acting out new and agreed roles in great detail. Their constructs would not in
practice be accepted as "convenient" until a satisfactory measure of confidence and control had been established.

2.6 Note on the Reflection of Feelings

We have pointed out already (2.1) that it is more important for some therapeutic techniques than for others to elicit emotion in the process of therapy. Kelly, for instance, could pursue his conversations with clients in a reflective but totally rational way, even using psychological tests scored by computers. Others, like Rogers, are bent on reflecting any trace of an emotion in order that the process of self-discovery may move forward. What sense can we make of the claim that emotions are guides to deeper levels of the self?

We have referred to Pribram's view that emotion is, in shorthand terms, a sign that the organism cannot cope, that it is retreating from action to deal with circumstances that are not provided for in its present set of images. Mandler and Miller, too, have seen, at least in anxious emotions, a sign that the person is helpless or planless, with no way forward. We spoke earlier of the violence with which a person is likely to react to novel information when it threatens the images which govern his behaviour at high levels of personal organisation.

If we see a process of image-change as being involved in therapy, for images to change the client has to be able to deal with new information which is likely to be threatening to his present state of organisation. This information may relate to actual events outside himself; it may include feedback from others about the way he affects them; or it may mean coming to terms with discrepancies within his own image system. In any of these cases emotional responses could be expected. In fact, they could be seen as indicators that the image system was facing something which it was resisting and had not been able to incorporate.
Reflective therapists encounter difficulty in moving clients into these emotional areas, because they appear to cling to what is already cut and dried and incorporated, which they present to the therapist as their "thoughts" or "ideas". Emotion threatens them with the unknown. The pursuit of feelings as indicators of genuine areas of disturbance can thus indeed be seen as a method of approach to the less obvious facets of the self, and the appearance of emotion as a sign that exploration is proceeding along significant frontiers. The therapist's alertness to the many physical signs of emotional involvement (sudden silence, drumming fingers, misty eyes) will need to complement his ability to reflect verbalised feelings if he is to move toward the areas where real disturbance is taking place.

2.7 Therapeutic use of the Unexpected

A corollary of this line of thought is that the therapist himself may make use of the unexpected to trigger emotional chain reactions and unsettle rigid neurotic structures.

The family therapist, Whitaker (1967) says that he wants to evoke from his patients "all the affect they've got". This adds

"an extra quantum, a random element, which can give the whole process a twist. Whatever comes of it will be unforeseen and unexpected. This is what I look for in my therapy all the time. Events that occur out of nowhere, which I haven't pre-planned, which I've never had happen before". (1967, p. 270)

It is well worth noting, however, that Whitaker insists on setting up a strong, predictable framework for therapy, in which he is both trusted and in control, before embarking on activity which will shake his patients' defences.
An extreme case of the use of the unexpected in therapy can be seen in the "provocative therapy" of Farrelly (AAP Tape Library, Vol. 58) who, regardless of diagnostic category, rejects safe therapist behaviour, ridicules his patients, echoes and exaggerates their worst thoughts and fears about themselves, and observes that they begin to speak more loudly, are obviously aroused and physically galvanized and become irritated and spontaneous before, almost as a counter-offensive, they begin to construct a new self and change their behaviour.

On a broader canvas Frank (1972) and others have remarked on the fact that therapies appear to be most successful in the years immediately following their first appearance. We can hypothesise that when a technique is even superficially known in advance it loses its power to disturb and move, to take by surprise. Basic familiarity with techniques often spreads through the community through lampoons of what happens on the other side of the therapist's door. The Freudian couch has currently given way to the "Hm-mh" of the non-directive therapist, while the "joy" movement and the extravagances of Esalen have already begun to make their appearance. The judicious use of techniques which have not as yet gained wide public currency should have considerable advantages, particularly for those who are encased in rigidities. The surprise character of Gestalt techniques, at least at the present time, is a case in point.

Carkhuff and Berenson (1967) have drawn attention to the consequences for the therapist himself of making use of the unexpected. They point out the ineffectiveness of what they call "traditional psychotherapy", with its emphasis upon stereotypes and techniques, in which the therapist could function easily out of well established methods. They believe that no effective therapy takes place unless the therapist, too, can risk himself. Interviews are only structures within which
crises can occur, and

"at the crisis point the therapist reaches into his own resources or extends the boundaries of his resources ... there are no rules for functioning in unknown areas, and crises are crises because they are unknown areas for the therapist as well as the client". (P.169)

2.8 The Gestaltists and Joy

At the beginning of this chapter we referred to the spectrum of emotion as including "the thrill of discovery, the disappointment of failure, the joy of sensing, the gloom of separation". We have thought of emotion largely in terms of the arousal of the nervous system and not considered to any great extent the difference between positive and negative emotions. It is in fact, easier to envisage stress and anxiety accompanying most of the processes we have described than it is to imagine joy and delight. There is special point, therefore, in turning attention briefly to the results claimed by the Gestaltists for their techniques, which currently enjoy such wide popularity.

"The damage we suffered under psycho-analysis does little to the patient except for making him deader and deader". (1972:P. 1)

Thus Fritz Perls, the founder of Gestalt therapy, who acclaims anxiety as "the elan vital which we carry with us" and summons people to release themselves through their senses into spontaneity and joy.

While we do not wish to grapple here with the complications of Perls' theory, its emphasis on the part played by interruption in neurotic development and its claim that the release of the interrupted is accompanied by joy deserves some comment.

The Gestaltists see sensorimotor tension as underlying all intended behaviour. When an impulse is resisted, the body opposes tension to tension and the person becomes immobilised. Because the impulse has not
issued in action, he remains at best only half aware of it. Thus a stiff arm may signify resistance to the use of the arm for a violent purpose of which the person disapproves. Bodily pain may arise in time at the point where the two tensions meet.

"The cry of distress", says Enright, "begins with moistening of the eyes and a characteristic facial expression; the stiff upper lip and the literal holding back of tears constitute the retroreflection. This can last a moment before the tears break through, or for a lifetime". (1970: P. 112)

Thus the moment of interruption becomes, as it were, enshrined in the body. The moment of arousal is perpetuated because there can be no issue in action, and the content of the original impulse remains blocked from awareness.

The neurotic condition is described by Enright in corresponding terms:

"Need cycles cannot be completed; tension is aroused but not reduced; affect mounts and is unexpressed. The flow of behaviour is clogged with unexpressed action; little new can happen in the ensuing constriction and frustration; the individual becomes 'hung up' on the unexpressed: life slows down into despair and boredom with lack of autonomy, spontaneity and intimacy ... it remains gray and unfulfilled". (1970: P. 113)

The emotions which the Gestaltists claim result from (even accompany) their therapeutic methods are excitement and joy. Pleasure, at least, is what we would expect if a person were able to carry out his plans without resistance either from himself or from others. Where these plans have been long frustrated, pleasure would be heightened. Patients who have been given permission, in fact urged, to exaggerate minor bodily movements, thump mattresses, wrestle, sing, express their feelings physically and verbally, follow their
fantasies, explore their own and others' bodies, commonly testify to feelings of joy and release. What had been held in is now out, and the claim is made that the whole pattern of the individual's living is now changed. He is "in touch with his real self", "aware of his sensations", "inwardly free and open", "fully expressive", "able to do whatever he is capable of" (Schutz, 1967). Schutz gathers all these together under the heading of "joy".*

From our viewpoint one of the strengths of Gestalt therapy resides in its insistence on the overt, bodily performance of interrupted plans. Clues to what these may be are obtained by close observation of behaviour, posture and verbal expression (a stiff facial muscle, a limp left hand, an aching limb). Attention is firmly concentrated on these scraps of behaviour, which are tokens of more substantial but as yet unrevealed plans. A great variety of techniques is used to bring the interrupted sequence into action, and thus into awareness. The "unfinished business" is finished: the patient may be asked to complete and exaggerate a small movement repeatedly, to conduct and complete a dialogue between two opposing elements of himself (aggressive vs. passive, masculine vs. feminine etc.), to play out his hostility until he is exhausted.

It would seem that the framework of firm control by the therapist, a game-like atmosphere and very often the presence of an assisting group who are themselves similarly engaged, all help to bypass the existing

* Taking a more cynical view, we are reminded of the need for "taking a trip" and expansion of experience which Pribram says characterises the bored citizens of technologically proficient societies. Schutz himself says that "the current interest in LSD and other psychedelic drugs has a relation to the joy techniques. The aims are similar - to make the experience of life more vital". (1967:P. 11)
image-system of the constricted, over-socialized people for whom Gestalt therapy is seen as most suitable. The pains of image-destruction seem, from reports of patients (Schutz, 1967) to be replaced by a kind of exhaustion as tension is dissolved through activity and a sense of relief and freedom follows.

We suggested in the previous chapter that a person's experience of his "real self" concerned a higher and more controlling level of his image system than he had previously been aware of. It is thus not surprising that the awareness of previously hidden impulses, which is the goal of Gestalt therapy, should be described as a discovery of the "real self". But if we are to be consistent within the framework of our present argument, it would seem that the person who had thus become aware of a variety of aspects of himself would still be faced with a choice concerning the importance and hierarchical ordering of what he had discovered. Unlike Perls, whose gusto for living led him to despise anything that smacked of social order, Schutz pays attention to the need, in the culminating stage of therapy, for the person to approach the question of choice and control in life situations. He is entirely in accord with the view we have taken about the necessary ordering of images when he speaks of the need for "evaluation" in the creative process.

"Many products may be generated in the course of creative activity," he says, "but the evaluation as to which of these satisfy the situation, and which are worthless, is essential. This phase distinguishes the bizarre from the creative, and the productive from the mundane .... After the generation of an original idea or product, detailed work is usually in order". (1967: P. 47)

There is a persuasive similarity between this description by Schutz of "creative activity" and Neisser's (1966) description of primary process, or parallel
thinking, when the mind is full of fleeting thoughts "crudely defined and hard to remember". This state characterises dreams and fantasy: unless its products are "seized upon and elaborated by an executive process of some kind, they have little effect on further thinking and behaviour". (P.301) The secondary process, or sequential thinking, selects from the products of the primary process and develops them further.

When imagination is dry and the stock of images impoverished there is good reason to think that a plunge into fantasy would be a way of producing new material for the organism to work on. We would like to see this as a by-product of the techniques used by Gestalt therapists to enliven and liberate their patients.

The clash of the incompatible and the production of the unexpected also seem to contribute to the emotional processes released by humour. In the general context of image change and emotion and the creative generation of what is new by delving into fantasy, we wish to turn now to a brief consideration of the possibilities offered by humour in psychotherapy.

2.9 Humour

With significant exceptions (e.g. Freud, 1905 and 1928) interest in the psychological processes underlying humour and laughter is fairly recent. Of a complete bibliography of 400 items published by Goldstein and McGhee in 1972, 30% had been produced since 1960, and only seven were explicitly concerned with humour in psychotherapy. Berlyne (1972) asserts that we are still a long way from having a theory of humour which will be "comprehensive enough to cover all humour but specific enough to cover nothing else".

Nevertheless, there are a number of interesting parallels in this area with our present area of discussion which deserve mention in an exploratory way in the context
It would seem that image-change may be assisted in a less painful, and even pleasurable manner by the use of humour.

2.9.1 Psychoanalytic viewpoints

Psychoanalytically oriented therapists tend to be suspicious of humour, except insofar as it may betray anxiety and a desire to cover up underlying discomfort. Zuk et al (1963) found that a schizophrenic girl laughed more in the third 15-minute segment of family interviews, and her parents more in the first. They interpreted this as meaning that the girl felt more tense and anxious towards the end of the sessions, and her parents more at the beginning. In a subsequent article (1964) Zuk considered laughter as a communicational process, qualifying meanings for the purpose of disguise, so that it was able to convey bitterness, sarcasm or doubt about another person's response to one's own emotional expressions, without direct statements to that effect being made.

Kubie (1971) considers the "destructive potential of humour in psychotherapy" from a similar viewpoint. He believes it can be used as a screening device against psychological pain, so that "patients mock their own symptoms and evade the acceptance of help." He sees humour initiated by the therapist as a way of taking advantage of the patient, and describes a number of ways in which it may block free expression, by rousing anger, or engulfing him in painful memories of experiences of ridicule in earlier life. All of Kubie's comments, however, seem to rest on an assumption that the therapist needs to be maintained in a remote and rather godlike role, an "incognito". The patient is seen as not being able to resist him and therefore feeling compelled to join in with his horrible mirth. If we compare this setting with the earthy, intimate
atmosphere created by Farrelly, who expects that the patient will resist, and that his resistance will be his salvation, we could hypothesise that the role of humour depends to a considerable extent on the metacommunicational aspects of the setting, the self-presentation of the therapist and the mutual definition of the patient's role.

Kubie does, however, observe that humour may have a place when the patient is on the way to recovery. This view would have theoretical support from a number of other psychoanalytic writers who emphasize the role of mastery in much of young children's humour. McGhee refers to Kris (1938), Grotjahn (1957) and Wolfenstein (1954) who assert that children (who in our terms are in a developmental stage of image-building) only find situations funny when they have achieved mastery themselves in the area involved: for example, "an absurd movement on the part of another person will seem funny to a child only when it has itself mastered the movement". (Kris, 1938) Without detailing McGhee's speculations on this point, it is sufficient for us to notice here that where therapy is seen as a gradual process of image-building, the stages of the process in which a sense of helplessness is most acute are not likely to be those where humour arises spontaneously or is of great use. Farrelly, however, whose aim is rapid overthrow of existing image-structures is quite explicit about his deliberate use of humour in all stages of the therapy process.

2.9.2 The play-frame and the punch-line

Those who view humour from the standpoint of communication agree that one of its essential characteristics is that it takes place within a "play-frame" - i.e. messages of subtle kinds (eye movements, tone of voice, posture, a lifted eyebrow, an unnaturally straight face)
are given out that what is about to follow (or what has just been recounted) is not real. Without this frame, what could be a joke might turn out to be cruel mockery; with it, however, the dividing line between what is real and what is fantasy dissolves, and unlimited adventures may take place outside the bounds of normal expectation. Humorist and audience become momentarily airborne. Put in other terms, events are seen from a higher, more abstract level. The value of such an experience for those enclosed in rigidly maintained personal systems is obvious (as are similar advantages attaching to the therapeutic use of art, fantasy, dreams and drama).

Because of all that goes to establish the play-frame, humorous moments in therapy are hard to capture on paper, or even on tape. Consider, however, the account given by Fry (1963) of an interaction during a therapeutic interview in a research project with Bateson:

"The patient had been discussing his difficulty with aggression, observing that his taboos against aggression made such behaviour, when it appeared, much more violent than it otherwise would be. He was, in other words, ruminating on the irrationality of the "all or none" principle in this particular behaviour. He spoke of an episode, pertinent to this problem, which took place in his childhood.

"During his early school years, he was walking in the street with a group of other children when they came upon a crippled bat. The other children were fascinated by the fluttering creature. Our patient, however, was so upset by the sight of the maimed creature that he seized a large rock and hurled it at the bat, crushing and killing it.

"He then went on in the interview to speak of further examples of the same sort of difficulty. Perhaps half an hour later, discussion having turned to totemic animals and how the "all or none"
aggression operates in periodic feasts on these totemic animals held by various primitive peoples, the therapist held up his ring, on which is engraved a bat-wing silhouette. The therapist explained that the bat was the heraldic or totemic animal for his family, and went on to say, 'Our ancestral animal is the bat and I thank you for putting one out of his misery.' This statement was followed by a spontaneous burst of prolonged laughter on the part of both patient and therapist. (1963:P. 160-161)

The reverberations of this incident are not easy to capture. We may note in part, however,

a) that the relationship between therapist and patient is reversed. The patient's image of himself vis-a-vis the therapist is changed: momentarily, he is in the giving position.

b) that the joke has shifted both patient and therapist to a more abstract level, from which the feared central problem, aggression, can be laughed at. It has somehow considerably diminished and even redefined it. "This reversal", says Fry, "has the unique effect of forcing upon the humour participants an internal redefining of reality."

c) the shift comes about as a result of interaction between the content of the whole conversation and the sudden delivery of a "punch-line" which seems to be of an incongruous, unexpected and surprising nature.

"At the delivery of the punch-line", says Fry, "that content which has been unreal becomes the reality and the definition of reality is exploded by the question of what is unreal ... one's definition of reality is forced into a new position." (1963:P. 162)

This comes close to being a description of image-change, or at least of a process by which the rigid image-system is shaken and disturbed. The mingling of what is real and what is fanciful, the reversal of the clearly defined roles of therapist and patient, the
introduction of the incongruous, all set the stage and create a climate for the overthrow of the ingrained and familiar. For a moment the unconquerable monster of all-or-none aggression is no more than a balloon in the air.

2.9.3 Pleasure and the Unexpected

The emotion which accompanies humour is not despair, but pleasure. Berlyne (1972) has adduced a great deal of experimental evidence to show

a) that pleasure accompanies both a rise in arousal ("arousal boost") and a sudden drop from a high level of arousal ("arousal jag"), and that humorous situations invariably involve an arousal jag. Laughter is accompanied by relief as tension is released.

b) that novelty, surprisingness, complexity, rate of change or ambiguity characterise the material which produces the punch-line and humour response. When what is normally unconnected is connected after a period of rising tension, laughter will follow.

Now we have been proposing that in order to change an image, new information about the self or the world, or both, needs to be introduced and incorporated. On the way to this, old images may need to be broken down, and this process will almost certainly encounter resistance.

Within this perspective, humour can be seen as a pleasurable way of bypassing defences. As the "play-frame" is established by subtle cues, and the client registers that what is to follow is not real, he is able to step out of his normally serious frame of mind (common alike to neurosis and the weighty business of psychotherapy) and become open to whatever may follow. In Berlyne's terms, he is called upon

"to abandon (his) predominant roles, to set aside the habits and ways of thinking to which (he) is subject most of the time, and to go over temporarily to a quite different set of attitudes and behaviour". (Goldstein & McGhee, 1972: P. 56)
We might say that he undergoes an experimental image-change.

He also becomes mildly aroused in expectation of a denouement. If, as in the case of Farrelly, exaggeration accompanies humour, he may become more than mildly aroused: he may be over-prepared for what seems to be coming. When it does come, it is in fact the unexpected, the very thing which in our earlier framework we would have expected to arouse his anxiety and defensiveness; and the unexpected itself, in Berlyne's model, becomes the trigger for release and relief.

This would seem to be a fruitful way of experimenting with the introduction in therapy of threatening new information of either a positive or a negative kind:

a) the play-frame means that, whatever the outcome, the reality of the humorous incident is questionable - it may even be regarded as not having happened at all, because of the doubt surrounding the question of what is real and what is unreal within the frame.

b) pleasure rather than pain comes to be associated with the unexpected, thus reinforcing it in particular instances, and raising the person's tolerance for it in general. His rigid habits of mind and frozen images are thus shaken without the serious question of long-term change needing to be raised explicitly.

c) Neurotic conditions often involve a state of over-preparedness (high anxiety). Humour would seem to be an appropriate means of contrasting the state of preparedness with the actuality of what is being prepared for - (as when a man creeps out of his bedroom with a shotgun to deal with an intruder and finds himself confronted by a frightened cat.)

It is a common experience that laughter is not far from tears. Figure 1 shows that pleasure is greatest at moderate levels of arousal, and turns to unpleasure as arousal potential increases. A therapist who misjudges
his client's state of mind or level of anxiety, or who fails to establish the play-frame clearly, may find that instead of laughter he has produced despair. This might not in any case be an undesirable outcome. It does, however, draw attention to the need for good judgment and good timing if humour is to remain an instrument under the therapist's control.

![Hedonic value and arousal potential: A reinterpretation of the Wundt curve.](image)

2.9.4 Further Research

The field of humour research is complex and growing, and as yet only tenuously related in any reliable way to the practice of psychotherapy. Kaneko (1972) found that, although humour was common in psychotherapy, its functions and meaning were controversial and poorly conceptualized, and had not been subjected to experimental investigation. She has developed a research instrument, for which she claims high reliability, which may be used to observe humorous incidents in therapeutic interviews.
and to classify them within what she calls "incident boundaries". This could be an appropriate tool for deepening understanding of the powerful processes which at present are used intuitively by many therapists, with the dual effect of making them more accessible to the timid and less potentially devastating in the hands of the insensitive.

2.10 Summary

An attempt has been made in this chapter to establish some connections between emotional behaviour and the system of predictive images with which we are attempting to identify the self.

We have seen that the names people give to their emotions as well as the comparative strength of the emotions they show can betray the nature and ordering of the images which form the base of their perception of the world. We have examined Pribram's view that emotion arises as one way of coping with what is novel or unexpected when the behavioural repertoire of the individual cannot rise to the occasion. We have seen how good preparatory images can reduce subsequent emotional reaction, but at the same time how preparedness for the future is not sufficient to prevent a person being overwhelmed; to achieve this end, the images he has must be able to generate behaviour which in some sense establishes mastery in the situation. Otherwise a state of helplessness will supervene as the person finds he cannot complete any action sequence and deteriorates into a state of disorganisation and anxiety. We have used Frank's and Kelly's theories as examples of image-based accounts which appear to ignore this basic question of control. We have referred to the possibility of using novelty and the unexpected as therapeutic tools, and
described the Gestaltists' production of joy through the completion of blocked or interrupted action sequences. Finally, humour has been discussed as a therapeutic aid which may be able to shake rigidities by evoking experimental image-reversals which will be accompanied by pleasure rather than pain.
Chapter 3: Image and Others

"We live," writes Pursewarden somewhere, "lives based upon selected fictions. Our view of reality is conditioned by our position in space and time - not by our personalities as we like to think. Thus every interpretation of reality is based upon a unique position. Two paces east or west and the whole position is changed".

Lawrence Durrell: Balthazar

"To see a schizophrenic with his family is like seeing a fish in water for the first time, after one has only seen him stranded on the shore gasping and trying to fly with inadequate, fin-like wings".

Haley and Hoffman: Techniques of Family Therapy (1967: Pp ix-x)

The self viewed as a theory has three aspects which we intend to expand in this chapter:

(a) It is dynamic, and changing with experience, integrative rather than integrated.

(b) It develops out of experience, particularly social interaction with significant others.

(c) It develops and changes at the confluence of a network of communications.

The idea of a self which is a dynamic, changing social response is diametrically opposed to the view of the self as a datum. It has emerged from developments in sociology and social psychology and, in the field of psychotherapy, particularly from the work of those who have sought to deal with schizophrenia (the problem of "no self" or "split self") as an interactional phenomenon. It parallels the attempt to do away with the medical model of mental illness, (cf Szasz, 1961) which conceived of emotional disturbance as an entity resident in the individual, to be treated by "applications" of one kind and another. The work of family therapists, (eg Bateson, Jackson, Satir, Watzlawick) is informed by a view of the self as a changing social response which can
be profoundly affected by changes in the person's social context. This view is dramatically encapsulated in Haley's statement quoted at the head of this chapter.

"In the last decade," Haley writes elsewhere, "the frame around the individual has been broken". (1957: P 12)

3.1 Theoretical Viewpoints

In order to understand the full import of this statement, we need to look more closely at the points of view which have preceded it. It may seem platitudinous to say that the self develops in the course of social living: Freud would not have denied that, if for the moment we loosely equate the Freudian "ego" with a self. Even less would Erikson, Adler, Horney or Sullivan, all of whom followed in the steps of Freud and attempted to describe mechanisms by which the self developed in relation to others, and the basic conflict between autonomy and mutuality in the growing person.

There is, however, an essential difference between Haley's position and those which developed from Freud: in the latter the focus of attention was still on what was resident within the individual, on interior and unobservable states. Even though heavily influenced by his social environment, Freud saw the individual as an essentially closed system; he described change processes in terms of new relationships between internal mechanisms, choosing to ignore even the crucial social factors in the therapist's influence on the patient. It is true that an agent of society, the super-ego, was one of these internal mechanisms, and that in this sense the external world was internally represented, but an acute tension existed between the individual and society, and this was reflected in the nature of the ego, precariously and vulnerably balanced between the demands of the instincts on the one hand and the pressures of society on the other. As Stafford-Clark puts it.

"Because the ego was caught between the often opposing forces of its two companions .... but also was the sole member of the three responsible for making the actual adjustments to external reality which human life
demands, the ego was constantly in a position of extreme vulnerability. Driven by instinctual drives from the id, commanded or forbidden by the super-ego, even its unconscious attempts at resolution of these conflicts subject to censorship and, all the while, in waking hours compelled to deal with the hard, bright, beckoning but often cruel world in which the individual lived, the ego had constant need of defences". (1971: p 152)

In similar vein, Erikson has characterised the Freudian ego as a

"cautious and sometimes shrewd patrician" standing between "the anarchy of primeval instincts and the fury of the archaic conscience" and "the pressure of upper-class convention and the anarchy of the mob spirit". (1969: P 273)

In broad terms, the interactionism represented by Haley focussed not on tension within the person but on the tensions in the network of relationships in which he lived, for it was in these that a self arose through processes of reflection and attribution. One saw the individual fully only as a function of his interpersonal relationships. As Mead puts it,

"The unity and structure of the complete self reflects the unity and structure of the social process as a whole: .... the organisation and unification of a social group is identical with the organisation and unification of any one of the selves arising within the social process in which that group is engaged". (1934: P 144)

In this view the self is, quite literally, a reflection of the web of social processes in which a person is involved. There is no tension involved in the process of reflection, unless there is tension in the social processes themselves.

Let us look at several of the theorists who have contributed to the development of this view.

3.1.1 Historically, Sullivan is of some interest to us because, with one foot still in the Freudian camp, he
took a decisive step beyond it. He developed deep theoretical differences with Freud and came to think of psychiatry as a form of social psychology. He insisted that the only way of understanding an individual was in terms of his relations with the significant others in his life, and that there was no essential discontinuity between "normals" and "abnormals" because the same basic interpersonal processes were at work between all people, making either for health or disturbance.

In his "Interpersonal Theory of Psychiatry" (1953) he claimed that psychiatry was the study not of the individual human organism but of interpersonal situations:

"Psychiatry as a science cannot be concerned with anything which is immutably private; it must be concerned only with the human living which is in, or can be converted into, the public mode". (1953: P 20)

He advocated therapist behaviour which did away with the image of the all-knowing healer proffering deep understanding and advice and replaced it with man-to-man, matter of fact statements which encouraged the patient to communicate with another human being, to look outwards at objective reality in the world around him and to experience himself primarily as a person among persons.

Sullivan also gave a central place in his theory to a self, or self-system. He saw it as one, and the chief, of a number of "dynamisms" which developed as one person reacted to another. The self developed as a way of controlling interpersonal anxiety, originally between mother and child; by reflecting her appraisals the child internalized her values, and organized them within sub-systems as "good me", "bad me" and "not me". Maddi describes Sullivan's self-system as a

"complex self-definition, mainly unconscious, formed out of the person's experiences of approval and disapproval from others, and leading him to behave so as to avoid the insecurity of disapproval". (1968: P 486)
Although Sullivan spoke and wrote voluminously, his actual contribution to theory is unfortunately not well articulated. He was above all a practitioner, and of importance to our present survey because he insisted on the need to observe current events in the interpersonal environment in order to understand and facilitate personal functioning. The "self" he envisaged developed as a response to these.

3.1.2 Sullivan openly expressed his debt to the social psychologies of Cooley (1902) and Mead (1934). Mead in particular, the founder of "symbolic interactionism", has had a profound influence on subsequent thought in sociology and social psychology. In psychotherapy the therapists of communication (e.g., Laing, Phillipson, Lee, 1966) have drawn on his reflections. It is worth dwelling briefly here on his views about the genesis of the self.

Mead was basically interested in the question of self-consciousness, of how an individual could be aware of a self which was his. His answer to this question was in an essentially simple proposition: that to become aware of himself a person must become an object to himself, and that the only way he can do this is by social means, through experiential transactions with other individuals, taking into himself the attitudes of others to whom he is an object. He held that a self develops in childhood first through a conversation of gestures and then by the child's enacting the roles and internalizing the attitudes of those about him whom he wishes to please.

There are two stages in the full development of the self: in the first it is made up of the attitudes of others within his particular group, gained through social acts in which he is involved himself; in the second the person generalizes these attitudes and embeds in himself an image of a "generalized other", and it is this image which provides him with a self.

"So the self reaches its full development by organizing these individual attitudes of others into the organized social or group attitudes, and by thus becoming an individual reflection of the general systematic pattern of social or group behaviour in which it and the others are all involved". (1934, p.158)
In the final stage, therefore, society as such is internalized, and the individual has a stable and continuing self which is an amalgam of social roles. Mead sowed the seed which was developed later by Goffman by comparing such role-playing to that of an actor before an audience.

Mead was well aware of the difficulty of reconciling his definition of the self with the observed fact of individual differences, but overcame this by saying that any one person experiences the social process from a particular standpoint, and therefore embeds the generalised other in a quite idiosyncratic way.

He also confronted the problem of individuals deviating from social norms and producing novel ideas or behaviour. To meet this he distinguished between two phases of the self, a "me" which was the internalised set of others' attitudes and an "I" which was the person's actual behavioural response. This "I" could only be discovered by observing one's behaviour in a situation now past.

"It is as we act that we are aware of ourselves". (1934: P 174)

The response of the "I" was more or less unpredictable. It was not known to the individual or to others until the action had taken place, and could, therefore, be novel or unexpected.

It seems to the present writer that Mead did not satisfactorily resolve the relationship between the "I" and the "me". Tied down by his emphatic insistence on the primacy of social processes, it was difficult for him to argue within his own framework for divergence from social norms. While he had to admit that these occurred, they seemed to emerge unexpectedly from a limbo which he was unable to describe.

"The I is something that is never entirely calculable". (P 178)

In our present area of interest Mead's great contribution was the provision of a theoretical base from which, in
Haley's language, the frame around the individual could be broken.

"No hard and fast line can be drawn," he says, "between our own selves and the selves of others, since our own selves exist and enter as such into our experience only insofar as the selves of others exist and enter as such into our experience also". (P 164)

He opened the way for a view of the self as an image reflected from the conversation and gestures of others: To see myself, I look into the eyes of the other. The roles of which Mead's self consists could well be seen as elements of the image system we have described. They have been learned in social intercourse, and internalised, and they depend entirely on processes of communication which mediate conversations of gestures as well as of words.

But Mead's system differs from ours in that it lacks what might be called height - or depth. There is nothing to integrate the whole self but the shape and structure of the society within which a person lives, no hierarchy governed by more general and abstract concepts. We venture to assert that it is within this dimension that a connection could be found between the "me" and the "I", that is, between what society expects of me and my unpredictable response. In our view it is on the higher and often unconscious levels of self that the meaning of particular pieces of behaviour can be discerned and from which predictions can be made.

3.1.3 Berger and Luckmann (1972) have developed a sociology of knowledge within Mead's framework and have made an uncompromising statement of the sociological view of the genesis of the self.

They see the depths of the individual as lying in his primary socialization, the view of the world which he internalized when he was a child within the closed circle of his family. They see "a peculiar quality of firmness, a luminous reality" in the world of childhood, which is due to the "inevitability of the individual's relationship to his very first significant others". (P 155)
When this process of internalization is accomplished, the individual already has a self: he is socialized.

His secondary socialization builds on this foundation. In the world of work and institutions he acquires roles which are rooted in the division of labour. These are looser and more changeable aspects of the self than the more primitive ones which survive from childhood. They can be formed without deep emotional attachment to other people.

"It takes severe biographical shocks to disintegrate the massive reality internalized in childhood; much less to destroy the realities internalized later". (P. 162)

Problems may arise when there is not an easy fit between the primary and secondary roles, that is when the expectations of the outside world are discordant with those of the home.

While there is thus an ordering of layers of the self in terms of those which are older and more fixed and those which are more recent and more fluid, Berger and Luckmann are still able to envisage conditions in which an individual would have no sense of depths or layers within himself, and therefore no conflict, because social definitions of his identity would be perfectly clear. This would occur in societies with a very simple division of labour and minimal distribution of knowledge.

"Put simply, everyone pretty much is what he is supposed to be. In such a society identities are easily recognisable, objectively and subjectively. A knight is a knight and a peasant is a peasant, to others as well as to themselves. There is, therefore, no problem of identity. The question 'Who am I?' is unlikely to arise in consciousness, since the socially predefined answer is massively real subjectively and consistently confirmed in all significant social interaction .... Persons formed under such conditions are unlikely to conceive of themselves in terms of
'hidden depths' in a psychological sense ...
In other words, the individual in such
a society not only is what he is supposed
to be, but he is that in a unified,
unstratified way". (P 184)

He is, that is, in himself no more than a perfect mirror, a faithful reflection of his social definition. Because there is a total consistency between the way the world sees him and the way he sees himself, he is conflict-free. Problems of identity and psychological conflict seem only to arise, in this view, when social influences have failed to give each person a clear and incontrovertible view of who he is. A person's self is to all intents and purposes encompassed when his social roles have been described.

Berger and Luckmann do admit that socialization can never be complete, since there are always elements of subjective reality (e.g. body awareness) that have not originated in socialization, and because no one internalizes the whole of his social reality. But they are still sufficiently confident of the power of social influence to offer to set out specific procedures for convincing individuals that they can communicate with beings from outer space provided they stay on a steady diet of raw fish!

We do not wish, however, to dismiss their view, and the Meadian tradition which lies behind it, in a jocular fashion: such powers are not to be despised, least of all in psychotherapy! There can hardly be a more breathtaking ascription of power to a therapeutic person than Mead's assertion that a man cannot change himself by himself, but must first encounter someone who sees him differently. While the idea of the self as an amalgam of roles and a purely reflected entity may seem to us finally to have limitations, it gives form and body to the notion of a self which develops out of experience with significant others.

It also has importance as an instrument of clarification in situations where individuals have lost their identity either through being given no roles which
they might play consistently, or through being in positions where the only roles they could absorb from others were so few or so mutually contradictory that they went mad in the attempt, or else withdrew in despair. In the bewildering world of reflections in which such people live, the ability to isolate roles and even to make decisions about which roles to play is a powerful means of beginning to re-establish an identity.

3.1.4 "Whatever his position in society, the person insulates himself by blindnesses, half-truths, illusions and rationalizations. He makes an 'adjustment' by convincing himself, with the tactful support of his intimate circle, that he is what he wants to be and that he would not do to gain his ends what the others have done to gain theirs .... Facts are of the schoolboy's world - they can be altered by diligent effort, but they cannot be avoided. But what the person protects and defends and invests his feelings in is an idea about himself, and ideas are vulnerable not to facts and things but to communications". (1972: P 43)

Something of the excitement of Goffman's writing comes through in this quotation. He is a brilliant observer who, while very much at home in the Meadian landscape, has ventured beyond it in useful ways. He sees the self as an initiator, colluding and conniving with other selves to maintain a precarious facade of its own and others' self-image or "face". He is able to describe much of what appears to be decorous social behaviour as a "front" for this undercover face-saving activity. His definition of the self is a dual one: it is at one and the same time the "face" that is saved, the self-image, and the active conniver and initiator, "the player in a ritual game".

Leaving aside this ambiguity as irrelevant to our present purpose, we can see his view of the self as an almost cynical one. He experiences life as a vast drama in which everyone has a part, or parts, to play and everyone else is either a fellow actor in the particular ritual or sequence or else a member of the audience. The crucial issue is whether the individual and his "troupe" will succeed in controlling their common situation by maintaining their agreed definition of it. A self may be imputed to the performer by the audience, but this self is a product
of the scene being staged, not the cause of it. Goffman goes as far as to refer to the self as a "dramatic effect" which either succeeds or not, depending on the skill of the performers. He believes there is only a shadowy distinction between "true" and "false" performances: "con men" and liars are false performers, but all others are performing too, in ways and with aims not essentially different from theirs. Thus we may all share in the "sweet guilt of conspirators".

Here Goffman appears if anything to heighten and exaggerate the Meadian view of the self as a set of social roles. However, he is unable to escape his own admission of the existence of a shadowy distinction between true and false performers, and in "Asylums" (1963) he carves out a place for the self which gives it a modicum of existence separate from the theatrical apparatus with which he elsewhere identifies it. Here he points out the significance for the structure of the self of the undercover, anti-institutional life of mental patients, and objects to the simple sociological view of the individual and his self that "he is to himself what his place in an organisation defines him to be". (P 280) He says that closer observation of life in any social organisation will always show that the individual uses some means

"to keep some distance, some elbow room, between himself and that with which others think he should be identified". (P 279)

He makes a point about the self which seems to be of crucial importance: that in order to come into existence it will need to identify with something, but that having done this it will need to resist it. It will swing always between identification, and opposition to that with which it has identified. His beautiful formulation of this proposition is worth quoting:

"Our sense of being a person can come from being drawn into a wider social unit; our sense of selfhood can arise through the little ways in which we resist the pull. Our status is backed by the solid buildings of the world, while our sense of personal identity often resides in the cracks". (P 280)
This brings us to a major point in the development of our argument: that selfhood is achieved only when a person is able to hold something in reserve.

If we gather together the threads we have introduced so far, and weave them back into our notion of the self, we can say

(a) that the system of images which we have called a self grows out of attributions from others who are significant to us, and become embedded by a process of internalization;

(b) that many, if not all, of these images will be images of roles and will produce behaviour appropriate to them in social situations;

(c) that because the self's nature is to predict, we will continually seek confirmation of the predictive power of our roles (of part of our identity) by playing them out to an audience;

(d) however, that part of our survival as distinct selves involves holding something in reserve. There will be facets, and levels, of our hierarchy of images which will be hidden from others, and even from ourselves.

We will extend this final proposition by saying that the self needs to be experienced as unique to the person. The sense of separateness is as important as the sense of belonging. Whether I am a knight or a peasant, I need to preserve the sense of being this knight or that peasant, myself and none other. When, explicitly or implicitly, I become aware that I am losing my separate identity, panic and despair will supervene. The study of marital and family dysfunction has produced much evidence to support this.

3.2 The Confirmation of the Hypothesis

We have considered the self as a hypothesis, and, in other terms, as a set of roles which is continually being tried out in living. But we have now argued, as well, that more may be required than co-operative fellow-players.
and an appreciative audience if the self is to survive and grow. We mean by growth that the image system will come to cover more and more of the contingencies of daily life, being open to whatever input (from outside and inside) comes its way, and gaining sensitivity, flexibility and predictive power in the process. What are the conditions under which this will happen?

It is more than a convenient play on words to say that the self, like any hypothesis, is in search of confirmation. What precisely is meant by this? In the special sense in which we are using it, it does not necessarily mean the applause of the audience; it may not even betoken agreement. In fact, as we understand it, it includes a large component of the very separateness, or setting apart, about which we have been talking. As Goffman says, the self needs to emerge against something. (1963: P280)

3.2.1 Distance and Relation

In the William Alanson White Memorial Lectures delivered to the Washington School of Psychiatry, and published in 1957, Martin Buber set confirmation in a framework of philosophical anthropology which seems to open the way for a deeper understanding of it. If we grant for the moment that the self does emerge in the process of relating with others, what sort of relationships foster its emergence? It is clear that not all relationships do. Buber addresses himself to the question of "distance and relation". He contrasts man with an animal, who "in the realm of its perception is like a fruit in its skin". (P 98) Its image of the world is confined to its fluctuating organismic needs. It takes the world as it finds it, bound up with it and bound in by it. Socially, it never succeeds in unravelling its companions from the knot of their common life. By contrast, "man is, or can be, in the world as a dweller in an enormous building which is always being added to and to whose limits he can never penetrate". (P 98) He only has the possibility of such exploration, however, because he is able to set the world over against himself. He does not cut out with his senses the part he needs from it, but gives the world a wholeness and
independence of its own. Buber calls this "the primal setting at a distance"; and the capacity to set things at a distance is the absolute prerequisite for being able to enter into relation in a human way not only with the world, but with the people in it. One can enter into relation only with a being which has been set at a distance, that is, which has become an independent opposite. It is characteristic of man that he must unravel himself from his group and both become and be seen as a separate individual before he is able to relate at the deepest levels.

The other side of the equation is that he looks to others for completion. He is frail in the sense that his identity is not absolutely sure; he needs others to confirm him. They do this in two ways: by providing a group or social fabric in which he can expand himself and find completion, and by recognising him as a separate and special member of it with a role of his own. Buber calls this

"mutual individual completion of function and mutual individual recognition of function". (P 101)

and he refers to the recognition of particular social roles even in the most primitive communities and clans. Thus confirmation both unites and separates.

"The basis of man's life with man is twofold", says Buber, "and it is one - the wish of every man to be confirmed as what he is, even as what he can become, by men; and the innate capacity in man to confirm his fellow-men in this way. That this capacity lies so immeasurably fallow constitutes the real weakness and questionableness of the human race". (P 102)

Buber sees the growth of the self occurring in encounters where a person is confirmed simultaneously both as a fellow-man and as someone who is essentially "other" and different, who has been, as it were, set at a distance, by being seen as possessing particular personal qualities and capacities within the social fabric. If either element is missing, confirmation does not take place. The growth of the
self takes place in encounters where two people are accepting and confirming one another in a deep recognition and embracing of otherness. He rejects as false those occasions where confirmation is sought for superficial levels of the self, with no commitment to "being and becoming".

In a partnership where otherness is recognised, a person may in fact come to be seen as an "existing whole". What might have been a mere social encounter becomes an "interhuman meeting". Here Buber seems to be describing the experience of empathy. There are moments in companionship, and in psychotherapy, where such glimpses actually occur, and confirmation is one of the communicative conditions which allow it to happen.

3.2.2 Confirmation

More needs to be said in operational terms, however, about what it means to be confirmed. In order to do this we need to look more closely at what happens when one self approaches another.

We visualise two individuals wishing to make contact, each with his own set of predictive images: a customer approaching a shop assistant, a dentist treating a patient, a policeman making an arrest. There is intention on at least one side to carry through a course of action, and a set of expectancies about the sequence of behaviour to be carried out. Included in these will be not only words and movements, but all that is included in "bearing" - posture, facial expression, tone of voice, the type of language used. By all these the one who approaches will present his self to the other in a way that invites confirmation, inviting him to take up a reciprocal role as helper, as patient, as apprehended criminal. Where there are prescribed social functions to be performed, as in the three examples we have given, it should be relatively easy for the "other" to take up the role which is offered him. If he does, the one whose self-presentation has been accepted is confirmed.

Where, however, there is any degree of complexity or uncertainty in the match of roles (if one is a parent and the other an adolescent child, or one a therapist and the other a patient), a great deal will depend on who manages to get confirmation of the image he is projecting.
In Goffman's terms, what is at issue is who will succeed in defining the situation. Therapist and patient, for instance, may have divergent ideas about what is included in each of their roles; as patient, I may present myself as helpless and dependent. If my therapist confirms me in this by becoming a knowledgeable expert, my current "self" will be stabilised; if he refuses my self-presentation there will be conflict between us until each of us has accepted a self-definition reciprocal to the other, such that our relationship may continue. If we fail, or if severe problems of control arise, the attempt to relate may have to be abandoned.

If we can accept the enormous implications of a contention that processes of this kind are involved in every human encounter, but that on most occasions nothing is said openly about what is actually going on, the passions that are generated by very ordinary incidents will be less surprising. Spouses in the initial stages of marriage therapy are often ashamed of the triviality of what they fight about because they have not been aware of the crucial self-involvement in all their dealings with each other. It is usually only possible to penetrate to the causes of the conflict by discovering what is involved for each self, and what sort of confirmation each is looking for. The "I never knew you felt like that" which is such a common response to this reveals how marginally the deep levels of selves are known to intimates.

It is worth noting here, in passing, that adult marital relationships in which the residues of childhood are being actively confirmed by both participants (eg obedient child vs dominating parent, suffering child vs nurse-parent) are amazingly durable, even in the face of acute distress, at least to the point where one party begins to "grow up" and wishes to leave. The force with which the other then attempts to cling to the tottering structure is evidence of the "old" self's need for continuing confirmation. The deserting party will be in equal need of confirmation by someone else of the emerging aspects of his new image.

Laing (1961) makes some specific points about the confirmatory response:
(a) it may be expressed in different modes: visual (a responsive smile), tactile (a pat or a handshake), auditory (an expression of sympathy);

(b) in any interaction sequence there may be degrees of confirmation: some aspects of the self may be confirmed, others not;

(c) some areas of a person's being may be in more urgent need or confirmation than others.

To be confirmatory, however, a response must be directly relevant to the specific action which provoked it. It need not be in agreement, or essentially gratifying or satisfying.

"Rejection can be confirmatory if it is direct, not tangential, and recognizes the evoking action and grants it significance and validity. .... An action rejected is perceived, and this perception shows that it is accepted as a fact". (Laing 1961: P 99)

It is important to note that confirmation assists the self in the direction of stability. Watzlawick et al (1968) declare that it is probably the greatest single factor ensuring mental development and stability that emerged from their study of communication. In the therapeutic context, however, a decision has always to be made about which aspects of the self are "old wood" and which new, those which are (or need to be) in process of dissolution and which in process of formation. The former will not need confirmation: the latter will. This matter will be discussed at greater length under the heading of "Image Change".

3.2.3 Disconfirmation and Loss of Self

What, then, is disconfirmation? If we take this as a reversal of confirmation, we would expect it to de-emphasise separateness and otherness and to be irrelevant to the person's actions and utterances. Any human interaction or sign of recognition implies a degree of confirmation.
"No more fiendish punishment could be devised," wrote William James, "even were such a thing physically possible, than that one should be turned loose in society and remain absolutely unnoticed by all the members thereof". (Qu Laing, 1961: Pp 98-99)

In terms of our argument that a self emerges in response to feedback from the environment and from society, it could be expected that an experience of this kind, if prolonged and extensive, would result in loss of self. Disconfirmation says, "You do not exist".

Disconfirmation may occur through any of the available modes of expression, but silence or ignoring are its primary vehicles, all the more potent for passing largely unnoticed. When an individual's message, on any of its levels, is not perceived, responded to, or even acknowledged, by the audience, he is, as it were, playing to an empty theatre. In an often quoted excerpt from a therapeutic interview with a family, the schizophrenic member, a 25 year old son, Dave, complains that when he comes home at the week-end, the actual state of his feelings is never noticed:

"Well, it's just, just the story that I'm the sick one in the family and so this gives everyone else a - a chance to be a good Joe and pick up Dave's spirits whether Dave's spirits are necessarily down or not. That's what it amounts to, sometimes, I feel. In other words, I can't be anything but myself, and if people don't like me the way they am - ah, the way I am - then I appreciate when they tell me or something, is what is amounts to". (Jackson and Yalom, 1965)

Dave's slip of the tongue, "they am - I am" emphasises his uncertainty about who he is, even though he declares, "I can't be anything but myself". When others do not see him in his separateness, he cannot see himself, either; so, while he remains dependent on his family for his self-definition, he will remain a blurred appendage to the amorphous lump of the others.
Ruesch (1958) has described one type of disconfirmation in a paper on the "tangential response". He points out that all families tend to have areas of interest which make them selective in their responses to what children say. There is nothing alarming about this. Where, however, they consistently respond tangentially by failing to register reception of the central message the child is sending, pathology may result. He gives an example of a five year old boy who comes running to his mother, shouting joyously, "Look, I found a snail". Mother replies in a dry, pleasure-killing voice, "Go and wash your dirty hands". By directly initiating a new message totally unconnected with his, Mother not only refused to confirm him as a successful discoverer of treasure, and the snail as lovely, but also confused him, leaving him in doubt about his own initial desire.

This touches the vital question of "fit" between statement and reply. Ruesch claims that if incidents like the above occur often, the information in the mind of the child is "split into many unconnected fragments and the process of integration lags behind". When the reply

(a) inadequately fits the initial statement
(b) has a frustrating effect
(c) is not geared to the intention behind the original statement
(d) emphasises an incidental aspect of it,

the consequences confuse the child in relation to his own feelings and desires and connect sequences of behaviour which are relatively unrelated. In our terms the result will be that his system of images is not coherent or integrated; he will not be able to make reliable predictions about his own responses and those of others, and will be impeded in developing the system of expectations we have called a "self".

It is tempting to compare the results of this lack of fit in communication with the bizarre rituals developed
by Skinner's pigeons (1953), who were given food at short and regular intervals, no matter what they were doing. The clock was unrelated to the birds' behaviour, and the result was the establishment of an extraordinary mixture of chance behaviours which gave the pigeons the appearance of being neurotic.

Another type of disconfirmation is described by Laing (1961) as a failure to recognize the other person as agent. He mentions two mothers who could not respond to the spontaneity of their daughters; they could only interact with them when they themselves had initiated the action. One, for instance, could never smile back in response to her daughter's smile. The daughters were thus disconfirmed as initiators.

Laing gives a particularly sensitive example which illustrates how a reflective response in therapy could have been disconfirming of a schizophrenic woman's sense of competence in perceiving another person's mood. For her this was the level at which confirmation was of the greatest importance. He reports that as silence fell between them, his thoughts began to wander. She said, "Oh, please don't go so far away from me". The simple reflection of her feeling of isolation would, he felt, do nothing to confirm or disconfirm whether he was still with her. She most needed to be confirmed as reliably sensitive. "The only thing I could say to my patient," Laing says, "was, 'I'm sorry'."

While we will not go on to consider the levels of the self at which confirmation or disconfirmation may take place, it is clear from this example that the matter is a very complex one, both in interpersonal relations and in therapy. It has not been adequately explored, particularly as regards the conditions under which disconfirmation is likely to produce pathology. It is such a common occurrence in human intercourse that it cannot always do so.

One condition assumed by those who have discussed it is that the sufferer, who has generally been studied in his family context, cannot leave the field: his hopes of
confirmation are vested in a limited group of people. There are implications here for the practice of psychotherapy, another situation in which leaving the field may be difficult, if not impossible, and in which confirmation and disconfirmation both have a part to play.

3.2.4 Imperviousness

A condition of the participating individuals, as distinct from the situation, which is likely to lead to disconfirmation, is what has been called imperviousness. It is of some interest to us in that it can be described in terms of a self which is, or has become, immune to feedback or new input.

Watzlawick (1968) describes how an image system evolves from the need of every individual to distinguish what is essential and what irrelevant from the thousands of sensory impressions which he receives every second. The resultant set of lasting distinctions is highly individual, one person regarding as central and vital what the other may ignore as trivial. Provided each system can both receive and tolerate new input, no harm results from the difference; but where two closed and incompatible systems collide, each participant in the conflict will be operating out of a basic view that "there is only one reality, the world as I see it, and any view that differs from mine must be due to the other's irrationality or ill-will". It is as though the sent message bounces off the receiver, and is either not registered at all, or is reinterpreted in terms of his own world view.

Watzlawick quotes an unpublished paper by Lee in which, from a study of families with schizophrenic children, he concludes that the parents typically fail to register the child's view, while the child does not register that his view has not been registered. There is thus imperviousness on both sides. The parent cannot fit the child's view into his value system, and instead predicts out of it what the child "should" think or feel. He sees the child exclusively in his own image. Because the child does not know this, he proceeds to act as though the parent had
received and accepted his message. The result for the child in what then ensues is that

"he feels as if he continuously runs into an invisible solid glass wall. This results in his experiencing a continuous sense of mystification which leads to dismay and eventually to despair. Ultimately he feels that life just does not make any sense". (1968: P 92)

In our terms, he cannot make any reliable hypotheses, so has no self.

For this situation to change, his point of view would have to be deeply registered by another who was not impervious to it, and whose reactions to it would be clear enough to register in turn with him, thus giving him the feedback which is the raw material of hypotheses. In this we have a partial description, at any rate, of the process of therapy.

3.3 The False Self

In the two-sided family imperviousness described above, there is a presumption of restraint, or silence, on the parents' part: they never make their true position clear. There are not angry disagreements in which points of view are loudly expounded, but silence and avoidance, often indeed an outward appearance of gentleness and caring. Laing asserts in another context, that the family pattern of schizophrenics reveals "unwitting, subtle and persistent disconfirmation". The parents, from their own rigid image system, effectively make predictions to the child about how he is, or will be. Overtly or covertly they communicate something like, "You are just saying that. I know you don't mean it", or "You may think you feel like that, but you don't really". Insofar as the child picks up these attributions and acts out of them instead of out of himself, he develops, according to Laing, a false self and, in later years, a sense that he is phoney and not genuine.

The possibility of a false self poses a real problem for us: if we see the self as growing by identifying with what others are and in response to what they
see and confirm, it would seem to be difficult to accommodate the notion of a self that is false. All selves, in a sense, are artefacts. Why should one aspect be experienced as more genuine than another?

It is a fact that normal people are able to distinguish between more and less superficial levels of themselves, the more superficial almost invariably corresponding to the minimum requirements of the social situation in which they find themselves: cocktail party talk, for example, would appear to be totally uninvolving of the higher levels of the self. We have already suggested that what is experienced, and privately discussed as one's "real" self is a high and hitherto hidden level of the image structure, which we could see as lying on the frontier between the areas that are known and those which are unknown. The question of the falsity of these lower levels does not, however, arise. As Laing says (1960) the normal person does not feel of what may be mechanical and superficial expressions that he must attack and destroy them as alien realities within himself, as though they had an almost separate personal existence.

For those whose behaviour is labelled schizoid or schizophrenic, however, the question of falsity and facades is a burning issue. On the one hand the person himself may have a sense that all his outward actions are mere show, and entirely discontinuous with the hidden self which he feels to be real; on the other observers may notice a bizarreness in his behaviour which leads them to feel that he is "not all there". In both cases there is a sense of a split between what is apparent and what is real. In our theoretical framework, however, any action that is performed is a product of the self-system, and therefore cannot be disowned. Whatever I do is part of "me". How is it possible for the growing person to respond so differentially to feedback from others that one part of it becomes embedded and recognised as "false", and another, hidden, part as "true"?

There are a number of points to be made in this connection. They are consistent with the view taken by Laing of the operations of a false self.
Conditions which appear to favour the development of a real/false split are those in which high levels of compliance are demanded, and offered. Family therapists commonly regard a report by parents that the child was a model child as especially ominous, since it implies that no resistance was offered to the parents' expectations of him. Laing quotes one patient as saying that his false self was "a response to what other people say I am". These expectations could equally well be bad or good, but in either case the child would comply. In doing this he would be losing his separateness and living almost entirely out of the image systems of others. To say "they am" rather than "I am" may thus mirror his reality. If we ask in what sense he is different from any other person whose self has evolved in response to others' definitions of him, the answer would seem to lie in the degree of his compliance.

When all that I can be is what others expect of me, my basic need for separateness and distinctness is ignored. I am unable to make predictions of my own which do not correspond with theirs. It is observed clinically, even when this process occurs at later stages of development (eg in marriages with one dominating and one compliant partner) that panic is engendered as the drowning self begins to go under. When outer compliance reaches an extreme, the need to withhold total inner compliance becomes urgent. But by this time what is still experienced as a "real self" maintaining the shreds of a sense of identity is actually little more than an observer self, almost a fiction, without much content of its own. It simply preserves for the individual a sense of standing aside from events as it inwardly disclaims any connection with all that he outwardly does.
At the same time, there is a terror of exposing the "real self" to others by allowing it to emerge in action. It is not, therefore, in our sense a real self at all. It does not govern behaviour, and communes only with itself. It attracts no feedback, feeding on itself and its own fantasies. It is uncommitted and therefore undefined. Therapists who have assisted such individuals to make their first attempts at self-expression are aware of the tortuous and fantastic paths which have to be traversed before anything like direct communication can be established. (cf Green, 1964) Where the hidden self has remained isolated for long periods, confusion may have degenerated into silence. The person may need confirmation of very basic sensory impressions (the feel of the rough carpet beneath his feet, a shared response to the sound of music) in order to enter the two-person relationship which is the foundation stone of a self.

There is an interesting parallel to this line of thought in Schein's (1961) study of coercive persuasion. On the basis of studies of attitude change in prisoners of war in China, he hypothesises a process of "ritualization of belief" which may occur in members of groups whose leaders totally control their formal doctrine and its means of expression. He includes amongst these not only totalitarian societies but religious communities, reformatories, mental hospitals and prisons. While a precondition of ritualization is that the individual, rather than trying to hide in order to preserve his identity, should actually attempt to suppress incorrect thoughts, the ensuing developments closely parallel processes which Laing describes as occurring in the advanced stages of schizophrenia.

Schein raises the question of the atrophy of a private cognitive world. He asks:
"Does the individual preserve a sense of self which is independent of the self which the organisation defines for him, or is it impossible to preserve such a sense of self without interaction with others?" (P 264)

He goes on to argue that

"the main result of totalitarian control is that the sphere of private activity becomes restricted or eliminated, that the belief systems become ritualized and come to serve solely an adjustment function, and that such ritualization may leave the individual without the cognitive tools to lead a creative private life". (P 267)

He is, as it were, all facade. Schein attributes to this what he calls the cognitive emptiness of citizens in totalitarian states, which results on the one hand in an inability to examine their own thoughts and fantasies, and on the other a facility to change their beliefs readily in response to a change in the group's ideology. In his description there is a persuasive similarity with the sense of inner deadness and decay and of "being no-one" of those who have lost touch with anything that could be called a self.

3.4 Conditions for Growth and Stability

In a passage quoted by Watzlawick, Cumming (1960) describes the self as trying itself out continually, even in purely intellectual activity:

"I have proposed that much of what Langer has spoken of as 'the sheer expression of ideas' or symbolic activity for its own sake is, in normal people, the function of constantly rebuilding the self-concept, of offering the self-concept to others for ratification, and of accepting or rejecting the self-conceptual offerings of others.

I have assumed furthermore, that the self-concept is continually to be rebuilt if we are to exist as people and not as objects, and in the main the self-concept is rebuilt in communicative activity". (1968: ? 84)
Yet in this dynamic flux there need as well to be elements of sufficient stability to prevent the person falling back into the state of helplessness described in the last chapter. In fact, the stability of considerable portions of the self system could be held to make possible normal change in others. What conditions are likely to facilitate both growth and stability?

We have argued that a self develops within relationships which themselves are set within, and act as purveyors for, the wider groups of family and society. These relationships need to be characterised by both closeness and distance; in Buber's words, by "mutual individual completion of function and mutual individual recognition of function". The individual needs to learn acceptable roles which will weld him into the fabric of society, but his role needs as well to be a "character part" which is his alone.

Confirmation, although as yet incompletely understood as a communicational process, appears to be one significant way in which self-growth occurs. While it need not betoken agreement (though it presumably often will) a confirmatory response must fit the specific behaviour which provoked it. It must notice and accept the intention and direction of what is done or said and, given the difficulty of all intimate communication, it will probably on many occasions convey the effort which is involved in doing this. Behaviour which, verbally or non-verbally, manages to convey "I am trying to understand you", communicates in itself both the relatedness and the distance of which we have spoken. It is the very opposite of the stance of the impervious person, who appears neither to hear nor to understand, and cannot allow an image system different from his own to affect him.

The question of fit remains important at all stages of self-growth. Boulding expresses what is involved in this very clearly when he writes (albeit in

* Personal communication. P Pentony
Images like other organisations have an embryology; they start off by being simple, they grow and they develop and as they develop they become increasingly complex. At each stage of development, therefore, there are only certain alternative ways of development open; everything else builds on what has gone before. (P 95)

Elsewhere, he refers to the way knowledge grows in response to inward teachers as well as outward messages:

"As every good teacher knows, the business of teaching is not of penetrating the student's defences with the violence and loudness of the teacher's messages. It is, rather, that of co-operating with the student's own inward teacher, whereby the student's image may grow in conformity with that of his outward teacher". (P 18)

Thus, the self must be built on its own foundations. There is no "given" self which is actualized, however, but a growth process which, if organic, will lead to integration. Therapists and parents as well as teachers must take this basic principle into account.

Self-hypotheses must be continually tested out and rebuilt in action. Any which do not do this will decay through lack of feedback, and become inoperable. When his outward behaviour comes to be perceived by the individual as false, and is disassociated over a long period of time from internal events which he feels to be real, he is in danger of losing any sense of self. Equally, when one individual labels another's behaviour as "not real", or his feelings and thoughts as "not what you really think or feel", he may, under conditions of high compliance, be able to induce the disappearance of the other's self; or, in other words, to deprive the other of the capacity to make confident predictions about his own and others' reactions and his overall impact on the environment.

For a "character part" to develop, those surrounding the growing person will need not only to confirm him in his particular individual reactions but to give him feedback consistent enough for him to be able to make
confident predictions about themselves, himself and society at large. If they are themselves fluctuating and inconsistent they will be unable to do this.

One might describe confidence, or self-esteem, as the capacity to make reliable predictions in a wide variety of situations, provided the predictions are such as to enable the person to control outcome sufficiently to retain a sense of mastery.
Chapter 4: Image Deficit and Image Change

4.1 Image Deficit

Having adopted a view of the self as a system of theories which the individual holds about life, and which informs every part of his behaviour, we can assert without further ado that defective behaviour arises from defective theories. It is interesting to consider some of the ways in which theories can be defective. Epstein, whose comparison of the self-theory with scientific theories we have already mentioned, sets out a number of criteria by which the quality of any theory may be judged.

(a) Extensivity

If a theory is extensive, it will cover a wide variety of situations, and will be open to information which allows it progressively to cover many more. Parry (1967), who discusses the "schemas" which govern behaviour in terms very similar to Epstein's, points out that in scientific research the highest achievements lie in verifying hypotheses and accepting models which explain many sets of dissimilar circumstances. He makes a further analogy of a good schema with a fertile musical theme which lends itself to innumerable developments without losing its identity. Good teaching methods, too, provide ways of thinking and perceiving which enable the learner to assimilate more and more material by seeing meaning in it.

Richness of experience and exposure to reliable information are likely to assist in the growth of extensive theories. By rich experience we mean not only experience of a variety of events in the outside world, but association with a multiplicity of others and access to the wealth of one's own interior events. Those who do not have these experiences, or who are unable to cope with them and therefore screen them out, are likely to be overly selective in their perception both of their own interior events and of what occurs outside. Their image system overdoes its task of selection and they tend to see things in black and white terms, to be stereotyped in their reactions and to overvalue stability. High levels of stress, as well as the
objective facts of immaturity, low intelligence or ageing are likely to contribute to the restriction of theories.

(b) Parsimony

Parry refers to the unity and simplicity of a good theory, Epstein to its parsimony. Under this head he thinks of a theory with broad, integrative postulates or basic values which are well integrated with the lesser postulates which serve them. A person with such a theory

"Would exhibit stability as a consequence of the presence of basic values, or highly general postulates, and, at the same time, would be flexible and discriminating due to the contribution of lower order postulates" (1973: p 409)

He might be described in everyday language as "all of a piece". Without such governing values a person has to make decisions de novo in every new situation, and is at the mercy of each new set of conditions he confronts.

Bettelheim suggests that, paradoxically, the experience of "growing vagueness about who one is, the sense of restricted autonomy" (1961: P 78) in modern mass society is related to the difficulty of developing personal values. Lack of values leads to a sense of restriction rather than of freedom.

"A person who is not well integrated, who does not follow a consistent set of values, cannot correctly test a vast number of choices against his values and interests, and then cannot cut the problem down to manageable size. Such a person feels overpowered by any new need for decision". (1961: P 78)

The mere copying of others, without linking one's behaviour to a set of values which are one's own, leads, he says, to lack of a sense of satisfaction in action and weakens personal integration.

Epstein interprets paranoia as the resort to a single untestable postulate to account for a wide variety of events. Here parsimony is achieved, but at the cost of empirical validity.
(c) **Empirical Validity**

A theory is valid when it is tested and found to be an accurate predictor. We have already discussed at length this aspect of the self-theory and the consequences for the individual when it is not achieved: he either tries again and again to make it work, regardless of the feedback he receives that it does not, and suffers repeated shocks, failures and frustrations; or else retreats into a state of anxiety and helplessness. The way out is the generation of new plans through new images which have greater predictive power.

Here again we must emphasise that it is not the absolute accuracy of truth or "reality", but the pragmatic accuracy of what works which is important. The theory/image must be such that it can be incorporated into a plan of action which

(a) can be performed, and

(b) will achieve for the individual some mastery of his situation.

(c) **Internal Consistency**

Epstein makes the point, which we have also made, that it is not the inconsistency of the theory, but any emerging awareness of inconsistency, that is likely to cause disorganisation. He refers to Kaplan's case histories of schizophrenics (1964) which show how total disorganisation of the personality may result from the emergence into awareness of a denied aspect of the self, such as homosexual impulses or feelings of hostility to a loved person.

These are the considerations which underlie the work and subsequent extensive research of Festinger and others on cognitive dissonance (1957, 1958). Festinger has shown that a favourite resort of those caught out in inconsistency is to distort one piece of information in order to accommodate another. In this case internal consistency and parsimony are achieved, but the overall system of images becomes less rather than more extensive.

It is clear from these examples that theories are two-edged swords. Parry talks of good schemas and bad schemas,
Frank of healthy and unhealthy assumptive systems. Rokeach (1968) of the virtues and vices of attitudes, which he likens to miniature scientific theories. On the positive side, says Rokeach, they

- save time
- organize knowledge
- have implications for the real world
- may change in the face of new evidence.

On the negative they must be seen as prejudgments which may

- be selective and biased
- support the status quo
- cause emotional reactions when challenged
- resist change in the face of new evidence.

"An attitude, in short, may act in varying degrees like a good theory or a bad theory, and depending on what kind of a theory an attitude acts like, may serve one function better than another". (1968: P 131)

But we may not carry our analogy of the self with a theory too far. In accepting Epstein's evaluative categories we have taken for granted the existence of an environment in which "research" is unfettered and patterns may be discerned in events: that there is, as it were, an orderliness in nature.

There are environments where these conditions do not apply, among them the coercive situations in prison camps described by Schein and Bettelheim. Here the problem of theory-building assumes a different shape.

Bettelheim says,

"if I should try to sum up in one sentence what my main problem was during the whole time I spent in the camps, it would be: to protect my inner self in such a way that if .... I should regain liberty, I would be approximately the same person I was when deprived of liberty". (1961: P 126)

The basic problem was that of maintaining a sense of continuing identity - a self - in an environment which was to a considerable extent unpredictable, where independent action was almost impossible, and where individuals were forced to behave in ways totally inimical to their basic personalities and values. Such situations may not appear so exotic if one reflects that the interior of some families can be described in very similar terms.
Both Bettelheim and Schein, one from personal experience and the other from the evidence of others, report that the individuals who maintained their integration most successfully were those who were unusually rigid in outlook, and thus untouched by the plethora of new and contradictory information being forced upon them. Bettelheim reflects ruefully on the precipitate collapse of his psychoanalytic assumption that

"the test of the well-functioning, well-integrated personality .... was the ability to form freely intimate relations, 'to love', to be in ready contact with the forces of the unconscious, and to sublimate in 'work'. Aloofness from other persons and emotional distance from the world were viewed as weakness of character". (1961: P 20)

Similarly, religious bigotry was seen as extremely neurotic or plainly delusional.

Yet a radical religious sect, the Jehovah's Witnesses, along with a group of the former social elite who maintained an attitude of aloofness and superiority to others, rejecting as unreal what was happening about them,

"stuck to their values in the face of extreme hardships and as persons were hardly touched by the camp experience". (P 20)

- if, that is, they survived physically. Many of those who in psychoanalytic terms seemed closest to being fully and freely functioning people were destroyed psychologically by their experience.

We must therefore be conservative in setting up criteria for defectiveness in the self, unless at the same time we know something about the environment it goes out to meet. Where prediction and self-directed action are both impossible and coercion almost universal the alternatives for survival as a person may be more limited than we have suggested. In this sense family-generated schizophrenia can be seen as a survival mechanism.
4.2 Image Change

A model of change which accommodates and completes the sort of system we have set up is that produced by Schein and his colleagues. It was first formulated as a theory of influence in 1961 on the basis of studies of the brainwashing of prisoners of war in China, and has been revised and brought up to date in successive publications since then.

It has a basic affinity with our model of behaviour because it takes as its raw material cognitive structures which are sensitive to information input, and equates change with cognitive redefinition. It gives a central place to communicational processes, especially confirmation and disconfirmation. It places great weight on interpersonal relationships. It insists, as we have done, on close links between changed cognition and changed behaviour; and it is offered by Schein as a scheme covering

"the kinds of changes in beliefs, attitudes and values which we regard as fairly 'central' or 'deep'; changes which occur during socialization, therapy and other processes involving the person's self or identity". (Bennis et al 1973 P 98)

Schein bases his model on a three-stage process originally proposed by Lewin. The first stage is one of unfreezing, the second of change and the third of re-freezing. For change to be complete it must pass through all these stages. Let us consider each of them in turn. We shall use Schein's language in designating the client or patient as the "change target" and the therapist or other therapeutic agent as the "change agent".

4.2.1 Unfreezing

We have drawn attention often enough to the sensitivity of the image system to change and to the particular difficulty of locating and influencing the higher levels of the self. In varying degrees people seek stability, comfort and equilibrium and will if necessary distort any experience which contradicts their
images in order to be able to accommodate it without inward change. There would be little motivation to change unless there were some persistent and unavoidable factor within oneself or in the environment which continually forced itself on one's attention. This disconfirming factor is the agent by which unfreezing begins. In the writer's view many of those who present themselves for counselling have been subjected to experiences like this and are in a state of incipient unfreezing: what had been solid is becoming fluid, and the level of anxiety is high. Typical presenting statements are:

"I feel I'm up against a brick wall. I know I have to do something, but I don't know what".

"I've got to solve this problem somehow. I'm not sleeping and I can't concentrate. It gives me no peace".

"People keep on telling me that .... I know it's not true, but I've got to come to terms with it somehow".

"I can't get out of my mind the persistent thought that ....".

"I'm in despair. I've tried everything and nothing works".

Behind such statements lies a loss of equilibrium which results in an inability to act or move forward. Schein believes that once balance has been upset a person will seek information relevant to his dilemma, and this new information will facilitate change. But while any balance remains he will cling for as long as possible to his original state of organisation.

Angyal has written more cogently than any other therapist of "the task of demolition" which must precede change. He sees the neurotic seeking assistance from the therapist in order to continue his self-defeating ways of living, but without their present painful consequences. Angyal believes that deep emotional involvement must occur if demolition is to take place.

"At the core of this experience there is always profound despair. The patient's hopes of succeeding in the ways with which he is familiar have been shattered. He sees the utter futility of his accustomed mode of life and does not know any longer which way to turn. He feels hopeless .... (this is) the
crucial step forward". (1965: Pp 224-5)

Schein believes that this aspect of the change process has received far less attention than it deserves. Some things have to be unlearned before others can be learned. Attitudes and behaviours to which a person is committed, and which he values as part of himself, may need to be jettisoned. He believes that the success of Alcoholics Anonymous depends in part on its insisting that people be thoroughly dissatisfied with themselves before they attempt to change.

He has isolated a number of mechanisms which contribute to this unfreezing. The first is very familiar to us:

(a) Lack of Confirmation, or Disconfirmation

Confirmation, to which we have referred in some detail in the previous section, has the effect of stabilizing a person's present pattern. Schein points out that even when disconfirmation occurs, it is not likely to unfreeze while any confirming cues are present, since the person is likely to select out of a set of conflicting cues those which confirm him.

But when confirmation is not present, or there is active disconfirmation, the existing self is under threat, since it relies for its continued existence on the feedback it receives from its social surroundings. Disconfirmation may occur when

- a person's projected self does not agree with others' view of him;
- his view of 'reality' does not agree with theirs;
- he sees the others differently from the way they see themselves;
- any combination of these conditions exists.

Lack of confirmation exists when the relevant information, or feedback, which is necessary to maintain an image is totally lacking in the
environment. A salesman in a bombed-out city or a barber in a hippie colony would presumably totally lack confirmation, at least of the aspect of themselves which concerned their social roles. In the Chinese camps, cutting off a prison's normal social contacts and information channels was held by Schein to result in a denial to him of a role and identity and thus to precipitate the unfreezing of his resistance to indoctrination.

It is interesting to note that Schein's original formulation (1960) of these processes was in terms of "creating influenceability through social alienation". He pointed out that in some change-producing institutions social cohesion was seen as an agent of change, but held that cohesion was only likely to be effective when patients were voluntary and presumably already motivated to change. This was entirely in accord with Goffman's earlier work (1957) on the characteristics of total institutions, which made it abundantly clear that the removal of social supports was in fact a widely used means of inducing change in groups ranging from prisons and the army to psychiatric hospitals and religious communities. The removal of all that was familiar to the person, even occasionally to his habits of personal hygiene and his name, amounted to what Goffman called a "mortification of the self" which prepared the way for the adoption of a new self and a new way of life.

Accepting as conclusive Asch's work (1952) on perceptual judgment, Schein uses it as a basis for asserting that

"If the individual has the support of one significant other, this is a sufficient level for him to tolerate large quantities of disconfirming information which may come from others". (1961: P224)
This is a statement of considerable importance to a therapist who wishes to include unfreezing in his armoury; if he is too confirming and supportive he can presumably hold at bay the disconfirming influences in the client's environment, thus depriving him of the opportunity they have provided for him to learn and change. Here there is a delicate line to tread between respect and acceptance on the one hand and confirmation of the person-as-he-is on the other. If for the moment we focus only on the process of unfreezing, the therapist, by refusing to confirm a person's present self, or by disconfirming aspects of the self he presents in therapy (eg his desire to be seen as sick or stupid) can ally himself with the person's environment in rejecting self-theories which are dysfunctional. Farrelly's interview with a suicidal girl, to which we have already referred, is a prime example of a therapist's total refusal to confirm a person as dependent and in need of help.

(b) The Induction of "Guilt-Anxiety" is the second mechanism mentioned by Schein as an aid to unfreezing. He describes it in terms which suggest that the person who is guiltily anxious does not reject the disconfirming information but takes it in and reacts to it with a sense of inadequacy and of failure to live up to an ideal self-image, or to the expectations of others.

The "guilt" aspect appears to originate from the self-descriptions of the prisoners studied by Schein. But it is possible to translate it into more general contexts where the guilt element does not predominate and is not an essential part of the experience. We could see such experiences in terms of our model as the type of anxiety which accompanies threats to a person's central images. If he does not succeed in rejecting the threatening information, or
its source, he is faced with a challenge which causes a strong emotional reaction. Whether this is labelled as "guilt" or not depends on the context in which it occurs. Change will occur, Schein says, in an attempt to reduce or avoid "guilt-anxiety". We can revise this to say that change will occur in an attempt to deal with the anxiety which accompanies assaults on the higher levels of the self.

(c) The third unfreezing mechanism is at first sight rather ill-assorted company for the other two. It is the creation of psychological safety by the reduction of threat, or by the removal of barriers to change. Reassurance, help in bearing the attendant anxiety and the direction of attention to the desirability of the outcome of change are mentioned by Schein as means to this end.

If we accept unfreezing as a desirable first stage in therapeutic change, it is now clear that the therapist has an apparently impossible task on his hands: he must allay the client's fears and make him feel safe at the same time as he provides disconfirming responses and induces anxiety. Therapists who rely considerably on the power of their own relationship with the client are aware of the constant switching and balancing which occurs in their responses as the interview proceeds. A critical challenge needs to be followed by an assurance of support if the client is to remain open and operating at sufficiently deep levels. When the client's anxiety and need for support are so high that any disconfirming or confronting from the one who provides them would be unbearable, a second therapist may need to be introduced. In conflict situations where two or more individuals are involved, the same procedure may be necessary so that each has reliable support while he remains the target of disconfirmation from his antagonist.

The particular value of group therapy becomes clear against this background. Where there are several
people present, some of whom are likely to disconfirm and others to support him, an individual can be unfrozen under optimum conditions. If a group moves solidly against one of its members, however, and no support is forthcoming, change is likely to be inhibited rather than helped.

It will be clear that these conditions of unfreezing are well in accord with the characteristics of the image system as we have described it. In order to become accessible to new and disturbing information which causes anxiety it must, as it were, be lulled into a sense of security.

"The process of unfreezing," says Schein, "can be viewed as becoming open to certain kinds of information which are actually or potentially available in the environment". (Bennis et al 1973: P102)

Under the impact of an uncertainty which is maintained by a simultaneous sense of security, certain images become fluid and cease to exclude. The way is opened for the assimilation of the new information and the revision of images, which is what Schein understands the process of change to be. He sums it up as a process of conscious or unconscious cognitive redefinition.

4.2.2 Change

At the centre of the change process Schein places the assimilation of new information from the social rather than the physical environment. It is the beliefs, attitudes and values of others, rather than physical realities, which concern the change target. Presuming that his own images have been disconfirmed, he now looks about him for signs of the images of others in order to discover what is wrong with him, and how he should change to feel right again. He is looking for social cues which will reveal others' definitions of him, of themselves and of their joint situation. These cues may bring into question certain of his own assumptions in these areas, so he must engage in the task of redefining himself in other terms. On the basis of these new definitions he may now experiment with behaviour to test whether or not it will bring the confirmation he seeks. He is likely to continue the search and experiment until the confirmation is forthcoming.
This description of behaviour change corresponds very closely to the behavioural model and the view of the social genesis of the self which we have set out here. Images grow and change in response to social stimuli and are tested in experience until the behaviour they produce is acceptable.

Schein identifies two processes by which a person may choose and use sources of relevant information from the many that are available. They are at the opposite poles of a continuum. At one extreme lies the use of a single source via a process of identification with a personal model, at the other the scanning of many sources, personal and impersonal, to which the individual will not necessarily relate emotionally. These may even consist of written or broadcasted material, since what is sought is expert and relevant information for the problem in hand.

The process of identification is of the greater interest in the field of psychotherapy. Schein acknowledges his debt to both Slater (1961) and Kelman (1961).

Slater defines identification as "any tendency for an individual to seek to maximize his similarity to another person in one or more respects". (1961: P 113)

He distinguishes two types:

a) personal and
b) positional

Personal identification amounts to saying "I want to be like you"; it is likely to be motivated by love and admiration and to lead to the adoption of the model's traits, values and attitudes. Positional identification is more likely to be motivated by envy or fear, and to focus on the other's external role rather than his inward constructions. It would result in the adoption only of characteristics which symbolized the model's position. Freudian "identification with the aggressor" would be of this kind. In childhood, Slater believed, personal identification was a response to parental warmth and tenderness, and positional identification to their absence.
Kelman distinguishes between "compliance", "identification" and "internalization". Compliance resembles positional identification in that it is an acceptance of influence purely in order to gain approval from a person or group. It does not change a person's opinions but only his external behaviour. Identification occurs in the interest of maintaining a satisfying self-defining relationship: one, that is, that is necessary to maintain a person's definition of himself. In this sense the person is dependent on the relationship. He may be a prisoner, a child, a close friend, or a fellow group member. Internalization implies that behaviour is adopted because it is congenial to one's own value system and useful for solving one's current problems. An authoritarian individual may internalize what is basically irrational (eg a set of racist attitudes) because they correspond with and enlarge his already existing system of prejudices. Behaviour adopted through internalization is integrated with the person's existing values. In the language we have been using, it fits. (In Bennis et al 1973: Pp 222-230)

Schein has restricted himself to two types of identification, "positive" and "defensive". Defensive identification resembles Slater's positional identification and Kelman's compliance, while his positive identification resembles both Slater's and Kelman's. The conditions, processes and outcomes of the two types are clearly set out in the following chart:

<table>
<thead>
<tr>
<th>Type I</th>
<th>Type II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defensive Identification</td>
<td>Positive Identification</td>
</tr>
<tr>
<td><strong>Conditions for the Processes</strong></td>
<td><strong>Target is captive in the change situation</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Target role non-voluntarily acquired</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Agent in formal change agent position</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Target feels helpless, impotent, fearful, and threatened</strong></td>
</tr>
</tbody>
</table>
### Conditions for the Processes (Continued)

<table>
<thead>
<tr>
<th>Psychological Processes Involved</th>
<th>Type I: Defensive Identification</th>
<th>Type II: Positive Identification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target must change</td>
<td>Agent is primary source of unfreezing</td>
<td>Agent is usually not the source of unfreezing</td>
</tr>
<tr>
<td></td>
<td>Target becomes position oriented to acquire the agent's perceived power</td>
<td>Target becomes person oriented because agent's power is seen to reside in his personality, not his position</td>
</tr>
<tr>
<td></td>
<td>Target has limited and distorted view of agent, and lacks empathy for agent</td>
<td>Agent will be chosen on the basis of trust, clarity, and potency</td>
</tr>
<tr>
<td></td>
<td>Target tends to imitate limited portions of target's behaviour</td>
<td>Target sees richness and complexity of agent as a person</td>
</tr>
<tr>
<td>Outcomes</td>
<td>New behaviour in target is stilted, ritualized, restrictive, and narrowing</td>
<td>New behaviour in target is enlarging, differentiated, spontaneous, and enabling of further growth</td>
</tr>
<tr>
<td></td>
<td>New behaviour is more likely to be acceptable to the influencing institution</td>
<td>New behaviour is personally more meaningful but may be less acceptable to influencing institution</td>
</tr>
</tbody>
</table>

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**Analysis of Two Types of Identification**

We need to remember that both types of identification could occur in psychotherapy, defensive in situations where patients are involuntary or the therapist is seen predominantly as an authority figure wielding great power. It is also well to remember that excessively dependent and withdrawn people who are not in coercive situations may easily invest any
therapist with qualities of this kind. Equally, if there is a failure to develop either an empathic and trusting relationship or one in which the therapist's own values and attitudes are displayed, defensive identification with what the client perceives of him externally would become a distinct possibility.

This brings us to an aspect of Schein's view of positive identification which is relevant to issues we have raised in earlier sections. It concerns its effect of liberating the client into behaviour which is so personal to him that there may be no observable evidence of his having identified with the therapist at all.

While positive identification relies on the change target's empathy with the model, so that he

"genuinely assimilates the new information obtained from seeing the world through the model's eyes, (his) new behaviour and attitudes may not actually resemble the model's too closely". (Bennis et al 1973: P 105)

While defensive identification may result in a set of restricted, ritualized and stilted new responses, in positive identification there is likely to be "an enlarged and fluid set of responses and attitudes". (P 105)

The difference appears to lie in the nature of the empathic relationship which precedes positive identification. Many attempts have been made to evoke its particular character. Angyal observes that

"the participants in the therapeutic situation actually function as one unit". (1965: P 301)

Buber speaks of

"the making present of the other, not contemplating or observing him, but taking him in as a whole, being fully aware of him, in his concreteness". (1957: P 25)

Pentony writes in more concrete terms when he says that

"the growth, development or learning which is the objective of therapy occurs because the client is able to incorporate into the workings of his own mind something of the working of the mind of the therapist". (1972: P 25)
How is it that images can be absorbed, but that the final result is that the change-target's attitudes and behaviour may differ from those of the therapist? In the writer's view it is the very self-exposure of the therapist in the empathic relationship, along with his willingness to allow the client to make his own choices, which permit the client to be different. As Buber says, in language whose ethical content should not obscure his central point,

"The desire to influence the other does not mean the effort to change the other, to inject my own 'rightness' into him; but to let that which is recognized as right, as just, as true .... through my influence take seed and grow in the form suited to individuation". (1957: P 102)

The client, for his part, is exposed to a number of aspects of the therapist and begins to perceive what Schein calls his richness and complexity as a person. Not being under threat or compulsion he is able to choose, and with the therapist's help he should be able to choose what fits. As Boulding says, everything must build on what has gone before. Anything else leads to disintegration.

The subject of defensive identification adopts externally observed facets of the therapist and the resultant behaviour appears stiff and stilted. The person who makes a positive identification through an empathic relationship adopts images and makes them his own insofar as they fit.

4.2.3 Refreezing

Because therapy takes place so frequently outside the normal life-context of the client, it is likely to be very weak in the third condition of change proposed by Schein: refreezing. The remade images will only be stable if they are confirmed in ongoing relationships and social contexts. If they are not acceptable to important others, they will soon be unfrozen again and the change process will be reinitiated. One of the corner-
stones of the treatment of whole families in which only one member is an identified patient is the awareness that changes wrought in individual therapy will not endure unless they are accepted and maintained by the family system. The achievement of "fit" within the individual self is one thing: the confirmation of the change by important others is an essential next step. Schein calls this "relational refreezing". In the case of repatriated prisoners he found that the beliefs and attitudes they had learned in the camps were likely to persist only if they found at home continuing social, emotional and informational support for them.

Looked at from another point of view which is intrinsic to our present model, images are only fully integrated when they assume their function as testers of behaviour. The changed person will thus either have to persuade his social context that his new behaviour is acceptable, and repeatedly perform it, or else find a new part of his environment to which his changed behaviour is congenial. The acting out of the changed images is essential if they are not to atrophy through disuse.

The typical client who alternates between brief therapeutic interviews and lengthy 'back-home' experiences must negotiate repeatedly and progressively with his environment for acceptance of his revised self-presentation, and in so doing may change the environment itself. It is only insofar as he manages to do this and thus to get the feedback he seeks that the therapy will finally be judged successful.

4.3 Therapy Expansion Through a Model of Change

Therapies may be evaluated and weighted in terms of their effectiveness in these three stages of change. If they are to contribute to the unfreezing process or to maintain unfreezing which has already begun, they must provide a certain amount of disconfirmation and anxiety induction combined with psychological safety. If they are to contribute to change there must be an opportunity
for either positive or defensive identification with one or more clearly displayed individuals. If they are to make possible refreezing, they must make maximum allowance for "fit" with the already existing personality and pay sufficient attention to the environment and to the rehearsal of new behaviours to enable the changed images to issue in behaviour which will be confirmed.

As pointers to such analysis, it could be contended that therapies which either major in play or surprise, or emphasise spontaneous reactions without consideration of social approval (eg Gestalt therapy, psychodrama) are likely to be good unfreezers. Interactionist therapies which maximize frank emotional feedback either from the therapist or from fellow members of an existing group are also able to provide the sort of disconfirming information which promotes unfreezing.

Client-centered therapy runs the risk of providing too much psychological safety, confirming the person-as-he-is in an unreal life situation where everything is acceptable. Furthermore, the genuine anxiety which accompanies disconfirmation may be dissipated in verbalization when feelings are reflected by a calm and acceptant therapist. Using different methods, psychoanalysis may bypass disconfirmation and anxiety by superimposing a theoretical framework where affect is categorised and finally done away with.

In the change segment, Behaviour Therapy, at least in its strict original formulation, demonstrates weakness because it limits empathic communication between therapist and client and creates ideal conditions for defensive identification with a powerful model who appears solely as a dispenser of techniques. Change in depth is unlikely where there is minimal exposure of the therapist's underlying personality. The same criticism would apply to psychoanalysis, where the roles of patient and therapist are even more strictly delineated.

Client-centered therapy has been shown (Carkhuff and Truax, 1967) to be successful not in relation to its
principal method, the reflection of feelings, but in the measure in which the therapist reaches out actively and personally and involves himself with the client. When the client-centered therapist's own self was maximally displayed, therapy appeared to be most successful.

However, if the changes wrought by defensive identification are accepted as adequate, directive methods practised by anonymous individuals would be equally potent.

In the area of refreezing client-centered therapy has both weaknesses and strengths. Because of its emphasis upon the intrapersonal, it is likely to achieve a good fit of the new with the old. Growth is likely to be organic. But it shares with psychoanalysis a remoteness from real-life situations. The client must take the newly discovered aspects of himself back to an environment which may be largely inimical to it. Likewise, the emphasis of Gestalt therapy on the rebel individual "doing his own thing" over against society is more likely to result in a growing need for membership in "way-out" groups than in a creative return to a given social milieu.

By contrast Behaviour Therapy, which is not concerned with the fit of new behaviour to the underlying personality organisation, pays careful attention to the environment and undertakes observation and manipulation of the social and physical conditions in which a person lives. It encourages the client to take meaningful direct actions in his real-life situation, and supervises the outcome. Glasser's "Reality Therapy" (1965) exhibits the same careful observation, foresight and planning in working out behavioural programmes which will resocialize the patient. These two therapies are widely used in the treatment of social deviancy.

Psychodrama (Moreno 1946) which creates new roles and then acts them out before a participant audience, with heavy emphasis upon actual back-home physical and interpersonal conditions, also appears to have considerable power as a refreezer.
We began this chapter with a discussion of the deficits of images. The examples just given illustrate how the application of a general model of change to particular theories may reveal deficits in the therapies themselves and open the way for practical therapists to expand their methods into more completely effective instruments of change.

Summary: Our starting point in this essay was dissatisfaction with the view of the self as a datum, which we associated with the theories of Rogers. It appeared to limit options for therapeutic change, particularly in situations of interpersonal conflict.

At the same time, we observed that people naturally talk about themselves in terms of a self, and often about levels of themselves which they call a "real" or "true" self.

We set out therefore to explore the possibility of retaining the self as a construct while developing it in such a way that it could become a useful as well as a natural subject of interest in therapeutic encounters. This meant that any model we developed would both have to contain maximum possibilities for self-change and - on the presumption that therapy is concerned with changed behaviour and not simply with a change of mind - to demonstrate direct links between the self and observable behaviour.

The theoretical framework we have set up appears to meet these requirements. We have identified the self with a system of predictive images, conscious and unconscious, hierarchical in structure and sensitive to feedback through communication. We have set it in a general theory of behaviour which gives an account of the way all behaviour is "tested" by images and thus becomes an external representation of what is operating internally.
Image and behaviour are indissolubly linked. At the same time, because behaviour which is repeated becomes part of a person's image of himself, behaviour change may either result from, or itself provoke image change.

We have enlarged the vocabulary available to discuss this image system (thus also expanding its area of reference in the literature) by equating it with a theory or hypothesis that a person holds about himself and life. A self can be seen as a set of expectations which are continually being tried out and rebuilt in living.

Images, however, are cognitive structures and psychotherapy is often an emotional process. We have explored ways in which the disturbance of images might give rise to emotion and have discussed the use of emotion as an indicator of underlying images. Connections have been established between the arousal of emotions and the individual's confrontation by the novel or unexpected on the one hand, and the interruption of his established sequences of behaviour on the other. If these connections are well made, they provide useful information for those who are attempting to generate emotional responses in therapy. Under the heading of emotion we have included a short exploratory essay on the use of humour in psychotherapy, emphasising its power to shake rigid cognitive structures.

In the context of psychotherapy, group and interpersonal influences on self-development and self-change are of primary importance. We have referred to the theories of several sociologists and social psychologists who have given accounts of the self as a purely social response. While accepting social influence as the major factor in the development of a self, we have been confronted with experiential accounts of loss of self which make much of the need to be distinct and separate from others rather than mere reflections of, or responses to them. Psychopathology seems to emerge from the experience of being unable to make this separation. We have examined this problem through a consideration of confirmation as a communicational phenomenon.
Finally, we have considered some of the conditions under which a self may be defective and therefore susceptible to breakdown, and have set out a model of change which both appears to accommodate our views about the self and to be useful as a means of estimating the relative strengths of particular systems of therapy.

While this outline remains a theoretical one, it is clear that it could be both corrected and enriched by empirical data from the fields of cognitive psychology, social psychology, neurophysiology and communication research. In this sense it holds open doors between the frequently separated fields of clinical and experimental psychology.

In clinical practice itself we believe such an outline has importance as a means of clarifying the unstated assumptions of therapists and clients when they discuss the self in its various common contexts: having an adequate or inadequate self-concept or self-image, actualizing or realizing the self, being true to one's self, revealing one's whole self, accepting one's self, being alienated from one's self, being self-aware or self-conscious or self-expressive—to name but a few. An articulated view of the self can in fact become an educative tool which maximises rather than diminishes clarity and behavioural relevance even as it maintains the centrality of the individual's moment by moment perceptions and experience.

This essay is presented, therefore, as a contribution to constructing an image of an image—a theory of the self which will be of use in therapeutic practice.
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