

# The Self in Psychotherapy

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“Man, you’re talking like a fool. You mean to tell me that you’re gonna sit back and let some old blue-haired woman talk you into being a rabbit?”

“Not talk me into it, no. I was born a rabbit. Just look at me. I simply need the nurse to make me happy with my role.”

“You’re no damned rabbit!”

Ken Kesey

One flew over the cuckoo’s nest 1962.

## Introduction

Of all the perceptions we experience in the course of living, none has more profound significance than the perceptions we hold regarding our own personal existence - our view of who we are and how we fit into the world. It now seems clear that many of the successes and failures people experience throughout their lives are closely connected with the beliefs they hold about their personal existence.

There appears to be a general agreement among psychotherapists that how a person views oneself has profound effects socially, psychologically, and even biologically. As reported by Hartman and Blankenstein (1986), self-perceptions are pivotal and are in fact a “necessary prerequisite” for psychological well-being. A negative self-view has been associated with a host of physical and psychological problems including alcohol abuse (Hull & Schnurr, 1986), anorexia nervosa and bulimia (Garner & Garner, 1986, Garner, Rockert, Davis, Garner, Olmstead & Eagle, 1992) and extreme shyness (Cheek, Meichor, & Carpentieri, 1986).

This emphasis on the self differs from older and better known positions of psychoanalysis (built around unconscious motivations) and behaviorism (emphasizing observable behavior) and even recent positions of cognitive psychology (focusing on information processing and metacognitive processes) and neuroscience (linking learning to brain functioning) in that it stresses self-awareness and personal reflection as active agents in healthy living.

Studying the self has always been a daunting task. As Baldwin and Satir (1987) pointed out, the self is a very personal matter and can never be known in its entirety (p.7). Because the self is culturally-bound, primarily implicit, and hypothetical, it is difficult to define. However, an analysis of various explanations and a review of related research provide a host of relatively unexplored avenues to understanding the self. Among these avenues are “self-efficacy” (Bandura, 1986-1989), and the “possible self” (Markus & Wurf, 1987). While contributions differ and variables shift, there are core similarities. From these a composite definition can be synthesized.

As constructed here, the self is defined as a totality of a complex, dynamic, and organized system of learned beliefs that an individual holds to be true about his or her personal existence. It is this self that provides consistency to the human personality and allows the individual to maintain a reference point for antecedents and consequences of perceptions and behaviors.

Embedded in the above definition of self are five qualities. The self is (1) organized, (2) dynamic, (3) consistent, (4) modifiable, and (5) learned. These qualities can be illustrated by a simple drawing.

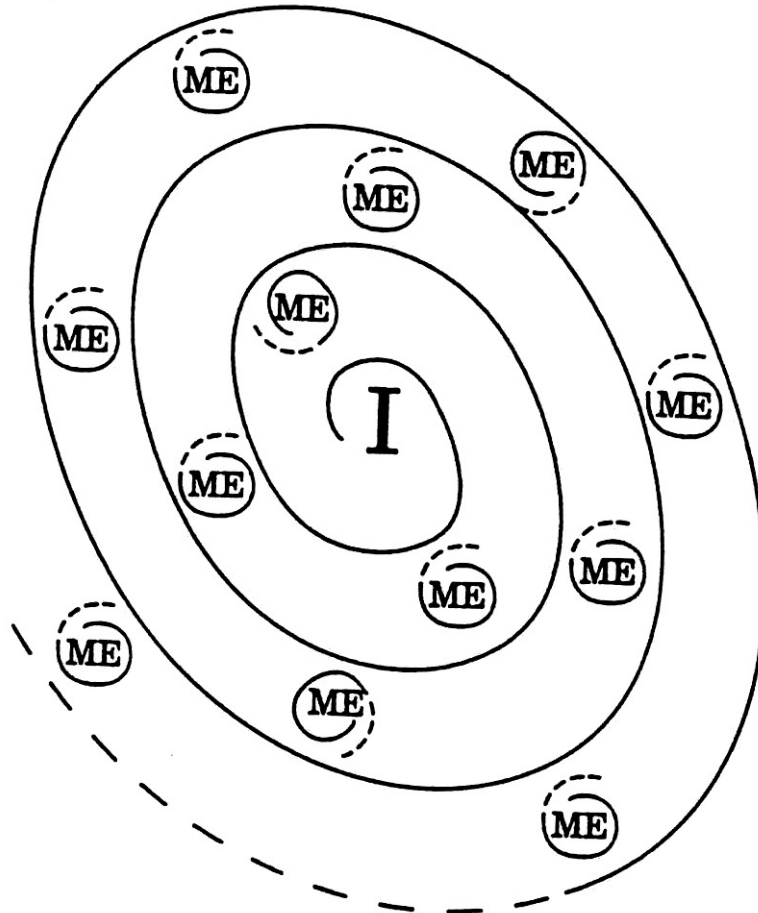


Figure 1

### Self is Organized

Most self theorists agree that the self has a generally stable quality that is characterized by internal orderliness and harmony. It is not simply a hodge-podge of cognitions and feelings. To picture this internal symmetry, consider Figure 1 and imagine that the large spiral represents the organized unity of the “global” self.

The global self is orchestrated and balanced, centered on the “I”, the self-as-subject. This I is the

living connection with experience. Humans are aware of past, present and future selves. This future self has been explored by Garcia and Pintrich, 1994; Markus, 1977; Markus and Nurius, 1986 and Markus and Wurf 1987 in their conceptions of “self schemas and possible selves.”

In addition to the “I” the self also contains smaller units. These can be thought of as “subselves” and represent the self-as-object, the various me’s that are the objects of self-perceptions. Each of the me subselves within the global system contains its own balance, and each influences and is influenced by the global self.

The numerous me subselves can be roughly divided into attributes (strong, tall, loyal, short, bright, young, friendly, trustworthy, sexy, etc.) and categories (student, husband, mother, Moslem, Jew, atheist, athlete, homosexual, veteran, lover, etc.). These perceived attributes and categories usually are linked (good student, loyal American, excellent therapist) amid are positioned in a hierarchical order. This order is critical, for it gives meaning and stability to the global self.

Each person’s self contains countless me’s, but all are not equally significant. Some are highly important and are positioned close to the center of the self. Other me subselves are less central and are located toward the periphery. Subselves closest to the I have the most influence on daily functioning; the individual “hears” these subselves the loudest for they are close to the center. By the same token, subselves farthest away from the I have the weakest voices and have diminished influence on perceptions and behavior. For example, perceiving oneself as a Christian may have vastly greater impact than perceiving oneself as a golfer, and vice versa.

Each subself carries its own plus or minus charge that contributes to the global self. Perceived success and failure tend to generalize throughout the entire self-system. When one me is important and highly valued, a failure in that dimension lowers the self-evaluation in other, seemingly unrelated, abilities. Conversely, success in a highly valued activity tends to raise self-evaluations in other, apparently unconnected, abilities. This spread-of-effect phenomenon has been documented by Blailiff (1978), Hattie (1992), Ludwig and Maehr (1967) and Marsh (1993) among others.

### Self is dynamic

Combs and associates (1978, 1989, 1994) have postulated that the maintenance, protection, and enhancement of the perceived self is the basic motivation behind all human behavior. For example, a corporate executive might be neglecting her official duties (the “executive me”) that she does not see as a valued and central part of herself while spending many hours on the tennis court improving her already superior skills and enhancing her “self-as-tennis player.”

It is important to note here that the self is not the cause of the person’s behavior. For example, in the case of student misbehavior, the student’s self does not cause the misbehavior to occur. A better

explanation is that the disruptive student has learned to see himself or herself as a troublemaker and is behaving accordingly. An illustration of this occurred when a school dropout was invited to speak before several hundred educators at a conference on dropouts. When the dropout arrived, he took one look at the audience and headed for the door. On the way out he was asked where he was going. He simply replied, "I'm a dropout and that's what I'm doing." The student learned to see himself as a dropout and behaved accordingly. For him to have acted otherwise would have violated his perception of himself as a dropout. Bandura (1986, 1989) Seligman (1974, 1990) and others have demonstrated that individuals who view themselves as inefficacious in coping with environmental demands and expectations tend to dwell on their perceived deficiencies and view potential challenges and difficulties as far more difficult than they really are.

To understand the dynamic nature of the self, picture the global spiral (Figure 1) as a sort of personal gyrocompass: a continuously active system of beliefs that dependably point to the "true north" of a person's perceived existence. This guidance system serves to direct actions and enables each individual to take a consistent stance in life. Rather than being viewed as the cause of behavior, the self is better understood as the gyrocompass of the human personality, providing cohesion in personality and direction for behavior.

#### Self is consistent.

A singular feature of the self is that it requires internal consistency to maintain some degree of homeostatic autonomy. To maintain this consistency, people act in accordance with the ways they have learned to view themselves. From a lifetime of studying their own actions and those of others, people acquire expectations about what things fit and what behaviors are appropriate (Calderhead, 1996; Pajares, 1992; Snow, Comb, 1996). All subselves that exist within the global self are expected by the perceiver to be congruent with all others, no matter how incongruent they may appear from an external viewpoint.

If a new perception is consistent with those already incorporated into the self, the individual easily accepts and assimilates that new perception. However, if the new experience is in opposition to those already incorporated, the person will automatically reject it, no matter how self-enhancing it might appear to the external observer. People accept and incorporate that which is agreeable and congenial with their self, and they reject and avoid evidence that is disagreeable and incongruous.

Sometimes the global self consists of contradictory subselves. Yet these various me's can coexist happily and may never encounter or challenge one another as long as the individual does not perceive the contradictions. For example, a father may neglect his own children while working actively with a youth group. He sees himself as a "good" father. It is only when he becomes aware of the contradictions among these subselves that resolution of the dissonance is likely to occur. Once the dissonance is perceived, it

has a good chance of being resolved. If not, the individual is likely to suffer emotional distress.

Psychotherapists who understand the tendency of the self towards consistency do not expect quick changes in clients. The self is remarkably conservative and cannot easily be modified or shaped into something more suitable or desirable. Whether a person's self is healthy or unhealthy, productive or counterproductive, it strives for consistency.

An example might be useful here. Medical doctors and nurses report that they often find it difficult to get patients who are diagnosed as diabetic to care for themselves properly. Such patients find it difficult to accept their new "diabetic me" and the accompanying need to use insulin and follow dietary requirements. The English language allows the diabetic to reveal his or her innermost self by saying "I am diabetic." Certain conditions and diseases are not allowed this same freedom. One almost never hears "I am cancerous." Instead, a forced distancing takes place: "I have cancer."

One final thought on the consistency of self is that being right about one's beliefs about self has reward value, even if the belief is negative. A client who has lost both his job and his wife might take certain pleasure in stating: "See, just as I thought! Nobody cares whether I live or die!" Being right — even about negative feelings about oneself — can be self-satisfying.

Although the self tends toward consistency, significant changes in the self are possible. Over time and under certain conditions, one's self can undergo significant changes. The good news is that the self is modifiable.

### Self is modifiable.

In each reasonably healthy person new perceptions filter into the self throughout life, while old ones fade away. This continuous flow creates flexibility in the self and allows for infinite modifiability. A likely explanation for the assimilation of new ideas and the expulsion of old ones is the assumption that each person constantly strives to maintain, protect, and enhance the perceived self. This basic assumption is a tremendous "given" for the psychotherapist for it means that the self is predisposed towards development.

Rather than seeking ways to "motivate" clients, humanistic psychotherapy as interpreted here is based on the assumption that people are always motivated. People may not do what others wish them to do, but this does not mean that they are unmotivated. Therapists who accept this assumption can shift their energies away from a "doing to" process of trying to motivate clients, and towards a "doing with" process of inviting clients to explore their self-perceptions and choose directions for this drive towards fulfillment to take. According to Combs, Avila & Purkey, 1978, Maslow, 1954 and others, there is only one kind of human motivation — an internal and continuous incentive that every individual has at all times, in all places, during all activities. Viewing human motivation from this humanistic perspective

means that therapists can best use their time and energies to encourage a cooperative spirit of mutual development, which brings us to a final quality of the self: It is learned.

### Self is learned.

Clients change their perceptions of self, for good or ill, in three general ways. The first way is through an extremely traumatic or ecstatic event. All of us have witnessed how the tragic loss, of a loved one, or the joyous arrival of a baby, can have such impact that the very structure of a person's self undergoes significant change (for example, "I am now a widow," or "I am now a father!") The impact of such momentous events, including religious conversion ("I am now saved!") abruptly interrupts the internal balance of the self and tilts it in a new direction. Erikson (1959, 1968) suggested that such abrupt events force individuals to reevaluate their lives and bring about a renewed struggle with the definition of self.

A second way that people change their self is through a professional helping relationship, such as medical treatment, psychotherapy, or spiritual guidance. An abundance of empirical research has demonstrated that therapeutic approaches can be beneficial in altering the self. In addition, scientific interventions continue to overcome challenges and help individuals lead long and healthy lives. Various forms of medical service, including surgery, drug therapy, and dentistry, both separately and in conjunction with one another, can have powerful effects on the self.

The third and greatest influence on self takes place in everyday experiences. Repeated events, either positive or negative, have a profound effect on personal awareness. Many people seek professional help because they have lost the will to challenge the negative messages that may dominate their lives. Although theoretical concepts of the self focus primarily on individual autonomy, recent developments reflect the critical importance of interdependence and relationships with others (Holdstock, 1994). Asking a client to describe how significant others view him or her reveal much about the client's self.

In concluding this overview of the qualities of self, it may be helpful to think of the self as a stabilizing lake. The lake is constantly fed by a river of experience that flows into the lake at one end and exits at the other. The river can flow rapidly or slowly, depending on life experiences, and can provide much or little fresh water to the lake. In a healthy personality, the river constantly provides the lake with fresh concepts about the self, while outmoded ideas are flushed out of the lake and down the river. When this lifelong process of renewal and development is interrupted, and little water is allowed to enter or leave the lake, it becomes stagnant. Conversely, if too much enters the lake, it becomes flooded, unpredictable, and provides too little protection against the vagaries of life. Some clients become so crowded internally that they experience sensory overload, continually adding more without letting go of any. An essential aspect of humanistic psychotherapy is to invite clients to examine their personal lake

and explore ways to keep it healthy. A healthy self maintains some congruence with the outer world while retaining some inner strength and efficacy (Benne, 1984). A healthy self is also one that is continuously involved in creating new visions of personal growth and development.

Presently, there is a renewed interest in the self. Recent books by Bandura (1998, in press), Brinthaupt and Lipka (1994), Hattie (1992), Greenberg, Rice and Elliot (1993) Schunk and Zimmerman, (1994) among many others illustrate this interest. To understand this wellspring of fresh interest, it will help to take a quick look at the history of the self that underlies many recent developments.

### Brief History of Self

Drawings on caves suggest that at some point during the dawn of history, human beings began to give serious thought to their nonphysical, psychological selves. With the advent of written history, writers described this awareness of self in terms of spirit, psyche, or soul. Greek philosophers such as Socrates, Plato, and Aristotle defined the self in terms of the soul, as immaterial and spiritual. Their conception of an individual's self as a spiritual entity separate from the physical self formed the foundation for subsequent conceptions of mind and body duality. During the middle ages the concept was further developed by theologians, who stressed the immortality and superiority of the soul to the body in which it dwelled.

A turning point in the thinking about this nonphysical self came in 1659, when Rene Descartes wrote his Principles of Philosophy. Descartes proposed that doubt was a primary tool of disciplined inquiry, yet he could not doubt that he doubted! He reasoned that if he doubted, he was thinking and therefore he must exist. Although the focus on mind and body duality that rationalism came to represent has largely been discarded, its emphasis on inner processes of self-awareness remains a powerful force in philosophical and psychological thought. Other philosophers of this general period, among them Spinoza and Leibnitz, added their ideas about the mystery of the nonphysical aspects of individuals. Terms such as mind, soul, psyche, consciousness, spirit, and self were often used interchangeably, with scant regard for invariant vocabulary or scientific experimentation. For the most part, a general state of metaphysical disorganization regarding self existed well into the present century (and to a large extent continues!) Early 20th Century

A milestone in the quest for understanding internal processes was the voluminous writings of psychoanalysts such as Sigmund Freud (1915, 1938, 1957). Freud gave attention to the self under the concepts of id, ego and superego. The concept of ego was given increased attention by his daughter Anna, who built a respected place in it for therapy. Specifically, her attention to ego development during adolescence provided the foundation for future explorations by Erikson (1959, 1968). Yet, Freudians and

neo-Freudians generally hesitated to make the self a primary psychological unit or give it central prominence in their theoretical formulations. In part, this was due to the psychodynamic emphasis of the biological processes in human development, hence the oft repeated Freudian maxim that “biology is destiny.”

At the turn of the present century, when American psychology began to take its place among the other academic disciplines, there was a great deal of interest in self. For example, when William James wrote *Principles of Psychology* (1890), his chapter on the “The Consciousness of Self” was the longest in two volumes. He differentiated between the self as knower (the I) and the self as known (the me). He referred to the “I” as pure ego and suggested that this component of self is consciousness itself. The me on the other hand, is one of the many things that the I may be conscious of. It consists of three components, one physical or material, one social, and one spiritual. In addition, James was one of the first to use the term “self-esteem” which he described as a self-feeling of what we back ourselves to be and do. Self-esteem may be raised, James argued, either by succeeding in our endeavors, or in the face of disappointments, by lowering our sights and giving up certain pretensions.

During the early 20 century, Charles Horton Cooley (1902) used the metaphor of the looking-glass self to suggest that individuals’ self-perceptions are, in part, formed as a result of their perceptions of how other people perceive them. That is, the perceptions and value judgments of others act as mirrors through which individuals view and define their own sense of self. This conception of self brought to the forefront of psychological, sociological, and philosophical thought an emphasis on human interactions and the importance of social comparisons in the development of self.

Thanks to a hectic period of theory building in the early 20th Century, followed by strongly held positions on issues, most psychologists rallied around certain systems and organized schools that were characterized by ardent advocacy of their own theory and unrestrained hostility to opposing ones. Freudian psychoanalysts emphasized unconscious motivation; introspectionists defined the process of introspection as a way of exploring the consciousness; gestaltists believed in the value of insight and stressed the selective perceiver; and behaviorists attempted, with a good deal of success, to cancel out all other schools by claiming that all systems except their own studied consciousness. According to the early behaviorists, only a person’s tangible, observable, and measurable behavior was fit for scientific inquiry.

When the smoke cleared, the radical behaviorism of J.B. Watson (1925) carried the day. Psychology was redirected, attention was turned to observable stimuli and response, and the inner life of the individual was beyond the scope of “scientific” psychology. Self, self-beliefs, self-esteem, and self-perception as psychological constructs were pushed into limbo, along with such internal constructs as mind, consciousness, awareness, and will. From the 1920s through the 1940s, the self received scant attention from the behavior-oriented psychologists who dominated American psychology.

Although the decline of interest in the self was encouraged by behavioristic psychologists, all the fault for its neglect cannot be laid at their door. Very little of the literature on the self during those decades was based on disciplined inquiry. Rather, it continued to be philosophic or conceptual in nature, with few studies attempting or reporting empirical findings. Those few who advocated the importance of the self weakened their position through neglect of rigorous experimentation and scientific inquiry.

Whatever the cause, emphasis on the self declined as a concern of American psychology and education during the first half of the century. But there were some notable exceptions to this general neglect. George Herbert Mead (1934) made the concept of self a major part of his theoretical writings on the philosophy of transactions with the environment. Mead argued that self results from an interaction between the social process and what Lev Vygotsky (1935, 1978) would later call the “psychological tools” that individuals used to make sense of and share social symbols. The primary tool, language, aids individuals in making sense of their inner processes and coming to define their sense of self. Mead also made use of James’ “me” and “I” dichotomy to help explain that “if the I speaks, the me hears.” By listening and making sense of this linguistic exchange, the self is realized.

Other psychologists were instrumental in keeping alive the study of self. Kurt Lewin (1935) viewed the self as a central and relatively permanent organization that gave consistency to the entire personality. Kurt Goldstein (1939) analyzed the process of self-actualization, as contrasted with those of the sick organism that must constantly worry about self-preservation. This was a forerunner of the comprehensive works of Abraham Maslow (1954), who was to write so powerfully about self-actualization.

### Middle 20th Century

Coinciding with the zenith of behavioristic influence came what is now referred to as the humanistic revolt in psychology and psychotherapy. Dissatisfied with the direction that psychology was taking, and apprehensive about what they considered a narrow and passive view of human existence represented by behaviorism, a group of psychologists and psychotherapists called for renewed attention to the self. In concert with existential and phenomenological movements of the 1950’s and 1960’s, the humanistic movement was born. As Diggory noted, “the fact that the new self psychologists were able to argue substantive matters of learning theory and motivation with the heirs of the behaviorists made the latter pay attention and finally to agree that there might be something to the idea of self after all” (1966, p.57).

The most eloquent and significant voice in this new humanistic movement was that of Carl Rogers (1947, 1951, 1958, 1959, 1969). In an influential series of articles, books and lectures, Rogers presented a system of psychotherapy built around the importance of self in human adjustment. Rogers described the self as a social product, developing out of interpersonal relationships and striving for consistency. He

believed that in every human being there is a drive toward self-actualization and growth so long as this is permitted and nurtured by environmental forces. Rogers' approach went far toward linking earlier notions about the self with solid research to support his observations. In fact, his impact was so powerful and influential that his general approach soon became known as "self theory".

During the 1950s, 1960s and 1970s there was an enthusiastic renaissance of interest in the self. The research and writing of Brookover (1959) Coopersmith (1967), Jourard (1971), Snygg and Combs (1949), among others, provided a deeper understanding of the dynamics of the self. One aspect of this renewed attention to self was the "human potential" movement that stressed personal growth, often accompanied by personal excess. As Baldwin (1987) noted, "Unfortunately, proponents of the human potential movement often carried the idea of personal growth to the limits of personal license and failed to develop a disciplined and systematic examination of its assumptions and limitations" (1987, p. 28). This resulted in a backlash against the entire humanistic movement. Once again, interest in the self declined as a viable topic of research.

#### Late 20th Century

The humanistic movement waned during the 1980s as psychologists shifted their interest to cognitive processes and information-processing. This cognitive revolution was heavily influenced by technological advances and the computer, which became the movement's signature metaphor. Much like their humanistic predecessors, the new wave of theorists and researchers emphasized internal, mental events, but this emphasis was primarily on cognitive tasks such as encoding and decoding human thinking, information processing strategies, higher-order thinking, memory processes, and problem solving, rather than on exploring the self.

This is not to say that interest in the self disappeared completely. In fact, it remained prominent, albeit with a qualitatively different face. In keeping with the "cold cognition" tradition of the cognitive revolution, research on the self maintained a measure of prominence and respectability by adopting a strong quantitative flavor. Although contemporary interest in exploring consciousness may appear overly mechanistic, its findings can provide exciting insights for psychotherapists, including the significance of self-efficacy and the possible self. For a detailed description of the history and rediscovery of the self, please see Seaman (1988), Garfield and Bergin (1986) and Bergin and Garfield (1994).

#### Contemporary Research

The present emphasis on the self is so pervasive that Graham and Bernard, reviewing the state of knowledge related to theories and principles of motivation for the 1996 Handbook of Educational Psychology, observed that current research topics such as self-efficacy, learned helplessness, self-worth

and attributions:

Reflect what is probably the main new direction in the field of motivation — the study of the self. If we add to this list the constructs of self-concept, self-focus, self-handicapping, self-monitoring, and the remainder of the “self” vocabulary then it is evident that the self is on the verge of dominating the field of motivation. (1996, p. 77).

### Self-Efficacy

Indeed, the new resurgence of interest in the self has been so pervasive that it is difficult to identify a contemporary personality theory that is not centered on the self (Kuhut, 1984). Perhaps the most prominent self-theorist among contemporary voices is that of Albert Bandura (like Maslow a former behaviorist). In *Social Foundations of Thought and Action: A Social Cognitive Theory*, (1986), Bandura wrote that individuals possess beliefs that enable them to exercise a measure of control over their thoughts, feelings, and actions. These self-beliefs comprise a self-system, and human behavior is the result of the interplay between this system and external forces of influence. In all, Bandura painted a portrait of human behavior in which the self is the key element. According to Bandura, how people behave can often be better predicted by their beliefs about their capabilities than by what they are actually accomplishing, although this is not meant to imply that they can accomplish tasks beyond their capabilities simply by believing that they can. (The most powerful method of changing cognitions of self-efficacy are performance based.) Rather, perceptions of self-efficacy can help determine what individuals do with the knowledge, skills, and talents they possess. More important, self-efficacy beliefs are critical determinants of how well knowledge and skills are acquired in the first place.

According to Bandura, the process of creating and using self-beliefs is simple enough: individuals engage in behaviors, interpret the outcomes of their actions, and use the interpretations to develop beliefs about their capability to engage in subsequent behaviors in similar domains, and act in concert with the beliefs created. This view of self as a mediating construct in human behavior is consistent with the views of numerous psychotherapists who have argued that the potent evaluative nature of the self creates a filter through which all new phenomena are interpreted and subsequent behavior mediated. Behavior is not controlled by its consequences (as behaviorists long maintained) so much as it is by personal constructions of its meaning or value in relation to the self.

Bandura’s social-cognitive theory provides a view of human behavior and motivation in which the beliefs that people have about themselves are key elements in the exercise of control and personal agency. Individuals are viewed as producers of their own environments and of their social systems. A strong sense of self-efficacy enhances human accomplishment and personal well-being in countless ways. People with a strong sense of personal competence approach difficult tasks as challenges to be mastered rather than

threats to be avoided. They have greater intrinsic interest and deep engrossment in activities, set themselves challenging goals and maintain strong commitment to them, and heighten and sustain their efforts in the face of failure. Moreover, they more quickly recover their sense of efficacy after failures or setbacks, and attribute failure to insufficient effort or deficient knowledge and skills which are acquirable. Conversely, people with low self-efficacy may believe that things are tougher than they really are, a belief that fosters stress, depression, and a narrow vision of how best to solve a problem. As a result of these influences, self-efficacy beliefs are strong determinants and predictors of the level of accomplishment that individuals finally attain. One's self-estimated sense of self efficacy is one of the best predictors of behavior (Bandura, 1986).

### Self-Schemas and Possible Selves

Markus and associates (1977, 1987) have offered a perspective on the self that focuses on individuals' self-schemas and possible selves. Finding traditional views of the self as too "monolithic," Markus argued that an individual's self-system is composed of self-schemas, which are defined as "cognitive generalizations about the self, derived from past experience, that organize and guide the processing of self-related information contained in the individual's social experiences." (1977, p. 64). Markus agreed that one's self comprises the totality of information available to an individual as the result of past experience, but contended that an individual does not make use of this total structure when undergoing day-to-day activities. Instead, people selectively extract from their vast storehouse of self-knowledge the information required to deal with specific events or experiences. The information selected results in the construction of self-schemas that help a person determine the specific stimuli selected for attention, the information to be remembered and incorporated into the self-system, and the inferences and decisions to be made in a particular context. Seen this way, the concept of self-schemas is similar to Freud's description of the executive function of the ego.

The possible self as a self-schema consists of cognitions of the type of person one can become and the things one can accomplish. These cognitions also include the type of person one is becoming. In a similar view, Erikson earlier observed that one's self "demands to be synthesized with abandoned and anticipated selves." (1959, p.160). Because individuals' conceptions of their possible selves aid them in selecting information from the self-system and constructing the self-system necessary to function adaptively, Markus argued that they provide the essential link between self-concept and motivation.

Self-schemas, then, are parts of the self activated and brought into higher levels of awareness to deal with specific experiences. Because the self includes all available knowledge, an individual must carefully and creatively construct the self-schemas most relevant and appropriate to the experience at hand. In a sense, this is a working self-concept. Markus suggested that self-schemas are in part

constructed from information and strategies that have proved effective in past situations of similar nature and reflect significant and enduring personal concerns. They are also constructed to reflect the individual's enduring goals, hopes and aspirations, motives, fears, and threats. In constructing self-schemas, individuals are guided by visions of themselves in the future, visions of their possible selves, positive and negative.

### From Research to Practice

Psychotherapy, according to Garfield & Bergin (1986, p. 5) is not a distinctive profession. Rather, it is an activity performed by members of many different professions. Similarly, using the self in psychotherapy is not so much a science or technique as it is a way of being with the client. This “being with” process reflects those attributes of humanistic psychotherapy listed by Rogers as the “characteristics of the helping relationship” (Rogers, 1958). More specifically, it includes the self of the therapist, the interdependent relationship, and the therapeutic process.

#### Self of the therapist

Countless variables have been related to the outcomes of psychotherapy, including counselor traits (Felker, 1973; Vargas & Borkowski, 1983), counselor behaviors (Dell, 1973), environmental factors (Chaikin, Derlega, & Miller, 1976; Hasse & DiMatta, 1976), and counseling skills (Ivey & Authier, 1978). Of these, a variable that appears repeatedly in the professional literature is the self of the therapist. Counselors who accept and reflect accurately their own feelings within themselves are in a favorable position to encourage these processes in their clients. Conversely, therapists who have difficulty with their own self-explorations severely limit their value as professional helpers. A therapist's ability and willingness to self-examine, self-reflect, and self-accept are essential for successful helping.

The primary tool of a humanistically-oriented psychotherapist is one's own self. This concept has been called the “self as instrument” (Combs, Avila, & Purkey, 1978). The self as instrument concept requires psychotherapists to be thinking, feeling, problem-solving professionals who combine knowledge, understanding, and techniques with their own unique ways of putting these qualities into operation.

According to a study by Williams and Chainbliss (1990) clients who viewed their therapist as self-confident tended to benefit the most from therapy. Wiggins and Giles (1984) reported that clients who had relatively positive levels of self-esteem tended to lose self-confidence when treated by counselors who had low self-esteem. Clearly, there is a relationship between therapist characteristics and treatment outcomes. The self as instrument concept helps to explain why the attempt to distinguish between effective and ineffective helping professionals on the basis of knowledge, methods, or techniques falters.

Each therapist develops his or her own best ways to use one's self to forward the therapeutic process. The value of a particular theoretical position, according to Combs (1989), is that it provides a frame of reference for the effective use of self. Success or failure as therapist is dependent on the use of his or her self as a catalyst for client change.

Learning to use the self as instrument might be facilitated by accepting the model proposed by Rogers (1959) which maintains: (1) the communication of congruence, empathic understanding and non-judgmental respect are necessary and sufficient psychotherapist activities, (2) that self-actualization is the motivation for human activity, (3) that each individual has the capacity for self-actualization, and (4) each therapeutic relationship is a creative and unique process. While there are elements beyond these four assumptions that would necessarily be included in a professional training program for psychotherapists (ethical practice, social concerns, professional issues, analysis of theories, etc.), the emphasis should be on the values, attitudes, and self-beliefs of the therapist as reflected in his or her conduct. Counselor training is to be regarded as a continuous, evolving process of self-discovery and self-actualization. The goal of this training is to develop professional helpers with the strength and maturity to focus on the self of the client, as opposed to focusing on various techniques or skills. Whatever techniques and skills the humanistically-oriented therapist chooses to use evolves from his or her personality and are in response to the particular problems, requests, and style of the client. As Bozarth (1990) cautions, techniques should emerge in the blending of therapist and client, otherwise they distract attention from the self of the client. Techniques should occur out of the relationship of the therapist's self with the client self.

### The Interdependent Relationship

The goal of the therapist is to form a partnership with the client based on trust. Clients will disclose their deeper selves only if they are assured that the therapist will use this information for their benefit. It is this "I-Thou" trusting relationship beautifully described by Martin Buber (1937) that is the heart of humanistic psychotherapy.

Trust is based on the interdependence of human beings. As Rogers (1958) explained, psychotherapy based on withholding oneself as a person and dealing with others as objects does not have a high probability of success. The element of trust is established in an inviting pattern of action, as opposed to a single act. Establishing this pattern of trust takes time, and so patience is a vital commodity for therapists.

Trust is established and maintained through sources identified by Arceneaux (1994). These sources include reliability (consistency, dependability, and predictability), genuineness (authenticity and congruence), truthfulness (honesty, correctness of opinion, and validity of assertions), intent (good character, ethical stance, and integrity) and competence (intelligent behavior, expertness, and knowledge).

The therapist's self is manifested in each of these sources.

### The Therapeutic Process

To date, only a few controlled studies have reported involving the self in psychological disorders (Emmelkanip, 1994). Studies that looked at such disorders as depression (Beck, Rush, Shaw, & Emory, 1979), alcoholism and substance abuse (Hull & Schnurr, 1986), anorexia and bulimia (Garner and Garner 1986) report modest results. While there is no clear evidence that either cognitive, behavioral, or self-interventions are superior in explaining improvements, there are promising results using multifaceted self-controlled programs such as self-monitoring, self-evaluation, and self-reinforcing activities. Taken together, there is growing evidence that self-control programs may be of value in treating psychological disorders.

What is increasingly clear, as Emmelkamp (1994) noted: "the quality of the therapeutic relationship may be influential in determining success or failure in behavioral therapies, although well-controlled studies in this area are rare" (p, 416-417).

Past reviews of research on the therapeutic process report relatively few differences in outcome variables among various approaches to psychotherapy (Bergin & Garfield, 1994). It now appears that there are common therapeutic factors in very different forms of psychotherapy that contribute to comparable outcomes. Among these may be the opportunity to express deep feelings, the creation of hope, the trying out of new solutions to one's problems, the modification of cognitions, and a genuine caring relationship (Sexton & Whiston, 1991.)

As Brodley and Brody (1990) pointed out, skills and techniques of some sort are intrinsic to all therapy practice. There is evidence that therapists can use interactive techniques in empathic, self-discovery relationships, while demonstrating positive regard and focusing on the client's concerns, and can be successful. The skills used by therapists who view the self as the center-piece in professional helping are in many ways similar to the competencies used in other models. Among these common skills are listening, paraphrasing, reflecting, focusing, structuring, confronting, interpreting, and summarizing. However, there are two qualities that are of particular value to the self-therapist in working with clients: intentionality and empathy.

#### Intentionality

The concept of intentionality in professional helping was first introduced by Rollo May in 1969. He viewed intentionality as a major variable related to successful therapy. May described intentionality as the ability to link inner consciousness with intentions and overt behaviors. By this definition, intentionality:

“is not to be identified with intentions, but it is the dimension which underlies them; it is man’s 224). Intentionality, as May defined it, has implications for the qualities of caring and empathy as well as for the qualities of direction and purpose. Intentionality allows therapists to form intentions based on their self-perceptions.

After a long period of neglect, the construct of intentionality has been rediscovered as a vital variable in professional functioning (Purkey & Schmidt, 1996). This intentionality enables therapists to generate alternative helping behaviors in varied situations, have options readily available to respond to the client’s needs, and to utilize these responses to help clients in their efforts to develop a healthy self (Ivey & Simek-Downing, 1980; Ivey, 1994).

### Empathy

Empathy is the ability to see the world through the eyes of the client. This primary skill is at the center of the therapeutic process. Empathy is so important that Rogers (1958, 1959) named it first among his three necessary and sufficient conditions for professional helping. He and others (Greenberg, Rice & Elliot, 1994; Purkey & Schmidt, 1996) regarded empathy as the basis for everything that happens in therapy.

To be empathically sensitive to the hidden self of the client is necessary to “read behavior backwards” (Combs, Avila & Purkey, 1978). By paying close attention to a client’s verbal, paraverbals, and non-verbal behavior (e.g. mannerisms, expressions), it is possible to construct significant parts of the client’s self. Developing the ability to read behavior backwards is not a matter of learning a new skill or technique, but of intentionally striving to do it with greater sensitivity and accuracy. Everyone makes inferences regarding the self (a yawn indicates the need for sleep, or perhaps the presence of boredom), but a professional counselor works to do it more effectively, with greater precision.

Reading behavior backwards is based on inference which, in the minds of some scholars, is risky business. The concern is valid, for reading behavior backwards is subjective and open to distortion. Yet, there are ways to use the therapist’s self as an instrument for making hypotheses, which can be tested and refined. (Combs, Avila & Purkey, 1978). In sum, the making of inferences based on careful observation is scientifically respectable.

Finally, reading behavior backwards has importance beyond its value for understanding the self of the client. Listening, accepting, and reflecting back to the client his or her personal world is paying the highest of compliments. The therapist is conveying the message to the client that he or she is important and significant. The therapist is saying “I care about you and your feelings.” In the case of clients suffering with feelings of worthlessness and self-doubt, the therapist who truly listens, accepts, and reflects feelings is doing far more than communicating, for empathy itself is a therapeutic experience.

There is widespread belief among many therapists that empathy on the part of the therapist is inherently curative (Bohart, 1988, 1990; Brodley & Brody, 1990). The process of combining intentionality with empathy to invite client openness is critical to successful therapy. A way to encourage client openness through counselor intentionality has been outlined by Gerber (1986) under the title “responsive therapy.” It has been reduced by Purkey, Mandsager and Shoffner (1998) into the acronym SHARE (Starting, Hearing, Accepting, Reflecting, Enhancing).

### Starting

Starting is essential in structuring the beginning of the SHARE process. Gerber (1986) describes this as an “indirect lead.” Any statement that invites the client to disclose oneself, such as “Tell me about yourself” or “Describe what’s going on inside yourself” can start the disclosing process. The client talks and the therapist listens. The client determines the direction, and the therapist follows.

Typically, when a client is invited to disclose, he or she will respond with “What do you want to know?” In the SHARE approach this is the moment of truth for it determines the role of the client and therapist in terms of who determines the content, direction, speed, and sequence of the therapeutic process. This is a critical juncture because it is tempting for the therapist to give direction. When this happens, the communication has shifted from what the client has to disclose to what the therapist wants to hear. The danger at this moment is that the client becomes dependent on the therapist to ask questions and provide direction. Should this happen, the therapy can quickly turn into “20 questions” with the therapist determining the content of disclosure through considerable (and laborious) effort.

As explained by Greenberg, Elliot and Lietaer (1994), it is important that therapists avoid factors that hinder the therapeutic process. These factors include therapist intrusiveness or pressure and the tendency of clients to be deferential to the therapist. To avoid the “20 questions” game, when the therapist is asked, “What do you want to know?” he or she simply turns the question around with something like, “You choose” or “I’m not sure, so share whatever you wish.” Although the client selection process will be accompanied by tentativeness, hesitativeness, and obliqueness, it is likely that the client will select a topic that is salient and most on his or her mind. This initial self-disclosing process is critical in determining the remainder of the self-discovery and self-actualizing journey.

At a more general level, sometimes the client will assume that she or he has disclosed enough about oneself and will stop talking. If the therapist is unsure what is being communicated, it is helpful to invite further disclosure through an additional indirect lead (“Please tell me more so that I can understand.” Or “Please say more about that something in you that does not know what to do.”) A useful means of furthering self-disclosure is to ask for an example (i.e., “Please give me an illustration.”). By eliciting an example, the therapist receives additional information and has an enhanced opportunity to understand the

self of the client.

The indirect lead also communicates to the client that he or she is one's highest authority. As Purkey and Schmidt (1996) noted, each individual is responsible for his or her own existence: No matter how much a client may want the therapist to take over, and no matter how much the therapist tries to guide the client's decisions, the reality is that the client is responsible for his or her life. At the same time, the therapist has the responsibility for encouraging self-development and autonomy and respecting that autonomy. Through indirect leads in "Start," the therapist communicates respect for the client's self-directing powers.

### Hearing

To listen means to make a conscious and sustained effort to really ~ what the client is communicating. This includes what he or she is ~ saying. Gerber (1986) wrote of cues which include tone of voice, facial expressions, sighs, verbal inflection, and body language.

An important part of hearing is the "funneling" process described by Gerber (1986). The larger end of the funnel represents generally connotative and imprecise sharing that the client uses to keep self-disclosure at a safe and superficial level. As the therapist implements the skills set forth in SHARE, the disclosure process becomes more precise, and the therapist's understanding is increased. The smaller end of the funnel represents authentic self-disclosure free of superficial content.

Gerber (1986) suggested that the therapeutic process begins at the top of the funnel. As the therapist practices SHARE, the client expresses more meaningful messages and genuine concerns as pictured by Figure 2.

Now that the process of Starting and Hearing skills have been presented, progressing down the funnel involves the remaining SHARE skills of Accepting, Reflecting, and Enhancing. Accenting

Acceptance is a therapeutic stance of genuine, non-judgmental, consistent acceptance and tolerance for all aspects of the client (Rogers, 1958, 1959).

Accepting what the client is saying is without interrupting, persuading, sympathizing, or expressing judgment can be a challenge for some therapists. It is tempting to debate a client's statements that are self-defeating, self-debasing, and that fly in the face of fact and logic. But this debate threatens self-disclosure. No matter how much the therapist might disagree with the client, no matter how offensive the communication might be, the therapist accepts what is being communicated. Acceptance is not the same as agreement. The therapist can accept the fact that the client maintains that the world is "out to get me," that "my life is hopeless" and that "I am worthless," without agreeing with these self-statements. This stance of acceptance helps the therapist to further understand the client's perception of oneself and enhances the sharing of self. Patterson and Hidore (1997) expressed acceptance of client's feelings this way:

The therapist must remember that clients come to therapy because they have problems, negative feelings such as hate and fear, and to some extent a negative self-concept. Their low opinions of themselves are not (usually) simply a misperception or unrealistic — there is some basis in reality. They are failing to be their best selves, to be self actualizing persons. To deny the client’s feelings that this is the case is not to help clients but to prevent them from going on to recognize the positive aspects of themselves and their situations. (p. 135).

The role of the therapist is to make the journey with the client, to face the worst, then to begin the rebuilding of self-understanding and self-worth.

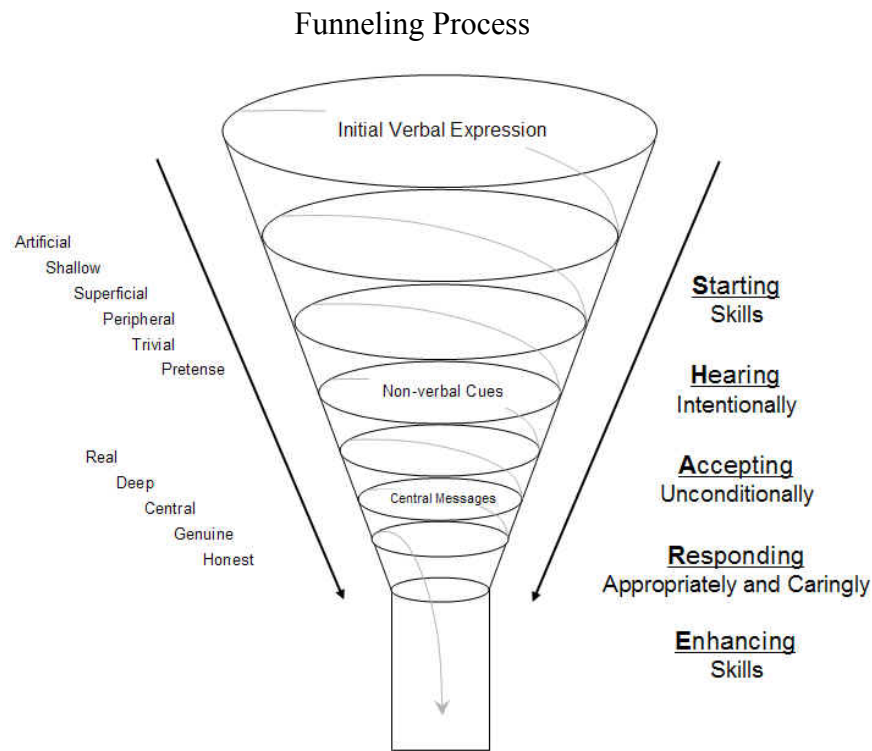


Figure 2

Reflecting

Psychotherapy is an interdependent and interactive process. Connecting listening with caring and appropriate responding facilitates the therapeutic process by mutually confirming the understanding that has taken place. At appropriate moments, as the client begins to share, the therapist paraphrases in fewer and more precise terms. Paraphrasing is a highly effective communication tool, for it lets the client know that listening has taken place. It also allows the therapist to interrupt the client without generating resistance.

Two examples of reflection come to mind. The first example is of a young boy undergoing counseling:

C: My Mom and Dad do everything just right. It's hard to grow up in a world of perfect people.

In response the therapist reflected with:

T: Your parents and others are perfect, and you have a hard time measuring up. The second, a woman in therapy said:

C: My brother is smoking pot and I'm afraid what will happen to him. I know he'll get caught. I want to tell someone about what he's doing, but I'm afraid something bad will happen if I tell.

T: You are worried about your brother using drugs and you want to let someone know. This scares you.

Reflecting is a very popular response mode for client-centered therapists. For example, 72 percent of all client-centered therapist responses were reflections. (Elliot, Hill, Stiles, Friedlander, Mahrer and Margison, 1987.) Reflection of feeling is valuable for both conveying empathy and encouraging further self-exploration. It is also useful in clarifying what the counselor thinks is being communicated.

### Enhancing

Enhancing skills are geared toward broadening the client's frame of reference and are selectively used by the therapist in responding to the client. Silence is a period of quiet pause implemented for reflection on the part of both client and therapist. Although verbal communication may not be occurring, non-verbals are always evident and significant. The presence of silence can cause some tension, which may summon the client to break the silence and perhaps move further down the funnel of self-disclosure. For example, the therapist might say: "You are being very quiet." Or "Tell me what you are feeling."

Again, the therapist avoids interrogation and allows the client to choose, ~ ~ and ~ she or he will self-disclose.

A second way of enhancing is through perception checking. As Gerber (1986) explained: Almost all replies by the client permit the therapist to test, "check," validate his/her perceptions" (p. 124-125). This checking might take the form of:

"Let me see if I understand what you've told me."

"Tell me if I am correct in what you've shared."

"Correct me if I am wrong."

The effect of these and other therapist statements is to let the client know that he or she has been listened to, and invite the client to hear, evaluate, and respond to the therapist's statement.

Reflecting through perception checking also assists the therapist to avoid misunderstanding. For example:

C: My wife is driving me crazy! Sometimes I feel like knocking the hell out of her.

T: You get so mad you could kill her.

C: No, nothing like that! I love my wife. I would never hurt her, really.

The value of enhancing is to invite the client to go over what he or she has been sharing and to keep the therapist on track.

The value of the SHARE process is that it simplifies the complexity of therapy into a method for hearing, accepting, and reflecting the thoughts and feelings of the client. It is a greatly simplified version of “Responsive Therapy” (Gerber, 1986.)

### Conclusion

This chapter has presented the notion that the use of self is an essential element in psychotherapy. The nature of self, a brief history of self, contemporary research, and the use of self in psychotherapy were outlined.

Future directions in humanistic psychotherapy focusing on the self are difficult to predict. Hutterer, Pawlowsky, Schmid, and Stipsits (1996) reported an ever increasing diversity of client-centered therapy and practice, making future developments unpredictable. What is clear is that there is a pressing need for more research on experiential and related self-oriented therapy. Very little research on humanistic treatments has been done during the past decade. Meanwhile, the search for self in psychotherapy is a fragile and delicate adventure, where clients and therapists work together in a voyage to the center of the self.

With hundreds of studies of entries under the listing of the representative topic “self-concept” appearing each year, this chapter holds no hope of providing a comprehensive coverage. What does seem clear from emerging research is the current accuracy and relevance of Seeman’s statement first made in 1957:

Therapy is not only a process of self-discovery, but also one of self definition. A person not only learns who he [or she] is like, but also to identify more clearly his [or her] own self boundaries, to differentiate more clearly between self and non-self. (1957, p. 29)

It is now abundantly clear that the self has a primary role to play in humanistic psychotherapy, for it is this self that guides human conduct.

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