

Self-Definition in Psychotherapy: Is it Time to Revisit Self-Perception Theory?

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People in psychotherapy define themselves through the narratives and stories they construct about themselves. This post-modern idea is the foundation of much current psychotherapy and family therapy. This notion can be explained by Bem's (1972) self-perception theory. Individuals in therapy observe their own behaviors and define themselves on the basis of their self-perceived behaviors. A six-step process of self-definition based on self-perception in psychotherapy is proposed. When several traditional therapy approaches are examined in this context, self-definition appears to be a key process in psychotherapy. Hypotheses for future research are outlined.

A central process in counseling and psychotherapy is the narration of one's story. Several current approaches to therapy are founded on this premise. The constructivist approach, for example, emphasizes clients' creating their own realities, constructing their life stories, and finding new meanings or themes in their lives (e.g., Franklin & Nurius, 1996; Granvold, 1996; Neimeyer, 1995). In contrast to older "rationalist" cognitive therapies that are based on first-order assumptions about change (i.e., addressing "problem" behaviors directly), constructivist therapies are guided by second-order principles and processes of every individual's constructing his or her preferred realities (Lyddon, 1990). Narrative therapy, a related family therapy approach, emphasizes the construction of story structures in order to give meaning to experiences and to help people see themselves as separate from their problems (e.g., Etchison & Kleist, 2000; Feixas, 1990; Freedman & Combs, 1996; Schwartz, 1999).

Such approaches focus on an underlying process of self-definition. More traditional models of therapeutic change, such as psychoanalytic self psychology (Linden, 1994) and person-centered therapy (Rogers, 1951) also rely on this foundational process. Therapies that emphasize personal narrative necessarily have self-definition as a key process. In therapy, as elsewhere, the definitions of our selves and our self-concepts accrue from the information that we feel defines us. Our self-concepts (perceptions of our own personal characteristics) do not necessarily accurately describe our characteristics, but they do serve to summarize

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North American Journal of Psychology, 2001, Vol. 3, No. 3, 529-534.

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and organize our assumptions about our personal qualities (McGuire & McGuire, 1988; Rosenberg, 1986).

Self-concepts do change. Persons can have many self-concepts over time (Baumeister, 1998). For instance, people change their self-beliefs based on the self-presentations they make to others, and such changes affect their behaviors and their self-concepts (Fazio, Effrein, & Falender, 1981; Schlenker, 1994). Kelly (2000) has proposed that self-presentation and impression management strategies by psychotherapy clients are crucial to successful psychotherapy. She proposed a four-step model of change in psychotherapy based on a self-presentational process that involves: (1) clients' performing various self-presentations (favorable self-descriptions), (2) therapists' giving feedback based on the clients' self-presentations, (3) such feedback leading to clients' shifts in self-beliefs, and (4) changes in self-beliefs leading to changes in clients' self-concepts. This perspective is significant because it puts self-description at the center of psychotherapy. However, clients' self-presentations (impression management) to an expert audience (the therapist) and therapists' feedback based on impressions from a client-selected presentation may not be enough to capture a key process in psychotherapy.

About thirty years ago Daryl Bem (1972) articulated self-perception theory. According to self-perception theory, people come to know themselves in the same way that they come to know others. They observe their own behaviors in a variety of situations and then they make attributions about their behaviors.

Of course, people are free to make so-called fundamental attribution errors (Ross, 1977). Most of the time we prefer to attribute the causes of behaviors in others to personality traits or internal factors, rather than situational ones. We tend to think that another person's actions are caused by something within, rather than being caused by circumstances, or external, situational factors. The personality traits to which we attribute our own behaviors can be seen as self-definitions. This is especially true in the context of narratives about ourselves in psychotherapy.

It may be useful to outline specifically how self-definition operates in counseling and psychotherapy. Such a model can serve to identify the stages of the process. It should also point out a basis for the reciprocal nature of therapy.

Here is a proposed six-step outline of the self-definition process in counseling and psychotherapy. In a psychotherapy experience, people learn about themselves by observing their own behaviors:

1. They observe and attend to the things they say about themselves in counseling sessions.
2. The therapist encourages new behaviors, including new

- recognitions of feelings, new experiences and new cognitions.
3. People then try out new behaviors, both in and out of the counseling sessions.
 4. With the counselor's help, they reflect on these new behaviors: What do these behaviors say about their self-definitions?
 5. They then redefine their selves according to their new behaviors.
 6. Feedback from others, including the counselor and other members in a group counseling setting, allows them to monitor the changes.

It may be that when this sequence occurs, therapists quite often notice that the therapy is "working." Perhaps good counseling and psychotherapy experiences can be best understood as instances of heightened self-perception.

Traditional systems of counseling and psychotherapy explain why their particular approaches work, and all offer guidelines for the process. But what is the essence of the change process? Perhaps the simplest explanation is that people change as they try new behaviors, observe these, and thus change their definitions of who they are.

Here is one example. Recovering alcoholics do not just see themselves as "alcoholics." They see themselves as "recovering alcoholics." But, recovering alcoholics who relapse no longer see themselves as recovering persons; they now see themselves as hopeless alcoholics. They have observed their own (relapsing) behavior and concluded that they will always be alcoholics. They may say something to themselves like: "I'm drinking, therefore I'm an alcoholic," and "As long as I'm an alcoholic I might as well drink and have a good time." Then they usually drink some more. Marlatt & George (1984) have called this the "abstinence violation effect." Although cognitive dissonance may also explain relapse behavior, the important point is that the cognitions, which determine self-definitions, emerge largely from observing one's own behaviors.

We are much more likely to come to know ourselves, according to self-perception theory, by observing our own behaviors in a variety of situations than by introspecting about "Who am I?" In counseling and psychotherapy, this means that the person needs to first try out new behaviors and then to reflect on what these mean to his or her self-definition.

Many traditional psychotherapy approaches are well explained from this perspective. Here are a few examples from the most prominent approaches. Rogerian counselors believe that exploring one's feelings and experience leads to greater acceptance of these and to a redefinition of the self. Rogers saw counseling as a process of "learning of self" and rejecting older ways of self-definition (Rogers & Stevens, 1967). From a self-definition and self-perception perspective: As we express our own

feelings and experiences and then take a look at them, we get to know who we are.

Traditional cognitive behaviorists, such as Ellis (2000), are directive: they ask their clients to dispute and attack their own "irrational" beliefs and they routinely assign homework between sessions. From the perspective of self-perception theory, clients are taught new ways of observing their own thoughts and behaviors. Homework is crucial. It is an opportunity for clients to try out new behaviors and to consider that they are the kind of person who can do these (homework) things. Successful change occurs when clients try new thoughts and behaviors, observe them, and change their perceptions and definitions of themselves.

How we get clients to try new behaviors is a function of how creative we are and how persuasive we are. For example, Milton Erickson (Haley, 1973) would get his clients to try new behaviors in various creative ways, including having them go into a "trance." Once, when a married couple came to him for counseling, he asked them to climb a mountain outside of Phoenix. Furthermore, he insisted that their task was not completed until they had gone through a process of making attributions. He wanted them to consider why they had done this unusual assignment. What did their behavior mean? He was actively encouraging an attribution process that directly affected his clients' definitions of themselves and promoted a process of self-perception.

Psychodynamically-oriented therapy may also be most effective when it fosters self-perception. Freud (1955) believed that cure follows insight. But perhaps change is catalyzed only in those cases when the insight is based on the patient's trying out some new behavior as a result of therapy experiences.

When self-perception theory is systematically applied to the process of self-definition that occurs in therapy, several hypotheses for future empirical validation become apparent. Experiential, active approaches are more effective than passive ones. Active homework assignments with an in-session emphasis on what those homework behaviors mean to the person's definition of oneself are more effective than homework without the self definition (or no homework at all). Change should follow those insights that are based on trying new behaviors that can be self-observed rather than those based on understanding only. Counseling and psychotherapy should include a heavy dose of trying new behaviors that can be self-observed and considered in terms of self-definition.

Future research should test these hypotheses. First, the degree to which therapists recognize self-definition as a therapeutic process in their work needs to be measured. Second, clients' perceptions of key aspects of their therapy experiences need to be addressed from this perspective.

In particular, two measures beg development: a general measure of individuals' recognition of their self-perception processes and a measure of psychotherapy clients' judgments about the key change processes in psychotherapy. The degree of change and satisfaction reported by clients of therapists from different approaches can, for example, provide some answers to questions that long been waiting to be answered.

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