Chapter 4: Changes in the Relation between Self-concepts and Ideal Concepts Consequent upon Client-centered Counseling (John M. Butler and Gerard V. Haigh), p. 55-75.

(55) I. Introduction

"The self-concept, or self-structure, is defined by Rogers (4) as an organized, fluid but consistent, conceptual pattern of the characteristics of the 'I' or the 'me' which are admissible into awareness, together with the values attached to those concepts. Since this self-concept is seen as the criterion determining the 'repression' of awareness of experiences and as exerting a regulatory effect upon behavior (4, chap. 11), its relevance to any study of counseling or psychotherapy is clear."

Theoretical Assumptions of This Study

Rogers definition "implies that many single self-perceptions, standing in relation each to the other, exist for the same individual. It is quite possible for the individual to order these self-percepts along a subjective or psychophysical continuum from 'unlike me' to 'like me.'" (e.g. characteristics such as 'intelligence', or (56) 'introversion.') "Thus one assumption is that the individual is able to make this type of judgment about his self-perceptions and to order them along a continuum."

"This subjective scale does not, however, yield any clues as to the values attached to the self-concepts." Therefore "we introduce the notion of the ideal self-concept. This is here defined as the organized conceptual pattern of characteristics and emotional states which the individual consciously holds as desirable (and undesirable) for himself. The assumption is that the individual is able to order his self-perceptions along a continuum of value from 'what I would most like to be' to 'what I would least like to be.'"

"The discrepancy between the placements of a given characteristic on the self scale and the ideal scale would yield an indication of self-esteem. It would indicate operationally not only the way in which the individual perceived himself as possessing this given characteristic but the degree to which he values this state. The discrepancies between self and ideal on all these characteristics would yield an index of self-esteem or self-value."

The Instrument

"A set (57) of one hundred" (56) "self-referent statements" (57) "was taken at random from available therapeutic protocols", "reworded for clarity, and given to both control and client subjects. The subjects were required to sort the items on the metrics 'like-me' to 'unlike-me' and 'like-Ideal' to 'unlike-ideal.' The sort was a forced normal sort with nine piles." Instructions: "1. Self-sort. Sort these cards to describe yourself as you see yourself today, from those that are least like you to those that are most like you. / 2. Ideal sort. Now sort these cards to describe your ideal person – the person you would most like within yourself to be." [d.h. jede Karte sollte auf einen der 9 Stapel mit Bedeutung zwischen 'like' und 'unlike' gelegt werden] (e.g. 'I am...' submissive, hard worker, disturbed, likable). – "Since our concern was with the correlation between sorts, it is believed that neither the number of ties nor the form of distribution is a matter of serious concern". "Psychophysical considerations lead one to expect that forcing a sort leads to finer differentiations than uncontrolled sorting, whereas forcing a nontied ranking of as many as one hundred items might lead to fatigue and carelessness."

(58) The Rationale of the Hypotheses

"We hold that a discrepancy between the self-concept and the concept of the desired or valued self reflects a sense of self-dissatisfaction, which in turn generates the motivation for coming into counseling." "It is our hypothesis that this self-dissatisfaction is reduced as a result of counseling. Self-ideal discrepancies in an individual are a product or outcome of experiences which indicate to him that his self-organization is unsatisfactory. Also, the reduction of such discrepancies, consequent upon counseling, is based theoretically on the disorganization and reorganization of both self and ideal structures under the conditions of counseling. The immediate goal of the counselor is to create conditions under which the client can relax his defenses and assimilate experiences into new conceptual patterns." which are "consistent with a wider range of experiences than before. "The reduction of discrepancies between self and ideal, therefore, is a result or outcome of fundamental experiences in relationship with a counselor. During the counseling process itself such discrepancies may become greater before they become less. Our basic hypothesis is, then, that a recuction of self-ideal discrepancies is a consequence of the self-concept and the ideal concept coming to rest on a broader base of available experience than before. It is in this way that they become more consistent with each other."

The method used "may not always reflect accurately this fundamental change" as (59) the client may "be sufficiently motivated by defensive needs that he pictures himself as being very much like the self he values, when, at a deeper level, he feels that he does not resemble his ideal self. The reverse ... is less likely to occur."
“It is part of our theoretical expectation that self-concepts will change as a function of counseling more than ideal concepts.” “It seems probable that ideal concepts are largely general societal concepts, whereas self-concepts may be more idiosyncratic.” “However, ideal concepts can be expected to show change to the extent that they are introjected (4, chap. 11).” Example of a client who now wants to be what he wants to be rather than what his parents wanted him to be: “It is clear that his concept of the desired self is undergoing change in an idiosyncratic direction.”

Hypotheses

“we hypothesize that (a) client-centered counseling results in a decrease of self-ideal discrepancies and that (b) self-ideal discrepancies will be more clearly reduced in clients who have been judged, on experimentally independent criteria, as exhibiting definite improvement.”

(60) Findings from the Client Group as a Whole

“We will be concerned ... with sortings made by each client for self and ideal at each of three points – pre-counseling, post-counseling, and follow-up.” (6-12 months later).

The Self-Ideal Relationship before Counseling

“the pre-counseling self-ideal correlations range from -.47 ... to .59”, the mean is -.01. (standard error .07) (61) “there is association between self and ideal in the client group and .. there are significant individual differences in self-ideal correlation in this population.” (rather than (60) “a random relationship between self and ideal” as the “zero-order correlation” seems to suggest in the first place (61)): the “relationship between (62) self and ideal, prior to counseling, is of a zero order, but this lack of correlation is not randomness of association but is due to the fact that there is a wide range of significant associations between self and ideal in the individuals or subpopulations composing the group.”

The Self-Ideal Relationship at Follow-up

“The range is now even wider, from -.56 to .78”. “The mean ... is now .32”. (63) “There is now a significant degree of congruence between the perception of the self and the perception of the valued self. There is also a wide and significant range of individual differences in the degree of self-ideal similarity which exists.”

A Comparison of the Pre-counseling and Follow-up Results

“the mean difference is .33” (standard error of .11), “This would indicate a significant change in the hypothesized direction.” The “marked increase in the degree of variation of correlations” is interesting but “does not bear directly upon th hypothesis”.

(64) Findings from the Client Group as a Whole

“There were nineteen increases (positive differences) in self-ideal correlations and (64) six decreases”.

The Post-counseling Findings

“Consideration of the results at the end of counseling” (i.e. in between pre-counseling and follow-up results) “only confirms the other picture.” The mean correlation is .34 (23 increases, 2 decreases between pre-counseling and post-counseling; 12 increases, 12 decreases, one tie between post-counseling and follow up).

III. Findings from the Control Groups

The “equivalent-control group” was “roughly equivalent to the client (65) group with respect to age, sex, socioeconomic status, and student-nonstudent status.” and was “tested at the same intervals” Rationale: “The ... motivation for counseling rather than counseling itself produces congruence” (for that, see control period tests below).

The Self-Ideal Relationship at Pre-Counseling

“self-ideal correlations range from -.01 to .86", mean is .66 (variance .17) – there is obviously "much more congruence ... in the controls than was found in the clients.” (66)

The Self-Ideal Relationship at Follow-up

The “range of the self-ideal correlations is from -.03 to .89", mean is .68. (variance .19; standard error .11). (67) “a considerable degree of consistency, though there are some sharp individual changes which indicate that alteration in self-ideal congruence does occur at times in the absence of therapy.” (nine increases, seven decreases)

A Comparison of Change in Clients and Equivalent Controls

“the results are ambiguous, since it might be held that there is a combined effect of testing and counseling leading to a conclusion of definite increases where none exists.” (68) There is “a true change in the client group over and above the change found in the control group.”

Findings from the Own-Control Group
“Do clients motivated for counseling show alteration in the relationship between self and ideal simply as the result of the passage of time?” The fifteen members of the client group who formed the own-control group were tested at the time they requested counseling and again at the pre-counseling point. Thus, the congruence for them “at the pre-counseling point ... a mean ... of -.01. At the pre-counseling point ... still ... -.01. It is clear that no change has occurred during the control period.”

The Testing of the First Hypothesis

... (69) ... “These findings lead us to infer that significant increases in the self-ideal correlations in the client group are consequent upon client-centered counseling.”

IV. Findings Regarding Definitely Improved Clients

... (73) ... V. Summary ... (74)

“In order to test the second hypothesis, a group of seventeen ‘definitely improved’ clients was selected on two criteria which were experimentally independent of each other and of this study. For this group the reduction in self-ideal discrepancy from pre-counseling to follow-up is even more marked than for the client group as a whole. The gain was also significantly greater than for the controls ... Even at follow-up time, however, this group still showed a discrepancy between self and ideal greater than that found in the controls, suggesting that self-esteem and degree of internal comfort were still less than optimal.”

“Some evidence was presented suggesting that defensiveness may, under certain conditions, bring about an increase in self-ideal congruence not confirmed by other evidence.”

“In our opinion the results discussed here indicate that low correlations between self and ideal are based on a low level of self-esteem related to a relatively low adjustment level and that a consequence of client-centered counseling for the clients in this study was, on the average, a rise in the level of self-esteem and of adjustment.

References

Chapter 17: An Overview of the Research and Some Questions for the Future (Carl R. Rogers)

I. The Research Design

“The general aim of the total program was to gain objective knowledge in regard to the end results and the process of one form of psychotherapy – the client-centered approach.” Clients were “typical of those coming to the Counseling Center of the University of Chicago”. There was a control period and an “equivalent-control group.”

II. The Therapy Group

30 clients, 21-40 years old, more men, more students, lower-lower to upper-middle class, wide range of initial problems, “in their degree of personality disturbance they were significantly worse off than the control group”, but both groups were “somewhat accepting and democratic in their attitudes”.

III. The Counselors

“average counselors, not ... select ... experts.”, most had 1-6 years of experience.

IV. The Hypotheses and Instruments

“were derived from the theory of client-centered therapy or out of other bodies of recognized psychological theory.” In regard to changes in self, personality, integration, attitudes and maturity of behavior “it was hypothesized that there would be significantly more change in the clients in therapy than in the control group or in the control period”. Instruments were psychological tests, and “blind” rating scales (i.e. the rater did not know whether the material was produces before or after therapy, and came from a client or a control individual).

VI. The Findings

Here is an attempt “to weave” all the findings of the previous chapters “into a meaningful pattern”.

Changes in the Self and the Self-in-Relationship

The measurements “of the client’s perception of himself, of the person he would like to be, and of the ordinary ‘other’ person”: “The characteristic person who enters therapy has a picture of himself which is far removed from ... (417) ... the concept of the person he would like to be.” “at the conclusion of therapy ... there is a significantly greater congruence of self and ideal (4, 6, 15):” “During the follow-up period there may be ... some small degree of regression ... (4, 6):”, in some individuals sharp regression (16), in others “no regression at all, but a continuance of the trend noted in therapy, so that the individual has become increasingly a person such as he would like to be, a person whom he values more highly (6, 15).” / “That this whole process of change is due to therapy seems abundantly clear. The control group shows little tension to begin with and no significant change in this respect (4).” “The fact that this change in self-perception is quite central to therapy is perhaps indicated by the fact that the self changes much more than the concept of the ideal self or of the ordinary person (6).”

When entering therapy, “clients see themselves ... in ways that clinicians would term ‘poorly adjusted.’ This is not true of the control group (5).” “Over a sixty-day waiting period our clients show no change in their adjustment picture. It appears that a desire for help and personal reorganization is not by itself sufficient to bring change. During the process of therapy the clients change markedly to self-descriptions indicative of much better adjustment. At the conclusion of therapy they are still somewhat less well adjusted, in their self-descriptions, than are the controls, but this is no longer a significant difference (5). In general, these changes in the self are in the direction of greater self-understanding, increased inner comfort, greater confidence and optimism, increased self-direction and self-responsibility, more comfortable relationships with others, and less need for self-concealment (6, 15).”

“The goal of what the client would like to be has become less perfect, less ‘adjusted,’ more realistic, thus becoming a more achievable goal (6). Likewise the perception of others has altered. The ordinary person is seen as more like the client’s self and as being somewhat better adjusted. At the conclusion of therapy the gap between the self and others is perceived as significantly less (6).”

“One of the major theoretical hypotheses of client-centered therapy is that during therapy the concept of the self is revised to assimilate basic experiences which have previously been denied to awareness as threatening.” This is difficult to test; one study shows that “therapy brought about constructive change, the client’s perception of self came to have a substantial similarity to a
diagnostician’s perception of the client.” (including the denied or repressed elements”) (15), in another study “therapy was a failure”, “The client’s self-perception came to be increasingly unlike the diagnostician’s perception of the client (16).”

“In general, then ...” ::summary::: “There is some data suggesting (419) that the new self-concept includes more of his inner experience than the old and is thus less easily threatened.”

Changes in Personality and Integration

These are the changes seen “from a diagnostic point of view”, in ‘blind’ evaluation of test results: “the therapy group was significantly more disturbed than the controls at the pre-therapy point, ranging from maximum disturbance to problems of some difficulty.’ During therapy there was significant change in a positive direction, and this gain was maintained through the follow-up period.” “The control group showed no change during the period studies (8).”

“Of the therapy group, twenty of the twenty-five showed personality change in a positive direction. In most instances, however, this change was not extreme, and even at the follow-up point the test protocols of over half the group were rated as showing the (420) existence of serious problems.” (8). This evaluation “correlated positively and significantly with the ... client’s own perceptions of himself.” and with “the counselor’s rating of ‘success’ ... in therapy (8).”

There was “significant change away from those labeled as border-line psychotic, severely neurotic, and severe discomfort” toward “labeled as milder problems”. “This change, while on the average not great, tends to be maintained through the period following therapy.”

(421) Changes in Attitudes toward Others

“The ordinary person came to be seen as better adjusted, more of a separate individual, with his own standards and values, more responsible, and less guilty. These trends were not all statistically significant”. “Perhaps the most significant ... others came to be perceived as being much more like the client (6).” There is a non significant “tendency for the clients who show the greatest therapeutic change ... to become more acceptant of others”. – “though suggestive trends emerge, the major hypothesis is not upheld.”

Changes in Behavior

Behavior was indicated by “the client himself and two of his friends”: (422) “from a list of specific behaviors, those which were characteristic of the client.” – “It was found that there was no significant difference between the pre-therapy and post-therapy behavior of our clients, on the average, according to the friends’ observations. However, “this average is “due to two divergent underlying trends. The friends (who ... knew nothing of the therapy) observed a definite increase in the maturity of behavior of those clients judged to be showing movement in therapy and a definite decrease in the maturity of behavior in those clients judged to be failing to progress in

therapy. This relationship was significant” (13). “The clients themselves observed a significant change in their behavior over the therapy period, a gain which was held ... over the follow-up period (13).” “our clients consistently raed themselves less favorably than did their friends; but this discrepancy steadily diminished ... (13).”

In cases “which the counselor deemed unsuccessful”, “the friends saw marked deterioration in behavior; but these ‘failure’ clients perceived themselves as having made gained in their behavior. This appears to be a pure and measured instance of defensiveness in self-appraisal (13).”

(423) Conclusion “the quality of the therapeutic experience is responsible for the fact that, where therapy ‘takes,’ the client becomes more mature in his behavior – becoming less dependent, less boastful, less compulsive, less easily upset, better organized, more tolerant, more open to the evidence,” showing “more concern for the discovery of the facts in the case, more concern for the welfare of all. On the other hand, where therapy is judged by the counselor to be a failure, there is a marked deterioration in these same qualities of behavior (13).”

Factors Which Favor or Limit Change

“Age ... shows no relationship to movement in our clients (7).” – (but it was only a range between 21-40). “The initial adjustment or integration ... likewise shows no relationship to the gains”. (7), “8. “the women clients made significantly more progress than the men (5, 7, 8).” (counselors “were, with one exception, men”. “Where there were more than twenty interviews, there is considerable ... gain, ... shorter cases ... are more variable (?)” “unexpected finding”: “those clients who were asked to wait for sixty days before beginning therapy were less likely to become involved in therapy, became more extreme in their social (424) attitudes, liked the counselor less ... and showed less benefit ... (11).” “of this ‘wait’ group, those who dropped out of therapy after a few interview were those who were somewhat better adjusted to begin with (7, 14) and who had made positive gains on most of our measures during the sixty-day waiting period (14).” There seems to be “an element of ‘spontaneous recovery’ in some of the less disturbed individuals”. Clients with “a high degree of ethnocentrism, who make sharp and rigid distinctions between their own and other groups (12), and those who are generally anti-democratic (11) tend to be failures in therapy (11, 12).”

The Therapeutic Process

... (424) A relationship in which the client comes to feel a strong liking and respect for the counselor is the type of relationship most associated with progress in therapy (7). When the counselor develops similar feelings for the client (7) ... then success is likely.” “During the interview the most distinctive characteristic is for the client to move ... away from specific and situational problems to an exploration of himself. His interviews also become less an intellectual or cognitive or thinking process and more and more an emotional or experiencing process, in which he is feeling and being rather than dealing with problems on an intellectual basis (7).” These directions “are associated with constructive change in therapy (7).”
The change in self-perception appears to be a central element in the process of client-centered therapy. The emergence into awareness of new perceptions of self is characteristic of our cases, particularly of those rated as successful (10, 15).” “The degree of emergence of new self-perceptions correlates positively with three other criteria of progress in therapy but ... negatively with a measure developed out of a diagnostic and psychoanalytic orientation. There is a suggestion that client-centered therapy produces the changes hypothesized by client-centered theory but may not necessarily produce those changes hypothesized by other theories of personality or therapy. The evidence is insufficient to make a definite statement (10).”

VII. Some Perplexing Issues

The Question of Selective Regression

There is a “slight average regression from the end of therapy to the follow-up point (4, 5, 6, 13).”; (6) shows that “Two clients regressed very sharply, and two ... made (427) sharp gains ... only four remaining relatively constant”. What causes these differences in further development? “initial personality characteristics of the client, ... factors in the relationship, ... attitudes or feelings in the counselor, ... the length of therapy, ...?”

Factors Favoring or Limiting Therapeutic Change

“What personality factors are associated with this facilitation or lack of movement in therapy?” “the data suggests that those who are poorly (428) adjusted (5), conscious of a high degree of internal tension (4, 14), intra-punitive in their personality characteristics (Haimowitz), and moderately acceptant of others in their attitudes (11) are likely to make constructive change in therapy. Conversely ... those who are better adjusted 814), who are aware of less internal tension (14), who are ethnocentric in their attitudes (12), and extra-punitive ... are more likely to drop out of therapy or, if they remain, are less likely to profit from it.”

“Does the personality of the therapist make a difference?”, his attitudes, the number of years of his experience, the “content of his professional preparation”? (429) ...