

THE THREE SELF IMAGES OF THE PATIENT IN PSYCHOTHERAPY

GLEN A. HOLLAND

Los Angeles, California

None of us is given the privilege of knowing with absolute certainty what the final verdict of history will be on the intellectual contributions of any given era. The closer that era is to the present, the more doubtful any such prediction must be. However, it would not surprise me to find (if I were allowed the privilege of returning to this earth in, say, 2100 A. D.) that the durable concepts of Freudian psychoanalysis were those of repression, transference, and resistance (7, 8). Similarly, it would not be surprising if Jung's most durable contributions were to be found in his extensive exploration of unconscious aspects of human functioning (5). As for the specific contributions of Adler, his pointing to the inevitably social nature of man's existence may ultimately be lost among the claims of the more vociferous supporters of Mead, Buber, and others (6). What would be difficult ever to deny him is his priority in the explicit and detailed delineation of the inferiority complex and its significance in human maladjustment.

An equally significant contribution of Adler's was his observation that the depreciated self image involved in the inferiority complex was juxtaposed with a compensatory goal of superiority. If the self image associated with the inferiority complex can be called a depreciated self image, then the self image associated with compensatory strivings might be called an exalted self image.

The purpose of the present paper is to suggest that in addition to these two distorted self images, the patient in psychotherapy also shows (in various indirect ways) awareness of a more realistic self appraisal that will be called the realistic self image. An important aspect of psychotherapy has been accomplished when the patient's awareness of and communication about the realistic self image increases markedly while awareness of and references to the depreciated and exalted self images decrease and eventually disappear.

DEPRECIATED AND EXALTED SELF IMAGES

Little needs to be added to Adler's statements concerning the depreciated self image and the inferiority complex of which it is a product. In Adler's words: "Every neurotic has an inferiority complex. No neurotic is distinguished from other neurotics by the fact that he

has an inferiority complex and the others have none. He is distinguished from the others by the kind of situation in which he feels unable to continue on the useful side of life, by the limits he has put to his strivings and activities" (I, p. 257). In this statement, Adler indicates the debilitating effect of the depreciated self image: the individual will not make consistent, significant efforts to achieve goals that he believes may be beyond his capacity. By so limiting his efforts, he may fall far short of the achievements that his real aptitudes warrant and that he needs to accomplish if he is to be satisfied with his lot in life.

Adler has assured us that an exalted self image is also dependably present in the neurotic along with the depreciated self image. "... there are two approximately fixed points: the low self-estimation of the child who feels inferior, and the over-life-size goal which may reach as high as godlikeness" (I, p. 245), "a compensatory psychological superstructure" (I, p. 244). "The self-ideal has been created as guiding point by the safeguarding tendency and fictionally carries within itself all abilities and gifts of which the so-disposed child considers himself deprived" (I, p. 95).

The problem created by the exalted self image is that the patient may waste much time and effort (and become vastly discouraged) if his purposive striving is limited primarily to compensatory goals of superiority. He may then arrive at persecutory rationalizations to explain his failures to achieve as he retreats from active effort and effective involvement with the real world. This is the paranoid reaction. Alternatively, he may blame himself for his failure to achieve his perfectionistic goals. Such self-blaming is characteristic of depression. He may attempt to disavow his failure (the manic reaction) or make light of it (the hebephrenic response). Or he may give up his efforts altogether and withdraw more or less completely as does the simple or catatonic schizophrenic (3).

In a similar manner, the partial defenses that have been labeled "neurotic" can be conceptualized as alternative and less drastic means of denying failure or of staving off awareness of failure to actualize the exaggerated characteristics of the exalted self image. Even the defense mechanisms of everyday life, from lying to repression, can be conceptualized as serving this same purpose. Thus the exalted and unrealistic self image that the neurotic is earnestly striving to actualize can be directly related to his abortive strivings and also to subsequent symptom formation.

REALISTIC SELF IMAGE

Concurrently with evidence for a depreciated self image and for a compensatory exalted self image, the psychotherapist may also become aware of the existence of a realistic self concept. Berne (2) has discussed this realistic self image in an incidental way when he has talked about the adult self. What he implies, and what I would affirm, is that the patient always has knowledge of the truth about himself, although this knowledge may be diligently concealed from others and often kept outside of the patient's own awareness.

That Adler was also cognizant of the patient's realistic orientation toward himself can readily be established. First, this realistic orientation is definitely indicated in a diagram and its accompanying legend (1, pp. 158-159) in which Adler describes realistic strivings for "a commonly acceptable individual *goal of perfection*" (normal) as contrasted with "an exaggerated private *goal of personal superiority*" (neurotic) (1, p. 159). Second, in discussing this diagram, Adler states: "I also wish to add that the path of a neurotic or a problem child runs simultaneously on both the useful and useless sides of life, although in different degrees, which fact I am unable to express in this schema" (1, p. 157). In the first instance, Adler is expressing reality orientation in terms of goals rather than in terms of a self image. In the second quotation, Adler expresses the same concept in terms of the contrast between "useful" versus "useless" efforts. In the present paper simultaneous normal and neurotic orientations are discussed in terms of three concomitant self images—depreciated, exalted, and realistic.

The fact that the patient also knows the truth about himself can be most readily established by noting certain of his responses. For example, the patient customarily flinches and may even become actively assertive if others deny to him positive attributes of the real self, even though the patient himself may deny having the same positive attributes at other times and resist the therapist's identification of such attributes. The patient will not agree that he may be intelligent or attractive or verbally facile (when indeed he has these characteristics), but he indicates awareness of these attributes by showing distress if someone else alleges that he is stupid, ugly, or tongue-tied.

We may also assume that a patient has some realistic awareness of his capabilities when we note that he consistently sets his goals for himself at either too high or too low a level. If he were really unaware of his true ability to perform, he might sometimes, at least by accident,

set realistic goals for himself. No one can so consistently miss a mark as patients do in their goal setting, without having a fairly accurate idea of what a realistic goal would be.

A third way of obtaining evidence regarding the patient's realistic awareness of self can sometimes be arranged (as in group therapy) if the patient's attention can be diverted to some one else's problems. In the effort to help others, patients not infrequently manifest both knowledge and capabilities which they otherwise deny having.

The most clinically useful evidence of the co-existence of depreciated and realistic self images is that the patient persists in discussing those aspects of the self that are differently evaluated in these two different images. For example, a woman whose depreciated and realistic self images include different evaluations of her attractiveness keeps bringing up the matter of her attractiveness for discussion, always insisting, however, that she is unattractive. The woman who *realistically* evaluates herself as unattractive seldom, in my experience, refers to the matter or else accepts her unattractiveness as a matter of fact.

These are only some of the ways in which the psychotherapist may come to know of the patient's awareness of his own real attributes. It should be emphasized that the patient does not directly discuss the realistic self image, especially at the outset of therapy. Furthermore, when the therapist attempts to discuss the characteristics of the patient's real self with the patient, he encounters marked resistance in the form of denial and rejection of interpretation (4).

My procedure in handling such resistance is neither to insist that I am right nor to agree with the patient's denial. I am content to declare my own evaluation of the patient's real characteristics, leaving it to him to assimilate my evaluation to his own awareness of the real self image. I have good reason to believe that he does this when later in psychotherapy he begins to talk about his real attributes as if they were matters implicitly understood between us.

A CASE

A specific case may be useful in illustrating the process of coping with the multiple self images of the patient in psychotherapy. Ralph B. had several bases for the development of inferiority feelings. He was the youngest of five children, born at a time when his family was experiencing financial reverses. He had a congenital hip defect that produced a noticeable limp, he had worn glasses from the age of four, and his hearing was only marginally adequate. He was persistently

bullied by his older siblings, ignored by his parents, and socially and academically handicapped by his various physical deficiencies.

Although his brothers and sisters all graduated from college, Ralph was a mediocre student and stopped his education after finishing high school. He regarded himself as inferior to his siblings in academic aptitude but asserted that he was a hell of a lot smarter where it counted, namely, in making money. He had never made much money, however, and his preoccupation with the subject was manifested primarily in fantasies of making a killing at gambling in Las Vegas or of committing highly lucrative crimes.

Here, then, we have the neurotic elements of assumed inferiority (in academic pursuits) and a compensatory fantasy identity of being a master gambler or master criminal. My awareness that Ralph might be aware of a more realistic appraisal of his academic ability resulted from his inability to leave the subject of college alone. He did not simply ignore the possibility of going to college, as I would expect a person to do if he took the matter of his lack of aptitude for granted. Rather he insistently and persistently expressed his contempt for "educated fools who thought they knew it all because they had a goddam sheepskin." He would also engage in diatribes in which he listed every reason he could think of why going to college was a ridiculous waste of time and money. I took Ralph's preoccupation with the subject of college education as evidence that he suspected he might have the ability to compete with his siblings on their own (academic) grounds but was not confident enough to commit himself to going to college.

I assured Ralph of my own estimation that he was capable of completing college if he wanted to, but any statements to this effect were ostensibly ignored. However, I continued to communicate with him in every respect as an intellectual peer. When, after a while, he asked me to recommend books for him to read, I recommended books that I had read and considered intellectually challenging. He found that he could read, understand, and enjoy such books. Finally, he admitted that he had always dreamed of following the profession of a favorite uncle but had never considered the possibility seriously, since it would require a college education and he had been a mediocre student in high school. Later he enrolled in a college-level extension course but did not tell me about it until he had finished the semester with an above average grade. Eventually he registered in a full-time college program and graduated with a "B" average in spite of being entirely self-supporting.

My conception of this aspect of this case was that my reinforcement of Ralph's realistic self appraisal, plus the confirming evidence he was able to secure through his own initiative, enabled Ralph to direct his competitive strivings into acceptable and personally fulfilling channels. In the process, references to unrealistic compensatory goals associated with the exalted self image quietly disappeared from Ralph's communications to me.

To complete this brief presentation of the psychotherapeutic implications of the patient's awareness of a realistic self image, it should be added that this image includes faults, deficiencies, and shortcomings. The psychotherapist serves just as valuable a function in increasing the patient's awareness of deficiencies as he does in reinforcing the patient's awareness of his assets, although his efforts in this direction may well come later in psychotherapy. The realistic thinking of the patient recognizes the need for effortful growth and personal development as intrinsic aspects of the corrective process.

SUMMARY

In the author's opinion, Adler may be longest remembered for his contributions to recognizing and understanding the depreciated self image that is present in every case of personal maladjustment, along with the compensatory exalted self image that Adler also described. The author supports Berne and others who have suggested that the patient always retains also the capacity for a reasonable appraisal of himself that is represented in a realistic self image. The realistic self image is seen as being the structural equivalent of Adler's dynamic conceptions of "useful" strivings and his normal life goal of individual self-realization. The detection and reinforcement of the realistic self image in psychotherapy is outlined and illustrated by a case.

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