

A METAPHYSICAL EXPOSITION OF SELF IN THE LIGHT OF PHILOSOPHY OF PSYCHOLOGY

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I

Tracing back to the history of philosophy of psychology we may find that in the field of psychotherapy, an important metaphysical question can be raised in the context of therapist-client relationship. It is like this – in the dialogue between the therapist and the client which ‘person’, or ‘self’ is addressed (taking ‘person’ and ‘self’ in synonymous way). Here we can quote from Carl Rogers who originally believed that self ‘was a vague, ambiguous, scientifically meaningless term’ but that his clinical experience showed him that people spoke of their ‘self’ as if it was an entity – it seemed clear that the self was an important element in the experience of the client¹. In therapeutic context, the client shares her most private events which include both mental and physical behaviours. These issues regarding mental and physical states are focused here from multi-various perspectives in different approaches of mind-body problem. In Indian tradition too Caraka in his famous *Caraka-Samhita*, has stipulated the qualities to be possessed by a client for the achievement of optimum result². In this context he gives the nature and characteristics of a patient (client) who is termed as Rashipurusa or Cikitsapurusa, i.e., the person or purusa or jibatma who can have treatment³. To mention, caraka refers to both physical and mental diseases; the latter called as manasa. But here I shall look into the matter in a little different way.

In the field of Applied Psychology the age-old and common question of everyday occurrence such as “who am I?” is addressed in the theories of Personality. In the theory of Personality, this question is dealt in a little different manner, it is – “what type of ‘person’ is he?” But the question is whether the ‘person’/‘self’/ ‘conscious or unconscious mind’, in other words the ‘I’ entertained in therapeutic sessions can be understood with the help of such theories of personality or not. By this I do not want to imply that a fully comprehensive theory regarding the nature of ‘self or person’ addressed in therapy can be curved out reflecting on such theories of personality. But my point is, I would like to understand ‘person in therapy’ with the help of some related issues some of which may be observed from the theories of Personality discussed in the field of Applied Psychology.

II

Etymologically the source of the English word 'Personality' has been derived from the Latin word 'Persona', 'Persona stands for the mask worn by actors in drama that stands for the characteristics of the role played by the specific actor'⁴. The term 'personality' is used to account for the sum total of all the characteristics that pertain to distinguishing an individual from others and also the intra-individual stability as well as change in an individual with reference to her psychological characteristics⁵. Thus, the central theme of the personality theories is the substance of the inter-individual differences and intra-individual differences in personal qualities and characteristics of individuals. While this is true of every theory of personality, the ways and means with which the personality theories achieve this account vary from one theory to the other.

It is to mention that both the physical or behavioural and mental or psychological states are considered while the personal qualities and individual characteristics are focused in the theories of personality. But the question is it a general approach of all the theories of personality? The Behaviouristic tradition in Psychology is quite well known for its completely different approach which solely emphasizes on the physical or behavioural aspects of person. Behaviourist like Skinner (1904 - 1990) does not believe in distinguishing personality from behavior. According to him personality characteristics, i.e., behaviours are considered to be just mediated by conditioning principles. He contends that the principles of reinforcement of operant conditioning are universal across species. He observed that pigeon, rat, monkey or whatever that may be, that behavior, shows astonishingly similar properties. In ultimate analysis what one conceives by the term personality reduces to objective activities. Till the end of his career, Skinner contained resisting the growing belief that the cognitive processes - thoughts, processes, expectations - have a necessary place in Psychology and even in our understanding of conditioning⁶.

The picture that is mentioned above is quite different in theories like Freudian Psychoanalytic theory, theory of Jung, Adler, Horney, Sullivan, Fromm and Erikson, Humanistic theories of Rogers, Maslow etc. which emphasize both on behavioural and mental or psychological aspects of personality. The starting point of Freud's theory clearly shows the relevance of mental aspects along with the bodily or behavioural activities.

Freud⁷ conceived mind (personality) as having three structural components of psyche, the id, the ego, and the super ego. It is very commonly known that the id is the oldest and most central aspect of the human psyche. It is unconscious in its entirety. Freud describes that although all of our psychic energy originates with the id, it is often necessary to channel this energy in a manner that leads to socially acceptable conduct. It is the ego which leads to the performance of behaviours that can be described as logical, rational and socially acceptable. Super ego develops after the id and ego. Its most important function is to limit the satisfaction of the id's wishes. It is an internalized sense of conscience that imposes the moralistic values of society upon the individual. Whereas the id is hedonistic, the ego is realistic and the super ego is idealistic in nature.

As it has been sketched above, Freudian psychology has overlaid the role of the unconscious. An important question that arises with regard to this assumption is - whether person is dominated by the unconscious or by awareness. Freud holds that the unconscious is the primary source of one's behavior. Thus it seems that there is a sort of causal connection between unconscious mental states and bodily behaviours. From this contention it follows that whatever a person does primarily leads from her unconscious drive. Thus as far as the ontic nature of the 'person' is concerned, it seems to be unconscious in nature. The 'person' as a client in a therapist-client relationship also appears to be unconscious in nature. From this contention a very obvious metaphysical question would be - how the co-ordination between unconscious mental states and conscious bodily behaviours would be possible? Again, how does a conscious bodily behavior arise from an unconscious mental state? Although Freud, establishes his theory bringing forth the reality principle of ego over and above the admittance of the id on one hand and super ego on the other, still we may be justifiably skeptic regarding his topographical presentation of mind or psyche ('self in this case or person) as having three interconnected compartments - id, ego and super ego.

The personality theories of Jung, Adler, Horney, Sullivan, Fromm, and Erikson do share many of the basic assumptions held by Freud. They differ from him in emphasis placed on libido functioning. Jung developed a personality typology that has become very popular. Jung's revision of psychoanalysis involves a spectacular array of complex ideas taken from psychology, philosophy, astrology etc. The

'psyche' or 'total personality' was viewed by Jung as composed of a variety of separate structures or systems that which are quite different from one another, are capable of influencing one another. The major structure is the ego, the personal consciousness and the collective unconscious. Jung hypothesized that the contents of the collective unconscious consist of powerful, primordial images called archetypes (original model). The self is the most salient archetypes in Jung's theory. The self archetype cannot emerge until all other systems of psyche have become fully developed. Jung's theory is free from the charge regarding the dominance of unconscious mental states which is the primary notion of Freud. Because Jung admits the significance of both unconscious and conscious mental states in his system. Thus the ontic status of self or person needs not be discussed only in terms of an uncomfortable discourse of unconscious mental states. Thus, Jung and others like Adler, Erikson, Maslow, Rogers etc. consider the conscious states over and above unconscious one⁸.

The second question that I would like to address here is – which aspect of conscious mental states of the person (client in case of therapy) are mainly addressed in therapy - the cognitive states or the emotive states or both? Cognitive theorists like Beck, Ellis and others consider the application of cognitive theory as key in overcoming many negative aspects of personality. They believe that cognition always precedes behavior and emotion and therefore, changing in the other two. In cognitive theory, behavior is explained as guided by cognitions (e.g. expectations) about the world, especially those about other people. Cognitive theories are theories of personality that emphasize cognitive processes such as thinking and judging. In this contention there lies a problem. It may be difficult for the therapist to understand the cognitive states of the client without addressing the emotive part related to that cognitive state. The 'person' or 'self' in the client may be said to have different dimensions if the emotive content varies with reference to the same cognitive state. In this context the notion of Rational Emotive Behaviour Therapy (REBT), an approach to Cognitive Behaviour theory can be brought in which was originated in 1955 by Dr. Albert Ellis, an American Clinical psychologist. According to REBT although cognitions are important to an understanding of the way people feel and act, emotions and behaviours along with cognitions are not separate psychological processes in the sense they interact in complex ways⁹.

The principle of REBT¹⁰ has its roots in Stoic Philosophy in general, and in particular the writings of Epictetus from which the current version of REBT can be summed up as - People are disturbed not by things, but by their rigid and extreme views of things. Views of things are designated as beliefs of things. Beliefs are deemed to be fully evaluative in nature and either rational or irrational in nature. According to REBT theory, belief change is considered to be the type of change that best promotes the psychological health of the person. But the question is - what does this type of change involve? REBT posits that four irrational beliefs lie at the core of psychological disturbance, namely rigid demands, awfulising beliefs, low frustration tolerance beliefs and depreciation beliefs (depreciation of self and others). The course of change in such beliefs is referred to in REBT as profound and enduring. Such beliefs are referred to in REBT as profound and enduring philosophical change, which is heavily emphasized in REBT literature. Philosophical change can occur in specific situations across situations or pervade the clients' life. It is important to note that while philosophical change is the preferred treatment goal, it is not the only goal. If some of the clients are not interested in philosophical change or believe it is beyond their present capabilities to achieve, then non-philosophical changes are to be focused, such as, learning relaxation and breathing techniques to combat their panic attacks instead of dropping their safety behaviors to confront and overcome their fears. It is to note that these clients always have the option of returning to therapy to pursue a philosophical solution if the non-philosophical change has helped them in significant ways. Here the person or self in therapy seem to have all sorts of negative features like being rigid, impatient, tensed, panicked, having feeling of failure etc. The aim of REBT theory is to develop the positive features like having full preferences, non-awfulising beliefs, high frustration tolerance beliefs and acceptance beliefs, which seem to be healthy rational beliefs. The point which can be emphasized here is that the emotional aspect of the client in therapy has to be observed and attended properly over and above the cognitive aspect of the person in order to have an apparently coherent view of the 'person' or 'self' in therapy.

Ellis¹¹ considers that emotional insight represents a strongly and frequently held conviction in something which influences one's feelings and behavior in significant ways. In order to understand this observation properly the details of

therapeutic process of REBT needs to be examined which does not fall within, our scope of discussion over here. But the point is self as seen as having rational aspects, or as having cognitive aspects do not provide an over arching view of 'person' or 'self' as a client in therapy in particular and 'person' or 'self' as a common human agent in general. It can be mentioned in this context the third voice movement in the history of psychiatry (the other two are - paternalism and principlism) which is advocated by the Feminist trend of Philosophy, that 'emotion' of person is to be taken care of along with reason or the rational aspects of human self. It is not only the REBT school of psychotherapy which emphasizes on emotions of self along with cognitive and behavioural aspects. Other prominent traditions are there which worked on this too. The Rogerian tradition of client - centered therapy is an important name in this field. According to Carl Rogers, a healthy individual is aware of him or her emotional feelings. Whether or not they are expressed, those feeling that are denied to awareness, tend to distort perception of and reactions to the experience that triggered them. Rogers does not appreciate educational systems that overemphasize intellectual skills and undervalue the emotional and intuitive aspects of full functioning¹².

III

In Rogerian system development of self-concept has a very significant role. The central question of this article, i.e., which 'person' or 'self' is addressed in psychotherapy, receives a prominent place in Rogerian client centered 'therapy'. In contrast to the theories using the term 'self' to designate the facet of personal identity that is unchanging stable, event external, Rogers uses the term to refer to the ongoing process of recognition. This emphasis on change and flexibility underlies his theory and his belief that people are capable of growth, change and personal development. The self is an individual's view of oneself based on past experience, present inputs and future experience. Roger believes that growth force exists in every individual. The natural growth process of the organism involves greater differentiation, expansion, increased autonomy, greater socialization and on the whole self actualization, Holdstock¹³ refers that in terms of person-centered theory 'self can embrace the 'fluidity of the self-other boundary'. Where the subjective-objective dichotomy also seems to disappear. Referring Rogerian theory I would like to concentrate here that the 'self or 'person' addressed in therapy is autonomous or not. This refers to a

very important philosophical issue of 'free choice' or 'freedom to act in a particular way or other'. As it has been mentioned above, Rogers emphasizes on the autonomous aspect of 'person' in his client-centered theory. We may point out theories of personality which considers- the determined nature of 'self for person in therapy'. For instance, behaviourist like Skinner rejected all notions that humans are autonomous beings whose behaviour is determined by the presumed existence of internal factors (unconscious, archetypes, traits etc.). He assumed that all behaviours are lawfully determined, predictable and able to be brought under environment control¹⁴.

In this context we may refer to Joel Fienberg¹⁵, a liberal theorist, regarding the notion of 'autonomy'. He has advanced one of the most, thoughtful account of liberal self appropriately described as 'autonomous'. This account is perhaps best-known for its description of the qualities that inhere in one who is autonomous: qualities such as authenticity, integrity and distinct self-identity. Gerald Dworkin¹⁶ in his *The Concept of Autonomy* adds that a proper view of autonomy should not conflict "with" emotional ties to others, with commitments to causes, with authority, tradition, expertise, leadership, and so forth. In the context of Psychotherapeutic ethics (falling under medical ethics) five basic moral principles are described by Welfel & Kitchener and Kitchener. These are Principle of Autonomy, Principle of Beneficence, Principle of non-maleficence, Principle of Justice and Principle of Fidelity¹⁷. In therapist-client relationship, the question is, whether the therapist respects the autonomous self or person of the client or not. The autonomy beneficence conflict in the field of psychotherapeutic ethics is an arena which has received great prominence. But in this discussion the ethical implications of autonomy-beneficence controversy is not our concern. But here I would like to mention that which self is reflected in therapy? As we have mentioned, Rogers would agree that ultimate goal of every individual is to become a fully functioning person. The fully functioning person has faith in her ability to make judgement and to take decisions. Fully functioning individuals experience a sense of freedom which implies that she is autonomous. Rogers opines that in client-centered-therapy, the autonomy of the client should be respected. Question arises, if the autonomy of the client is impaired, then how can it be respected? Impairment follows from psychological dysfunction of the client.

At this point, I would, like to mention another factor due to which a person's autonomy may become impaired. In the field of feminist philosophy, it has been explained that the traditional women's role entangles her indefinitely in relational demands that often supersede her own needs for quiet, privacy, and self-development¹⁸. Diana Meyers in her essay "Personal Autonomy and the Paradox of Feminine Socialization" opines that the 'traditional woman' is strongly socialized to feminine norms and devotes herself primarily to the care of her family. According to the assumptions of mainstream liberal theory, this woman is marked by several characteristics that would seem likely to disqualify her as an autonomous agent. Moreover what is very much important is that the 'traditional woman' has chosen this role in large part because of an early and comprehensive socialization that defines this role as appropriate and valuable to her because she is a woman."¹⁹

Thus, we may observe that in psychotherapeutic context the impaired autonomy of the person or self of the client referred in the first place, can be purely understood in terms of psychology, in such cases the cognitions may get affected or the beliefs may be irrational etc. which may lead to impairment of autonomous aspect of the person /self in the client. While in the second case mentioned above the impairment of autonomous aspect of the person /self of the person/self in the client is due to social construction. In such the 'traditional woman' is ensnared by social norms in such a way that she is not in a position to recognize and accept her self-identity. Over and above the psychological distress, the patriarchic society also impedes the development of autonomous self in such a client. In this context it can be mentioned that the Rogerian school²⁰ holds that the acceptance of one' self is prerequisite to an easier and more genuine acceptance of others. At the same time being accepted by another, leads to a greater willingness to accept oneself. This self-correcting and self-enhancing cycle is the major way one minimizes obstacle to psychological growth. Such psychological growth is incredibly significant to discover and rediscover the 'self' or the 'person' situated in the socio-politico-ethical world. Such psycho-social 'self or person' is also placed as a client in the context of psychotherapy. It is also the therapist in the psychotherapist-client relationship or any other being in the world. It can be held that the 'person or self' in the client which is addressed in psychotherapeutic relation is not an all comprehensive ontic being who

is placed in the outer world, but as according to Rogers²¹, within the field of experience is found the self. This self is not a stable, unchanging entity. The self is an organized consistent gestalt which is constantly in the process of forming and repressing situational changes. Thus, it may be assumed that the concept of self may be attempted to be understood in the living experiences; it can not be taken as an absolute concept and the philosophical search for understanding it, is actually a continuous process.

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