THE SELF IN RECENT ROGERIAN THEORY
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The objective of this paper is to sketch the place of the self in the current client-centered approach to personality. While the self is today becoming of central importance in all theories of personality, it constitutes the core of the Rogerian approach which has, in fact, been designated by some writers (e.g., 9, 15) as "self-theory." Perhaps this is because client-centered theory is based upon the observations of individual clients in therapy.

ROGERS' FORMULATIONS

1947. Rogers' earliest formulation was presented in 1947 (17): "The self is a basic factor in the formation of personality and in the determination of behavior." As the perception of self changes, behavior changes. The person's feeling of adequacy is basic to psychological adjustment. The absence of threat is important for the development of an adequate self-concept and is a condition for changes in the self-concept. The self-concept is, by definition, a phenomenological concept: it is the self as seen by the experiencing person.

1951. In 1951 Rogers (18) amplified and extended his discussion of the self in nineteen propositions. The point of view remained perceptual and phenomenological; there is no reality for the individual other than that given by his perceptions. The self is the central concept of personality and behavior. While the basic drive of the organism is the maintenance and enhancement of the organism, the psychological self may take precedence over the physiological organism.

Once the self has developed, experiences are perceived and evaluated in terms of their relevance and significance to the self. Behavior is normally consistent with the self-concept, even at the expense of the organism. However, organic experiences or needs which are unsymbolized (because they are unacceptable) may at times lead to behavior inconsistent with the self-concept ("I was not myself"), or to psychological tension and maladjustment. Experiences which are incon-

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sistent with the self-concept may be perceived as threatening, and may be rejected, denied, or distorted; the self-concept is defended.

Psychological adjustment or integration, on the other hand, exists when the self-concept is congruent with all the experiences of the organism. Under conditions of absence of threat to the self, all experiences—including the organismic—may be examined and assimilated into the self-concept, leading to changes in the self-concept. This occurs in therapy.

1959. The most recent and most detailed of Rogers' theoretical discussions, a more systematic and extended formulation of earlier expressions, appeared in mimeographed form in 1955 and in print in 1959 (19). Self-actualization becomes an important aspect of a general actualizing tendency.

The self-concept is defined as "the organized, consistent conceptual Gestalt composed of characteristics of the 'I' or 'me' and the perceptions of the relationships of the 'I' or 'me' to others and to various aspects of life, together with the value attached to these perceptions" (19, p. 200). The ideal self is introduced into the theory and is defined as "the self-concept which the individual would most like to possess, upon which he places the highest value for himself" (19, p. 200).

Several concepts having to do with regard are included. Rogers postulates a basic, though secondary or learned, need for positive regard from others—that is for warmth, liking, respect, sympathy, and acceptance—and a need for positive self-regard, which is related to or dependent upon positive regard from others.

Unconditional self-regard is a state of general positive self-regard, irrespective of conditions. Positive self-regard may be conditional, however, when the individual "values an experience positively or negatively solely because of ... conditions of worth which he has taken over from others, not because the experience enhances or fails to enhance his organism" (19, p. 209). In this case the individual is vulnerable to threat and anxiety.

The central ideas in Rogers' theory of the self may be stated as follows:

1. The theory of the self, as part of the general personality theory, is phenomenological. The essence of phenomenology is that "man lives essentially in his own personal and subjective world" (19, p. 191).

2. The self becomes differentiated as part of the actualizing tend-
ency, from the environment, through transactions with the environment—particularly the social environment. The process by which this occurs is not detailed by Rogers, but is presumably along the lines described by the sociologists Cooley (8) and Mead (13).  

3. The self-concept is the organization of the perceptions of the self. It is the self-concept, rather than any "real" self, which is of significance in personality and behavior. As Combs and Snygg note, the existence of a "real" self is a philosophical question, since it cannot be observed directly (6, p. 123).

4. The self-concept becomes the most significant determinant of response to the environment. It governs the perceptions or meanings attributed to the environment.

5. Whether learned or inherent, a need for positive regard from others develops or emerges with the self-concept. While Rogers leans toward attributing this need to learning, I would include it as an element of the self-actualizing tendency.

6. A need for positive self-regard, or self-esteem, according to Rogers, likewise is learned through internalization or introjection of experiences of positive regard by others. But, alternatively, it may be an aspect of the self-actualizing tendency.

7. When positive self-regard depends on evaluations by others, discrepancies may develop between the needs of the organism and the needs of the self-concept for positive self-regard. There is thus incongruence between the self and experience, or psychological maladjustment. Maladjustment is the result of attempting to preserve the existing self-concept from the threat of experiences which are inconsistent with it, leading to selective perception and distortion or denial of experience.

This highly condensed summary does not include the vicissitudes of the self through the processes of disorganization, or the processes of reorganization which take place in therapy.

While a number of persons have contributed to the theory, in-
cluding Raimy (16), Snygg and Combs (21), and many others who have been associated with Rogers, there has been no other comparable exposition of the theory nor are there any adequately stated alternatives or variations of it. Rogers' terminology differs in some respects from that used by other client-centered writers, but the basic concepts are similar if not identical. For example, some theorists, including myself (14), have used the term self-esteem to refer to what Rogers designates as positive self-regard.

**Comparison with other formulations**

"Me" versus "I". Several theorists (2, 4, 13, 22) have emphasized two aspects of the self, essentially distinguishing between the *self as object*, the "me," and the *self as subject*, the "I." The first is often referred to as the *self-concept*, the second as the *ego*, although, as Hall and Lindzey (9, p. 468) point out, there is no general agreement upon terms. James called the "me" the empirical self and the "I" the pure ego—the sense of personal identity or the judging thought. This personal identity, he suggested, may not exist as a fact, "but it would exist as a feeling all the same; the consciousness of it would be there, and the psychologist would still have to analyze that" (12, p. 333). The ego would appear to be self-consciousness. Mead's conceptions of the "I" and the "me" appear to be similar, although his discussion is difficult to follow. The "I" appears to be the awareness of the self as of the moment of action (13, pp. 173-178, 192).

These concepts, while preferable to the idea of the "I" as an executive, which lends itself to reification, are vague and difficult to pin down. At least I am not able to differentiate actually, practically, or operationally between the executive aspects of the self, and the self as an object to the self. The self of Snygg and Combs is both an object and doer. Others, including Allport (1) and Sherif and Cantril (20), also appear to adopt this view. Hilgard (10) suggests that the concept of the self as a doer is an error into which psychologists have been led by the common-sense or lay view that behavior seems to be self-determined.

In Rogers' theory the self-concept, although an important determiner of behavior, is not an executive or doer. There is no need for positing such an executive. The organism is by nature continually active, seeking its goal of actualization, and the self as part of the organism is also seeking actualization through its constant activity. The self-concept thus influences the direction of activity, rather than
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initiating it and directing it entirely. Thus Rogers avoids the problem of reification and the ambiguousness of the concept of the “I” or the ego as an executive. James’ sense of personal identity might be considered a part of the self-concept, and the ego or “I” as the awareness of the self-concept. However, I am not sure that this solution is entirely satisfactory.

Ideal self. In his recent formulation of the concept of the ideal self Rogers indicates that the perception of the ideal self becomes more realistic, and the self becomes more congruent with the ideal self, as an outcome of therapy. This suggests that personality disturbance is characterized by an unrealistic self-ideal, and/or incongruence between the self-concept and the self-ideal. This formulation has been the basis of some research by the client-centered school (e.g., 3). But it is not incorporated in Rogers’ statement of the theory. The theory apparently does not recognize conflict between the self-concept and the self-ideal as a source of disturbance, but emphasizes the conflict between the self-concept and organismic experiences as its source. This is in contrast to some other theories in which the self-ideal is a central concept and an important factor in psychological adjustment or maladjustment, e.g., Horney (11).

The self. The notion of the self, or the self-structure, is broader than the self-concept. It includes the self-concept and the ideal self. What else it includes, is not clear. Combs and Snygg speak of the phenomenal self, defined as the “organization of all the ways an individual has of seeing himself” (6, p. 126). The self-concept includes “only those perceptions about self which seem most vital or important to the individual himself” (6, p. 127). How these are to be differentiated is not indicated. Rogers considers the self-concept to be in the person’s awareness, whereas the self may include aspects not in awareness.

PROBLEMS OF OPERATIONAL DEFINITION

Rogers made an effort to keep his constructs and concepts so that they can be operationally defined. The phenomenological approach, it seems to me, fosters this effort. One is not concerned about the “real” self, the “real” environment, etc., but with the perceptions of particular individuals. The self-concept and the self-ideal are perceptions which can be studied and objectified by instruments such as the Q-sort, or by tests of the “Who am I” variety. The latter, though
ideally suited for use with client-centered theory, have not, however, to my knowledge, been used in connection with this theory.

Rogers points out the problem of operationally defining the organismic experiences which, it is assumed, conflict with the self-concept. The aspects of the self other than the self-concept and the self-ideal, are also not operationally defined. Maybe we do not need these concepts. I see no need for unconscious elements of the self, for example. Aspects of the self which are not in awareness but which can be brought into awareness, can be tapped by instructions such as "Sort these statements in terms of your concept of yourself as a father." The self, insofar as it is behaviorally effective, may consist only of the various self-perceptions—thus resolving the problem posed above about the area of the self apart from the self-concept and the self-ideal. The organismic experiences, on the other hand, as an essential aspect of the theory, must be brought within the realm of measurement. The approach of Chodorkoff (5), using Q sorts of self-referent items by clinicians as an "objective description" of the total experience of the individual, though operational, may be questioned as to its validity.

There is also the problem, pointed out by Combs and Soper (7), that although the self-concept may be operationally defined as the individual's statements about himself, these statements do not necessarily correspond to his perception of himself. His statements may be inaccurate for a number of reasons, including inability or unwillingness to give an accurate report. Yet there is no other approach to determining the self-concept, since by definition it is the perception of the self by the individual, and no one else can report upon it or describe it.

In general, what is needed is a more formal theoretical statement which would lead to testable hypotheses for research, not only with clients in therapy, but in many other situations, with many other kinds of subjects.

**Summary**

The aspects of Rogers' theory which relate to his central formulation of the self-concept have been summarized. A comparison with the thinking of others regarding the self attempted to clarify some differences and showed other differences in need of resolution. Some problems of operational definition were briefly discussed.

**References**


