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978-1-107-07914-4 - The Self in Understanding and Treating Psychological Disorders
Edited by Michael Kyrios, Richard Moulding, Guy Doron, Sunil S. Bhar,Maja Nedeljkovic and Mario Mikulincer
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Section 1 Introduction and concepts

Chapter 1

The self in psychological disorders: an introduction

Michael Kyrios

Evidence-based practice has led to a revolution in how we manage psychological disorders such as anxiety and somatic symptom disorders, mood disorders, bipolar disorder, the obsessive–compulsive spectrum disorders, addictions, schizophrenia and related disorders, eating disorders, borderline personality disorder, fatigue, and other conditions (Hofmann, Asnaani, Vonk, Sawyer, & Fang, 2012; Hunsley, Elliott, & Therrien, 2014; McMain, Newman, Segal, & DeRubeis, 2015). One of the effects of this revolution, as translated by service agencies and organizations, has been an unintended tendency to overly focus on the disorders or problems that we treat rather than on the nature of the individuals who present to clinical practice, individuals who come with rich personal histories that impact on the development of the disorder and its trajectory throughout their lifespan and throughout their treatment.

Of course, a focus on disorder is not necessarily the foundation of evidence-based treatments such as cognitive-behavior therapy (CBT), where research and validated theory based on an essentially phenomenological approach are integrally linked and support the need to target general and idiosyncratic beliefs, as well as behavioral and affective responses to situations or stimuli. Salkovskis (2002) supports the need for scientist-practitioners to utilize Empirically Grounded Clinical Interventions that are based on a mix of "clinical observation, theoretical and experimental development" (p. 8), accounting for the social and cultural milieu. The personal and developmental context of individuals presenting for psychotherapy has long constituted a part of the "clinical observation" to which Salkovskis refers. Case formulations that ought to guide treatment have traditionally been founded on a broader understanding of individual biological, developmental, intra- and interpersonal and contextual factors or vulnerabilities that underlie the development and maintenance of psychological disorders and problems in specific individuals. However, somewhere along the way, possibly due to the nature of health service funding models and their focus on outcomes and economic efficiencies, clinical psychology has arguably lost "the person" in evidence-based psychotherapy and now treats "the disorder."

A purely evidence-based framework is limited by the very fact that it is based on group analyses, while there is actually little evidence within the literature to help guide clinicians on individual predictors of disorder or treatment outcomes, idiosyncratic treatment processes and longer-term follow-up outcomes. In support of this view, there have been recent calls to identify "predictors, mediators, and moderators of treatment response in order to increase knowledge on how to personalise interventions for each client" (McMain *et al.*, 2015, p. 321). While this tome is not proposing a rejection of the normative framework characteristic of the evidence-based literature in preference for a totally idiographic framework, there are advantages to incorporating a broader range of individual factors in the treatment of psychological disorders.

Numerous studies are now beginning to show that individual factors impact on outcomes, especially personality traits, although this may depend on treatment modality. For instance, Ramos-Grille, Gomà-i-Freixanet, Aragay, Valero, and Vallès (2015)

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reported that problem gamblers were not only characterized by high scores on neuroticism–anxiety relative to controls, but that those in treatment who relapsed or dropped out rated themselves as more impulsive and sensation-seeking, while high impulsivity emerged as a predictor of poorer treatment outcome. Min, Lee, Lee, Lee, and Chae (2012) found that low trait anxiety and positive resilience or emotional regulation predicted treatment response in depressed outpatients. In examining outcomes from either CBT or pharmacotherapy, Bagby *et al.* (2008) found main effects for the personality traits of openness and neuroticism, and moderating effects of agreeableness. In contrast, in a cohort of inpatients with a mixture of mainly neurotic diagnoses undertaking psychodynamically oriented therapy, no personality traits predicted outcome after accounting for baseline symptoms, although moderate to large effect size magnitude changes were found (Steinert, Klein, Leweke, & Leichsenring, 2015). Nonetheless, such studies do show growing interest in individual predictors of treatment outcome across all psychotherapies.

While identifying individual differences as a way forward, in his introduction to a special feature on the self and identity, Livesley (2006) emphasized that a focus on personality traits misses important components in understanding disorder. Despite a focus on personality disorder, his point about the need to examine more comprehensive aspects of functioning in delineating disorder is well taken.

> The trait system is only one component of the larger system … Other sub-systems include control structures and mechanisms that regulate affects and impulses and coordinate goal-directed action, and the knowledge systems that encode information about the self, others, and the world and guide subsequent action … Research tends to neglect disturbances in the self system that are central to understanding the disorder. These disturbances involve problems with both the contents and the organisation of the self. (Livesley, 2006, p. 541).

In support, research from a variety of theoretical perspectives has demonstrated that individual factors related to cognitions, early schemas and identity also impact on outcomes across a range of disorders. For instance, Quilty, McBride, and Bagby (2008) found a mediational role for general maladaptive cognitions in outcomes for depression following CBT and pharmacotherapy, but not interpersonal therapy. Furthermore, Haaland *et al.* (2011) explored whether early maladaptive schemas were related to treatment outcome in outpatients with obsessive–compulsive disorder (OCD) who completed exposure with response prevention. Higher pre-treatment abandonment schema scores were related to poor outcome, while higher pre-treatment scores on the self-sacrifice schema were related to better outcome. During treatment, changes in the failure schema were significantly related to positive outcome at post-treatment. Moreover, one of our own studies has shown that the resolution of self-ambivalence during CBT for OCD predicted better post-treatment outcomes (Bhar, Kyrios, & Hordern, 2015). Specifically, when pre-treatment depression, anxiety and OCD severity were accounted for, pre-to-post changes in self-ambivalence significantly predicted recovery. A one standard deviation change in self-ambivalence was in fact associated with nearly four times the likelihood of recovery in OCD symptoms.

A better understanding of self and related constructs such as early schemas and attachment styles in psychological disorders may offer ways forward in advancing our understanding of psychological disorders and their treatment. That is not to say that existing theoretical frameworks ignore the self. In CBT, for instance, core beliefs about the self, others, and the world are considered to underpin all functioning. However, little work has examined or brought together the literature focusing on specific aspects of the self as they relate to particular disorders. Much work needs to be undertaken to bring together the various strands of the psychological literature on the self, inclusive of social psychological, clinical, personality, cognitive, philosophical, neuroscientific, and experimental research (Gallagher, 2011). This book is an attempt to do exactly that for specific psychological and cognitive disorders, while also exploring implications for psychological treatment.

The concept of the "self"is a complex multidimensional construct, but has long been of interest to researchers of human psychology from developmental and clinical perspectives. Katzko (2003) states: "The term 'self' is used by too many different theorists in too many different ways" (p. 84). Brinthaupt and Lipka (1992) consider that the self is variously defined as schema, prototype, cognitive representation, multidimensional hierarchical construct, narrative sequence, linguistic descriptor, process, and elaborate theory, among other terms. Nonetheless, it is a construct that encapsulates many of the biological, developmental, intra- and interpersonal and contextual factors that we use in case formulations and that are thought to

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underlie the development and maintenance of psychological disorders and problems.

With respect to psychological disorders, the "self" has been seen as important: (a) to our *understanding* of disorder (e.g., a disturbance of the basic sense of self, i.e., a *pre-reflective*, *tacit* level of selfhood, is seen as a phenotypic trait marker of schizophrenia spectrum disorders; ego dystonic thoughts are core to our understanding and the definition of OCD); (b) the *experience* of those with disorders (e.g., compromised self-esteem across many disorders); (c) in the *etiology* of disorder (e.g., the importance of self-ambivalence in OCD; Guidano & Liotti, 1983); and (d) to *cognitive factors* central to the etiology, maintenance, and treatment of disorder (e.g., the importance of self-oriented perfectionism in depression; Sherry, Richards, Sherry, & Stewart, 2014).

A myriad of self constructs have been studied and variously applied to specific disorders, although there is no reference that brings together the topics of disorder and "self" so as to help academics and practitioners alike summarize the associations through a review of the literature and its inherent issues and applications. While Kircher and David (2003) highlighted the importance of the self from psychiatric and neuroscientific perspectives, focusing on consciousness and self-consciousness, they focused on schizophrenia and related disorders alone. As there is a range of cognitive, affective, behavioral, developmental, organizational, content, and process components that contribute to our understanding of the self in psychopathology across the range of disorders, this tome takes a broader view.

Self processes, complexity, stability, and interactions with experiential or contextual factors all have a role to play in the emergence and maintenance of psychological disorders. This complex interplay of factors differs from disorder to disorder, although some disorders may demonstrate some commonalities, while there are also areas of the literature that are as yet uncharted for some disorders. The different treatment modalities take specific approaches to dealing with these complex self-related factors. Moreover, various approaches to psychotherapy use particular strategies based on specific theoretical frameworks. Despite such differences, one thing remains constant: the study of the self brings with it a rich tapestry of implications and the potential to improve our evidence base with respect to our understanding and treatment of psychological disorders.

Overview of this volume and its structure

The book is divided into three parts. In Section 1 (Chapters 1–3), we present constructs that are important in understanding the construct of the self and factors that influence the development of self. In Section 2 (Chapters 4–7), the authors present ways in which the self is generally dealt with in various treatment frameworks. While not all treatment approaches are represented, the editors have chosen major approaches that have a widespread practitioner base and that have existing or emerging evidence bases. Section 3 (Chapters 8–22) constitutes the major body of the volume and deals with a range of psychological or cognitive disorders representing major groups within diagnostic taxonomies such as the DSM-5 (American Psychiatric Association, 2013). The volume finishes with a concluding chapter (Chapter 23) that sets out some ways to move this area forward, particularly with respect to the integration of self constructs into evidence-based conceptual models of disorders and treatment.

Summary of each main chapter

Bhar and Kyrios (Chapter 2) start by providing an overview of self constructs and the dimensions which can be used to understand the self. They cover self concepts from early Western models of selfhood to current construals seen in research, including those focused on content and structure. Mikulincer and Doron (Chapter 3) go on to outline the importance of an attachment framework to understanding the development of self. This is an important chapter as it emphasizes developmental influences and how they impact on the emergence of self and, in particular, how they lead to a compromised self which is ultimately expressed in idiosyncratic ways, depending on the nature of early experiences and trauma.

The second section of the book focuses on treatment and includes chapters by Shahar, Clark, Zettle and Rafaeli as lead authors on the self in psychodynamic therapy (Chapter 4), cognitive behavioral therapy (Chapter 5), acceptance and commitment therapy (Chapter 6), and schema therapy (Chapter 7), respectively. These therapeutic frameworks were chosen due to the current extent of their dissemination. Psychodynamic theory has a long history of focusing on the self, albeit encompassing a range of

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perspectives. While acceptance and commitment therapy and schema therapy are considered part of the "third wave" of cognitive and behavioral therapies, they have particular relevance to self-based therapeutic targets. Each chapter explicates how the self is defined and managed generally within the specific therapeutic approach. Many of these issues are then taken up in Section 3, which examines the self with respect to specific disorders.

In Chapter 4, Shahar and Schiller emphasize that, given that the key mechanism of psychodynamic therapy is to *increase self-knowledge*, focusing attention on the self is of particular relevance. The authors integrate a traditional Kleinian approach to object relations, anxieties, and defense mechanisms with social-cognitive and neurocognitive foci on schemas, narratives, affect regulation, and future representations. They go on to describe three ways of working with depressed patients to facilitate a "future orientation." The use of "multiple selves analysis/personal projects analysis" is emphasized. Clark (Chapter 5) provides case studies and outlines several ways in which cognitive-behavioral theories and treatment conceptualize and target the self, inclusive of notions about self-discrepancy, self-schemas, incongruence, and complexity. He emphasizes that CBT would likely profit by further accounting for self-construals. Zettle (Chapter 6) reviews how self and related topics are considered and targeted within acceptance and commitment therapy (ACT), one of the therapies within the third wave of cognitive and behavioral therapies that have emerged in recent decades (Hayes, Strosahl, & Wilson, 1999). In particular, he reviews three distinctive ways in which self-related behaviors are regarded within ACT, and examines therapeutic strategies that deal with maladaptive behaviors, as well as the current evidence base for their efficacy. In Chapter 7, Rafaeli and colleagues adopt a multifaceted view of the self and review the development of the schema therapy approach to treatment, emphasizing the efficacy of working with the multiplicity of selves.

Section 3 starts with chapters on mood disorders. Luyten and Fonagy examine psychodynamic and cognitive-behavioral approaches to the self and self processes in major depression, and integrate these in discussing treatment strategies and processes (Chapter 8). Specifically, they see disruptions in the self as both a cause and an outcome of depression, and consider disturbances in interactions with others and in individuals' capacities to mentalize as generating vulnerability to depression. Leitan expounds on the various approaches to the self in bipolar disorder (BD), opening the way for greater clarity and new research directions in the etiology and treatment of this disabling disorder (Chapter 9). In particular, he emphasizes the importance of self-based cognitive processing and the role of the body and experience in the relationship between self and BD. He concludes by presenting a discourse as to how understanding the self in BD complements current and emerging treatments for BD.

The next section deals with anxiety disorders, showcasing social anxiety (Chapter 10) and trauma (Chapter 11). Gregory and colleagues discuss the importance of self-constructs, particularly self-images, self-beliefs, and self-focused attention in the etiology and treatment of social anxiety. They emphasize that changing self-structures and using imagery rescripting can improve treatment outcomes (Chapter 10). Horowitz and Sicilia (Chapter 11) discuss posttraumatic stress disorder (PTSD) from the perspective of "person schema theory" (Horowitz, 2011). While they consider PTSD as likely to impact negatively on one's sense of self, they also emphasize that pre-existing ruptures in coherence of self-organization make it challenging for individuals to process and integrate traumatic experiences. They use neurobiological and relational or attachment frameworks to understand how the self develops, themes commonly encountered throughout this book.

Chapters 12 and 13 deal with the obsessive–compulsive spectrum disorders. Ahern and Kyrios outline self constructs in OCD with an emphasis on Guidano and Liotti's (1983) earlier theoretical work on self-ambivalence, a construct thought to derive from early attachment patterns. They further elucidate a range of related constructs such as self-contingency, self sensitivity and implicit self processes. Expanding on a similar theoretical perspective, Moulding and colleagues (Chapter 13) focus on hoarding disorder, body dysmorphic disorder, and trichotillomania, and conclude that overidentification with some aspect of the self or its extensions (e.g., possessions, appearance, and hair, respectively) is associated with shame, misperceptions, and compromised emotional regulation strategies to deal with perceived challenges to self. In Chapter 14, Rodda and colleagues expound on self constructs, in particular self regulation associated with impulse control and addictive behaviors which are an important focus in effective treatments.

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The chapters that follow examine the self in disorders many consider to be biologically based, specifically autism (Chapter 15) and schizophrenia spectrum disorders (Chapter 16). As the authors demonstrate, psychological constructs play an important role in understanding the emergence of these disorders and their treatment. Molnar-Szakacs and Uddin examine self constructs and related neurocognitive functions in autism and spectrum disorders. They argue that certain features of physical and embodied self-representation are generally functional in autism; however, psychological and evaluative self-related cognition appear to be impaired, especially theory of mind, although many studies point to a lack of differences between representations of self and other. Nonetheless, an examination of self-related processing deficits affords a promising framework for understanding the complex symptomatology in autism spectrum disorders. The authors conclude that bringing together imaging methods and behavioral approaches to studying self-related cognition in autism will lead to a more complete understanding of the self in this baffling disorder. Nelson and colleagues summarize new directions in understanding bidirectional relationships between self construals in schizophrenia and schizotypy, offering exceptional insights into new ways of understanding relevant phenomena. Specifically, they consider schizophrenia to be characterized by the form of experience rather than the content of experience or disturbance in particular modalities. They support the notion that schizophrenia is characterized by instability in the first-person perspective, a diminished sense of presence and a loss of contact with reality, and consider their model as demonstrating a trait disturbance distinctive to the schizophrenia spectrum.

The book then goes on to consider self construals in personality disorders, specifically borderline personality disorder (BPD) and obsessive–compulsive personality disorder (OCPD). In Chapter 17, Liotti and Farina outline an attachment-based model of self in BPD and highlight important elements of a therapeutic framework for managing this complex disorder. They emphasize that self experience emerges from the quality of our relationships and, as such, they take a radically relational approach to the treatment of BPD. Their treatment focus is on the impact of disorganized attachment and the central role that the therapeutic alliance and use of parallel integrated interventions can play, rather than on specific therapeutic techniques which they see as useful in correcting maladaptive relational information. Integrating a broader range of influences, Nedeljkovic and colleagues examine etiological factors in OCPD and present a research and therapeutic framework for this intriguing disorder (Chapter 18). They propose that individuals with OCPD hold restricted self-views with a focus on work-related competence, extreme perfectionism and need for control. They cite earlier theoretical work by Kyrios (1998), which has implicated ambivalence in self, lack of trust, low self-efficacy, role limitation, and ethical/moral inflexibility in OCPD. They emphasize the need for treatments to target relevant cognitive distortions and limited self conceptualizations.

The next few chapters examine self concepts in disorders where the interface between psychological and physiological factors is central. Chapter 19 by Kempke and colleagues deals with the self in chronic fatigue syndrome as an exemplar of a somatic condition. They emphasize the importance of specific mental representations or cognitive–affective schemas associated with self-criticism or attachment avoidance, along with early negative experiences which impact on the neurobiological stress response system. Basten and Touyz examine self constructs in eating disorders (ED) and highlight the bidirectional relationship between self and EDs (Chapter 20). They consider compromised self as being at the center of the need to change or perfect those aspects of the self considered central to one's sense of identity, a theme that is seen across a range of disorders. In EDs, individuals attempt to manifest control over eating and weight, whether consciously or unconsciously, in order to compensate for their perceived deficiencies. The authors suggest that intrapsychic and behavioral interventions must be tailored to fit the individual's psychological profile and ED symptomatology. In Chapter 21, Caddell examines the variety of self constructs used in research on dementia, an issue of enormous importance to communities experiencing an aging population. A loss of self (or related terms) has been used to characterize dementia, although qualitative studies suggest that much of the sense of self is actually maintained in people with dementia despite some aspects of deterioration. Caddell also reviews interventions in patients with dementia, most of which focus on well-being, but also have implications for identity. Despite limitations in the literature, taking a self perspective on dementia appears to offer a range of opportunities to understand the experience of dementia

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and to provide novel management strategies. In the final chapter in Section 3, Zucker and VanderLaan examine self constructs in individuals with gender identity disorder (GID) (Chapter 22). There is enormous interest in and understanding of the degree to which gender identity is important to one's sense of self, and that social dynamics play an important role in the adjustment of individuals with GID. As individuals can and do change their gender identity, the influence of gender identity in defining the self may be more fluid in some people; however, the authors identify central developmental issues with a self focus that could be successfully targeted in the understanding of individuals with GID. Treatment issues in GID are somewhat more complex, but fundamental developmental issues and self construals are likely to be an important focus.

In the final chapter (Chapter 23), the editors attempt to briefly summarize and integrate the information presented by the various authors within the book, and discuss ways in which psychopathology and its management can be advanced by examining the self. While not quite constituting the fourth wave of cognitive and behavioral psychotherapies, consideration of the self has enormous potential to change the way in which we conceptualize disorders and our approach to psychotherapy. Consideration of the self offers: (a) constructs that allow us to integrate a developmental framework into evidence-based models of disorder and psychotherapies; (b) a way of integrating psychodynamic frameworks and a range of cognitive-behavioral therapeutic frameworks; (c) research directions for experimental and clinical studies aimed at understanding the development of psychological dysfunction; and (d) a way forward for incorporating the lived experience into our understanding of psychological disorders.

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Section 1 Introduction and concepts

Chapter 2

The self-concept: theory and research

Sunil S. Bhar and Michael Kyrios

There is a burgeoning literature on the theoretical relevance of self-constructs to maladaptive behavior, cognition, and emotion. Likewise, there is widespread acceptance that the self-concept is a useful explanatory factor in research on psychopathology. Thousands of research publications are produced every year on the self-concept; over 30,000 publications on the self-concept were found between 1974 and 1993 (Ashmore & Jussim, 1997), and more recent estimates suggest that 1 in 7 publications in psychology addresses the self-concept (Tesser, Stapel, & Wood, 2002).

Despite the widespread acceptance of the self-concept as a meaningful construct in psychological theory and research, the term itself remains elusive. The self-concept has been studied through various approaches, and has variously been defined as schema (Taylor & Boggiano, 1987), concept (Rogers, 1961), value (Hermans, 1987), representation (Markus, 1990), narrative (McAdams & McLean, 2013), role (Deaux, 1993), and theory (Epstein, 1973). Terms are sometimes used interchangeably to refer to the same construct, or conversely, different constructs are associated with the same term. For example, terms such as self, self-estimation, self-identity, self-image, self-perception and self-consciousness are used interchangeably with self-concept (Hattie, 2014), which in turn can refer variously to self-esteem as well as descriptions of self-characteristics. The "self", Westen (1992, p. 4) surmises, is a "mushy, muddle-headed construct without empirical referents."

Given the difficulties in defining the self-concept, along with its widespread and inconsistent usage, some theorists have disputed that the self-concept is a viable construct, suggesting that it remains an abstraction, deduced from one's activity. Baumeister (1998, p. 683) suggests one cannot be aware of self "in the same way you are aware of a table or painting," and surrenders to a position that "it is much easier to feel the self than to define the self."

Hence, there is a need for an overview of models for appreciating the diverse ways in which the self-concept is understood and applied in research. The self-concept is theoretically informed, and hence definitions for the term are best understood within the context of theory; otherwise, as suggested, such definitions remain barren (Hattie, 2014). Likewise, the way in which the concept is employed in research can be appreciated in the context of such theory. Therefore, there are two aims of this chapter. First, it provides a starting point for understanding the major theories that have been influential in defining the self-concept. It outlines early western philosophical positions, as well as more recent psychodynamic, cognitive, social, and narrative theories. Second, it offers an overview of the application of the self-concept in psychological research, which in turn illustrates the theories that contextualize the meaning of the term. The self-concept is often used in such research with reference to its content and structural properties. It is hoped the broad overview of theory and applications of the concept provides readers with a framework for appreciating the diverse perspectives on the self-concept, and its utility as a focus in psychological investigations. It is envisaged that such a framework will help integrate the range of perspectives used to understand and treat psychological disorder.

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Theories of the self-concept

Early Western models

The notion of self-concept as distinct from other concepts such as person, memory, soul, thinking, and perception has been debated for centuries. In early Western-based theories, the self has been variously equated with soul, perception, and consciousness (Hattie, 2014). In particular, many theorists have rejected the distinction between the self as the thinker and an object of thought. Descartes' exclamation "I think therefore I am" points to the difficulty of separating the thinker from the object of thought (Descartes, 1967). Likewise, for Locke (1960), the self was equated with the person who was engaged in knowing. Hence, the self, according to such philosophers, was equated with the subject that is the "thing that carries out the action … the thinker of our thoughts, experiences of our experiences, perceiver of our perceptions, feeler of our feelings as well as the initiator of our physical actions …" (Watson, 2014, p. 1). In short, the self was semantically equated with the modern meaning of "I."

The concept of self as a representation rather than as subject emerged in the eighteenth century, when thinkers such as Hume (2014) began to represent the self as distinct from the person, or from a spiritual substance, and more closely aligned to a mental construction. Hume proposed that such a concept was essentially a series of perceptions about the subject.

> For my part, when I enter most intimately into what I call myself, I always stumble on some particular perception or other, of heat or cold, light or shade, love or hatred, pain or pleasure. I never catch myself at any time without a perception and can never observe anything but the perception. (p. 334)

Early writers stressed that such perceptions were provided with thematic unity through the associations with a felt sense of commonality. Mill (1869) claimed that the idea of "myself" was related closely with previous ideas of myself, thus bringing about a sense of temporal cohesion to the nature of self. Spencer (1963) argued that although the self was a series of impressions and ideas, there was a principle of unity and continuity that bound these impressions. For some authors (e.g., Bergson, 1975), memory served the function of a binding agent for blending past and present experiences into a coherent and organic whole. Hence, the mental representation of self as defined through such perspectives was argued to comprise collections of perceptions that were unified within a cohesive frame.

Psychodynamic models

Unlike earlier models of the self-concept that emphasized unity between different aspects of self-experiences, the psychoanalytic perspective of the self-concept focused on the fragmented and conflictual nature of the self-system. Freud (1916) rejected the existence of any viable answer to questions such as "Who am I?" or "What am I?" He argued that major aspects of selfhood were hidden from our awareness in an unconscious domain. This domain comprised desires, wishes, impulses, and ideas that were inaccessible to self-knowledge (reviewed in Elliott, 2013). He argued that human subjectivity was plural – that is, the same person could have conscious and unconscious motivations, knowledge, and impulses that were not unified. Freud envisaged the human mind as a hierarchy of agencies – the ego which regulated impulses; the id, which generated the drive towards satisfying pleasure, impulses, and instincts; and the superego, which operated as a conscience based on learned social standards. The Freudian perspective, as summarized by Watson (2014), was as follows: "We neither are nor contain anything that remains identical over time. Even at one moment of time, we are not one thing. Rather we are a multiplicity of interacting systems and processes" (p. 2).

In his review of the literature on the psychoanalytic view of the self, Westen (1992) suggested that the self-concept was a repertoire of representations that could be contradictory. He noted that one of the most important ideas about the self-representation in psychoanalytic thinking was that such representations could reflect compromised functions – that is, a compromise between opposite or conflicting motives. For example, he cites a patient who strives for success but then avoids such success because of a compromised function – that is, to be great like he imagined his father to be, but also not to betray his father by succeeding where his father had failed. Similarly, conflicts between self-representations were purported to include conscious (explicit) and unconscious (implicit) representations. A narcissistic patient, for example, may insist that he is better than all his superiors because he unconsciously feels weak and inferior. Hence, the self-concept was not assumed to be unitary, but rather an interplay between various motives that occurred at various levels of awareness.

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The self as portrayed through these models was also a relational representation, that is, a representation of self in relation to others (Westen, 1992). In object relations theories, the self-concept was said to include a representation of others and one's early relationships with caretakers. Kohut (1971, 1977) forwarded the concept of self as including ambitions and ideals. Ambitions were described as grandiose views of the self as all-knowing and powerful. Ideals were derived from the child's idealized view of his or her parents. Similarly, Klein (1977) described adults as having incorporated early patterns of interpersonal relationships, and contended that such incorporated images or objects become a guide for what to expect from, and how to behave with, others.

Cognitive models

The notion of self-concept as a cognitive representation of information is best associated with cognitive models of the concept. Within such models, the self-concept is viewed as a cognitive construct, comprising descriptions, prescriptions, and expectations about one's attributes, weaknesses, and goals. For example, Epstein (1973) emphasizes that the self-concept was an implicit theory about oneself, and Hattie (2014) refers to the self-concept as cognitive appraisals of self-related attributes.

The self-concept is regarded by many cognitive-oriented theorists not only as a mental representation of one's attributes, but also as a filter for incoming information. In this way, the self-concept operates as a schema, that is, "an organisation of information about who one is, and often who others want one to be, which is stored in long term memory"(Safran, Segal, Hill, & Whiffen, 1990, p. 145), that "guides recall selectively and provide(s) default information to fill in gaps in ongoing processing" (p. 144). Markus (1977) suggests that the self-schema forms a set of beliefs that emerges from one's learning, but then guides the processing of information. Such schemas are said to comprise "cognitive generalizations about the self, derived from past experience that organise and guide the processing of self related information contained in the individual's social experience" (p. 64).

The effects of self-schemas on information-processing resources have been widely researched. Self-schemas have been found to influence cognitive activities such as perception, memory, and inference. For example, researchers have found that individuals are quicker to process information that is congruent with their self-schemas than information that is incongruent (MacDonald & Kuiper, 1985). Further, Markus (1977) found that when people were asked to predict their own behavior, they usually made predictions consistent with their self-schemas. In addition, other researchers have observed that individuals with a low sense of self-worth erroneously predict that others also have congruent beliefs about them (Swann, Wenzlaff, Krull, & Pelham, 1992).

Social models

From a social theory perspective, the self-concept is regarded as a multifaceted concept that is defined and evaluated with reference to a range of social activities, roles, relationships, and memberships. William James (1890) conceptualized the self as having both empirical and agentic quantities, thus drawing upon ideas from Hume and Locke as reviewed above. For James, the self could be regarded as an object of perception or knowledge, and was evaluated on the basis of one's material possessions (including body, clothes, and home), social recognition, and spiritual qualities (e.g., values, ideals, dispositions, thinking). In contrast, the agentic or subjective self was said to refer to the self as a knower and construer of reality. The empirical self and subjective self referred, respectively, to the "me" and "I" of the self-system.

The distinction between self as an object to be known and perceived, and self as the subject doing the knowing and perceiving (i.e., an information-processing structure) has informed many of the empirical approaches within the modern literature on self. The self as an object of perception has most often been the target of empirical studies, and is commonly regarded as the self-concept in modern literature. Many definitions of self-concept in the literature have focused on the set of beliefs that the person holds about himself or herself, which are generally organized into at least a partly coherent system. For example, in her review of research in social cognition, Fiske (1991) described the self-concept as "the person's mental presentation of his or her own personality attributes, social roles, past experience, future goals and the like" (pp. 181–182) and as including facts, beliefs, and memories of the person's past. The self as knower has been less clearly defined in the literature. In current psychological writings about the self, the subjective self is often represented as the reflexive process of representing oneself (Baumeister,

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