The SELF in SOCIAL PSYCHOLOGY

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Preface

Have you ever wondered why people read books on psychology? Judging by the popularity of such books, it seems that many people—perhaps yourself included—look to psychology to provide insights into the principles underlying their emotions, motives, thoughts, and actions. The fact that people are interested in these matters suggests that a concern with self-understanding is itself a very important principle of psychology. Of course, the public's interest in psychology is not the only indication that self-reflection is an important human preoccupation; indeed, an interest in our assets and liabilities, our values and desires, and even our thought processes is evident in much of our everyday behavior. It should come as no surprise, then, that psychologists have developed and tested theories about how people come to know and evaluate themselves. This book is intended to acquaint you with what experimental social psychology—the science of interpersonal thought and behavior—has to say about these processes.

You should not expect, though, to come away from this book with one perfectly integrated theory of the self in social psychology. This might have been possible a dozen years ago when social psychologists still looked primarily to a few theoretical masters—C. H. Cooley (1902), G. H. Mead (1934), or William James (1890)—for enlightenment on the key aspects of self-reflection. But in the recent history of social psychology, a curious event has taken place. Researchers and theorists in a variety of distinct areas of inquiry, working separately on different problems, have all found it useful to invoke ideas about the self to explain what they have found. These ideas often have strong connections with the writings of the early theorists, but more often than not, they go

11

A Postscript on Application

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This book is in some ways like a mirror. True, putting on makeup or shaving while gazing at this book could be dangerous; the book is a mirror in the deeper sense that it speaks of your personal processes. Each chapter offers a reflection of you, a scientific view of what you are like and how you operate. The social psychological study of the self is relevant to you in a way that no other science can be; no other field of inquiry is so uniquely a study of the person who studies it. We hope to make this chapter unusually reflective by collecting and bringing into focus the *applications* of self theory you may have glimpsed in the other chapters, and mirroring in a personal way the aspects of this book that could be useful to you in considering personal problems and everyday life.

Self theories *should* have something to say about personal problems. After all, if self principles are implicated in much of our daily living, then surely the difficulties in living should be explainable with reference to those principles as well. But from another

perspective, problems in adjustment would seem to present a paradox for self theories. An assumption common to many self theories is that people are sensitive to their own dispositions, attitudes, and behaviors, and can evaluate these features of the self. It would seem that this capacity should prevent maladjustment from developing in the first place, or at least allow for self-correction. If a person sees a bad feature of the self, why shouldn't he or she simply change that feature and make it good? Shouldn't self-understanding naturally lead to self-control?

To understand from a self theory perspective how maladjustment can develop and be maintained, it is important to distinguish between the self as a set of *rules* for processing personally relevant information and the self as a *product* of those rules. In our everyday experiences, we normally think of the self as a set of qualities—the roles we occupy, our attitudes and dispositions, our physical attributes, and so forth (Gordon, 1968). The rules by which we understand and evaluate these self-aspects are rarely the object of our attention; in a sense, we look "through" these rules, not "at" them. Yet, these rules are as central to most self theories as are the rules' products—the self-aspects we hold in conscious awareness (see Chapter 1). Within a self theory perspective, then, a person's maladaptive or ineffective functioning may represent flaws in the operation of the rules by which he or she understands and evaluates the self. In this view, change involves getting the person to focus on the ways in which he or she interprets self-relevant events. By understanding the rules by which the self operates, the person is in a better position to control the rules' products.

Maladjustment also seems possible within a self theory perspective when we consider that the self represents the distillation of social encounters experienced since childhood. Just as a theory is no better than its data base, the quality of one's experiences sets a limit on the potential "healthiness" of one's self. The rules by which we interpret self-information in adulthood can be adversely affected by a variety of childhood experiences—traumatic events, inconsistent or otherwise confusing social feedback, inadequate adult models, and so on. Betty, for example, may have learned to

discount all positive feedback from Mom and Dad ("You're such a nice little girl") because it was invariably followed by a negative "punchline" ("What'd you say your name was again?"). In effect, she developed a rule for processing parental feedback that could cause problems later should she try to process all self-relevant information in this way. Marriage proposals might lead her to anticipate divorce proceedings.

At the same time, personal problems do not always reflect defects or peculiarities in the rules for understanding and evaluating the self. In fact, the very nature of certain rules tends to produce frequent errors; the misattribution of arousal (see Chapter 4) is an example. Beyond that, quite often there are quirks in the situations encountered by the person that promote adjustment problems. Such situations may be stacked against the person in that the information that is most salient, and is therefore most likely to be given the most weight, is also the least reliable or valid (see, e.g., Ross, 1978).

In the sections that follow, we attempt to demonstrate more precisely how normal rules for processing self-relevant information can result in personal adjustment difficulties. We consider first anxiety, then depression, and finally self-defeating behavior—common problems all—by reviewing a case of a person confronted by the problem and then by analyzing the case from the perspective of relevant self theories. There is much more than this in the literature on applied self theory (see, e.g., Brehm, 1976), but these applications represent some of the most compelling and current views.

ANXIETY

"Anxiety" is perhaps the most familiar catchword used in clinical psychology. It is an unpleasant internal sensation, much like fear, that is characterized by symptoms of physiological arousal such as a racing heart, sweaty palms, or constriction in the abdomen. When anxious, a person feels nervous, insecure, and unable to concentrate on an activity. Everyone, of course, experiences this

state from time to time, but for some people it is experienced to an incapacitating degree in one or many situations.

THE CASE

Franklin, age twenty, came to the university psychological services center because of his intense fear of public speaking. He was a good student, having obtained a 3.5 grade average in his first three years of college. Up to the time of his clinic visit, however, he had managed to avoid all classes that required presentations or oral reports. Now he could no longer delay the required course in communication, so he sought help to relax when speaking in front of people.

Franklin's anxiety about public speaking began in his junior year in high school when he took a course that required a series of oral presentations to the class. His grade in the course depended a great deal on his performance, so he felt highly apprehensive not only about classmates' evaluations of him but about the teacher's as well. In the last of his presentations, he dropped his notes, became temporarily confused, and lost his train of thought. Unable to regain his composure, he gave up and sat down, feeling extremely embarrassed. Since that time, he has avoided similar circumstances for fear that he would "blow it" again. Presently, even thinking about public speaking causes him to experience symptoms of anxiety.

THE ANALYSIS

Several different self-processes—self-awareness, self-presentation, self-perception of emotion, and self-labeling—are relevant to Franklin's problem. It should be noted, first of all, that Franklin's reaction in front of his high school class was actually quite normal. When observed by an audience, it is natural to experience a certain amount of self-awareness. The self-evaluation inherent in self-awareness, coupled with the implied evaluation by an audience, produces a certain amount of apprehension, which is experienced as physiological arousal and perhaps poor concentration (Wine,

1971). Quite likely, Franklin's experience of arousal was no greater than that of his classmates. In attempting to understand his apprehension, Franklin—like every other kid in the class—looked at the reactions of others when they presented to the class. Of course, when he was presenting, Franklin did his best to cover up his arousal (forced yawns were his favorite ploy) so as not to appear nervous to his classmates. Because everyone else had the same concern and thus attempted to appear unruffled, Franklin probably became concerned that he was unduly anxious ("they all look so dry"). Not fully appreciating the self-presentational nature of his classmates' reactions, Franklin may have begun to doubt that his nervousness was simply a natural response to the situation; he may have begun to fear that he was an unnaturally anxious person, unable to control his behavior in this situation.

Although Franklin had some concern about being unduly anxious, his classmates probably had a similar concern. However, Franklin's parting performance in the high school class—dropping his notes and losing control of his presentation—served to confirm his fears. Of course, if he had dropped his notes somewhere else, he might have attributed the event to momentary clumsiness or perhaps the salad oil he forgot to wash from his hands. But his concern about being unduly anxious functioned as a hypothesis with which he assessed his behavior in front of the class. Dropping the notes confirmed the hypothesis. With his new self-label, Franklin felt he had good reason to avoid audience situations in the future. And in a sense, he was justified in that belief. Natural anxiety, augmented by self-label-induced anxiety, might impair his concentration to the point where he could not function effectively in front of an audience.

Franklin's problem is not uncomon, nor are the self-processes underlying the problem confined to audience anxiety. A number of anxiety-related disorders—insomnia, sexual impotence, and stuttering, for example—can be interpreted in this way (Storms & McCaul, 1976; Valins & Nisbett, 1971). The person first becomes aware of some undesirable aspect of his or her behavior, which is then attributed to some deep underlying problem or inadequacy.

The resultant self-label promotes self-deprecation and anxiety about one's ability to control that behavior in the future. The label-induced anxiety adds to the anxiety normally associated with the unwanted behavior and thus turns what may have been a natural response to the situation into a problem behavior. In short, worrying about a problem can often serve to make it worse.

Successful therapy in Franklin's case would involve convincing him to drop his self-label and to reattribute his nervousness to the nature of the situation. By renouncing the label, a good part of his anxiety in front of an audience would be reduced. One way of doing this has been investigated by Meichenbaum (1977). In several different kinds of research, Meichenbaum has arranged for people who are anxious about certain situations, behaviors, or objects, to think about those stimuli when the stimuli themselves are not present. Thinking "good thoughts" about what could happen in a class presentation, for example, might be the treatment prescribed for Franklin. Later, when people enter the settings that usually produce anxiety, they have newly expanded self-views that allow them to anticipate success in dealing with the anxiety. Another tactic, one which is highly successful in reducing *phobic* anxiety, is simply to expose the person to the anxiety-producing object or situation. By confronting a "mild" audience situation—a small group, perhaps, or a large one in which everyone wore blinders—Franklin might experience success and thereby regain a sense of subjective control over his behavior. Such an approach has been shown to be one of the most effective treatments for anxiety disorders of this type (Bandura, 1977).

DEPRESSION

The syndrome described as depression is marked by passivity, unusually strong self-criticism, an outlook of hopelessness, and quite often, changes in eating and sleeping habits. Although everyone feels depressed once in a while, the stronger forms of depression can be severely debilitating.

THE CASE

Ginger, age nineteen, arrived at the university clinic because her roommate had threatened to call her parents. She reported that she was having some difficulty with sleeping that made it hard to get up for class, and that she had missed all her morning and most afternoon classes for the last two weeks. She felt strongly that none of this was her roommate's business. When asked what else had been different these past weeks, she reported that she was constantly hungry, ate anything that wasn't nailed down, and had gained over ten pounds. This got her down and she started thinking about herself as a "fat slob" who couldn't stop eating because she was "too dumb to stop." For most of the interview, she spoke in a monotone that was tinged with sadness. But for a brief period, she broke down and cried. "There's no hope," she whispered, "nothing will ever change. I'm just a dumb fat slob."

Ginger's problem began about one month after she started her freshman year at the university. She had been a top student in high school, never working too hard but always getting good grades. The many extracurricular activities she enjoyed made her feel very much a part of things. When she arrived at the university, however, she felt somewhat awkward and very alone. This was her first time away from home, and everything was unfamiliar and somehow "empty." People looked like they were enjoying themselves, but she felt frightened. She was considered "charming" and "cute" in high school, but she kept thinking that she was not as smart as the others in her classes at college. Although she studied frequently during her first few weeks at school, she received only a C on her first exam. She felt she had failed. As a way of trying to "straighten out" her life, she spent a lot of time going over what was happening, what she was like, the reasons she had entered college in the first place, and even her justifications for being alive. Her thoughts would race as she searched for answers to these deep questions about herself. Eventually, all her waking hours were spent in self-contemplation, and it was at this point that she came to the clinic.

THE ANALYSIS

The depression experienced by Ginger, and by many people at some point in their lives, can be understood in terms of social psychological self theories. Abramson and Sackheim (1977) have pointed out that depression seems to consist of two major disturbances in a person's self-view. First, the person expresses an extraordinary amount of self-blame. This can be explained by suggesting that depressed people are more likely than others to focus attention on themselves and, hence, to experience strongly the discrepancies between what they are and what they would like to be (see Chapter 2). Second, the depressed person is likely to be concerned about the apparent uncontrollability of events in his or her life. This can be explained by noting that depression is often associated with experiences of helplessness (see Chapter 3).

The events that precipitated Ginger's depression can be traced to these two factors—self-awareness and helplessness. When she arrived as a new student at school, she was confronted with a new situation, and because of her status as a "new" student was also placed in a minority among her compatriots. Many of the familiar things that had helped her to keep her life full in high school were missing, so she had a great deal of time for self-contemplation. These factors—lack of structure, minority status, and a lack of familiar activity—all add up to an increased likelihood of self-awareness. Because the self-aware state brings about self-evaluation, Ginger was ripe for the onset of self-blame and self-criticism that are hallmarks of depression.

A different set of observations about Ginger suggests that she could well have experienced helplessness, too. Recall that she usually did well in high school without trying much, and that she felt she was a failure following her first college exam. It could be that Ginger had never really tested herself in the past—after all, she was "cute" and "charming" and got by without doing much. The failure on the exam led her to believe that her academic performance was something that could not be controlled; all her efforts produced what seemed like nothing. So, with little hope

for future control over this one aspect of college life, she may have accepted a "helpless" approach to many other aspects.

What form of therapy would be helpful in changing Ginger's mood? Obviously, as a first step, we would suggest something to reduce her self-awareness. In fact, clinical studies have shown that introducing diversions and distractions from self-focus (Ellis, 1977) or introducing highly structured activity schedules (Rush, Khatami, & Beck, 1975) can help to relieve the depressive condition. The helplessness facet of this problem could be alleviated by yet other means. Both Beck (1976) and Meichenbaum (1977) have used simple persuasion—attacking the person's negative distortions of self-view that result from failure. For both of these clinical theorists, as well as for Seligman (1975), however, the best treatment for helplessness is to induce additional attempts at control. If Ginger could be coaxed back to class and back "into the fray," her helplessness could be reduced by demonstrations that she actually *does* have some control. Even small demonstrations of this type could pave the road to personal well-being.

SELF-DEFEATING BEHAVIOR

This final application of self theory represents a set of behavior problems that reach clinical psychologists only in severe cases. Most self-defeating behavior does not "win the war" against the self, so people who engage in such actions may feel the effects in only minor ways. But when people repeatedly act contrary to their own best interest, some extreme forms of self-defeat can occur; these are at the root of many chronic behavior problems.

THE CASE

Rudy is a twenty-three-year-old college senior who is just getting by. No one who knows him is quite sure how he has gotten this far. He is always ready to "party," has beer cans and liquor bottles stacked over five feet high in front of his apartment's picture window, and frequently passes out on dates, forcing the women to drive him home. He has slept through more exams than he can remember and has an impressive list of "incomplete" grades in classes. He jumps at any excuse to have a drink and often calls up his friends to start impromptu parties at odd hours. His driver's license was revoked recently (for the second time) because of a conviction for driving while intoxicated. His behavior while sober is usually mild-mannered and shy; his drunken actions are wild and sometimes destructive.

Rudy may not seek the aid of a clinical psychologist or psychiatrist, for the simple reason that he is "getting by." Though the drunken rowdiness puts off his friends at times, and though his comatose dating patterns keep him from having any close relationships with women, he keeps up a so-so (C+) average in school and has not done anything "crazy" enough to suggest that he needs attention. Rudy had a fine grade point average in high school and was the "model" son of an upper-middle-class family.

THE ANALYSIS

Rudy's problem is one form of a difficulty that may be manifest in everyone's life on occasion. There are probably many instances in which you—perhaps without even taking a drink—also engaged in a self-defeating behavior. Procrastinating until the very last minute on an important project, for example, can lead to poor performance; choosing tasks or projects that are simply too hard or too involved for the time you have available may also guarantee a less than sparkling performance. These and other self-defeating actions are easily interpreted within the context of social psychological self theories.

In an analysis of what they call *self-handicapping strategies*, Jones and Berglas (1978; also, Berglas & Jones, 1978) have argued that people will set themselves up for failure under certain conditions. Specifically, when a person is highly concerned with self-presentation in one area (like success at school or on dates), but has little invested in presenting a desirable self-image in another (like getting drunk or procrastinating), the person will engage in the less important activity to provide an excuse for anticipated

failure in the more important activity. In a sense, a person throws up a smoke screen around the tasks in which a self-attribution of failure would be unthinkable by doing a variety of things that suggest he or she is not trying to succeed. Later, if success appears, the person looks good; if failure happens, the person has a "handicap" to blame. Rudy could say "I was drunk" or "I was hung over" as a response to any accusation of failure—from his parents about school or from his dates about his failure to win their admiration. Fearing the social disapproval we might obtain by testing ourselves and losing, we make sure we never test ourselves by stacking the deck from the start (see M. L. Snyder, 1979).

Self-defeating behavior can be quite costly to the individual. In providing an excuse for failure, the person probably increases the likelihood that failure will occur. According to self-perception principles (see Chapter 3), it would be expected that such costly yet freely chosen behaviors would be seen by the person as reflecting the self in a direct way. One who procrastinates and fails at a task, for instance, might later claim that procrastination is enjoyable. Rudy's failure following drinking has a similar impact on self-perception; he becomes more and more likely to believe that he enjoys drinking and wants to keep it up. Given this ever-increasing internalization of self-handicapping strategies, it seems that they should be highly resistant to change. In the case of alcoholism, this seems to be true; drinking is a very difficult behavior to modify.

Generally, the best track record for alcohol treatment has been established by Alcoholics Anonymous. Thinking about self theories again helps to see why this might be so. When a person joins AA, he or she is confronted with a new standard for self-evaluation—"Drinking is the worst thing I can do." This standard is supported by all group members, and so to gain the approval of this group, one must begin to present the self in a new way. Alcohol abstinence is now defined as the most important task related to gaining the approval of others, and other tasks (such as Rudy's school and interpersonal activities) that were previously the targets of the alcohol excuse become secondary. It is only through shifting standards of self-evaluation and social approval, then, that

self-defeating behavior can itself be defeated. Hopefully, there will someday even be a "Procrastinators Anonymous" to aid those of us with this problem, but for now, the meeting has been postponed.

LIMITS OF SELF THEORY

In the process of applying a theory, the limitations of the theory come into focus. Looking back through this chapter, you might note that a number of human problems were left unsolved. We had nothing to say about severe mental disorders such as schizophrenia, no comment on the prevention of physical disease, another blank about drug addiction, and no recommendation for how to eliminate the human need for food. And sadly, even the applications that *were* explored might be seen as only limited answers to the problems that were addressed. Something that self theorists and researchers typically ignore, but realize deep down, is that there are certain boundaries to the operation of the self, and that these boundaries necessarily restrict the range of behaviors and problems to which self theories can be applied.

The limits of the self, and thus of self theory, are illustrated in the behavior of animals and babies. As noted in earlier chapters, most animals and most very young infants are without a reflective awareness; they do not have a self. Yet they learn things, behave in a wide variety of ways, and react to a range of information and stimulation. The fact that these activities can go on without self-understanding emphasizes the *biological foundations* of behavior and suggests that the self system should be seen as one that is superimposed on the biological, physiological, and genetic causes of behavior. The self is developed in human beings as an extension of these foundations, and hence must function within the limits of the human organism, operating along certain themes that are unchangeable through self-processes. Though self-processes could change a person's preferences for different kinds of beverage, for instance, and though they might even lead a person to believe that liquids could be foregone, no amount of self-image change could keep the abstaining person from turning into a prune.

At times, then, the self system seems like an ineffective and redundant appendix to the biological person—a moth hovering near the flame of physical reality. Changing the self system to influence pain perception (Meichenbaum, 1977), physical symptom reports (Pennebaker & Skelton, 1978), eating behavior in the obese (Rodin, 1977), and other biologically based phenomena produces measurable but hardly miraculous effects. Schachter (1978) reports, for example, that the explanations and self-perceptions people have about smoking (e.g., "I do it because it relaxes me") are just so much self-justification; there is good evidence that the real cause of smoking is physiological addiction to nicotine. Variations in smoking produced through the self system, then, are likely to be small and short-lived. In this light, the self system is only a weak tool for understanding and manipulating biological realities.

Turning to areas other than biological ones, however, we find that the self has a much more profound influence. In areas of human functioning that exhibit wide individual and cultural variation, the self can be an extraordinary force in changing the human condition. This is because the biological "givens" do not dictate exactly how behavior and experience are to be interpreted in these areas. When it comes to social interaction, then, or to social conventions, morals, interpretations of behavior, social attraction and rejection, intergroup relations, and the many other topics that comprise social psychology, the self takes center stage. Admittedly, social psychologists will probably keep on trying to extend self-theoretic explanations to biological functions, no doubt because this is one of the few ways that science at present can hope to control or understand them. But when all is said and done, self theory remains uniquely and specially qualified to explain the social psychology of human beings.

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