

Measuring the Self and Its Changes: A Forward Step in Research

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I wish to tell the story of how it became possible to objectify that vague entity, the “Self,” and to measure the ways in which it changes its characteristics during psychotherapy. It was, I believe, an important advance in our knowledge of the therapeutic process.

The Background

In my early days as a therapist, I tended to scorn any thinking about the self. The “self” seemed so ephemeral, so formless, that I could not see how it could help in understanding the process of therapy. Another problem was that it had very different meanings for different people.

But my clients kept pushing me toward its consideration. It cropped up so frequently in therapeutic interviews. “I Can’t be my real self;” “I think that underneath I have a solid self, if I could get to it;” “I don’t understand my self;” “With my mother, I never show my true self;” “I’m always afraid that if I uncover the real me, I’ll find there is nothing there.” Clearly, it was important to find a way of defining, of thinking about, the self. But how? How do you define a cloud, pinpoint its boundaries, measure its changes? It is an entity, but how can we grasp it, study it, measure it? The task seemed impossible.

The Discovery of an Instrument

I can well remember the growing excitement I felt as a graduate student, working with Will Stephenson, described his new research methodology, the “Q-Technique.” (Stephenson, 1950) As she [sic] went on I could hardly contain myself. Here was a way by which we might bring into the world of objective reality that significant, fuzzy, ineffable, important, amorphous entity, the self.

Stephenson’s method can be used to study any subject for which a large “population”—a list--of characteristics can be generated. We decided to study “the self as perceived by the individual.” So we culled from recorded interviews, from autobiographies and other material, scores of self-descriptive items. “I am assertive;” “I feel inadequate;” “I am a responsible person;” “I feel relaxed--nothing bothers me;” “I make heavy demands on my self;” “I feel worthless;” “I am a submissive person.” The list went on and on.

From this extensive “universe” of items, we made a random selection of 100. The items were edited to make them unambiguous, and each item was printed on a card. This would be our instrument. A person could describe him or herself by sorting these cards into piles, from those items “Most like me” to those “Least like me.” To make calculations easier, the person was asked to sort into 9 piles with the numbers respectively—1, 4, 11, 19, 30, 19, 11, 4, 1. This gave an approximately normal curve of distribution, and the degree of agreement between sortings--the

correlation--could be readily determined. Now we were ready to use our new instrument to study the process of change in therapy.

The Many "Selves"

In making our investigation (Rogers, 1951; Rogers & Dymond, 1954), we made heavy demands on the client, the therapist, and a diagnostician.

I will illustrate the clients' tasks as they involved a middle-aged woman whom we called "Mrs. Oak." She sorted the cards before beginning therapy, to describe herself as she perceived herself at that time (SB=Self Before Therapy). She sorted them again after the seventh interview (S7), the twenty-fifth interview (S25), at the end of her therapy--forty-eight sessions over a five-and-a-half month period ('SA=Self After Therapy), at a six-month follow-up (SF1), and at a one year follow-up (SF2). One final task at the follow-up contacts, was to sort the cards to describe herself as she remembered herself to have been at the beginning of therapy (Rem SF1, and Rem SF2).

We thus had the data to study any changes in self-perception which took place during and after therapy. We could study the process qualitatively, by examining the individual items to see if there was any pattern of change in the successive sorts. We could also study the material quantitatively by calculating the correlations between the self--descriptions. At each point where Mrs. Oak provided a description of her self as she saw her self, she also sorted the cards to describe the self she wanted to be. (Unfortunately we labeled this the "Ideal Self." "Wanted Self," or "Desired Self" would have been more accurate.) So we have the picture of the self she wished to be, as that picture existed at the beginning of therapy (IB), the end of therapy (IA), and at two periods following the conclusion of therapy(IF, 1F2).

Now we could throw light on a hitherto unanswerable question. What changes during therapy? Does the self actually change--is it reorganized--or does the client simply lower her goals, modifying the self she wanted to be, so that she is more satisfied with the self she is? The answer is unequivocal, not only for Mrs. Oak, but for the other clients in the study. For Mrs. Oak, the wanted self remains surprisingly constant. The various sortings correlate between .72 and .83,* showing a high degree of agreement, as can be seen in Table 1.**

TABLE 1

THE CHANGING RELATIONSHIP BETWEEN SELF AND SELF-IDEAL (figures are correlations, decimals omitted)												
BEFORE-DURING THERAPY				END THERAPY			7 MONTHS LATER			12 MONTHS LATER		
IDEAL	IB	76	I7	IA	75	IB	IF1	80	IA	IF2	78	IA
	IB	75	IA	IA	78	IF2	IF1	76	IF2	IF2	79	SF2
	IB	72	IF2	IA	69	SA	IF1	71	SF1	IF2	72	IB
	IB	70	SF2	IA	80	I25				IF2	36	SB
	IB	21	SB	IA	80	IF1				IF2	76	IF1
			IB			-21			REM.S			(F2)
				I7				76				IB

				I7				83				I25
I7	47	S7										
				I25				83				I7
				I25				80				IA
				I25				45				S25
SELF	SB	21	IB	SA	39	SB	SF1	71	IF1	SF2	70	IB
	SB	39	SA	SA	65	SF2	SF1	74	SA	SF2	-13	REM.S
	SB	30	SF2	SA	57	S25	SF1	70	SF2	SF2	30	SB
	SB	36	IF2	SA	74	SF1				SF2	65	SA
	SB	50	S7	SA	69	IA				SF2	79	IF2
	SB	44	REM.S (F1)									
				S7				50				SB
				S7				54				S25
S7	47	I7										
				S25				45				I25
				S25				54				S7
S25	57	SA										
REM.S				REM				-21				IB
(f2)				REM				-13				SF2

*All the correlations, quotations, illustrations, figures used in this paper are from Rogers, 1951, or Rogers & Dymond, 1954. [this table taken from original chart in paper. Ed]

**For those whose knowledge of statistics is limited, it should be said that a correlation is a numerical description of the degree of agreement. If two sortings are identical, the correlation is 1.00. A correlation of .80 or .90 would indicate an extremely high degree of similarity. If there is only a random relationship between two sorts, with no pattern observable, the correlation is .00. If the sortings are more unlike than like, the correlation is negative. If the two sorts are exactly opposite in every item, the correlation is -1.00. With this simple description, it is possible to understand the many correlations in Figure 1, only a few of which are mentioned in the text.

Qualitatively, items describing emotional maturity, self—understanding, self-responsibility, warm relationships, poise, rationality, remain highly desired characteristics throughout. By contrast, the self changes strikingly, as can be seen by examining the early and late self-descriptions. Here are a few of the items which Mrs. Oak regarded as most like herself at the beginning of therapy.

I usually feel driven.
 I am really self—centered.
 I am intelligent.
 I am disorganized.
 I feel insecure within myself.
 I am responsible for my troubles.
 I am liked by most people who know me.

At the end of therapy, here are the items she perceived as being most like herself.

I express my emotions freely.
I feel emotionally mature.
I am self—reliant.
I understand myself.
I feel adequate.
Self-control is no problem to me.
I have a warm emotional relationship with others.

This contrast is borne out by the correlations between the various self-sorts. There is a low correlation of .30 between the self as perceived at the outset (SB), and the self one year after the conclusion of therapy (SF2). Change occurred not only during therapy, but continued during the following year.

At the beginning she was far from being the self she wanted to be, with a correlation of only .21 between SB and IB. One year after the conclusion of therapy she is substantially and comfortably close to the person she wants to be--a correlation of .79 between SF2 and 1F2.

So it is very clear that it is the self that changes during therapy, the desired self changing very little. And the changes in the self are such that the self as perceived, “the self I am,” becomes much more similar to “the self I want to be.” An examination of the items shows that the changes are in directions commonly regarded as characteristic of the mature, well functioning individual.

The Nature of the Remembered Self

There is more of interest. When Mrs. Oak, one year after the completion of therapy, describes herself as she remembers herself to have been at the beginning of the contacts, the picture is of a person definitely disorganized, insecure, inadequate, lacking in self-understanding. This remembered self is only modestly similar to her self description given at the time. (Correlation Rem SF22 and SB is .44, not shown in Figure 1.)

This remembered person is a self markedly different from her desired self at the time. This remembered self (Rem SF2) correlates $-.21$ with the wanted self (ID). And the change over therapy is drastic, her final self (SF2) being more unlike than like her remembered initial self. (Correlation of $-.13$ between Rem SF2 and SF2).

But how valid is her memory of her initial self? Is she now giving a more realistic and less defensive picture of the way she was at the beginning? Or is she exaggerating the degree of disturbance she experienced at that time? Fortunately, we have some suggestive evidence which bears on this point.

Self as Perceived by a Diagnostician

At three points--before therapy, after, and at follow-up--the Thematic Appreciation Test--the TAT--was administered to Mrs. Oak. (This is a series of pictures, to which the client is requested to respond by telling “the story of this picture.” The responses to this projective test tend to reveal various personality characteristics.) The recorded responses of Mrs. Oak at each of these points--the complete protocols--were given to a clinical psychologist with many years experience in using the TAT. She never saw Mrs. Oak. Solely on the basis of the responses, she wrote a

separate diagnostic assessment for each of the TAT protocols. She also sorted the Q cards to indicate what this person was really like at the time the TAT was administered. In other words we have the diagnostician's perception of the "real person," quite separate from the client's perception of her self.

Let us look at a few of the correlations, taken from Table 2. The card sort by the diagnostician before therapy (DB) describing her as she "really is" diagnostically, shows only a random relationship with Mrs. Oaks description of herself at that time (Correlation of DB and SB =.00). However this diagnostic sort, done by a person who had never seen her, correlates positively with the way Mrs. Oak remembered herself as being (Correlation of .30 between DB and Rem SF2). Also the diagnostic sortings confirm the fact that the change during and after therapy was indeed extreme (Correlation of -.33 between DB and DF2).

TABLE 2 [again, table taken from an original chart ed.]
RELATIONSHIP BETWEEN SELF, SELF-IDEAL, AND DIAGNOSIS
BEFORE THERAPY AFTER THERAPY 12 MONTHS AFTER

IDEAL	IB	75	IA	IA	75	IB	IF2	78	IA
	IB	72	IF2	IA	78	IF2	IF2	79	SF2
	IB	70	SF2				IF2	46	DF2
			IB					21	SB
			IB					61	DF2
		IB			-21		REM.S		(F2)
SELF	SB	21	IB	SA	39	SB	SF2	70	IB
	SB	39	SA	SA	65	SF2	SF2	-13	REM.S
	SB	30	SF2	SA	05	DA	SF2	30	SB
	SB	00	DB				SF2	65	SA
							SF2	79	IF2
REM.S(F2)	REM		-21	IB			SF2	55	DF2
			REM					-13	SF2
			REM					30	DB
DIAG- NOSTIC PICTURE	DB	00	SB	DA	05	SA	DF2	55	SF2
	DB	-42	IB	DA	52	DB	DF2	61	IB
	DB	30	REM.S	DA	15	DF2	DF2	15	DA
	DB	52	DA				DF2	-33	DB
			DB					-33	DF2

At the time of follow-up the self-picture given by Mrs. Oak shows a definite similarity to the diagnostician's picture of the person she "really is." The correlation between the DF2 and the SF2 is a positive .55.

Initially the diagnostician saw her as very, very far from her wanted self (Correlation of DB and IB is -.42). A year after the completion of therapy, however, the diagnostician sees her as definitely similar to her self-ideal (Correlation of DF2 and 1F2 is .46).

The written assessments bear out this marked change. Before therapy, the diagnosis contains statements and phrases such as these: "dependent, passive;" "has tremendous drive to achieve;"

“equally tremendous resistance to the need or drive;” “hostility toward women.... toward the mother;” “unsure of herself;” “lonely and unhappy;” “no real affectional ties with anyone;” “deeply betrayed by other women;” “complete sexual panic;” “confusion about her own sex role;” “feels useless, formless, and filled with anxiety and fear.”

The assessment of the TAT at the follow-up point is quite different. Phrases such as these are typical: “recognizes and accepts self-directed goals;” “value judgments are personal rather than a group matter;” “does not mistrust her own ability;” “increasing freedom from necessity to please;” “much more objective enjoyment;” “has been through a ‘rugged’ experience;” “feels confident;” “general attitude is balanced;” “dependency needs are fewer;” “drive for achievement is seen as a panic reaction;” “central sexual conflict....still far from resolved;” “ego strength is greater;” “inner resources and self-directed goals are strongly implied;” “accepts herself as a unique person, capable of contributing.”

Again, the contrast is obvious. The change in the self as consciously perceived, though marked, is less than the striking change in the underlying personality, as perceived by a clinician experienced in making diagnoses of personality structure and dynamics.

All this appears to confirm the impression that when Mrs. Oak describes her remembered self, she is indeed giving a less defensive and more accurate picture. And the degree of change in herself during and after therapy is probably best represented by the correlation of $-.13$ between Rem SF2 and SF2. This is quite similar to the change observed by the diagnostician (Correlation of $-.33$ between DB and DF2).

Relating to the Future?

There is one odd finding regarding the relationship, one which provokes stimulating questions. At the time of the seventh interview, after the therapist had had some opportunity to get to know his client, he sorted the cards as he thought the client would sort them at this time. There was little agreement between the two sorts. (A correlation of only $.14$ between CS7--counselor's sort at seventh interview—and S7—client's sort.)

At the conclusion of the sessions, the therapist again endeavored to predict Mrs. Oak's self sort at that point. This time the agreement was substantial, though not striking. (A correlation of $.57$ between CSA and SA.)

But now comes the intriguing finding. Six months after the conclusion of therapy, when therapist and client were having no contact, the client's self-sort had increased in similarity to the counselor's sort six months earlier (Correlation of $.63$ between CSA and SF1). And after a year of no contact, the client's picture of herself was even more similar to the counselor's picture of her one year earlier (Correlation of $.66$ between CSA and SF2).

What was happening here? Was the therapist relating to the self the client was gradually becoming? Did the therapist have goals for the client, strong enough that the client felt impelled to reach them? Was the therapist's sorting at the end of therapy primarily a rather generalized picture of “the fully functioning person,” and the client was tending to achieve that generalized goal?

We do not have the data to answer these questions, but they suggest that a more detailed study, focused on these questions, would be a valuable addition to our knowledge of the process.

Significant Learnings

From these accumulated data, a number of significant learnings emerge. Though they are based on material from one client, the total study indicates that they can to some extent be generalized. They are stated here without qualifications, but our examination of the data shows that they are all tentative in nature.

It is possible to objectify the self concept--the self as perceived. This applies to “the self I am,” “the self I wish I were,” “the self I remember myself as having been.”

There is a marked change in the perceived self during therapy.

This change continues and is augmented in the year following therapy.

The change is in the direction of greater emotional maturity, self-understanding, self-confidence, responsibility, freedom in expressing feelings, warmth of relationships.

The client’s perception of the self “I wish to be,” changes very little during or after therapy. It remains relatively constant.

During and after therapy “the self I am” moves in the direction of becoming more of “the self I wish to be.”

Aspects of self which are denied to awareness as therapy begins, can be remembered at the conclusion of therapy. This remembered self is a more accurate picture of the person than could be given at the outset.

There is dramatic change from the self as remembered and the self at final follow—up. These two selves are more unlike than like each other.

This change is confirmed by diagnostic assessments, made “blind,” at the beginning of therapy, and at the final follow-up. The degree of change is similar to that just mentioned.

The study shows that significant data drawn from the internal frame of reference can be directly compared with data drawn from an external frame of reference. In this case the two types of data tend to confirm one another.

Some light is thrown on the therapist’s perceptions of the client’s self as related to the client’s own perception of self, though more questions are raised than answered.

The Personal Interaction

In the references cited below, long excerpts are given from the recorded interviews, illuminating the process of change which took place. In this brief account I will limit myself to three quotations.

From the first interview: “I’m confused, I’m shocked....I know it’s this, that apparently I have

made this girl my only link with life...Of course there are these terrible tensions and the anxiety feelings. But the shocking part of it is, the awful part to face--I'm not saying it all now—is that it's really me....I'm afraid for myself.”

From the final sessions: “I have no need to know (the process). I don't want to know. And yet, miracle, the areas that have been walled up are no longer walled up. It's an unbelievable thing.”

“I'll never cease to be amazed the way one works through all these things without conscious effort. (pause) Oh, and I think too, I've kind of reached the point....where I'd sort of like to be processed out. (coughing) I'd sort of like to be through.”

From a letter to the therapist seven years later, when the therapist was moving to another city: “I will miss you—and not miss you--because one day I closed your office door on what seemed to be the greatest, loss I had ever experienced; only to learn that one never loses the essence of a human relationship such as my therapy experience was with you. It is always there--you are always there. And you should be where ever it is you can be free.”

Perhaps these three excerpts breathe a little of the lifeblood into the therapeutic process which we have been examining. They bring us back into the inner world of the client, and the way she perceives herself, the process, and the relationship.

I will conclude with the statement that the study which is reported shows that the inner world of self-perception, with all its delicate nuances, can profitably be brought into the objective world of science, and that we can learn about the reorganization of self in therapy, by examining it through a phenomenologically based instrument, the Q-technique.

References

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