Integrating the Psychodynamic and Cognitive Selves

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In his 1984 book, *Elbow Room,* Daniel Dennett offered a description that perfectly captures the experience of searching for and defining the self.

> [You] enter the brain through the eye, march up the optic nerve, round and round the cortex, looking be- hind every neuron, and then, before you know it, you emerge into daylight on the spike of a motor nerve impulse, scratching your head and wondering where the self is. (p. 75)

Even though Westen was not attempting to identify the neurological basis for the self, after reviewing each and every self-representation that he presents, I, like Dennett, found myself wondering just what this thing is that we call the self. To formulate an integrated theory of the self is indeed a monumental project. In this commentary, I discuss several fundamental issues pertinent to an integrated theory of the self.

Self-Representations and Consciousness

One of the most powerful tenets common to psycho- dynamic theories is the view that particular processes operate outside of awareness (e.g., the operation of defense mechanisms) and that unconscious memories or drives influence behavior. This fundamental aspect of psychodynamic theories must be addressed in any account that seeks to integrate traditional and cognitive models of the self. I believe, as does Westen, that clinical observation, and indeed the observation of everyday life, provides compelling evidence that individuals operate without full awareness of all aspects of self-representation. This view, that individuals do not have knowledge of all the factors or even the most important factors that determine their behavior, is quite widely accept- ed (Uleman & Bargh, 1989). But an appreciation of psycho- dynamic and cognitive perspectives suggests that not all self-representations are unconscious for the same reasons, nor is the manner in which they operate to influence behavior and affect always the same.

From a psychodynamic perspective, one assumes that there is a motivational basis for self-representations, or portions thereof, to remain unconscious. As Westen's example of sexual abuse illustrates, clinicians are usually inclined to consider the unconscious and motivational factors when presented with symptoms or aspects of behavior that cannot be fully understood within the framework of what the client can tell us about himself or herself. From a cognitive perspec- tive, one need not invoke the concept of motivation to under- stand why self-representations remain outside of awareness. Self-representations may remain outside of awareness sim- ply because they have not been activated recently or with sufficient frequency to be readily accessible. [1]

A comprehensive model of the self should (a) include an appreciation of the relation between conscious and unconscious aspects of self-representation and (b) provide a theoretical basis for researchers and clinicians to identify and differentiate aspects of self-representations that are truly un- conscious in the psychodynamic sense from those which are inaccessible in the cognitive sense.

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[1]The accessibility of self-representations is not synonymous with awareness or consciousness of self-representations (Bargh, 1989). A self-representation may be highly or chronically accessible yet operate outside of awareness to influence behavior and affect. Such effects are likely to operate automatically (Moretti & Shaw, 1989).

In previous work, my colleagues and I have stressed the importance of understand- ing the self as a system, and the value of this perspective in guiding therapeutic interventions (Moretti & Higgins, 1990a; Moretti, Higgins, & Feldman, 1990). If, as a clinician, I can identify those aspects of self-representation that remain unconscious for motivational reasons, I am likely to direct my interventions toward these motivational issues (e.g., defensive maneuvers against affective and self-definitional consequences related to awareness of unconscious aspects of self; discrepancy between actual-self and other significant self-representations). In contrast, if I believe that particular aspects of self-representation are unconscious sim- ply for cognitive reasons, I may attempt to directly activate these aspects of the self. Motivational and cognitive factors may frequently operate together to render particular self-representations unconscious so that a variety of therapeutic techniques are required to bring these self-representations into awareness.

I believe that many clinicians intuitively know, or believe that they know, when motivational versus cognitive factors account for a patient's lack of awareness of aspects of self-representation. But currently we do not have a clear model of the self that makes this process of identification explicit. Our understanding of psychodynamic and cognitive theory does, however, support specific predictions regarding the consequences of bringing motivationally based versus cognitively based unconscious self-representations into awareness. And I believe that the cognitive, affective, and motivational factors that are important here can indeed be studied empirically. For example, it seems reasonable to predict that the consequences of priming motivationally based unconscious self-representations would be quite different from the consequences of priming cognitively based unconscious self-representations. In fact, research utilizing priming techniques has demonstrated that activating discrepant self-structures provokes specific affective and physiological responses that differ from responses associated with the activation of nondiscrepant self-structures (Strauman, 1989; Strauman & Hig- gins, 1987).

One might also predict that motivationally based and cognitively based unconscious self-representations may differ in how easily they can be brought into awareness. Unconscious aspects of self-representation that are associated with negative affect and/or are in opposition to conscious aspects of self-representations may be quite difficult to bring into awareness, although the *effects* of these representations on information processing and affect may occur automatically (Strauman, 1990) and may even be difficult to inhibit (Moretti & Shaw, 1989).

Finally, clinical observation and research suggests that when conscious self-representations are incongruent or in opposition to what is consciously represented, individuals may demonstrate less cohesiveness in their self-descriptions and may show incongruent affective responses when describing themselves. For example, when describing the self, some individuals may not display positive affect when describing seemingly positive aspects of themselves and may even demonstrate negative affect or agitation (Moretti & Higgins, 1990b). The strategies that researchers have used to evaluate attachment representations (Crowell & Feldman, 1988; Kobak & Sceery, 1988; Main, Kaplan, & Cassidy, 1985) seem promising to pursue in this regard.

In sum, what the field currently needs is an integrated model of the self that explicitly addresses the direct and interactive role of motivational and cognitive factors on unconscious self-representations. This would provide clear direction for researchers and clinicians to investigate these issues.

Organization of Self-Representations

It is important to note that psychodynamic models typically "frame" the self within the context of a complex, developmental theory of personality. This aspect of psycho- dynamic theory represents both a great strength and a glaring weakness. The strength of such theories is, of course, their breadth and utility in providing a framework for understanding individuals. This is particularly helpful for understanding individuals within a psychotherapeutic context. The weak- ness is that the breadth of these theories has limited the extent to which they can be investigated empirically. In contrast to psychodynamic theories, contemporary models of the self that have emerged from cognitive theory tend to focus on one or two aspects of the self (e.g., Linville, 1985; Ogilvie, 1987). Such models can be investigated empirically but are too limited to capture the complexity of the role of the self in psychological functioning.

Westen's model of the self certainly provided me with a revised and expanded set of terms to

describe the self. Some of these terms are familiar from the work of several self theorists. For example, Westen's discussion of the concept of the *working self* is quite similar to that proposed by Markus (Markus & Ruvolo, 1989). Further, his description of the *wished-for self* resembles the concept of the ideal self pro- posed by Rogers (1965) and elaborated more recently by Higgins (1987). Other terms are indeed quite new and high- light extremely important aspects of self-representation. For example, Westen's *self with other* representation and *representation of others' representation of the self* revitalize and clarify dynamic concepts of the self introduced by theorists such as Sullivan (1953) and Homey (1937).

Although I found Westen's discussion of the various types of self-representation interesting and provocative, the list of potential self-representations one could generate seems virtually endless (e.g., Westen's example of the self-involved- in-sports; my example of the self-not-involved-in-sports). In the absence of a clear overarching theoretical structure, this proliferation of selves appears problematic. For example, from such a perspective it seems difficult to clinically or empirically map out and investigate major aspects of self-representation. In the clinical context, enumerating all the self-representations that a patient could generate (as well as those I could hypothesize as existing on an unconscious level) would not be of great value in providing *a framework* to direct my interventions. In terms of research, it may be quite easy to investigate any number of self-representations, but it is unlikely that this research will provide further insight into the substantive issues regarding self-representation.

What seems to be necessary is a model that provides sufficient breadth and structure to explain the development and complexity of self-functions, but at the same time retains sufficient clarity and specificity in the constructs that it embraces. At the present time, there are few models that offer such flexibility. Kohut (1978), for example, offers a model of the self that captures the complexity of self-functions; how- ever, his constructs are difficult to evaluate empirically (see Kohut, 1984, for a discussion of the limitations of empirical methods in the study of complex mental states).

One model that has attempted to offer a broad theoretical perspective but has retained construct specificity and clarity is Higgins's (1987) self-discrepancy theory. Self-discrepancy theory provides a clear description of the structure of self-representation and the consequences of inconsistency be- tween self-representations. Recent attempts have also been made to delineate the cognitive, affective, and socialization factors that lead to the development of pathological self-structures (Higgins, 1989; Moretti & Higgins, 1990a). The formulation of models, such as self-discrepancy theory, that offer theoretical structure, breadth, and clarity of constructs will very much contribute to the emergence of an integrated theory of the self.

Self-Representation and Self-Esteem

Westen's view of self-esteem is similar to that proposed by classic and contemporary models that emphasize the importance of discrepancy between the actual self and a desired self-state representation in determining self-esteem (Cooper- smith, l967; James, 1890/1950; Moretti & Higgins, 1990b; Rosenberg, 1979). These models also suggest that individuals differ significantly in the types of standards they hold for themselves and that, therefore, actual-self attributes are not equally important in determining self-esteem for all individuals. Such theories of self-esteem aptly capture the dynamic flavor of self-esteem and account for the fact that self- esteem fluctuates across time and situations.

Westen points out that individuals hold a global sense of self-esteem in addition to self-esteem related to specific self- representations. Our research suggests that even within specific self-representations, particular components may be more important in determining self-esteem than are others (Moretti & Higgins, 1990b). For example, we found that not all positive attributes of the actual self were equally related to global self-esteem. Actual-self attributes that matched the ideal-self guide were associated with higher levels of self- esteem, but actual-self attributes that were not represented in the ideal-self guide were unrelated to self-esteem. Similarly, negative actual-self attributes that were discrepant from the ideal-self guide were related to lower levels of self-esteem, but negative actual- self attributes that were not represented in the ideal-self guide were unrelated to lower levels of self-esteem.

This research highlights the importance of taking the entire self-system into consideration when evaluating self-es- teem. From a clinical perspective, it becomes clear that the psychological significance of each attribute within a self- representation is determined by its relation to other

significant self-representations. Thus, the same positive attribute of the actual self may sometimes contribute to positive feelings about the self (i.e., if it matches a desired self-representation) and other times contribute to negative feelings about the self (i.e., if it is discrepant with another valued self-representation). A clinician can only predict the psychological consequences of drawing attention to a positive or negative at- tribute of the self by understanding a patient's system of self- representations.

From a research perspective, it is important to note that the majority of contemporary studies on self-esteem employ self-report measures that simply ask individuals to rate their actual self on a predetermined set of attributes that are normatively positive or negative. To fully understand the transitory and stable aspects of self-esteem, it is critical that researchers in this field begin to adopt methodologies that allow them to idiographically assess self-esteem as a product of the relationships between various self-representations.

Conclusions

The emergence of an integrated model of the self-rooted in two traditions of psychology that each have had a profound effect on how we understand human nature-is indeed exciting. Psychodynamic models offer a great deal of richness for understanding the self; cognitive models offer precision and an appreciation of the nature and operation of representational structures. Integrating these two perspectives is not easy, and I believe we are only at the beginning of a long road of discussion and debate within the field. In this commentary, I have attempted to emphasize the need to develop a clear theoretical structure to guide our investigations of the self. This process may be facilitated by first reviewing basic assumptions and empirical evidence regarding the nature and operation of the self.

Note

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