FINDING THE SELF: A BEHAVIORAL MEASURE AND ITS CLINICAL IMPLICATIONS

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We present a clinical model of the development of self. The model focuses on the early learning responsible for linguistic self-referents such as “I” and “me.” This model offers an account for why some patients, such as those with borderline personality disorder (BPD), feel that they “do not know who they are” or that their sense of self is controlled by other people, while other patients have a sense of a secure, stable self that is not prey to the whims of others. We administered a new self-report instrument, the Experiencing of Self Scale, which measures the degree to which other people influence the experience of self, along with the Self-Esteem Scale and the Dissociative Experiences Scale to 284 undergraduate students and 14 BPD patients. We found that the degree to which other people influence the experience of self depended on the nature and closeness of the people involved, that those in our BPD sample suffered from excessive influence of other people over the experience of self relative to the undergraduates, and that the degree of influence correlated predictably with high dissociation and low self-esteem. Implications for conceptualizing BPD and narcissistic personality disorder are discussed, and clinical applications are suggested.

For clinicians, perhaps no concept is more familiar than that of the self. Consider the following verbatim comments by a patient we will call Beatrice:

Beatrice: It's so damn hard to be real, to be me.
Therapist: If you aren't you, who are you?
Beatrice: I'm whoever someone else wants me to be. I don't even know when I'm being myself.

Beatrice's comments highlight some difficult clinical issues. How can a clinician help Beatrice find her “real” self? What exactly is this self to which Beatrice refers? Can it be precisely defined and specified in a clinically-useful manner? Beatrice's self seemingly possesses incongruous attributes that lead us into a quagmire when we try to describe it. First, it changes with other people's wants. However, Beatrice also implied that there is a quality of her self that is more “real” than is that which changes with other people's wants. This self is unchanging and not controlled by others. On the other hand, it is difficult for Beatrice to be this self, and she does not even know when she is being it. Thus, Beatrice's self is a complicated structure with qualities that change with other people's wants but also has other qualities that are unchanging and not controlled by others. Further, as Beatrice describes it, these other unchanging qualities are more foreign to her but are held in higher esteem as more real.

In an attempt to make sense of this phenomena, a multitude of theories of the self have been presented that provide a rationale for what the self
Finding the Self

is, how it develops and how this development can go awry and contribute to psychopathology. Some, like Kohut’s (1971, 1977) psychodynamic self psychology and Bandura’s (1977) social-cognitive construct of self-efficacy, have been accepted for many years by adherents to these particular theoretical approaches (see Baker and Baker, 1987, for an overview of Kohut’s system, and Markus and Wurf, 1987, for a review of cognitive theories of the self). However, many do not find any one theory adequate, as evidenced by the abundance of new theories of the self or aspects of the self that continually are generated. For example, a scan of the table of contents of a recent review of psychoanalytic theories of the self (Socor, 1997) reveals theories on the intentional self, representational self, interpersonal self, ascendant self, totalitarian self, phenomenal self, good-enough self, basic self, personal self, contained self, unthought self, allusional self, and certain self, as well as Kohut’s theory of self. Clinical cognitive researchers also have proposed alternatives to Banduras’s self construct and related them to clinical problems, including depression (e.g., Segal & Vella, 1990), anxiety and phobias (e.g., Hope, Rapee, Heimberg, & Dombeck, 1990; Williams, 1995), eating disorders (e.g., Vitousek & Ewald, 1993), and depression in children (e.g., Hammen & Goodman-Brown, 1990). A recent chapter (Robins, Norem, & Cheek, 1999) reviewing social and personality approaches to the self documented at least 37 different self-concept theories.

It seems that there is a problem here. Perhaps researchers are developing theories that clinicians do not find externally valid or clinically useful, or clinicians are developing theories which researchers do not find internally valid or otherwise reject on empirical grounds. For whatever reason, there seems to be no consensus and a great deal of confusion, and the production of new theories continues at an alarming rate. The proliferation of approaches has led two major self researchers to ask, in the titles of their articles, “Will the real self or selves please stand up?” (Lewis, 1992) and “Is anyone in charge?” (Greenwald, 1982).

The difficulty could be due to the “homunculus” problem, the logical fallacy of explaining perception and behavior by positing a directive “person within the person” that in turn guides perception and behavior (Smith, 1993; Westin, 1999, p. 400). In this case, the logical fallacy is that positing some form of a “self” to explain a person’s experience of self is not an explanation at all in that it does not account for what, in turn, directs the self. A proposed self could never be found adequate as a theory because an additional explanation is always necessary.

Because a behavioral approach1 markedly differs from other approaches in its treatment of proposed mental entities, it offers a new vantage point that might clarify the confusion. The departure, and potential solution, of behaviorists is the view that mental entities—such as the self—simply do not exist. It immediately must be clarified that behaviorists do not deny mental experience; they only eschew treating that experience as an entity or homunculus. For example, while behaviorists argue that cognitive structures or schemas do not exist, they are very interested in the experience and process of thinking and in thoughts (when viewed as the products of thinking). Similarly, behaviorists do not deny the experience of self; they do object to viewing the self as anything other than an experience of the individual. From a behavioral view, the confusing profusion of self constructs is understandable given the inherent impossibility of accounting for the experience of self with a hypothetical construct; this approach always leaves the door open for proposals of additional, alternative constructs.

A behavioral model of the self, therefore, attempts to account for the experience of self and how it develops without offering a mental entity or hypothetical construct as an explanation. At least three lines of behavioral research and theoretical investigation into the experience of self recently have begun (Dymond & Barnes, 1994, 1995, 1996, 1997; Hayes, 1984, 1995a; Kohlenberg & Tsai, 1991, 1995), all evolving from the work of B. F. Skinner (e.g., 1945, 1953, 1957, 1974). Together, they form a body of work that captures the full, complex experience of self, provides a complete developmental model, and establishes a framework to guide future research.

In this article, we will describe Kohlenberg and Tsai’s behavioral theory of the experience of self. The theory is intended for clinicians who may or

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1 There are several different behavioral approaches. In this article, we refer specifically to radical, or Skinnerian behaviorism. Others refer to this approach as contextualism, behavioral analysis, or functional analysis, and each label conveys different meanings and emphases to those in these fields. These differences will not be addressed in this article.
may not be familiar with a behavioral approach. Subsequently, we will present data from a preliminary investigation in support of this theory. We conclude by comparing this approach to several similar approaches, discuss the clinical advantages of a behavioral approach, and present several clinical implications.

A Behavioral Approach to the Experience of Self

Although this might be surprising to many readers, many behaviorists consider the experience of self to be an important area of study (Hayes & Wilson, 1993; Kohlenberg & Tsai, 1991; Moore, 1980; Skinner, 1945, 1953, 1974). Many nonbehaviorists believe that Skinner denied the existence of private experiences such as the experience of self; in fact Skinner sought to explain private experiences of all types, including the experience of self, thinking, feeling, loving, and so on. The Skinnerian view differs from most other schools of thought in psychology in what constitutes an adequate explanation for a private experience. Skinner viewed private experiences as private behaviors, which could be accounted for with the same learning and change processes as could public behaviors. Skinner did not deny the existence of private experiences, rather he objected to substituting a mental entity for that experience. For example, Skinner did not object to the notion of unconscious processes. In fact, Skinner (1974) wrote, “It is often said, particularly by psychoanalysts, that behaviorism cannot deal with the unconscious. The fact is that, to begin with, it deals with nothing else (p. 153).” Skinner did object to notions that reify unconscious processes into “an unconscious” that then is offered as a cause of behavior. (Although Skinner [1945, 1953] clearly articulated this position 50 years ago, the debate on his position lamentably continues. See Dougher, 1993; Alford, Richards, & Hanych, 1995; and Hayes, 1995a for recent examples.)

According to Skinner one must accomplish two aims to fully account for a behavior. First, one must specify the context in which the behavior occurs and distinguish this context from those in which the behavior does not occur. Skinner termed the salient features of this context discriminative stimuli. Second, one must describe the historical factors that account for why a particular behavior is more likely to occur in a particular context. Skinner termed this process the reinforcement history. The specific discriminative stimuli for a behavior, the behavior itself, and historical reinforcers for the behavior comprise the three terms in the three-term contingency.

Skinner (1974) briefly outlined a behavioral account of the experience of the self that forms the basis for Kohlenberg and Tsai’s (1991, 1995) more recent conceptualization. Because the experience of self is necessarily private and unavailable to all but the person having the experience, Skinner operationalized the experience of self as knowing one’s self, specifically as the behavior of verbally discriminating one’s own behavior (Skinner, 1974, pp. 34–35). In other words, Skinner attempted to account for what linguists refer to as self-referential speech. The view that self-referents and the self are two sides of the same coin is essentially consistent with views expressed in linguistic literature on the development of self-referents. Denzin (1972) and Fraiberg (1977), for example, proposed that pronouns and proper names develop along with the child’s concept of self and that identity confusion is concomitant with difficulties in language development. Own-name use (e.g., referring to one’s self as Jonathan) has been viewed as an emergence of the self (Denzin, 1972). Waterman and Shatz (1982) state that their subjects were “aware of their individuality” (p. 153) when they began to use personal pronouns.

Skinner (1974) began with the premise that the experience of self is of social origin. According to Skinner, developing children learn to provide self-referents because the social community asks questions (provides discriminative stimuli), such as, “What did you do yesterday?” and “How do you feel right now?” and reinforce self-referent responses accordingly. Others ask these questions because self-referents are useful for understanding how a person thinks or feels and for predicting what that person might do. Although initially self-referents are public, the private experience of self

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2 Another common misconception is that reinforcement involves presenting a reward such as giving a child food for speaking or tokens for smiling. This would be referred to as arbitrary, or contrived, reinforcement. Instead, we are speaking of natural reinforcement, which in this case refers to natural responses of caregivers, such as smiling, showing excitement, complying with a request, or otherwise responding accordingly to the child’s correct self-referential speech.
emerges as a consequence of this history as one learns to self-reference silently and privately. This private behavior is useful to the person himself or herself, for managing, controlling, or giving reasons for his or her own behavior. Situations that require managing, controlling, or giving reasons for one's own behavior serve as discriminative stimuli for experiencing one's self, which is reinforced by a history of successful responding in these situations.

Kohlenberg and Tsai (1991, 1995), starting with Skinner's premises, argued that the experience of self can be accounted for by identifying and describing the terms of the three-term contingency, the behavior itself (the second term) being a developing child's use of the self-referent "I." To illustrate, accounting for a person's experience of heat involves identifying and describing the context in which a person says, "I am hot" (e.g., high temperature, high humidity, lots of clothing). A complete account would also identify and describe historical factors (e.g., growing up in Alaska or Hawaii, growing up with parents who responded to or ignored a shivering child) that explain individual differences in responding to contextual factors with "I am hot." For the experience of self, the analysis of the self-referent "I" was viewed as a prototype for the analysis of other verbal responses that function similarly to "I," such as "me," "baby," "Davie," or "Dottie" (own name), and even "you" (when used by a young child to refer to oneself).

For example, suppose a child just learning to talk states, "I am hungry." In actuality, the child might say something like "eat" or "food now" but, functionally, these statements correspond to the generic "I am hungry," so this term is used to simplify the analysis. At first, this statement might or might not correspond with the internal, private state of hunger. It is the caregiver's job to discern the true state of affairs and respond appropriately. How does a caregiver know that a child is hungry? The caregiver cannot contact the private experience of the child to verify the accuracy of the statement; the caregiver can only look to public cues. The experience of hunger does have some reliable public correlates to which a caregiver can look, such as the length of time since the child's last meal, how quickly and ravenously the child eats if the caregiver gives her food, and if the child looks tired or acts cranky. A caregiver might accurately determine that the child is, indeed, hungry and respond, "Oh, you are hungry? Let's give you something to eat," then giving the child something to eat. Behaviorally, this caregiver response reinforces the child for correctly contacting and responding to the private experience of hunger, making it more likely that the child will respond, "I am hungry" when in contact with this experience in the future. In behavioral terms, given this ideal history, over time the private experience of hunger comes to control the response, "I am hungry."

Unfortunately, some caregivers might not notice these public correlates, but might rely on other events and circumstances, such as the time of day, that do not correlate as reliably with the private experience. A caregiver might respond, "No, you're not hungry; it is only four o'clock." The child is not reinforced for contacting the private experience that might otherwise come to control "I am hungry," and the likelihood that the child will correctly contact the private experience in the future has been weakened, or at least has not been strengthened. This kind of contingency makes it more likely that "I am hungry" becomes publicly controlled by, namely, the clock.

Other environments offer other kinds of contingencies. For example, Linehan (Heard & Linehan, 1993; Linehan, 1993) described the invalidating environments integral to the development of borderline personality disorder (BPD). Linehan suggested that individuals with BPD were raised in emotionally invalidating environments, in which caregivers inconsistently reinforce, negate, or punish the individual's experiences and descriptions of his or her own affect or events not observed or agreed to by the caregiver. In these environments, caregivers might respond, for example, "No, you're not hungry. I'll tell you when you're hungry." This type of caregiver might only feed the child when the caregiver is hungry, not assessing for hunger in the child at other times. This kind of contingency makes it more likely that "I am hungry" specifically becomes controlled by the caregiver. If this kind of contingency is pervasive, private experiences will not gain much control for this child.

Although this article focuses on the role of the invalidating environment in the development of problems with the self for patients with BPD, it is important to note that Linehan's biosocial theory proposes a transaction between biologically based emotional vulnerabilities or deficits in emotion regulation systems and an emotionally invalidating environment, and research exists in support of biologically based deficits as well (e.g., Cowdry, Pickar, & Davies, 1985).
Kohlenberg and Tsai did not suggest that learning “I am hungry” is a singular event. Like wind and rain wearing down a rock, it is a gradual, cumulative process. The examples are purposefully simplified and stereotyped to clarify the role of the fundamental behavioral processes that may be involved, and may not precisely correspond to how a child learns “I am hungry” in the natural environment. In real life, learning is likely to be haphazard and inconsistent. “I am hungry” is probably acquired through multiple processes, including learning and other processes less relevant to this analysis (e.g., learning of meaning through definition).

This analysis suggests how the response “I am hungry” and the experience it marks can be controlled to varying degrees by different forms of public events, depending on the environmental contingencies and the history of reinforcement established by the caregiver. Similarly, “I am scared,” “I am happy”—the experiences of being scared, of being happy, and so on—can come under public control (see Figure 1). Kohlenberg and Tsai suggested that, if the history of reinforcement for public control is strong enough, then the experience of being that is common to all of these more specific experiences, the experience marked by the more general self-referent “I am,” also will emerge under public control to some extent. Skinner described the process by which a response such as “I am” emerges as a by-product of the acquisition of “I am scared,” “I am hungry,” and so on (1957, p. 120). It is easy for “I am hungry” to come under public control; it is harder for “I am” to come under public control. However, the more the child’s accurate self-references are invalidated or ignored, and the more that self-referencing based on public events is reinforced, the more these global experiences of self can come under public control.

In a similar way, the use of the self-referents “I see doggie,” “I see cookie,” “I see Mommy,” and so on can come under public control. That which emerges from these more specific experiences, the general experience of seeing, can also come under public control. This process can produce public control of wanting, knowing, thinking, and so on. Finally, the experience of self (“I”), the experience that is continuous and present across all of these experiences of seeing, wanting, knowing, thinking, feeling, being, and so on, can emerge from these experiences controlled to varying degrees by different forms of public stimuli.

In sum, Kohlenberg and Tsai’s theory, in accord with Skinner’s behaviorist philosophy, accounts for the experience of self in terms of environmental contingencies that aid in the establishment of control over the experience. The theory does not proffer a mentalistic entity as a cause of the experience or attempt to delineate the structure of such an entity. It focuses instead on the environmental context necessary for one to learn to label and, in a sense, to experience the experience of self.

The theory provides a framework for understanding Beatrice’s comments presented at the opening of this article. Specifically, Beatrice most likely grew up in an environment that did not reinforce contacting and responding to private experiences; she may have never learned of their existence. Now she does not have a sense of the private experience of self that was continuously stable and present across all her experiences. When she is asked to contact this private experience she cannot do it. Instead, Beatrice is wary, overly attentive, and constantly concerned about public stimuli, and she labels and experiences her self as a function of these public stimuli. Because the public stimuli are not continuously stable across space and time but instead are continuously changing, Beatrice’s experience of self changes as well. Kohlenberg and Tsai’s analysis suggests that, inevitably, given the social origins of these experiences, all people should experience at least partial public control of their experiences of self, and some people, like Beatrice, should experi-

![Figure 1. Conceptualization of the emergence of “I” from “I am.” “I see . . .”](image-url)
ence considerable public control. The degree of public control should be predictable from one's present context and one's reinforcement history, which includes cultural factors.

In this study, a measure of public control over the experience of self was developed, the Experience of Self Scale (EOSS). Three predictions concerning the criterion and construct validity of the EOSS were evaluated.

Prediction 1: Salient Public Stimuli Influence the Experience of Self

One technique for demonstrating that a particular stimulus influences a particular behavior is to vary the salience of the stimulus and show a corresponding variation in behavior. According to this account, the self emerges under various degrees of public stimulus control. If the experience of self can be influenced by public stimuli, varying the salience of a particular public stimulus should produce variations in its influence on the experience of self. The more salient the public stimulus, the more influence it should exert.

Prediction 2: Self-Esteem and Dissociation Relate to Public Control of the Experience of Self

From a behavioral perspective, the term self-esteem may refer to a set of behaviors that involve describing and experiencing oneself in positive terms, acting confidently and assertively in novel situations, and so on. A large literature exists supporting the connection between invalidating, dysfunctional, or otherwise problematic childhood environments and measures of low self-esteem. For example, Miller, Landry, Smith, and Swank (1997) reported that a mother's child-centered perspective mediated the relationship between child-rearing history and child self-esteem. Post and Robinson (1998) showed that being raised in alcoholic environments related to lower self-esteem. Similarly, Guglielmo, Polak, and Sullivan (1985) argued that familial environments in which the parent prefers alternative pleasures to involvement with the child are linked to low self-esteem. According to the present analysis, these invalidating environments should produce experiences of self under greater public control. Therefore, a measure of self-esteem should relate to a measure of public control of the self: The lower the self-esteem, the higher the public control.

Similarly, the relationship between extreme invalidating environments and dissociation is well established (e.g., Putnam, 1985). In addition, dissociation, by definition, involves losing contact with one's experience of self. Therefore, a measure of dissociation should relate to a measure of public control of the self: The greater the dissociation, the greater the public control.

Prediction 3: A Clinical Sample Diagnosed with Borderline Personality Disorder (BPD) Will Report Greater Public Control over the Experience of Self than Will an Undergraduate College Sample

Problems of the self are particularly prevalent in BPD. One of the defining diagnostic criteria for BPD is, “Identity disturbance: markedly and persistently unstable self-image or sense of self” (Diagnostic and Statistical Manual of Mental Disorders-4th ed. [DSM-IV]; American Psychiatric Association, 1994, p. 654). Heard and Linehan (1993) explain that most theoretical formulations of BPD posit dysregulations in the individual's self or sense of self as explanations for the behavioral problems associated with BPD. Kohlenberg and Tsai's analysis provides an account for why problems of the self are prevalent in BPD. This account is consistent with Linehan's (1993) description of the emotionally invalidating environments in which BPD individuals were raised. In these environments, caregivers disregard, negate, punish, or otherwise invalidate the developing child's needs and emotional experiences. Kohlenberg and Tsai's analysis suggests that these environments provide the conditions necessary for the establishment of an unusually strong degree of public control over the experience of self. Given an extremely invalidating environment, an individual's experience of self might be impaired, limited, or completely lacking in the absence of a significant relationship. Therefore, subjects with BPD should show greater public control over the experience of self than should an undergraduate sample.

Method

Measures

The Experiencing of Self Scale (EOSS; Parker, Beitz, & Kohlenberg, 1996). The EOSS is a self-report measure of public control over the experience of self. The experience of self, as marked by verbal self-referents, was referenced by a group of statements beginning with “My feelings . . . ,” “My wants . . . ,” “My opinions . . . ,”
“My attitudes . . .,” and “My actions . . .” The influence of public stimuli (i.e., people) over these verbal self-referents was measured. The salience of the person as public stimulus was varied on two dimensions: type and proximity. The person could be of two types (a casual acquaintance or a close relationship), and of two proximities (either present or absent). Thus, EOSS items took the form shown in Figure 2, generating four subscales of 5 items each, and one overall scale of 20 items. The subscales were conceptualized as representing the increasing salience of the public stimulus in the following order, from least to most salient: casual acquaintances-absent (CA-A), casual acquaintances-present (CA-P), close relationships-absent (CR-A), close relationships-present (CR-P). A sample item from the CA-P subscale is, “My attitudes are influenced by casual acquaintances when I am with them.” Respondents were asked to rate the degree to which each item was true for them on a seven-point scale with endpoints labeled “never true” and “always true.” High scores indicate greater public control over the experience of self.

Self-Esteem Scale (SES; Rosenberg, 1965). The SES is a widely used and accepted 10-item self-report measure of self-esteem. Each item is rated on a four-point scale with points labeled “strongly disagree,” “disagree,” “agree,” and “strongly agree.” Sample items are, “I feel that I have a number of good qualities” and “I certainly feel useless at times.” High scores on this measure indicate high self-esteem; low scores indicate low self-esteem.

Dissociative Experiences Scale (DES; Bernstein and Putnam, 1986). The DES is a widely used and accepted 28-item self-report measure of dissociation for normal and clinical populations. Respondents are asked to rate how often they experience each item by marking a visual analogue response scale with endpoints labeled 0% and 100%. A sample item is, “Some people have the experience of being in a familiar place but finding it strange and unfamiliar. Mark the line to show what percentage of the time this happens to you.” High scores on this measure indicate high dissociation; low scores indicate low dissociation.

Subjects and Procedures

The undergraduate sample comprised 284 undergraduates from the University of Washington. The mean age of the subjects was 19.2 (SD = 2.58), and 59% were female. Measures were administered during mass-testing as part of a diverse packet of measures compiled from several research studies. No specific rationale or objective was given to subjects.

The BPD sample comprised 14 patients from a BPD outpatient group-treatment program at a local hospital. Patients were asked by group therapists to fill out the measures. No additional specific instructions were given. All patients completed the measures. All patients were diagnosed with BPD by a trained clinical psychologist using the International Personality Disorders Examination (Loranger, 1996). Subject’s mean age was 41.1 (SD = 8.32), and 86% were female.

Results

Reliability

The undergraduate sample was used to assess reliability. The EOSS total score demonstrated high internal consistency (α = .91), and all individual items correlated .39 or higher with the scale’s total correlation. The four subscales also demonstrated high internal consistency (CA-A α = .87, CA-P α = .83, CR-A α = .93,
Finding the Self

CR-P $\alpha = .88$. Table 1 presents the intercorrelations among individual EOSS items and the four subscales.

To empirically assess the four subscales, a confirmatory factor analysis (CFA) was conducted using the covariance matrix. A confirmatory rather than exploratory analysis was conducted to test the empirical fit of theoretically derived subscales rather than deriving atheoretical subscales empirically (Kline, 1998, p. 191). Maximum likelihood estimation was used with listwise deletion of missing data. The results for this CFA indicated that the four subscales provide a good fit to the data, $\chi^2(164) = 459.43, p < .0001$, Comparative Fit Index = .92, Non-Normed Fit Index = .90, Normed Fit Index = .88, Root Mean Square Error of Approximation = .08. Table 2 presents the factor loadings of individual EOSS items on their respective subscales.

Prediction 1: Salient Public Stimuli Influence the Experience of Self

The undergraduate sample was used to test prediction 1. Figure 3 shows median boxplots for undergraduate subjects' EOSS subscale scores. As predicted, subjects were significantly more influenced by the public stimuli as the salience of the public stimuli increased (within-subjects $F[3, 936] = 518, p < .001$). Present close relationships exerted the most public control (CR-P, $M = 4.10, SD = 1.16$), followed by absent close relationships (CR-A, $M = 3.39, SD = 1.29$), present casual acquaintances (CA-P, $M = 2.52, SD = 0.87$), and absent casual acquaintances (CA-A, $M = 1.72, SD = 0.75$).

Prediction 2: Self-Esteem and Dissociation Relate to the Experience of Self

The undergraduate sample was also used to test Prediction 2. Table 3 presents means, standard deviations, and ranges of EOSS, DES, and SES scores for the undergraduate sample. EOSS scores correlated significantly with the SES ($r = -.26, p < .001$) and with the DES ($r = .34, p < .001$) in the predicted directions. As EOSS scores increased, DES scores increased and SES scores decreased.

Prediction 3: A Clinical Sample Diagnosed with Borderline Personality Disorder (BPD) Will Show Greater Public Control over the Experience of Self than Will an Undergraduate College Sample

Table 3 also shows the BPD patients' scores on the EOSS, DES, and SES. Because the undergraduate sample and the BPD sample were notably different in size and variance of scores, Mann-Whitney tests were used to test for differences between these groups. The BPD sample scored significantly higher than did the undergraduate sample on all EOSS subscales and on the DES and significantly lower on the SES. Figure 4 presents boxplots of overall EOSS scores for both groups.

Because the BPD sample consisted of only 14 patients, we also looked at their individual scores to help determine if the result on overall EOSS scores is clinically meaningful. Only 2 of the 14 BPD patients scored below the undergraduate mean of 2.93. Eight BPD patients (57%) scored over one standard deviation above the undergraduate mean, and six (43%) scored over two standard deviations above the undergraduate mean. In fact, 2 of the 14 BPD patients scored higher than any of the 284 undergraduates.

Discussion

The EOSS produced several predicted results. As predicted, the degree of public stimuli's influence over the experience of self varied with their salience. In particular, subjects reported that close relationships were more influential over the experience of self than were casual acquaintances, and stimuli were more influential when present than absent. Although this finding has a good deal of face validity—we expect a present, close relationship to be more influential than an absent, casual acquaintance—it is important to note that, to our knowledge, Kohlenberg and Tsai's theory is the only theory of the development of the experience of self to explicitly account for it.

Also as predicted, in an undergraduate sample, the degree of public control over the experience of self covaried with self-esteem and dissociation. In addition, a clinical sample diagnosed with BPD showed greater public control over the experience of self than did the undergraduate sample. The latter finding is particularly striking given the small size and large variance of the BPD sample, which limited the statistical power of this comparison. The strong public control over the experience of self for the BPD sample relative to the undergraduates was predictable, given the prevalence of problems of the self in this population, and is in accord with Linehan's (1993) notion of the invalidating environment.

This study has a number of limitations that restrict the confidence with which we can draw conclusions. Most importantly, we have not mea-
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Note. CA-P = Casual Acquaintances-Present; CA-A = Casual Acquaintances-Alone; CR-P = Close Relationships-Present; CR-A = Close Relationships-Alone.
All correlations p < .01.
TABLE 2. Factor Loadings for Confirmatory Factor Analysis of Experiencing of Self Scale (EOSS) Items on Their Subscales

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Note. CA-P = Casual Acquaintances-Present; CA-A = Casual Acquaintances-Alone; CR-P = Close Relationships-Present; CR-A = Close Relationships-Alone.

Finding the Self

ensure public control directly; it is a theory-based inference from a self-report measure. This allows for other possible explanations for our findings. Consistent with the findings reported here are classic findings from the field of social psychology, such as social desirability (e.g., Hays, Hayashi, & Stewart, 1989), locus of control (Levenson, 1981; Rotter, 1966), situational versus dispositional attributions for behavior (e.g., Kel- ley & Michela, 1980), and Asch's (1951) experiments on social influences on perception. For example, those subjects who scored high on the EOSS may have been responding in a socially desirable fashion, and it may be argued that the construct of social desirability offers a more parsimonious account of our findings.

This study has added one more construct into this mix, and it has not provided evidence for the proposed construct over existing constructs. However, while the data presented in this study are limited, the theory provides responses to ques-

Figure 3. Median boxplots for undergraduate subjects' EOSS subscale scores (CA-A: casual acquaintances-alone subscale; CA-P: casual acquaintances-present subscale; CR-A: close relationships-alone subscale; CR-P: close relationships-present subscale).

Figure 3. Median boxplots for undergraduate subjects' BOSS subscale scores (CA-A: casual acquaintances-alone subscale; CA-P: casual acquaintances-present subscale; CR-A: close relationships-alone subscale; CR-P: close relationships-present subscale).
TABLE 3. EOSS, DES, and SES Scores for the Undergraduate and BPD Samples

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Note. CA-A = Casual Acquaintances-Alone; CA-P = Casual Acquaintances-Present; CR-A = Close Relationships-Alone; CR-P = Close Relationships-Present.

All Mann-Whitney tests between samples are significant at p < .05, one-tailed.
EOSS = Experiencing of Self Scale; DES = Dissociative Experiences Scale; SES = Socioeconomic Status; Mdn = Median; SD = standard deviation.

We are also limited in the conclusions we can draw from our BPD sample. The sample was different from the undergraduate sample in a number of ways in addition to BPD diagnosis, such as age, gender, and probably other psychiatric diagnoses that were not assessed. Other, more similar clinical samples need to be examined and compared to the BPD sample to provide more robust evidence for our predictions concerning BPD. Finally, as with all self-report data, our subjects’ actual experiences of public and private control might not match their self-reported experiences.

Other behavioral scientists have presented additional models for the experience of self. Diamond and Barnes (1994, 1995, 1996, 1997) proposed an account that incorporates relational frame theory (RFT), a sophisticated, behavioral
approach to language (e.g., Barnes, 1994; Hayes, 1994; Hayes & Barnes, 1997; Hayes & Wilson, 1993). A full exposition of RFT is beyond the scope of this article. Briefly, the springboard for RFT is that Skinner's (1957) analysis of language, which relied heavily on the three-term contingency, was incomplete. RFT characterizes language and cognition as derived, multidirectional and complex systems of stimulus relations, in which three-term contingencies play a part (also see Anderson, Hawkins, & Scotti, 1997; Hayes, 1991). RFT proposes that much of human language and cognition can be characterized by arbitrarily applicable relational framing, which accounts for how developing children so quickly learn language with limited direct training (see Hayes, 1991, for a full analysis). Dymond and Barnes accumulated support for their model of self-awareness with a series of analog studies (1994, 1995, 1996, 1997). Specifically, they demonstrated that a complex history involving relational framing and specific contingencies can produce new self-referents that were not directly trained. They suggested that this experimental procedure provides a useful analog for the natural development of self-awareness.

Hayes (1984, 1995a), also using RFT, presented a theoretical analysis that described three clinically relevant senses of self: self as conceptualized content, self as verbal process, and self as context. The self as conceptualized content refers to the defining beliefs and categorizations that people have and make about themselves, such as "I am who I am" or "I am bad." The self as verbal process refers to people's self-reports about feelings, emotions, and other behaviors, such as "I am angry." The self as context refers to people's experience of self as a particular perspective or point of view that is consistent and predictable. In other words, the self as context is that which is experienced from behind one's eyes, the context from which the other senses of self are experienced. Although Hayes presented these concepts as theoretically rather than empirically derived, he provided a thorough rationale and suggested clinical applications, such as are found in acceptance and commitment therapy (Hayes, Strosahl, & Wilson, 1999; Hayes & Wilson, 1994).

A behavioral account of the experience of self is particularly useful given recent behavioral forays into the field of adult outpatient psychotherapy. Nelson-Gray, Gaynor, and Korotitsch (1997) noted a growing interest in new behavioral treatments for adult outpatient psychotherapy such as functional analytic psychotherapy (Kohlenberg & Tsai, 1991) and acceptance and commitment therapy (Hayes, Strosahl, & Wilson, 1999; Hayes & Wilson, 1994). These treatments target difficult-to-treat patients and patients with problems that traditionally have been defined as personality disorders, for whom problems of the self are ubiquitous. They also aim to be applicable for the general adult outpatient psychotherapy population, not just for specific disorders and specific settings as has been the case for traditional behavioral treatments.

This approach to the experience of self can be clinically useful for characterizing patients who exhibit problems of the self. These patients can range from those with less severe problems, such as difficulty knowing what they want and feel, extreme sensitivity to the opinions of others, difficulty being spontaneous or creative, and narcissistic personality disorder, to more severe problems, such as borderline personality disorder or dissociative identity disorder (Kohlenberg & Tsai, 1991; see also Phelps, 2000, for an account of dissociative identity disorder). All of these problems can be seen as variants of public control over the experience of self. For example, this approach suggests that those with narcissistic personality disorder grew up under typical conditions for the establishment of public control over the experience of self, but also were reinforced in limited or superficial ways for being charming, demanding, beautiful (usually in females), or powerful (usually in males). A person with such a background lacks private control over "I," and thus has difficulty differentiating someone else's needs from his or her own. This person has undue reliance on other people (e.g., through praise and admiration, gifts) for a sense of self, and knows how to control and manipulate others (e.g., through charm or power) to make relationships more tolerable.

This approach suggests that the experience of self has its origins in the environment and therefore can be environmentally influenced, facilitating the use of a wide range of therapeutic interventions to ameliorate excessive public control. For patients with excessive public control, their caregivers originally shaped responding to public rather than private stimuli. Therapists likewise can shape responding to private stimuli for these patients. For example, a patient with excessive public control might have difficulty contributing to setting a psychotherapy agenda, relying on the
therapist's wishes rather than his or her private wants or desires. This account suggests a gradual process of shaping this patient first to contact, then to respond according to his or her private wants or desires rather than to the therapist's.

For example, even the technique of free association can be used by behavioral clinicians, not to uncover hidden meanings or to make use of the content produced, but as an opportunity to shape responding to private rather than public stimuli. Consider the instruction, "Tell me all the thoughts, feelings, and images that enter your mind; do not censor anything; report everything that comes up, even if it seems trivial, unimportant, or embarrassing." This technique can be used to minimize the influence of external cues from the clinician and facilitate the patient's direct response to private stimuli with, "I feel this" or "I see this image." Free association tasks can be varied in their structure to suit the patient's level of public control and gradually shape private control. Initial tasks might include sentence completion and word association. Then, as the patient achieves success with these tasks, tasks involving mental imagery and self-observation of private responses can be introduced.

In summary, it is the intention of this article to sensitize clinicians to the degree of public control over the experience of self in their clients and to stimulate the use of techniques that aid in the establishment of private control. While the data presented in this article are limited and preliminary, it is recognized that all empirical data on "the self" necessarily are limited by the impossibility of direct contact with it. However, the theory presented herein can account for this limited data as well as for the wealth of data generated by alternate theories of the self and other similar constructs. We hope that this article will stimulate interest in a behavioral approach to other difficult clinical issues that traditionally have been defined as nonbehavioral.

References


