Self-Other and Third-person Anchored Modes of Thinking in Psychological Expertise: Cognitive Concomitants of Behaviourist, Client-centred, and Psychoanalytic Concepts

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Information about people (A and B) can be processed consistent with two alternative modes of thinking: (1) an SO-mode conceiving of A and B as "self" versus "other," and (2) a 3P-mode conceiving of A and B as "he/she called A" versus "he/she called B." Previous research showed strong SO-anchoring biases in laypersons' thinking, so the present study focused on psychological experts' thinking. SO- and 3P-modes were associated with the formation of personalized and depersonalized representations of A and B respectively, so it was hypothesized that thinking in psychoanalytic terms would involve both modes, whereas the use of client-centred and behaviourist terms would trigger the SO- and the 3P-mode respectively. Data obtained from experts in psychotherapy confirmed the hypotheses except that the SO-mode was not less but more dominant in thought shaped in the behaviourist way than in thought shaped in the client-centred way. The results shed light on the role of scientific language and discourse as a general instrument of professional thought and communication.

L'élaboration cognitive des représentations qu'on forme de personnes peut s'effectuer suivant deux modes de la pensée associés dans des articles antérieurs à deux programmes cognitifs indépendants. L'un mène à des représentations personnalisées, l'autre à des représentations dépersonnalisées considérées comme typiquement scientifiques. Les recherches antérieures ayant démontré un biais vers le mode personnalisé dans le sens commun, la présente étude s'est intéressée à la pensée de sujets experts. Notamment des psychologues devaient construire des interprétations de

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situations psycho-sociales tout en utilisant la terminologie et le discours d'une théorie de psychothérapie déterminée telle que la psychanalyse, la psychologie Rogérienne ou une théorie behavioriste. Il était prédit que la pensée conçue dans le cadre Rogérien aurait la structure formelle du mode personnalisé, que celle conçue dans le cadre behavioriste aurait la structure formelle du mode dépersonnalisé alors que celle conçue dans le cadre psychanalytique combinerait les deux modes. Les données confirment les prédictions sauf que le biais observé dans le sens commun persiste dans le cadre behavioriste.

INTRODUCTION

Previous research has shown that (1) humans construct psychological representations of other people on the basis of information about how those people relate to each other and to themselves, and (2) this "construction of the person" involves two "social-cognitive programmes" or "modes of thinking": a self-other anchored mode or "SO-mode" and a mode anchored on the third pronominal person or "3P-mode" (Peeters, 1983, 1987, 1991). The distinction between SO- and 3P-modes reduces to the perceiver's ability either to take or not to take reflexivity of relations into account. If the perceiver disregards reflexivity then it is impossible to specify relations as "with the self" or "with an other," as required by the SO-mode. However they still can be specified as relations with a "somebody" defined by a set of attributes (male, labelled B, etc.), which is typical of the 3P-mode. There are strong linguistic and philosophical arguments explained elsewhere (Peeters, 1989) as well as empirical evidence (Peeters, 1983, 1991) suggesting that the SO-anchored mode of thinking leads readily, although not necessarily, towards personalized representations whereas the 3P-anchored mode would produce depersonalized representations. This may be intuitively apprehended using the following thought experiment.

Imagine that A and B touch each other accidentally and blush. An SO-anchored interpretation of this event may suggest similarity between A and B in that they share an attribute that makes people blush when they touch, or are touched by, an "other" (not the "self"). This attribute is readily apprehended in a "personalized" way, e.g. as a personality trait "shy." A 3P-anchored interpretation, however, would suggest difference between A and B—the one blushes only by touching him/her called B, whereas the other only by touching him/her called A—which is readily conceived of in a "depersonalized" way, e.g. as a biochemical difference explaining the blushing as arousal produced by allergic reactions, which implies, for instance, that the antibodies of A must differ from those of B in that

they react to specific antigens (carried by B) to which B's antibodies do not react.

"Personalization" of A and B has been defined as dealing with A and B as "beings in themselves" that are, really or metaphorically, experienced as having the status of "I" and "you." "Depersonalization" was defined as dealing with A and B as mere sets of features or processes, which allows for the construction of the sort of highly abstract and diversified representations that, according to Sousa (1991), would mark expertise and scientific knowledge. An example may be the concept of "personality" as a "set of traits." Hence it is conceivable that perceivers form impressions of personality-handling traits consistent with the 3P-mode. For instance, given the information that A and B feel negatively concerning each other but positively concerning themselves, perceivers may infer that A and B have different traits, the one having traits that the other dislikes. So A may be a punctual but insensitive individual who likes punctual people (among whom himself) and hates slovenly people (among whom B); the latter would be a slovenly but sensitive person who likes sensitive people (among whom himself) and hates insensitive people (such as A).

Apparently personalized matters like "personality" can readily be dealt with in the 3P-anchored way, as can depersonalized matters like chemistry. Nevertheless, six experiments (Peeters, 1983, 1991) have so far failed to provide evidence that subjects, including advanced psychology students, were disposed to do so. Instead personality inferences were consistent with SO-anchored rationales such as "A and B are alike in that both feel positively concerning the self and negatively concerning an other." Only when 3P-anchored rationales were explicitly taught, were subjects able to use them, which suggests that the 3P-anchored mode may be restricted to specific "technical" ways of thinking. Consistently, Sousa (1991, 1992) reported little difference between laypersons' and experts' ways of thinking except when the experimenter framed expertise to technical issues. One could wonder, then, whether psychological experts would not use the 3P-anchored mode as their thinking is shaped by a specific technical language and the related scientific discourse.

In search for an answer, one should consider that a good deal of psychology, especially clinical psychology, concerns highly "personalized" matters. Hence one could expect a good deal of SO-anchoring in the conceptual tools used by therapists. However, 3P-anchored thinking can also be expected because it enables us to form alternative representations of reality that may be functional to change this reality in the desired direction. For instance, in order to get a grip on a client's problems, a psychologist may, in a way, have to deconstruct the person into a mere set of features such as symptoms and processes that produce those symptoms. Classic behaviour therapy, at least, seems to proceed in that way. Hence the

psychologist's thinking may be 3P-anchored when it is shaped by the depersonalized behaviourist language and discourse that may mark the behaviour therapist's perspective.

In contrast with classic behaviour therapy, the classic Rogerian client-centred therapy reflects a personalized view. The client is approached as an autonomous "self-actualizing" being and the therapist is assumed to help the client by relating to him or her as an accepting and empathizing "other." Hence the client-centred perspective may produce SO-anchored thinking.

As to psychoanalysis, the matter is less clear. Some psychoanalytic concepts, such as repression and projection, seem SO-anchored because they imply a distinction between "self" and "other." For instance, "repression" implies that subjects repress their own libido and not another's, and "projection" implies that psychological dispositions belonging to the "self" are projected into an "other." However, other concepts are clearly 3P-anchored. For instance "displacement" can be handled without making the self-other distinction, such as when affect associated with "him the father" is said to be displaced to a symbolic father such as "him the policeman" (in a way one could argue that "projection" is an SO-anchored variant of displacement). Apparently psychoanalysis takes an intermediary position between the 3P-anchored behaviourist approach and the SO-anchored client-centred approach.

Summarizing, we can formulate three hypotheses: (1) both SO and 3P-anchored modes stand out in thinking produced in a psychoanalytic perspective; (2) the SO-anchored mode is more dominant in thinking produced in a client-centred perspective; and (3) the 3P-anchored mode is more dominant in thinking produced in the behaviourist perspective of classic behaviour therapy.

METHOD

Subjects and Procedure

The authors approached 17 male and 18 female qualified colleagues with the request to act as an informant in a study on the structure of thought in clinical psychology. Each author approached about half of the 35 informants including 12 practitioners, 12 university staff members (K.U. Leuven) ranging from assistant to professor, and 11 advanced graduate and postgraduate students enrolled in programmes of clinical psychology. Eleven informants participated twice, for example, once as a "behaviour therapist" and once as a "psychoanalyst." The additional protocols they produced constituted 11 statistically dependent cases; these were pooled

with the 35 independent cases because separate analyses of pooled and independent data led to the same outcomes. Thus 46 protocols were obtained: 11 client-centred, 17 psychoanalytic, and 11 behaviourist. In addition seven informants delivered a protocol completed from the perspective of system therapy, which was not on focus in the present study.

Each informant completed a questionnaire asking for a series of free descriptions each followed by two rating scales. It was permitted to record the free descriptions orally on tape and to restrict writing to the completion of the rating scales.

Questionnaire

Questionnaire items were preceded by the following extensive instructions (literal translation from Dutch):

In this study we gather comparative data concerning the conceptual structures of psychological theories that form the basis of various psychotherapeutic schools. Examples of such theories are:

- the classic psychoanalytic theory
- the classic behaviour-therapeutic theory
- the classic client-centred theory

We are primarily interested in *the way in which interpersonal situations can be thought of in the perspective of those theories*. However we need the help of experts. The experts are asked to take the role of a typical adherent of one of those theories and then to answer a questionnaire in the way they think the typical adherent would do. You have the competence required to act as an expert for the following theory: *Psychoanalysis / Behaviour therapy / Client-centred therapy / System and communication therapy (Mark your choice)*.

Your task will be to make a series of short descriptions. Each description proceeds from a *simple frame* that you have to *complete*, to *interpret*, and to *explain* in the perspective of the theory.

Example: Consider the following frame: "X is aggressive towards Y." In the perspective of *psychoanalytic theory* you could answer: "X is a driver who is summoned by a policeman and goes off into a fit of rage as a consequence of his Oedipus complex: The repressed hostility towards the father is directed at the policeman, who is a father-symbol." In the *client-centred* perspective you could answer: "X is a driver who is summoned by a policeman and goes off into a fit of rage. The explanation is that X is overcome with problems at home and at work. He does not see a way out and feels rejected. The natural process of self-realization is disturbed because psychological integration falls short. Consequently X reacts inadequately to new difficulties such as the confrontation with the policeman." In the perspective of *behaviour therapy* you could answer: "X is a driver who is summoned by a policeman and goes off into rage. This reaction is a

consequence of former conditioning. X has learned to react to frustration by anger and aggression: He grew up in an environment where anger and aggression were reinforced in that they led often to the outcome he desired.

You may find these examples stereotyped and you can probably invent better ones. However, we do not mind if you make stereotyped descriptions as long as they fit into the theory under consideration. A series of frames follows below. In each frame two *adult people* are represented by the letters *A and B*. You will complete each frame in the way you like. This means that you must not necessarily consider pathological states or therapeutic situations. You should only take care that your descriptions are in agreement with the way of thinking that marks the theory you selected.

Items of the Questionnaire

Each item consisted of a page with one frame presented at the top. Positive and negative relations of A and B with themselves and each other allow for the 16 possible frames a, b, . . . p. These are presented in the upper part of Table 1, which is a slightly elaborated version of Table 1 from Peeters (1991). The signs in rows T1 to T4 represent respectively the relations of A with B (AB), B with A (BA), A with self (AA), and B with self (BB). Positive and negative relations were encoded in terms of positive and negative experiences of A and B with themselves and each other. Moreover, in order to help the subjects to look at the frames in various ways, three equivalent formulations were presented for each frame. Hence frame d was presented as follows:

A and B experience each other positively.
They experience themselves negatively.

Alternatively:

A experiences him/herself negatively but B positively.
B experiences him/herself negatively but A positively.

Or saying the same thing in yet another way:

A is negatively experienced by him/herself but positively by B.
B is negatively experienced by him/herself but positively by A.

The subjects were informed that the three formulations were equivalent and that they needed to use only one of them. In addition they were invited to put crossmarks next to the formulations they would use. The results show that the first and third formulations were respectively the most and the least frequently marked ones and that no significant differences

TABLE 1
SO- and 3P-anchored Similarities Implied by Frames a, b, c, . . . p
(1 = Similarity 0 = Dissimilarity)

Row	Frames															
	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p
T1 (Rel. AB):	+	+	+	+	+	+	+	+	-	-	-	-	-	-	-	-
T2 (Rel. BA):	+	+	+	+	-	-	-	-	+	+	+	+	-	-	-	-
T3 (Rel. AA):	+	+	-	-	+	+	-	-	+	+	-	-	+	+	-	-
T4 (Rel. BB):	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-
<i>Similarities</i>																
SO-anchored																
T12	1	1	1	1	0	0	0	0	0	0	0	0	1	1	1	1
T34	1	0	0	1	1	0	0	1	1	0	0	1	1	0	0	1
3P-anchored																
T13	1	1	0	0	1	1	0	0	0	0	1	1	0	0	1	1
T24	1	0	1	0	0	1	0	1	1	0	1	0	0	1	0	1
T23	1	1	0	0	0	0	1	1	1	1	0	0	0	0	1	1
T14	1	0	1	0	1	0	1	0	0	1	0	1	0	1	0	1

between therapeutic theories were involved, so this variable can be ignored.

Under each "frame," space was left for the free description (written by the subject or transcribed by the experimenter from the tape-recorded oral description). Finally, each item ended with the following paragraph at the bottom of the page:

To which degree do the following statements apply?

1. The psychological image of A and B resulting from my description implies essential differences between A and B.

Doesn't hold at all 0 1 2 3 4 5 6 7 8 9 Applies to the highest degree.

2. The psychological image of A and B that results from my description implies essential points of similarity between A and B.

Doesn't hold at all 0 1 2 3 4 5 6 7 8 9 Applies to the highest degree.

Finally, pilot testing had revealed that subjects were aware that the frames "b e g f h n" were formally equivalent to "c i k j l o" in that only the symbol letters "A" and "B" were interchanged. For that reason the latter six items were presented last and the informants were instructed that they did not need to complete them if they intended just to repeat the answers elicited by the previous equivalent items.

RESULTS

Preliminary inspection of the subjects' free descriptions and comments suggested that the instructions were followed correctly. In general the informants used the language and discourse of the selected theoretical perspective. Content analysis (De Wit, 1991) showed, for instance, that client-centred informants related positive experiences of the self to "self-actualization" and positive experiences of the other to "social acceptance." In line with the eclectic tradition in the client-centred school, five informants used concepts from various schools but only insofar as they could be integrated into the client-centred perspective. Psychoanalytic informants provided explanations using terms such as "projection, transference, counter-transference, identification, repression, defence mechanism, introjection, and idealisation." Behaviourist informants used terms such as "learning process, reinforcement, situation-boundness." There were, however, some special cases to be mentioned. Two client-centred informants declared afterwards that they had caught themselves thinking in a rather psychoanalytic way. Finally, three psychoanalytic informants declared that they had not used classic Freudian concepts but more or less related ones. It was decided to keep an eye upon these exceptions but, being a minority, they were not discarded.

The analysis of data was further restricted to the similarity and difference ratings. Numerical values of the difference scale were reversed, making them convergent with those of the similarity scale. As the correlation between scales was high ($r = 0.84$), only outcomes averaged over scales are presented.

Product moment correlations (r) were computed between the obtained ratings and "ideal" sets of similarity values, each set corresponding to one of the rows T12–T14 in Table 1. How these "ideal" similarity values were established is explained in detail in a previous article (Peeters, 1991). Notice only that, in order to facilitate computations of r , we substituted 1 for + and 0 for –, 1 and 0 representing "similarity" and "dissimilarity" respectively between A and B, as implied by the relational patterns displayed in the upper part of the table.

As explained previously (Peeters, 1991), positive r s with rows T12 and/or T34 indicate that (dis)similarities were assigned to A and B in a way consistent with the SO-anchored mode. Analogously, positive r s with one or more of the four rows left (T13 . . . T14) reveal the 3P-anchored mode. Finally, negative r s are interpreted as "interactive combinations" of the SO and 3P modes, resulting in an "interactive mode of thinking." For instance, a negative r with T23 indicates that (dis)similarity is assigned consistent with the idea that experiencing *him/her* called A, let's say, "positively," means something different when A is the *self* rather than an *other*.

TABLE 2
Frequency Distributions of SO/3P-index Values for Three Groups of Informants

Informants	SO/3P-index Value		
	< 0	0 < .. < 63	62 <
Psychoanalytic	6	7	4
Client-centred	0	11	0
Behaviourist	0	6	5

Intercorrelations between rows in Table 1 being zero, the percent rating variance accounted for by the SO-anchored mode corresponds to the sum of squared positive *rs* of scale ratings with T12 and T34 (multiplied by 100). In the same way, the sum of squared positive *rs* with rows T13 . . . T14 reflects the percent rating variance accounted for by the 3P-anchored mode. Finally, the sum of the squares of all negative *rs* reflects the percent rating variance accounted for by the "interactive mode."

Data patterns relative to the 3P- and interactive modes being very alike, the percentages of variance they accounted for were added together into a "3P-sumscore" in which all variance related to the 3P-mode was united. Then for each case the sumscore was subtracted from the percent of rating variance associated with the pure SO-anchored mode. The result was an SO/3P-Index. If positive, it indicated that more variance was accounted for by the pure SO-mode than by 3P-related modes; if negative, it indicated that the 3P-related modes accounted for more variance than the pure SO-related ones.

The range of the SO/3P-Index, from -25 to +88, suggests a strong SO-anchoring bias. As shown in Table 2, the index was negative in only 6 out of 39 cases. The six negative scores were produced exclusively by psychoanalysts, suggesting that 3P-anchoring is mainly connected with psychoanalytic thought. This was a robust outcome. Indeed, the negative scores were divided equally over sexes and subjects approached by the two authors. They included one faculty staff member, two graduate students, and three experienced practitioners, and all of them had used classic Freudian concepts. Moreover, the exact probability of having at least 6 negative cases out of 17 psychoanalysts but not a single one out of 22 client-centred and behaviourist informants was far beyond the significance level of $P < 0.01$, and remained so when the analysis was restricted to the 35 statistically independent cases. The link between psychoanalytic and 3P-anchored thought was confirmed by the individual percentages of rating variance consistent with the 3P-programme. Only 11 informants produced more than 21% of 3P-consistent variance. However, no less than eight of them were psychoanalysts who used classic Freudian concepts. The three

remaining cases included, in addition to two behaviour therapists, one of the two client-centred informants who had decided to use psychoanalytic concepts.

Further, Table 2 suggests that psychoanalytic thought is not unilaterally 3P-anchored but can be SO-anchored as well. Finally it shows that, compared with client-centred informants, behaviour therapists were not less but rather more SO-biased. Indeed, among the eight most SO-biased cases (with index values higher than 67) there were five behaviour therapists but no client-centred informants ($P < 0.05$ by exact probability test, also when only statistically independent cases were considered).

DISCUSSION

As expected, the SO-anchoring bias observed in the laypersons' thinking was found to mark psychological experts' thinking as well, even when the experts adopted specific technical-theoretical perspectives. As to the differential impacts of those perspectives, the data confirm the predicted links of classic psychoanalytic concepts with both SO- and 3P-anchored thought (hypothesis 1), and of client-centred concepts with SO-anchored thought (hypothesis 2). However, inconsistent with hypothesis 3, the use of behaviourist concepts failed to produce 3P-anchored cognitive inferences, the obtained inferences being even more SO-anchored than those produced in the client-centred perspective. This is an intriguing outcome, the more so in that the classic behaviourist concepts reflect a mechanistic model of the human "beyond freedom and dignity" (Skinner, 1972). This seems to be of the same order as the "depersonalized" models in natural sciences, which in the Introduction were related to the 3P-anchored mode of thinking. Content analysis of the informants' free descriptions (De Wit, 1991) suggested an explanation along the following lines.

Behaviourist concepts are rooted in a cartesian tradition of dealing with humans as machines which, however, may accommodate a "ghost"; the human as an automaton, indeed, but an automaton shaped after the phenomenology of the person. In this way SO-anchored concepts such as "social reinforcement" and "self-reinforcement" may indeed have a "depersonalized" character, but they have preserved the formal structure of the self-other articulation that marks the phenomenology of the person. Hence the behaviour therapist who wants to construct a fully-fledged representation of the person can readily complete the "machine" with the "ghost" relapsing into the laypersons' personalized representations. In this respect behaviourist concepts, it may be argued, do not "depersonalize" the person. Rather they "disregard" the person, leaving to the user of the concepts the decision to take or not to take the "person" into account.

With behaviour therapists joining the laypersons and even exceeding their client-centred colleagues in SO-anchoring, only psychoanalysis seems to offer appropriate conceptual tools for manifest 3P-anchored thinking on interpersonal matters. Indeed, the seven protocols completed in the perspective of system and communication theory—not included in this study—confirmed the SO-anchoring bias with six positive against only one negative index score. It follows that the psychoanalytic conceptual framework may provide a most refined instrument of thought and professional communication, suitable to deal with subtle aspects of subjective life in a way that formally resembles the way of natural sciences. One of our informants consistently remarked that he acted as a client-centred therapist when treating clients but used psychoanalytic language when discussing cases and writing reports.

The latter informant's remark suggests that the 3P-anchoring effects associated with the psychoanalytic discourse were not so much due to permanent attitudes of the psychoanalytically formed expert as to the momentary use of the psychoanalytic discourse. Informants who completed two protocols consistently showed dramatic shifts from SO- to 3P-anchored thought when switching from a behaviourist to a psychoanalytic discourse. Moreover, the 3P-anchored mode was manifested by novices as well as experienced therapists and even by a client-centred informant who had used psychoanalytic concepts.

As to the way in which the psychoanalytic discourse produced 3P-anchored thought, hermeneutic content analysis of the free descriptions (De Wit, 1991) revealed that an important factor was the nature of the causal link assumed between "relations with the self" and "relations with others." In behaviourist and client-centred contexts, the causal link was a matter of *mere influence*. For instance, "A liking the self" was assumed to cause "A likes B" in that, when satisfied with the self, people may be in a good mood and hence disposed to like others. In similar rationales, the "relation with the self" is assumed to have some influence upon the "relation with the other" (or vice versa), but each relation's identity, and thus also the self-other distinction, is fully preserved. However, in psychoanalytic contexts a different concept of causality was applied; this can be referred to as *constitution*. For instance, "A likes A" may be said to constitute "A likes B" when the latter is interpreted as a manifestation of narcissistic love, A projecting the own self into the other he/she likes. In this interpretation the "other" becomes in a way equivalent to the "self." Hence the conceptual self-other distinction is transcended, giving way to the 3P-anchored mode dealing with the object of A's liking as "an individual that has features of A." In this way, informants who have to "construct" psychological representations of A and B may end up with

typical 3P-anchored rationales: "punctual but insensitive A," "slovenly but sensitive B," as presented in the Introduction.

The example given illustrates how, dealing with "causality" as "constitution," current psychoanalytic concepts may generate a way of thinking in which SO- and 3P-modes are intimately intertwined. It also illustrates the subtle and complex character of that thinking and confirms the constructive role of the psychoanalytic conceptual framework as a powerful instrument of thought. Thereby one could raise the question whether a superior instrument of clinical thought also makes a superior instrument of therapeutic action. This question reaches beyond the scope of the present article.

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