

# Bridging The Gap Between Self-Concept (Have) And Ideal Self-Concept (Want)

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**ABSTRACT:** So many clients are confused about what they "have" and what they "want" and most of the times they feel a gap between "what they are" and "what they really want to be". According to Rogers: clients come to the counselor in a state of incongruous; that is, a discrepancy exists between their self-perception and their experience in reality. And this discrepancy between "how he sees himself" (self-concept) or "how he would like to view himself" (ideal self-concept) may result in anxiety and personal vulnerability which can provide the necessary motivation to enter therapy. And now the main concentration of this paper is on this fundamental and primary question: "How can we bring this **have** and **want** more closely together and diminish this gap between them?!" And the suggested solution to this question is that we define a triangular for every occurrence and fact in which the sides are: "Being" defining the beliefs, "Doing" defining the actions and "Have" defining the achievements and results. And then we employ the two theories:

- Cognitive Behavior therapy (REBT) to change belief and being (**Be**),
- Reality therapy (WDEP) to change the direction and doing (**Do**).

So it is obvious that a change in results (**Have**) is directly related to the alteration of one the elements "Be" or "Do" or both of them.

**Key Words:** *Self-concept, Ideal self-concept, A-B-C theory of personality, Choice theory, Irrational Emotive Behaviour therapy, Reality therapy.*

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## 1.0 INTRODUCTION

My goal in this article is to show that: if a counselor helps a client to transform "what they have" into "what they want to have" is actually very close to the two famous concept which are emphasized in Roger's theory: "Self-concept" and "Ideal self-concept".

On the other hand, and according to Roger's the gap between these two recently mentioned notions will result in anxiety, so if we bring these two concepts together, we can reduce or eliminate anxiety.

The research I have carried out could be divided into the following steps:

1. Introducing and defining the two concepts of **have** and **want**.
2. Introducing and presenting a simple model (triangle) for transforming have into want
3. Making use of crucial parts of the two well-known theories: The A-B-C theory of personality (which is central to Rational Emotive Behavior Theory) and WDEP system (which is defined as key procedures in the practice of Reality Therapy).
4. Equalization of these concepts: "what they **have**" and self-concept; "what they **want** to have" and ideal self-concept.

5. Bridging the gap between self-concept (have) and ideal self-concept (want).
6. Reduction or elimination of the anxiety and personal vulnerability which are the results of the mentioned gap.

## 2.0 LITERATURE VIEW

### ➤ Rogers:

- Clients come to the counsellor in a state of incongruous; that is, a discrepancy exists between their self-perception and their experience in reality.
- And this discrepancy between (self-concept) or the way he would like to view himself (ideal self-concept) may result in anxiety and personal vulnerability which can provide the necessary motivation to enter therapy.

### ➤ Eliss:

- The A-B-C theory of personality is central to REBT theory and practice.

**A** is the existence of a fact, an event, or the behavior or attitude of an individual.

**B** is the person's belief about A.

**C** is the emotional and behavioral consequence or reaction of the individual.

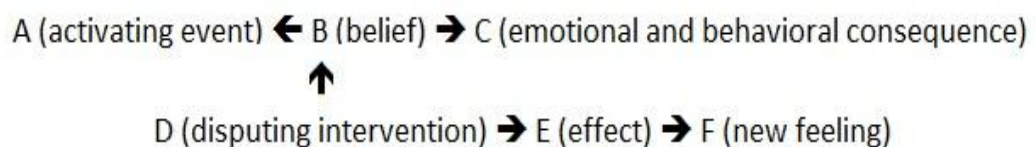
**D** is disputing, that contains three process components:

1. Detecting
2. Debating
3. Discriminating

**E** is an effective and rational philosophy to change person's thinking.

**F** is a new and pleasant feeling caused by the new philosophy mentioned in the previous stage.

- The interaction of the various components can be diagrammed like this:



(Picture 1)

- As we have seen, in this diagram:
  - i) A (the activating event) does not cause C (the emotional consequence). Instead, B largely causes C, the emotional reaction.
  - ii) After A, B, and C comes D (disputing). Essentially, D is the application of the scientific method to help clients challenge their irrational beliefs.
  - iii) Eventuality clients arrive at **E**, an effective philosophy, which has a practical side. A new and effective rational philosophy consists of replacing un-healthy thoughts with healthy ones.
  - iv) If we are successful in doing this, we also create **F**, or a new set of feelings. Eliss would maintain that the beliefs about the events (at point B) are what mainly cause the depression (at point C)—not the actual event (at point A).

- Showing people how they can change the irrational beliefs that directly “cause” their disturbed emotional consequences is the heart of REBT.  
So clients debate their dysfunctional beliefs by learning how to logically and empirically question them and to vigorously argue themselves out of and act against believing them. Finally, clients learn to discriminate irrational (self-defeating) beliefs from rational (self-helping) beliefs.
- Instead of feeling seriously anxious or depressed, they feel appropriately in accord with the situation. The best way to begin to feel better is to develop an effective and rational philosophy

➤ Glasser:

- Reality therapists present WDEP, to describe key procedures that can be used in the practice of reality therapy. Each of the letters refers to a cluster of strategies: W= wants and needs; D= direction and doing; E=evaluation; and P=planning and commitment. These strategies are designed to promote change. Let’s look at each one in more detail:
  - i) W=WANTS (EXPLORING WANTS, NEEDS, AND PERCEPTIONS)  
The first step counseling consists of exploring the “quality world” of clients and how their behavior is aimed at moving their perception of the external world closer to their inner world of wants. In this step reality therapist asks client, “What do you want?”
  - ii) D=DIRECTION AND DOING  
Reality therapy in the second step stresses current behavior and is concerned with past events only insofar as they influence how clients are behaving now. In this step the focus on the present is characterized by the question so often asked by the reality therapist: “What are you doing now?” After that therapist holds a mirror before the client and asks, “What do you see for yourself now and in the future?” so clients learn how to deal with problems in the present by learning better ways of getting what they want.
  - iii) E=EVALUATION  
The core of reality therapy in the third step is to ask clients to make the following evaluation: “Does your present behavior have a reasonable chance of getting you what you want now, and will it take you in the direction you want to go?”  
In this step the counselor helps clients evaluate their behavior and they can recognize that some behaviors are not effective. So he can introduce the idea of choice to the clients. And then all the process of evaluation is within the scope of the client’s responsibility.
  - iv) P=PLANING AND COMMITMENT  
Much of the significant work of the counseling process involves helping clients identify specific ways to fulfill their wants and needs. Once clients determine what they want to change, they are generally ready to explore other possible behaviors and formulate an action plan. For this purpose, clients may be asked, “What plans could you make now that would result in a more satisfying life?”

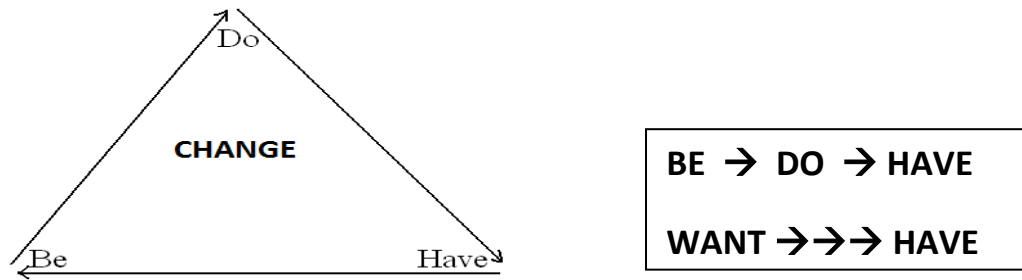
If the plan does not work, for whatever reason, counselor and client work together to device a different plan, so plans can be modified as needed. Throughout this

planning phase, the counselor continually urges the client to assume responsibility for his or her own choices and actions.

- Reality therapists explore the tenets of choice theory with clients, helping clients identify basic needs, discovering clients' quality world, and finally, helping clients understand that they are choosing the total behaviors that are their symptoms. In every instance when clients make a change, it is their choice. With the therapist's help, clients learn to make better choices than they did when they were on their own.
- When clients begin to realize that they can control only their own behavior, therapy is under way. The rest of therapy focuses on how clients can make better choices even if the other person in the relationship does not change. Any change in a relationship causes the whole relationship to change, and clients can choose to change **what they do**.
- According to Glasser, the procedures that lead to change are based on the assumption that human beings are motivated to change:
  1. When they are convinced that their present behavior is not getting them **what they want**.
  2. When they believe they can choose other behaviors that will get them closer to **what they want**.

### 3.0 METHODOLOGY

- We know that every fact/concept has been affected by two factors: internal and external. In my opinion often it's more difficult for everyone to change the outside environment than the inner conditions and sometimes changing these factors are impossible or need to take so much time to encounter with, because everyone has limited facilities, faculties and opportunities. An example might illustrate this point so clearly: when you go on a trip it is almost impossible for you to fix every bump in the road but you can recognize and move in different directions to avoid them. So in order to get your ultimate results you have to try different methods and various directions.
- But everyone can trust his inner powers and abilities to overcome all problems, after he has learned to change every possible condition to overcome his problem.
- The main concentration of this article has been based on the concept of "**changing**" and I think changing every result that we **have**, is directly related to only two factors: the first one is the alteration of our being and the second one is changing our doing which have been introduced with **Be** and **Do**.
- In order to illustrate the point more easily I present a simple module. The diagram can be represented in the form of a triangular and it has only three items, so it is easy to learn and remained to check any problem in any situation.



(Picture 2)

- In this diagram:
  - Be** - represents our “state of beings” and our thinking and our beliefs or the thing we **want**.
  - Do** - represent our “way of doing” and our actions and our function.
  - Have** - represents our result and our conclusion we **have**.
- So it is obviously “HAVE” is the most important factor in this triangular, and there is two ways to change it:
  1. Changing BE (state of being)
 

According to Eliss, as explained in details in the A-B-C theory of personality, with the alteration of the person’s belief (B) and in turn the change of emotional consequence (C) and an effective philosophy will result in healthy thought (E) and finally we will gain a new set of feelings (F). → That means a change in state of being or changing BE.
  2. Changing DO (ways of doing)
 

According to Glasser, as explained in details in the WEDP system, after exploring wants or needs (W) of a client and specifying a direction and make clients learn how to deal with problems by getting to know how to deal with problems in better ways of getting what they want (D). And after making the following evaluation (E), at the last stage, clients identify specific way to fulfill their wants (P). → That means a change in the way of doing or changing DO.
- So far, applying the two methods above, we can change “WANTS” to “HAVES” and considering the equalization made in the following table as we can manage to make “WANTS” and “HAVES” more closely together, as a result, we can bring the “self-concept” and the “ideal self-concept” together and bridge the gap between them.

Want	Have
What they have	What they want to have
What they are	What they want to Be
Their experience in reality	Their self-perception
How they see themselves	How they would like to view themselves
Self-concept	Ideal self-concept

(Table 1)

#### 4.0 FINDING

The contributions of this research might be:

- I. Combining three different theories to reach the same goal.
- II. Presenting the simple model which is easy to understand everyone.
- III. The main axis of this article is to reduction discrepancy and incongruous of client and eliminate anxiety and personal vulnerability which is the most important of every therapist's goal.
- IV. On the other hand because the counsellor can make close between "How they see themselves" and "How they would like to view themselves", so the clients will have much better and pleasant feeling to gain effective control over their lives.
- V. More choices are available than clients may realize, and the therapist can explore these possible choices if clients want to change and believe "CHANGE is always a CHOICE."

#### REFERENCES

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