

THEORIES OF PERSONALITY II

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Behavioral Theory Applications and Research & Humanistic Theory

SESSION 9

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Behaviorism at Work

Perhaps the biggest strength of behaviorism and the resulting social learning and social cognitive theories are their ease of application to real world examples. Information gathered for learning theories such as these are often represented by statistics and facts, rather than theoretical concepts and ideas. Therefore, applying them and measuring the outcome is much simpler.

We have also found that the treatment approaches developed from these theories is relatively simple and quick to administer. Curing mental illnesses that would have taken months or even years with traditional psychoanalysis can now be completed in weeks, or even days.

This chapter discusses the benefits of learning theories and behavioral psychology as well as the most commonly applied treatment, behavior modification. It ends with a short discussion regarding potential short comings of the theory and the inevitable criticism that is given every theory in psychology.

Behavior Modification

Since the only thing worth measuring in behavioral theory is behavior, it is only logical that the one thing behaviorists focus on changing is also behavior. Behavior modification is the generic term given any process derived from learning theory where the goal is to change a person's behavior or the way he or she interacts with the world.

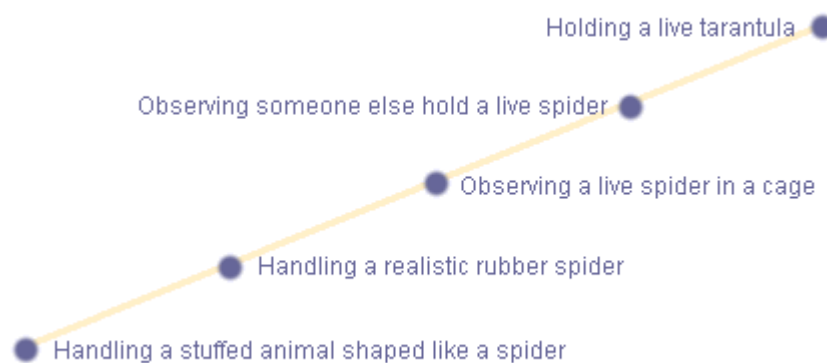
To understand behavior modification, you have to understand the two main concepts that it is based on: Classical and Operant Conditioning. Classical conditioning refers to the pairing of naturally occurring stimulus-response chains with other stimuli in order to produce a similar response. Operant conditioning started as an experiment in learning and developed into the Law of Effect and our knowledge of reinforcement, punishment, and extinction.

Shaping

In behavior modification, we apply these same techniques in order to effect change on the way a person acts or responds to the environment. Changing complex behaviors, hence, requires complex behavioral modification. The concept of [shaping](#) comes into play here. Shaping refers to the reinforcement of behaviors that approximate or come close to the desired new behavior. The steps involved are often called successive approximations because they successively approximate or get closer and closer to the desired behavior.

Research has found that this technique works well for phobias and anxiety related disorders. Take arachnophobia for instance, the fear of spiders. To be diagnosed with a phobia you must have both an irrational fear that is not justified by current outcome *and* significant distress or negative consequences because of this irrational fear. To modify this fear or the behavior of avoiding or running away from spiders, behaviorists would apply the concept of shaping.

The process of shaping involves the creation of a hierarchy ranging from the least feared situation (such as a stuffed animal that looks like a spider) to the most feared situation (a real tarantula, for example). We would then fill in the space between the two with situations that progressively produce higher levels of fear. The following is an example of such a hierarchy:



We would then start at the bottom of the hierarchy and reinforce the person for engaging in this behavior, or for our example, touching or handling the stuffed animal. Once they master this level, we would then move to the next level and repeat the same process. Ultimately, through shaping and behavior modification, the person will be cured of their irrational fear of spiders. This technique, and others based on the same principles, have been found to be quite successful for specific disorders.

Systematic Desensitization

A concept described by Joseph Wolpe uses a hierarchy like the example above but instead of applying reinforcement, the client is taught to relax. Some behaviors are incongruent with each other and we have found that being tense, anxious and afraid is not possible when a person is relaxed. The theory argues that if we can teach a person to relax in the presence of a feared object or situation, then we can alleviate the associated fear.

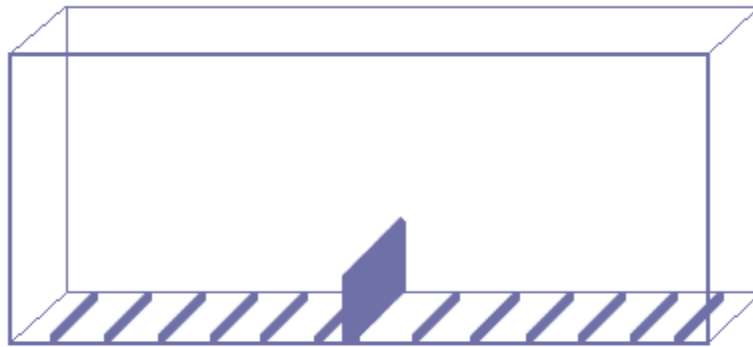
In systematic desensitization, an hierarchy is created, typically by the client alone or with the assistance of the behavioral therapist. Often the hierarchy includes imagination such as imaging a spider crawling toward you or imaging a spider on your hand as intermediate steps. The goal of this treatment is the same as shaping and reinforcement; to eliminate the fear associated with the object or situation.

This techniques has also received much research that suggests it is an effective and viable treatment for phobias, anxiety related disorders, and even sexual dysfunctions. The performance anxiety associated with impotence in males is often reduced significantly with systematic desensitization.

While shaping uses the theory of operant conditioning and reinforcement, systematic desensitization was derived from classical conditioning. The object (UCS), originally paired with fear (UCR) is altered so that the object (CS) becomes paired with relaxation (CR) and hence a relearning of a conditioned response. Overall, both treatments have been applied to many different symptoms related to anxiety and fear with very positive outcomes.

Learning to be Helpless

The experiments in classical conditioning started as research on digestion and almost by accident lead to a concept that has become a staple in behavioral theory. In 1967, while researching classical conditioning, another accidental discovery occurred. In the original experiments, dogs were placed in harnesses so that they could not escape and then were presented with small electric shocks (Overmier & Seligman, 1967; Seligman & Maier, 1967). After this experience, these dogs as well as dogs who had not undergone the original harness studies were placed in a shuttle box (see below) which consisted of two sides both with independent electric grids on the floor.



**Shuttle Box used in
Learned Helplessness Experiments**

What they discovered was a distinct difference between the dogs who had originally been harnessed and those who had not. For the latter, when a shock was presented, they almost immediately, after trying different methods of escape, jumped across the barrier to escape the uncomfortable shock. The previously harnessed dogs showed distress, as did the other dogs, but unlike the other dogs, failed to escape the shock and ultimately laid down on the grid and whimpered (Seligman, 1975).

These studies demonstrated that previous learning can result in a drastic change in behavior. When presented with a situation that allowed the dogs to control their experience, those who learned earlier that they had no control failed to escape the shock. Without this learning, escape was not only seen as a possibility, the behavior to escape was exercised in every case.

In the study of psychological phenomenon of animals, the next logical step after a discovery such as this, is to determine its effect on humans. Experiments were designed presenting a loud irritating noise (rather than the original shock) to human subjects (Hiroto, 1974; Hiroto & Seligman, 1975). In these experiments, subjects were presented with the noise and told that if they solved a puzzle the noise would turn off. By pressing a series of buttons, for example, one group learned that they had control over their environment. A second group, however, were presented with puzzles that had no solutions, resulting in an inability to turn off the irritating noise.

To test if their learning would generalize to other areas, these same subjects, as well as new subjects were then presented with similar situations but with new types of problems to solve. The problems in this phase were identical, so each group had an equal chance of solving the problems. Those who were able to control their environment before did as well as new subjects, however, those in the unsolvable condition before, did significantly worse. Like the dogs in the original experiments, the human subjects also inaccurately generalized their learned helplessness to a new situation.

Several replications of these experiments support the idea that we can learn to be helpless in an environment that actually offers us control (Garber & Seligman, 1980, Peterson, Maier, & Seligman, 1993). This realization has since been applied to many aspects of human behavior, and does well to explain why people in certain situations accept their uncomfortable or negative situation despite the ability to change it.

Applications of Learned Helplessness

Since the original learned helplessness experiments, the phenomenon has been applied to several areas of human behavior, including (1) Depression (Seligman, 1975; Seligman, 1976); (2) elderly adults and old-age homes (Langer & Rodin, 1976); (3) domestic violence and abusive relationships; and (4) drug abuse and addiction.

Studies have found that a true inability to control the environment is not necessary for learned helplessness to occur. In fact, even when told there is nothing a person can do, he or she is more likely to not try or to try less diligently than those who were not given this advice (Maier & Seligman, 1975). Like in many aspects of human behavior, perception is the key.

We have found that those who have experienced depression in the past are more likely to accept depression in their future and therefore less likely to attempt change. The same holds true for individuals in domestic violence situations. Those who have been unable to escape violent situations in their homes are much more likely to refuse help and accept future violence as inescapable. This is true even when presented with real options to avoid future violence.

Many also argue that an inability to quit smoking is related, along with obvious chemical qualities, to the person's perception of control. If a person witnesses others try and fail in their attempts to quit, they are less likely to try themselves. For those addicted to other substances, this phenomenon seems to hold true as well. The more you have witnessed failure either in yourself or others, the less likely you are to attempt change, even if the situation changes dramatically.

Psychology is not a Hard Science

While there have been many exciting discoveries leading to very effective treatment options for psychological problems, behaviorism and the learning theories are not without the short comings. We spoke of the positive aspects in the beginning of this chapter, including its basis in research and factual information, its ease of application, and successful treatment outcomes.

On the downside, there are typically three main arguments against these theories. First, many argue that even with the new revisions by Rotter, Bandura, and others, behaviorism still falls short in the overall understanding of human personalities and human differences. Why do people respond differently to very similar situations? Why do some people engage in negative behaviors? Why do some people make sacrifices without external reward? These are only a small percentage of the questions that are currently

being asked of behaviorists in critique of their theory.

Second, a new discovery was found that seems to, at least on the surface, negate the concept of external reinforcement developed by Skinner and others. Research has found that by rewarding someone for a behavior they are doing anyhow actually serves to reduce the behavior rather than increase it. Imagine having a hobby that you greatly enjoy and someone suggests that you turn it into a business. This sounds like a great idea and many have tried this. You are doing what you love and people are giving you money to do it but suddenly you start to dislike this activity. This may occur because without external rewards, there were also no external pressures, punishments, and expectations. The addition of the reward does not often make up for the added negative results, causing you to stop engaging in a previously loved activity after given a reward.

Finally, while applying treatment based on learning theory has produced very positive results, many argue that this type of treatment has limited or no effect in the greater scheme of personality change. In other words, a psychoanalyst may argue that the spider mentioned in the previous section is a representation of something or someone else, such as the mother figure. While we may alleviate the fear of spiders, the fear of mother is still present and will surface in other areas of the person's life. In this sense, we have not cured a personality deficit, we have only moved it somewhere else. A humanist may argue that by focusing on this small aspect of the person's life, we are actually diverting them away from true happiness and self-actualization. And finally, a biological theorist may argue that the fear of spiders was natural, resulting from our natural genetics and removing this natural phenomenon will ultimately cause detrimental results.

People are Basically Good

Humanistic Psychology gets its name from its belief in the basic goodness and

respect of humankind. Its roots are based in existential psychology or the understanding and acceptance of one's own existence and responsibility. Two American psychologists, Abraham Maslow and Carl Rogers paved the way for this new approach to understanding personality and improving the overall satisfaction of individuals.

When conflict between war and peace arose in the early to mid 1960s, so to did the need to understand human nature. Humanistic theory gave us an understandable way to look at man's need for war for the sake of peace. It is a simplistic theory that has become one of the most popular topics in self-help style books and man's struggle for meaning has been and will always be a major part of literature and entertainment.

The basic ideas behind humanistic psychology are simple, some may say overly simple. Humanists hold the following beliefs:

1. The present is the most important aspect of the person and therefore humanists focus on the here and now rather than looking at the past or trying to predict the future.
2. Humanistic theory is reality based and to be psychologically healthy people must take responsibility for themselves, whether the person's actions are positive or negative.
3. The individual, merely by being human, possesses an inherent worth. Actions may not be positive but this does not negate the value of the person.
4. The goal of life should always be to achieve personal growth and understanding. Only through self-improvement and self-knowledge can one truly be happy.

King of the Mountain

Perhaps the most well known contribution to humanistic psychology was introduced by [Abraham Maslow](#). Maslow originally studied psychology because of his intrigue with behavioral theory and the writings of [John B. Watson](#).

Maslow grew up Jewish in a non-Jewish neighborhood. He spent much of his childhood alone and reported that books were often his best friends. Despite

this somewhat lonely childhood, he maintained his belief in the goodness of mankind. After the birth of his first child, his devotion to Watson's beliefs began a drastic decline. He was struck with the sense that he was not nearly in control as much as Watson and other behaviorists believed. He saw more to human life than just external reinforcement and argued that human's could not possibly be born without any direction or worth.

At the time when he was studying psychology, behaviorism and psychoanalysis were considered the big two. Most courses studies these theories and much time was spent determining which theory one would follow. Maslow was on a different path.

He criticized behaviorism and later took the same approach with Freud and his writings. While he acknowledged the presence of the unconscious, he disagreed with Freud's belief that the vast majority of who we are is buried deep beyond our awareness. Maslow believed that we are aware of our motives and drives for the most part and that without the obstacles of life, we would all become psychologically healthy individuals with a deep understanding of ourselves and an acceptance of the world around us. Where Freud saw much negativity, Maslow focused his efforts on understanding the positives of mankind. It could be said that psychoanalytic thought is based on determinism, or aspects beyond our control, and humanistic thought is based on free will.

Maslow's most well known contribution is the Hierarchy of Needs and this is often used to summarize the belief system of humanistic psychology. The basic premise behind this hierarchy is that we are born with certain needs. Without meeting these initial needs, we will not be able to continue our life and move upward on hierarchy. This first level consists of our *physiological needs*, or our basic needs for survival. Without food, water, sleep, and oxygen, nothing else in life matters.



Once these needs are met, we can move to the next level, which consists of our *need for safety and security*. At this level we look seek out safety through other people and strive to find a world that will protect us and keep us free from harm. Without these goals being met, it is extremely difficult to think about higher level needs and therefore we can not continue to grow.

When we feel safe and secure in our world then we begin to seek out friendships in order to feel a sense of belonging. Maslow's third level, the *need for belonging and love*, focuses on our desire to be accepted, to fit in, and to feel like we have a place in the world. Getting these needs met propels us closer to the top of this pyramid and into the fourth level, called *esteem needs*. At this level we focus our energy on self-respect, respect from others, and feeling that we have made accomplishments on our life. We strive to move upward in careers, to gain knowledge about the world, and to work toward a sense of high self-worth.

The final level in the hierarchy is called the *need for self-actualization*. According to Maslow, may people may be in this level but very few if anybody ever masters it. Self-actualization refers to a complete understanding of the self. To be self-actualized means to truly know who you are, where you belong in the greater society, and to feel like you have accomplished all that you have set out to accomplish. It means to no longer

feel shame or guilt, or even hate, but to accept the world and see human nature as inherently good.

Application to Real Life

As you read through the section above, many likely tried to place themselves on one of the five levels of the pyramid. This may be an easy task for some, but many struggle with the ups and downs of life. For many of us, life is not that straight forward. We often have one foot in one level, the other foot in the next level, and are reaching at times trying to pull ourselves up while making sure we don't fall backward at other times.

As we climb the pyramid, we often make headway but also notice that two steps forward can mean one step back. Sometimes it even feels like two steps forward means three steps back. The goal of mankind, however, is to keep an eye on the top of the pyramid and to climb as steadily as possible. We may stumble at times and we may leap forward at times. No matter how far we fall backward, however, the road back up is easier since we already know the way.

The Person-Centered Approach

While Maslow was more of a theorist, Carl Rogers was more of a therapist. His professional goal was more on helping people change and improve their lives. He was a true follower of humanistic ideation and is often considered the person who gave psychotherapy it's basic humanistic undertones.

Rogers believed in several key concepts that he believed must be present in order for healthy change to take place. His approach to treatment is called Client or Person-Centered-Therapy because it sees the individual, rather than the therapist or the treatment process as the center of effective change. These basic concepts include:

1. **Unconditional Positive Regard:** The therapist must believe that people are basically good and must demonstrate this belief to the client. Without unconditional positive regard, the client will not disclose certain information, could feel unworthy, and may hold onto negative aspects of

the self. Accepting the client as innately worthwhile does not mean accepting all actions the client may exhibit.

2. **Non-Judgmental Attitude:** Along with seeing the person as worthy, the therapist should never pass judgment on the individual. Roger's believed that people are competent in seeing their mistakes and knowing what needs to change even if they may not initially admit it. He also believed that by judging a person, you are more likely to prevent disclosure.
3. **Disclosure:** Disclosure refers to the sharing of personal information. Unlike Psychoanalysis and many other approaches to therapy, Roger's believed that in order for the client to disclose, the therapist must do the same. Research has shown that we share information at about the same level as the other person. Therefore, remaining secretive as a therapist, encourages the client to hold back important information.
4. **Reflection:** Rogers believed that the key to understanding the self was not interpretation, but rather reflection. By reflecting a person's words in a different manner, you can accomplish two things. First, it shows the client that you are paying attention, thinking about what he or she is saying, and also understanding the underlying thoughts and feelings. Second, it allows the client to hear their own thoughts in a different way. Many people have said that their beliefs become more real once they are presented back to them by someone else.

By following these concepts, therapy becomes a self-exploration where the therapist is the guide rather than the director. The client, according to Rogers, has the answers and the direction. It is the therapist's job to help them find it.

The fictitious therapy session below shows how a typical Rogerian session might go. Notice that the therapist never provides answers or interpretation and never assumes he knows more than the client. Assuming this is a first session, the therapist would likely start by revealing some information about himself. He may discuss his education, therapeutic philosophy and other professional aspects, but may also talk about his family, how his day is going, and his goals for the future.

Therapist: I'm very curious about what's going on with you. What do you see as your reason for your coming in to talk with me today?

Client: Well, I see myself as a loser. I can't seem to accomplish anything and my husband says he wants a divorce because I just sit around all day doing nothing. I just don't see any way out of this whole mess.

Therapist: That's a lot to deal with, it sounds like you are quite overwhelmed right now.

Client: Exactly. Sometimes I hate myself because of it and other times I think its his fault that I can't get anything done.

Therapist: You're not sure how much of this is because of your actions and how much is because of your husband.

Client: I go from angry to sad and back again many times a day. I just can't take it any more.

Therapist: Extreme emotions are difficult to deal with. I know when I get angry I seem to like myself less.

Client: Oh yeah, I can relate to that.

Therapist: What solutions have you come up with, even if you don't think they'll work. I'm curious where you are right now as we speak.

Client: I could divorce him, but if the problem is all me, I'll probably be even more depressed. I could take medication, but I heard that just covers up emotions. I guess I could sit down and talk with him about it more, but he doesn't seem to really listen to me. I don't know what to do.

Therapist: It sounds to me like you do know what to do. At least you have some ideas on where to start.

Client: I guess, but how would I make him listen to me?

Therapist: You want to force him to listen to you?

Client: No, not force, I want him to want to listen to me.

Therapist: And for him to want to listen to you, you would do what?

Client: Maybe listen more to him.

Therapist: So you're thinking that by listening to his side of things, he would be more likely to listen to your side?

Client: Yeah, maybe. It's worth a shot, don't you think?

Therapist: You know yourself and your husband much better than I do.

Client: You're right. I think this will help me figure out where the blame really lies. I imagine its with both of us.

Therapist: So if you both accept some changes and make and effort...

Client: Then we both will feel better. I guess someone has to start it, it might as well be me.

Therapist: Sounds like you've got some direction now.

Client: Yeah, I know what I'm going to do.

Against the Basics of Science

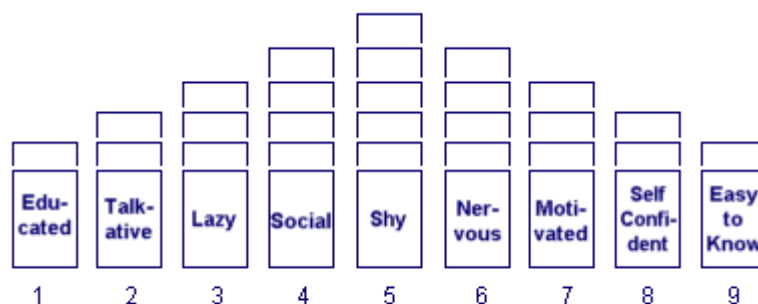
Humanistic theory is not one that was easily researched in the beginning. First of all, there are few tests that a humanists would use due to their main belief that people are basically good and the focus of treatment should be on the positive rather than the negative. Secondly, by using assessment you are basically telling the client that you know more than the client does about his or her own thoughts, behaviors, and emotions. This in itself would be a contradiction of humanistic belief.

So, many theorists, especially those prescribing to the behavioral viewpoint, discounted humanistic theory due to its reduced capacity for research. But like psychoanalysis, it was not impossible to gather important data on the efficacy of the theory's application. In fact, like psychoanalysis, new tests had to be developed that emphasized the specific theory and what the theory was designed to do. For psychoanalysis it was tests such as the Rorschach and TAT. For humanistic theory, we talk about the Q-Sort.

Q-Sort

The Q-Sort assessment was developed by Stephenson (1953) and it was quickly adopted into Client Centered Therapy by Carl Rogers. The Q-Sort consists of a deck of 100 cards, each containing a fairly specific quality within an individual's personality. Examples would be "very outgoing and social," "organized and detail oriented," or "high self-esteem." The goal of the assessment is to determine where a person is at relative to these qualities at the beginning of treatment and then to re-assess at various intervals and at the end to determine progress.

The client is instructed to read each of the cards and to place them on a nine-point continuum ranging from "very much not like me" to "very much like me." On the initial sort, they are asked to place them according to how they are at that very moment; their true self. There is a preset limit as to how many cards can be placed at each point representing a normal curve. In other words, the client is permitted to place the most cards in the middle and less on each point as they get closer to the extremes.



Example of a Q-Sort

Once all of the cards are placed, they are recorded and the cards are once again shuffled. At this point, the client is asked to redistribute the cards on the same nine-point continuum. This time, however, they are to do so according

to their ideal self, or where they want to be once therapy is complete. These two sorts allow the client and the therapist to know where the client is at in the present and what direction the client would like to take in treatment. And, since the therapist has no say in where the cards are placed, distortions, exaggerations, and misperceptions about the self get factored into treatment. In other words, as treatment progresses, some positive qualities may actually move backward as they discover their real self.

According to Rogers and others, the healthy person is one who's idea self and true self are very similar. The closer one gets to the person he or she wants to be, the more self-actualized they become. A truly self-actualized person is one who knows himself completely and accepts himself for all his strengths and weaknesses. As the ideal and true self get closer and closer together, he or she climbs closer and closer to the top of Maslow's hierarchy.

Strengths and Weaknesses of Humanistic Theory

Strengths of Humanistic Theory. Like every theory, some people find the humanistic approach to be valid while others see it for the numerous inherent flaws. Some of the strengths of this theory include the focus on both the positive nature of humankind and the free will associated with change. Unlike Freud's theory and the biological approach, which focus on determinism or our lack of power over ourselves, Maslow and others see the individual as very powerful.

A second positive aspect of humanistic theory is the ease in which many of its aspects fit well with other approaches. Many therapists have adopted a humanistic undertone in their work with clients. While they may argue humanistic theory does not go far enough, they see the

benefit of the core components in helping people change.

Finally, most have seen the benefits of humanism carries over into different professions. If you take a health class, you are likely to discuss Maslow's hierarchy. If you study economic or business, you will also focus on moving upward in our lives in order to be more aware of who we are and where we fit in with the world. The same holds true with other professions, including literature, criminology, and history, among others, as the basics of humanistic thought strike an undertone in all of what is considered human.

Weaknesses of Humanistic Theory. With the good, always comes the bad, and this theory is no different. The biggest criticism of humanistic thought appears to center around it's lack of concrete treatment approaches aimed at specific issues. With the basic concept behind the theory being free will, it is difficult to both develop a treatment technique and study the effectiveness of this technique.

Secondly, there are those who believe humanistic theory falls short in it's ability to help those with more sever personality or mental health pathology. While it may show positive benefits for a minor issue, using the approach of Roger's to treat schizophrenia would seem ludicrous.

Finally, humanistic theory makes some generalizations about human nature that are not widely accepted as complete. Are people basically good or are their some individuals who are not capable of this? Can we adequately argue that everyone follows the same levels as Maslow explained, or are these levels, and even what they stand for, be determined by the individual? Why do some people seem to make negative choices even when positive solutions are staring them in the face? These questions plague humanistic thought and the difficulty in researching the

theory does not provide any freedom.

Despite these problems, humanistic theory has been incorporated into many differing views on psychotherapy and human change. Many argue now that a humanistic undertone in treatment provides a nice foundation for change. While it may not be sufficient, it may still be necessary for a significant personality change to occur.

What prompted Abraham Maslow to look for self-actualizing people?

When Maslow returned to New York in 1935 after receiving his Ph.D. at Wisconsin, he had no conception of self-actualization and no particular interest in studying the psychologically healthy person. His research had been on sex and dominance. However, New York City during the late 1930's was the center of the psychological universe. Some of the finest social scientists in the world—many recently immigrating from Europe—lived there, and these men and women learned from each other. Abe Maslow was no exception; among others, he was greatly influenced by Alfred Adler, Kurt Koffka, Erich Fromm, Frieda Fromm-Reichmann, Karen Horney, Margaret Mead, Kurt Goldstein, Max Wertheimer, and Ruth Benedict.

He regarded these people as his mentors, but his admiration for Wertheimer and Benedict went far beyond mentoring. He idolized them and wondered why they seemed to be so different from most other people. His love and admiration for each of these two unusual people led him to begin taking notes on the fundamental characteristics of each. Soon, he realized that, although the two were different from each other—Wertheimer was a male European Gestalt psychologist whereas Benedict was a female American anthropologist—a single pattern seemed to characterize their lives.

At the same time, Maslow was enthralled by the child-like behaviors of his young daughters, Ann and Ellen. Like Wertheimer and Benedict, Ann and Ellen were very different from each other, yet they were both energetic, curious, buoyant, and playful. He saw the same qualities of wonder, awe, and exuberance in his two favorite mentors that he observed in his children.

What made Wertheimer and Benedict so special? He began to ponder this question and to look for answers. In May of 1945, he began to take notes on what he called the "Good Human Being" (Hoffman, 1988). He began to ask himself questions about these special people and thought about studying them through personal interviews, but he had problems finding enough Good Human Beings. The young students in his classes would be willing volunteers, but could he find Good Human Beings among their ranks? What personality inventories could he use? Contemporary personality tests were mostly designed to detect neuroses and unhealthy traits, whereas Maslow was interested in discovering the very healthiest of humans. When he tested students he suspected of being Good Human Beings, he usually found that their scores did not agree with his earlier assessment of them. Maslow wondered if 20-year old college students could be Good Human Beings in the same sense that middle-aged Wertheimer and Benedict were Good Human Beings (Hoffman, 1988).

Maslow found a number of older people who seemed to have some of the characteristics for which he was searching, but when he interviewed these people to learn what made them special, he was almost always disappointed. Typically, he found them to be well-adjusted but lacking the flame, spark and excitement he was looking for (Lowry, 1973). Maslow was forced to conclude that emotional security and good adjustment were not dependable predictors of being a Good Human; that is, being self-actualizing.

Maslow faced additional handicaps in his quest for the self-actualizing person. First, he was trying to find a personality syndrome that had never been clearly identified.

Second, he knew that he was biased in favor of young, attractive women. His experience interviewing young women concerning their sex life had given him valuable training in interviewing, but it had also clouded his judgment of young women.

Third, many of the people he believed to be self-actualizing refused to participate in his search. They weren't much interested in what Professor Maslow was trying to do. Maslow (1968a) later commented that not one single person he identified as definitely self-actualizing would agree to be tested. They seemed to value their privacy too much to share their selves with the world. He reasoned that psychologically healthy individuals would have no need to impress anyone and that their need for privacy might itself be a mark of self-actualization. Indeed, the need for privacy later became one of the primary characteristics of self-actualizing people.

Rather than being discouraged by his inability to find self-actualizing people, Maslow decided to take a different approach—he began reading biographies of famous people to see if could find the Good Human Being among saints, sages, national heroes, and artists. While learning about the lives of these great people, Maslow suddenly had an "Ah ha" experience. Rather than asking "What makes Max Wertheimer and Ruth Benedict self-actualizing," he turned the question around and asked, "Why aren't all of us self-actualizing?" This new slant on the problem gradually changed Maslow's conception of humanity. We can all be self-actualizing; our human nature carries with it a tremendous potential for being a Good Human Being.

If we haven't reached this high level of functioning it is because we are in some manner crippled or pathological. We fail to satisfy our self-actualization needs when our lower level needs become blocked, that is when we cannot satisfy our needs for food, safety, love and belongingness, and esteem. This insight led Maslow to postulate a hierarchy of basic needs that must be regularly satisfied before we become fully human.

By January of 1946, he was able to write:

The notion I am working toward is of some ideal of human nature, closely approximated in reality by a few "self-actualized" people. Everyone else is sick in greater or lesser degrees. . . . There seems no intrinsic reason why everyone shouldn't be this way. Apparently, every baby has possibilities for self-actualization, but most get it knocked out of them. (Lowry, 1973, p.91)

Maslow went on to say that he no longer regarded self-actualizing people as ordinary people with something added, but rather as ordinary people with nothing taken away.

Once he had learned to ask the right questions, Maslow continued his quest for the self-actualizing person. To facilitate his search, he identified a profile for psychological health. After selecting a sample of potentially healthy individuals, he carefully studied these people to build this personality profile. Next, he refined his original definition and then reselected potential self-actualizers, retaining some, eliminating others, and adding new ones. Then he repeated the entire procedure with the second group, making some changes in the definition and the criteria of self-actualization. Maslow (1970) continued this cyclical process to a third or fourth selection group or until he was satisfied that he had refined a vague, unscientific concept into a precise, scientific definition of the self-actualizing person.

However, Maslow's search for the self-actualizing person did not end with his empirical studies. In his later years, he would frequently speculate about self-actualization with little evidence to support his suppositions. He asked and answered such questions as "What percent of the population is self-actualizing"? "Could children be self-actualizing"? "What about intellectually challenged individuals"? and "What does it mean to be self-actualizing in non-Western societies"? A lack of empirical evidence on these questions did not deter Maslow from speculating on their answers.

First, what percent of the population is self-actualizing? Because all humans have the potential for self-actualization, Maslow (1996, p. 89) suggested that "many more [self-actualizing] people exist than you might suspect. Certainly, they are not common, but if you go hunting, you will find them." He guessed that the psychologically healthiest 1% of the adult population of the United States is self-actualizing. These are people who are regularly satisfied in their lower needs and who embrace the Being-values.

Second, can children be self-actualizing? Of course, children have many characteristics in common with self-actualizing people. They are frequently spontaneous, simple, natural, creative, and possess an efficient perception of reality. However, few children are capable of the autonomy needed to satisfy physiological, safety, love, and esteem needs. Fewer yet would spontaneously embrace the B-values, the final step toward achieving self-actualization. By Maslow's definition, then, children could not be self-actualizing.

Third, can intellectually challenged people become self-actualized? Because most people Maslow identified as self-actualizing were highly intelligent, the question of intellectually challenged people becoming self-actualizing is difficult to answer.

Intellectually challenged people may be capable of full use of their limited capacities and talents, but this is only one criterion for self-actualization. Like children, they may not possess the autonomy necessary to develop profound interpersonal relations or the ability to identify with the Being-Values. Nevertheless, Maslow, in an interview with Willard Frick (1971), said that he did not know what self-actualization means in "feeble-minded people", but he did not rule out that possibility.

Finally, what does self-actualization mean in non-Western societies? Again, Maslow did not fully answer this question, but in an unpublished paper titled "Can Monks Be Self-Actualizing," Maslow (1996) suggested that the inner-directed people of Asian nations such as Zen sages and Buddhist monks may be more emotionally integrated than self-actualizers in Western societies, but they are probably NOT self-actualizing. Maslow's reasoning was that these sages and monks usually have to be materially supported by other people and therefore lack the autonomy essential for self-actualization. In Maslow's words: "To integrate inwardly and attain serenity at the cost of giving up the external world—in effect escaping and avoiding it—is ultimately a form of phoniness" (p. 33). By these words, Maslow again eliminated a group of people from self-actualization because they did not have the autonomy to satisfy lower level needs.

Although Maslow's highly speculative methods are open to criticism, he taught us to be less concerned with people's psychopathology and more interested in their psychological health.